



美亞飛翔旅遊保障計劃-優化版
 @Travel Protection Plan - Enhanced Version
 Application Form

This application serves as part of the Policy and Premium Receipt after payment of premium is received and countersigned by an Authorized Signatory of AIG Insurance Hong Kong Limited

申請人資料 Applicant Information (請以英文正楷填寫 Please fill in with English Block Letters)

申請人姓名

Name of Applicant _____

(申請人必須為全年計劃的保單持有人 For Annual Plan, Applicant must be same as Policyholder)

通訊地址

Correspondence Address _____

香港 HK/九龍 KLN/新界 NT

手提電話號碼:

Mobile Phone No.: (852) _____

電話號碼:

Telephone No.: (852) _____

電郵地址*

Email Address:* _____

受保人資料 Insured Person Information (如空位不足, 請以另頁補充 If space provided is insufficient, please use a separate sheet)

	受保人姓名 Name of Insured Person(s)		出生日期 Date of Birth (日 DD/月 MM/年 YY)	香港身份證/護照號碼 HKID No./Passport No.	與申請人之關係 Relationship with the Applicant	(只適用於全年計劃 for annual plan only)	
	姓 Surname	名 First Name				與申請人之關係 Relationship with the Applicant	職業及工作範圍 [^] Occupation & Job Duties [^]
1			/ /		本人 Self		
2			/ /				
3			/ /				

* 註: 必填項目以收取保單資料 *Note: Must fill in fields to receive policy information

選擇計劃 Plan

- () 全球鉑金計劃 Worldwide Platinum Plan
 () 全球黃金計劃 Worldwide Gold Plan
 () 中國內地及澳門計劃 Mainland China and Macau Plan

- 短期單次計劃 Single Trip Plan (最長保障 182 日 Maximum 182 days)
 個人計劃 Individual Plan 家庭計劃 Family Plan

#不保國家: 古巴、伊朗、敘利亞、蘇丹、北韓、或克里米亞地區

Excluded Countries: Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region

自選附加保障

適用全球鉑金或全球黃金計劃的自選附加保障

Optional Rider(s) applicable to Worldwide Platinum/Worldwide Gold Plan

- 郵輪假期 Cruise Vacation _____
 高爾夫球 Golf Protection _____
 水肺潛水 Scuba Diving _____
 滑雪運動 Snow Sports _____
 缺席海外節目門票保障 Missed Event _____

保費 Premium(HK\$)

適用中國內地及澳門計劃的自選附加保障
 Optional Rider applicable to Mainland China & Macau Plan

- 旅程不便 Journey Inconvenience _____

Optional Rider Subtotal Premium(HK\$) _____

- 全年計劃 Annual Multiple Trips Plan
 個人計劃 Individual Plan 家庭計劃 Family Plan

起保日期 Effective Date: ____ / ____ / ____ (日 DD/月 MM/年 YY)

- 旅遊目的 Purpose of Trip: 遊覽 Pleasure
 文職公幹 Business (Administrative Duty Only)

總保費 Total Premium (HK\$): _____

繳費方式 Payment Method (只適用於全年計劃 For Annual Multiple Trips Plan Only)

- 信用卡 By Credit Card Visa MasterCard

本人同意及授權美亞保險香港有限公司於本人下列信用卡戶口支付上述保費。
 I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/Master Card account as below for the premium payment of this insurance.

信用卡號碼 Credit Card No.: _____ 有效期至 (月/年) Expiry Date: ____ / ____ (MM/YY)

持卡人姓名 Name of Cardholder: _____

X
 持卡人簽名 (簽名必須與信用卡上簽名相同)
 Cardholder's Signature (The signature must be identical to the one on your credit card.)

主要不保職業 Major not covered occupation

從事或參與海陸空服務或行動; 持械工作; 測試交通工具; 參與體力勞動性工作; 參與離岸活動, 如商業潛水; 油田鑽探、採礦、空中攝影; 爆炸品處理; 演員; 地盤工人、漁夫、廚師或廚房工人; 導遊或領隊。

Engaging in naval, military or airforce service or operations; armed force service; testing of any kind of conveyance; engaging in any kind of labor work; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography; handling of explosives; performing as actor/actress; being a site worker, fisherman, cook or kitchen worker; tour guide or tour escort.

- 支票 By Cheque
 (附上抬頭為「美亞保險香港有限公司」之劃線支票。
 Enclosed a crossed cheque made payable to
 "AIG Insurance Hong Kong Limited")
 支票號碼 Cheque No. _____

請務必連同第二頁之聲明及簽名一併遞交, 否則本公司將不能處理閣下之申請。

Please ensure that you have submitted your application form together with declaration and signature on second page. Otherwise, we will not be able to process your application.

聲明 Declaration

- 本人/吾等現申請投保「美亞飛翔旅遊保障計劃」，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/吾等與美亞保險香港有限公司（「美亞保險」）所簽署合約之依據。本人/吾等同意保險須為申請獲接納後已將保費繳付美亞保險方始生效。保單生效後概不發還保費（全年計劃之商務客戶除外）。
- 本人/吾等現確認及保證：受保人絕不違反醫生之勸告，而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。
- 本人/吾等確認本人/吾等已細閱以下之「收集個人資料聲明」，並知悉及同意有關本人/吾等於是次申請由本人/吾等所提供的個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以用作「收集個人資料聲明」上所載的用途。
- 本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。
- 如遺失「中國支援卡」（只適用於全年計劃），本人/吾等須於 48 小時內向美亞保險報失。
- 全年計劃之商務客戶適用：任何於保單發出後就保險計劃而作之更改（受保人之增加、刪減或更換），本公司或本人經本公司授權同意：
 - 該等更改須於美亞保險收到本公司書面指示後方為處理，而任何保費之改動將按日數比例計算；及
 - 在刪減受保人的情況下，本公司必須將中國支援卡退還給美亞保險，否則美亞保險不會於該刪減生效後退還任何該受保人已付之保費。
- 全年計劃之商務客戶適用：本公司或本人經本公司授權同意只有於保障生效前，經本公司填妥指定表格向美亞保險申報其名字的會員/職員才合格受保於本計劃。
- 如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險向保險經紀支付佣金，作為保險經紀安排（及/或續保）有關保單的報酬。

收集個人資料聲明

就有關此表格所收集的個人資料，本人/吾等同意及確認：

- 除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司（「美亞保險」）處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；
- 美亞保險可按於其私隱政策的用途使用此表格所收集的個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途）；
- 除非本人/吾等於以下的「不收取推廣資料」方格填上✓號以作表示（其內容本人/吾等已細閱），美亞保險可使用本人/吾等的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡本人/吾等有關其它由AIG集團提供之保險產品，而在未獲本人/吾等同意的情况下，本人/吾等之個人資料將不會被如此使用；
- 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述（b）及（c）項所列明之用途：
 - 提供有關本人/吾等保單管理服務的第三者（包括再保險公司）；
 - 財務機構，作處理此申請及收取保費；
 - 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
 - AIG集團授權的市場推廣公司，以作直銷之用（如上（c）項所述）；
 - 其它在任何國家之AIG集團之成員公司，作上述（b）及（c）項所有列明之用途；或
 - 其它於美亞保險私隱政策所列明的人士，作於私隱政策列明之用途。
- 本人/吾等可隨時致函美亞保險香港有限公司之私隱事務主任（地址：香港郵政總局信箱456號或電郵：cs.hk@aig.com）查閱、或要求修改本人/吾等的個人資料（美亞保險可就查閱及修改要求收取合理費用），或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

