



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
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Kwun Tong, Kowloon, Hong Kong
電話 Tel: 3608 2988 傳真 Fax: 3608 2938
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「旅遊寶」申請表格

TravelSafe Plus Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant

投保人姓名 (請先填寫姓氏) Name of Applicant (Surname First) <small>(投保人必須為18歲或以上 Applicant must be aged 18 or above)</small>		<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	香港身份證 / 護照號碼 HKID Card/Passport No.
香港通訊地址 Correspondence Address in Hong Kong 室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____ 屋苑 Estate _____ 期 Phase _____ 街道號數 Street No. _____ 街道名稱/地段 Street Name/Lot _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands			
電話號碼 Contact Telephone No. <small>(請提供至少1個電話號碼 Please provide at least one telephone no.)</small>	住宅 Home	公司 Office	手提 Mobile
		傳真號碼 Fax No.	電郵地址 E-mail Address

(II) 投保詳情 Policy Particulars

選擇計劃 Plan Selection	<input type="checkbox"/> 環球藍鑽石 Global Diamond	<input type="checkbox"/> 環球千足金 Global Gold	<input type="checkbox"/> 中國基本 China Basic	<input type="checkbox"/> 環球郵輪 Global Cruise	起保日期 Commencement Date
保費組別 Premium Package	<input type="checkbox"/> 個人* Individual*	<input type="checkbox"/> 家庭# Family#			_____ 日 _____ 月 _____ 年 _____ DD _____ MM _____ YY
* 18歲以下的兒童必須獲家長或監護人同意方可單獨受保。Individually insured children below age 18 must obtain consent from their parent(s) or guardian. # 「家庭」組別適合3人或以上之家庭包括投保人及/或配偶及其所有18歲以下未婚子女。 The "Family" package is suitable for family with 3 or more members including applicant and/or spouse and all unmarried children below age 18.					共 _____ 日 For _____ Day(s)

(III) 受保人資料 Details of Insured Person(s)

	姓氏 Surname	名字 Given Name	性別 Gender	年齡 Age	香港身份證/ 護照號碼 HKID Card/ Passport No.	保費 Premium (HK\$)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

若空位不足，請以另頁補充。If space provided is insufficient, please use a separate sheet.

總保費 Total Premium (HK\$)

(IV) 付款指示及授權書 Payment Instruction and Authorisation

<input type="checkbox"/> 支票號碼 Cheque No. _____ <small>(劃線支票抬頭人請填寫「藍十字(亞太)保險有限公司」) (Cheque should be crossed and made payable to "Blue Cross (Asia-Pacific) Insurance Limited")</small>	<input type="checkbox"/> 現金 Cash
<input type="checkbox"/> 信用卡授權 Credit Card Authorisation 本人茲授權藍十字(亞太)保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。 I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.	
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard 持卡人姓名 Name of Cardholder _____ 信用卡號碼 Credit Card No. _____	到期日 (月/年) Expiry Date (MM/YY) _____ 發卡銀行 Issuing Bank _____ 持卡人簽署 Signature of Cardholder _____ <small>簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.</small>

(V) 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

藍十字（亞太）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況下，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

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」（「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。

Blue Cross (Asia-Pacific) Insurance Limited (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

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 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.

(VI) 聲明 Declaration

本人／我們，謹此聲明並同意：

- 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藍十字（亞太）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。
- 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。
- 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。
- 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。
- 本人／我們明白及確認貴公司會就本人／我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
- 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:

- 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 Blue Cross (Asia-Pacific) Insurance Limited (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.
- 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.
- 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.
- I/We have obtained the authorisation from the insured person(s) to provide the information requested in this application and to deal with and receive or request 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.
- I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

(VII) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日／月／年） Date (DD/MM/YY)	中介人編號 Intermediary's Code	本公司專用 For Office Use Only 保單號碼 Policy No.
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本申請表格的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.