

Golf Insurance Proposal Form
高爾夫球保障計劃投保表格

Information of the Proposer 投保人資料

(USE BLOCK LETTER 請以英文正楷填寫)

Name 姓名:

HK ID Card No. 香港身份證號碼: Sex 性別:

Occupation 職業:

Email 電郵地址:

\*Date of Birth(MM/DD/YYYY) \*出生日期 (月/日/年):

\*Please note: Section 4 Personal Accident cover will be excluded for insured(s)

whose age is less than 16, or at 66 or above.

\*請注意: 如受保人的年齡在 16-65 歲的範圍以外, 高爾夫球保障計劃中第四項「個人意外保障」將不適用於該受保人。

Home Tel. No. 住宅電話號碼:

Mobile Phone No. 手提電話號碼:

Mailing Address 通訊地址:

Policy Effective Date 保單生效日期

From 由 - (MM/DD/YYYY)

(Backdating is not allowed. 不可追溯保單生效日期)

Please choose the appropriate coverage package

請選擇以下一項保障:

Standard Plan 基本保障 HK\$300 Deluxe Plan 超級保障 HK\$680

Family Extension 加購家庭成員計劃保障 Per Person 每位 HK\$150 x Person 人

Table with 2 columns: Total Premium保費總額, HK\$

Please answer the following questions 請回答下列問題:

1. Have you, or has any family member in this application, had a "hole-in-one" during the past three (3) years? If "Yes", please state player's name, golf course(s) and date(s). (MM/DD/YYYY) 閣下, 或本申請表內的任何家庭成員, 曾否於過去三(3)年內創下一桿入洞的佳績? 如「是」者, 請詳述人名、球會名稱及日期(月/日/年)。

2. Have you, or has any family member in this application, sustained any loss, damage, liability or accident indemnified under any golf insurance cover during the past three (3) years? 閣下, 或本申請表內的任何家庭成員, 曾否在過去三(3)年內, 因遺失、損毀、法律責任或意外而於任何高爾夫球保險計劃提出索償?

If you answer "Yes" to any of the above, please give details on separate sheet.

如以上問題之答案為「是」者, 請另加紙說明。

Family Extension 加購家庭成員計劃保障

Form section 1: Family member's Name, HKID No. / Passport No., \*Date of Birth, Relationship

Form section 2: Family member's Name, HKID No. / Passport No., \*Date of Birth, Relationship

Form section 3: Family member's Name, HKID No. / Passport No., \*Date of Birth, Relationship

Form section 4: Family member's Name, HKID No. / Passport No., \*Date of Birth, Relationship

Payment Method 保費付款方式

Please check the appropriate box 請在適當的方格加上✓號

Payment by Cheque 支票付款

Cheque No. 支票號碼:

Bank 銀行:

Cheque should be crossed and made payable to "AIG Insurance Hong Kong Limited" 劃線支票抬頭請註明「美亞保險香港有限公司」

Payment By Credit Card 信用卡付款

VISA\* VISA Card MasterCard 萬事達卡

Card No. 信用卡號碼:

Expiry Date 信用卡屆滿日期: (MM月/ YY 年)

Card Holder's Name 信用卡持有人姓名:

Card Holder's Signature 信用卡持有人簽署:

Date 日期:

I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/ MasterCard account for the premium stated on this Proposal Form. 本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付本投保表格所註明之保費。

Declaration 聲明

In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料, 本人/吾等同意及確認:

- 1. In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved. 本人/吾等同意如本文之譯本於意義上遇到任何爭議時, 概以英文版本為準; 本人/吾等同時明白保險契約只會以英文發出, 並會於本申請獲接納及核實時生效。
- 2. I/we agree that AIG Insurance Hong Kong Limited (hereinafter called "AIG Hong Kong"), reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and approved by AIG Hong Kong, the policy will become effective. 本人/吾等同意美亞保險香港有限公司(以下簡稱「美亞保險」), 保留一切接納申請與否之權利; 並明白申請經美亞保險接納及批核後, 保障才正式生效。
- 3. I/we agree that this Proposal Form shall be the basis of the insurance contract between me/us and the insurer, AIG Hong Kong. I/we declare that the statements made in this Proposal Form are true, correct and complete to the best of my/our knowledge and belief. 本人/吾等同意此投保表格為本人/吾等與美亞保險訂立保險契約之根據。本人/吾等特此聲明此投保表格內所填報之資料, 據本人/吾等所知並確定全部正確無訛、完整及足夠。
- 4. If this application is made through an insurance broker, by signing this form the applicant agrees to AIG Insurance Hong Kong Limited paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy. 如本申請是經由保險經紀安排, 申請人在簽署本表格後, 同意美亞保險香港有限公司向保險經紀支付佣金, 作為保險經紀安排(及/或續保)有關保單的報酬。
- 5. In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料, 本人/吾等同意及確認:

