



Suite 2201, 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong
香港鰂魚涌太古坊華蘭路18號港島東中心22樓2201室
Tel 電話 2968 3333 Fax 傳真 2917 6266
Email 電郵 hkgi@awac.com Website 網址 www.awac.com

留學無憂保險 投保書 / 保單 STUDY COMPANION INSURANCE PROPOSAL FORM / POLICY SCHEDULE

請以英文正楷填寫，並在適當的空格內填上 ☒ Please fill in this form in English block letters and tick the boxes where appropriate ☒

保單號碼 Policy No.	代理編號 Agent No.
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投保人資料 **Proposer Details** (必須年滿18歲 Must be 18 years old or above)

姓名 Full Name		性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	職業及職位 Industry & Position
通訊地址 Correspondence Address		
<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT		
聯絡電話 Contact No.	電郵地址 Email	
與受保學生關係 Relationship to Insured Student	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 監護人 Guardian	就讀國家 Country of Study
		<input type="checkbox"/> 美國 US / 加拿大 Canada <input type="checkbox"/> 其他國家 Rest of the World

受保學生 **Insured Student**

學生姓名 Name of Student	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
香港身份證 / 護照號碼 HKID Card / Passport No.	電郵地址 Email	
就讀國家 Country of Study	就讀學校 Institution of Learning	
年級 / 班別 Year / Class	學系 Faculty	

保險期限 **Period of Insurance**

本保單之生效日期由 Policy is Effective From	/	/ 20	(日/月/年) (dd/mm/yyyy)	<input type="checkbox"/> 起一年內有效 for one year <input type="checkbox"/> 起兩年內有效 for two years	本保單所提供的保障，必須在本公司確定接納投保及收妥保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.
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請回答下列問題 **Please answer all questions listed below**

1. 受保學生是否香港居民？(如答「否」，請加紙張提供詳細資料例如國籍及通常居住地等) Is the Insured Student a Hong Kong resident? (If answered "No", please give detail like nationality, usual place of residence, etc)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 入學證明信件是否隨本投保書附上？ Is the admission letter enclosed with proposal form?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 受保學生是否有任何身體殘障或缺陷或正接受醫藥治療或患有任何疾病？(如答「是」，請另加紙張列明詳細資料) Has the Insured Student ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? (please give full details if you have answered "Yes")	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4. 受保學生於過去三年內有否向投保之意外、留學保險、醫療或旅遊保險索償？(如答「是」，請加紙張列明詳細資料) Has the Insured Student ever made any claim to accident, overseas study, medical or travel insurance in the past three years? (please give full details if you have answered "Yes")	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

聲明 **Declaration**

1. 本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛，並同意本投保書和聲明將成為保險合約的基礎。 I declare to the best of my knowledge and belief that the information given is true in every respect, I also agree that this proposal and declaration shall be the basis of the insurance contract between Allied World Assurance Company, Ltd and myself.	
2. 由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳情，請登入 https://donline.alliedworldgroup.com.hk/file/IALevy.pdf 或致電我們：(852) 2968 3333。 IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information on the levy, please visit https://donline.alliedworldgroup.com.hk/file/IALevy.pdf or contact: (852) 2968 3333.	
3. 本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。 I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form. <input type="checkbox"/> 本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。 I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.	
投保人簽署 Proposer's Signature	日期 (日/月/年) Date (dd/mm/yyyy)

Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

繳付保費方法 **Premium Payment Method**

<input type="checkbox"/> 支票 Cheque	抬頭：世聯保險有限公司 payable to Allied World Assurance Company, Ltd	支票號碼 Cheque No.
<input type="checkbox"/> 信用卡 Credit Card: 於保單發出前，我們會發送電子發票供閣下於網上繳款。 We will email you an invoice to make payment online before we issue the policy to you.		

