



**投保書 PROPOSAL**

**旅遊逍遙保  
Travel Plus**

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

**投保人資料 PROPOSER DETAILS**

保單持有人姓名 (與香港身份證相同) 姓 Surname \_\_\_\_\_ 名 Given Name \_\_\_\_\_  先生 Mr  女士 Ms

香港身份證或旅遊證件號碼 HKID Card or Passport No \_\_\_\_\_ 出生日期 (日/月/年) Date of Birth (dd/mm/yyyy) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

† 公司名稱 (與商業登記証相同) (若以公司名義作為保單持有人，請填寫此欄 Please fill in if the Policyholder is a business entity/company)  
Company Name (as on Business Reg) \_\_\_\_\_

通訊地址 Correspondence Address \_\_\_\_\_

住宅電話 Home Tel \_\_\_\_\_ 公司電話 Office Tel \_\_\_\_\_ 手提電話 Mobile No \_\_\_\_\_ 電郵地址 Email \_\_\_\_\_

**受保人資料 INSURED PERSONS DETAILS**

受保人姓名 (請列明先生/女士) Name of Insured Persons (State whether Mr / Ms)	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	與投保人的關係 Relationship to the Policyholder	香港身份證/ 旅遊證件號碼 HKID Card / Passport No	受益人 Beneficiary
				姓名 / 關係 / 香港身份證號碼 Name / Relationship / HKID Card No
1.				
2.				
3.				
4.				
5.				
6.				

**只適用於單次旅程 FOR SINGLE JOURNEY ONLY**

計劃選擇 Plan Selected  尊貴計劃 VIP  典雅計劃 Classic 地區選擇 Area Selected  地區一 Area 1  地區二 Area 2

旅遊類別 Type of Travel  來回 Round Trip  單程 One Way 旅程目的 Purpose of the Journey  公幹 Business  旅遊 Pleasure

\* 承保期 Period of Insurance 由 From \_\_\_\_\_ 日 Day \_\_\_\_\_ 月 Month \_\_\_\_\_ 年 Year \_\_\_\_\_ 至 to \_\_\_\_\_ 日 Day \_\_\_\_\_ 月 Month \_\_\_\_\_ 年 Year \_\_\_\_\_ 合共 Total No of Days \_\_\_\_\_ 天

**只適用於全年保障 FOR ANNUAL COVER ONLY**

計劃選擇 Plan Selected  尊貴計劃 VIP  典雅計劃 Classic 及 and  個人 Individual  家庭 Family

\* 本保單由 Policy to commence on \_\_\_\_\_ 日 Day \_\_\_\_\_ 月 Month \_\_\_\_\_ 年 Year \_\_\_\_\_ 起一年內有效 for one year

註 NB: \* 此保單提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。有本公司曾簽發的暫保單者則除外。  
The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid, except as provided by any official certificate issued by the Company.

† 若以公司名義作為保單持有人，所有“受保人”均解作“受保員工”。  
In the case of the Policyholder is a business entity/company, the “Insured Persons” are to be interpreted as “Insured Employees”.

†† 若多於一名受益人，請另加張紙填寫。 If there is more than one Beneficiary, please give details on a separate sheet.

## 投保人聲明 DECLARATION

請細閱下列各項條文，然後在指定空位內簽署。

Please read the following statements carefully and sign in the space provided.

本人聲明 I declare that

- 所有受保人均保證其旅程絕無違反醫生的勸諭，非以治療或移民為目的，亦不會在旅遊期間參與任何體力勞動的活動。  
The Insured Persons are not travelling contrary to the advice of medical practitioner, for the purpose of obtaining medical treatment or for migration, or engaging in any manual work during the travel period.
- 本人 / 本公司從未遭受任何保險公司拒絕受理投保、續保或取消本人 / 本公司的保單或要求提高保費及附加特別條件始允承保。  
No insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself or my company.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與創興保險有限公司和本人 / 本公司所訂合約的根據，並以保單上各條款為準則。  
I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between Chong Hing Insurance Company Limited and myself or my company.

