



TravelCare Insurance Application Form 旅遊保險投保書

(I) Details of Applicant 投保人資料			
Full Name of Applicant 申請人姓名：(Applicant must be aged 18 or above 申請人必須為18歲或以上)		HKID Card/Passport No. 香港身份證/護照號碼：	
<input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐		Contact No. 聯絡電話：	
Correspondence Address 通訊地址： Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱：_____		Email Address 電郵地址	
Street 街道：_____ District 地區：_____			
<input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界			
(II) The Person(s) to be Insured 受保人資料			
Name of Insured Person(s) 受保人姓名	Relationship 關係	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)	HKID Card / Passport No. 香港身份證/護照號碼
1	Self 本人	/ /	()
2		/ /	()
3		/ /	()
4		/ /	()
5		/ /	()
(III) For Single Trip 單次旅程計劃			
Period of Insurance: 保障期	From 由 _____ / _____ / _____ to 至 _____ / _____ / _____ Total 共 _____ days 日 DD日 MM月 YY年 DD日 MM月 YY年		
Cover Plan: 計劃	<input type="checkbox"/> Plan A A計劃	<input type="checkbox"/> Plan B B計劃	(Please tick the appropriate box) (請在適當空格內剔) Total Premium: HK\$ 保費共 _____ : 港幣 _____ (excluding insurance levy) (不包括保險徵費)
(IV) For Annual Cover 全年保障			
Period of Insurance: 保障期	From 由 _____ / _____ / _____ to 至 _____ / _____ / _____ DD日 MM月 YY年 DD日 MM月 YY年 both dates inclusive 包括首尾兩日		
Occupation: 職業	(please state occupation of all Insured Persons) (請列明所有受保人職業)		
Cover Plan: 計劃	<input type="checkbox"/> Plan A A計劃	<input type="checkbox"/> Plan B B計劃	(Please tick the appropriate box) (請在適當空格內剔) Total Premium: HK\$ 保費共 _____ : 港幣 _____ (excluding insurance levy) (不包括保險徵費)

*The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款將不獲接納。
 Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact: (852) 3123 3344. 保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 bolttechinsurance.hk 或致電(852) 3123 3344。

(IV) Payment Method 付款方法	
Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited" 劃線支票抬頭請寫:「保特保險(香港)有限公司」 <input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card No. 信用卡號碼 _____ Cardholder's Name 持卡人姓名 _____ Card Expiry Date 信用卡有效期至 _____ _____ M月 _____ Y年	I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance. 本人茲授權保特保險(香港)有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費 _____ Cardholder's Signature 持卡人簽署 _____ Date 日期 _____

(此申請以本公司作最終決定為準。The Application is subject to final decision of the Company.)

Notes 注意事項

- The Applicant warrants that to the best of his / her knowledge and belief no Insured Person is traveling contrary to the advice of any medical practitioner or for the purpose of obtaining medical treatment and that he / she understands that treatment of any pre-existing, recurring or congenital medical conditions are not insured. The Applicant is not aware of any condition cause or circumstance that may necessitate the cancellation or curtailment of the journey as planned. 申請人保證並據實相信各受保人絕不會違反醫生的囑咐或僅為獲醫療而外出旅遊。申請人更清楚明白任何現已存在之疾病、現有、不時復發或先天疾病皆不在承保之列。申請人保證已對安排而又必須取消或縮短旅程之事絕不知情。
- Age Limit: 6 weeks up to the age of 85 (70 for Annual Cover) 年齡限制: 6星期至85歲 (全年保障計劃為70歲)。
- Children under age of 18 must be accompanied by an adult who is also insured under the same insurance policy. 18歲以下兒童必須由成人同行及一同投保。
- In the event of the death of an Insured Person, the beneficiary shall be that person's estate according to the laws of Hong Kong. 如受保人不幸身故，本計劃之賠償將按照香港法例給予受保人之遺產受益人。
- This Insurance is only valid for travel originating from and returning to Hong Kong. 此保障只適用於由香港出發及回境之旅程。
- The maximum duration of journey is 180 days for single trip cover and 90 days for annual cover. 單次旅遊計劃每一旅程保障期最長為180天，而全年保障計劃則為90天。
- Except for annual cover, no refund of premium is allowed once the insurance certificate has been issued. 除全年保障計劃外，保險證明書一經簽發保費概不發還。



TravelCare Insurance 旅遊保險

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
 I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在作此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上剔(✓)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：
 本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽署的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用) 假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 / 獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker/ Technical Representative

代理人 / 經紀 / 業務代表 _____

Date (DD / MM / YYYY)

日期(日/月/年) _____

Account Code

賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.
 本申請表格的中英文版本如有差異，以英文版本為準。



Sun Flower Insurance Brokers Limited
Placing through Sun Flower Insurance Agency 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.

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited’s (the “Company”) PICS. You can also request a copy of the PICS by calling the Company’s Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the “Company”) as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實,如未能確定這項事實是否具有實質性的關係,應將該等事實填報,我們建議你將有關的資料(包括此投保書副本作紀錄),以備日後作參考之用。為確保你的利益,你應如實呈報所有有關資料,否則此保單將可能無法提供你所需的保障,甚至可能會導致此保單無效。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited, previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司前身為富衛保險有限公司,獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案,以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名,是國際保險科技集團保特集團的其中一員。

如需更多資訊,請瀏覽bolttechinsurance.hk網站。

Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司
9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong 香港中環德輔道中308號富衛金融中心9樓 | T 3123 3344