

**個人旅遊保險 投保書 / 保單 PERSONAL TRAVEL INSURANCE PROPOSAL FORM / POLICY SCHEDULE**

請以英文正楷填寫，並在適當的空格內填上  Please fill in this form in English block letters and tick the boxes where appropriate

保單號碼 Policy No.	代理編號 Agent No.
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**投保人資料 Proposer Details** (必須年滿18歲 Must be 18 years old or above)

姓名 Full Name			性別 Sex <input type="checkbox"/> 男M <input type="checkbox"/> 女F
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	職業及職位 Industry & Position	
通訊地址 Correspondence Address			
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
聯絡電話 Contact No.	電郵地址 Email		

**投保計劃 Insurance Plan**

<b>單次來回 Single Round Trip</b>			
<input type="checkbox"/> 「旅遊保」 Travel Protector - 計劃 Plan I	<input type="checkbox"/> 「遊學保」 Study Tour Travel - 計劃 Plan I		
<input type="checkbox"/> 「旅遊保」 Travel Protector - 計劃 Plan II	<input type="checkbox"/> 「遊學保」 Study Tour Travel - 計劃 Plan II		
<b>全年 Annual</b>			
<input type="checkbox"/> 「旅遊保」 Travel Protector - 計劃 Plan I	<input type="checkbox"/> 「旅遊保」 Travel Protector - 家庭計劃 Family Plan I	<input type="checkbox"/> 全年中國旅遊 Annual China Travel	
<input type="checkbox"/> 「旅遊保」 Travel Protector - 計劃 Plan II	<input type="checkbox"/> 「旅遊保」 Travel Protector - 家庭計劃 Family Plan II		
<input type="checkbox"/> 附加中國醫療卡 With China Medical Pass (適用於全年「旅遊保」) Applicable to Annual Travel Protector			
下列問題如答「是」，請另加紙張列明詳細資料。(適用於全年計劃) Please give full details by attaching separate sheet if the answer is "Yes". (Applicable to Annual Plan)			
1. 是否有任何一位受保人全年居港少於180天?	Do any of the Insured Persons stay in Hong Kong for less than 180 days in a year?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
2. 是否有任何一位受保人有任何身體殘障或缺陷或正接受醫藥治療或正感染任何疾病?	Have any of the Insured Persons ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
3. 是否有任何一位受保人於過去三年內向投保之意外或旅遊保險索償?	Have any of the Insured Persons ever made any claim to accident or travel insurance in the past three years?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

**保險期限 Period of Insurance**

本保單之生效日期由 Policy is Effective From	/	/ 20	(日/月/年) (dd/mm/yyyy)	<input type="checkbox"/> 至 To / / 20 (日/月/年) (dd/mm/yyyy)	本保單所提供的保障，必須在本公司確定接納投保及收妥保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.
				<input type="checkbox"/> 起一年內有效 for one year	
				<input type="checkbox"/> 起兩年內有效 for two years	

**受保人 Insured Person**

姓 Surname	名 Given Name	與投保人關係 Relationship with Proposer	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	香港身份證/護照號碼 HKID Card/Passport No.	職業及職位 (只供全年計劃填寫) Industry & Position (for Annual Policy)	保費 Premium (港幣HK\$/元)
<input type="checkbox"/> 與投保人相同 Same as Proposer above						
						保費合計 Sub-total Premium

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

備註：除非於保單中另有列明總賠償額，本公司於本保單中之總賠償額以不超過港幣\$20,000,000元為限。  
Note: Unless otherwise specified, the total liability under this Policy shall not exceed HK\$20,000,000 in aggregate.

團體折扣 Group Discount	%	總保費 Total Premium (港幣HK\$/元)
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**聲明 Declaration**

- 本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛，並同意本投保書和聲明將成為保險合約的基礎。  
I declare to the best of my knowledge and belief that the information given is true in every respect, I also agree that this proposal and declaration shall be the basis of the insurance contract between Allied World Assurance Company, Ltd and myself.
  - 本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。 I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.
- 本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。  
I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

投保人簽署 Proposer's Signature	日期 (日/月/年) Date (dd/mm/yyyy)
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Underwritten by 承保公司: Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

**繳付保費方法 Premium Payment Method**

<input type="checkbox"/> 支票 Cheque	抬頭: 世聯保險有限公司 payable to <b>Allied World Assurance Company, Ltd</b>	支票號碼 Cheque No.
<input type="checkbox"/> 本人授權 世聯保險有限公司 Allied World Assurance Company, Ltd 從本人信用卡戶口內支取有關保費。 I hereby authorise Allied World Assurance Company, Ltd to charge the relevant premium to my credit card account for this insurance policy.		港幣(元) HK \$
簽發銀行 Issuing Bank		信用卡 Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
信用卡號碼 Credit Card No.		信用卡有效期 (月/年) Credit Card Expiry Date (mm/yy)
持卡人姓名 Cardholder's Name		
持卡人簽署 Cardholder's Signature	日期 (日/月/年) Date (dd/mm/yyyy)	
簽署必須與上述信用卡戶口簽署式樣相同。 Signature should correspond to the specimen signature of the above credit card account.		

**本公司專用 For Office Use Only**

Allied World Assurance Company, Ltd	日期 (日/月/年) Date (dd/mm/yyyy)
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## Personal Information Collection Statement

### **Purpose of Collection**

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Transferee**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

### **Access Requests and Corrections**

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## 個人資料收集聲明

### **資料收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

### **資料轉移**

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

### **資料查閱要求及更改**

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：

郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至[hkcompliance@awac.com](mailto:hkcompliance@awac.com)



**東茂保險代理(國際)有限公司**

Regional Insurance Management (International) Limited

Unit 2604 26/F 9 Chong Yip Street Kwun Tong Kowloon

Tel: 2861 3122 Fax: 3016 9813 E-mail: [info@regional.com.hk](mailto:info@regional.com.hk)