



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

投保書
PROPOSAL FORM

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.

Ila. 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		
**旅遊日期(全年計劃) **Period of Travel (Annual Cover Plan)	生效由 _____ (日/月/年) Effective from _____ (dd/mm/yyyy)		保險期由生效日期起計 12 個月內有效 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.

** 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) Effective from _____ (dd/mm/yyyy)	保險期由生效日期起計 12 個月內有效 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 (基本 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	\$86.09	\$173.17	\$143.14	\$286.29	\$204.20	\$408.41	\$245.25	\$490.49
2 日 Days	\$94.09	\$187.19	\$164.16	\$328.33	\$234.23	\$468.47	\$281.28	\$562.56
3 日 Days	\$101.10	\$202.20	\$185.19	\$370.37	\$264.26	\$528.53	\$317.32	\$634.63
4 日 Days	\$108.11	\$216.22	\$206.21	\$412.41	\$294.29	\$588.59	\$353.35	\$706.71
5 日 Days	\$115.12	\$230.23	\$227.23	\$454.45	\$324.32	\$648.65	\$389.39	\$778.78
6 日 Days	\$122.12	\$245.25	\$248.25	\$496.50	\$354.35	\$708.71	\$425.43	\$850.85
7 日 Days	\$130.13	\$259.26	\$269.27	\$538.54	\$384.38	\$768.77	\$461.46	\$922.92
8 日 Days	\$139.14	\$278.28	\$290.29	\$580.58	\$414.41	\$828.83	\$497.50	\$994.99
9 日 Days	\$149.15	\$298.30	\$311.31	\$622.62	\$444.44	\$888.89	\$533.53	\$1,067.07
10 日 Days	\$158.16	\$317.32	\$332.33	\$664.66	\$474.47	\$948.95	\$569.57	\$1,139.14
11 日 Days	\$168.17	\$336.34	\$344.34	\$689.69	\$492.49	\$984.98	\$590.59	\$1,182.18
12 日 Days	\$178.18	\$355.36	\$357.36	\$714.71	\$510.51	\$1,021.02	\$612.61	\$1,225.22
13 日 Days	\$187.19	\$374.37	\$370.37	\$739.74	\$528.53	\$1,057.06	\$634.63	\$1,268.27
14 日 Days	\$197.20	\$394.39	\$382.38	\$764.76	\$546.55	\$1,093.09	\$655.66	\$1,311.31
15 日 Days	\$208.21	\$415.42	\$395.40	\$790.79	\$564.56	\$1,129.13	\$677.68	\$1,355.35
16 日 Days	\$218.22	\$437.44	\$407.41	\$815.82	\$582.58	\$1,165.16	\$698.70	\$1,398.40
17 日 Days	\$229.23	\$458.46	\$420.42	\$840.84	\$600.60	\$1,201.20	\$720.72	\$1,441.44
18 日 Days	\$240.24	\$480.48	\$433.43	\$865.87	\$618.62	\$1,237.24	\$742.74	\$1,484.48
19 日 Days	\$251.25	\$502.50	\$445.45	\$890.89	\$636.64	\$1,273.27	\$763.76	\$1,527.53
20 日 Days	\$262.26	\$523.52	\$458.46	\$916.92	\$654.65	\$1,309.31	\$785.79	\$1,571.57
21 日 Days	\$272.27	\$545.55	\$470.47	\$941.94	\$672.67	\$1,345.34	\$806.81	\$1,614.61
22 日 Days	\$283.28	\$566.57	\$483.48	\$966.97	\$690.69	\$1,381.38	\$828.83	\$1,657.66
23 日 Days	\$294.29	\$588.59	\$496.50	\$991.99	\$708.71	\$1,417.42	\$850.85	\$1,700.70
24 日 Days	\$305.31	\$610.61	\$508.51	\$1,017.02	\$726.73	\$1,453.45	\$871.87	\$1,743.74
25 日 Days	\$316.32	\$631.63	\$521.52	\$1,043.04	\$744.74	\$1,489.49	\$893.89	\$1,787.79
26 日 Days	\$328.33	\$655.66	\$534.53	\$1,068.07	\$762.76	\$1,525.52	\$914.91	\$1,830.83
27 日 Days	\$340.34	\$679.68	\$546.55	\$1,093.09	\$780.78	\$1,561.56	\$936.94	\$1,873.87
28 日 Days	\$352.35	\$703.70	\$559.56	\$1,118.12	\$798.80	\$1,597.60	\$958.96	\$1,916.92
29 日 Days	\$364.36	\$727.73	\$571.57	\$1,143.14	\$816.82	\$1,633.63	\$979.98	\$1,959.96
30 日 Days	\$376.38	\$751.75	\$584.58	\$1,169.17	\$834.83	\$1,669.67	\$1,002.00	\$2,004.00