- (a) (Unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed. 除非於本表格上另有訂明, 本表格所要求提供的個人資料是供美亞保險香港有限公司(「美亞保險」)處理此申請的所需資料, 若未能提供任何所需資料此申請則可能不被處理;
- (b) The personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes). 美亞保險可按列於其私隱政策的用途使用此表格所收集的個人資料, 其用途包括核保及管理已申請的保單(包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途);
- (c) Unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.

- 除非本人/吾等於以下的「不收取推廣資料」方格填上✓號以作表示(其內容本人/吾等已細閱), 美亞保險可使用本人/吾等的聯絡資料(姓名、地址、電話號碼及電郵地址)聯絡本人/吾等有關其它由AIG集團提供之保險產品, 而在未獲本人/吾等同意的情况下, 本人/吾等之個人資料將不會被如此使用;
- (d) AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above: i) Third parties providing services related to the administration of my/our policy (including reinsurance); ii) Financial institutions for the purpose of processing this application and obtaining policy payments; iii) In the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers; iv) For the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;

- v) Another member of the AIG group (for all of the purposes stated in (b) and (c) in any country; or vi) Other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein. 美亞保險亦可向以下類別的人士(不論在香港或海外)轉交該些個人資料, 作上述(b)及(c)項所列明之用途: (i) 提供有關本人/吾等保單管理服務的第三者(包括再保險公司); (ii) 財務機構, 作處理此申請及收取保費;

- (iii) 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構, 以處理索償事宜;
- (iv) AIG 集團授權的市場推廣公司, 以作直銷之用(如上(c)項所述);
- (v) 其它在任何國家之AIG集團之成員公司, 作上述(b)及(c)項所有列明之用途; 或
- (vi) 其它於美亞保險私隱政策所列明的人士, 作於私隱政策列明之用途。

- (e) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or cs.hk@aig.com. The full version of AIG HK's Data Privacy Policy can be found at www.aig.com.hk.

- 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任(地址: 香港郵政總局信箱456號或電郵: cs.hk@aig.com)查閱、或要求修改本人/吾等的個人資料(美亞保險可就查閱及修改要求收取合理費用), 或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於www.aig.com.hk。

Promotion Material Opt-out: We will prepare fabulous offers provided by AIG and partners for you. If you do not wish to receive promotion materials via channels below, please tick: Telephone SMS Postal Mail Email Instant Message App

GOLF 02/2023



## Golf Insurance – Family Extension

Dear Customer,

Thank you for choosing AIG.

Golf has been known for being a healthy sport and an enjoyable game for individuals as well as for families. To support you and your family to take part in this activity, we would like to offer you a "Family Extension" to your Golf Policy. **The additional premium is only HK\$150 per family member.** The coverages and limits of your Golf Policy will remain unchanged, however, the difference is that you and your family members will also be protected under your Policy while enjoying the excitement of golf sport.

To apply for "Family Extension" is just easy, please fill in the "Family Extension Form" below and return it with respective premium payment to our office via postal mail, or email to [app.hk@aig.com](mailto:app.hk@aig.com), or fax to 2832-9514, then we'll do the rest. The "Family Extension" is only available to the following immediate family members who are living in the same household and <sup>1</sup>have not had any claim under any golf insurance cover during the past three (3) years:

- 1) Spouse;
- 2) Children (aged 3 or above);
- 3) Parents / Parents-in-law;
- 4) Siblings (aged 3 or above).



For enquiries, please feel free to contact our Customer Service Hotline: 3666-7033, or visit our Golf insurance webpage: <https://www.aig.com.hk/personal/golf-insurance>.

