



THE PACIFIC GROUP

太平洋保險有限公司

THE PACIFIC INSURANCE CO., LTD.

(INCORPORATED IN HONG KONG IN 1960)

總行 分行
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旅行平安保險投保書

PERSONAL ACCIDENT TRAVEL INSURANCE PROPOSAL FORM

1. 投保人姓名 (英文) _____ (中文) _____
Name of Proposer (English) _____ (Chinese) _____
2. 香港身份證號碼* _____ 年齡 _____ 性別 _____ 職業 _____
H. K. I. D. No. _____ Age _____ Sex _____ Occupation _____
3. 通訊地址 _____
Postal Address _____
4. 旅程所經地方 _____
Itinerary of journey _____
5. 所乘搭交通工具名稱 (如有, 請述明航空公司或船公司名稱及航班號碼)
Means of conveyance (please give name of Transportation Company, Flight No., if available) _____
6. 保險期間共 _____ 個月/天 由 _____ 至 _____ (首尾兩天包括在內)
Period of Insurance _____ months/days from _____ to _____ (both dates inclusive)
7. 投保金額 _____
Amount to be insured _____
8. 閣下是否另有其他個人意外保險及/或人壽保險? 是 YES 否 NO
Have you any other Personal Accident Insurance and/or Life Insurance?
若然, 請詳述:
If so, please state:
(a) 保險公司名稱 _____ (b) 投保金額 _____
Name of Insurance Company _____ Sum Insured _____
9. 受益人姓名 _____ 香港身份證號碼* _____
Name of Beneficiary _____ H. K. I. D. No. _____
10. 受益人住址 _____
Residential Address of Beneficiary _____
11. 與投保人關係 _____
Relationship with the Proposer _____

* 閣下可親自出示身份證正本或提供副本以供查核。 Please present your Identity Card in person or provide a copy for verification.

聲明 DECLARATION

本人謹保證及聲明上述一切陳述均屬實無訛, 及本人健康正常, 身體健全。本人同意此投保書及所有聲明將成為本人與太平洋保險有限公司訂立保險合約之根據, 及願接受並遵守貴公司所簽發之保險單內所有條款及細則。

I hereby warrant and declare the truth of all the above statements and I am physically sound and my health is good. I hereby agree that this Proposal and Declaration shall be the basis of the Contract between me and The Pacific Insurance Company, Limited, and accept a policy subject to the terms, exceptions and conditions prescribed by the Company.

本人已閱讀及完全明白並同意背頁所列印之內容。

I have read and fully understood the contents printed overleaf and hereby give my consent thereto.

本人謹聲明本人已獲得以上所提及之第三者之同意使用其個人資料以填寫此投保書。

I hereby declare that I have obtained the consent of the third parties mentioned hereinbefore for the use of their personal data in completing this proposal form.

保險經紀佣金同意聲明 CONSENT DECLARATION ON INSURANCE BROKER COMMISSION

本人明白、確知及同意, 太平洋保險有限公司(太平洋保險)會就本人購買及接受其簽發的保單, 於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支佣金。假如我們為法人團體, 代表我們簽署的獲授權人員須向太平洋保險確認他/她已獲我們授權。

太平洋保險必須取得本人以上的同意, 才可以處理本人的保險申請。

I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by The Pacific Insurance Company, Limited (the Company), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where we are a body corporate, the authorized person who signs on our behalf further confirms to the Company that he or she is authorized to do so.

I further understand that the above agreement is necessary for the Company to proceed with the application.

日期 _____
Date _____

投保人簽署 _____
Signature of Proposer _____

除經發給正式保險單或按保單外, 本公司在未接納此投保書及未收妥保費前概不負任何承保責任。
The Company will not undertake any liability until this Proposal has been accepted and Premium received by the Company, except as provided by a Policy or an official Cover Note issued by the Company.

本公司專用 FOR OFFICE USE ONLY

Policy No. : _____ Premium : _____
Account Code : _____ Rate : _____
Remarks : _____

收集個人資料聲明

閣下在此投保書內所提供的資料，為本公司提供保險業所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或業務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償的調查或分析；
- 行使任何代位權；及

可能移轉予：

- 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；
- 或現存或不時成立的任何保險公司協會或聯會或同類組織(「聯會」)，以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；及
- 或透過聯會移轉予任何聯會的會員，以達到任何上述或有關目的。

此外，在此授權太平洋保險有限公司由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。

閣下有權查閱及要求更正由太平洋保險有限公司持有有關閣下的資料。如有此項要求，可向香港灣仔皇后大道 43-59 號東美中心十字樓本公司總經理提出。

Personal Information Collection Statement

The information you provided in this Proposal Form is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

may be transferred to:

- any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; and
- any members of the Federation by the Federation for any of the above or related purposes.

Moreover, The Pacific Insurance Company, Limited is hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by The Pacific Insurance Company, Limited. Requests for such access can be made to the General Manager at 10th Floor, Dominion Centre, 43-59 Queen's Road East, Wanchai, Hong Kong.