



MSIG

MSIG Insurance (Hong Kong) Limited – Macau Branch
三井住友海上火災保險（香港）有限公司 – 澳門分公司
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A Member of **MS&AD** INSURANCE GROUP

Overseas Study Insurance Proposal Form 海外升學保險投保書

(For Macau only 只適用於澳門)

M1002

Please complete this application form in **ENGLISH BLOCK LETTERS**. Tick "✓" the boxes as appropriate.
請以英文正楷填寫此申請表。在適當的方格內"✓"。

Details of applicant (If the insured student is aged below 18, the applicant must be his/her parent or legal guardian) 申請人個人資料 (如受保學生為18歲以下，申請人必須為受保學生的父母或法定監護人)		
Surname 姓		Given name 名
Gender 性別	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	<input type="checkbox"/> Macau ID 澳門身份證： <input type="checkbox"/> Passport no. 護照號碼：
Correspondence address 通訊地址		
Flat/Room 室		Floor 樓
Block 座		
Building/Estate 大廈/屋苑		
Street/Road & district area 街道及地區		<input type="checkbox"/> Macau 澳門 <input type="checkbox"/> Taipa 氹仔 <input type="checkbox"/> Coloane 路環
Email address* 電郵地址		Mobile phone no. 手提電話號碼

*Policy will be emailed to the above email address 保單將發送到上述電郵地址

Details of insured student 受保學生資料		
Surname 姓		Given name 名
Date of birth (DD/MM/YYYY) 出生日期 (日/月/年)		<input type="checkbox"/> Macau ID 澳門身份證： <input type="checkbox"/> Passport no. 護照號碼：
Relationship with applicant 與申請人關係	<input type="checkbox"/> self 自己 <input type="checkbox"/> parent/legal guardian 父母/法定監護人	
Study country/region 升學國家/地區		

Insured details and annual premium (HK\$) 受保資料及全年保費 (港幣/元)			
Choice of plan 選擇計劃	<input type="checkbox"/> Basic plan 基本計劃	<input type="checkbox"/> Premier plan 醫全計劃 (with an Excess of HK\$20,000 for each hospitalisation claim) (每次住院索償自負額為港幣20,000元)	<input type="checkbox"/> Premier plan 醫全計劃
Annual premium (HK\$) 全年保費 (港幣/元)	\$3,000	\$4,527	\$5,030
Effective date (DD/MM/YYYY) 起保日期 (日/月/年)	Commence on 本保單由 for one year 起生效，為期一年		
Auto renewal arrangement# 自動續保安排#	I agree the policy will be automatically renewed upon the policy expiry date for: 本人同意在保單到期日自動續保： <input type="checkbox"/> 1 year 年 <input type="checkbox"/> 2 years 年 <input type="checkbox"/> 3 years 年 <input type="checkbox"/> 4 years 年 Please fill in the Credit Card Authorisation Form below. Any outstanding premium and insurance levy will be debited from below credit card for the first and all subsequent policy periods. 請填寫以下的信用卡付款授權書。第一年保費及隨後每年自動續保之費用及保費徵費將以下由信用卡戶口中扣除。		

#If no auto renewal arrangement is chosen, the renewal notice will be received by the applicant upon the policy expiry.

#如未選擇自動續保安排，申請人將在保單屆滿時收到續保通知。

Payment instruction and authorisation 付款授權書

I shall arrange premium and levy payment with
本人將安排保費及保費徵費

☐ my insurance agent/broker
支付予本人的保險代理/經紀

☐ MSIG Insurance (Hong Kong) Limited directly
直接支付予三井住友海上火災保險（香港）有限公司

Payment mode
付款方式

☐ Visa ☐ MasterCard 萬事達

Credit card account number (Accept credit card issued in Macau only)
信用卡賬戶號（只接受澳門本地的發卡機構）

Expiry date
有效日期至

____-____-____-____ MM (月) ____ YY (年)

Issuing bank
發卡銀行 _____

Macau ID no.
澳門身份證號碼

Name of cardholder
持卡人姓名 _____ (____)