Yours faithfully,

AIG Insurance Hong Kong Limited

### Golf Insurance "Family Extension" Form (HK\$150 per Family member<sup>2</sup>)

Family member's Name	HKID No. / Passport No.	<sup>3</sup> Date of Birth mm/dd/yyyy	Relationship
1.		(m)/ (d)/ (y)	
2.		(m)/ (d)/ (y)	
3.		(m)/ (d)/ (y)	

1. If your family member has had any claim under any golf insurance cover during the past three (3) years, please apply for a standalone golf insurance policy separately.
2. Minimum premium per Family member is HK\$150. For cheque payment, please enclose a cheque payable to "AIG Insurance Hong Kong Limited"; post-dated cheque is not accepted.
3. Except for Children and Siblings, who must in each case be aged 3 or above, we accept insureds at any age. However, in such case, if the age of an insured is less than 16, or at 66 or above, Golf Insurance Section 4 – Personal Accident cover will be excluded from that insured person. Please refer to Golf Insurance Policy wordings for details.

I, (Policyholder / Proposer Name) \_\_\_\_\_, confirm that the above family member(s) have not had any claim under any golf insurance cover during the past three (3) years.

Your Golf Policy No. (if applicable): \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Tel.: \_\_\_\_\_

For Office use only:

Producer Name:

Producer Code:

Contact Tel:



## 高爾夫球保障計劃 – 家庭成員計劃

親愛的客戶，

多謝選用美亞保險。

高爾夫球一向被視為一種無論個人或家庭均適合參與的健康運動。為了讓您和您的家人一起參與這活動，我們誠意邀請閣下為每位家庭成員加購一份保障至閣下之保單內，**每一位家庭成員的保費只需港幣\$150**。閣下之保單的保障範圍及保額均維持不變，不同的是當你和你摯愛的家庭成員在享受高爾夫球運動的樂趣的同時，均可共同獲得保障。

參加方法非常簡單，閣下只須填寫本邀請信中的「家庭成員計劃」表格，連同所需保費，以郵寄一拼交回本公司，或電郵至 [app.hk@aig.com](mailto:app.hk@aig.com)，或傳真至 2832-9514。我們會盡快處理閣下的申請。

家庭成員須為與閣下同住的以下人士，<sup>1</sup>並在過去三(3)年內，未曾於任何高爾夫球保險計劃提出索償：

- 1) 配偶；
- 2) 子女（年齡為3歲或以上）；
- 3) 父母 / 配偶父母；
- 4) 兄弟姊妹（年齡為3歲或以上）。



如有任何疑問，歡迎致電客戶服務熱線 3666-7033，或瀏覽我們的高爾夫球保障計劃專頁 <https://www.aig.com.hk/zh/personal/golf-insurance>。

美亞保險香港有限公司 謹啟

### 高爾夫球保障計劃「家庭成員計劃」表格（每位家庭成員的保費只需港幣\$150<sup>2</sup>）

家庭成員英文姓名	香港身份證或護照號碼	<sup>3</sup> 出生日期 月/日/年	與閣下的關係
1.		月/ 日/ 年	
2.		月/ 日/ 年	
3.		月/ 日/ 年	

1. 如閣下的家庭成員在過去三(3)年內曾於任何高爾夫球保險計劃提出索償，請分別申請個人獨立的高爾夫球保險。
2. 每位成員的最低保費為港幣\$150。如以支票付款，抬頭請填寫「美亞保險香港有限公司」；期票將不予接納。
3. 除子女及兄弟姊妹須各自為3歲或以上，參與計劃的受保人並沒有年齡限制。在上述情況下，如受保人的年齡在16-65歲的範圍以外，高爾夫球保障計劃中第四項「個人意外保障」將不適用於該受保人。詳情請參閱保單條款內容及細則。

本人，（保單持有人 / 投保人）\_\_\_\_\_ 確認以上的家庭成員在過去三(3)年內，未曾於任何高爾夫球保險計劃提出索償。

閣下保單號碼（如適用）：\_\_\_\_\_ 簽署：\_\_\_\_\_

聯絡電郵地址：\_\_\_\_\_ 聯絡電話號碼：\_\_\_\_\_

For Office use only:

Producer Name:	
Producer Code:	Contact Tel: