



**Sun Flower Insurance Brokers Limited**  
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 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://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.



## “Easy – Group Business Travel”

### Group Business Travel

#### Product Highlights:

- ❖ **Flat Premium for Unlimited trips**
- ❖ **Free Standalone Leisure Travel for managers and above**
- ❖ Easy & simple administration – **UNNAMED** basis & no trip declaration
- ❖ Comprehensive with high level benefits
- ❖ No excess on all benefits
- ❖ Covering natural disaster (e.g. earthquake, tsunami, etc)
- ❖ Covering Terrorist Act
- ❖ Covering all kinds of leisure sports
- ❖ Covering Food / Drink and Gas Poisoning
- ❖ Covering Strike, Riot and Civil Commotion (except direct participating in)
- ❖ Extend to cover **Black Travel Alert** in Trip Cancellation and Trip Curtailment
- ❖ Maximum duration of each trip is extended to **180 days**
- ❖ Extended to cover incidental leisure travel during and/or immediately before/after a business trip designated by the Company
- ❖ Worldwide coverage (No geographical limitation)
- ❖ Additional gimmicks offered
- ❖ 24-hour worldwide emergency assistance services

#### Benefits:

Coverage	Maximum Sum Insured Per Person (HK\$)	
	Premier	Standard
<b>Medical Expenses (Accident &amp; Sickness)</b> - Reimbursement of medical expenses, including outpatient, surgery and hospitalization arising from accident or sickness during the period of insurance. - Follow-up treatment after returning to HK within 365 days. Including expenses payable to Chinese bonesetter, acupuncturist, Registered/ Listed Chinese Medical Practitioner, up to HK\$2,000 per accident and HK\$4,000 per policy year. - Including Hospital Guarantee Admission Service up to sum insured stated in Schedule of Benefit - Follow-up treatment is covering 100% arising from both sickness & accident	1,000,000	1,000,000
<b>Emergency Medical Evacuation</b>	Unlimited	Unlimited
<b>Repatriation of Remains</b>	Unlimited	Unlimited
<b>Accidental Death &amp; Permanent Disablement (Scale 2)</b>	1,500,000	1,000,000
<b>Double Indemnity</b>	1,500,000	1,000,000
<b>Oversea Hospital Allowance</b> HK\$500 per day	10,000	7,500
<b>Trip Cancellation</b>	30,000	20,000
<b>Trip Curtailment</b>	30,000	20,000
(i) <b>Trip Delay</b> (HK\$500 per 6 hours)	2,500	2,500
(ii) <b>Trip Re-route</b>	10,000	8,000
<b>Baggage Delay</b> (Reimbursement for emergency purchases after 6 hours)	2,500	1,500
<b>Personal Baggage or Personal Effects</b> max. HK\$3,000 per pair/set of item ( <u>Including Mobile Phone</u> ); max. HK\$10,000 for lap-top computer including accessories; max. HK\$5,000 for per pair/ set of item for sports equipment.	20,000	15,000

	<b>Personal Money</b>	5,000	3,000
	<b>Personal Documents</b>	20,000	15,000
	<b>Staff Replacement / Compassionate Visit</b>	20,000	15,000
	<b>Personal Liability</b>	1,500,000	1,000,000
<b>Additional Benefits</b>			
	<b>Burns Benefit (2<sup>nd</sup> or 3<sup>rd</sup> degree burns)</b>	200,000	100,000
	<b>Child Escort</b>	15,000	15,000
	<b>Consolation Benefit</b>	10,000	10,000
	<b>Funeral Expenses Benefit</b>	20,000	20,000
	<b>Educational Fund Benefit</b>	25,000	25,000
	<b>Credit Card Protection</b>	20,000	20,000
	<b>Scarring of The Face Benefit</b>	25,000	25,000
	<b>Recruitment Expenses</b>	20,000	20,000
	<b>Coma Benefit (Up to 50 weeks)</b>	500 / week	500 / week
	<b>Rehabilitation Expenses / Home Renovation Expenses</b>	25,000	25,000
	<b>China Medical Guarantee Card (HK\$50per person) (Plus Premium Levy)*</b>	Optional	Optional
<b>Including Free 24-hour Worldwide Emergency Assistance Services (852) 3187 6888</b>			

