

# 亞太旅遊綜合險投保書

## Asia-Pacific Travel Insurance Application Form



香港分公司：香港干諾道中148號粵海投資大廈23樓  
Hong Kong Branch : 23/F, Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong

Tel : 2165 9200

### NOTE 備註：

1. 投保人請以英文正楷填寫及在適當方格內加“✓”號。任何答案如有更改，敬請在旁簽署。The Applicant has to complete the form in English BLOCK LETTERS and please put a“✓”in the box where appropriate. Any changes to be made should be signed by the Applicant.
2. 若不清楚此投保書需要透露的資料內容，請致電亞太財產保險熱線 (852) 2165 9229/2165 9231 查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益；若未能充份透露實情將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt about the information required in this application form, please call Asia-Pacific Property & Casualty Insurance Hotline (852) 2165 9229/2165 9231 to enquire. In order to protect the Applicant's and/or Insured Person's rights, it is necessary for the Applicant to provide sufficient information to the insurance company. Failure to disclose any material fact may mean that the policy will not provide the Applicant and/or Insured Person with the coverage required, or may render the policy void or voidable.
3. 此投保書申請一經被接納後，您的保單將會每年自動續保(只適用於全年保險計劃)。Once the application for this application form is accepted, your policy will be automatically renewed each year (Only applicable to Annual Travel Plan).
4. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event of any discrepancy or inconsistency between the information contained in this application form and the terms stated in any policy issued, the policy terms shall prevail.
5. 此保險計劃乃由亞太財產保險有限公司承保。This insurance plan is underwritten by Asia-Pacific Property & Casualty Insurance Co., Ltd.

### 投保人/保單持有人資料Details of the Applicant / Policyholder

1 英文姓名Name in English (請先填寫姓氏Surname first)	2 中文姓名Chinese Name	
3 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	4 出生日期 Date of Birth	5 香港身份證 / 護照號碼 HKID Card No. / Passport No.
6 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT		
7 聯絡電話(住宅) Contact No. (Home)	8 聯絡電話(手提) Contact No. (Mobile)	9 電子郵箱Email:

### 保障資料Insured details

1 承保期 Period of Insurance	由From _____ 至 to _____ (日 D/月 M/年 Y) 共 for _____ 天 days (最長承保期單次旅程計劃為 182 天全年保險計劃則為 90 天。Maximum cover period for Single Travel Plan is 182 days, Annual Travel Plan is 90 days)		
2 受保人原居地Country of Residence of the Insured Person:			
3 計劃Plan	受保類別 <sup>1</sup> Insured Category <sup>1</sup>	計劃選擇 Plan Selection	保費 Premium (HK\$)
單次旅程 Single Travel	<input type="checkbox"/> 受保人 <sup>2</sup> Insured Person <sup>2</sup> (受保人數 No of person(s) to be insured: _____) <input type="checkbox"/> 受保人及配偶 Insured Person & Spouse <input type="checkbox"/> 受保人及子女 Insured Person & Child(ren) <input type="checkbox"/> 家庭 <sup>3</sup> Family <sup>3</sup>	<input type="checkbox"/> 計劃 Plan A <input type="checkbox"/> 計劃 Plan B <input type="checkbox"/> 中國計劃 China Plan 目的地Destination: <input type="checkbox"/> 單程 <input type="checkbox"/> 來回	
全年保險 Annual Travel	<input type="checkbox"/> 受保人 <sup>2</sup> Insured Person <sup>2</sup> (受保人數 No of person(s) to be insured: _____) <input type="checkbox"/> 家庭 <sup>3</sup> Family <sup>3</sup>	<input type="checkbox"/> 計劃 Plan A <input type="checkbox"/> 計劃 Plan B <input type="checkbox"/> 中國計劃 China Plan	

### 受保人資料Person(s) to be insured

所有受保人姓名(請先填寫姓氏) Name of all Insured Person(s) (Surname first) (若有更多受保人請用另頁附上) (Attach separate sheet for more insured)	香港身份證/ 護照號碼 HKID Card / Passport No.	年齡/ 出生日期 Age / Date of Birth (日 D/月 M/年 Y)	其他受保人與第一受保人的關係 Relationship between other Insured Person(s) and the 1st Insured Person	受益人姓名/ 與受保人關係 Beneficiary Name / Relationship with Insured Person
1.				
2.				
3.				
4.				

