

導航萬里旅遊保險計劃申請表
Travel Compass Insurance Application Form

(請以英文正楷填寫 Please fill in with English Block Letters)

申請人姓名 (姓 Surname) (名 First Name) 電話
Name of Applicant: _____ Tel No. _____

地址
Address: _____

受保人姓名 (姓 Surname) (名 First Name) 與第一受保人之關係 Relationship to the 1st Insured Person 出生日期 Date of Birth (月 M/日 D/年 Y) 香港身份證/護照號碼 HKID/Passport Number

1	_____	第一受保人 1st Insured Person	____/____/____	_____
2	_____	_____	____/____/____	_____
3	_____	_____	____/____/____	_____
4	_____	_____	____/____/____	_____
5	_____	_____	____/____/____	_____

計劃 PLAN

環球 Global 中國 China

受保日期 PERIOD OF INSURANCE

(最長保障期: 182 日 Maximum Period: 182 days)

____/____/____ 至 to ____/____/____ (月 M/日 D/年 Y)

共 Total ____日 days (Both days inclusive 包括首尾兩日)

行程 ITINERARY

旅遊目的 PURPOSE OF TRIP

遊覽 Pleasure 商務 Business (只限文職 administrative duty only)

總保費 TOTAL PREMIUM

港幣 HK\$ _____

保費表 (港幣) PREMIUM (HK\$)

保障期 Period of Insurance	環球 Global		中國 China	
	個人 Individual	家庭* Family	個人 Individual	家庭* Family
1 日 days	88	176	42	84
2 日 days	98	196	53	106
3 日 days	122	244	61	122
4 日 days	158	316	75	150
5 日 days	178	356	88	176
6 日 days	212	424	105	210
7 日 days	242	484	119	238
8 日 days	278	556	130	260
9 日 days	298	596	130	260
10 日 days	318	636	152	304
11 日 days	338	676	152	304
12 日 days	378	756	152	304
13 日 days	408	816	152	304
14 日 days	418	836	152	304
15 日 days	438	876	198	396
16-20 日 days	498	996	198	396
21-25 日 days	588	1176	220	440
26-31 日 days	708	1416	270	540
每增一日 additional day	18	36	10	20

*家庭: 包括合法夫婦及其 17 歲子女 Family: For a legal couple and any number of children aged below 17

聲明 Declaration

茲申請「導航萬里旅遊保險計劃」, 並聲明本申請表內之陳述及提供之細節均為完整及真實無訛, 而本申請表將會構成本人與美安保險公司香港分行所簽署合約之依據。本人同意保險須為申請獲接納後方始作實。I hereby apply for Travel Compass Insurance and declare that the statements and particulars given in this application are, to the best of my knowledge and belief, true and complete and that this application will form the basis of my contract with American Home Assurance Company, Hong Kong Branch. I understand and agree that no insurance will be effected until the application is approved.

本人現確認及保證: 受保人絕不會違反醫生之勸告, 旅程目的並非往海外治療疾病, 而受保人現時健康狀況良好。

I hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment; and the insured person is now in good health.

申請人現確認及保證申請人及任何其他受保人均不得有任何可能導致已安排之旅程延誤的狀況、原因或因素。

The Applicant hereby acknowledges and warrants that neither the Applicant nor any other Insured Person covered under this insurance knows of any condition, cause or circumstance existing that may necessitate the travel delay of the planned insured Journey.

本人明白及同意本申請一經接納, 保費將不獲退還。I understand and agree no refund of premium is allowed once this application has been accepted.

如中文譯本與英文有異, 一概以英文為準。In the event of differences between the English and Chinese version, the English version shall prevail.

本人現聲明並同意美亞保險香港有限公司可保留、使用或透露任何美亞保險香港有限公司所收集或持有之個人資料 (在此申請書所載或從其他途徑取得), 並可給予有關人士機構或任何被選定的機構 (本港或海外) 以處理與本申請及其他財務產品及服務, 或作直接促銷及資料核對之用, 並因該等用途與本人聯絡。本人明白到(i)倘若本人未能提供本申請書所需的資料, 美亞保險香港有限公司將可能無法處理申請, 及(ii)本人有權向美亞保險香港有限公司查閱及申請改正所有與本人及受保家庭成員有關的個人資料。有關的申請可來函香港郵政信箱 456 號美亞保險香港有限公司之個人資料管理員辦理。

I hereby declare and agree that any personal information collected or held by Chartis Insurance Hong Kong Limited (whether contained in this application or otherwise obtained) is provided and maybe held, used, and disclosed by Chartis Insurance Hong Kong Limited to individuals / organizations associated with Chartis Insurance Hong Kong Limited or any selected third party (within or outside of Hong Kong) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) Chartis Insurance Hong Kong Limited may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain data access to and to request correction of any personal information held by Chartis Insurance Hong Kong Limited concerning me and any of my covered dependents. Such request can be made to Chartis Insurance Hong Kong Limited's Data Privacy Officer at GPO Box 456, Hong Kong.

本公司專用 For Office Use Only

保單號碼 Policy No.:

01G - _____ - _____

申請人簽署 Signature of Applicant 日期 Date

旅行社名稱及編號 Travel Agent's Name & Code

簽發日期 Issue Date

旅行社授權人簽署及蓋印
Authorized Signatory and Stamp of Travel Agent

注意: 當需要索償時, 必須出示已經批核的投保書。

Notice: In the event of claims, Insured Person must present the copy of the approved application as evidence of cover.