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三井住友海上火災保險(香港)有限公司
香港太古城英皇道1111號
太古城中心第一期9樓
電話 (852) 2894 0555 傳真 (852) 2890 5741

澳門分公司
澳門南灣大馬路693號
大華大廈13樓A-B座
電話 (853) 2892 3329 傳真 (853) 2892 3349

For more information,
please call us at
+852 3122 6922 (Hong Kong) /
+853 2892 3329 (Macau) or contact
your Insurance Representative at:
詳情請致電 (852) 3122 6922 (香港) /
(853) 2892 3329 (澳門) 或聯絡您的保險代理 / 經紀:

H457AG(CP/04-19/04-19/0K)

Annual TravelSurance 3.0
全年旅遊保險 3.0

Proposal Form 投保書



msig.com.hk

For Agent
& Direct
Use Only



Insurance
that sees
the heart
in everything

A Member of **MS&AD** INSURANCE GROUP

H457AG Annual TravelSurance 3.0 Proposal Form 全年旅遊保險3.0 投保書

Please complete the following sections in ENGLISH using **BLOCK LETTERS** and tick ☒ the box(es) as appropriate. 請以填寫下列部份，並於適當的空格內加上 ☒ 符號，以作選擇。

Personal Details of Proposer 投保人個人資料 (*Please delete if appropriate. *請刪除不適用項目)

Type of Proposer : ☐ Individual 私人 ☐ Employer 僱主 **Name of Proposer (Mr./Mrs./Ms.):*** _____ **Surname** _____ **Given Name** _____
投保人類別: ☐ 私人 ☐ 僱主 **投保人姓名 (先生/太太/女士):*** _____ **姓** _____ **名** _____
Gender : ☐ M 男 ☐ F 女 **Date of Birth :** _____ **(D)** _____ **(M)** _____ **(Y)** _____ **Marital Status :** ☐ Single 單身 ☐ Married 已婚
性別: ☐ 男 ☐ 女 **出生日期:** _____ **日** _____ **月** _____ **年** _____ **婚姻狀況:** ☐ 單身 ☐ 已婚

For proposer as employer, please fill in the company name :

如屬僱主，請填寫公司名稱：

Correspondence Address : _____ **Flat / Room*** _____ **Floor** _____ **Block** _____ **Building** _____
通訊地址: _____ **室/單位*** _____ **樓** _____ **座** _____ **大廈** _____
_____ **Estate Name / No. & Street Name / Lot. No.*** _____ **District** _____ **HK/ KLN/ NT*** _____
_____ **屋苑名稱/ 街名及門牌/ 地段*** _____ **地區** _____ **香港/ 九龍/ 新界*** _____
E-mail Address : _____ **Tel No.:** _____ **Home** _____ **Office** _____ **Mobile** _____
電郵地址: _____ **電話號碼:** _____ **住宅** _____ **辦公室** _____ **手提** _____

Plan Type & Details 投保計劃及資料 (Please tick ☒ as appropriate 於適當方格加 ☒)

Individual Plan 個人計劃			
Class 級別	Personal Accident Sum Insured* (HK\$) 人身意外保障投保額* (港幣/元)	Gold Plan Premium* - Full Cover (HK\$) 金計劃保費*—全面保障 (港幣/元)	Silver Plan Premium* - Basic Cover (HK\$) 銀計劃保費*—基本保障 (港幣/元)
A	500,000	<input type="checkbox"/> 1,578 <input type="checkbox"/>	<input type="checkbox"/> 1,135 <input type="checkbox"/>
B	1,000,000	<input type="checkbox"/> 1,863 <input type="checkbox"/>	<input type="checkbox"/> 1,467 <input type="checkbox"/>

* The higher cover limits of sum insured are also categorized into the following classes for the proposer's selection(Only applicable to Insured Person(s) aged below 65).