投保人簽署 Proposer's Signature  
(如適用者，請連同公司蓋章 with Company Chop if applicable)  
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date (日 / 月 / 年 dd/mm/yyyy)

## 付款授權書 PAYMENT AUTHORISATION

本人選擇以下列方式繳交保費 I wish to pay my premium by

現金 Cash  支票 (抬頭請填「創興保險有限公司」) Cheque (payable to **Chong Hing Insurance Company Limited**)

由創興銀行戶口 / 信用卡直接轉賬支付保費  
Direct Debit from Chong Hing Bank Account / Credit Card Account

創興銀行戶口 / 信用卡號碼  
Chong Hing Bank Account / Credit Card No \_\_\_\_\_

發咭銀行  
Credit Card Issuing Bank \_\_\_\_\_

創興銀行戶口 / 信用卡持有人姓名  
Account Holder / Cardholder's Name \_\_\_\_\_

信用卡有效日期  
Credit Card Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
月 Month 年 Year

本人授權創興保險有限公司從本人上述之賬戶支取有關保險保單之保費，包括本人同意續保的各期保費。  
I hereby authorize Chong Hing Insurance Company Limited, until further written notice from me, to charge my above account for the premium due of this insurance policy, including payment(s) for the subsequent years upon my acceptance on renewal of this insurance policy.

戶口 / 信用卡持有人簽署 \*  
Account Holder/Cardholder's Signature

\* 簽署必須與創興銀行戶口 / 信用卡簽署相同  
Signature should correspond to the specimen  
signature of your Bank/Credit Card Account

日期 Date (日 / 月 / 年 dd/mm/yyyy)

### 投保人須知 Important Notes to Proposer

- 此項保險只適用於由本港出發的旅程。  
This insurance is only valid for travel originating from Hong Kong.
- 保費須連同投保書一併繳交。  
Payment must accompany this proposal.
- 保單簽發生效後概不發還保費 (全年保障則除外)。  
No refund premium is allowed once the certificate of insurance has been issued (except Annual cover).
- 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.
- 收集個人資料聲明  
閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：
  - 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
  - 任何索償、或該等索償的調查或分析；及
  - 行使任何代位權及可能轉移予
  - 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
  - 現存或不時成立的任何保險公司的協會或聯會或類同組織 (聯會)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
  - 或透過「聯會」轉移予任何「聯會」的會員，以達到任何上述或有關目的。此外，在此授權創興保險有限公司由「聯會」從保險業內收集的資料中查閱及 / 或核對閣下任何資料。  
閣下有權查閱及要求更正由創興保險有限公司持有有關閣下的個人資料，如有需要，可向本公司的個人資料 (私隱) 條例監察主任提出。  
Personal Information Collection Statement  
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of
  - any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
  - any claim or investigation or analysis of such claim; and
  - exercising any right of subrogation and may be transferred to
  - any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation; or other service provider providing services relevant to insurance business for any of the above or related purposes;
  - any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
  - any members of the "Federation" by the "Federation" for any of the above or related purposes.Moreover, Chong Hing Insurance Company Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.  
You have the right to obtain access to and to request correction of any personal information concerning yourself held by our Company. Requests for such access can be made to our Personal Data (Privacy) Ordinance Compliance Officer.
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。  
Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.
- 旅遊遙遠保由創興保險有限公司及安盛保險有限公司所承保  
Travel Plus is jointly underwritten by Chong Hing Insurance Company Limited and AXA General Insurance Hong Kong Limited.

[註: 本中文簡譯，概以英文原文為準]

代理印章 Agent's Stamp	公司專用 FOR OFFICE USE ONLY	
	分行代號 Branch Code :	職員號碼 Staff No :
	日期 Date :	保險代理登記號碼 Insurance Agent Reg. No :
	註 Remarks :	