

海外留學生保障計劃申請表格

Travel Direct Overseas Student Insurance Application Form

請以英文正格填寫 Please type or print in English block letters

申請人姓名
Name of Applicant: Mr./Ms. _____

(申請人必須為受保人，如受保人為18歲以下，申請人必須為18歲或以上並為受保人之父母或監護人 The applicant and the Insured Person must be the same person. For Insured Person under 18 years old, applicant should be a parent or guardian aged 18 or above)

地址
Address : _____

電話
Tel No. : _____

	基本計劃 Basic Plan	優越計劃 Premier Plan
全年保費 Annual Premium :	MOP1,910 <input type="checkbox"/>	MOP3,350 <input type="checkbox"/>

附加保障-醫療費用 Optional Benefit-Medical Expenses : (包括中國支援咭 CHINA Assist Card Included)	MOP3,760 <input type="checkbox"/>	MOP4,720 <input type="checkbox"/>
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全年總保費 Total Annual Premium :	MOP _____	MOP _____
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起保日期
Effective Date : _____ 日/月/年
DD/MM/YYYY

受保人姓名
Name of Insured Person: Mr./Ms. _____

身份證號碼
ID No.: _____ 出生日期
Date of Birth: _____ 日/月/年
DD/MM/YYYY

與申請人之關係 Relationship to Applicant : 本人 Self 子女 Child

受保人就讀的海外學府名稱
Name of the Overseas Educational Institution attended by the Insured (OEI) : _____

受保人就讀的海外學府地址
Address of the Overseas Educational Institution attended by the Insured (OEI) : _____

受保人海外地址
Overseas Address of the Insured: _____

聲明

- 茲申請「海外留學生保障計劃」，並聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人與美亞保險香港有限公司（澳門分行）（美亞保險）所簽署合約之依據。本人同意投保申請獲接納後方始作實。
- 本人現確認及保證：受保人絕不會違反醫生之勸告，而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。
- 如遺失「中國支援卡」，本人/吾等須於48小時內向美亞保險報失並繳付MOP100作補領費用。
- 本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。
- 本人現聲明並同意美亞保險香港有限公司（澳門分行）可保留、使用或透露任何美亞保險香港有限公司（澳門分行）所收集或持有之個人資料（在此申請書所載或從其他途徑取得），並可給予有關人士機構或任何被選定的機構（澳門或海外），處理與本申請及其他財務產品及服務，或作直接促銷及資料核對等用途，並因而與本人聯絡。本人明白到(i)倘若本人未能提供本申請書所需的資料，美亞保險香港有限公司（澳門分行）將可能無法處理申請，及(ii)本人有權向美亞保險香港有限公司（澳門分行）查閱及申請改正所有與本人及受保家庭成員有關的個人資料。有關的申請可來函澳門商業大馬路251A至301號友邦廣場5樓506室美亞保險香港有限公司（澳門分行），之個人資料管理員辦理。

Declaration

- I hereby apply for Travel Direct Overseas Student Insurance and declare that the statements and particulars given in this application are, to the best of my knowledge and belief, true and complete and that this application will form the basis of my contract with AIG Insurance Hong Kong Limited (Macau Branch) (AIG Macau). I understand and agree that no insurance will be effected until the application is approved.
- I hereby acknowledge and warrant that: The insured person shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment and the insured person is now in good health.
- In the event of loss of CHINA Assist Card, I/we should advise AIG Macau within 48 hours and pay MOP100 for each replacement card.
- I/We declare that I/we have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.
- I hereby declare and agree that any personal information collected or held by AIG Insurance Hong Kong Limited (Macau Branch) (whether contained in this application or otherwise obtained) is provided and maybe held, used, and disclosed by AIG Insurance Hong Kong Limited (Macau Branch) to individuals / organizations associated with AIG Insurance Hong Kong Limited (Macau Branch) or any selected third party (within or outside of Macau) for the purposes of processing this application and providing subsequent services for this and other financial products and services, direct marketing, and data matching, and to communicate with me for such purposes. I understand that (i) AIG Insurance Hong Kong Limited (Macau Branch) may be unable to process this application if I fail to provide any information requested in this application and (ii) I have the right to obtain data access to and to request correction of any personal information held by AIG Insurance Hong Kong Limited (Macau Branch) concerning me and any of my covered dependents. Such request can be made to AIG Insurance Hong Kong Limited (Macau Branch)'s Data Privacy Officer at Unit 506, 5th Floor, AIA Tower, No. 251A-301, Avenida Comercial de Macau.

申請人簽署 Signature of Applicant

日期 Date

繳費方式 Payment

支票 支票號碼

By Cheque Cheque No. : _____

附上抬頭為「美亞保險香港有限公司（澳門分行）」之劃線支票。

Enclosed a crossed check made payable to "AIG Insurance Hong Kong Limited (Macau Branch)"

代理人姓名 Producer Name:

代理人編號 Producer Code: