



交銀「升級旅遊」保險計劃 **再升級**
CBI TravelSTAR Insurance Plan **advance**

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

I. 投保申請人資料 PROPOSER DETAILS (必須填寫 MANDATORY INFORMATION)

#投保申請人姓名 - (必須與香港身份證相同) Name of Proposer/Applicant - (as on HKID)	姓 Surname	名 Given Name
若投保申請人是公司，請列出公司名稱 For corporate client, state the corporation name		
通訊地址 Correspondence Address		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
手提電話號碼 Mobile No.	公司電話號碼 Office Tel. No.	住宅電話號碼 Home Tel. No.
電郵地址 Email		職業/公司行業 Occupation/Business

投保申請人必須年滿18歲的中國香港居民。若投保人不是受保人本人，他/她必須是受保人的父母或合法監護人或直係親屬包括：受保人的配偶、父母、配偶的父母、祖父母、外祖父母、子女、女婿、媳婦、兄弟姐妹。 Insured/Proposer must be 18 years old or above Hong Kong, China Resident(s). If the Proposer is not the Insured Person, the Proposer must be parent or legal guardian or Immediate Family Member of the Insured Person including: Insured Person's spouse, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother & sister.

IIa. 單次旅程或全年保障資料 SINGLE TRIP OR ANNUAL PLAN INFORMATION

選擇行程、保障計劃及旅伴組合請在適當方格內加上 Specify your itinerary, benefit plan & traveler grouping (Please the appropriate box)

選擇行程 Specify Itinerary of Journey	<input type="checkbox"/> 單次旅程 Single Journey	<input type="checkbox"/> 全年保障 Annual Cover	所有旅程必須從中國香港出發及完畢後返回中國香港 Insured journey must be round trip that departs from Hong Kong, China	
選擇保障計劃 Specify your designated benefit plan	<input type="checkbox"/> 基本 Essential (計劃 Plan A)	<input type="checkbox"/> 非凡 Advance (計劃 Plan B)	<input type="checkbox"/> 卓越 Excellent (計劃 Plan C)	<input type="checkbox"/> 附加郵輪旅程保障 Option for Cruise Tour Protection
選擇單人或家庭計劃 Specify the plan for individual or family	<input type="checkbox"/> 單人 Individual	<input type="checkbox"/> 家庭 Family Plan		
*旅遊日期(單次旅程) *Period of Travel (Single Journey)	由 _____ (日/月/年) 至 _____ (日/月/年) 共 _____ 日 Period From _____ (dd/mm/yyyy) To _____ (dd/mm/yyyy) Total _____ Days			
**旅遊日期(全年計劃) **Period of Travel (Annual Cover Plan)	生效由 _____ (日/月/年) 保險期由生效日期起計 12 個月內有效 Effective from _____ (dd/mm/yyyy) Insurance period is confined within 12 consecutive calendar months from the effective day.			
旅遊地點 Area of Travel	<input type="checkbox"/> 中國 China <input type="checkbox"/> 亞洲 Asia <input type="checkbox"/> 歐洲 Europe <input type="checkbox"/> 大洋洲 Australasia <input type="checkbox"/> 北美洲 North America <input type="checkbox"/> 南美洲 South America <input type="checkbox"/> 非洲 Africa <input type="checkbox"/> 其他 Other: _____			

* 單次旅遊計劃每次旅程的最長日數為 180 天。Single trip covers up to maximum 180 days.
單次旅遊保單生效日期須為預定乘搭的公共交通工具在中國香港的啟航日期，保單終止日期須為預定乘搭的公共交通工具到達中國香港之日期。
Single trip policy effective date should be the scheduled departure time from Hong Kong, China of the Common Carrier and policy expiry date should be the scheduled arrival time to Hong Kong, China of the Common Carrier.
** 全年保障內每一單次旅程保障期最高為 90 天。Each single trip of Annual Cover covered up to maximum 90 days.

