

伴您遨遊旅遊保障申請表
Travel Direct Global Insurance Application Form

This application serves as your part of the Policy and Premium Receipt after payment received and countersigned by an Authorized Representative.

申請人資料 Applicant Information (請以英文正楷填寫 Please fill in with English Block Letters)

申請人姓名 Name of Applicant _____ 電話 Tel No.: (852) _____

(申請人必須為全年計劃的保單持有人 For Annual Plan, Applicant must be same as Policyholder)

地址 Address: _____ 香港 HK/九龍 KLN/新界 NT

受保人資料 Insured Information

	受保人姓名 Name of Insured Person(s)		與第一受保人之關係 Relationship with 1 st insured	男/女 M/F	出生日期 Date of Birth (月 MM/日 DD/年 YY)	香港身份證/護照號碼 HKID No./Passport No.	職業及工作範圍 Occupation & Job Duties (只適用於全年計劃 for annual plan only)
	姓 Surname	名 First Name					
1					/ /		
2					/ /		
3					/ /		
4					/ /		

選擇計劃 Plan

短期單次計劃 Single Trip Plan (最長保障 182 日 Maximum 182 days)

受保日期 Period of Insurance:

____ / ____ / ____ 至 to ____ / ____ / ____ (月MM/日DD/年YY) 總日數 total ____ days

行程 Itinerary: _____

旅遊目的 Purpose of Trip: 遊覽 Pleasure
 文職公幹 Business (Administrative Duty Only)

全年計劃 Annual Plan

起保日期 Effective Date: ____ / ____ / ____ (月 MM/日 DD/年 YY)

旅遊目的 Purpose of Trip: 遊覽 Pleasure
 文職公幹 Business (Administrative Duty Only)

保費表 (港幣) Premium Table (HK\$)

保障期 Period of Insurance	個人 Individual	家庭 Family	保障期 Period of Insurance	個人 Individual	家庭 Family
1 - 3 日 day(s)	119	238	13 日 days	398	796
4 日 days	159	318	14 日 days	425	850
5 日 days	189	378	15 日 days	445	890
6 日 days	229	458	16 - 18 日 days	485	970
7 日 days	249	498	19 - 22 日 days	518	1,036
8 日 days	269	538	23 - 27 日 days	550	1,100
9 日 days	289	578	28 - 31 日 days	620	1,240
10 日 days	309	618	每增一星期 Each additional week	140	280
11 日 days	339	678	全年計劃 Annual Plan	1,800	3,500
12 日 days	379	758			

聲明 Declaration

茲申請「伴您遨遊旅遊保障計劃」，並聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將構成本人與美安保險公司香港分行所簽署合約之依據。本人同意授權須為申請獲接納後方始作實。I hereby apply for Travel Direct Global Insurance and declare that the statements and particulars given in this application are, to the best of my knowledge and belief, true and complete and that this application will form the basis of my contract with American Home Assurance Company, Hong Kong Branch. I understand and agree that no insurance will be effected until the application is approved.

本人現確認及保證：受保人絕不違反醫生之勸告，而旅遊目的亦非往海外治療疾病及受保人現時健康狀況良好。I hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment and the insured person is now in good health.

本人同意對所有保障範圍以外之醫療費用或所有超出所定限額之醫療費用，於收到通知書 14 天內支付予美亞保險香港有限公司。如款項未能於限期內付清，預繳服務將被終止，同時本人須將「中國支援卡」歸還美亞保險香港有限公司，但對所有上述債項仍須負責。如遺失「中國支援卡」，本人須於 48 小時內向美亞保險香港有限公司報失並繳付 HK\$100 作補領費用。本人明白本人須先為費用提供保證或彌償，美亞保險香港有限公司方為緊急現金匯款服務作出安排。I hereby agree and undertake to settle any medical expenses that is not payable or covered under this insurance or any amount in excess of the insurance limit within 14 days after the written notification from Chartis Insurance Hong Kong Limited. The credit facility will be suspended if I fail to reimburse Chartis Insurance Hong Kong Limited within the above time limited. Upon suspension, I have to return all CHINA Assist Cards to Chartis Insurance Hong Kong Limited and will remain liable to Chartis Insurance Hong Kong Limited for any outstanding payment in arrears. In the event of loss of CHINA Assist Card, I should advise Chartis Insurance Hong Kong Limited within 48 hours and pay HK\$100 for each replacement card. I understand that Chartis Insurance Hong Kong Limited will not arrange for the emergency cash transmission unless guarantee or indemnity is provided by me. Chartis Insurance Hong Kong Limited first securing payment from me.

