



Please complete the form in block capitals and tick the appropriate boxes. 請以英文正楷填寫，並在適當的空格內填上 號

Proposer Details 申請人資料	
Proposer 申請人	Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/>
(Surname 姓)	(Given Name 名)
Date of Birth (D/M/Y日/月/年) 出生日期	Contact Tel. 聯絡電話
Correspondence Address 通訊地址	

Single Trip Only 個別旅程	
Area of Travel 旅遊地區	Asia Only 亞洲 <input type="checkbox"/> Worldwide 環球 <input type="checkbox"/> Destination 目的地: _____
Purpose of the Trip 旅遊目的	Business 商務 <input type="checkbox"/> Pleasure 旅遊 <input type="checkbox"/>
Period of Insurance 保險期限	From 由 _____ To 至 _____ <i>Please enter first and last day of planned journey</i> 請填上旅程出發及回程抵港日期

Annual Cover 全年保障	
<i>(Maximum duration of each trip not exceeding 30 consecutive days 每次行程不得連續超過三十天)</i>	
Period of Insurance 保險期限	From 由 _____ for 12 months 開始投保一年 <i>Please enter first day of insurance year</i> 請填上保險生效日期

Insured Persons Details 受保人資料			
Insured Persons 受保人姓名	Age 年齡	Relationship with Proposer 與申請人之關係	Personal Accident Capital Sum (HK\$) 人身意外投保額
1.			
2.			
3.			
4.			
If more than 4 persons to be insured, please supply information on a separate sheet. 如受保人超過四名，請另加紙填寫。			
Total Premium 合共保費	HK\$ 港幣		

Present Insurance 現有保險

Does any proposed Insured Person now hold a Personal Accident Insurance Policy with Asia Insurance?
是
受保人是否已在亞洲保險購買個人意外保險?
No
否

Previous Insurance Claims 保險賠償記錄

During the last 3 years, has the Proposer or any proposed Insured Person made any claim under any Travel Insurance taken out with any insurance company?
是
申請人或受保人在過去三年內曾否向任何保險公司提出任何與旅遊保險有關之賠償申請?
No
否

Declaration 聲明

I hereby apply to Asia Insurance Co., Ltd. ("the Company") for insurance on the terms as set out in the Company's AsiaHoliday Insurance Policy. I warrant that the particulars and statements I supply in this Proposal are complete and correct and further agree that this Proposal shall be the basis of the contract between me and the Company.

I further declare that all proposed Insured Persons are in good health and free from any physical defect, illness or recurring illness and are not travelling contrary to medical advice or for the purpose of obtaining medical treatment or for migration purpose.

本人現依據「亞洲萬里遊」保險單內之條款投保該項保險。謹此聲明在本投保書內填報的資料，均屬正確無誤，並同意以此投保書作為本人與亞洲保險有限公司（簡稱「亞洲保險」）訂立保險合約之根據。

本人聲明所有受保人身體健康、體格健全，現時絕無疾病，包括間歇性復發疾病。並無違背醫生勸告而出外遠行，亦非為尋求醫藥治療或以移民海外為目的。

Proposer's Signature 申請人簽署

Date 日期

Authorized Agent 特許代理

Important Notes to Proposer 申請人注意事項

- The insurance is only valid for travel originating from Hong Kong SAR.
- Any other facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent/broker. Failure to disclose such information may mean that your policy will NOT provide you with the cover you require and may even invalidate the policy altogether.
- This insurance will not be effective unless the Proposal has been officially accepted by the Company.
- Any personal information collected by the Company may be used, stored or disclosed to any individual or organization to evaluate this application, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.

- 此項保險只適用於由本港出發之旅程。
- 閣下必須盡己所知提供所有可能影響亞洲保險於接納或釐定此保單條文的資料，對資料應否透露若有任何疑問，請即查詢本公司或閣下的保險代理/經紀。閣下應如實呈報有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能導致此保單無效。
- 投保須經批核，方可生效。
- 亞洲保險有權運用、保存或透露閣下之個人資料予任何人仕或機構，用以審核此項申請，或提供有關服務。若需查閱或更正閣下之個人資料，請聯絡亞洲保險的資料保護主任。