

環宇遨翔旅遊保障計劃投保書

Universal Voyage Travel Insurance Plan Proposal Form



香港中環德輔道中 71 號永安集團大廈 9 樓 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.

電話 Tel : 3187 5100

備註 NOTE :

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The proposed Insured has to complete the form in English BLOCK LETTERS and please put a "✓" in the box as appropriate. Any changes to be made should be signed by the proposed Insured.
2. 為保障投保人的利益，若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司（下稱“中銀集團保險”）熱線 (852) 3187 5100 查詢。若未能充份透露實情，將會使受保人得不到所需的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this Proposal Form, please contact Bank of China Group Insurance Company Limited (named below as "BOCG Insurance") Hotline (852) 3187 5100 for the interests of the Insured Person. Failure to disclose may mean that the policy will not provide the Insured Person with the coverage required, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，您的保單將會每年自動續保（只適用於全年保險計劃）。Once the application for this proposal form is accepted, your policy will be automatically renewed each year (only applicable to Annual Travel Plan).
4. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
5. 「環宇遨翔旅遊保障計劃」（下稱“本計劃”）由中銀集團保險承保。Universal Voyage Travel Insurance Plan (named below as "this Plan") is underwritten by BOCG Insurance.

投保人資料 Details of the proposed Insured						
1. 英文姓名 Name in English (請先填寫姓氏 Surname first)			2. 中文姓名 Chinese Name			
3. 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female			4. 香港身份證 / 護照號碼 HKID Card No. / Passport No.			
5. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT						
6. 聯絡電話 (住宅) Contact No. (Home)		7. 聯絡電話 (手提) Contact No. (Mobile)		8. 電子郵箱 Email:		
保障資料 - Insured Details						
1	承保期 ¹ Period of Insurance ¹	由 From _____ 至 to _____ (日 D/月 M/年 Y) 共 for _____ 天 days (最長承保期單次旅程計劃為 180 天，全年保險計劃則為 90 天。Maximum cover period for Single Travel Plan is 180 days, Annual Travel Plan is 90 days)				
2	受保人原居地 ² Country of Residence of the Insured Person ² : 香港 Hong Kong		起保地點 Place of Origin : 香港 Hong Kong			
3	基本保障 Basic Benefit			自選附加保障 Optional Benefit		保費 Premium (HK\$)
	計劃 Plan	受保類別 ³ Insured Category ³	<input type="checkbox"/> 地區 Area 1 <input type="checkbox"/> 地區 Area 2	<input type="checkbox"/> 鑽石計劃 Diamond Plan <input type="checkbox"/> 金計劃 Gold Plan <input type="checkbox"/> 銀計劃 Silver Plan	升級保障 Enhanced Benefit	郵輪保障 Cruise Benefit
	單次旅程 Single Travel	<input type="checkbox"/> 受保人 ⁴ Insured Person ⁴ (受保人數 No of person(s) to be insured: _____) <input type="checkbox"/> 受保人及配偶 Insured Person & Spouse <input type="checkbox"/> 受保人及子女 Insured Person & Child(ren) <input type="checkbox"/> 家庭 ⁵ Family ⁵	目的地 Destination: _____		<input type="checkbox"/>	<input type="checkbox"/>
	全年計劃 Annual Travel	<input type="checkbox"/> 受保人 ⁴ Insured Person ⁴ (受保人數 No of person(s) to be insured: _____) <input type="checkbox"/> 家庭 ⁵ Family ⁵	<input type="checkbox"/> 鑽石計劃 Diamond Plan <input type="checkbox"/> 金計劃 Gold Plan		免費升級保障 Free Enhanced Benefit	不適用 N/A
受保人資料 Person(s) to be insured						
所有受保人姓名 (請先填寫姓氏) (Name of all Insured Person(s) (Surname first) (若有更多受保人，請用另頁附上) (Attach separate sheet for more Insured Person(s))		香港身份證 / 護照號碼 HKID Card / Passport No.	年齡 / 出生日期 ⁶ Age / Date of Birth ⁶ (日 D / 月 M / 年 Y)	其他受保人與第一受保人的關係 Relationship between other Insured Person(s) and the 1st Insured Person	受益人姓名 / 與受保人關係 Beneficiary Name / Relationship with Insured Person	
1.						
2.						
3.						
4.						

註 Note:

1. 本計劃之「取消旅程」保障，如受保人及/或近親、緊密商業夥伴等因身故或嚴重傷病導致取消旅程，保障須於成功投保 24 小時後才開始生效。Under the Cancellation cover of this Plan, if the Insured and/or close relative, close business partner etc has suffered from Death or Serious Sickness or Injury, the Policy Cover will be effective after 24 hours from the successful enrolment.
2. 除非特別申報，受保人的原居地會被視作香港特別行政區。Country of Residence of the Insured Person shall be defaulted as HKSAR unless otherwise specified.
3. 本投保書只可接受一個受保類別。This Proposal Form only allows one Insured Category.
4. 此受保類別可接受多於一名受保人。This Insured Category allows more than one person(s) to be insured.
5. 如受保人是家庭，本人在每一受保項目的合計最高賠償不得超過選擇計劃最高金額的 200% (不適用於家居財物損失、24 小時緊急支援服務、人身意外及身亡撫恤金)。If Family is insured, maximum benefit payable in each covered Section shall not exceed 200% in aggregate of the amount specified in the selected Plan (not applicable to Loss of Home Contents, 24-Hour Emergency Assistance Service, Personal Accident and Compassionate Death Cash Benefit).
6. 受保人年齡必須介乎 6 個星期至 80 歲。The insured person(s) must be aged between 6 weeks and 80 years old.

