

海外留學生保障計劃申請表格

Travel Direct Overseas Student Insurance Application Form

請以英文正楷填寫 Please type or print in English block letters

申請人姓名
Name of Applicant: Mr./ Ms. _____

(申請人必須為保單持有人 Applicant must be same as Policyholder)

地址
Address: _____

電話
Tel No.: _____

	基本計劃 Basic Plan	標準計劃 Standard Plan	優越計劃 Premier Plan
全年保費 Annual Premium	US\$262 <input type="checkbox"/>	US\$779 <input type="checkbox"/>	US\$1,109 <input type="checkbox"/>

起保日期
Effective Date: _____ 月/日/年
MM/DD/YYYY

(起保日期必須為受保人於香港出發日期或之前)
Effective Date must be same as or before the Insured Person's Departure Date from Hong Kong)

受保人姓名
Name of Insured Person: Mr./ Ms. _____

香港身份證號碼
HKID No.: _____ 出生日期
Date of Birth: _____ 月/日/年
MM/DD/YYYY

與申請人之關係
Relationship to Applicant: 本人
Self 子女
Child 配偶
Spouse 僱員
Employee 其他
Other: _____

受保人讀讀的海外學府名稱
Name of the Overseas Educational Institution attended by the Insured (OEI): _____

受保人讀讀的海外學府地址
Address of the Overseas Educational Institution attended by the Insured (OEI): _____

受保人海外地址
Overseas Address of the Insured: _____

本人/吾等確認及同意美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料,用作所列明之用途:(i)提供有關本人/吾等保單管理服務的第三者;(ii)財務機構,作處理此申請及收取保費用途;(iii)公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構,以處理索償事宜;(iv)市場推廣公司及與美亞保險聯合推廣計劃的公司(其業務類別載於美亞保險的網站),作直銷用途(唯只有姓名及聯絡資料方會轉交作此用途);(v)其他美亞保險集團或AIG集團之成員公司,作所有列明之用途;或(vi)其它於美亞保險私隱政策所列明的人士,作於私隱政策列明之用途。本人/吾等明白到本人/吾等可隨時致函到美亞保險香港有限公司(地址:香港郵政總局信箱456號或電郵:cs.hk@chartisinsurance.com)查閱、或要求修改本人/吾等的個人資料,或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.chartisinsurance.com.hk

I/we agree to the personal data collected in this application form being used by Chartis Insurance Hong Kong Limited ("Chartis HK") for the purposes stated in its Data Privacy Policy summarized as follows: (i) underwriting and administering the insurance policy being applied for (including underwriting renewals, data matching, claim processing and investigation) and 2) promoting and advising me/us of other products and services provided by the Chartis group that may be of interest. I/we acknowledge and agree that Chartis HK may also transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified: i) third parties providing services related to the administration of my/our policy; ii) financial institutions for the purpose of processing this application and obtaining policy payments; iii) in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; iv) for the purposes of direct marketing, marketing companies and companies (within the categories shown on our website) with whom Chartis HK embarks on joint promotion programs (only name and contact details will be transferred for this purpose); v) another member of the Chartis or AIG groups of companies (for all of the purposes identified); or vi) other parties referred to in Chartis HK's Data Privacy Policy for the purposes stated therein. I/we understand that I/we may gain access to, or request correction of my/our personal data, or opt out of my/our personal data being used for direct marketing at any time, by writing to Chartis Insurance Hong Kong Limited at GPO Box 456 or cs.hk@chartisinsurance.com. The full version of Chartis HK's Data Privacy Policy can be found at www.chartisinsurance.com.hk.

申請人簽署
Signature of Applicant: _____

日期
Date: _____

繳費方式 Payment

支票
By Cheque 支票號碼
Cheque No.: _____

附上抬頭為「美亞保險香港有限公司」之劃線支票。
Enclosed a crossed check made payable to "Chartis Insurance Hong Kong Limited"

信用卡
By Credit Card Visa MasterCard

本人授權美亞保險香港有限公司從本人下列之信用卡戶口扣除此保費。
I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my VISA/Master Card account as below for the premium payment of this insurance

有效期至
Expiry Date: _____ 月/年
MM/YYYY 信用卡號碼
Credit Card No: _____ - - -

持卡人姓名
Name of Cardholder: _____

持卡人簽名
Cardholder's Signature: X

簽名必須與信用卡上簽名相同
The signature must be identical to the one on your credit card

代理人姓名 Producer Name:

代理人編號 Producer Code: