

## 中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港銅鑼灣新寧道8號中國太平大廈19字樓  
 19/F, China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong

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### 「萬事太平旅遊寶」投保書

### “MASS-TAIPING COMPREHENSIVE TRAVEL SCHEME” PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please answer items below and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered

投保人資料 PARTICULARS OF PROPOSER			
<input type="checkbox"/> 公司 Company	名稱： Name:	商業登記證號碼： B.R. No.:	
<input type="checkbox"/> 個人 Individual	姓名： Name:	性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:			聯絡電話： Contact Tel. No.:
			傳真號碼： Fax No.:
<input type="checkbox"/> 電子保單 <sup>^</sup> E-Policy <sup>^</sup>	電郵地址： E-mail Address:		
<sup>^</sup> 投保人一旦選擇電子保單將不會收到本公司郵寄的保單。 <sup>^</sup> Proposer will not receive our policy by mail if he/she selects to receive electronic policy.			

投保細則 INSURANCE COVER			
保險計劃： Insurance Plan:	<input type="checkbox"/> 金計劃 Gold Plan	<input type="checkbox"/> 銀計劃 Silver Plan	<input type="checkbox"/> 銅計劃 Copper Plan
	<input type="checkbox"/> 短線計劃 (中國及澳門) Short-tour Plan (Mainland China and Macau)		
保費類別： Premium Type:	<input type="checkbox"/> 個人 Individual	<input type="checkbox"/> 個人及子女 (包括一位成人及其所有同行之 18 歲以下子女) Individual & Children (Includes one adult and his/her all accompanying children under the age of 18)	
	<input type="checkbox"/> 家庭 (包括合法夫婦及其所有同行之 18 歲以下子女) Family (Includes a legal couple and their all accompanying children under the age of 18)		
旅程種類： Trips Type:	<input type="checkbox"/> 單次旅程 (不限年齡) Single Trip Cover (No age limit is required)	<input type="checkbox"/> 全年保期 (多次旅程) (最大受保年齡為 75 歲) 1 Year (Multiple Trips Cover) (maximum age limit is 75)	
承保日期：(日/月/年) Period of Insurance: (dd/mm/yyyy)	由 From	至 To	共 Total
	天 (起止兩天均包括在內) Days (Both dates inclusive)		
(單次旅程之金、銀、銅計劃的最長保期為 182 天，短線計劃的最長保期為 6 天) (For Single trip cover under Gold, Silver, and Copper Plan, the maximum period of insurance is 182 days., Short-tour Plan is up to 6 days)			
旅行地點： Itinerary:	由 From	至 To	及返回香港特別行政區 and return to Hong Kong SAR

被保險人資料 PARTICULARS OF INSURED PERSON(S)					
姓名 Name	與投保人關係 Relationship with Proposer	出生日期 Date of Birth (日/月/年 dd/mm/yyyy)	性別 Sex	香港身份證號碼 / 旅遊證件號碼 HKID Card No. / Passport No.	保費 Premium (港幣 HKD)
1.					
2.					
3.					
4.					
5.					
總保費 TOTAL PREMIUM					

受益人資料 PARTICULARS OF BENEFICIARY PERSON(S)			
被保險人姓名 Name of Insured	受益人姓名 Name of Beneficiary	與被保險人關係 Relationship with Insured	性別 Gender
1.			
2.			
3.			
4.			
5.			

注意：此保險乃於原居地以外地方有效，除投保人於投保書上加列明並承保人在保險證明書上特別註明外，「原居地」將意指香港特別行政區。

Notice: This insurance is effective outside the Place of Residence. Place of Residence will be regarded as Hong Kong SAR unless otherwise specifically mentioned on the Proposal Form by the Proposer and specifically endorsed in the Certificate of Insurance by the Company.

**中國太平保險(香港)有限公司**  
China Taiping Insurance (HK) Company Limited**收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, providing administration, financing, claim investigation or analysis work and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) the Company's related companies (as that term is defined in the Companies Ordinance);
- (c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (d) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications: With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal information concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong or email to [info@hk.cntaiping.com](mailto:info@hk.cntaiping.com). Moreover, the full version of the Company's Data Privacy Policy can be found at [www.hk.cntaiping.com](http://www.hk.cntaiping.com).

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

中國太平保險(香港)有限公司 (下稱"本公司")明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本申請表要求的個人資料，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、保單相關行政、財務工作、索償調查或分析及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (vi) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律，條例及業內守則及指引。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 本公司的關連公司(以《公司條例》內的定義為準)；
- (c) 政府及市場認可的保險業監管機構：保險索償投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (d) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊：經閣下同意，本公司可能使用及／或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，本公司及／或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及／或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

閣下可有權隨時查閱及／或更正由本公司持有有關閣下的個人資料及／或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港銅鑼灣新寧道8號中國太平大廈19樓或電郵[info@hk.cntaiping.com](mailto:info@hk.cntaiping.com)。另本公司私隱政策的全文已上載於[www.hk.cntaiping.com](http://www.hk.cntaiping.com)，歡迎查閱。

本聲明中英文版本如有任何歧異或不一致，概以英文版為準。

☐ I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials. 本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。

**中國太平保險(香港)有限公司**  
China Taiping Insurance (HK) Company Limited**投保人聲明 DECLARATION**

1. 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。
2. 本人同意有關保險須在該公司接受本投保書後才生效。
3. 本人保證各被保險人絕不會違反醫生的囑咐或僅為獲得醫療而外出旅遊，亦完全並清楚明白任何現已存在之傷病或先天性或遺傳性質之疾病皆不受保，並保證對影響取消或縮短旅程之事故或病症絕不知情。
1. I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and China Taiping Insurance (HK) Co. Ltd.
2. I agree that the insurance will not be in force until the proposal has been accepted by the Company.
3. I declare that to the best of my knowledge and belief the insured person(s) shall not travel contrary to any advice of a medical practitioner or only for the purpose of obtaining medical treatment and fully understand(s) that any pre-existing conditions, congenital or hereditary medical conditions sickness are not covered. I further declare that the insured person(s) shall guarantee that they have no knowledge of any incident and/or illness that would render the journey to be cancelled or curtailed.

日期：

Date :

(日/月/年 dd/mm/yyyy)

投保人簽署及蓋章：

**Signature of Proposer &  
Company Chop :****由本公司填寫 FOR OFFICE USE ONLY**

PC:					IT:						
CC:					CC:						
AT:					AC:						
DI:	M	201:	%	202:	%	203:	%	204:	%	213:	%
	S	201:	%								
	O	R:	%								
SC:											
REMARK:											