繳付保費方法 Payment Method

☐ 1. 以信用卡付款 Payment made by credit card

請填妥第 4 頁的「信用卡付款授權書」支付保費。Please complete the Credit Card Authorization Form as in page 4.

☐ 2. 以支票付款(只限年繳) Payment made by cheque (For Annual Payment Only)

請以劃線支票(祈付「中銀集團保險有限公司」)。Please made a crossed cheque payable to "Bank of China Group Insurance Company Limited"

銀行名稱 Bank Name: _____ 支票號碼 Cheque No.: _____

本人明白此投保書一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保。現授權中銀集團保險從本人/吾等之信用卡戶口轉賬繳交「環宇遨翔旅遊保障計劃」應繳付的保費，其後背書所更改的保費以及每個新保單年度續保保費（適用於全年保險計劃）I understand that once this application is accepted, if no notice of amendment of renewal terms is sent to me/us from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year. I hereby authorize BOCG Insurance to effect payment transfer from my/our credit card account for payment of premium under the "Universal Voyage Travel Insurance Plan", subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year.(Applicable to Annual Travel Plan)

聲明 Declaration

1. 本人聲明本人獲列於本投保書上各受保人(包括兒童之監護人)授權代他/她/他們申請「環宇遨翔旅遊保障計劃」及作出以下聲明。本人亦同時聲明每位受保人已同意在本投保書及各項聲明的內容，而該受保人就所有有關內容的同意，乃該人士獲得保障的先決條件。(上述聲明並不適用於投保人只為他/她本人申請保險。) I hereby declare that I have been duly authorized by the Insured Person(s) (including guardian(s) of the child(ren)) mentioned in this Proposal Form to apply for Universal Voyage Travel Insurance Plan and to make the following declarations for and on his/ her/ their behalf. I also hereby declare that each of the Insured Person(s) has agreed to the information under this Proposal Form including these Declarations, and that it is a condition precedent to obtain coverage for each such person that such Insured Person has agreed to all such information. (The above declaration is not applicable to a Proposer applying for his/ her own insurance only.)
2. 本人，並代表每位受保人，謹此聲明，就每位受保人等所知所信，於本投保書之陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。I, and on behalf of each of the Insured Person(s), declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I, and on behalf of each of the Insured Person(s), also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person(s) may be invalidated.
3. 本人，並代表每位受保人，謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。I declare, and on behalf of each of the Insured Person(s), that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person(s) may be invalidated.
4. 本人，並代表每位受保人，就每位受保人等所知所信，保證各受保人均非為醫療原因而外出旅行，亦無違反醫生勸告事宜；就各受保人所知目前無任何情況會導致既定之旅遊行程被取消或提早結束。I, and on behalf of each of the Insured Person(s), warrant that to the best of my knowledge and belief no Insured Person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and no Insured Person is aware of any condition, cause or circumstance that may necessitate the cancellation or curtailment of the planned journey.
5. 本人，並代表每位受保人，謹此聲明受保學童年齡為 23 歲或以下，未婚及未有工作，而年齡介乎 6 個星期至 17 歲的人士在遊學期間必須在成人照顧及陪同下完成整個旅程。(只適用於「學童海外遊學」保障) I, and on behalf of each of the Insured Person(s), declare that the student to be insured is aged 23 years old or below, dependent and unmarried. The entire journey of short-term overseas study for students aged between 6 weeks and 17 years old has to be accompanied by and with the custody care of an adult. (Applicable to "Student Overseas Travel" cover only)
6. 本人，並代表每位受保人，明白與中銀集團保險之保險合約以本投保書及此聲明為基礎，並以中銀集團保險保單為依據。I, and on behalf of each of the Insured Person(s), understand that this proposal and declaration shall be the basis of my contract with BOCG Insurance and in accordance with BOCG Insurance policy wording.
7. 本人，並代表每位受保人，明白本投保書經中銀集團保險接納後，就單次旅程計劃保費將不獲退還。I, and on behalf of each of the Insured Person(s), also understand that for Single Travel Plan, no refund premium shall be made once the Proposal Form is accepted by BOCG Insurance.
8. 本人，並代表每位受保人，明白此投保申請一經批核，在每個保單年度期滿前，若未有接獲中銀集團保險有關修改任何條款的續保通知，本人只須繳交下個保單年度所須的保費，此保單便會每年自動續保(只適用於全年保險計劃)。I, and on behalf of each of the Insured Person(s), agree that once this application for insurance is accepted, if no notice of amendment of renewal terms is sent to me from BOCG Insurance prior to the expiration of each policy year, the policy will be automatically renewed simply by my/our settling the required premium for the upcoming policy year (only applicable to Annual Travel Plan).

