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AIG Insurance Hong Kong Limited is a wholly owned subsidiary of the American International Group Inc.

Additional information about AIG can be found at www.aig.com | YouTube: www.youtube.com/aig | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance) www.twitter.com/AIGinsurance | LinkedIn: www.linkedin.com/company/aig

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美國國際集團 (AIG) 為全球保險業界之翹楚。建基於100年的經驗，時至今日AIG成員公司為約70個國家和地區的客戶提供廣泛的財產保險、人壽保險、退休產品及其他金融服務。這些多樣的產品及服務幫助企業和個人保護其資產、管理風險和提供退休保障。AIG 的股票在紐約證券交易所上市。

美亞保險香港有限公司為美國國際集團 (AIG) 成員。

本公司相關資料，詳列於本公司網站
www.aig.com | YouTube: www.youtube.com/aig | Twitter: [@AIGinsurance](https://twitter.com/AIGinsurance)
www.twitter.com/AIGinsurance | LinkedIn: www.linkedin.com/company/aig

AIG 為美國國際集團之全球產物保險、壽險與退休險及保險營運之行銷品牌。更多有關資訊，請造訪集團網站 www.aig.com。美國國際集團的各項保險產品與服務是透過其子公司或關係企業提供，但並非於所有國家及地區皆有提供，且實際承保範圍應以保單條款為準。非保險之產品與服務可能由獨立第三方提供。特定財產傷害承保可能由其他保險公司提供，而該類公司一般不參與國家擔保資金，因此受保人不受該類資金保護。



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Fax 傳真號碼: 2832 9514
Website 網站: www.aig.com.hk

Application Email 投保專用電郵: app.hk@aig.com
(Not for inquiry or customer service 不能作查詢或客戶服務用途)

This brochure provides only a summary of the policy benefits. Coverage under the policy shall be subject to the terms, conditions and exclusions of the policy. A copy of the policy is available from AIG Insurance Hong Kong Limited. 本單張僅提供保單摘要，有關保單條款及不承保事項請參看保單條款及細則。如需要保單條款及細則，歡迎向本公司索取。



Sun Flower Insurance Brokers Limited
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Tel: 2521 1881 Fax: 2521 1919 Email: info@sunflowergroup.com.hk www.sunflowerfp.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.

Golf Insurance

高爾夫球保障計劃



Amend Your Policy
更改保單資料



Make a Claim
申請索償



Golf Insurance Proposal Form
高爾夫球保障計劃投保表格

Information of the Proposer 投保人資料

(USE BLOCK LETTER 請以英文正楷填寫)

Name 姓名: _____

HK ID Card No. 香港身份證號碼: _____ () Sex 性別: _____

Occupation 職業: _____

Email 電郵地址: _____

*Date of Birth(MM/DD/YYYY) *出生日期 (月/日/年): _____

*Please note: Section 4 Personal Accident cover will be excluded for insured(s)

whose age is less than 16, or at 66 or above.

*請注意: 如受保人的年齡在 16-65 歲的範圍以外, 高爾夫球保障計劃中第四項「個人意外保障」將不適用於該受保人。

Home Tel. No. 住宅電話號碼: _____

Mobile Phone No. 手提電話號碼: _____

Mailing Address 通訊地址: _____

Policy Effective Date 保單生效日期

From 由 _____ - _____ - _____ (MM/DD/YYYY)

(Backdating is not allowed. 不可追溯保單生效日期)

Please choose the appropriate coverage package

請選擇以下一項保障:

☐ Standard Plan 基本保障 HK\$300 ☐ Deluxe Plan 超級保障 HK\$680

☐ Family Extension 加購家庭成員計劃保障 Per Person 每位 HK\$150 x _____ Person 人

Total Premium保費總額	HK\$
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Please answer the following questions 請回答下列問題:

1. Have you, or has any family member in this application, had a "hole-in-one" during the past three (3) years? Yes 是 No 否
If "Yes", please state player's name, golf course(s) and date(s). (MM/DD/YYYY)
閣下, 或本申請表內的任何家庭成員, 曾否於過去三(3)年內創下一桿入洞的佳績? 如「是」者, 請詳述人名、球會名稱及日期(月/日/年)。

2. Have you, or has any family member in this application, sustained any loss, damage, liability or accident indemnified under any golf insurance cover during the past three (3) years? Yes 是 No 否
閣下, 或本申請表內的任何家庭成員, 曾否在過去三(3)年內, 因遺失、損毀、法律責任或意外而於任何高爾夫球保險計劃提出索償?

If you answer "Yes" to any of the above, please give details on separate sheet.

如以上問題之答案為「是」者, 請另加紙說明。

Family Extension 加購家庭成員計劃保障

1	Family member's Name 家庭成員英文姓名
	HKID No. / Passport No. 香港身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
Relationship 與閣下的關係	

2	Family member's Name 家庭成員英文姓名
	HKID No. / Passport No. 香港身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
Relationship 與閣下的關係	

3	Family member's Name 家庭成員英文姓名
	HKID No. / Passport No. 香港身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
Relationship 與閣下的關係	

4	Family member's Name 家庭成員英文姓名
	HKID No. / Passport No. 香港身份證或護照號碼
	*Date of Birth (MM/DD/YYYY) *出生日期(月/日/年)
Relationship 與閣下的關係	

Payment Method 保費付款方式

Please ☒ the appropriate box 請在適當的方格加上✓號

☐ Payment by Cheque 支票付款

Cheque No. 支票號碼: _____

Bank 銀行: _____

Cheque should be crossed and made payable to "AIG Insurance Hong Kong Limited"
劃線支票抬頭請註明「美亞保險香港有限公司」

☐ Payment By Credit Card 信用卡付款

☐  VISA Card VISA 卡 ☐  MasterCard 萬事達卡

Card No. 信用卡號碼: _____

Expiry Date 信用卡屆滿日期: _____ (MM月/ YY 年)

Card Holder's Name 信用卡持有人姓名: _____

Card Holder's Signature 信用卡持有人簽署: _____

Date 日期: _____

I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/ MasterCard account for the premium stated on this Proposal Form.
本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付本投保表格所註明之保費。

Declaration 聲明

In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料, 本人/吾等同意及確認:

1. In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved.
本人/ 吾等同意如本文之譯本於意義上遇到任何爭議時, 概以英文版本為準; 本人/ 吾等同時明白保險契約只會以英文發出, 並會於本申請獲接納及核實時生效。

2. I/we agree that AIG Insurance Hong Kong Limited (hereinafter called "AIG Hong Kong"), reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Hong Kong, the policy will become effective.
本人/ 吾等同意美亞保險香港有限公司 (以下簡稱「美亞保險」), 保留一切接納申請與否之權利; 並明白申請經美亞保險接納及批核後, 保障才正式生效。

3. I/we agree that this Proposal Form shall be the basis of the insurance contract between me/us and the insurer, AIG Hong Kong. I/we declare that the statements made in this Proposal Form are true, correct and complete to the best of my/our knowledge and belief.
本人/ 吾等同意此投保表格為本人/吾等與美亞保險訂立保險契約之根據。本人/ 吾等特此聲明此投保表格內所填報之資料, 據本人/ 吾等所知並確定全部正確無訛、完整及足夠。

4. If this application is made through an insurance broker, by signing this form the applicant agrees to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.
如本申請是經由保險經紀安排, 申請人在簽署本表格後, 同意美亞保險香港有限公司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。

5. In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料, 本人/ 吾等同意及確認:

(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.
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) 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). 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料, 其用途包括核保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) 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 other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.

除非本人/吾等於以下的「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) 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 adjustors, 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 the 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.

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、調查員、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, 以處理索償事宜;
(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) 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.
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) 查閱、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。

Promotion Material Opt-out: We will prepare fabulous offers provided by AIG and partners for you. If you do not wish to receive promotion materials via channels below, please tick:

☐ Telephone ☐ SMS ☐ Postal Mail ☐ Email ☐ Instant Message App
(We sincerely suggest you allow as many channels as possible so that you will not miss the offers. Thank you.)

不收取推廣資料: 我們將為閣下搜羅由美亞保險及夥伴提供之優惠。如閣下不欲經以下渠道收取推廣資料, 請在方格填上✓號: ☐ 電話 ☐ 短訊 ☐ 郵件 ☐ 電郵 ☐ 即時通訊軟件 (我們誠意建議閣下保留以上渠道, 讓你不會錯過我們的優惠資訊。多謝。)

Signature of Proposer 投保人簽署	Date 日期(MM月/DD日/YYYY年)
For office use only 公司專用	
Producer Name 公司名稱	Producer Code 公司代碼
Producer Contact Tel. No. 公司聯絡電話	

GOLF 02/2023