



Agency No. 代理編號： _____ Policy No. 保單編號： _____

GOLFGUARD PROPOSAL FORM 高球樂投保書 (Please use English block letters 請用英文正楷填寫)

Full Name 姓名 (Mr 先生 / Mrs 太太 / Miss 小姐)	_____	_____
Date of Birth 出生日期 (dd 日 / mm 月 / yy 年)	_____	HK ID Card / Passport No. 香港身份證 / 護照號碼 _____
Tel 電話 (Home 住宅 / Mobile 手提)	_____	(Office 辦公室) _____
Fax 傳真 _____	_____	Email Address 電郵地址 _____
Address 地址 _____	_____	_____
Industry 在職行業 _____	_____	_____
Period of Insurance 承保期	From 由 _____ (dd 日 / mm 月 / yy 年)	To 至 _____ (dd 日 / mm 月 / yy 年)

Declaration 聲明

- I declare to the best of my knowledge and belief that the information given is true in every respect.
本人謹此聲明，根據本人所知及所信，本投保表格上所填報之資料均實屬無訛。
 - I understand that this application will not become effective until this proposal has been accepted by Royal & Sun Alliance Insurance plc ("the Company") and agree that this Application and Declaration shall be the basis of the insurance contract between me and the Company.
本人明白本投保書被皇家太陽聯合保險有限公司（「保險公司」）正式接納後，保險責任始正式生效。本人同意本投保書和聲明將成為保險合約的基礎。
 - Cover will be effective only with signature on this document and receipt of premium by the Company or its authorised representative.
投保書需經保險公司或其授權代表簽署，並於收妥保費後，此保障計劃始正式生效。
- I do not wish to receive any marketing or promotional materials.
本人不願意收取任何宣傳或推廣的資料。

Signature of Proposer 投保人簽署 : _____ Date 日期 : _____

Notice of Personal Information Collection 個人資料收集聲明

Any person from whom the company has collected personal information shall have the right to enquire the purpose of using the information, the right of access to and the right to request correction of the personal information concerning themselves. Such request can be made to the Compliance Officer of the Company via, mail to 32/F., Dorset House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong, or fax to +852 2968 5111, or email to hk_compliance@hk.rsagroup.com.
任何人士若曾經提供個人資料給本公司，均可查詢其資料用途、查閱及更改有關資料。有關查詢及申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鯉魚涌英皇道 979 號太古坊多盛大廈 32 樓，或傳真至 +852 2968 5111，或電郵至 hk_compliance@hk.rsagroup.com。

Payment Instruction and Authorisation 支付保費方法與授權書

(Please tick the appropriate box or consult your agent regarding methods of payment. 請在適當的空格內加~~☑~~或與您的保險代理諮詢付款方法。)

Cheque payable to 支票抬頭請寫： _____ Cheque No. 支票號碼： _____
Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司

Visa MasterCard Amex Diners Credit Card No. 信用卡號碼： _____

Name of Cardholder 持卡人姓名： _____

Issuing Bank 簽發銀行： _____ Expiry Date 有效日期： _____

I hereby authorise Royal & Sun Alliance Insurance plc to charge the relevant premium to my credit card account for this insurance policy.
本人授權皇家太陽聯合保險有限公司從本人信用卡戶口內支取有關保費。

Signature 簽署： _____ Date 日期： _____

(Signature should correspond with the specimen signature of the above credit card account 簽署必須與上述信用卡戶口簽署式樣相同)