

投保書 Proposal Form

保障項目表 Schedule of Benefits

項目 Section	保障項目及承保範圍 Insured Items and Coverage	最高賠償額 Maximum Benefit Payable (HK\$) (每位受保人 Each Insured Person)			
		單次旅程計劃 Single Travel Plan			全年保險計劃 Annual Travel Plan
		鑽石計劃 Diamond Plan	金計劃 Gold Plan	銀計劃 Silver Plan	優越計劃 Privilege Plan
1	人身意外 ¹ Personal Accident ¹ : 1) 年齡 Age 16-70 2) 年齡16歲以下或70歲以上 Aged under 16 or over 70	2,000,000 250,000	1,000,000 250,000	500,000 250,000	1,000,000 250,000
2	身亡撫恤金 Compassionate Death Cash Benefit (若因疾病身故, 最高賠償額為所列金額的30% max. benefit payable for death caused by sickness is 30% of the relevant specified amount)	50,000	30,000	15,000	30,000
3	醫療及有關費用 ² Medical and Relevant Expenses ² 3.1 3.1.1 16-70歲的醫療費用 Medical expenses for aged 16 -70 3.1.2 16歲以下或70歲以上的醫療費用 Medical expense for aged under 16 or over 70 3.2 回港後3個月內的覆診費(包括跌打及中醫診治費, 唯最高賠償額為每天HK\$150及總額不超過HK\$1,500) Medical treatment within 3 months after return from abroad (include Chinese herbalists and bonesetters, max. benefit payable is HK\$150 per day and up to a total of HK\$1,500) 3.3 身故地點殮葬或意外身故遺體運返費用 Burial abroad or transport of body remains 3.4 每日住院現金津貼 Daily hospital cash benefit (在任何情況下本公司在項目3.1至3.3的合計最高賠償額不得超過項目3.1最高賠償額的100%。 In no event shall the total amount payable under item 3.1 to 3.3 exceed 100% of the limit as stated in item 3.1)	1,000,000 250,000 100,000 50,000 7,500 500/每天 per day	600,000 250,000 60,000 50,000 6,000 400/每天 per day	300,000 250,000 30,000 50,000 4,500 300/每天 per day	1,000,000 250,000 60,000 100,000 6,000 500/每天 per day
4	個人行李及財物 Baggage and Personal Effects (每件/每套: HK\$2,500為限max. HK\$2,500 for any one article or pair)	15,000	10,000	5,000	15,000
5	行李延誤 Delayed Baggage (延遲最少8小時delay at least 8 hours)	2,000	1,500	1,000	1,500
6	個人錢財及證件 Personal Money and Travel Documents	6,000	5,000	4,000	5,000
7	個人責任 Personal Liability	2,000,000	1,800,000	1,500,000	2,500,000
8	8.1 行程延誤 Travel Delay (每8小時賠償HK\$250 each full 8 hours HK\$250); 或or 8.2 更改行程 Re-routing (每次只可獲項目8.1或8.2其中一項賠償can claim either item 8.1 or 8.2 per claim)	3,000 10,000	2,500 5,000	2,000 2,500	2,500 5,000
9	9.1 取消旅程 Cancellation 9.2 縮短旅程 Curtailment	40,000 40,000	35,000 35,000	30,000 30,000	35,000 35,000
10	家居財物損失 Loss of Home Contents	25,000 5,000/每項 each item	15,000 4,000/每項 each item	10,000 3,000/每項 each item	10,000 3,000/每項 each item
11	24小時緊急支援服務 24-Hour Emergency Assistance Service	詳情請閱保單 Please refer to Policy for details.			

- 除全年保險計劃外, 16-70歲人士以付費乘客身份搭乘公共交通工具時因意外引致死亡或永久完全傷殘, 可獲保額的雙倍賠償。Except for Annual Travel Plan, the amount payable for accidental death or Permanent Total Disablement for aged 16-70 shall be doubled for loss sustained while the Insured Person is traveling as a fare paying passenger on board a Public Conveyance.
- 16歲以下人士獨立投保並繳付成人保費, 第3項的最高賠償額將會與16-70歲的成人保額相同。For person aged under 16 who is insured on standalone basis and pay full Adult's premium, maximum benefit payable for Section 3 will be same as Adult aged 16-70.

