

Federal Business Travel Insurance Plan – Unnamed 聯邦商務旅遊保險計劃 (不記名)

- Unnamed annual travel plan
- One flat premium for the whole year
- Benefit Schedule, Terms and Conditions same as Plan A.
Please turn over for benefit schedule
- 無須名單
- 全年劃一收費
- 保障範圍及條款與計劃 A 相同, 保障範圍請見背頁。

Proposal Form 投保書

Please complete in English Block letters 請以英文正楷填寫

Applicant 申請公司 / 機構 :			
Business Nature 業務性質 :			
Corresponding Address 通訊地址 :			
Contact Person 聯絡人 :	Mr 先生/Miss 小姐/Mrs 太太	Surname 姓	Name 名
Telephone 聯絡電話 :			
Effective Date 生效日期 :	Date 日	Month 月	Year 年

Annual Premium (HK\$) 全年保費(港幣)

Please ✓ by the number of travelers 請按商務旅遊人數✓選	No. of Travelers 商務旅遊人數	Premium HK\$ 保費	Aggregate Limit per Accident HK\$ 每宗意外最高賠償額
	10-15	12,500	11,000,000
	16-20	14,500	14,000,000
	21-25	18,000	18,000,000
	26-30	21,500	22,000,000

Medical Guarantee Deposit Facility – China \$50 each 附加國內住院保證咭港幣 50

If stationed country not in Hong Kong, please fill in below for approval. 如非駐港工作, 請填上以下資料另作批核:

Insured Person's Full English Name 受保人身份證上之英文全名	Country 國家
1.	
2.	

For applying Medical Guarantee Deposit Facility – China, please fill in below the insured person's full name as stated in HK ID Card. 如需申請附加醫療保證(中國)咭, 請填上受保人身份證上之英文全名

1.	4.
2.	5.
3.	6.

Fill in a separate sheet if space not sufficient 如表格空間不足, 請另行填寫資料。

Declaration

It is understood and agreed that all answers to all questions are to the best of my/our knowledge and belief complete and true. Although the signing of this proposal does not bind to effect insurance, I/we agree that all answers to such questions, together with this proposal, shall form the basis of any policy issued hereunder; that no insurance will be in effect until the policy is issued. I/we hereby authorise any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons has any records or knowledge of myself/ourselves to disclose to Federal Insurance Company or its representative any and all information about myself/ourselves with reference to my/our health and medical history and any hospitalisation, advice, treatment, disease or ailment. A photostatic copy of this authorisation shall be as effective and valid as the original. I/we agree that the information I/we have provided to Federal Insurance Company in this proposal may be held, used or disclosed in connection with the policy or any other insurance related product or in connection with any claims of whatsoever nature and may be transferred to any related subsidiary or affiliate company in or out of Hong Kong or to any other company carrying on insurance related business in or from Hong Kong or to any association or federation of insurance companies that exists or is formed from time to time.

聲明

本人/吾等明白及同意此投保書之陳述與回答全部屬實及詳盡, 該陳述與回答及此投保書將成為簽發保單之依據, 保單簽發後保險方始生效。

本人/吾等授權任何內外科醫生、醫院、診所、保險公司或任何組織及熟悉本人/吾等健康情況之人仕, 均可以將本人/吾等過往之病狀、病歷詳細資料供給保險公司或其代表。此授權書之影印本亦屬有效。

本人/吾等同意於本投保書提供予聯邦保險公司的資料可供聯邦保險公司持有、使用或披露予(不論現有的或日後成立的)與本保險或任何有關保險的產品、關於任何性質的索償、或予本港或海外的分公司及有關聯公司、或任何於本港從事保險相關業務的公司、或任何組織、聯會。

Company Chop & Signature 公司簽署及蓋章

Date 日期

For Office/Broker Use

代理公司專用

Producer Code:

NAVIGATOR
Insurance Brokers Ltd.

FBT Unnamed – Nov 12

保障範圍計劃 Plan A Benefit

1. 人身意外及醫療 PERSONAL ACCIDENT AND MEDICAL		HK\$港幣
A 人身意外 Personal Accident		800,000
B 醫療費用 Medical Expenses		1,000,000
覆診費用(180 天內) Follow up Treatment within 180 days (最高至 up to)		
由意引起 Accident caused		100%
由疾病引起 Sickness caused		10%
C 緊急醫療運送 Emergency Medical Evacuation		Unlimited
D 遺體運返 Return of Mortal Remains		Unlimited
E 交通保障 Transport Hazards		800,000
F 住院現金 Hospital Income (每日 500 per day)		5,000
G 燒傷保障 Burns Benefit		250,000
H 深切治療院津貼 Intensive Care Unit (ICU) Allowance (每日 1,000 per day)		6,000
I 人身意外 - 綁架及騎劫 Accidental Death & Disablement due to Kidnap or Hijack (額外 100% 人身意外賠償 100% additional Personal Accident benefit)		800,000
J 人身意外 - 遇襲、謀殺或搶劫 Accidental Death & Disablement due to Assault, Murder or Robbery (額外 20% 人身意外賠償最高至 20% additional Personal Accident compensation up to)		50,000
K 殮葬費用 Funeral Expense Benefit		10,000
2. 個人財物 PERSONAL BELONGINGS		
A 個人行李 Personal Baggage (每件 3,000 per item)		30,000
B 個人錢財 Personal Money		3,000
C 應急現金 Emergency Cash (每日 500 per day)		10,000
3. 旅程受阻 TRAVEL INCONVENIENCE		
A 取消旅程 Trip Cancellation		30,000
B 縮短旅程 Trip Curtailment		30,000
C 替代僱員 Staff Replacement		30,000
D 更改行程 Trip Re-route (超過 24 小時延誤 after 24 hours delay)		15,000
E 旅程延誤 Travel Delay (每足 6 小時 500 for each full 6 hours)		3,000
F 行李延誤 Baggage Delay (超過 6 小時延誤 after 6 hours delay)		2,500
G 證件遺失 Document Loss		30,000
4. 特別安排 SPECIAL CARE		
A 親屬探望 Care Visit		30,000
B 信用咭保障 Credit Card Protection		30,000
C 家居財物保障 Home Content (每件 3,000 per item)		15,000
5. 法律責任 LEGAL LIABILITY		
個人責任 Personal Liability		2,000,000