IIb. ☆黃金工作假期資料 GOLDEN WORKING HOLIDAY PLAN INFORMATION

選擇工作假期計劃國家，請在適當方格內加上 Specify what country you are going in your working holiday (Please the appropriate box)

旅遊日期 Period of Travel	生效由 _____ (日/月/年) 保險期由生效日期起計 12 個月內有效 Effective from _____ (dd/mm/yyyy) Insurance period is confined within 12 consecutive calendar months from the effective day.
工作假期計劃國家 Country of Working Holiday Program	<input type="checkbox"/> 加拿大 Canada <input type="checkbox"/> 奧地利 Austria <input type="checkbox"/> 英國 United Kingdom <input type="checkbox"/> 法國 France <input type="checkbox"/> 愛爾蘭 Ireland <input type="checkbox"/> 德國 Germany <input type="checkbox"/> 日本 Japan <input type="checkbox"/> 南韓 South Korea <input type="checkbox"/> 澳洲 Australia <input type="checkbox"/> 新西蘭 New Zealand <input type="checkbox"/> 其他 Other: _____

☆ 投保申請人必須在遞交投保書同時向我們提供前往工作假期計劃所屬國家向受保人簽發之有效工作假期簽證副本。The insurance applicant should provide us the copy of valid working holiday visa issued by the government of the country where insured person is decided to go for working holiday.
若受保人持有其他類型有效工作簽證，我們可按個別投保申請情況及在徵收附加保費後考慮給予工作假期計劃保障。In the event insured person holds different type of working visa, we will consider to offer the above Golden Working Holiday Benefit Plan to such insured person provided that subject to additional premium as required.

III. 受保人資料 INSURED PERSON INFORMATION (請以英文正楷填寫 Please fill in this form in English block letters)

首名受保人姓名 Name of 1 st Insured Person	性別 Sex	◎出生日期 ◎Date of Birth (dd/mm/yyyy)	香港身份證/ 護照號碼 HKID / Passport No.	與投保申請人(公司)關係 Relationship with Proposer

◎ 單次旅程：受保人並沒有年齡限制。全年保障：受保人在保單生效日時必須在 71 歲以下。工作假期保單：受保人年齡須介乎 18 至 31 歲。所有受保人必須為中國香港居民。Single Journey: No age limit is applicable. Annual Cover: Insured person aged at 71 below. Working Holiday Policy: Insured person aged must between 18 and 31. Insured person must be resident(s) of Hong Kong, China.

只須在投保同一家庭成員填寫 FILL IN BELOW INFORMATION WHEN INSURING MEMBER OF THE SAME FAMILY

(請以英文正楷填寫 Please fill in this form in English block letters)

受保人配偶及子女姓名 Insured Person's Spouse and Children	性別 Sex	◎◎出生日期 ◎◎Date of Birth (dd/mm/yyyy)	香港身份證/ 護照號碼 HKID / Passport No.	與首名受保人關係 Relationship with 1 st Insured Person

◎◎ 單次旅程: 受保人配偶及子女並沒有年齡限制。全年保障: 受保人配偶及子女在保單生效日時必須在 71 歲以下。受保人子女必須未婚。所有受保人配偶及子女必須為中國香港居民。

Single Journey: No age limit is applicable to insured spouse &/or children. Annual Cover: Insured spouse and/or children aged at 71 below. All insured children must be unmarried. All insured spouse &/or children must be resident(s) of Hong Kong, China.

IV. 索償紀錄 (適用於全年保障及黃金工作假期)

CLAIM EXPERIENCE (Applicable to Annual Plan & Golden Working Holiday Plan)

在過去 12 個月內曾否有索償旅遊保險之記錄, 如有, 請詳細說明次數及涉及之賠償金額:

Have you made any claim under any travel insurance policy for past 12 months? If yes, please specify details below including no. of claim and amount involved:

索償總次數 Total No. of Claim	賠償總金額 Total Claim Amount (以港幣計 in HKD)

凡過往 12 個月內索償總次數高於 1 次或賠償總金額高於 HK\$2,000 保險申請需送交中國交銀保險有限公司審核及確認後才可生效。If there is more than 1 claim or actual claim amount exceeds HK\$2,000 in the past 12 months, this insurance application should forward to China BOCOM Insurance Co., Ltd. for approval.