請用英文正楷填寫並在適當的空格內填上"✓" Please complete in English block letters and tick "✓" in the appropriate boxes

投保人/保單持有人姓名 Name of Proposer/Policyholder: _____ 電話號碼 Tel. No: _____

地址 Address: _____

本人之銀行及分行名稱* My Bank Name and Branch*: _____

自動轉賬戶口號碼* Autopay A/C No.*(處理賠償之用 For the purpose of claim payment): _____

受保類別³ Insured Category³: 類別 Category(A) - 受保人 Insured Person 類別 Category(B) - 受保人及配偶 Insured Person & Spouse
類別 Category(C) - 受保人及子女 Insured Person & Child(ren) 類別 Category(D) - 家庭⁴ Family⁴

所有受保人姓名 (請先填寫姓氏) Name of all Insured Person(s) (Surname first) (若有更多受保人, 請用另頁附上 Attach separate sheet for more insured)	類別 ³ Category ³	香港身份證/護照號碼 HKID Card/Passport No.	年齡/出生日期 ⁵ Age/Date of Birth ⁵ (日D/月M/年Y)	其他受保人與第一受保人的關係 Relationship between other Insured Person(s) and the 1st Insured Person	受益人姓名/與受保人關係 Beneficiary Name/Relationship with Insured Person
第一受保人 1st Insured Person					
第二受保人 2nd Insured Person					
第三受保人 3rd Insured Person					
第四受保人 4th Insured Person					

- 本投保書可接受多於一個受保類別。以茲識別, 請於本項內填上受保類別。This Proposal Form allows more than one Insured Category. For identification, please indicate the Insured Category in the box provided.
- 如受保人是家庭, 本公司在每一受保項目的合計最高賠償不得超過上述選擇計劃最高金額的200% (不適用於第10、11項及在第1、2項內16歲以下或70歲以上受保人的保障限額)。If Family is insured, max. benefit payable in each covered Section above shall not exceed 200% in aggregate of the amount specified in the selected Plan above (not applicable to Section 10 & 11 and the benefit limit for aged under 16 or over 70 in Section 1 & 2 above).
- 16歲以下或70歲以上之受保人, 必須註明出生日期。Please state the date of birth for the Insured Person aged under 16 or over 70).

請用英文正楷填寫並在適當的空格內填上"✓" Please complete in English block letters and tick "✓" in the appropriate boxes

保險計劃 Insurance Plan: 單次旅程計劃 Single Travel Plan: 鑽石計劃 Diamond Plan 金計劃 Gold Plan 銀計劃 Silver Plan 地區 Area 1 地區 Area 2

全年保險計劃 Annual Travel Plan: 優越計劃 Privilege Plan

目的地 Destination: _____

申請學童海外遊學保障 Apply For Student Overseas Travel Cover

受保人原居地 Country of Residence of the Insured Person: _____ 總保費 Total Premium: HK\$ _____

承保期 Period of Insurance: _____ 至 to _____ (日D/月M/年Y) 共 for _____ 天 days
(最長承保期單次旅程計劃為180天, 全年保險計劃則為60天 Maximum cover period for Single Travel Plan is 180 days, Annual Travel Plan is 60 days)

聲明 Declaration

1. 本人謹此聲明, 於本投保書之陳述乃真確無訛, 可作為簽發保單之根據, 亦明白如資料錯誤或不詳盡, 本人或受保人之保障有失效之虞。本人謹此聲明, 本投保書是在香港特別行政區內簽署, 如有任何訛騙或資料失實, 本人或受保人之保障有失效之虞。本人保證各受保人均非為醫療原因而外出旅行, 亦無違反醫生勸告事宜; 就各受保人所知目前無任何情況會導致既定之旅遊行程被取消或提早結束。本人謹此聲明受保學童年齡為6個星期至23歲, 未婚及在香港特別行政區學校就讀的全讀學生。(只適用於申請「學童海外遊學」保障)。本人與貴公司之保險合約以本投保書及此聲明為基礎, 並以貴公司保單為依據。本人明白本投保書經貴公司接納後, 就單次旅程計劃保費將不獲退還。I declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and for the Insured Person(s) may be invalidated. I declare that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for me or for the Insured Person(s) may be invalidated. I warrant that to the best of my knowledge and belief no Insured Person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and no Insured Person is aware of any condition, cause or circumstance that may necessitate the cancellation or curtailment of the planned journey. I declare that the student to be insured is aged from 6 weeks to 23 years, unmarried and a full time student at school in HKSAR. (applicable only if "Student Overseas Travel" cover is applied). I understand that this proposal and declaration shall be the basis of my contract with your company and in accordance with your policy wording. I also understand that for Single Travel Plan no refund premium shall be made once the Proposal Form is accepted by your Company.

2. 本人明白本人提供的資料為貴公司提供保險業務所需, 並可能使用於下列目的: a) 任何與保險或財務有關的產品或服務, 或該等產品或服務的任何更改、變更、取消或續期; b) 任何索償, 或該等索償的調查或分析; c) 行使任何代位權; 及可能移轉予: i) 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的; ii) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」), 以達到任何上述或有關目的, 或以便「聯會」執行其監管職能, 或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能; 及 iii) 或透過「聯會」移轉予任何「聯會」的會員, 以達到任何上述或有關目的。The information provided by me to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of: a) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the said products or services; b) any claim or investigation or analysis of such claim; c) exercising any right of subrogation; and may be transferred to: i) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; ii) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation and iii) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes.

此外, 本人授權貴公司可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。本人明白本人有權查閱及要求更正由貴公司持有有關本人的個人資料。如有需要, 本人可向貴公司辦公室提出(電話: 2867 0888, 傳真: 2522 1705)。Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me with the information collected by the Federation from the insurance industry. I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Requests for such access can be made to the Administration Department of the Company (Tel: 2867 0888 / Fax: 2522 1705).

投保人/保單持有人簽署 Signature of Proposer/Policyholder: _____ 日期 Date: _____

付款授權書: 以銀行戶口/信用卡支付保費, 填妥下列直接付款授權書

Payment Authorization Form: For Bank Account/Credit Card payment, complete the following Direct Debit authorization form

1. 中國銀行(香港)/南洋商業銀行/集友銀行戶口號碼

Bank of China (Hong Kong)/Nanyang Commercial Bank/Chiyu Bank Account No.: _____

- 本人授權「中銀集團保險有限公司」從本人上述銀行戶口號碼扣取「環宇旅遊綜合險」應繳付的保費, 包括「全年保險計劃」的每個新保單年度續保保費(除非本人有進一步的書面通知)。I hereby authorize the "Bank of China Group Insurance Company Limited" to debit my Bank Account No. specified above for payment of premium under the "Universal Travel Insurance", including all renewal premiums for each new policy year for "Annual Travel Plan". (unless further written notice from me).
- 由於銀行戶口扣賬而引致本人之上述賬戶出現透支(或令現時之透支增加), 本人願個別承擔全部責任。另若上述銀行戶口並無足夠款項支付該等授權扣付保費時, 本人之銀行亦有權不予扣賬, 且銀行可向本人收取慣常之收費。I accept full responsibility for any overdraft (or increase in existing overdraft) on my above Bank Account which may arise as a result of the account debit. I further agree that should there be insufficient funds in my Bank Account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me.
- 本人同意, 本人取消或更改本授權書之任何通知, 須於取消或更改生效日最少兩個工作天之前交予本人之銀行, 並須同一時間將該通知交予「中銀集團保險有限公司」。I agree that any notice of cancellation or variation of this authorization which I may give to my Bank shall be given at least two working days prior to the date on which such cancellation or variation is to take effect and at the same time such notice shall be given to "Bank of China Group Insurance Company Limited".

2. 信用卡號碼 Credit Card No.: _____ Visa Master 中銀 有效期至 Valid Through: _____ 年 Year _____ 月 Month

- 本人授權「中銀集團保險有限公司」從本人上述信用卡戶口號碼扣取「環宇旅遊綜合險」應繳付的保費。I hereby authorize the "Bank of China Group Insurance Company Limited" to debit my Credit Card No. specified above for payment of premium under the "Universal Travel Insurance".

3. 中銀信用卡免息分期 BOC Credit Card Interest-Free Instalment:

- 本人同意透過「中銀信用卡免息分期計劃」以中銀信用卡繳付「環宇旅遊綜合險-全年保險計劃」的應繳保費, 並受「免息分期計劃直接授權書」中隨附的條款和細則以及其後不時作出的修訂所約束。I agree the payment of premium under the "Universal Travel Insurance - Annual Travel Plan" to be made by BOC Credit Card under the "Interest-Free Instalment Programme" subject to the terms and conditions attached to the "Interest-Free Instalment Plan Direct Debit Authorization Form" as well as those terms and conditions to be altered from time to time.

銀行戶口/持卡人姓名
Name of Bank Account/Credit Card Holder

銀行戶口/持卡人簽署
Signature of Bank Account/Credit Card Holder

日期
Date

◆ 簽署須與上述扣賬銀行戶口/信用卡簽署式樣相同。如付款戶口為聯名戶口, 各戶口持有人均需在此簽署。Signature should be the same as the specimen signature on Bank Account/Credit Card specified above. If the Account to be debited is a joint Account, all Account holders shall sign here.

本公司專用 For office use only

代理編號 Agent Code: _____

Loyal Insurance 經辦編號 Staff No: _____

備註 Remarks: _____

Head Office : Tel: 2388 3283 / Fax: 2388 9578

Branch : Tel: 2475 7248 / Fax: 2473 2555