

意外急救醫療保險投保書

Emergency Accidental Medical & Hospitalization 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
職業 Occupation		
公司名稱 Company Name		
公司地址 Company Address		
住宅地址 Residential Address		
聯絡電話 Contact No.	住宅 Home	手提 Mobile
		辦公室 Office
電郵地址 E-mail Address		

乙部 被保險人資料
Part B Details of Insured

	被保險人姓名 Insured Name	性別 Sex	出生日期 Date of Birth	回鄉卡 / 護照號碼 Chinese Re-entry Permit / Passport No.	與個人卡持有人關係 Relationship
個人卡持有人 Individual Card Owner					N/A
家庭卡持有人 Family Card Owner	1.				
	2.				
	3.				
	4.				

註明 配偶

Remarks Spouse

• 指有效婚姻中的丈夫或妻子

It means a husband or wife in a valid marriage

子女

Child

• 指有效婚姻雙方或其中一方所生的兒子或女兒 (包括單方或雙方的非婚生子女或領養子女)

It means a son or daughter of one or both parties to a valid marriage (It includes an illegitimate or adopted child of one or both parties)

丙部 受益人資料
Part C Details of Beneficiary

受益人姓名 Name of Beneficiary	中文 Chinese	英文 English
香港身份證號碼 / 護照號碼 HKID Card No. / Passport No.	與持卡人關係 Relationship	

丁部 保障選擇
Part D Type of Covers

保險期限 Period of Insurance	全國卡 Whole China Card	廣東卡 Guangdong Card
一年 One Year	<input type="checkbox"/> 個人卡 Personal Card HK\$ _____ <input type="checkbox"/> 家庭卡 Family Card HK\$ _____ X _____ 人person	<input type="checkbox"/> 個人卡 Personal Card HK\$ _____ <input type="checkbox"/> 家庭卡 Family Card HK\$ _____ X _____ 人person
二年 Two Year	<input type="checkbox"/> 個人卡 Personal Card HK\$ _____ <input type="checkbox"/> 家庭卡 Family Card HK\$ _____ X _____ 人person	<input type="checkbox"/> 個人卡 Personal Card HK\$ _____ <input type="checkbox"/> 家庭卡 Family Card HK\$ _____ X _____ 人person
三年 Three Year	<input type="checkbox"/> 個人卡 Personal Card HK\$ _____ <input type="checkbox"/> 家庭卡 Family Card HK\$ _____ X _____ 人person	<input type="checkbox"/> 個人卡 Personal Card HK\$ _____ <input type="checkbox"/> 家庭卡 Family Card HK\$ _____ X _____ 人person
合共保費 Total Premium	HK\$ _____	HK\$ _____

戊部 付款方式
Part E 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.
- 信用卡付款 Credit Card
 VISA MasterCard 信用卡到期日
Credit Card Expiry Date _____ (MM/YY)
信用卡持有人姓名 信用卡帳戶號碼
Name of the Card Holder _____ Credit Card Account No. _____
本人現授權中國太平洋保險(香港)有限公司從本人上述之信用卡帳戶支取有關保險之保費。
I hereby authorize the CHINA PACIFIC INSURANCE CO., (H.K.) LTD. to debit my credit card account above for the insurance premiums of this insurance policy.

信用卡持有人簽署 Signature of Card Holder

日期 Date

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 / 我們清楚明白

- 中國太平洋保險(香港)有限公司(以下簡稱“中太保”)保留一切接納申請與否之權利。
- 此「意外急救醫療保險卡」/「家庭卡」適用於中國衛生部認可之緊急救援網絡醫院。
- 任何非因意外事故受傷所致之醫療費用，本保險概不負責。
- 所有超出賠償限額以外之急救醫療費用，概由投保人自行支付。
- 若投保人選擇廣東省地域範圍，則本保險概不負責所有超出廣東省地域範圍之意外及其有關的急救醫療費用。
- 若參加各種競賽、打獵、攀山(指需要利用繩索或誘導繩為輔助工具者)、滑雪、滑水、冬季運動、潛水等活動、非法活動或因酒醉、服用藥物、神經錯亂所引發之意外事故之急救醫療費用均不屬受保範圍。
- 本投保書被中太保批核七天後保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據，而一切之保險條款均以中太保簽發之保險單為準。

Declaration By Proposer

I / We understand

- CHINA PACIFIC INSURANCE CO., (H.K.) LTD. (hereinafter called “CPIC” reserves the right to accept / reject my / our application.
- This Accidental Emergency Medical Card / Family Card will be accepted by MOH International Assistance Net-work Hospitals.
- The emergency medical expenses that are not directly and solely caused by accidental bodily injury are not covered under this policy.
- The part of emergency medical expenses exceeding the maximum sum insured will be borne by the insured.
- If insured elect to cover under Guangdong Province, all accidents occurred outside the Guangdong Province and the related emergency medical expenses will not be covered under this policy.
- This insurance will not provide cover if the insured is engaging in racing of any kind, hunting, mountaineering necessitating ropes or guides, skiing, water skiing, winter sport, diving, illegal activities or accident caused whilst the insured is by intoxication, drugs or insanity.
- This application will not become effective until 7 working days after this proposal has been accepted by CPIC and agree that this Proposal and Declaration shall be the basis of the contract between me / us and CPIC. All insurance terms & conditions will be based on the policy issued by CPIC.

註：請附上回鄉証(回鄉卡)/護照副本

Remarks: Please attach a photocopy of the Insured's Chinese Re-entry Permit / Passport

投保人簽署 Signature of Proposer

日期 Date

Official
Use Only

Agent Code	
Client Code	
Account Handler	
Remark	