

Agency No. Policy No.
代理編號： 保單號碼：

JOURNEYGUARD TRAVEL INSURANCE PROPOSAL FORM/POLICY SCHEDULE 優遊樂旅遊保險投保書/保單

(Please use English block letters 請用英文正楷填寫)

Full Name of Insured (Mr/Mrs/Miss/Company Name)
保單持有人姓名 (先生/太太/小姐/公司名稱) : _____
Surname 姓 Other Name 名

HKID Card / Passport No. 香港身份證 / 護照號碼 : _____ Date of Birth 出生日期 : _____
dd日/mm月/yy年

Address 地址 : _____

Tel 電話 : (Home 住宅 / Mobile 手提) _____ (Office 辦公室) _____

Fax 傳真 : _____ Email Address 電郵地址 : _____

Please select plan 請選擇計劃 :

Single Trip Policy 單次旅遊計劃 (Maximum insurance period 180 days 保障期可長達180天)
 Plan I 計劃I Plan II 計劃II Study Tour Plan I 遊學計劃I Study Tour Plan II 遊學計劃II
Period of Insurance 承保期 : From 由 _____ To 至 _____ (Total 共 _____ days日)
dd日/mm月/yy年 dd日/mm月/yy年

Round Trip 雙程旅遊 One Way Travel 單程旅遊

Annual Policy 全年計劃 (Maximum insurance period for each journey is 90 days. 每次旅遊保障期可長達90天)
 Plan I 計劃I Plan II 計劃II Family Plan I 家庭計劃I Family Plan II 家庭計劃II
Annual Policy Commencement Date 全年計劃保單生效日期 : _____

1. Staying in Hong Kong less than 180 days in a year? 一年內居港少於180天? No 否 Yes 是 (subject to special underwriting 將受額外條款限制)

2. Have any of the Insured Persons ever made any claim to accident or travel insurance in the past three years?
是否有任何一位受保人於過去三年內向投保之意外或旅遊保險索償? No 否 Yes 是

If you have answered "Yes" to any of the above questions, please give full details by attaching separate paper. 如上問題答「是」, 請另加紙張列明詳細資料。

General Conditions 保單基本條款 : 1. This annual policy is not applicable to emigrants or residents outside Hong Kong. 全年計劃不適用於移民外地或非香港居民。 2. Children below 16 years old must be accompanied by an adult. 16歲以下兒童須由成人陪同。 3. No limitation on the number of trips per year for Annual Policy. 全年計劃每年旅遊次數不限。 4. Free child cover is not applicable to Annual Policy. 子女免費保障不適用於全年計劃。 5. Annual Family Plan is only applicable to parents and children aged below 16 years old. 全年家庭計劃只適用於父母及16歲以下之子女。 6. Age limit: 75 years old. 受保人年齡限制: 75歲。

Insured Persons 受保人					(Required for Annual Policy Only 只供全年計劃填寫)		Premium 保費
Surname 姓	Other Name 名	Relationship 關係	Age 年齡	HKID Card / Passport No. 香港身份證 / 護照號碼	Industry 在職行業	Job Position 職位	
		Self 本人					

(Please attach separate paper for more Insured Persons. 如有需要, 請另加紙張填寫。)

Sub-total Premium 保費合計

Note: Unless otherwise specified, the total liability under this Policy shall not exceed HK\$20,000,000 in aggregate.

Discount 折扣

除非於保單中另有列明總賠償額, 本公司於本保單中之總賠償額以不超過港幣\$20,000,000元為準。

Total Premium 總保費

%

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屬屬實。 2. 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。 3. 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 : _____

Underwritten by 承保公司 : Royal & Sun Alliance Insurance plc 皇家太陽聯合保險有限公司 (incorporated in the United Kingdom with limited liability)

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: 郵寄至香港鰂魚涌英皇道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: 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 all relevant premium to my credit card account, including any additional premium arising from policy endorsements. 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單保費(包括批單保費)。

Signature 簽署 : _____ Date 日期 : _____
(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口式樣相同。)

For office use only 本公司專用

Royal & Sun Alliance Insurance plc

Date 日期 : _____