V1. 單次旅程保險費 PREMIUM FOR SINGLE TRIP

保費以港幣計算 Premium in Hong Kong Currency

保障計劃 Benefit Plan	計劃 Plan A (標準 Essential)		計劃 Plan B (非凡 Advance)		計劃 Plan C (卓越 Excellent)		計劃 Plan C+ (卓越 Excellent) 附加郵輪旅程保障 With Cruise Tour Protection	
	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family
1 日 Day	\$72.07	\$144.15	\$119.12	\$238.24	\$170.17	\$340.33	\$204.20	\$408.40
2 日 Days	\$78.08	\$156.15	\$137.13	\$273.27	\$195.20	\$390.39	\$234.24	\$468.47
3 日 Days	\$84.08	\$168.17	\$154.15	\$308.31	\$220.21	\$440.44	\$264.27	\$528.53
4 日 Days	\$90.08	\$180.19	\$172.17	\$343.35	\$245.25	\$490.48	\$294.29	\$588.59
5 日 Days	\$96.09	\$192.20	\$189.19	\$378.38	\$270.27	\$540.53	\$324.32	\$648.65
6 日 Days	\$102.11	\$204.20	\$207.20	\$413.41	\$295.29	\$590.59	\$354.35	\$708.71
7 日 Days	\$108.11	\$216.21	\$224.22	\$448.45	\$320.32	\$640.64	\$384.39	\$768.77
8 日 Days	\$116.12	\$232.23	\$242.25	\$483.48	\$345.35	\$690.68	\$414.41	\$828.83
9 日 Days	\$124.12	\$248.25	\$259.26	\$518.52	\$370.37	\$740.73	\$444.45	\$888.88
10 日 Days	\$132.13	\$264.27	\$277.28	\$553.55	\$395.40	\$790.79	\$474.47	\$948.95
11 日 Days	\$140.13	\$280.28	\$287.28	\$574.57	\$410.41	\$820.81	\$492.49	\$984.99
12 日 Days	\$148.15	\$296.29	\$298.29	\$595.60	\$425.43	\$850.85	\$510.52	\$1,021.01
13 日 Days	\$156.15	\$312.32	\$308.31	\$616.61	\$440.44	\$880.88	\$528.53	\$1,057.05
14 日 Days	\$164.16	\$328.33	\$319.32	\$637.64	\$455.45	\$910.92	\$546.55	\$1,093.09
15 日 Days	\$173.17	\$346.35	\$329.33	\$658.65	\$470.47	\$940.93	\$564.56	\$1,129.13
16 日 Days	\$182.19	\$364.36	\$340.33	\$679.68	\$485.48	\$970.97	\$582.59	\$1,165.16
17 日 Days	\$191.19	\$382.39	\$350.35	\$700.71	\$500.51	\$1,001.00	\$600.60	\$1,201.20
18 日 Days	\$200.20	\$400.40	\$361.36	\$721.72	\$515.52	\$1,031.03	\$618.61	\$1,237.24
19 日 Days	\$209.21	\$418.41	\$371.37	\$742.75	\$530.53	\$1,061.07	\$636.64	\$1,273.27
20 日 Days	\$218.21	\$436.44	\$382.39	\$763.76	\$545.55	\$1,091.08	\$654.65	\$1,309.31
21 日 Days	\$227.23	\$454.45	\$392.40	\$784.79	\$560.56	\$1,121.12	\$672.67	\$1,345.35
22 日 Days	\$236.24	\$472.47	\$403.40	\$805.80	\$575.58	\$1,151.15	\$690.68	\$1,381.39
23 日 Days	\$245.25	\$490.48	\$413.41	\$826.83	\$590.59	\$1,181.19	\$708.71	\$1,417.41
24 日 Days	\$254.25	\$508.51	\$424.42	\$847.85	\$605.60	\$1,211.21	\$726.73	\$1,453.45
25 日 Days	\$263.27	\$526.53	\$434.44	\$868.87	\$620.61	\$1,241.24	\$744.75	\$1,489.48
26 日 Days	\$273.27	\$546.55	\$445.45	\$889.88	\$635.64	\$1,271.27	\$762.76	\$1,525.52
27 日 Days	\$283.28	\$566.56	\$455.45	\$910.92	\$650.65	\$1,301.31	\$780.79	\$1,561.56
28 日 Days	\$293.29	\$586.59	\$466.47	\$931.93	\$665.67	\$1,331.33	\$798.80	\$1,597.60
29 日 Days	\$303.31	\$606.60	\$476.48	\$952.95	\$680.68	\$1,361.36	\$816.81	\$1,633.63
30 日 Days	\$313.32	\$626.63	\$487.48	\$973.97	\$695.69	\$1,391.39	\$834.84	\$1,669.67