* 如需增大投保額，本公司亦設有以下賠償等級，以供投保人選擇 (只適用於65歲以下的受保人):

C	2,000,000	<input type="checkbox"/> 2,433 <input type="checkbox"/>	<input type="checkbox"/> 1,800 <input type="checkbox"/>
D	3,000,000	<input type="checkbox"/> 3,003 <input type="checkbox"/>	<input type="checkbox"/> 2,189 <input type="checkbox"/>
E	4,000,000	<input type="checkbox"/> 3,573 <input type="checkbox"/>	<input type="checkbox"/> 2,688 <input type="checkbox"/>
F	5,000,000	<input type="checkbox"/> 4,143 <input type="checkbox"/>	<input type="checkbox"/> 3,243 <input type="checkbox"/>

Description of Insured Person(s) (If space is insufficient, please attach extra sheet for submission)

受保人個人資料 (如空位不足，請另加紙張填寫附交)

Insured Person(s) 受保人						
Code* 編號*	Name 姓名	Gender 性別	HKID / Passport No. 香港身份證 / 護照號碼	Date of Birth(D/M/Y) 出生日期(日/月/年)	Occupation 職業	Country of Residence* 原居地*

* 24-hour Worldwide Assistance Service is effective outside the Country of Residence. Country of Residence will be regarded as Hong Kong unless otherwise specifically mentioned in the Proposal Form by the insured and specifically endorsed in the Schedule of the Policy by MSIG Insurance (Hong Kong) Limited.

+ 24小時全球支援保障的服務範圍只限於受保人原居地以外的地方。除非投保人在投保書內作出有關原居地的聲明，而該等有關聲明亦已於三井住友海上火災保險(香港)有限公司保單之承保表內註明，否則原居地即指香港。

* Please provide details of beneficiary(s) (if necessary) in a separate "Beneficiary Form".

* 如需指明受益人，請填寫有關之「受益人表格」。

Period of Insurance 保障期限 (Both dates inclusive 首尾兩天包括在內)

From: _____ **(D)** _____ **(M)** _____ **(Y)** _____ **To:** _____ **(D)** _____ **(M)** _____ **(Y)** _____
由: _____ **日** _____ **月** _____ **年** _____ **至:** _____ **日** _____ **月** _____ **年** _____

Insurance History 過往投保記錄

If you have previously taken out annual travel insurance, please name the Insurer:

如您過往曾購買全年的旅遊保險，請提供保險公司名稱：

Have any of the Insured Person(s) made previous travel claims?

受保人過往有否就任何旅遊保險提出索償？

If yes, please give details over past three years:

如有，請提供過去三年內之索償詳情：

Date of Accident (D/M/Y) 意外發生日期(日/月/年)	Nature of Claim 索償性質	Amount of Claim (HK\$) 索償金額(港幣/元)

Has any insurer refused to offer you travel insurance or added special terms?

曾否有保險公司拒絕您投保或需於保單內加入特別條款？

If yes, please give details:

如有，請提供詳情：

Have you ever been convicted of any offence involving dishonesty, fraud,

violence, criminal damage, arson, drugs or is any prosecution pending?

您有否就不誠實、欺詐、暴力侵犯、刑事毀壞、縱火、毒品等犯法行為被判罪名成立？現時是否有待決的檢控程序？

If yes, please give details:

如有，請提供詳情：

Payment Instruction and Authorisation 付款說明及授權書

I shall arrange premium and levy payment* with _____ my insurance _____ MSIG Insurance _____

本人將安排保費及保費徵費* 與 _____ agent / broker _____ (Hong Kong) Limited directly _____

費徵費* 與 _____ 支付予本人的 _____ 直接支付予三井住友海上火災 _____

保險代理/經紀 _____ 保險(香港)有限公司 _____

Credit Card Account Number (Accept credit card in HK currency only) _____ Expiry Date _____

信用卡賬戶號 (只接受港幣信用卡) _____ 有效日期至 _____

_____ MM(月) _____ YY(年)

Issuing Bank _____

發卡銀行 _____

Name of Cardholder _____

持卡人姓名 _____

Cheque 支票 (please make your cheque payable to "MSIG Insurance (Hong Kong) Limited". 支票抬頭請填寫「三井住友海上火災保險(香港)有限公司」)

Payment mode ☐ Visa ☐ MasterCard 萬事達 ☐ _____

付款方式 _____

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total premium of the policy to my credit card account for this insurance. 本人謹此授權三井住友海上火災保險(香港)有限公司從本人信用卡賬戶中扣除本保險的保費。