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 (基本 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
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)	\$10.01	\$19.02	\$17.02	\$35.04	\$22.02	\$43.04	\$26.03	52.05

*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)		計劃 Plan C* (卓越 Excellent) 附加郵輪旅程保障 With Cruise Tour Protection		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	個人 Individual	家庭 Family	
全年保障 Annual Cover	\$1,021.02	\$2,162.16	\$3,003.00	\$5,405.40	\$4,204.20	\$7,207.20	\$4,804.80	\$10,810.80	\$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，支票抬頭須填寫「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.

個人資料收集聲明 ("本聲明")

投保申請人必須閱讀及簽署本聲明，否則，其載有個人資料的投保申請將不獲處理

第一部份:

中國交銀保險有限公司(以下統稱「本公司」、「交銀保險」、「我們」或「我們的」)為交通銀行股份有限公司的全資附屬公司，交通銀行股份有限公司(「交通銀行」)為一個成熟穩健的銀行集團之控股公司，集團並且不時加添新的關聯、聯營及附屬公司成員(統稱為「我們集團」或「交銀集團」)。我們明白其就《個人資料(私隱)條例》(香港法例第 486 章)「條例」收集、持有、處理、使用和/或轉移個人資料所負有的責任。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，確保我們所持個人資料的準確性。我們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。

敬請注意，如果您不向本公司提供您的個人資料，我們可能無法提供您所需的資料、產品或服務，或無法處理您的要求。

目的：我們不時有必要收集您的個人資料(包括信用資料和過往申索紀錄)，並可能因下列各項目的(「有關目的」)而供我們使用、存儲、處理、轉移、披露或共享該等個人資料：

- 1 向您推介、提供和營銷我們、我們集團或我們的商業合作夥伴(請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份)之產品/服務，以及執行、維持、管理和運營該等產品/服務；
- 2 使我們能夠與您溝通，並驗證您的身份，處理您的查詢，並提供報價；
- 3 評估您的保險/財務需求，處理您就我們、我們集團或我們的商業合作夥伴所提供之產品/服務提出的申請或要求；
- 4 向您提供後續服務，包括但不限於執行/管理已發出的保險單，並視情況而定進行調整、取消、更新保單，續保或附加批註、處理續保通知及相關服務、籌劃共同保險及/或再保險、發出發票及收取保費包括執行直接付款授權指令、進行身份和/或信用核查和/或債務追收；
- 5 與就我們和/或我們集團和/或業務合作夥伴提供的任何產品/服務而由您或針對您提出的，或者其他涉及您的任何索賠相關的任何目的，包括索賠調查、和解、行使代位權(視情況而定)及索賠追討(如有)；

- 6 為客戶設計產品／服務；
- 7 為統計或其他目的進行市場研究；
- 8 不時就本聲明所列的任何有關目的核對及匹配所持有的與您有關的任何資料；
- 9 就與我們及我們集團分享資料遵守任何義務、要求、政策、程序、措施或安排；
- 10 遵守任何適用司法管轄區的法律、規則、規例、業務守則或指引並按照要求進行披露，以協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查，或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防、偵測或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動；
- 11 開展與我們業務經營有關的其他服務；
- 12 與上述任何有關目的直接有關的其他目的；及
- 13 其他在收集個人資料時或之前向您通知之目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，我們可能就上述有關目的把您的個人資料披露給及轉移至以下或由之轉移：

1. 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、郵件中心管理、印刷服務，及／或與本公司業務營運和保單管理和保險服務之提供有關的其他服務的代理、承辦商或第三者，例如保險中介機構、為保險公司承保的分保公司、理賠師、索償調查公司(包括私家偵探)、僱主、緊急救援服務供應商、醫護專業人士、醫院、保健組織、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、防欺詐組織、警察、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等，不論在香港或其他地方，並有同等的保密義務，就此方面而言，您同意將您的資料轉移至香港境外；
2. 相關的保險業協會／聯會及其成員包括保險索償投訴局、香港保險業聯會及其成員及同類機構；
3. 我們集團成員、聯營公司和商業夥伴；
4. 精算或研究機構；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
6. 政府、司法機構、執法機構、稅務機關（如適用）、政府監管機構、或任何根據法例和／或監管責任而需作出披露的人士；及
7. 其他在收集個人資料時向您通知的人士，

