

## 中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓

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### 新「太平旅遊寶」投保書

### New "TAIPING COMPREHENSIVE TRAVEL INSURANCE SCHEME" PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☐，如有變更必須通知本公司

Please answer items below and tick the boxes where appropriate ☐ and inform the Company if any of them has been altered

投保人資料 PARTICULARS OF PROPOSER							
<input type="checkbox"/> 公司 Company	名稱： Name:				商業登記證號碼： B.R. No.:		
<input type="checkbox"/> 個人 Individual	姓名： Name:	性別： Sex:				香港身份證號碼： HKID Card No.:	
通訊地址： Correspondence Address:							
<input type="checkbox"/> 電子保單# E-Policy	電郵地址： E-mail Address:				聯絡電話： Contact Tel. No.:		
# 投保人一旦選擇電子保單將不會收到本公司郵寄的保單。Proposer will not receive our policy by mail if he/she selects to receive electronic policy.							
投保細則 INSURANCE COVER							
保險計劃： Insurance Plan:	<input type="checkbox"/> 尊貴計劃 Premier Plan	<input type="checkbox"/> 優越計劃 Excellent Plan	<input type="checkbox"/> 標準計劃 Essential Plan	<input type="checkbox"/> 中國計劃 China Plan			
保費類別： Premium Type:	<input type="checkbox"/> 被保險人 Insured Person	<input type="checkbox"/> 被保險人及子女 Insured Person & Child(ren)	<input type="checkbox"/> 被保險人夫婦及子女 Insured Couple & Children				
旅程種類： Trips Type:	<input type="checkbox"/> 單次旅遊保障 Single Trip Cover						
	<input type="checkbox"/> 往返(中國計劃之最長保障期為 60 天，其他計劃為 182 天) Round Trip (Maximum number of days of cover for China Plan is 60 and 182 days for other Plans)			<input type="checkbox"/> 單程(有效保障期只限於抵達目的地後 7 天內) One-way Trip (Cover valid for a maximum of 7 days after arrival at final destination)			
	<input type="checkbox"/> 全年多次旅遊保障 Annual Multi-Trip Cover (最大受保年齡為 70 歲 Maximum age limit is 70)						
保險期：(日/月/年) Period of Insurance: (dd/mm/yyyy)	由 From	至 To	共 Total	天 Days	(起止兩天均包括在內) (Both dates inclusive)		
旅程： Journey:	由 From	香港 Hong Kong	至 To	目的地或/及返回香港特別行政區止 Destination or/and return to Hong Kong SAR			
如旅程選擇為「其他」，請註明 If select "OTHERS", please state the Journey :							
被保險人資料 PARTICULARS OF INSURED PERSON(S)							
	姓名 Name	與投保人關係 Relationship with Proposer	出生日期 (日/月/年) Date of birth (dd/mm/yy)	性別 Sex	香港身份證號碼 / 旅遊證件號碼 HKID Card No. / Passport No.	職業 (只適用於 全年多次旅遊保障) Occupation (Applicable to annual multi-trip cover only)	保費 Premium (港幣 HKD)
1.							
2.							
3.							
4.							
5.							
<ul style="list-style-type: none"> <li>如被保險人數超過五名，請另加紙填寫以上資料。</li> <li>If more than five Insured Persons, please provide the above information on a separate sheet.</li> <li>如被保險人不幸意外身故，本計劃之賠償將按照香港法例給予其法定遺產繼承人。</li> <li>In the event of the accidental death of an Insured Person, the beneficiary shall be his lawful estate according to the laws of Hong Kong.</li> </ul>						總保費： TOTAL PREMIUM:	
健康申報 Health declaration (只適用於全年多次旅遊保障 For Annual Multi-Trip Cover only)							
所有被保險人均須詳細回答下列問題。All questions must be answered in full and apply to all Insured Persons.							
1. 被保險人是否正在或預算接受醫療治療或觀察或手術護理或服用藥物? Are the Insured Person(s) receiving or contemplating any medical attention or surgical treatment or taking any medicine?						是/Yes ☐	否/No ☐
2. 在最近 2 年內是否因疾病或遭受意外傷害而接受治療或接受外科手術? Have the Insured Person(s) suffered any illness or accidental injury requiring treatment or surgical operation in the last 2 years?						是/Yes ☐	否/No ☐
3. 被保險人是否被其他保險公司拒絕接受投保意外或疾病保險或要附加特別條件? Have the Insured Person(s) ever been refused by accident or illness insurance or subjected to special terms and conditions?						是/Yes ☐	否/No ☐
若上述任何一項回答為「是」請詳細說明：If you have answered "Yes" to any of the above questions, please give details:							

