

豐隆海外留學生保險申請表格 Hong Leong Overseas Student Insurance Application Form

請填妥申請表格，以電郵 (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 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. 投保資料 Details of Insurance (請以英文正楷填寫 Please complete in English BLOCK letters)

保險單生效日期 (一年期) Policy effective date (One-year term) (日/月/年 D/M/Y) _____ / _____ / _____

(起保日期必須為受保人離港當日或之前。The Effective Date must be on or before the Insured person's departure date from Hong Kong.)

海外學府名稱 Name of the Overseas Educational Institution _____

海外學府地址 Address of the Overseas Educational Institution _____

國家/地區 Country / Region _____

投保人/受保人在過去 18 個月內並未於任何海外留學生或相類的保險計劃中獲得合共超過 HK\$10,000 之賠償或曾經提出索償時被拒?
Applicant / Insured person has not made any claims from overseas student or similar insurance in excess of HK\$10,000 in aggregate within the past 18 months or never been rejected for claim(s).

☐ 是 Yes ☐ 否 No

投保人/受保人未曾於首次或續期申請海外留學生或相類的保險計劃時被拒或附加任何額外條款。Applicant / Insured person has never been declined or imposed with additional terms by insurance companies for the first or renewal application of overseas student or similar insurance.

☐ 是 Yes ☐ 否 No

全年保費 (港幣) Annual premium	
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註 Note: 保險業監管局保費徵費已包括在內。Premium Levy to the Insurance Authority is included.

B. 投保人個人資料 Personal details of applicant (18 歲或以上 Age 18 or above)

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

電郵地址 E-mail address

_____ / _____ / _____

手提電話 Mobile _____ 住宅電話 Home 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. 受保人資料 Details of insured person (如不同上必須填寫本部分 Please complete if different from above)

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

_____ / _____ / _____

(受保人年齡限於 11 歲至 50 歲。)

Insured Person must be aged between 11 and 50)

與投保人關係 Relationship with applicant ☐ 父母 Parent ☐ 監護人 Guardian

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.

有效日期 Expiry date (月/年 M/Y)

Age Group	Number of People
0-14	10
15-24	20
25-34	30
35-44	40
45-54	50
55-64	60
65-74	70
75-84	80
85-94	90
95-104	100

E. 聲明 Declaration

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.
2. 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,盡本人(等)所知及所信全部正確、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.
3. 本人(等)明白主要不承保事項包括:戰爭、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、2019 冠狀病毒病(已完成目的地(國家)所規定之入境必需條件除外)/全球大流行疾病、職業性運動或比賽、航空活動(購票乘客除外)、由受僱工作、擁有或使用任何由車輛或船隻所引致之法律責任、無人看管的財物、手提電話及各類金錢。I/we understand major exclusion including: War, pre-existing injury, sickness or disease, unlawful act, pregnancy or childbirth, self-inflicted injury, influence of alcohol or drugs, AIDS, COVID-19 (except fulfilled the entry requirement for the destination (country))/Pandemic, 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, unattended properties, mobile telephones and any kind of money.
4. 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.
5. 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.
6. 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;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定的其他人士);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.
7. 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)).
8. 直接促銷 Direct Marketing
- 本人明白,未經本人同意,貴公司不會將本人的個人資料用於直接促銷。本人確認,本人提交是次申請即表明本人同意貴公司可將本人的個人資料用於該資料政策中載列之直接促銷(本人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 understand that you would not use my personal data in direct marketing without my consent. I acknowledge that my submission of this application gives consent to you to use my personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I have indicated my objection below.
- 本人不希望貴公司經下列渠道把本人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 do not wish you to use my personal data in direct marketing / I 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
- 本人明白以上代表本人目前就是否希望收到直接促銷聯繫或資訊的選擇,並取代本人於是次申請前向貴公司傳達的任何選擇。I understand that the above represents my present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me to you prior to this application.
9. 本人確認已閱讀及明白此等聲明、「海外留學生保險」之保險單條款和條件及該資料政策,並同意受其約束。I confirm that I have read and understand these declarations, the terms and conditions of "Hong Leong Overseas Student Insurance" policy and the Data Policy, and agree to be bound by the same.

日期 Date (日/月/年 D/M/Y)