



旅遊保險申請書
Travel Insurance Application Form

Return Form By

遞交申請書 : By Fax 傳真: 2827-0622 (for Credit Card Payment only 只供信用卡付款)

By Post 郵寄: Room 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, H.K.
香港灣仔港灣道 30 號新鴻基中心 23 樓 2305-16 室

FOR FAX APPLICATION, DO NOT SEND THE ORIGINAL SIGNED FORM BY POST IN ORDER TO AVOID DUPLICATION.
凡以傳真申請，請勿將此正本表格寄回，以免重複。

Insured's Personal Information 投保人資料

Please use Block Letters (請用英文正楷填寫)

Name of Insured 投保人姓名 H.K.I.D.Card No. 香港身份證號碼 Sex 性別 Date of Birth 出生日期 Correspondence Address 通訊地址 Contact Telephone No. 聯絡電話 Fax No. 傳真 Email 電子郵件 SHKP Club Membership No. 新地會會員編號	Surname 姓	Given Name 名		
	<input type="checkbox"/> Male 男			<input type="checkbox"/> Female 女
	(D 日/M 月/Y 年)			
	Flat 單位	Floor 層	Block 座	
	Building/Estate Name 大廈/屋苑名稱			
	Street No. and Name 街道號數及名稱			
	District 地區			
	Hong Kong/Kowloon/New Territories 香港 / 九龍 / 新界			
	mobile 手提		home 住宅	office 辦公室
	Ordinary Member 普通會員:			
Star Member 星級會員:				

Insurance Particulars 投保事項:

Journey 行程 (please show countries to be visited) 請列明到訪國家	From Hong Kong to 由香港至 _____			
Period of Insurance 投保日期	<input type="checkbox"/> One Way 單程 <input type="checkbox"/> Round Trip 來回			
	From 由 _____ To 至 _____			
	Names of Insured Persons 受保人姓名	Date of Birth 出生日期	H.K. I.D.Card 香港身份證號碼	Plan *Diamond/Gold/Silver 計劃 *鑽石/金/銀
Insured 投保	_____	_____	_____	_____
Spouse 配偶	_____	_____	_____	_____
Child 1 子女	_____	_____	_____	_____
Child 2	_____	_____	_____	_____
Child 3	_____	_____	_____	_____
Grand Total Premium 保費合計 HK\$港幣				

*Insured Persons over the age of 65 or under the age of 16 are eligible for Silver Plan only.

*在 65 歲以上或 16 歲以下的受保人士，只可選擇銀計劃

No refund of premium will be made once the insurance policy is issued.

保單發出後，保費將不獲退回。



Payment Instruction and Authorization 付款指示及授權書

- Cheque (Payable to "Sun Hung Kai Properties Insurance Ltd.") 支票(收款人請寫新鴻基地產保險有限公司)
 Credit Card (Please fill in the following details.) 信用卡(請填妥以下資料)
 VISA MasterCard

I hereby authorize Sun Hung Kai Properties Insurance Ltd. to charge my credit card account below for the above Travel Insurance premium payment.
本人授權新鴻基地產保險有限公司從本人下述之信用卡賬戶支取旅遊保險保費。

Credit Card Number 信用卡號碼: - - -

Expiry Date 有效日期: / M M / Y Y Y Y

Name of Cardholder 信用卡持卡人姓名: _____

Signature of Cardholder 信用卡持卡人簽署: _____

DECLARATION 聲明

I warrant that no insured person is travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that the insured person(s) understand(s) that treatment of any pre-existing, existing, recurring or congenital medical conditions are not insured. I further warrant that the 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 declare that the above statements and information are true. I understand and agree that this Travel Insurance Application Form will form part of the insurance contract that will be issued by Sun Hung Kai Properties Insurance Ltd.

本人保證並據實相信各受保人絕不會違反醫生的囑咐或僅為獲得醫療而外出旅遊，各受保人更清楚明白任何現已存在之疾病、現有、不時復發或先天疾病皆不在承保之列。各受保人保證對已安排而又必須取消或縮短旅程之絕不知情。

本人聲明在此申請書內填報的資料乃確實。本人明白及同意此申請書乃作為本人與新鴻基地產保險有限公司合約的基礎。

Signature of Insured 投保人簽署

Date 日期

The liability of the Company does not commence until the Proposal has been accepted by the Company and the Premium paid.
有關保險須在本保險公司接受此申請書及呈交保費後才生效。

Personal Information Collection Statement

Your personal data provided to the Company will be protected but may be used to underwrite contracts of insurance and may be disclosed or transferred to any member of the group of companies to which the Company belongs for the purpose of promoting or offering their products and services; to the employees of such companies who are designated in carrying out insurance business and to any agent and/or sub-contractor and/or claims adjusters who provides administrative, telecommunications, computer or other services to the Company in connection with the operation of its business.

You have the right to request access to and the correction of any of your personal data. Any such request may be made in writing with 7-days advance notice to the Company's Data Privacy Officer at its office situated at Rooms 2305-16, Sun Hung Kai Centre, 30 Harbour Road, Wanchai, Hong Kong (Tel. 2827 8111 and Fax. 2827 0622).

收集個人資料聲明

閣下提供之個人資料，將予保密，並用作評估投保申請，及可能披露或轉送與本公司之集團成員公司、本公司之僱員、經紀及索償調查公司以提供保險服務，如銷後服務、設計及推廣本公司的產品及服務時，須與閣下保持聯絡。閣下有權要求查閱本公司所保存有關閣下之個人資料，並要求將之改正。有關之要求可於七天前以書面提出並寄交：香港灣仔港灣道 30 號新鴻基中心 2305-16 室新鴻基地產保險有限公司保障資料私隱主任。(電話：2827 8111 傳真：2827 0622)

Customer Services Hotline 客戶服務熱線：2828 7886