

請填妥

You may

by mail

△保

☐ 6 個月 6 months[#]☐ 1.5 年 1.5 years*

國家已提高至 35 歲。

(1) 投

(2) 保

(3) 保

6 個

* 1.5 全

Р. 4

附 录

~~LL~~ Sur[illegible]

DATE _____

Table 1

1

持卡人

WHI/AF/122024/EC

D. 受益人 Beneficiary

英文姓名 English name

與投保人關係 Relationship with the applicant

1. _____
2. _____
3. _____

E. 聲明 Declaration

1. 本人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 am not aware of any condition or circumstance that may necessitate the cancellation or curtailment of the journey in application.
2. 本人同意此等聲明為本人與豐隆保險(亞洲)有限公司訂立保險契約之根據。本人特此聲明就是次申請所提供之資料，盡本人所知及所信全部正確、無訛和完整。I agree that these declarations shall be the basis of the contract between me and Hong Leong Insurance (Asia) Limited. I declare that the foregoing statements and particulars given in this application are true, correct and complete in every aspect to the best of my knowledge and belief.
3. 本人明白主要不承保事項包括：戰爭、核生化相關的恐怖份子活動、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、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。I understand major exclusion including: war, act of terrorism in connection with nuclear, chemical and biological, 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.
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)所需的資料；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 / 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、「工作假期保險」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 Working Holiday Insurance" policy and the Data Policy, and agree to be bound by the same.

投保人簽署 Signature of applicant

日期 Date (日/月/年 D/M/Y)

豐隆保險(亞洲)有限公司
HongLeong Insurance (Asia) Ltd.

香港北角英皇道510號港運大廈8樓807-10室
Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong

 **2961 2266**
9am - 7pm
www.hl-insurance.com

WHI/AF/122024/EC