V1. 單次旅程保險費 PREMIUM FOR SINGLE TRIP

保費以港幣計算 Premium in Hong Kong Currency

保障計劃 Benefit Plan	計劃 Plan A (標準 Essential)		計劃 Plan B (非凡 Advance)		計劃 Plan C (卓越 Excellent)		計劃 Plan C* (卓越 Excellent) 附加郵輪旅程保障 With Cruise Tour Protection	
	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family
保障日數 Day of Cover 30 天以上每附加一天為 (單次旅程保障最長為 180 天) Additional Premium per each Additional day (Maximum duration per single trip is 180 days)	\$8.01	\$16.01	\$14.01	\$29.02	\$18.02	\$36.04	\$22.02	\$43.05

*計劃 C 附加郵輪旅程保障只適用於單次旅程保障。Additional Cruise Tour Protection shall only applicable to Plan C single trip cover.
上述保費包括保險業監管局保費徵費 The above premium includes IA Levy

V2. 全年保障或黃金工作假期計劃保險費

PREMIUM FOR ANNUAL/GOLDEN WORKING HOLIDAY PROGRAM

保費以港幣計算 Premium in Hong Kong Currency

保障計劃 Benefit Plan	計劃 Plan A (基本 Essential)		計劃 Plan B (非凡 Advance)		計劃 Plan C (卓越 Excellent)		黃金工作假期計劃 Golden Working Holiday Program
	個人 Individual	家庭 Family	個人 Individual	家庭 Family	個人 Individual	家庭 Family	
保障日數 Day of Cover 全年保障 Annual Cover	\$850.85	\$1,801.80	\$2,502.51	\$4,504.51	\$3,503.51	\$6,006.00	\$4,504.51

上述保費包括保險業監管局保費徵費
The above premium includes IA Levy

保險費

Premium : HK\$ _____

VI. 繳付保費方法 PREMIUM PAYMENT METHOD

請選擇下列方法繳付保費 Please select the premium payment method below :

銀行轉賬[△] Bank Transfer[△] 支票* Cheque*

[△]閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

投保申請人特別須知:

由 2018 年 1 月 1 日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant.

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company's business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and
- (xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);

- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.

I/We do not consent to receive marketing communications from the related companies of the Company.

If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies

In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on “ACCESS AND CORRECTION OF PERSONAL DATA”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理

收集個人資料的聲明

部分1: 收集及使用個人資料

中國交銀保險有限公司 (下稱“本公司”) 可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批 閣下的保險申請或 閣下將來提交的保險申請;
- (ii) 執行 閣下保單的行政工作及提供與 閣下保單相關的服務;
- (iii) 調查、處理及支付 閣下保單有關的索償;
- (iv) 發出繳交保費通知及向 閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;
- (vii) 為統計或其他目的進行市場研究;
- (viii) 不時就本條款所列的任何目的核對所持有的與 閣下有關的任何資料;
- (ix) 進行身份和 / 或信用核查和 / 或債務追收;
- (x) 開展與本公司業務經營有關的其他服務;
- (xi) 向 閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊;
- (xii) 就以上用途聯絡 閣下;
- (xiii) 其它與上述用途有直接關係的附帶用途; 及
- (xiv) 遵循適用法律、條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方:

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括: 醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;
- (e) 再保公司及再保經紀;
- (f) 閣下的保險經紀 (若有);
- (g) 本公司的法律及專業業務顧問;

- (h) 本公司的關連公司；
(i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
(j) 保險索償投訴局及同類的保險業機構；
(k) 法例要求或許可的政府機關。
經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

部分2: 直銷促銷

經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☐。

經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☐。

若閣下反對接收本公司的直接促銷通訊，請在方格內填上☐

若閣下反對接收關連公司的直接促銷通訊，請在方格內填上☐。

如閣下遞交此聲明書而沒有在以上方格內以☑顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我將停止提供閣下的個人資料給予本公司的關連公司，但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下之個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- 敬請注意，如果閣下不向本公司提供閣下的個人資料，本公司可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。
- 以上部分2代表閣下現在接收直銷推廣資料的選擇，這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- 閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

