NAVIGATOR
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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. 如非註港工作，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爲簽發保單之依據，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或關聯公司、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.