

客人需簽妥投保書及所需文件經由以下持牌保險經紀公司安排投保：

樂信保險經紀有限公司 Loyal Insurance Advisers Limited  
 九龍長沙灣道 833 號長沙灣廣場 2 期 8 樓 811 B 室  
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根據保監局條例指引，所有保戶應付的保費應由保戶直接將保費存入保險經紀（即本公司）之指定客戶賬戶或承保保險公司，任何人不得以私人名義或以其他公司名義向保戶收取任何保費。

# 安達全年旅遊保險 - 申請表格

## Chubb TravelWell Annual Protection Plan - Application Form

<b>注意事項 Important Note:</b>		Broker Name:	
<ul style="list-style-type: none"> <li>申請處理須時三個工作天 Application handling time is 3 working days</li> <li>請以英文正楷填寫 Please complete the following sections in English BLOCK LETTERS</li> <li>申請人資料 (*請刪除不適用者) Details of the Applicant (*Please delete as appropriate)</li> <li>請在適合地方「✓」 Please "✓" as appropriate</li> </ul>		Handler Name:	
<b>保單持有人資料 Policy Holder Information</b>			
稱號 Title	先生/太太/女士* Mr/Mrs/Ms*	姓 Surname	名 Given Name
機構名稱 Organization Name (如適用 if appropriate):			
地址 Address			香港身份證 HKID
電話號碼 Tel No.	電郵地址 Email Address		
<b>計劃詳情 Plan Details</b>			
保障類別 Cover Type	<input type="checkbox"/> 環球 - 計劃1 Worldwide - Plan 1 <input type="checkbox"/> 環球 - 計劃2 Worldwide - Plan 2 <input type="checkbox"/> 環球 - 計劃3 Worldwide - Plan 3		
計劃類別 Plan Type	<input type="checkbox"/> 個人 Individual <input type="checkbox"/> 家庭# Family# <input type="checkbox"/> 受保人及配偶* Couple*		
* 家庭計劃之受保兒童為18歲以下 Insured Child(ren) under Family Plan should be aged below 18 years			
* 家庭/受保人及配偶 計劃之成人年齡為18-64歲 Insured Adult under Family /Couple Plan should be aged 18-64 years old			
單生效日 Policy Commencement Date	職業 Occupation		
<b>保費 Premium</b>			
受保人 / 年齡 - 類別 Insured /Age - Type	環球 計劃 1 Worldwide Plan 1	環球 計劃 2 Worldwide Plan 2	環球 計劃 3 Worldwide Plan 3
個人 Individual Age 18-64歲	<input type="checkbox"/> HK\$3,880	<input type="checkbox"/> HK\$3,175	<input type="checkbox"/> HK\$1,630
個人 Individual Age 65-75歲	<input type="checkbox"/> HK\$5,045	<input type="checkbox"/> HK\$4,130	<input type="checkbox"/> HK\$2,120
受保人及配偶 Couple	<input type="checkbox"/> HK\$6,985	<input type="checkbox"/> HK\$5,715	<input type="checkbox"/> HK\$2,935
家庭 Family	<input type="checkbox"/> HK\$7,760	<input type="checkbox"/> HK\$6,350	<input type="checkbox"/> HK\$3,260
<b>計劃詳情 Plan Details</b>			
受保人 Insured Person		性別 Sex (男M / 女F)	出生日期 Date of Birth (DD 日 / MM 月 / YY 年)
姓 Surname	名 Given Name	香港身份證 HKID	與第一受保人之關係 Relationship to 1st Insured Person
1.			本人 Self
2.			
3.			
4.			
<b>聲明及簽署 Declaration &amp; Signature</b>			
<p>本人，申請人，代表及授權予安達保險香港有限公司（「安達保險」）(a) 本人得到本申請表上的各受保人（合稱「我們」）正式授權作以下聲明；(b) 本人已向本申請表上的各受保人轉達有關資料以致他們各人亦有效同意以下有關之條款：</p> <p>本人/我們謹此證實以上所有填報資料俱屬準確無誤，且同意本投保書將會構成本人/他們與安達保險所簽署合約之依據。</p> <p>本人/我們身體狀況正常，並明白任何之前已存在之病症或任何以尋求醫療診治為目的之行程，概不受本保險所保障。</p> <p>本人/我們明白並清楚知道本人/我們的個人資料（包括姓名、聯絡資料、年齡、性別及保單繳費資料）會用作該保單的處理申請、保單行政、索償、及客戶服務的目的。本人/我們已閱讀安達保險的「個人資料收集聲明」及清楚知道安達保險根據當中條文，可透露、核對及/或交換由本人/我們所提供的資料。</p> <p>本人/我們明白本人/我們可以書面聯絡安達保險之個人資料私隱統籌（香港鰂魚涌英皇道979號太古坊一座39樓）翻查及/或更改本人/我們所提供予安達保險的資料。本人/我們並明白安達保險於處理有關查詢要求時，可保留權利收取合理費用以彌補有關行政開支。</p> <p>本人/我們明白，安達保險有權拒絕接納本人/我們此計劃之申請。本人/我們亦明白有關此計劃之細則及不保事項。本人/我們須以保單條款內列為準。</p> <p>申請人明白，確知及同意，安達保險香港有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向安達保險香港有限公司確認他/她已獲該法人團體授權。申請人亦明白安達保險香港有限公司必須取得申請人以上的同意，才可以處理其保險申請。</p> <p>我們已接受以上內容及適用於所有此保單之受保人。</p> <p>I, the Applicant, represent and warrant to Chubb Insurance Hong Kong Limited ("Chubb") that (a) I am duly authorised to make the following declarations on behalf of the insured person named on the enrollment form (jointly "We"); (b) I have conveyed all relevant information to the insured person named on the enrollment form to enable each of them to give legally valid consents as stipulated below:</p> <p>I/We declare that the above information is, to the best of my/our knowledge, true and complete, and will form the basis of my/our contract with Chubb.</p> <p>I am/We are in good health and I/We understand that any pre-existing conditions or any trip made for the purpose of obtaining medical treatment will not be covered under this policy.</p> <p>I/We understand and I/We am/are aware that my/our personal data including name, contact information, age, gender and policy payment details will be used to process my application, policy administration, claim, and customer service. I/We have read Chubb Personal Information Collection Statement and aware of Chubb may disclose, verify and/or exchange any information accordingly.</p> <p>I/We understand that I/We may write to Chubb's Data Privacy Officer at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong for any request for access to and/or correction of any information supplied to Chubb. I/We also understand that Chubb may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.</p> <p>I/We understand that the Chubb has the right to reject my/our application for this plan. I/We also understand that I/We should refer to the actual Terms &amp; Conditions for the exact terms, conditions and exclusions. The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so. The applicant further understands that the above agreement is necessary for Chubb to proceed with the application.</p> <p>I/We have accepted the above statements which apply to all persons covered under this policy.</p>			
申請人簽署 Signature of Applicant:		日期 Date:	