VII. 投保申請人聲明 PROPOSER'S DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided.

- 本人/本公司謹此聲明，根據本人/我們所知及所信，上述所有資料均屬實無訛且事實之全部，並所有能影響是項投保申請評估的事實因素均已呈報。
I/We declare that the information given above is true and complete to the best of my/our knowledge and belief. I/We further declare that all materials affecting the assessment of this insurance application have been disclosed.
- 本人/本公司謹此聲明，所有受保人現在身體健康良好，並無任何殘障或缺陷。I/We declare that all the Insured Person(s) am/are now in good health and free from physical impairment or deformity.
- 本人/本公司謹此聲明，所有受保人絕不會在違返醫生之勸告的情況下參與行程及旅行目的不在於治療疾病，各受保人或保單上列明之受保人對自己安排而又須取消或提早結束之行程，事先均絕不知情。I/We declare that all the Insured Person(s) shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment. Neither the Insured Person nor any other person covered under this policy knows of any condition, cause or circumstance existing that may necessitate the cancellation or curtailment of the planned journey.
- 本人/本公司明白當需要索償時，必須向保險公司出示已經批核的投保申請或保險公司發出的證明文件包括保險證書或保單正本或副本。I/We understand that I/We have to present the original or copy of the approved insurance application or the document certified the validation of insurance including but not limited to certificate of insurance or policy to the Company as an evidence of cover in case of claims.
- 閣下必須於受保人離港前不少於 1 天提交投保申請。而此保單所提供的保障，必須在本公司確定接納投保及收受所需保險費後，才能正式生效。Application must be submitted to us at least 1 day prior to departure date from Hong Kong of the Insured person. The liability of the Company does not commence until this proposal has been accepted by the Company and the required premium is received.
- 本人/本公司明白本投保書及保費被中國交銀保險有限公司接受及收受後，保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。I/We understand that this application will not become effective until this proposal and premium have been accepted and received by China BOCOM Insurance Co., Ltd. "CBIC" and I/We agree that this Proposal and Declaration shall be the basis of the contract between me / us and CBIC.
- 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴公司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

投保人簽署

Signature of Proposer/Applicant : _____

日期

Date : _____

請勿於空白投保書上簽署 Do not sign a blank form

If the proposer/applicant is a corporation, company's chop is required 若投保申請人是公司，必須在投保申請人簽署部分蓋上公司印章。

VIII. 投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理／經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional 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 you with the cover you require and may even invalidate the policy altogether.
 - (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.
 - (3) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
 - (4) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.
-

此部份只供內部使用 INTERNAL USE ONLY

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)

外遊人士的重要告示：

針對香港政府外遊警示，『交銀保險』提醒被保人必須留意在下列情況之保障安排：

1. 若受保人在香港政府對於將要前往之國家或地區發出外遊警示前已購買『交銀保險』之旅遊保險，保障將繼續生效，但受保人需注意人身安全避免前往受影響之地區，否則可能影響保障之有效性。
2. 若受保人在購買『交銀保險』旅遊保險後，香港政府才對於將要前往之國家或地區發出外遊警示而最終導致無法成行需要取消旅程，『交銀保險』會根據以下保障列表賠償受保人無法由其他途徑取回已支付的交通及/或住宿費用。
3. 若受保人於旅程中，目的地突然被發出「外遊警示」而需要提前回港，『交銀保險』會根據以下保障列表賠償受保人：(i)額外的交通及/或住宿費用；及(ii)無法由其他途徑取回已支付但未享用的交通及/或住宿費用。

保障列表

外遊警示	黃色警示	紅色警示	黑色警示
最高賠償額	百份之二十五的索償金額或百份之二十五的保額，以較低者為準	百份之五十的索償金額或百份之五十的保額，以較低者為準	百份百的索償金額或百份百的保額，以較低者為準