本公司專用 **For Office Use Only**

Allied World Assurance Company, Ltd	日期 (日/月/年) Date (dd/mm/yyyy)
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Personal Data Information Collection Statement (PICS)

Purpose of Collection

Allied World Assurance Company, Ltd (Hong Kong Branch) (collectively with the other subsidiaries of Allied World Assurance Company Holdings, Ltd, "Allied World") may collect and use your personal data for the purposes of conducting its insurance business, including:

so that we can provide you with and manage insurance products and services, including to consider and process your application; to vary, cancel or renew your insurance; to deal with and/or process any claims under your policy, including settlement, and to conduct necessary investigations; to complete due diligence and background checks that are either required by law or regulation or have been put in place by Allied World; to respond to your queries and administer your policy, including correspondence with you; to investigate fraud, misconduct or any unlawful act or omission in relation to your policy; so that we can comply with legal obligations; for research and statistical purposes; for marketing (including, where permitted by law, direct marketing) of other services provided by us; and/or any purpose directly related to the above.

In general, it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

Potential Transferees

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

other insurers; reinsurers; intermediaries; insurance associations, federations or similar organisations; related companies; our advisers, service providers and agents; external claims data collectors and verifiers; parties that have an insurance scheme in place under which you purchased your policy; parties involved in claims investigation and management; government and statutory agencies; and/or as otherwise required or allowed by law, in each case both within and outside of the Hong Kong Special Administrative Region.

Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World will not use your personal data for direct marketing if you have indicated objection to such use by ticking the opt-out box on the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contact information set out below.

Access Requests and Corrections

You have the right, subject to applicable law, to request access to and correction of any personal data concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to Suite 2201, 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to hkcompliance@awac.com.

個人資料資訊收集聲明 (PICS)

收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司 (香港分行) (與 Allied World Assurance Company Holdings, Ltd 的其他子公司統稱「Allied World 世聯」) 為營運其保險業務之目的可能會收集和使用閣下的個人資料，包括：

以便本公司為閣下提供保險產品及服務並予以管理，包括考慮及處理閣下的保險申請；更改、取消或更新閣下的保險；應對及/或處理閣下保單的索賠，包括賠償及作出必要的調查；完成法律或法規要求或 Allied World 世聯實施的盡職審查和背景調查；回應閣下的查詢以及管理閣下的保單，包括與閣下通訊；調查與閣下保單相關的詐欺、不當行為或任何非法行為或不作為；以便本公司能遵守法律上的要求；用於研究和統計目的；用於營銷（包括在法律允許的情況下直接促銷）本公司提供的其他服務；及/或與上述直接有關的任何目的。

一般而言，向 Allied World 世聯提供個人資料屬自願性質。雖然如此，如閣下未能提供足夠資料，Allied World 世聯可能無法為閣下提供所需的保險服務。

潛在資料轉移

Allied World 世聯會確保持有的個人資料保密，但本公司可能會基於上述目的將閣下的個人資料轉移予：

其他保險公司；再保公司；中介機構；保險業組織、聯會或類似組織；關連公司；本公司的顧問、服務提供者和代理人；本公司以外的索賠資料收集者及核查人員；閣下於已設有保險計劃購買保單時的各方；參與索賠調查以及管理的各方；政府和法定機構；及/或任何相關的法律或規則要求或允許的人士，以上各項適用於香港特別行政區境內及境外。

市場推廣

閣下貴為 Allied World 世聯的尊貴客戶，本公司及其集團公司可能會透過閣下為直接促銷所提供的個人資料（包括姓名及聯絡資料），向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，以及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

若閣下已於投保書上選擇拒絕本公司利用閣下的個人資料進行直接促銷並表示不願接收任何市場推廣資料和最新消息，Allied World 世聯將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時透過下述聯絡方式通知本公司的合規主任並行使其選擇權拒絕本公司利用閣下的個人資料進行直接促銷。

查閱個人資料要求及更改個人資料

在符合適用法律的情況下，閣下有權要求查閱及更改 Allied World 世聯所持有任何有關閣下的個人資料。有關申請可循下列途徑向本公司的合規主任提出：郵寄至香港鰂魚涌太古坊華蘭路 18 號港島東中心 22 樓 2201 室，或傳真至+852 2968 5111，或電郵至 hkcompliance@awac.com。