

JOURNEYGUARD TRAVEL INSURANCE PROPOSAL FORM 優遊樂旅遊保險投保書

(Please use English block letters 請用英文正楷填寫)

Full Name of Insured (Mr/Mrs/Miss/Company Name)

保單持有人姓名 (先生/太太/小姐/公司名稱): _____
Surname 姓 _____ Other Name 名 _____

HKID Card / Passport No. 香港身份證 / 護照號碼: _____ Date of Birth 出生日期: _____
dd日/mm月/yy年

Address 地址: _____

Tel 電話: (Home 住宅 / Mobile 手提) _____ (Office 辦公室) _____

Fax 傳真: _____ Email Address 電郵地址: _____

Please select plan 請選擇計劃:

Single Trip Policy 單次旅遊計劃 (Maximum insurance period 180 days 保障期可長達180天)

Plan I 計劃I Plan II 計劃II Study Tour Plan I 遊學計劃I Study Tour Plan II 遊學計劃II

Period of Insurance 承保期: From 由 _____ To 至 _____ (Total 共 _____ days日)
dd日/mm月/yy年 dd日/mm月/yy年

Annual Policy 全年計劃 (Maximum insurance period for each journey is 90 days. 每次旅遊保障期可長達90天)

Plan I 計劃I Plan II 計劃II Family Plan I 家庭計劃I Family Plan II 家庭計劃II

Annual Policy Commencement Date 全年計劃保單生效日期: _____

1. Staying in Hong Kong less than 180 days in a year? 一年內居港少於180天? No 否 Yes 是 (subject to special underwriting 將受額外條款限制)

2. Have any of the Insured Persons ever made any claim to accident or travel insurance in the past three years?

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? No 否 Yes 是

If you have answered "Yes" to any of the above questions, please give full details by attaching separate paper. 如上問題答「是」, 請另加紙張列明詳細資料。

General Conditions 保單基本條款: 1. This annual policy is not applicable to emigrants or residents outside Hong Kong. 全年計劃不適用於移民外地或非香港居民。 2. No limitation on the number of trips per year for Annual Policy. 全年計劃每年旅遊次數不限。 3. Free child cover is not applicable to Annual Policy. 子女免費保障不適用於全年計劃。 4. Annual Family Plan is only applicable to parents and children aged below 16 years old. 全年家庭計劃只適用於父母及16歲以下之子女。 5. Age limit: Single Trip Policy - up to 85 years old, Annual Policy - up to 75 years old. 受保人年齡限制: 單次旅遊 - 85歲, 全年計劃 - 75歲。

Insured Persons 受保人					(Required for Annual Policy Only 只供全年計劃填寫)		Premium 保費
Surname 姓	Other Name 名	Relationship 關係	Age 年齡	HKID Card / Passport No. 香港身份證 / 護照號碼	Industry 在職行業	Job Position 職位	
		Self 本人					

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

Sub-total Premium 保費合計

Note: Unless otherwise specified, the total liability under this Policy shall not exceed HK\$20,000,000 in aggregate.

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元為準。

Discount 折扣

%

Total Premium 總保費

Declaration 聲明

1. I (Proposer) declare to the best of my knowledge and belief that the information given is true in every respect.

本人 (投保人) 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。

2. I understand that this proposal will not become effective until it has been accepted by Allied World Assurance Company, Ltd ("Allied World") and agree that this proposal and declaration shall be the basis of the insurance contract between me and Allied World.

本人明白本投保書被 Allied World Assurance Company, Ltd 世聯保險有限公司 (「貴公司」) 正式接納後, 保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。

3. Cover will be effective only with signature on this document and receipt of premium by Allied World or its authorised representative.

投保書需經貴公司或其授權代表簽署, 並於收受保費後, 此保障計劃始正式生效。

4. IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information on the levy, please visit <https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf> or contact: (852) 2968 3000.

由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳情, 請登入 <https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf> 或致電我們: (852) 2968 3000。

5. I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form.

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 do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

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。

Signature of Proposer

Date

投保人簽署: _____ 日期: _____

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)

Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box or consult your agent regarding methods of payment
請在適當的空格內加 或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫: Allied World Assurance Company, Ltd 世聯保險有限公司

Visa MasterCard Amex

Credit Card No. 信用卡號碼: _____

Name of Cardholder 持卡人姓名: _____

Issuing Bank 簽發銀行: _____ Expiry Date 有效日期: _____

I hereby authorise Allied World Assurance Company, Ltd to charge all relevant premium and IA Levy to my credit card account, including any additional premium arising from policy endorsements. 本人授權 Allied World Assurance Company, Ltd 世聯保險有限公司從本人信用卡戶口內支取有關保單保費(包括批單保費)及保費徵費。

Signature 簽署: _____ Date 日期: _____

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口式樣相同。)

For office use only 本公司專用

Allied World Assurance Company, Ltd

Date 日期: _____

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.

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：郵寄至香港鯉魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至hkcompliance@awac.com。