32/F, Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.
香港鰂魚涌英皇道979號太古坊多盛大廈32樓
Tel 電話 2968 1636 Fax 傳真 2917 6266
Email 電郵 hk_personal_insurance@hk.rsagroup.com Website 網址 www.rsagroup.com.hk

RSA

Agency No. 代理編號：_____ Policy No. 保單號碼：_____

JOURNEYGUARD TRAVEL INSURANCE PROPOSAL FORM/POLICY SCHEDULE 優遊樂旅遊保險投保書/保單

(Please use English block letters 請用英文正楷填寫)

Full Name of Insured Person (Mr/Mrs/Miss) 投保人姓名 (先生/太太/小姐)：_____ Date of Birth 出生日期：_____
Surname 姓 Other Name 名 dd日/mm月/yy年

HKID Card / Passport No. 香港身份證 / 護照號碼：_____ Email Address 電郵地址：_____

Address 地址：_____

Tel 電話：(Home 住宅 / Mobile 手提) _____ (Office 辦公室) _____

Fax 傳真：_____ Industry 在職行業：_____

Please select plan 請選擇計劃：

☐ **1. Single Trip Policy 單次旅遊計劃** (Maximum insurance period 180 days 保障期可長達180天)

☐ Plan I 計劃I ☐ Plan II 計劃 II

Period of Insurance 承保期：From 由 _____ To 至 _____ (Total 共 _____ days日)
dd日/mm月/yy年 dd日/mm月/yy年

☐ Round Trip 雙程旅遊 ☐ One Way Travel 單程旅遊 (Maximum 7 days cover 保障期最多7天)

☐ **2. Annual Policy 全年計劃** (Maximum insurance period for each journey is 90 days. 每次旅遊保障期可長達90天)

☐ Plan I 計劃I ☐ Plan II 計劃II ☐ Family Plan I 家庭計劃I ☐ Family Plan II 家庭計劃II

Staying in Hong Kong less than 180 days in a year? 一年內居港少於180天？ ☐ No 否 ☐ Yes 是 (subject to special underwriting 將受額外條款限制)

Annual Policy Commencement Date 全年計劃保單生效日期：_____

General Conditions 保單基本條款：1. This annual policy is not applicable to emigrants or residents outside Hong Kong. 全年計劃不適用於移民外地或非香港居民。
2. Children below 16 years old must be accompanied by an adult. 16歲以下兒童須由成人陪同。 3. No limitation on the number of trips per year for Annual Policy. 全年計劃每年旅遊次數不限。 4. Free child cover is not applicable to Annual Policy. 子女免費保障不適用於全年計劃。 5. Annual Family Plan is only applicable to parents and children aged below 16 years old. 全年家庭計劃只適用於父母及16歲以下之子女。 6. Age limit: 75 years old. 受保人年齡限制：75歲。

Insured Persons 受保人						Beneficiary 受益人		Premium 保費*
Surname 姓	Other Name 名	Relationship 關係	Age 年齡	HKID Card / Passport No. 香港身份證 / 護照號碼	Occupation 職業 (Required for Annual Policy Only 只供全年計劃填寫)	Name 姓名	HKID Card / Passport No. 香港身份證 / 護照號碼	
		Self 本人						
							Sub-total Premium 保費合計	
							Discount 折扣	%
							Total Premium 總保費	

(Please attach separate paper for more Insured Persons. 如有需要，請另加紙張填寫。)

Declaration 聲明

1. I declare to the best of my knowledge and belief that the information given is true in every respect. 本人謹此聲明，根據本人所知及所信，本投保表格上所填報之資料均實屬無訛。
2. I understand that this Application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me and the Company.
本人明白本投保書被皇家太陽聯合保險有限公司（「保險公司」）正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
3. Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.
投保書需經保險公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。

☐ I do not wish to receive any marketing or promotional materials. 本人不願意收取任何宣傳或推廣的資料。

Loyal Insurance
Head Office : Tel: 2388 3283 / Fax: 2388 9578
Branch : Tel: 2475 7248 / Fax: 2473 2555

Signature of Proposer 投保人簽署：_____ Date 日期：_____

Underwritten by 承保公司：Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)

Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the Company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hk.rsagroup.com. 任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌英皇道979號太古坊多盛大廈32樓，或傳真至+852 2968 5111，或電郵至hk_compliance@hk.rsagroup.com。

Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box ☑ or consult your agent regarding methods of payment
請在適當的空格內加 ☑ 或與您的保險代理諮詢付款方法。)

☐ Cheque payable to 支票抬頭請寫：
Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司

☐ Visa ☐ MasterCard ☐ Amex ☐ Diners

Credit Card No. 信用卡號碼：

Name of Cardholder 持卡人姓名：_____

Issuing Bank 簽發銀行：_____ Expiry Date 有效日期：_____

I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy. 本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署：_____ Date 日期：_____
(Signature should correspond to the specimen signature of the above credit card account 簽署必須與上述信用卡戶口式樣相同。)

For office use only 本公司專用

_____
Royal & Sun Alliance Insurance plc

Date日期：_____

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