

* 賠償表一 Compensation Table 1

損害事項 Benefit Event	保額百分率 Percentage of Sum Insured	
1 死亡 Death	100%	
2 永久完全癱瘓 Permanent total disablement	100%	
3 喪失或永久喪失單肢或多肢功能 Loss of or the permanent loss of use of one or more limbs	100%	
4 永久喪失雙眼視力 Permanent loss of sight of both eyes	100%	
5 永久喪失一眼視力 Permanent loss of sight of one eye	100%	
6 永久喪失言語能力及失聰 Permanent loss of speech and loss of hearing	100%	
7 永久性精神錯亂 Permanent and incurable insanity	100%	
8 永久失聰 Permanent loss of hearing in a) 雙耳 Both ears b) 單耳 One ear	75%	15%
9 永久喪失言語能力 Permanent loss of speech	50%	
10 永久喪失一眼晶體 Permanent loss of the lens of one eye	50%	
	右手 Right Hand	左手 Left Hand
11 喪失或永久喪失四隻手指及拇指功能 Loss of or the permanent loss of use of four fingers and thumb	70%	50%
12 喪失或永久喪失四隻手指功能 Loss of or the permanent loss of use of four fingers	40%	30%
13 喪失或永久喪失一隻拇指功能 Loss of or the permanent loss of use of one thumb a) 兩個拇指關節 Both joints b) 一個拇指關節 One joint	30% 15%	20% 10%
14 喪失或永久喪失手指功能 Loss of or the permanent loss of use of fingers a) 三個手指關節 Three joints b) 二個手指關節 Two joints c) 一個手指關節 One joint	10% 7.5% 5%	7.5% 5% 2%
15 喪失或永久喪失腳趾功能 Loss of or the permanent loss of use of toes a) 一隻腳所有腳趾 All - one foot b) 大腳趾 - 兩個關節 Great toe - both joints c) 大腳趾 - 一個關節 Great toe - one joint	15% 5% 3%	
16 折斷腿部或膝蓋而無法癒合 Fractured leg or patella with established non-union	10%	
17 腳部縮短最少5厘米 Shortening of leg by at least 5 cm	7.5%	
18 如永久傷殘不屬於以上第8至17項，我們有絕對的決定權利，評估你的傷殘程度並相應上列的保額百分率而計算出一個賠償金額。 Permanent disablement not falling under events 8 to 17 above, we shall in our absolute discretion pay you a benefit which shall be calculated by assessing the degree of disablement relative to the above percentage of sum insured.		

設傷在左手並申報於投保書內，則第11至14項將會及相對調。

If left-handed and have mentioned on the application, the percentage of sum insured from events 11 to 14 shall be transposed.

** 賠償表二 Compensation Table 2

二級或三級程度燒傷 Second Degree or Third Degree Burns	保額百分率 Percentage of Sum Insured	
燒身體面積45%或以上 On 45% or more of body surface	100%	
燒身體面積27%或以上 On 27% or more of body surface	60%	
燒身體面積18%或以上 On 18% or more of body surface	50%	
燒身體面積9%或以上 On 9% or more of body surface	30%	
燒身體面積4.5%或以上 On 4.5% or more of body surface	20%	

* 保費表 Premium Table (港幣HK\$)

保期 Duration	標準 Essential		非凡 Extra		尊貴 Supreme	
	個人 Individual	家庭* Family	個人 Individual	家庭* Family	個人 Individual	家庭* Family
1	71	142	93	186	131	262
2	77	154	104	208	147	294
3	82	164	114	228	162	324
4	89	178	124	248	178	356
5	95	190	135	270	193	386
6	100	200	144	288	210	420
7	106	212	154	308	225	450
8	141	282	190	380	270	540
9	150	300	202	404	290	580
10	158	316	215	430	308	616
11	168	336	228	456	328	656
12	176	352	242	484	346	692
13	184	368	254	508	366	732
14	193	386	267	534	384	768
15	202	404	282	564	408	816
16	214	428	298	596	431	862
17	224	448	313	626	454	908
18	235	470	329	658	477	954
19	245	490	344	688	500	1000
20	256	512	359	718	522	1044
21	266	532	375	750	546	1092
22	275	550	389	778	567	1134
23	285	570	403	806	587	1174
24	294	588	416	832	608	1216
25	302	604	430	860	629	1258
26	313	626	444	888	650	1300
27	322	644	458	916	670	1340
28	331	662	472	944	692	1384
29	342	684	485	970	712	1424
30	351	702	500	1000	734	1468



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.