I hereby authorise MSIG Insurance (Hong Kong) Limited to debit any outstanding premium and insurance levy from my credit card for this policy period and any subsequent policy period(s) as per my selected auto renewal arrangement (if applicable).
本人茲授權三井住友海上火災保險（香港）有限公司從本人信用卡戶口中，收取上述保單年期及本人已選擇之自動續保安排的隨後續保年期（如適用）之保費及保費徵費。

	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 日期 _____ (DD日/MM月/YYYY年)

Important note: Please refer to the Overseas Study Insurance Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusion.
 注意事項：有關條款細則及不承保範圍，請參閱「海外升學保險」保單（於接納您的投保書後奉上）。

Declaration 聲明

I and on behalf of the insured student herein declared that :

1. I/We agree that MSIG Insurance (Hong Kong) Limited ("MSIG") reserves its right to reject my application, adjust the premium and amend the terms.
2. the insured student and his/her parent(s) or legal guidance are Macau resident.
3. during the period of insurance, the insured student is
 - (i) registered with an overseas educational institution as a full-time or international student with a student identification card, or is participating in a student exchange program or internship with an overseas establishment located in study country/region as arranged by his/her educational institution, and
 - (ii) not employed as a staff or worker listed under general exclusion of the policy.
4. I/We understand that the policy does not cover the insured student and his/her parent/legal guardian when they are engaging in the excluded activities or their engagement as a staff or worker of any listed occupations under general exclusions of the policy.
5. the insured student:
 - (i) has never been declined for the application, refused renewal, required additional premium or imposed special terms and conditions of any life, accident, medical, travel and overseas study insurance policies. (If not, please give full particulars in separate sheet.)
 - (ii) is now in good health and free from any physical defects or impairment or disability or mental conditions or illness or recurring illness. (If not, please give full particulars in separate sheet.)
 - (iii) is not travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment.
 - (iv) has not yet leave Macau for the study journey meant to be covered by this insurance at the time of this application, and the study journey should be originating from Macau.
 - (v) is aged between 6 and 50 and not a passport holder of the study country/region
6. I/We are not aware of any circumstances or medical conditions which are likely to lead to a claim under the policy.
7. I/We understand and agree that, unless otherwise stated, all claim settlements will be made to the parent or legal guardian of the insured student aged below 18. The acceptance of the claim settlements by the parent or legal guardian will constitute a full and valid discharge of the claims.
8. I/We agree that in the event of the bodily injury results in death of the insured student, the benefits shall be paid to the estate of the insured student and understand I/We can submit the completed Beneficiary Form to MSIG for the designation of Beneficiary.
9. I/We warrant that all information given in this application form are true, correct, and complete to the best of my knowledge and belief all material facts have been disclosed and have not withheld facts likely to influence assessment of this application.
10. I/We agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.
11. I/We understand that the policy is only effective after my/our enrolment has been accepted by MSIG.
12. I understand that the policy will be automatically renewed as per my selected auto renewal arrangement (if applicable) upon the policy expiry date and I authorize MSIG to debit any outstanding premium and insurance levy from my credit card for the first and all subsequent policy periods unless MSIG has received from your prior written instruction before the policy renewal date to alter this authorization or to cancel the policy.

