



豐隆工作假期保險投保表格 Hong Leong Working Holiday Insurance Application Form

<p>A. 投保人個人資料 Personal Details of Applicant</p> <p>(請以英文正楷填寫 Please complete in English using BLOCK letters)</p> <p>英文姓名 English Name (須與香港身份證相同 as printed on HKID)</p> <p>姓 Surname <input type="text"/></p> <p>名 Given name <input type="text"/></p> <p>中文姓名 Chinese name <input type="text"/> <input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 女士 Ms.</p> <p>出生日期 Date of Birth <input type="text"/>年 <input type="text"/>月 <input type="text"/>日 Y M D</p> <p>香港身份證號碼 HKID Card No. <input type="text"/> ()</p> <p>婚姻狀況 Marital Status <input type="checkbox"/> 已婚 Married <input type="checkbox"/> 單身 Single <input type="checkbox"/> 其他 Others _____</p> <p>職業 Occupation _____ 行業 Industry _____</p> <p>聯絡電話 Tel. No. <input type="text"/> 手提電話 Mobile <input type="text"/> 住宅 Home <input type="text"/> 辦公室 Office <input type="text"/></p> <p>電子郵件信箱 E-mail Address _____</p> <p>住宅地址 Home Address</p> <p>室 Flat/ Room _____ 樓 Floor _____ 座 Block _____</p> <p>大廈 Building/ 屋邨 Estate _____</p> <p>街 Street/ Road _____</p> <p>地區 District Area <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT</p> <p>通訊地址 (如不同上) Mailing Address (If different from above)</p> <p>室 Flat/ Room _____ 樓 Floor _____ 座 Block _____</p> <p>大廈 Building/ 屋邨 Estate _____</p> <p>街 Street/ Road _____</p> <p>地區 District Area <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT</p>	<p>C. 直接付款授權書 Direct Debit Authorization</p> <p>本人(等)茲授權並要求豐隆保險 (亞洲) 有限公司從本人(等)下列之信用卡戶口內, 支付「豐隆工作假期保險」保費。 I/We hereby authorize and request Hong Leong Insurance (Asia) Ltd. to charge my/our Credit Card Account listed below for the premium under Hong Leong Working Holiday Insurance policy.</p> <p>信用卡戶口號碼 Credit Card Account No. (Visa/ Master)</p> <p><input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/></p> <p>有效日期 Expiry Date <input type="text"/>年 <input type="text"/>月 <input type="text"/>日 Y M</p> <p>發卡銀行 Issuing Bank: _____</p> <p>持卡人姓名 Name of Cardholder: _____</p> <p>香港身份證號碼 HKID Card No. <input type="text"/> ()</p> <p>X _____</p> <p>持卡人簽署 Signature(s) of Cardholder _____ <small>簽署必須與信用卡戶口簽署式樣相同 Signature(s) should correspond to the specimen signature of your Credit Card Account.</small></p>	<p>E. 聲明 Declaration</p> <p>1. 本人(等)不知悉任何會導致已安排的行程被取消或提早結束的情況及事態。 I/We am /are not aware of any condition or circumstance that may necessitate the cancellation or curtailment of the journey in application.</p> <p>2. 本人(等)同意此投保表格為本人(等)與豐隆保險 (亞洲) 有限公司訂立保險契約之根據。本人(等)特此聲明投保表格內所填報之資料, 據本人(等)所知並確定全部正確無訛。 I/We agree that this Application Form shall be the basis of the contract between me/us and Hong Leong Insurance (Asia) Ltd.. I/We declare that the statements made in this application are true and correct to the best of my/our knowledge and belief.</p> <p>3. 本人(等)同意豐隆保險 (亞洲) 有限公司及其代理人保留權利(惟並非必須執行)進行電話錄音, 以用作內部監管及避免從本人(等)的電話指示及談話內容所產生之混淆。 I/We agree that Hong Leong Insurance (Asia) Ltd. and its agents reserve the right (but are not obliged) to record telephone conversations, for internal monitoring and control purposes and to help avoid confusion arising over instructions given or any other matter discussed.</p> <p>4. 本人(等)同意貴公司之「個人資料政策」會被引用。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載有關政策。本人(等)同意該政策 (按不時之修正) 適用於本人(等)所有個人資料。本人(等)現授權貴公司向/從任何豐隆集團成員或其他公司、機構、業務有關人士包括保險公司、信貸機構、金融機構、醫療保健相關機構等提供、收集並比較本人(等)就是次申請的個人資料, 並利用比較結果採取任何行動, 其可能不符合本人(等)利益。 I/ We agree that your Personal Data Policy, a copy of which is available upon request or from www.hl-insurance.com, shall apply. I/ We agree that all my/our personal data will be subject to such Policy (as may be amended from time to time). I/ We authorise you to provide to and collect information about me/us in connection with this application from any other member of the Hong Leong group or any other organization, institution or person relevant to your business, including other insurance companies, credit agencies, financial institutions, healthcare related entities etc., and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests.</p> <p>5. 本人(等)明白主要不受保事項包括: 戰爭、恐怖份子活動、投保前已存在的傷患或疾病、違法行為、懷孕或分娩、自我傷害身體、受酒精或藥物影響、愛滋病、職業性運動或比賽、航空活動(購票乘客除外)、由受僱工作、擁有或使用任何車輛或船隻所引致之法律責任。詳情可參閱保險單內的所有條款及細則。 I/ We understand Major Exclusions including: war, act of terrorism, pre-existing injury, sickness or disease, unlawful act, pregnancy or childbirth, self-inflicted injury, influence of alcohol or drugs, AIDS, professional sports or competition, air-activities (except as a fare-paying passenger), legal liability arising from any employment, ownership or usage of any motor vehicle or watercraft. Details can refer to the Policy Contract.</p> <p>X _____ X _____ 投保人簽署 Signature of Applicant 日期 Date</p> <p>閣下如不欲接收本公司或任何豐隆集團成員直接推廣或跟進有關產品之宣傳及特別推廣, 請以書面通知本公司, 無須支付任何費用。 If you do not want to receive any direct marketing or follow up regarding products and special promotions from us or any other member of the Hong Leong group, please notify us in writing. No fee will be charged.</p> <p style="text-align: right;">豐隆保險快線 Hong Leong Insurance Direct 2961 2266 傳真 Fax 2160 3700 www.hl-insurance.com</p>									
<p>B. 保障選擇 Choice of Coverage</p> <p>保險有效日期 Period of Insurance</p> <p>由 From <input type="text"/>年 <input type="text"/>月 <input type="text"/>日 Y M D 至 To <input type="text"/>年 <input type="text"/>月 <input type="text"/>日 Y M D</p> <p>目的地 Destination _____</p> <p>受保地區 Cover Area: 全球 Worldwide</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">一年期保費 (港幣) Annual Premium (HK\$)</td> <td style="text-align: center; font-weight: bold;">\$4,800</td> </tr> </table> <p>註 Note: 1. 投保年齡 Age (以上次生日計算 last birthday): 18-30 2. 保險證明書或保險單號碼一經發出, 保費將不獲退回。No refund of premium once the Certificate of Insurance or Policy Number has been issued.</p>	一年期保費 (港幣) Annual Premium (HK\$)	\$4,800	<p>D. 受益人 Beneficiary</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">英文姓名 English Name</th> <th style="width:50%;">與投保人關係 Relationship with the Applicant</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> </tr> </tbody> </table>	英文姓名 English Name	與投保人關係 Relationship with the Applicant	1. _____	_____	2. _____	_____	3. _____	_____
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