條款

1. 單次旅遊:-
 - a) 須於「外遊警示」發出至少一天前購買旅遊保險。
 - b) 如旅遊目的地之「外遊警示」在保單簽發期間或之前已經發出，此伸延保障將不適用。
 - c) 如旅遊目的地之「外遊警示」在保單簽發期間已經生效，此伸延保障只限於提升「外遊警示」級別時才適用。
 - d) 取消旅程只可在出發前七天內及「外遊警示」還在生效期間才能取消交通及住宿的安排。
2. 全年旅遊:-
 - a) 預定旅程之交通及/或住宿費用需至少在「外遊警示」發出前一天支付。
 - b) 如旅遊目的地之「外遊警示」在支付預定旅程之交通及/或住宿費用前已經發出，此伸延保障將不適用。
 - c) 如旅遊目的地之「外遊警示」在支付預定旅程之交通及/或住宿費用前已經生效，此伸延保障只限於提升「外遊警示」級別時才適用。
 - d) 取消旅程只可在出發前七天內及「外遊警示」還在生效期間才能取消交通及住宿的安排。
3. 上述 2、3 項之保障不適用於工作假期計劃。
4. 本單張只提供計劃概要作參考之用，並不構成保險合約的一部分，所有保障及不承保事項只作簡單描述，有關詳細資料，請參閱保單內之條款。
5. 建議閣下於出發前了解最新外遊警示之安排，詳情可瀏覽保安局網頁 <http://www.sb.gov.hk/chi/ota/>

Important Notice to Traveler:

The insured person(s) of this travel insurance should pay attention to below arrangement in relation to HKSAR Government's outbound travel alert system (OTA).

- (1) In the event, the existence of OTA at the places of travel after binding the insurance cover, the travel insurance shall remain in force until end of the trip provided that the Insured person should exercise a reasonable care to prevent accident. That means the Insured person should avoid going to areas which is being affected at his/her knowledge. Breach of this condition might prejudice his/her rights of recovery under the policy.
- (2) In case the trip is cancelled resulting from the OTA alert, we shall indemnify the Insured Person for the loss of travel fare and/or accommodation expenses paid in advance for which he/she is legally liable and which are not recoverable from any other source consequent upon the cancellation of the Trip necessitated by the unanticipated issuance of an OTA for the destination where the Insured Person has arranged to travel subject to the following benefit scale.
- (3) We shall also indemnify the Insured Person for (i) any additional travel fare and/or accommodation expenses; and (ii) any loss of travel fare and/or accommodation expenses forfeited by the Insured Person which are not recoverable from any other source and consequent upon his/her return to Hong Kong, China necessitated by the unanticipated issuance of an OTA for the planned destination after the commencement of a Trip subject to the following benefit table.

Benefit Scale

Outbound Travel Alert	Amber Alert	Red Alert	Black Alert
Maximum Benefit	25% of incurred amount or 25% of Sum Insured, whichever is lesser	50% of incurred amount or 50% of Sum Insured, whichever is lesser	100% of incurred amount or 100% of Sum Insured, whichever is lesser

Provisions

1. Single Trip:-
 - a) The travel insurance must be purchased at least one day before the OTA is issued.
 - b) If OTA for the destination is already issued during or before the issuance of policy, this extension is not applicable.
 - c) If OTA for the destination has been in force while the policy is issued, this extension is only applicable when the OTA is raised.
 - d) For Trip Cancellation, the travel and accommodation arrangement shall only be cancelled within seven (7) days prior to the departure date while an OTA is still in force.
2. Annual Travel:-
 - a) The travel fare and/or accommodation expenses of a planned Trip must be settled at least one day before the OTA is issued.
 - b) If OTA for the destination is already issued during or before the settlement of travel fare and/or accommodation expenses of a planned Trip, this extension is not applicable.
 - c) If OTA for the destination has been in force while the travel fare and/or accommodation expenses of a planned Trip are settled, this extension is only applicable when the OTA is raised.
 - d) For Trip Cancellation, the travel and accommodation arrangement shall only be cancelled within seven (7) days prior to the departure date while an OTA is still in force.
3. Benefits (2) & (3) above do not applicable to Golden Working Holiday Program.
4. This leaflet is designed to provide a summary and is not a contract of insurance. All benefits and exclusions are only briefly outlined here. For complete details, please refer to the policy for terms and conditions.
5. It is advised that you should make reference to the OTA (if any) before travelling abroad. You may obtain such information from the official website of Security Bureau easily. <http://www.sb.gov.hk/chi/ota/>