本人並代表受保學生特此聲明：

1. 本人（等）同意三井住友海上火災保險（香港）有限公司（「三井住友保險」）保留其不受理本人（等）投保申請、調整保費及附加限制之權利。
2. 受保學生及其父母或合法監護人須為澳門居民。
3. 在保單生效期間，受保學生：
 - (i) 需為海外教育機構註冊之全日制或國際學生並持有學生證、或正參與按受保學生的教育機構安排在升學國家/地區或學生交流計劃或海外機構的實習，及
 - (ii) 非受僱為在保單中一般不保事項所列的職員或工人。
4. 本人（等）明白本保單並不承保受保學生及其父母/合法監護人在他們正參予於保單中一般不承保事項所列出的不受保活動或為任何一種所列的不受保職業的職員或工人之身分。
5. 受保學生：
 - (i) 在投保人壽、個人意外、醫療、旅遊及海外升學保單時從未被拒絕、不予再續保、加價或需附加特別條款。（如有，請另行詳述之。）
 - (ii) 現在身體健康及體格健全，並沒有任何身體傷殘或缺陷或殘疾或精神不健全或疾病或間歇性復發的疾病。（如有，請另行詳述之。）
 - (iii) 升學旅程沒有違註冊醫生的勸告，或升學旅程目的並非為接受治療。
 - (iv) 在投保時，應尚未離開澳門前往任何將會承保之升學旅程及升學旅程之最初出發地應為澳門。
 - (v) 年齡為6至50歲及不是升學國家/地區的護照持有人。
6. 據本人（等）所知，並沒有受任何將會引致索償的情況或身體狀況。
7. 本人（等）明白及同意（除特別註明外），若受保學生的年齡為十八歲以下，保險公司只會對其家長或合法監護人作出賠償，並於賠償被接納及付清後，本公司就該項索償不再負有任何責任。
8. 本人（等）同意倘若受保學生因身體受傷而導致身亡，保障賠償將撥作受保學生的遺產，並明白可透過向三井住友保險提交已填妥之「受益人表格」來指定受益人。
9. 本人（等）保證在本投保書內填報的資料，根據本人（等）確信，均為正確無訛並未隱瞞可能影響本投保申請評估的事實。
10. 本人（等）同意本投保書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。
11. 本人（等）明白申請書獲三井住友保險接納後，保單始正式生效。
12. 本人明白及同意，除非三井住友保險收到由本人事前發出的書面通知更改此授權或取消本保單，否則本保單將根據本人已選擇之自動續保安排（如適用）每年自動續保。本人授權三井住友保險由第一次付款之信用卡戶口中扣除續保費用及保費徵費。

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 document in relation to the Product or any claim made under the Product.

Your personal data may be used for the purpose of:

- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- any sales, marketing, promotion of other general insurance services and products provided by us;
- variation, cancellation or renewal of the Product;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings; or
- exercising any right of subrogation by us.

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

- our related, subsidiary or affiliated companies within the MSIG Group or MS&AD Insurance Group in or out of Macau;
- any other company carrying out insurance or reinsurance related business in or out of Macau;
- any association or federation of insurance companies that exists or is formed from time to time; or
- any agent, contractor or third party who provides administrative, claims handling or other services relating to the Product to MSIG or any member of the MSIG Group or MS&AD Insurance Group.

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, and to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong (for Hong Kong customers) or at Avenida Da Praia Grande No. 693, Edif Tai Wah 13 Andar A&B, Macau (for Macau customers).

Nothing in this statement shall limit your rights under the relevant laws and regulations.

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產品（下稱「產品」）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產品有關之文件上或任何透過產品索償上所載之個人資料。

您的個人資料可被用於以下用途：

- 向您提供與產品及設施相關之日常運作及行政用途；
- 任何我們提供的其他一般保險服務及產品之銷售、市場營銷及推廣用途；
- 產品變動、取消或更新用途；
- 評估及處理透過產品索償及任何繼後法律訴訟之用途；或
- 由本公司行使代位權利之用途。

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：

- 在三井住友保險集團或MS&AD保險集團內，在澳門或海外與本公司有關之機構、子公司或附屬公司；
- 任何其他在澳門或海外經營有關保險或再保險業務之公司；
- 任何現存或不時成立的協會或保險公司聯會；或
- 任何提供行政服務、索償處理或其他與三井住友保險集團或MS&AD保險集團成員相關產品服務之代理、承辦商或第三者。

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內保險公司聯會所收集有關您的個人資料。

根據相關法例及規例，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，以及要求選擇拒收任何本公司的直銷通訊。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9樓三井住友海上火災保險（香港）有限公司（適用於香港客戶）；或澳門南灣大馬路693號大華大廈13樓A-B座三井住友海上火災保險（香港）有限公司澳門分公司（適用於澳門客戶），通知本公司的資料保護主任。

此聲明所述之條文並不限制您就相關法例及規例可行使之權利。

Date (DD/MM/YYYY)
日期（日/月/年）

Proposer's signature
投保人簽署