#### **Aggregate Limit**

<b>Total No. of business travelers</b>	<b>Aggregate Limit per Accident (HK\$)</b>	
	<b>Premier</b>	<b>Standard</b>
3-6	6,000,000	4,000,000
7-10	10,000,000	7,000,000
11-15	15,000,000	10,000,000
16-20	20,000,000	13,000,000
21-30	25,000,000	17,000,000
31-40	30,000,000	20,000,000
41-50	30,000,000	20,000,000

#### **Premium Table**

<b>Total No. of business travelers</b>	<b>Annual Flat Premium (HK\$)</b> (Plus Premium Levy)*	
	<b>Premier</b>	<b>Standard</b>
3-6	<b>5,000</b>	<b>4,000</b>
7-10	<b>7,000</b>	<b>6,000</b>
11-15	<b>11,000</b>	<b>9,000</b>
16-20	<b>13,000</b>	<b>11,000</b>
21-30	<b>18,000</b>	<b>15,000</b>
31-40	<b>23,000</b>	<b>19,000</b>
41-50	<b>28,000</b>	<b>23,000</b>

#### **\*Important Note:**

From 1 January 2018 onwards, policyholders of new or in-force insurance policies are required to pay premium levy to the Insurance Authority (IA) via the insurance companies in accordance with the law (The Insurance (Levy) Regulation and the Insurance (Levy) Order under the Insurance Ordinance (Cap. 41)). For further information, please visit <https://www.ia.org.hk/>.

Premium levy amount is a specific percentage to each premium payment subject to a levy cap applied per policy per policy year. The levy rates and caps prescribed by the IA are set out below:

	<b>Phase 1</b>	<b>Phase 2</b>	<b>Phase 3</b>	<b>Phase 4</b>
	1 January 2018 to 31-Mar-2019	1 April 2019 to 31-Mar-2020	1 April 2020 to 31-Mar-2021	1-Apr-2021 onwards
<b>Levy rate</b>	0.04%	0.06%	0.085%	0.10%
<b>Levy cap (HK\$)</b>				
Life insurance	40	60	85	100
General insurance	2,000	3,000	4,250	5,000

If you have any questions regarding premium levy on insurance policies, please contact us at info@generali.com.hk or +852 2521 0707 for enquiry.

**Administration Method - Unnamed Basis**

No declaration of Insured Person's movement or salary increment is required during the period of insurance except any significant change of underwriting material including but not limited to the addition of subsidiaries and change of business/job nature. Estimated no. of frequent travelers during the period of insurance should be declared to the Company at the expiry of the Policy for the calculation of renewal premium.

**Remarks:**

- 1) Max. no. of business travelers per policy is 50.
- 2) Minimum premium per policy is HK\$4,000.
- 3) Age Limit: 17-70
- 4) This Policy only accepts application of full time employees.
- 5) Eligibility Period: 1<sup>st</sup> day of employment
- 6) Beneficiary / Relationship: Legal Estate
- 7) Scope of Coverage: 24-hours worldwide during authorized Business Trip while traveling outside Hong Kong.
- 8) This Policy will not cover (i) PRC citizen who reside and work within the territory of PRC and/or ii) local citizens who work in local countries unless he/she is employed by the Policyholder in Hong Kong with working permit in Hong Kong and Hong Kong Identity Card issued.
- 9) This Policy will not cover manual work, construction site or construction related work
- 10) All claims must be verified by the policyholder.
- 11) The Company reserves our right to amend the terms



