Blue Cross 藍十字
Member of BEA Group 東亞銀行集團成員

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香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
Tel 電話: 3608 2988 Fax 傳真: 3608 2938
www.bluecross.com.hk

Travel Smart Insurance Application Form
「智在遊」申請表格

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

(I) Details of Applicant 投保人資料

Name of Applicant (Surname First)
投保人姓名 (請先填寫姓氏)
(Applicant must be aged 18 or above 投保人必須為 18 歲或以上)

☐ Mr 先生 ☐ Miss 小姐
☐ Mrs 太太 ☐ Ms 女士

HKID Card/Passport No. 香港身份證 / 護照號碼

Correspondence Address in Hong Kong 香港通信地址

Flat 室 ____ Floor 樓 ____ Block 座 ____ Building 大廈 ____

Estate 屋苑 ____ Phase 期 ____

Street No. 街道號數 ____ Street Name/Lot 街道名稱/地段 ____

District 地區 ____ ☐ HK 香港 ☐ KLN 九龍 ☐ NT/Outlying Islands 新界 / 離島

Contact Telephone No. 聯絡電話 Home 住宅 Office 公司 Mobile 手提

Fax No. 傳真

E-mail Address 電郵地址

(II) Policy Particulars 投保詳情

Plan Selection 保險計劃	☐Premier Plan 尊尚計劃	☐Select Plan 智選計劃	☐ China Plan 中國計劃	Commencement Date 起保日期	
Premium Package 保費類別	☐Individual 個人	☐Couple 夫婦	☐ Family 家庭	DD ____ 日 MM ____ 月 YY ____ 年	For ____ Day(s) 共 ____ 日

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

	Surname 姓氏	Given Name 名字	Gender 性別	Age 年齡	HKID Card/Passport No. 香港身份證 / 護照號碼	Place of Origin (Please fill in if not originated in Hong Kong) 起保地點(如非香港出發，請填寫)	Premium (HK$) 保費(港元)
1.							
2.							
3.							
4.							
5.							

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

Total Premium (HK$) 總保費(港元) ____

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

☐ Cheque No. 支票號碼 ____ (cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**")
(劃線支票抬頭人請寫：「**藍十字(亞太)保險有限公司**」)

☐ Cash 現金

☐ Credit Card Authorisation 信用卡授權
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the premium of the insurance policy from my credit card account specified below.
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。

Name of Cardholder 信用卡持有人姓名

Credit Card No. 信用卡號碼

Expiry Date (MM/YY) 信用卡到期日(月 / 年)

☐ VISA ☐ MasterCard

Signature of Cardholder 信用卡持有人簽署

Signature should correspond to specimen signature for the credit card account specified herein.
簽署必須與信用卡簽署式樣相同。

(V) Declaration 聲明

I/WE HEREBY DECLARE AND AGREE THAT:

1. 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.
2. 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.
3. No insured person is travelling 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.
4. I/We have obtained the authorisation from the insured person(s) to provide the information requested on this application and to deal with, receive, or request for information from the Company concerning the insured person(s) in relation to any matters arising from the policy issued pursuant to this application. I/We further acknowledge that the insured person(s) have been explicitly informed that his/her/their personal data will be transferred to the Company for the purpose of this application and of his/her/their rights under the Personal Data (Privacy) Ordinance.
5. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

本人 / 我們，謹此聲明並同意：

1. 於此申請書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書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。
2. 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。
3. 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，而且清楚明白任何既有傷病、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。
4. 本人 / 我們已獲受保人(等)授權提供本申請所需之一切資料，並就有關本申請之相關事宜，與貴公司進行交涉，並向其接收或索取與參加者有關之資料。本人 / 我們並確認受保人(等)已獲明確通知，其個人資料將會轉介予貴公司作辦理本申請之用，同時亦已知會受保人(等)在有關個人資料(私隱)條例保障下所享有的一切權利。
5. 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。

(VI) Signature 簽署

Signature of Applicant 投保人簽署	Date (DD / MM / YY) 簽署日期 (日 / 月 / 年)	**For Office Use Only 本公司專用**
		Policy No. 保單編號