

豐隆 GBA Easy Go 保險申請表格 Hong Leong GBA Easy Go Insurance Application Form

請填妥申請表格，以傳真 (2160 3700)、電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10 室) 至本公司。
You may submit the completed form to Hong Leong Insurance by fax (2160 3700), by email (personal@hl-insurance.com) or by mail or in person (Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong).

A. 保障選擇 Choice of coverage (請以英文**正楷**填寫，並在適當空格內加 ☒ 號 Please complete in English **BLOCK** letters and ☒ as appropriate)

起保日期 Period of insurance 由 from (日/月/年 D/M/Y) _____ / _____ / _____
每次旅程的最長保障期為 15 天 Maximum days of insurance per trip: 15 days

保費類別 Premium plan	計劃選擇 Plan selection 每年正價保費 Annual gross premium (HK\$)	
	計劃一 Plan 1	計劃二 Plan 2
<input type="checkbox"/> 申請人 Applicant		
<input type="checkbox"/> 申請人及配偶 Applicant and spouse		
<input type="checkbox"/> 申請人及子女 Applicant and children		
<input type="checkbox"/> 申請人、配偶及子女 Applicant, spouse and children		

註: (1) 成人 18-70 歲; 子女 6 個月-17 歲。(2) 保障只生效於受保人身處香港地域範圍外並限於澳門、廣州、深圳、珠海、佛山、惠州、東莞、中山、江門及肇慶內。
(3) 保險業監管局保費徵費已包括在內。
Note: (1) Adult 18-70 years old; Children 6 months-17 years old. (2) Coverage is only effective when the Insured Person situated outside Hong Kong territory and within Macau, Guangzhou, Shenzhen, Zhuhai, Foshan, Huizhou, Dongguan, Jiangmen and Zhaoqing. (3) Premium Levy to the Insurance Authority is included.

B. 投保人個人資料 Personal details of application

英文姓名 English name (須與香港身份證相同 as printed on HKID)

姓 Surname _____ 名 Given name _____ 中文姓名 Chinese name _____ 性別 Gender ☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y) _____ ☐ 香港身份證 HKID ☐ 護照 Passport _____ 電郵地址 E-mail address _____
_____ / _____ / _____ 證件號碼 Document no. _____

手提電話 Mobile _____ 住宅電話 Home tel. _____ 辦公室電話 Office tel. _____

通訊地址 Mailing address

室 Flat/ Room _____ 樓 Floor _____ 座 Block _____

大廈 Building/ 屋邨 Estate _____ 街 Street/ Road _____

地區 District area _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界 NT

C. 家庭成員資料 Details of family members (同時申請家庭成員保障 for family member application under the same policy)**配偶資料 Details of spouse**

英文姓名 English name (須與香港身份證相同 as printed on HKID)

姓 Surname _____ 名 Given name _____ 中文姓名 Chinese name _____ 性別 Gender ☐ 男 Male ☐ 女 Female

出生日期 Date of birth (日/月/年 D/M/Y) _____ 香港身份證 HKID _____
_____ / _____ / _____

子女資料 Details of children (如適用 if applicable)

子女姓名 Name of child	出生日期 Date of birth (日/月/年 D/M/Y)	香港身份證 HKID/ 出世紙 Birth cert. 證件號碼 Document no.
1. _____	_____ / _____ / _____	_____
2. _____	_____ / _____ / _____	_____

請繼續填寫下頁 Please go on next page

本人茲授權並要求豐隆保險 (亞洲) 有限公司從本人下列之信用卡戶口內, 支付該保障之保費。I hereby authorize and request Hong Leong Insurance (Asia) Ltd. to charge my credit card account listed below for the premium of this insurance.

信用卡戶口號碼 Credit card account no. (☐ Visa ☐ Master)

有效日期 Expiry date (月/年 M/Y)

X

持卡人簽署 Signature of cardholder (簽署必須與信用卡戶口簽署式樣相同 Signature should correspond to the specimen signature of your credit card account.)