而以上資料轉移均適用於香港境內或境外。假如我們需要把您的個人資料轉移至香港境外地區，我們會確保受轉移者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施。

如欲了解本公司為促銷目的使用您的個人資料的政策，請參閱下文「**在直接促銷中使用及將其個人資料提供予其他人士**」部份。

您的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

第二部份：

在直接促銷中使用及將其個人資料提供予其他人士：

我們可能會不時使用、披露或轉移您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、郵寄地址、服務及產品組合、交易模式及行為、財務及背景資料、及人口統計數據）讓我們、交銀集團的成員及我們的聯營公司和商業合作夥伴（不論有獲利與否）可以使用相關個人資料，為您提供以下產品和服務進行直接促銷(包括但不限於提供獎賞、客戶或會員優惠計劃)：

1. 保險、銀行、金融、證券、資產管理和相關產品及服務；
2. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體及高級消費類產品及服務。

在使用您的個人資料作上文所述的目的或提供予上文所述的人士之前，我們須獲得您的書面同意，及只在獲得您的書面同意後方可使用您的個人資料及提供予其他人士作任何推廣及促銷用途。

如您不同意我們及／或交銀集團成員使用或披露您的個人資料作直銷用途，但作續保通知及相關服務則例外，請在方格填上剔號✓。

我不同意接收交銀保險的直銷通訊。

我不同意接收交銀保險以外的交銀集團其他成員公司的直銷通訊。

若您在遞交這申請表時將上述方格都留空，這即代表您並不拒絕接收我們及／或我們集團任何形式的直銷推廣。

如您選擇拒收交銀集團的成員公司的直銷推廣，我們將停止提供您的個人資料予他們，但這並不代表您反對他們集團使用其原本擁有、從自己的渠道收集、或經其他並非源自我們而獲得的您的個人資料所作出的直銷推廣。

您現在的選擇將取代您在提交本申請表之前已通知本公司的選擇。

您日後可撤回您給予我們有關使用您的個人資料及提供予其他人士作任何直接促銷用途的同意。

您如欲撤回您給予我們的同意，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我們。我們會在不收取任何費用的情況下確保不會將您納入日後的直接促銷活動中。如果您想了解直接營銷中個人資料的使用和提供，歡迎您與我們聯繫。

個人資料的查閱和更正：根據條例，您有權查明我們是否持有您的個人資料、獲取該資料的副本、及更正任何不準確的資料。您還可以要求我們告知您我們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香港中環紅棉路8號東昌大廈18樓中國交銀保險有限公司 - 個人資料保護主任。

PERSONAL INFORMATION COLLECTION STATEMENT ('PICS')

UNLESS THIS PICS IS DULY READ AND SIGNED BY YOU, WE ARE UNABLE TO PROCESS YOUR APPLICATION WHEREVER IT CONTAINS PERSONAL DATA

PART 1

China BOCOM Insurance Company Limited (referred to hereinafter as 'Company', 'CBIC', 'We', 'Us' and 'Our') is a wholly owned subsidiary of Bank of Communications Co., Ltd. ('BOCOM') which is the holding company of a well-established banking group with associated, affiliated and subsidiary members companies as added from time to time (together referred to hereinafter as 'Our Group' or 'BOCOM Group'). We recognize our responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong) ("PDPO"). 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 Us is accurate. We will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

Please note that if you do not provide Us with your personal data, We may not be able to provide the information, products or services you need or process your request.