注意：此保險乃於原居地以外地方有效，除非投保人於投保書上加列明並且本公司在承保表/保險證明書上特別注明外，「原居地」將意指香港特別行政區。

Notice: This insurance is effective outside the Place of Residence. Place of Residence will be regarded as Hong Kong SAR unless otherwise specifically mentioned in the Proposal Form by the Proposer and specifically endorsed in the Schedule/Certificate of Insurance by the Company.



投保人資料 PARTICULARS OF PROPOSER			
<input type="checkbox"/>	公司 Company	名稱： Name:	商業登記證號碼： B.R. No.:
<input type="checkbox"/>	個人 Individual	姓名： Name:	性別： Sex:
承保日期：(日/月/年) Period of Insurance: (dd/mm/yyyy)		由 From	至 To
		共 Total	天 (起止兩天均包括在內) Days(Both dates inclusive)
保費付款方式 PREMIUM PAYMENT METHOD			
<input type="checkbox"/>	劃線支票·抬頭請祈付「中國太平保險(香港)有限公司」 Crossed Cheque made payable to "China Taiping Insurance (HK) Company Limited"		
<input type="checkbox"/>	信用卡 Credit Card 本人茲授權「中國太平保險(香港)有限公司」直接從本人下列之信用卡帳號支付保險費·扣除港幣_____元正。 I hereby authorize "China Taiping Insurance (HK) Company Limited" to withdraw HKD_____ being payment of the Premium direct from my credit card account.		
	<input type="radio"/> VISA 卡	<input type="radio"/> MASTER 卡	信用卡號碼： Credit Card No.:
			信用卡到期日：(月/年) Credit Card Expiry Date: (mm/yy)
	持卡人姓名： Name of Cardholder :	持卡人簽署： Signature of Cardholder :	(簽署式樣須與信用卡上之簽署式樣相同) (Signature should correspond to the specimen signature of your credit card)
收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT			
<p>此保單權益人/持有人已通知閣下·中國太平保險(香港)有限公司(下稱"本公司")明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本申請表要求的個人資料(包括信用資料和以往申索記錄)·是為了本公司提供保險業務所需·本公司並可能使用閣下的個人資料作以下用途：</p> <p>(i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)·或該等產品或服務的任何更改、變更、取消或續期；</p> <p>(ii) 本公司行使任何代位權；</p> <p>(iii) 就以上用途聯絡閣下；</p> <p>(iv) 其它與上述用途有直接關係的附帶用途；及</p> <p>(v) 遵循適用法律、條例及業內守則及指引。</p> <p>本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方·而他們只能在有合理需要履行上述目的之情況下才可收集和處理這些資料：</p> <p>(a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問·或任何從事與保險或再保險業務有關的公司·或閣下的保險中介人(若有)、保險理算人或索償調查員/公司·或其他保險業務有關的服務提供者；</p> <p>(b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司(無論是直接地·或是通過防欺詐組織或本段中指定的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；</p> <p>(c) 本公司的關連公司(以《公司條例》內的定義為準)；</p> <p>(d) 政府及市場認可的保險業監管機構；保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；</p> <p>(e) 法例要求或許可的政府機關包括運輸署。</p> <p>閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)·而就此而言·閣下同意將閣下的資料移轉至香港境外。</p> <p>直接促銷通訊：經閣下同意·本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)·關連公司之合作伙伴及第三方金融機構·本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡·提供金融及/或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司·請在以下的方格內填上「✓」。</p> <p>閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要·請以書面形式向本公司的總經理辦公室提出·地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com·歡迎查閱。</p> <p>本聲明中英文版本如有任何歧異或不一致·概以英文版為準。</p> <p>You have been informed by the owner / holder of this policy that China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:</p> <p>(i) any insurance related product or service (include processing and evaluating your insurance application, any claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;</p> <p>(ii) exercising any right of subrogation;</p> <p>(iii) contacting you for any of the above purposes;</p> <p>(iv) other ancillary purposes which are directly related to the above purposes; and</p> <p>(v) complying with applicable laws, regulations or any industry codes or guidelines.</p> <p>The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:</p> <p>(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjustors/companies, or other service provider providing services relevant to insurance business;</p> <p>(b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;</p>			



- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications : With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 15/F., 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

本人 / 我們反對貴公司使用和轉移本人/我們的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。

I / We object to the use and provision of my/our personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

**投保人聲明 DECLARATION**

1. 本人 / 我們謹此聲明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 / 我們聲明本人 / 我們已獲得配偶、親屬、朋友授予全權簽署此項投保申請，並提供任何個人資料作評核此項保險申請之用。本人 / 我們明白如資料錯誤或不實，本人及各被保險人之保障有失效之虞。
2. 本人 / 我們與中國太平保險(香港)有限公司 (「貴公司」) 之保險合約以此申請表格中填寫的資料及此聲明為基礎，並受貴公司之保單約束。本人 / 我們同意所申請之保險須在貴公司接納此投保書及繳訖保費後才能生效。
3. 本人 / 我們聲明並據實相信於投保當日或安排旅程時：
  - 各被保險人絕不會違反醫生的囑咐或僅為獲得醫療而外出旅遊。
  - 各被保險人清楚明白任何現已存在之傷病或先天性之疾病皆不在承保之列。
  - 各被保險人保證對影響取消或縮短旅程之事故或病症絕不知情。
4. 本人 / 我們授權任何為本人 / 被保險人觀察或治療的醫生、醫院、診所，或持有本人及 / 或被保險人健康或任何資料之保險公司或機構將本人及 / 或被保險人之全部資料 (包括病歷) 呈交予貴公司。
5. 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，向負責安排有關保單的獲授權保險經紀 (如有) 支付佣金。
6. 本人 / 我們已細閱並明白收集個人資料聲明。本人 / 我們明白本人 / 我們有權查閱及要求更正由貴公司持有有關本人 / 我們的個人資料，有關的要求應以書面向貴公司的總經理辦公室經理提出。

1. I/We declare that the information and particulars provided in this proposal form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We declare that I/we have full and complete authority from my spouse, relative(s), friend(s) to sign the proposal form and disclose any personal information being requested to assess the proposal for insurance. I/We understand that I and the Insured Person may lose insurance protection if the submitted particulars of information are wrong or untrue.
2. I/We hereby declare that this proposal form and declaration shall be the basis of the insurance contract between me/us and China Taiping Insurance (HK) Company Limited (the "Company") and subject to this Policy of the Company. I/We agree that this proposal form will not be in force until this proposal form has been accepted by the Company and the premium has been paid.
3. I/We hereby declare and confirm that at the time when applying this Policy or arranging the journey:
  - The Insured Person shall not travel contrary to any advice of a Registered Medical Practitioner or only for the purpose of obtaining medical treatment.
  - The Insured Person fully understands this Policy does not cover any Pre-Existing Condition or congenital sickness.
  - The Insured Person shall guarantee that they have no knowledge of any incident and/or illness that would render the journey to be cancelled or curtailed.
4. I/We authorise any medical practitioner, hospital, clinic, by whom or where I / the Insured Person have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Insured Person for any reason, to give full particulars thereof including prior medical history to the Company.
5. I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy.
6. I/We have read and understand the Personal Information Collection Statement. I/We understand that I/we have the right to obtain, to access to and to request correction of any personal information concerning myself/ourselves held by the Company and requests for such access can be made in writing to the Company's Manager of the Office of the General Manager.

投保人簽署及蓋章：

Signature of Proposer & Company Chop : \_\_\_\_\_

日期：

Date : \_\_\_\_\_  
(日/月/年 dd/mm/yyyy)

**由本公司填寫 FOR OFFICE USE ONLY**

PC:					IT:						
CC:					CC:						
AT:					AC:						
DI:	M	201:	%	202:	%	203:	%	204:	%	213:	%
	S	201:	%								
	O	R:	%								
SC:											
REMARK:											