



中國交銀保險有限公司

CHINA BOCOM INSURANCE CO., LTD.

地址：香港灣仔告士打道 231-235 號交通銀行大廈 16 樓
 電話：2591 2938 傳真：2831 9192 / 2572 9728
 Address: 16/F, Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong.
 Tel: 2591 2938 Fax: 2831 9192 / 2572 9728

交銀保至尊系列之「交遊保障計劃」投保書

CBI SUPREME PROTECTION [CBI COMPREHENSIVE TRAVEL INSURANCE PLAN] PROPOSAL FORM

投保人資料 PROPOSER INFORMATION

投保人
 Proposer: _____ 聯絡電話
 Contact Tel. No. _____
 通訊地址
 Mailing Address: _____

行程 ITINERARY OF JOURNEY

選擇行程 (請在適當方格內加上 “✓”)

Specify your itinerary (Please “✓” the appropriate square box)

單次旅程 由 _____ (日/月/年) 至 _____ (日/月/年) 共 _____ 日 地區 / Area 1 行程所途經之地點
 Single Journey: Period From _____ (dd/mm/yy) To _____ (dd/mm/yy) Total _____ Days 地區 / Area 2 Places of Traveling: _____

全年保障 生效由 _____ (日/月/年) 起 保險期由生效日期起計 365 天內有效 (每一單次旅程保障期最高為 90 天)
 Annual Cover: Effective from _____ (dd/mm/yy) Insurance period is confined within 365 days from the effective day. (Each single journey covered up to maximum 90 days)

保障計劃 BENEFIT PLAN

選擇保障計劃 (請在適當方格內加上 “✓”)

Specify your benefit plan (Please “✓” the appropriate square box)

計劃 A - 單人 計劃 A - 家庭 計劃 B - 單人 計劃 B - 家庭
 Plan A - Insured Person Plan A - Family Plan B - Insured Person Plan B - Family 保險費
 Premium: HK\$ _____

被保人資料 INSURED PERSON INFORMATION

被保人姓名 Name of Insured Person	性別 Sex	出生日期 Date of Birth (dd/mm/yy)	香港身份證 / 護照號碼 HKID / Passport No.	受益人姓名 Beneficiary's Name	香港身份證 / 護照號碼 HKID / Passport No.	與被保人關係 Relationship with Insured Person	受益人聯絡電話號碼 Beneficiary's Contact No.

* 只須在投保其他家庭成員填寫 FILL IN BELOW INFORMATION FOR INSURED FAMILY

被保人配偶及子女姓名 Name of Insured Person's Spouse and Children	性別 Sex	出生日期 Date of Birth (dd/mm/yy)	香港身份證 / 護照號碼 HKID / Passport No.	受益人姓名 Beneficiary's Name	香港身份證 / 護照號碼 HKID / Passport No.	與被保人關係 Relationship with Insured Person	受益人聯絡電話號碼 Beneficiary's Contact No.

投保人須知 IMPORTANT NOTES TO PROPOSER

為了提供此項和其他保險服務予投保人，及知會投保人本公司之最新發展，本公司現收集並可轉傳投保人資料予其他有關團體。投保人有權向本公司查閱及要求更正資料。

To enable us to provide this and other insurance services, as well as to keep you informed of our new development, your personal data is collected and may be transferred to other relevant parties. Request to access or correct the data can be made to us now or in the future.

聲明 DECLARATION

- 本人/我們謹此聲明，根據本人/我們所知及所信，上述所有資料均屬實無謬且事實之全部，並所有能影響是項申請評估的事實因素均已呈報。
 I/We declare that the information given above is true and complete to the best of my/our knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
- 本人/我們謹此聲明，所有被保人現在身體健康良好，並無任何殘障或缺陷。
 I/We declare that all the Insured Person(s) am / are now in good health and free from physical impairment or deformity.
- 本人/我們謹此聲明，所有被保人絕不會在違反醫生之勸告的情況下參與行程及旅行目的不在於治療疾病，各被保人或保單上列明之受保人對自己安排而又須取消或提早結束之行程，事先均絕不知情。
 I/We declare that all the Insured Person(s) shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment. Neither the Insured Person nor any other person covered under this policy knows of any condition, cause or circumstance existing that may necessitate the cancellation of curtailment of the planned journey.
- 本人明白當需要索償時，必須向保險公司出示已經批核的申請表正本或副本。
 I/We understand that I/We have to present the copy of the approval to the Company as an evidence of cover in case of claims.
- 本人/我們明白本投保書被中國交銀保險有限公司接受後，保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。
 I/We understand that this application will not become effective until this proposal has been accepted by CHINA BOCOM INSURANCE CO., LTD. "CBINS" and agree that this Proposal and Declaration shall be the basis of the contract between me / us and CBINS.

投保人簽署
 Signature of Proposer: _____

日期
 Date: _____ / _____ / _____
 (日 dd / 月 mm / 年 yy)

OFFICE USE ONLY

ACCOUNT CODE	CLIENT CODE