Purposes: From time to time it is necessary for Us to collect your personal data (including credit information and claims history) whether contained in this application or otherwise which may be used, stored, processed, transferred, disclosed or shared by Us for purposes ("Purposes"), including:

1. promoting, offering, providing and marketing the products/services of Us, Our Group or Our business partners (see the section "Use and provision of personal data in direct marketing" below) to you, and administering, maintaining, managing and operating such products/services;
2. enabling Us to communicate with you, to verify your identity, response to your queries and provide quotation;
3. evaluating your insurance / financial needs, processing applications or requests made by you for products/services offered by Us, Our Group and business partners;
4. providing subsequent services to you, including but not limited to administering the policies issued, carrying out variations, cancellations, endorsements or renewals and related services as the case may be, arrangement of co-insurance and/or reinsurance, invoicing and premium collection including execution of Direct Debit Payment Authorization, conducting identity and/or credit checks and/or debt collection;
5. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by Us and/or Our Group and/or business partners, including investigation of claims, settlement, exercising subrogation (as appropriate) and claims recovery (if any);
6. designing products/services for customers;

7. conducting market research for statistical or other purposes;
8. verifying and matching any data held which relates to you from time to time for any of the Purposes listed herein;
9. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
10. complying with and making disclosure as required by the laws of any applicable jurisdiction, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities, in Hong Kong or elsewhere outside of Hong Kong;
11. carrying out other services in connection with the operation of Our business;
12. other purposes directly relating to any of the above; and
13. other purposes notified to you on or before the time of collection or use.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, We may, for the Purposes set out above, disclose and transfer your personal data to or from:

1. any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, mailing house administering, printing and/or other services in connection with Our Company's operations and provision of policy administration and insurance services, such as insurance intermediaries, reinsurers, loss adjusters, claims investigations companies (including private investigators), employers, emergency assistance providers, health care professionals, hospitals, healthcare organizations, accountants, financial advisors, solicitors, databases or registers (and their operators) used by the insurance industry to analyze and check data provided against existing data, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, police, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same, and in this regard you consent to the transfer of your data outside of Hong Kong;
2. related insurance industry associations/federations including Insurance Claims Complaint Bureau, Hong Kong Federation of Insurers and their members, and the like;
3. any member of the Our Group, Our associates and business partners;
4. organizations conducting actuarial or research studies;
5. any actual or proposed assignee, transferee, participant or sub-participant of Our rights or business;
6. government, judicial, law enforcement, tax authority (where applicable) or governmental regulatory bodies or any person to whom We are under a legal and/or regulatory obligation to make disclosure; and
7. other persons as notified to you on or before the time of collection or use,

in each case, both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong, We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

For Our policy on using your personal data for marketing purposes, please see the section "Use and provision of personal data in direct marketing" below.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

PART 2

Use and provision of personal data in direct marketing:

We may, from time to time, use, disclose or transfer your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, behavior and transaction pattern, financial and demographic data) to the BOCOM Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

1. insurance, banking, financial, securities and asset management and related products and services; and
2. products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, entertainment, fitness or similar leisure activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products.

Before using your personal data for the purposes and providing to the transferees set out above, We must obtain your written consent, and only after having obtained such written consent, We may use and provide your personal data for any promotional or marketing purpose.

Please tick the box below if you disagree that We and/or the members of the BOCOM Group use and disclose your personal information for direct marketing purposes, other than for renewal notification and related services.

I do not consent to receive direct marketing communications from CBIC.

I do not consent to receive direct marketing communications from the members of the BOCOM Group (other than CBIC)

Should you return this form by leaving blank to the above box(es), it means that you do not wish to opt-out from any form of direct marketing from Us and/or Our Group.

We will not transfer your personal data to the members of the BOCOM Group should you have selected to opt-out from receiving direct marketing communications from them. Nonetheless, this does not constitute a disagreement to reject direct marketing communications from Our Group by use of your personal data they have held, collected or obtained via channels other than from Us.

Your current choice here will supersede all your previous choices communicated to the Company prior to this application.

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 "Access and correction of personal data" below. We shall, without charge to you, ensure that you are not included in the future direct marketing activities. You are welcome to contact Us if you want to know about the use and provision of personal data in direct marketing.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether We hold your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request Us 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 types of data held by the Company should be addressed in writing to [Data Privacy Officer, China BOCOM Insurance Co., Ltd., 18/F, Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.](#)

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.

1. 本人/本公司謹此聲明，根據本人/我們所知及所信，上述所有資料均屬真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.
2. 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.
3. 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.
4. 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.
5. 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.
6. 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.

7. 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 : _____

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。

日期

Date : _____

VIII. 投保人須知 IMPORTANT NOTES TO PROPOSER

- 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.
- 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.
- 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.
- 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	百分之二十五的索償金額或百分之二十五的保額，以較低者為準	百分之五十的索償金額或百分之五十的保額，以較低者為準	百分之百的索償金額或百分之百的保額，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. 建議閣下於出發前先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/>