1. 本人在此聲明並確認如下：I hereby declare and confirm that:

1.2 每一位受保人同意保險單及本申請（包括此等聲明）之條款和條件；而該人士同意所有該等條款和條件乃該人士可獲得保險單下保障的先決條件。Each of the Insured Person(s) has agreed to the terms and conditions of the Policy and this application including these declarations, and that it is a condition precedent to obtain coverage for each such person that such Insured Person(s) has/have agreed to all such terms and conditions.

2. 本人，並代表每一位受保人，進一步聲明及確認如下：I, and on behalf of each of the Insured Person(s), further declare and confirm that:

2.1 本人(等)同意此等聲明為本人(等)與豐隆保險(亞洲)有限公司訂立保險契約之根據。本人(等)特此聲明就是次申請所提供之資料和詳情,盡本人(等)所知及所信全部正確、無訛和完整,且每一位受保人亦確認每項所提供之資料及詳情為正確、無訛和完整。I/We agree that these declarations shall be the basis of the contract between me/us and Hong Leong Insurance (Asia) Limited. I/We declare that the foregoing statements and particulars given in this application are true, correct and complete in every aspect to the best of my/our knowledge and belief and all disclosed information and particulars have been verified by each of the Insured Person(s) as true, correct and complete.

2.2 本人在投保此計劃時正身處香港。I am physically present in Hong Kong as the date of this application.

2.3 保險證明書或保險單編號一經發出，保費將不獲退回。詳情請參閱保險單條款。No refund of premium will be allowed once the Certificate of Insurance or Policy Number has been issued. Please refer to the Policy for further details.

2.4 本人(等)明白並且同意貴公司可：I/We acknowledge and agree that you may:

(a) 收集、使用和披露我/我們的個人資料（包括但不限於信用資料和以往申索紀錄），以用作處理本人(等)的申請、調查和結清申索、以及偵測和防止欺詐行為（無論是否與就本申請而發出的保單有關）所需的目；及 collect, use and disclose my/our personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and

(b) 把我/我們的個人資料轉移給以下人士，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；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；和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）。Transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation 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.

2.5 本人(等)並同意貴公司之「個人資料政策」(「該資料政策」)會被引用,貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人資料。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載該資料政策。本人確認受保人已給予所有並完全之權力給本人透露本申請所要求之個人資料並可在將來要求更改保險單資料(除更改受益人必須由有關受保人提出)。I/We further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy. I confirm that I have the full and complete authority from the Insured Person(s) to disclose any personal information being requested to provide in connection with this application and make any subsequent request for policy amendment (save for designation or amendment of beneficiary, which must be made by the relevant Insured Person(s)).

3. 直接促銷 Direct Marketing

本人(等)明白,未經本人(等)同意,貴公司不會將本人(等)的個人資料用於直接促銷。本人(等)確認,本人(等)提交是次申請即表明本人(等)同意貴公司可將本人(等)的個人資料用於該資料政策中載列之直接促銷(本人(等)於以下段落指明不同意收取直接促銷資料或訊息的渠道除外)。I/We understand that you would not use my/our personal data in direct marketing without my/our consent. I/We acknowledge that my/our submission of this application gives consent to you to use my/our personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I/we have indicated my/our objection below.

本人(等)不希望貴公司經下列渠道把本人(等)的個人資料用於直接促銷或接收貴公司發出的任何直接促銷資料或訊息：I/We do not wish you to use my/our personal data in direct marketing / do not wish to receive any direct marketing materials or messages from you via the below channel(s):

☐ 郵件 Direct mail ☐ 電郵 Email ☐ 短訊 SMS ☐ 電話 Phone Call

本人(等)明白以上代表本人(等)目前就是否希望收到直接促銷聯繫或資訊的選擇，並取代本人(等)於是次申請前向貴公司傳達的任何選擇。I/We understand that the above represents my/our present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me/us to you prior to this application.

3.1 本人(等)確認已閱讀及明白此等聲明、保險單條款和條件及該資料政策，並同意受其約束。I/We confirm that I/we have read and understand these declarations, the terms and conditions of the Policy and the Data Policy, and agree to be bound by the same.

投保人簽署 Signature of applicant

投保人姓名 Name of applicant

日期 Date (日/月/年 D/M/Y)