

海外留學生保障計劃申請表格

Travel Direct Overseas Student Insurance Application Form

請以英文正格填寫 Please type or print in English block letters

申請人姓名

Name of Applicant: Mr./Ms. _____

(申請人必須為受保人，如受保人為18歲以下，申請人必須為18歲或以上並為受保人之父母或監護人 The applicant and the Insured Person must be the same person. For Insured Person under 18 years old, applicant should be a parent or guardian aged 18 or above)

地址

Address: _____

電話

Tel No.: _____

全年保費	基本計劃	US\$262	標準計劃	US\$779	優越計劃	US\$1,109
Annual Premium:	Basic Plan	☐	Standard Plan	☐	Premier Plan	☐

起保日期 Effective Date: _____ 日/月/年 DD/MM/YYYY

(起保日期必須為受保人於香港出發日期或之前 Effective Date must be same as or before the Insured Person's Departure Date from Hong Kong)

受保人姓名

Name of Insured Person: Mr./Ms. _____

身份證號碼

HKID No.: _____ 出生日期 Date of Birth: _____ 日/月/年 DD/MM/YYYY

與申請人之關係 Relationship to Applicant: 本人 Self ☐ 子女 Child ☐

受保人就讀的海外學府名稱

Name of The Overseas Educational Institution attended by the Insured (OEI): _____

受保人就讀的海外學府地址

Address of the Overseas Educational Institution attended by the Insured (OEI): _____

受保人海外地址 Overseas Address of the Insured: _____

繳費方式 Payment

☐ 支票 支票號碼
By Cheque Cheque No.: _____

附上抬頭為「美亞保險香港有限公司」之劃線支票。
Enclosed a crossed check made payable to "AIG Insurance Hong Kong Limited"

☐ 信用卡 ☐ Visa ☐ MasterCard
By Credit Card

本人授權美亞保險香港有限公司從本人下列之信用卡戶口扣除此保費。
I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/MasterCard account as below for the premium payment of this insurance

有效期至 信用卡號碼
Expiry Date: 月/年 Credit Card No: _____
_____/____ MM/YYYY _____ - _____ - _____

持卡人姓名
Name of Cardholder: _____

持卡人簽名
Cardholder's Signature: X _____

簽名必須與信用卡上簽名相同
The signature must be identical to the one on your credit card

代理人姓名 Producer Name: _____

代理人編號 Producer Code: _____

聲明

- 茲申請「海外留學生保障計劃」，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/吾等同意投保申請獲接納後方始作實。
- 本人/吾等現確認及保證：受保人絕不會違反醫生之勸告，旅程目的並非往海外治療疾病，而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/吾等所提供的所有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」上之用途。
- 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
就有關從本表格所收集的個人資料，本人同意及確認：
(a) 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；
(b) 美亞保險可被列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括核實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）；
(c) 除非本人/吾等以下的「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；
(d) 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：
(i) 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）；
(ii) 財務機構，作處理此申請及收取保費；
(iii) 公證人、調查人、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，以處理索賠事宜；
(iv) AIG集團授權的市場推廣公司，以作直銷之用（如上(c)項所述）；
(v) 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
(vi) 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。
(e) 本人/吾等可隨時致函到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）查詢，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。

Declaration

- I/we hereby apply for Travel Direct Overseas Student Insurance and declare that the statements and particulars given in this application are, to the best of my 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 Hong Kong). I/we understand and agree that no insurance will be effected until the application is approved.
- I/we hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment; and 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.
- 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 agree and acknowledge that:
(a) (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;
(b) 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);
(c) 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 our insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement;
(d) 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:
i. third parties providing services related to the administration of my/our policy (including reinsurance);
ii. financial institutions for the purpose of processing this application and obtaining policy payments;
iii. in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers medical providers and travel carriers;
iv. for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
v. another member of AIG group (for all of the purposes stated in (b) and (c) in any country; or
vi. other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
(e) 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.

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

申請人簽署 Signature of Applicant _____

日期 Date _____

只適用於保險經紀 For Insurance Broker Only

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二方作該些用途。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: _____