**Application Form:**

Name of Applicant (Hong Kong registered Company Name):			
Address (Hong Kong):			
Nature of Business:			
Effective Date (DD/MM/YY):			
Stationed Location:		Hong Kong	
<b>Group Business Travel</b>			
Loss Record for past 3 years:	<input type="checkbox"/> New case		
	<input type="checkbox"/> If not, please specify any loss incurred in past 3 years - Year (DD /MM /YY): _____ - Claim Items: _____ - Claim Amount: HK\$ _____		
Total No. of business travelers (Max. 50; Full time employees):			
Plan Selected:	<input type="checkbox"/> Premier	<input type="checkbox"/> Standard	
No. of China Medical Guarantee cards required: (@HK\$50.- per card)  *Please use separate sheet if space is not enough.	Name of Insured (English)	Name of Insured (Chinese)	Re-entry Permit / Passport No.
	1)		
	2)		
	3)		
Annual Premium (Included Premium Levy):	HK\$		
<p>Declaration: I/we declare that all the above information is true to the best of my/our knowledge. The information I/We provide to Generali is collected to enable Generali to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product or service; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (a) any related company or any other company 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 for any of the above or related purposes; (b) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably and/or to verify any of my/our data with the information collected by the Federation from the insurance industry. I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by Generali. Requests for such access can be made to Generali's Personal Data Protection Officer. (Hong Kong Branch: 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.)</p>			
<p>The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Assicurazioni Generali S.p.A. Assicurazioni Generali S.p.A. will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Assicurazioni Generali S.p.A. that he or she is authorized to do so.</p>			
<p>The applicant further understands that the above agreement is necessary for Assicurazioni Generali S.p.A. to proceed with the application.</p>			
Total Annual Premium:	HK\$		
Applicant's Signature (With Company Chop)			
Date (DD /MM /YY):			
<b>For Office/ Broker Use</b>			
Producer Name:	Producer Code:		
Contact Person (Name):	Contact Telephone No.:		

**\*\*The Company reserves our right to amend the terms**

### Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the “**Company**”) with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the **Company**, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the **Company**, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the **Personal Data** may be used are as follows:
- i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services;
  - ii) administering insurance policies issued and/ or arranged by the **Company**;
  - iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the **Company**;
  - iv) exercising rights of subrogation, if applicable;
  - v) collection of amounts outstanding (if any) from customers;
  - vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the **Company**;
  - vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
  - viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities;
  - ix) conducting data matching procedures;
  - x) designing insurance and/ or related products and services for customers’ use;
  - xi) marketing insurance and/ or other related products and services of the **Company** and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company**’s parent company (hereinafter such affiliated companies are collectively referred to as the “**Affiliated Companies**”));
  - xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time;
  - xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority;
  - xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and
  - xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the **Personal Data** is related:
- i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business;
  - ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;
  - iii) overseas locations or branches, as appropriate, of the **Company** and/ or its **Affiliated Companies**;
  - iv) persons to whom the **Company** and/ or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with;
  - v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/ or its **Affiliated Companies**;
  - vi) lawful successors or assigns of the **Company**; and
  - vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Affiliated Companies**.
- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.

- f) In accordance with the Personal Data (Privacy) Ordinance:
- i) any individual has the right to:
    - A) check whether the **Company** holds data about him/ her and, if so, obtain a copy of such data;
    - B) require the **Company** to correct any data relating to him/ her that is inaccurate; and
    - C) ascertain the **Company**'s policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and
  - ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows:

*Personal Data Protection Officer,  
Assicurazioni Generali S.p.A., Hong Kong Branch,  
21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong*

### Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

- 1) The **Personal Data**, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:
  - i) insurance and/ or other related products and services of the **Company** and its **Affiliated Companies**;
  - ii) insurance and/ or other related products and services of the **Company**'s co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the **Company**;
  - iii) reward, loyalty and/ or privileges programs/ plans of the **Company**, its **Affiliated Companies** and co-branding partners.
- 2) The **Personal Data** may also be provided to the **Company**'s **Affiliated Companies**, co-branding partners and third party service providers selected by the **Company** for the purpose set out in paragraph (1) above, including, without limitation, call centres.
- 3) The **Company** requires your consent (which includes an indication of no objection) to the use of **Personal Data** for the purpose set out in this section. If you do not wish the **Company** to use or provide to other parties the **Personal Data** for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the **Company** at any time thereafter.

Please tick ("✓") the boxes below if you do not agree with the following use(s) of the **Personal Data** in direct marketing.

- I/ We do not consent to the provision of the **Personal Data** to the third parties as described herein for the purpose of direct marketing.
- I/ We do not consent to the use of the **Personal Data** by the **Company** for the purpose of direct marketing.

*(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)*

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

### Declaration

I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "**Statement**") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("**Generali**"). I/ We confirm that I/ we have read and understood the **Statement**. I/ We agree that **Generali** may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the **Statement**. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to **Generali** for the purposes stated in the **Statement** and for allowing **Generali** to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the **Statement**.

\_\_\_\_\_  
Signature of Applicant/Claimant/Policyholder(s)/Life Insured(s)