1. 本投保書只可接受一個受保類別。This Application Form only allows one Insured Category.
2. 此受保類別可接受多於一名受保人。This Insured Category allows more than one person(s) to be insured.
3. 如受保人是家庭，本公司在每一受保項目的合計最高賠償不得超過選擇計劃最高金額的 200% (不適用於家居財物損失、24 小時緊急支援服務及人身意外、身亡撫恤金內 18 歲以下或 75 歲以上受保人的保障限額)。If Family is insured, maximum benefit payable in each covered Section shall not exceed 200% in aggregate of the amount specified in the selected Plan (not applicable to Loss of Home Contents & 24-Hour Emergency Assistance Service and the benefit limit for aged under 18 or 75 above in Personal Accident & Compassionate Death Cash Benefit).

## 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

亞太財產保險有限公司(「本公司」)可能會使用您的個人資料作直接促銷,但在未經您同意的情况下,本公司不能就此目的使用您的個人資料。若您不希望本公司在直接促銷中使用您的個人資料,請在下列空格內劃上「✓」號。

我不同意使用我的個人資料作直接促銷用途

以上代表您目前就是否希望接受本公司直接促銷的聯繫或資訊的選擇,並取代您在本申請前可能曾給予本公司的任何選擇。

請注意,您以上的選擇將適用於列在本公司的「收集個人資料聲明」第三段(「該聲明」)內作直接促銷的產品、服務、及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Asia-Pacific Property & Casualty Insurance Co., Ltd. (the "Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish the Company to use your personal data for direct marketing.

I do not agree to the use of my personal data for direct marketing purposes.

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in paragraph 3 of the Company's Personal Information Collection Statement (the "Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

## 聲明 Declaration

本人/我們,謹此聲明並同意:

1. 於此申請表格內所提供的資料及細節均是準確無誤,真實及為事實之全部,並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認,如未能提供真實及準確無誤之資料或通知亞太財產保險有限公司(「貴公司」)任何有關此保險申請之重要資料,將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予貴公司後始可生效。
3. 受保人(等)並無違反醫生囑咐或以尋求醫學治療為目的之情況下啟程旅遊,而且清楚明白任何已存在傷病、先天或遺傳性質的疾病一概不受保障;此外,受保人(等)毫不知悉任何可能導致已計劃旅程被取消或縮減的情況、原因或事故。
4. 本人/我們已獲受保人(等)授權提供本申請所需之一切資料,並就本申請之相關事宜,與貴公司進行交涉,並向其接收或索取與受保人(等)有關之資料。本人/我們並確認受保人(等)已獲明確通知及同意,其個人資料將會轉介予貴公司作辦理本申請之用,亦已獲通知其在個人資料(私隱)條例下所享有的權利。
5. 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

**I/WE, HEREBY DECLARE AND AGREE THAT :**

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Asia-Pacific Property & Casualty Insurance Co., Ltd. (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. No insured person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that insured person(s) understand(s) that treatment of any pre-existing, congenital or hereditary medical conditions are not covered. I/We further declare that insured person(s) is/are not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.
4. I/We have obtained the authorization from the insured person(s) to provide the information requested in this application and to deal with and receive or request for information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
5. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

此外，本人授權「亞太財產保險有限公司」可向現存或不時成立的任何保險公司協會或聯會或類同組織從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。本人明白本人有權查閱及要求更正由「亞太財產保險有限公司」持有有關本人及/或受保人的個人資料。若有此需要可寫信並寄至香港干諾道中148號粵海投資大廈23樓向本公司提出。

Moreover, the Company is hereby authorized to obtain access to and/or to verify any data provided by me/us with the information collected by any association, federation or similar organization of insurance companies from the insurance industry.

I/We understand that I/we have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by the Company. Requests for such access can be made in writing to our Data Protection Officer, 23/F, Guangdong Investment Tower, 148 Connaught Road Central, Hong Kong.

\_\_\_\_\_  
投保人/保單持有人簽署Signature of Applicant / Policyholder

香港H.K./  
\_\_\_\_\_  
簽署地及日期Signed Place and Date

本投保書在未被同意受保前，「亞太財產保險有限公司」不負任何責任。The "Asia-Pacific Property & Casualty Insurance Co., Ltd" has no liability whatsoever before the application for insurance in this Application Form is accepted.

保險公司專用For Office use only			
保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By	日期 Date