

# 海外留學生保障計劃申請表格 (工作假期保障申請專用)

## Travel Direct Overseas Student Insurance Application Form

### (For Working Holiday Cover Application Only)

請以英文正楷填寫 Please type or print in English block letters

申請人姓名  
Name of Applicant: Mr./ Ms. \_\_\_\_\_

地址  
Address : \_\_\_\_\_

電話  
Tel No. : \_\_\_\_\_

全年總保費  
Total Annual Premium

基本計劃  
Basic Plan

優越計劃  
Premier Plan

全年保費  
Annual Premium

US\$238  US\$418

全年保障 + 附加保障 (醫療費用)  
Annual Premium +  
Optional Benefit (Medical Expenses)

US\$755  US\$1,067

起保日期  
Effective Date : \_\_\_\_\_

月/日/年  
MM/DD/YYYY

#### 聲明

##### Declaration

\* 茲申請「海外留學生保障計劃」(工作假期保障), 並聲明本申請表內之陳述及提供之細節均為完整及真實無訛, 而本申請表將會構成本人與美亞保險香港有限公司所簽署合約之依據。本人同意投保申請獲接納後方始作實。  
I hereby apply for Travel Direct Overseas Student Insurance (Working Holiday Cover) and declare that the statements and particulars given in this application are, to the best of my knowledge and belief, true and complete and that this application will form the basis of my contract with Chartis Insurance Hong Kong Limited. I understand and agree that no insurance will be effected until the application is approved.

\* 本人現確認及保證: 受保人絕不會違反醫生之勸告, 而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。

I hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment and the insured person is now in good health.

\* 本人同意對所有保障範圍以外之醫療費用或所有超出所定限額之醫療費用, 於收到通知書14天內支付予美亞保險香港有限公司。如款項未能於限期內付清, 預繳服務將被終止, 同時本人須將「中國支援卡」歸還美亞保險香港有限公司, 但對所有上述債項仍須負責。如遺失「中國支援卡」, 本人須於48小時內向美亞保險香港有限公司報失並繳付HK\$100作補領費用。本人明白本人須為費用提供保證或擔保, 美亞保險香港有限公司方為緊急現金匯款服務作出安排。

I hereby agree and undertake to settle any medical expenses that is not payable or covered under this insurance or any amount in excess of the insurance limit within 14 days after the written notification from Chartis Insurance Hong Kong Limited. The credit facility will be suspended if I fail to reimburse Chartis Insurance Hong Kong Limited within the above time limited. Upon suspension, I have to return all CHINA Assist Cards to Chartis Insurance Hong Kong Limited and will remain liable to Chartis Insurance Hong Kong Limited for any outstanding payment in arrears. In the event of loss of CHINA Assist Card, I should advise Chartis Insurance Hong Kong Limited within 48 hours and pay HK\$100 for each replacement card. I understand that Chartis Insurance Hong Kong Limited will not arrange for the emergency cash transmission unless guarantee or indemnity is provided by me.

\* 本人同意美亞保險香港有限公司可使用在此申請書所收集之個人資料於(i)核保及執行保單(包括資料配對), 及(ii)推銷可能對本人感興趣的其他由美亞保險集團所提供之產品及服務。本人同意美亞保險香港有限公司可轉移此個人資料予(i)其他美亞保險集團於本港或海外之成員; (ii)提供有關本人保單管理服務的承包商或第三提供商; (iii)銀行及金融機構, 作處理此申請及收取保費用途; (iv)公證人、調查員、第三管理人員、緊急支援服務提供者、零售商、醫療提供者、法律專家及交通工具機構, 以處理索償事宜; 或(v)郵寄公司及(目的只作(ii)用途)市場推廣公司。本人明白到本人有權於任何時候致函到香港郵政信箱456號美亞保險香港有限公司之個人資料管理員以查閱或申請修改本人的個人資料, 或選擇不參與使用本人的個人資料作上述(ii)的用途。

I agree to the personal data collected in this application form being used by Chartis Insurance Hong Kong Limited (i) to underwrite and administer the insurance policy (including for data matching) and (2) to promote other products and services provided by the Chartis group that may be of interest to me. I agree that Chartis Insurance Hong Kong Limited may transfer the personal data to: i) another member of the Chartis group in Hong Kong or overseas; ii) contractors or third party providers providing services related to the administration of my policy; iii) banks and financial institutions for the purpose of processing this application and obtaining policy payments; iv) in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, retailers, medical providers, legal professionals and travel carriers; or v) mailing houses and (for the purpose (2) only) marketing companies. I understand that I may gain access or request correction of my personal information, or opt out of my personal data being used for purpose (2) above at any time, by writing to Chartis Insurance Hong Kong Limited's Data Privacy Officer at GPO Box 456.

申請人簽署  
Signature of Applicant : \_\_\_\_\_

受保人姓名  
Name of Insured Person: Mr./ Ms. \_\_\_\_\_

香港身份證號碼  
HKID No. : \_\_\_\_\_

出生日期  
Date of Birth: \_\_\_\_\_

月/日/年  
MM/DD/YYYY

與申請人之關係  
Relationship to Applicant :

本人  
Self

子女  
Child

配偶  
Spouse

其他  
Other : \_\_\_\_\_

工作假期目的地  
Destination of Working Holiday : \_\_\_\_\_

請於遞交本申請表時一併附上已批核的工作假期簽證證明文件  
Please submit this application form together with approved documents of Working Holiday Visa

#### 繳費方式 Payment

支票  
By Cheque

支票號碼  
Cheque No. : \_\_\_\_\_

附上抬頭為「美亞保險香港有限公司」之劃線支票。  
Enclosed a crossed check made payable to "Chartis Insurance Hong Kong Limited"

日期  
Date : \_\_\_\_\_

信用卡  
By Credit Card

Visa

MasterCard

本人授權美亞保險香港有限公司從本人下列之信用卡戶口扣除此保費。  
I hereby authorize and request Chartis Insurance Hong Kong Limited to charge my VISA/Master Card account as below for the premium payment of this insurance

有效期至  
Expiry Date: \_\_\_\_\_

信用卡號碼  
Credit Card No: \_\_\_\_\_

持卡人姓名  
Name of Cardholder : \_\_\_\_\_

持卡人簽署  
Cardholder's Signature : X \_\_\_\_\_

簽名必須與信用卡上簽名相同  
The signature must be identical to the one on your credit card

代理人姓名  
Producer Name:

代理人編號  
Producer Code: