



「教安心」旅遊保險投保書

"TRAVEL INSURANCE" PROPOSAL FORM

Please fill all information in block English. 所有資料請以英文正楷填寫。

IMPORTANT NOTES 重要事項

WEB - 11.2011 版本

- The maximum duration of each trip to be covered is 90 calendar days for Annual Policy; and 180 calendar days for Single Trip Policy.
"Child" means Insured Person who is aged 17 years or below. "Adult" means Insured Person who is aged 18 years or above.

INFORMATION OF INSURED PERSON 受保旅遊人仕資料

Table with columns: Name, H.K. I.D. / Passport No., Date of Birth, Contact Tel. No., Relationship with Applicant, Plan (Diamond, Gold, Silver), Discounted Premium.

THE APPLICANT 申請人*

Form fields for Applicant: Name, Correspondence Address, Tel. No., Home, Office, Mobile Phone, Fax No., E-mail Address.

* The age of the Applicant must be 18 or above. 申請人必須為18歲或以上。

COVER INSTRUCTION 投保指示

Single Trip 單次旅程 Annual Policy 一年期保單

Form fields for Inception Date, Expiry Date, Destination, Duration.

** Please delete as appropriate. # Please leave blank for annual policy.

"Journey" commences from the time when the Insured Person leaves directly from his/her place of residence or place of regular employment for embarkation in Hong Kong...

INFORMATION OF MEMBER 會員資料

Form fields for Member Name, Membership No., Relationship between Member and the Applicant.

DECLARATION & AUTHORISATION 聲明及授權

- I/We agree that this insurance excludes all pre-existing physical or medical conditions... I/We declare that the information given above is true and complete... I/We agree that this proposal and declaration shall be the basis of the contract... I/We hereby declare and agree that any personal information collected by the Company may be used...

Signature of Applicant 申請人簽署 Date of Application 申請日期

Requests for personal data access or correction may be addressed to the Data Protection Officer of the Company.

FOR OFFICE USE ONLY 公司專用

Form fields for Date of Issue, Policy No., Replacing Policy No.

For and on behalf of CHINA MERCHANTS INSURANCE CO. LTD.

General Manager (with signature)

Authorised Signature/Company's Stamp (Not valid unless stamped and countersigned by an authorised representative)

Please refer to the insurance policy for detailed coverage, terms and conditions.