

旅遊保險投保書

Travel Insurance Proposal Form

甲部 投保人資料

Part A Personal Details of the Proposer

投保人姓名 Name of Proposer	中文 Chinese	英文 English	
聯絡電話 Contact No.	住宅 Home	手提 Mobile	辦公室 Office
通訊地址 Mailing Address			
電郵地址 E-mail Address			

乙部 被保險人資料

Part B Details of the Insured

被保險人姓名 Name of Insured	出生日期 (日/月/年) Date of Birth (dd/mm/yy)	護照號碼 Passport No.	與投保人關係 Relationship with Proposer	與受益人關係 Relationship with Beneficiary	聯絡電話 Contact No.

丙部 受益人資料

Part C Details of Beneficiary

受益人姓名 Name of Beneficiary	護照號碼 Passport No.	聯絡電話 Contact No.

丁部 旅程資料

Part D Details of Itinerary

保險期限 Period of Insurance	由 From	至 To	(起訖兩日均包括在內) (Both dates inclusive)
行程總日數 No. of days of Travel	目的地 Destination		
地區 Area	<input type="checkbox"/> 地區1: 中國、緬甸、泰國、馬來西亞、新加坡、印尼、菲律賓、汶萊、越南、柬埔寨、台灣省、韓國、日本及關島 Area 1: China, Myanmar, Thailand, Malaysia, Singapore, Indonesia, The Philippines, Brunei, Vietnam, Cambodia, Taiwan, Korea, Japan and Guam		<input type="checkbox"/> 地區2: 全世界 Area 2: Around the World
被保險人類別 Insured Person	<input type="checkbox"/> 被保險人 Insured Person		總人數: Total No. of Travellers:
	<input type="checkbox"/> 被保險人及其配偶 Insured Person and Spouse		
單段旅程 One Way Travel	<input type="checkbox"/> 是 Yes		總共保費 Total Premium
	<input type="checkbox"/> 否 No		

戊部 附加人身意外保障

Part E Additional Personal Accident Insurance Protection

被保險人姓名 Name of Insured Person			
投保金額 Insured Amount	<input type="checkbox"/> HKD250,000.00	<input type="checkbox"/> HKD500,000.00	

* 附加人身意外保障只適用於16至65歲之被保險人

* Additional Personal Accident Insurance Protection only applies to the Insured aged between 16 and 65.

己部 付款方式
Part F Payment Method

- 支票付款 Cheque
劃線支票抬頭人請填寫"中國太平洋保險(香港)有限公司"
Please cross your cheque and make it payable to "CHINA PACIFIC INSURANCE CO., (H.K.) LTD."
- 現金付款 Cash
請親臨中國太平洋保險(香港)有限公司 地址：香港灣仔港灣道18號中環廣場4301室
Please pay at the office of China Pacific Insurance Co., (H.K.) Ltd. Address: Suite 4301, 43/F., Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.

收集個人資料聲明

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務或該等產品或服務的任何更改、變更、取消或續期
- 任何索償或索償分析及可能轉移予現存或不時成立的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或任何保險公司的協會或聯會。

閣下有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關閣下的個人資料，如有此項要求，可向本公司的個人資料(私隱)條例監察主任提出。

聯絡電話：(852) 2541 4338

Personal Data Collection Statement

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of

- any insurance or financial related product or service or any alternations, variations, cancellation or renewal of them.
- any claim or analysis of it.

And may be transferred to any related business partners, companies 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 or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by China Pacific Insurance Co., (H.K.) Ltd. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer. The contact number is (852) 2541 4338.

聲明

本人/吾等謹此聲明，根據本人所知及所信，上述所有資料均屬實無訛且為事實之全部，而所有能影響該項申請評估的事實因素均呈報。

本人/吾等保證各被保險人絕不會違反醫生之勸告或僅為獲得醫療而外出旅行。各被保險人對已安排而又需取消或提早結束之行程事先均絕對不知情。

本人/吾等明白本投保書在中國太平洋保險(香港)有限公司接納後，保單始正式生效。本人/吾等亦同意此投保書及聲明將會作為本人/吾等與中國太平洋保險(香港)有限公司之間的合約基礎。

本人/吾等明白中國太平洋保險(香港)有限公司收集的所有有關本人/吾等資料是用作投保、索償調查或數據研究或轉交其他人士或機構作核證數據或再保險之用。本人/吾等有權查核及要求更改有關本人/吾等的資料。

Declaration

I/We declare that the information given above is true and complete to the best of my/our knowledge and believe that all the material facts affecting the assessment of this application has been disclosed.

I/We declare that the itinerary is not undertaken against the advice of the physician, and/or for the purpose of obtaining or seeking any medical or surgical treatment aboard. I/We declare that the cancellation or curtailment of any scheduled itinerary is not known in advance.

I/We understand that proposal will not become effective until it has been accepted by China Pacific Insurance Co., (H.K.) Ltd. and agree that this proposal and declaration should be the basis of the contract between me/us and China Pacific Insurance Co., (H.K.) Ltd.

I/We understand that all the information collected by China Pacific Insurance Co., (H.K.) Ltd. for the purpose of underwriting, claim investigation or statistical research or being transferred to such person(s) or organization(s) for the purpose of data verification or reinsurance. I/We have the right to obtain access to and to request correction of my/our information.

投保人簽署 Signature of the Proposer

日期 Date

Official Use Only	Agent Code	
	Client Code	
	Account Handler	
	Remark	
	Total Premium	