

豐隆工作假期保險申請表格 Hong Leong Working Holiday 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. 保障選擇 Choice of Coverage	(請以英文 正楷 填寫,並在	適當空格內加 ✔ 號 Plea	se complete in English BLOC	CK letters and ✓	as appropriate)		
保險有效日期 Period of insurance 由	∃ from (日/月/年 D/M/Y)_	1 1	至 to (日/月/年 D/M/Y)				
目的地 Destination							
		□ 3個月 3 mor	nths				
		□ 6個月 6 moi	nths#				
	正價保費 (港幣) Gross premium (HK\$)	☐ 1年 1 yea	r				
	- 1	□ 1.5 年 1.5 ye	ears*				
		□ 2年 2 yea	rs*				
註 Note: (1) 投保年齡 Age (以上次生日計算 I (2) 保險證明書或保險單號碼一經發 (3) 保險業監管局保費徵費已包括在#6個月計劃只適用於目的地為奧地 *1.5年或2年計劃只適用於目的地為	出,保費將不獲退回。No 內。 Premium Levy to the 利之申請。6 months plan	refund of premium once Insurance Authority is i is for applications to Au	e the certificate of insurance o ncluded. ıstria only.	or policy number	has been issued.		
B. 投保人個人資料 Personal deta	ils of application						
英文姓名 English name (須與香港身	∤份證相同 as printed on H	KID)					
姓 Surname	名 Given name		中文姓名 Chinese na	me	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 HK		ID	電郵地址 E-mail add	Iress			
	0						
手提電話 Mobile	住宅電話 F	lome tel.		電話 Office tel			
住宅地址 Home address							
室 Flat/ Room		Floor	· · · · · · · · · · · · · · · · · · ·	座 Block			
大廈 Building/ 屋邨 Estate	街 Street/ Road						
地區 District area							
通訊地址 Mailing address (如不同_	├ if different from the abov	/e)					
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 N	ΙΤ			
C. 付款指示及授權 Payment instr	ruction and authorization	1					
本人茲授權並要求豐隆保險 (亞洲) 有阿credit card account listed below for the		「口內,支付該保障之保費	$ dec{d}{t} \circ \textbf{I}$ hereby authorize and requ	uest Hong Leong	Insurance (Asia) Ltd. to charge my		
持卡人姓名 Name of cardholder:			卡銀行 Issuing bank:				
信用卡戶口號碼 Credit card account	t no. (Visa Maste	r)	有效日期 Exp	oiry date (月/年 N	Л/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.)

C). 受益人 Beneficiary		
	英文姓名 English name	與投保人關係 Relationship with the applicant	
1.			-
2			
۷.			
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况及事態。I am not awar curtailment of the journey in application.	e of any condition or circumstance that may necess	itate the cancellation or
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。本人特別	比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。

- 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.
- 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, preexisting 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.
- 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)所需的目的;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 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.
- 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)).
- 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.

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)