

新伴您遨遊旅遊保障中國計劃 申請表格

請以英文正楷填寫 Please type or print in English block letters.

投保人姓名 (保單持有人)
Name of Applicant (Policyholder): _____

通訊地址
Correspondence Address: _____

Travel Direct China Insurance Plus Application Form

起保日期 (日/月/年)
Effective Date: _____ (DD/MM/YYYY)

手提電話號碼
Mobile No.: _____

傳真號碼
Fax No.: _____

受保人姓名 Name of Insured Person(s) (Surname, First Name)	性別 Gender (M/F)	身份證號碼 ID No.	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)	受保人職業 (職務) Occupation (give exact duties)	保費 (MOP) Premium (MOP)
1					
2					
3					

*註：部份職業的投保恕不接受，詳情請向我們或您的保險顧問查詢或查閱保單。

*Note: Application from some occupations are not accepted.

For details, please contact our customer service hotline or your insurance consultants or refer to the policy wording.

(如空位不足，請以另頁補充 If space provided is insufficient, please use a separate sheet)

合共 Total: _____

保費表 Premium Table (MOP)

年齡 Age	17 歲 Age 17		18-69 歲 Age 18-69		70 歲 Age 70	
	文職人員 Admin	非文職人員 Non-Admin	文職人員 Admin	非文職人員 Non-Admin	文職人員 Admin	非文職人員 Non-Admin
全年計劃 Annual Plan	424	507	615	735	887	1059

聲明

- 茲申請「新伴您遨遊旅遊保障中國計劃」，並聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人與美亞保險香港有限公司(澳門分行)(美亞保險)所簽署合約之依據。本人同意投保申請獲接納後方始作實。
- 本人現確認及保證：受保人絕不會違反醫生之勸告，而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。
如遺失「中國支援卡」，本人/吾等須於48小時內向美亞保險報失並繳付 MOP100 作補領費用。
- 本人現聲明並同意美亞保險香港有限公司(澳門分行)可保留、使用或透露任何美亞保險香港有限公司(澳門分行)所收集或持有之個人資料(在此申請書所載或從其他途徑取得)，並可給予有關人士機構或任何被選定的機構(澳門或海外)，處理與本申請及其他財務產品及服務，或作直接促銷及資料核對等用途，並因而與本人聯絡。本人明白到(i)倘若本人未能提供本申請書所需的資料，美亞保險香港有限公司(澳門分行)將可能無法處理申請，及(ii)本人有權向美亞保險香港有限公司(澳門分行)查閱及申請改正所有與本人及受保家庭成員有關的個人資料。有關的申請可來函澳門商業大馬路251A至301號友邦廣場5樓506室美亞保險香港有限公司(澳門分行)之個人資料管理員辦理。

繳費方式 Payment

支票 支票號碼
By Cheque Cheque No. _____

附上抬頭為「美亞保險香港有限公司(澳門分行)」之劃線支票。

Enclosed a crossed check made payable to "AIG Insurance Hong Kong Limited (Macau Branch)"

代理人姓名 Producer Name: _____

代理人編號 Producer Code: _____

Declaration

- I hereby apply for Travel Direct China Insurance Plus and declare that the statements and particulars given in this application are, to the best of my knowledge and belief, true and complete and that this application will form the basis of my contract with AIG Insurance Hong Kong Limited (Macau Branch)(AIG Macau). I understand and agree that no insurance will be effected until the application is approved.
- I hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment and the insured person is now in good health.
- In the event of loss of CHINA Assist Card, I/we should advise AIG Macau within 48 hours and pay MOP100 for each replacement card.

I hereby declare and agree that any personal information collected or held by AIG Insurance Hong Kong Limited (Macau Branch) (whether contained in this application or otherwise obtained) is provided and maybe held, used, and disclosed by AIG Insurance Hong Kong Limited (Macau Branch) to individuals / organizations associated with AIG Insurance Hong Kong Limited (Macau Branch) or any selected third party (within or outside of Macau) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) AIG Insurance Hong Kong Limited (Macau Branch) may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain data access to and to request correction of any personal information held by AIG Insurance Hong Kong Limited (Macau Branch) concerning me and any of my covered dependents. Such request can be made to AIG Insurance Hong Kong Limited (Macau Branch)'s Data Privacy Officer at Unit 506, 5th Floor, AIA Tower, No. 251A-301, Avenida Comercial de Macau.

申請人簽署 Signature of Applicant _____

日期 Date _____