Cardholder's Signature _____

持卡人簽署 _____

(Signature should correspond to the specimen signature of the above credit card account. 簽署必須與上述信用卡戶口式樣相同。)

Date _____ (D) _____ (M) _____ (Y) _____

日期 _____ 日 _____ 月 _____ 年 _____

Warranty:

At the time of completing the proposal, each and every person seeking to be insured warrants that:

- He/She is in good health and free from physical defects, infirmity or illness or recurring illness.
- To the best of his/her knowledge and belief, all persons on whose health this insurance applies are well.
- He/She is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
- He/She is unaware of any circumstance which is likely to lead to the cancellation or curtailment of the journey.
- He/She has authorised the Proposer to complete the Proposal on his/her behalf.

保證條款:

於投保時每名受保人一概保證:

- 他/她本人身體健康及體格健全，現時絕無疾病或間歇性復發的疾病。
- 據他/她本人所知並確信，所有受本保單保障之受保人均為身體健康。
- 他/她本人的行程並非有違註冊醫生的勸告，而外遊的目的並非為接受治療。
- 據他/她本人所知，並沒有受任何將會引致取消行程或行程延誤的情況。
- 他/她本人已授權投保人代他/她本人填寫投保書。

Declaration:

I/We declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this application have been disclosed. I/We understand that this application will not become effective until this Proposal has been accepted by MSIG Insurance (Hong Kong) Limited (hereunder called "MSIG") and agree that this Proposal should be the basis of the contract between me/us and the MSIG.

聲明:

本人(等)聲明在本投保書內填報的資料，根據本人(等)所知全部正確無訛，並確信已把所有足以影響風險評估的事實列出，本人(等)明白本投保書獲三井住友海上火災保險(香港)有限公司(以下簡稱「三井住友保險」)接納後，保險始正式生效，並且同意本投保書作為本人(等)與三井住友保險的合約基礎。

~Important Note: Collection of Levy on Insurance Premium - The Insurance Authority (IA) has announced the collection of levy on insurance premium under the "Insurance Ordinance" with effect from 1st January 2018. As a result, all premium amounts shown in this product proposal form are subject to levy.

~重要事項: 收取保費徵費之新規定 - 保險業監管局(保監局)已於《保險業條例》中公佈有關收取保費徵費的新規定，並於2018年1月1日正式生效。因此，本產品投保書上所列明的保費金額將附加保費徵費。

IMPORTANT NOTE: This document is not a policy of insurance. Please refer to the Annual TravelSurance 3.0 Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.

注意事項: 本小冊子並非保單，有關條款細則及不承保範圍，請參閱全年旅遊保險3.0保單(於接納您的投保書後奉上)。

Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;

- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'.



In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.
Full Name:
Contact Number:
HKID Number: (for identification purpose)
Policy / Certificate / Acknowledgement Number (if you have one):
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;

- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization 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.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

Applicant's Signature
Date _____ (D) _____ (M) _____ (Y)

附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性**用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 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）所需的目的。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲 三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。



您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“dpo@hk.msig-asia.com”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料並寄至三井住友海上火災保險（香港）有限公司的資料保護主任：香港太古城英皇道1111號太古城中心第一期9樓。
姓名：
聯絡電話：
香港身份證號碼： (作識別之用)
保單號碼 / 證書編號 / 確認編號 (如適用)：
附註:此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

- 就任何上述的用途，我們所收集的個人資料可能會被轉移至：
- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
 - 處理索賠個案的理賠師、理賠調查員及醫療顧問；
 - 再保公司及再保經紀；
 - 您的保險經紀；
 - 我們的法律及專業業務顧問；
 - 我們的關連公司（以《公司條例》內的定義為準）；
 - 香港保險業聯會（或同類的保險公司聯會）及其會員；
 - 保險投訴局及同類的保險業機構；
 - 法例要求或許可的政府機關；
 - 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名的其他人士）；
 - 警察；及
 - 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）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922與我們聯絡。

投保人簽署
日期 _____ 日 _____ 月 _____ 年