不收取推廣資料（如閣下不欲收取推廣資料，請在方格填上✓號）

- I/We hereby apply for @Travel Protection Plan and declare that the statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited ("AIG HK"). I/We understand and agree that no insurance will be effected until the application is accepted by and the required premium has been paid to AIG HK. No refund of premium is allowed once the application has been accepted (except annual plan for corporate client).
- I/We hereby acknowledge and warrant that none of the Insured Person(s) is traveling contrary to the advice of any medical practitioner or for the purpose of obtaining medical treatment and that all of the Insured Person is now in good health.
- I/We confirm that I/We have read the Personal Information Collection Statement below and acknowledge and agree that all personal data and information with respect to me/us and the Insured Person(s) which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Personal Information Collection Statement.
- I/We declare that I/We have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.
- In the event of loss of CHINA Assist Card (applicable to Annual Plan only), I/We should advise AIG HK within 48 hours.
- For corporate client of annual plan: In case we/our company wish(es) to effect any change in the insurance plan (addition or deletion or substitution of the insured person) after issuance of the insurance policy, our company or the undersigned on behalf of the company acknowledges and agrees that:-
 - such change will be processed after our company's instruction in writing received by AIG HK and any adjustment in the amount of premium payable will be effected pro-rata on daily basis; and
 - In case of deletion of any Insured Person, our company must return the CHINA Assist Card to AIG HK, otherwise AIG HK will not refund any paid premium in respect of such Insured Person after such deletion has become effective.
- For corporate client of annual plan: Our company or the undersigned on behalf of the company acknowledges and agrees that only those member(s)/employee(s) named and/or declared by our company to AIG HK under prescribed form prior to binding of the insurance coverage shall be eligible for the plan.
- If this application is made through an insurance broker, by signing this form I/We agree to AIG HK paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.
- Personal Information Collection Statement

- In relation to the personal data collected in this application form, I/we, agree and acknowledge that:
- (unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.
 - the personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).
 - unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
 - AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
 - third parties providing services related to the administration of my/our policy (including reinsurance);
 - financial institutions for the purpose of processing this application and obtaining policy payments;
 - in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
 - another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
 - other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
 - I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

Promotion Material Opt-out (if you wish to opt-out, please tick)

申請人簽署 Signature of Applicant

(如適用者，請連同公司蓋章 with Company Chop if applicable)

日期 Date

(日 DD/月 MM/年 YY)

保險代理 For Insurance Agent

如保險代理代申請人填妥此表格（只適用於短期單次計劃），保險代理請細閱下文並簽署：

本人確認申請人授權本人協助其填妥此申請表。本人已向申請人解釋上述聲明及「收集個人資料聲明」（以及向申請人說明「不收取推廣資料」方格），及申請人明白及同意作出上述聲明及同意其個人資料將轉交予美亞保險作處理此申請之用，且該資料亦會轉交有關第三方作該些用途，此外，申請人亦明白及同意其可透過保單上列明的聯絡資料要求查閱或修改美亞保險所持有其個人資料。本人在收到保單後會將保單轉發予申請人。

For Agent who completes this application for the Insured Person/Applicant (For Single Trip Plan only)

I confirm that the Applicant has authorised me to assist him/her complete this application. I have explained the above Declaration and the Personal Information Collection Statement to the Applicant (and drawn the Applicant's attention to the Promotion Material Opt-out box) and the Applicant understands and has agreed to make such declaration and agreed that his/her personal data will be transferred to AIG HK to process this application and that the data may be transferred to third parties involved in that process and that the Applicant may request access to or correct such data which AIG HK holds (by means of the contact details given in the policy). If the policy is sent to me, I will forward it to the Applicant.

代理人簽署 Signature of Agent

日期 Date (日 DD/月 MM/年 YY)

代理人姓名及編號 Agent Name and Code :

代理人電話 Phone No. of Agent: _____

保險經紀 For Insurance Broker

如保險經紀代申請人填妥此表格，保險經紀請細閱下文並簽署：

本人確認申請人授權本人協助其填妥此申請表。本人已向申請人解釋上述聲明及「收集個人資料聲明」（以及向申請人說明「不收取推廣資料」方格），及申請人明白及同意作出上述聲明及同意其個人資料將轉交予美亞保險作處理此申請之用，且該資料亦會轉交有關第三方作該些用途，此外，申請人亦明白及同意其可透過保單上列明的聯絡資料要求查閱或修改美亞保險所持有其個人資料。本人在收到保單後會將保單轉發予申請人。

本人已告知申請人美亞保險會向本人就安排此保單向本人支付佣金。

For Broker who completes this application for the Insured Person/Applicant

I confirm that the Applicant has authorised me to assist him/her complete this application. I have explained the above Declaration and the Personal Information Collection Statement to the Applicant (and drawn the Applicant's attention to the Promotion Material Opt-out box) and the Applicant understands and has agreed to make such declaration and agreed that his/her personal data will be transferred to AIG HK to process this application and that the data may be transferred to third parties involved in that process and that the Applicant may request access to or correct such data which AIG HK holds (by means of the contact details given in the policy). If the policy is sent to me, I will forward it to the Applicant.