*家庭：包括一對合法夫婦及其所有18歲以下子女
 Family - For a legal couple and all legitimate children aged below 18

*由2018年1月1日起，保險業監管局(保監局)徵收的保險費已包括在保費內，有關詳細資料，請瀏覽Starr網站 <http://www.starr.companies.com> 或瀏覽保監局網站 <https://www.la.org.hk>

*Levy on insurance premium imposed by the Insurance Authority of Hong Kong effective 01 Jan 2018 has been included in the premium. For details, you can visit the website of Starr - <http://www.starr.companies.com>, or visit the website of Insurance Authority - <https://www.la.org.hk>

「卓悅遊」 - 郵輪公海遊保險投保書

TravelLead - Cruise to Nowhere Application Form

「卓悅遊」旅遊保險投保書 TravelLead Travel Insurance Application

請在適當空間內(☞) Please tick the appropriate box (☞)

I. 投保人資料 Applicant Details

投保人名稱 Name of Applicant (個人或公司 Individual or Corporate)	
香港身份證 / 護照號碼 HK ID / Passport No.	
出生日期 Date of Birth (dd日/mm月/yyyy年)	
聯絡電話 Contact Tel No.	
電郵地址 E-mail Address	
聯絡地址 Correspondence Address	

IIA. 單次旅遊保險計劃 Single Trip Plan Information

計劃類別 Plan Type	<input type="checkbox"/> 標準 Essential	<input type="checkbox"/> 非凡 Extra	<input type="checkbox"/> 尊貴 Supreme
計劃選擇 Plan Option	<input type="checkbox"/> 個人 Individual	<input type="checkbox"/> 家庭 Family	
旅遊日期 Period of Travel (dd日/mm月/yyyy年)	由 From / / 至 To / /		

保單生效日期為受保人離開香港口岸當日
Policy effective date must be as same as the insured person's departure date from Hong Kong port

III. 受保人資料 Insured Person Information

姓名 Name	與投保人關係 Relationship to Applicant	香港身份證/護照號碼 HK ID / Passport No.	出生日期 Date of Birth (dd日/mm月/yyyy年)
第一受保人是否投保人? <input type="checkbox"/> 是 <input type="checkbox"/> 否 (如是, 不需填寫第一受保人) First Insured Person is the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, no need to fill in the "First Insured Person")			
第一受保人 First Insured Person			
其他受保人 Other Insured Person			

「卓悅遊」旅遊保險投保書 TravelLead Travel Insurance Application

請在適當空間內(☞) Please tick the appropriate box (☞)

