投保書
Application Form

申請人資料 Application Information (請以英文填寫 Please fill in with block **English**)	
保單持有人英文姓名： Name of Policyholder in English#:	
通訊地址： Correspondence Address:	
聯絡人： Contact Person:	
聯絡電話： Tel No:	
電郵地址： Email Address:	
保障日期： Period of Insurance:	由 (日/月/年) From (DD/MM/YY) 至 (日/月/年) To (DD/MM/YY)
☐ 本地旅遊 Local Tour	目的地： Destination:
☐ 短期活動 Short Term Event	活動名稱： Name of Event:

選擇計劃 Selected Plan

計劃 Plan	只可以選擇一個計劃 Only 1 Plan Can Be Selected		
	每人每日保費 (最長不多於3天) Premium Per Person Per Day (Not exceeding 3 days)	每張保單最低保費 Minimum Premium Per Policy	保險徵費 Premium Levy
☐ 1	HK$5	HK$500	0.10%
☐ 2	HK$10		
☐ 3	HK$15		
☐ 4	HK$7		
☐ 5	HK$13		
☐ 6	HK$19		

每人保費：
Premium Per Person: 港幣 HK$ X 人數：
No. of Insured Persons: = 總保費：
Total Premium: 港幣 HK$

聲明：本人/吾等聲明上述資料均屬正確無訛。本人/吾等提供的資料，為忠意保險提供業務所需，並可能使用於下列目的：(i) 任何與保險或財務有關的產品或服務、或該等產品或服務的任何更改、變更、取消或續期；(ii)任何索償、或該等索償的調查或分析；(iii)行使任何代位權；及可能移轉予：(a) 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的；(b) 現存或不時成立的任何保險公司協會或聯會或類同組織（「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(c)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，在此授權忠意保險由「聯會」從保險業內收集的資料中查閱及/或核對本人/吾等任何資料。本人/吾等有權查閱及更正由忠意保險持有有關本人/吾等的個人資料，如有需要，可向忠意保險個人資料保護主任提出。(香港分行：香港英皇道1111 號太古城中心1 期21 樓。)

Declaration: I/we declare that all the above information is true to the best of my/our knowledge. The information I/We provide to Generali is collected to enable Generali to carry on insurance business and may be used for the purpose of: (i) any insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product or service; (ii) any claim or investigation or analysis of such claim; and (iii) exercising any right of subrogation; and may be transferred to: (a) 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 nay of the above or related purposes; (b) 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 and/or to verify any of my/our data with the information collected by the Federation form the insurance industry. I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves held by Generali. Requests for such access can be made to Generali's Personal Data Protection Officer. (Hong Kong Branch: 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.)

申請人明白、確知及同意，忠意保險有限公司會就申請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付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向忠意保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白忠意保險有限公司必須取得申請人的同意，才可以處理其保險申請。

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Assicurazioni Generali S.p.A. Assicurazioni Generali S.p.A. will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Assicurazioni Generali S.p.A. that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Assicurazioni Generali S.p.A. to proceed with the application.

申請人簽署 (須公司蓋章) ： Applicant's Signature (With Company Chop):	
日期 (日/月/年)： Date (DD/MM/YY):	

公司專用 For Office/ Broker Use

代理人名稱： Producer Name:	代理人編號： Producer Code:
聯絡人姓名： Contact Person Name:	聯絡人電話： Contact Telephone No.:

#保單持有人必須是香港註冊公司。

**我司保留接受投保與否或更改保單條款之權利。

**The Company reserves our right to accept application or to amend terms.