本人現聲明並同意美亞保險香港有限公司可保留、使用或透露任何美亞保險香港有限公司所收集或持有之個人資料（在此申請書所載或從其他途徑取得），並可給予有關人士機構或任何被選定的機構（本港或海外），處理與本申請及其他財務產品及服務，或作直接促銷及資料核對等用途，並因而與本人聯絡。本人明白到(i)倘若本人未能提供本申請書所需的資料，美亞保險香港有限公司將可能無法處理申請，及(ii)本人有權向美亞保險香港有限公司查閱及申請改正所有與本人及受保家庭成員有關的個人資料。有關的申請可來函香港郵政信箱 456 號美亞保險香港有限公司之個人資料管理員辦理。I hereby declare and agree that any personal information collected or held by Chartis Insurance Hong Kong Limited (whether contained in this application or otherwise obtained) is provided and maybe held, used, and disclosed by Chartis Insurance Hong Kong Limited to individuals / organizations associated with Chartis Insurance Hong Kong Limited or any selected third party (within or outside of Hong Kong) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) Chartis Insurance Hong Kong Limited may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain data access to and to request correction of any personal information held by Chartis Insurance Hong Kong Limited concerning me and any of my covered dependents. Such request can be made to Chartis Insurance Hong Kong Limited's Data Privacy Officer at GPO Box 456, Hong Kong.

全年計劃之商務客戶適用：任何於保單發出後就保險計劃而作之更改（包括受保人之增加、刪減或更換或其他類型之改動），本公司或本人經本公司授權同意：(1) 該等更改須於美亞保險香港有限公司收到本公司[書面]指示後方為處理，而任何保費之改動將按日數比例計算；及 (2) 在刪減受保人的情況下，本公司必須將中國支援卡退回給美亞保險香港有限公司，否則美亞保險香港有限公司不會於該刪減生效後退還任何就該受保人已付之保費。For corporate client of annual plan: In case if we/our company wish(es) to effect any change in the insurance plan (including addition or deletion or substitution of the insured person or other kinds of adjustment) after issuance of the insurance policy, our company or the undersigned on behalf of the company acknowledges and agrees that: (1) such change will be processed after our company's instruction [in writing] received by Chartis Insurance Hong Kong Limited and any adjustment in the amount of premium payable will be effected pro-rata on daily basis; and (2) In case of deletion of any insured person, our company must return the CHINA Assist Card to Chartis Insurance Hong Kong Limited, otherwise Chartis Insurance Hong Kong Limited will not refund any paid premium in respect of such insured person after such deletion has become effective.

全年計劃之商務客戶適用：本公司或本人經本公司授權同意只有於保障生效前，經本公司填寫指定表格向美亞保險香港有限公司申報其名字的會員/職員才合格受保於本計劃。For corporate client of annual plan: Our company or the undersigned on behalf of the company acknowledges and agrees that only those member(s)/employee(s) named and/or declared by our company to Chartis Insurance Hong Kong Limited under prescribed form prior to binding of the insurance coverage shall be eligible for the plan.

本公司專用 For Office Use Only (只適用於短期單次計劃 For Single Trip Plan Only)

Policy No.: 01G-ENT-10 _____

Total Premium: HK\$ _____ Rider

Received: Cash Check No. _____

Chartis Insurance Hong Kong Limited

Date _____ Authorized Signatory _____

申請人簽署

Signature of Applicant: _____

(如保單持有人為商務客戶，請蓋上公司印 For corporate client, company stamp is needed)

代理人姓名及編號 _____ 日期 _____

Producer's Name & Code: _____ Date: _____

客戶代理人 _____ 電話 _____

Account Handler: _____ Tel: _____

Credit Card Payment Authorization Form

信用咭付款授權書

(For Travel Insurance Application ONLY 只適用於申請旅遊保險計劃)

Name of Applicant 保單申請人: _____

Premium 保費: _____

I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my credit card account as below for the premium payment

本人同意及授權美亞保險香港有限公司於本人下列信用咭戶口支付上述保費。

Type of Credit Card 信用咭種類: (Please tick either one 請選擇其中一項)	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Credit card No. 信用咭號碼:		
Expiry Date 有效期至:	M 月	Y 年
Name of Cardholder 持咭人姓名:		

Cardholder's Signature 持咭人簽名: _____
(The signature must be identical to the one on your credit card.)
(簽名必須與信用咭上簽名相同)

Date 日期: _____

Remark: Please return this authorisation form and the insurance application form to us either by Fax or Mail
備註: 請連同旅遊保險申請表傳真或寄回此付款授權書

Fax傳真: 2838 4180 Tel電話: 3666 7022
Address: 46/F, One Island East, 18 Westlands Road, Island East, Hong Kong
地址: 香港港島東華蘭路18號港島東中心46樓