收集個人資料聲明 Personal Information Collection Statement

本人/吾等明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的；I/We understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本人/吾等的保險申請或本人將來提交的保險申請；processing and evaluating my/our insurance application and any future insurance application I may make；
- (2) 執行本人/吾等保單的行政工作及提供與本人/吾等保單相關的服務；administering my/our insurance policy and providing services in relation to my/our insurance policy；
- (3) 分析或調查、處理及支付本人/吾等保單有關的索償；analysis or investigating, processing and paying claims made under my/our insurance policy；
- (4) 發出繳交保費通知及向本人/吾等收取保費及欠款；invoicing and collecting premiums and outstanding amounts from me/us；
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；any alterations, variations, cancellation or renewal of any insurance related product or service；
- (6) 就以上用途聯絡本人/吾等；contacting me/us for any of the above purposes；
- (7) 中銀集團保險行使任何代位權；exercising any right of subrogation by BOCG Insurance；

- (8) 其它與上述用途有直接關係的附帶用途; other ancillary purposes which are directly related to the above purposes;及 and
(9) 遵循適用法律、條例及業內守則及指引。complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方: BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- 就上述用途, 向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括: 醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商); third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- 處理索賠個案的理賠師、理賠調查員及醫療顧問; in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- 追討欠款的收數公司或索償代理; in the event of default, debt collectors and recovery agents;
- 保險資料服務公司及信貸資料服務公司; insurance reference bureaux or credit reference bureaux;
- 再保公司及再保經紀; reinsurers and reinsurance brokers;
- 本人/吾等的保險經紀 (若有); my/our insurance broker (if I/we have one);
- 中銀集團保險的法律及專業業務顧問; BOCG Insurance's legal and professional advisors;
- 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員, 以達到任何上述或有關目的, 或以便「聯會」執行其監管職能, 或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能; any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- 透過「聯會」移轉予任何「聯會」的會員, 以達到任何上述或有關目的; any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- 任何有關的公司, 或任何其他從事與保險或再保險業務有關的公司, 或與保險業務有關的中介人或索償或調查或其他服務提供者, 以達到任何上述或有關目的; any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- 保險索償投訴局及同類的保險業機構; the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- 法例要求或許可的政府機關; government agencies and authorities as required or permitted by law.

本人/吾等在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外, 經本人/吾等同意, 中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料。Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my/our consent.

本人/吾等有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要, 可向中銀集團保險法律與合規部提出 (電話: 2867 0888, 傳真: 3906 9939)。I/We have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“✓”選擇渠道): I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“✓”to select the channel(s)):

- ☐ 電子推廣郵件 Promotion Email ☐ 電話短訊 SMS ☐ 直銷郵件 Direct Mailing ☐ 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇, 即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇, 亦取代任何您之前已告知中銀集團保險的選擇。請注意, 您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

☐ 為改善及提供更全面的服務予中銀集團保險的客戶, 中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類, 該資料擬提供予甚麼類別的人士, 以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途, 請您在這方格上以“✓”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員, 不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員, 不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.

支付經紀佣金 Payment of Broker Commission

本人明白、確知及同意，中銀集團保險會就本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。假如本人為法人團體，代表本人簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I am a body corporate, the authorized person who signs on behalf of me further confirms to BOCG Insurance that he or she is authorized to do so.

本人亦明白中銀集團保險必須取得本人以上的同意，才可以處理本人之保險申請。I further understand that the above agreement is necessary for BOCG Insurance to proceed with the application.

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明、收集個人資料聲明及支付經紀佣金。I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration, Personal Information Collection Statement and Payment of Broker Commission.

香港 H.K./

投保人/保單持有人簽署 Signature of proposed Insured / Policyholder

簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。

The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.

保險公司專用 For Office use only

經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By
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經紀代理資料 BROKER / AGENT INFORMATION

信用卡付款授權書 Credit Card Authorization Form

☐ Visa ☐ Master ☐ 中銀銀聯雙幣信用卡 CUP Dual Currency credit card

持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
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本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每年支付「環宇遨翔旅遊保障計劃」應繳保費金額，直至另行通知。(適用於全年保險計劃) I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account for "Universal Voyage Travel Insurance Plan" on a yearly basis until further notice. (Applicable to Annual Travel Plan)

若信用卡持有人並非投保人，請填寫以下資料。 If Cardholder is not the proposed Insured, please fill in the following information.

- 與投保人關係 Relationship with the proposed Insured : _____
- 代投保人支付保費原因 Reason for paying premium on proposed Insured's behalf: _____
本人同意及承擔上述投保人之全數應繳之「環宇遨翔旅遊保障計劃」保費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。 I hereby confirm to pay the premium due of "Universal Voyage Travel Insurance Plan" for the above proposed Insured. I also understand that any refund premium due to policy cancellation will be given to the proposed Insured by cheque.

持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)
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