IV. 聲明 Declaration

- 本人/我們在此聲明, 根據本人/我們所知及所信, 所有提供的資料均屬屬實。
(We declare to the best of our knowledge and belief that the information given is true in every respect.)
- 本人/我們同意此份保單和聲明將成為訂立的, 以及 Sun International Insurance (Asia) Limited ("SIA") 辦事處與本人/我們的簽署。SIA 是一間在香港註冊和受監管的保險公司。本人/我們的簽署即表示向本人/我們的法律顧問索取本人/我們的同意, 本人/我們如何處理此類資料與有關的資料, 並承諾不棄權利。
(We agree that this application and declaration shall form the basis for the contract between the parties and the issuer of the insurance policy to be issued by Sun International Insurance (Asia) Limited ("SIA"). SIA is an insurance company registered and operates in Hong Kong. We authorize SIA to obtain medical information from our medical practitioners) and we agree to supply additional information relevant to the insurance policy if/when such request.
- 此保單申請書在本人/我們和 SIA 簽署後才有效。
(This insurance application will be deemed accepted only upon the issuance of the relevant insurance policy by SIA.)
- 本人/我們聲明, 同意及允許 SIA 收集及處理本人/我們的個人資料, 並可使用或透露任何資料或資料以作其他用途(包括在途程或行程中其他旅遊服務)予 SIA (在本港或海外)之分公司、子公司、附屬公司、集團公司及/或其分屬之個人/實體(統稱 "Star") 以及 (在本港或海外) 產品代理商、承包商、其他金融服務代理商、旅遊代理商、管理、客戶服務、培訓、或與 SIA 有關之人士或機構, 及/或 SIA 或其分屬之個人/實體(統稱 "Star") 用於 (包括) 香港及海外地區) 內指定的任何人士或機構 ("受委託的第三方"), 以便處理本申請及/或提供與有關的旅遊服務, 或處理有關於本人/我們的資料的查詢, 及/或處理有關及/或資料查詢。
(We hereby declare, agree and consent to SIA collecting and storing my/our personal data and that any personal data collected or held by SIA (whether contained in this application or otherwise obtained) is provided and may be held, used by and disclosed by SIA to SIA's parent companies, subsidiaries, related companies, group companies and/or an individuals/organizations associated with SIA collectively the "Star") (within or outside Hong Kong) and to such product distributors, contractors, other financial services providers or such persons or entities (including administrative, operational, customer, technical and/or information services support to SIA and/or Star or any other persons or entities presented with SIA Privacy Policy and the Personal Data (Privacy) Ordinance (Cap. 480) ("Selected Third Parties") (within or outside Hong Kong), for the purpose of processing the application and/or providing subsequent insurance-related services, including but not limited to administering the insurance policy issued to me/us and/or processing any claims under the insurance policy issued to me/us as per data matching.
- 本人/我們同意本人/我們已收到, 閱讀並明白 SIA 的私隱政策 http://www.startravel.com/hk/zh-hk/products/pdf/privacy_policy.pdf。
(We acknowledge that we have received, read and understood SIA's Privacy Policy http://www.startravel.com/hk/zh-hk/products/pdf/privacy_policy.pdf.)
- 本人/我們明白有關本人/我們未能提供本投保書所需的資料, SIA 將可能無法處理申請; 及/或本人/我們有關申請止損責任在相關旅遊保險單, 如由 SIA 董事會決定, 或向本人/我們的個人/實體, 有關申請者可向該保險公司查詢詳情 (電話 1501) 或向 SIA 個人/實體查詢詳情或電郵 ka.choi@star.com.hk。
(We understand that SIA may be unable to process the application if we fail to provide any information requested in this application, and if we have the right to request that we do not receive any direct marketing materials, calls, or to request access to and/or correction of any personal information held by SIA concerning me/us. Such requests can be made to SIA's Data Privacy Officer at Room 1303, 13/F, Cental Plaza, 18 Harbour Road, Wanchai, Hong Kong or at ka.choi@star.com.hk.)
- 本人/我們明白, 每份訂立保單, 我們均投保。SIA 可能會於每份保單有效期限及/或續保之時, 支付佣金予負責處理本保單的受保保險經紀。
(We understand, acknowledge and agree that, upon payment of the premium fee under the insurance policy by us, SIA becomes liable to pay, during the contract of the insurance policy and/or in respect of any renewal of the insurance policy, commissions to any authorized insurance broker responsible for arranging this policy.)
- 本人/我們同意本人/我們向 SIA 提供 SIA 及/或其保險公司, 以作保單服務。
(We acknowledge that we positively approach SIA, which is an authorized insurer in Hong Kong, for insurance services of my/our own account.)
- 本人/我們同意 SIA 會定期/或向 Star 及被選定的第三方提供本人/我們的姓名、地址、電話和服務地址 ("許可處理個人資料") 作直銷用途及其他用途/或與產品代理商; 如本人/我們同意與 SIA 使用, 或向 Star 及被選定的第三方提供個人資料, 本人/我們將於下方表明本人/我們的同意。
(We acknowledge that SIA intends to use and/or provide to Star and/or Selected Third Parties (not our name), address(es), telephone number(s) and email address(es) (permitted kind of personal data) for direct marketing and the promotion of other insurance/financial products and services, which if we consent to SIA using and/or providing such personal data to the Star and/or Selected Third Parties, we will indicate my/our agreement below.)

本人/我們均已閱讀、明白並理解本保單內適用於所有受保人士之上述的聲明、保單條款及條件。
(We confirm that I/we have read, understood and accepted all the above statements, policy terms and conditions which apply to all persons covered under this insurance policy.)

如屬以下相關之途徑, 請向本人/我們提供 SIA 使用及/或向 Star 及被選定的第三方提供本人/我們的許可處理個人資料, 透過每種途徑查詢詳情:
 電子郵件 手機短訊 電郵 電話
(閣下可以預覽有關勾選上述任何聲明。)
By checking the relevant box(es) below (we consent to SIA using or providing to Star and/or Selected Third Parties our permission of personal data for direct marketing purposes through any of the following channels:
 Email Mobile Message/SMS Post Phone Call
(We may check any of the above selection as you deem appropriate.)

閣下預覽或勾選本保單時, 對於在以上任何途徑提供個人資料, 即表示閣下同意 SIA 使用及/或向 Star 及/或被選定的第三方提供閣下個人資料以上述方式進行直銷用途。一旦得到同意, 閣下預覽或勾選任何上述的直銷用途或服務的一切聲明, 閣下可以通過上述提供的地址或電子郵件與我們的個人資料管理員, 隨時更新/更改上述的途徑。
If you opt-in or the above direct marketing, your completion and submission of this application gives consent to SIA (Star and/or Selected Third Parties) to use your data for direct marketing purposes as stated above. Once processed, you authorize SIA to replace all your previous selections regarding direct marketing. You may update/change the selected channels at any time in future by contacting our Data Privacy Officer at the address/ email provided above.

代理人姓名及號碼 Producer's name and number	總保費 Total Premium
-------------------------------------	-------------------

在本單的英文和中文版本如有任何不同, 一概以英文版本為準。
In the event of any ambiguity or inconsistency between the English and Chinese versions of this brochure, the English version shall apply and prevail.