I have told the Applicant that AIG HK may pay commission to me for arranging this insurance.

保險經紀簽署 Signature of Broker

日期 Date (日 DD/月 MM/年 YY)

保險經紀姓名及編號 Broker Name and Code :

保險經紀電話 Phone No. of Broker: _____

本公司專用 For Office Use Only (只適用於短期單次計劃 For Single Trip Plan only)

Policy No.: TP 03 _____

Total Premium: HK\$ _____ Rider

Received: Cash Check No. _____

AIG Insurance Hong Kong Limited

Date (DD/MM/YY)

Authorized Signatory



Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

AT03/2018

Premium Table (HK\$)

AT03/2018

Travel Period		Basic Coverage			Optional Benefits					
					Journey Inconvenience	Cruise	Golf	Scuba Diving	Snow Sports	Missed Event
		Mainland China & Macau Plan	Worldwide Gold	Worldwide Platinum	Mainland China & Macau Plan	Worldwide Gold / Platinum	Worldwide Gold / Platinum	Worldwide Gold / Platinum	Worldwide Gold / Platinum	Worldwide Gold / Platinum
Individual	1 day	43	131	151	18	21	3	8	14	9
	2 days	55	131	151	21	23	4	9	16	10
	3 days	67	131	151	23	26	4	10	18	11
	4 days	83	175	201	31	33	5	12	23	14
	5 days	94	208	239	37	39	6	15	27	17
	6 days	106	252	290	45	48	7	18	32	20
	7 days	124	274	315	48	52	8	19	35	22
	8 days	136	296	340	52	56	8	21	38	24
	9 days	147	318	366	56	60	9	22	41	26
	10 days	160	340	391	60	64	9	24	44	28
	11 days	176	373	429	66	71	10	26	48	30
	12 days	190	417	479	74	79	11	29	54	34
	13 days	205	438	503	77	83	12	31	56	35
	14 days	207	468	538	83	88	13	33	60	38
	15 days	N/A	490	563	N/A	93	13	34	63	40
	16-18 days	N/A	534	614	N/A	101	15	38	69	43
	19-22 days	N/A	570	655	N/A	108	16	40	73	46
	23-27 days	N/A	605	696	N/A	114	17	43	78	49
	28-31 days	N/A	682	784	N/A	129	19	48	88	55
	Each Additional Week	N/A	153	308	N/A	29	4	11	20	12
Annual	863	1,800	2,070	350	374	54	139	255	160	
Family	1 day	86	262	302	36	42	6	16	28	18
	2 days	110	262	302	42	46	8	18	32	20
	3 days	134	262	302	46	52	8	20	36	22
	4 days	166	350	402	62	66	10	24	46	28
	5 days	188	416	478	74	78	12	30	54	34
	6 days	212	504	580	90	96	14	36	64	40
	7 days	248	548	630	96	104	16	38	70	44
	8 days	272	592	680	104	112	16	42	76	48
	9 days	294	636	732	112	120	18	44	82	52
	10 days	320	680	782	120	128	18	48	88	56
	11 days	352	746	858	132	142	20	52	96	60
	12 days	380	834	958	148	158	22	58	108	68
	13 days	410	876	1,006	154	166	24	62	112	70
	14 days	414	936	1,076	166	176	26	66	120	76
	15 days	N/A	980	1,126	N/A	186	26	68	126	80
	16-18 days	N/A	1,068	1,228	N/A	202	30	76	138	86
	19-22 days	N/A	1,140	1,310	N/A	216	32	80	146	92
	23-27 days	N/A	1,210	1,392	N/A	228	34	86	156	98
	28-31 days	N/A	1,364	1,568	N/A	258	38	96	176	110
	Each Additional Week	N/A	306	616	N/A	58	8	22	40	24
Annual	1,678	3,499	4,025	681	727	105	270	496	311	

A premium levy is payable on this policy, for payment to the Insurance Authority of Hong Kong. Please note that the premium levy on this policy is being paid on your behalf by AIG Insurance Hong Kong Limited. For further information, please visit www.aig.com.hk/levy or contact +(852) 3555 0000