



伴您遨遊旅遊保障申請表 Travel Direct Global Insurance Application Form

This application serves as part of the Policy and Premium Receipt after payment of premium is received and countersigned by an Authorized Signatory of AIG Insurance Hong Kong Limited (Macau Branch)

申請人資料 Applicant Information (請以英文正楷填寫 Please fill in with English Block Letters)

申請人姓名
Name of Applicant _____
(申請人必須為全年計劃的保單持有人 For Annual Plan, Applicant must be same as Policyholder)

通訊地址
Correspondence Address _____

電話
Tel No. (853) _____ 電郵地址
Email Address _____

受保人資料 Insured Person Information (如空位不足，請以另頁補充 If space provided is insufficient, please use a separate sheet)

受保人姓名 Name of Insured Person(s)	出生日期 Date of Birth (日 DD/月 MM/年 YY)	身份證/ 護照號碼# ID No./ Passport No.#	電話 Tel No.	與第一受保人之關係 Relationship with the 1 st Insured Person	(只適用於全年計劃 for annual plan only)	
					與申請人之關係 Relationship with the Applicant	職業及工作範圍* Occupation & Job Duties*
姓 Surname	名 First Name					
1	/ /					
2	/ /					
3	/ /					
4	/ /					
5	/ /					
6	/ /					

*如申請全年計劃，請提供身份證副本。 For Annual Plan, please submit this application together with the ID copy.

*註：部份職業的投保恕不接受，詳情請向我們或您的保險顧問查詢或查閱保單。

*Note: Application from some occupations are not accepted. For details, please contact our customer service hotline or your insurance consultants or refer to the policy wording.

選擇計劃 Plan

短期單次計劃 Single Trip Plan (最長保障 182 日 Maximum 182 days)

個人計劃 Individual Plan 家庭計劃 Family Plan

受保日期 Period of Insurance:
____/____/____ 至 to ____/____/____ (日 DD/月 MM/年 YY) 總日數 total ____ days

行程 Itinerary#: _____

旅遊目的 Purpose of Trip: 遊覽 Pleasure
 文職公幹 Business (Administrative Duty Only)

全年計劃 Annual Plan

個人計劃 Individual Plan 家庭計劃 Family Plan

起保日期 Effective Date: ____/____/____ (日 DD/月 MM/年 YY)

行程 Itinerary#: 環球 Worldwide

旅遊目的 Purpose of Trip: 遊覽 Pleasure
 文職公幹 Business (Administrative Duty Only)

總保費 Total Premium (MOP): _____

*不保國家：古巴、伊朗、敘利亞、蘇丹、北韓、或克里米亞地區

*Excluded Countries: Cuba, Iran, Syria, Sudan, North Korea, or the Crimea region

繳費方式 Payment Method

支票 By Cheque 現金 By Cash

(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 cheque made payable to
"AIG Insurance Hong Kong Limited (Macau Branch)"

支票號碼
Cheque No. _____

保費表 Premium Table (MOP)

保障期 Period of Insurance	個人 Individual	家庭 Family
1 - 3 日 day(s)	119	238
4 日 days	159	318
5 日 days	189	378
6 日 days	229	458
7 日 day	249	498
8 日 days	269	538
9 日 days	289	578
10 日 days	309	618
11 日 days	339	678
12 日 days	379	758
13 日 days	398	796
14 日 days	425	850
15 日 days	445	890
16 - 18 日 days	485	970
19 - 22 日 days	518	1,036
23 - 27 日 days	550	1,100
28 - 31 日 days	620	1,240
每增一星期 Each additional week	140	280
全年計劃 Annual Plan	1,800	3,500

聲明 Declaration

- 本人/吾等現申請投保「伴您遨遊旅遊保障計劃」，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/吾等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/吾等同意保險須為申請獲接納後並已將保費繳付美亞保險方始生效。保單簽發生效後概不發還保費（全年計劃之商務客戶除外）。
- 本人/吾等現確認及保證：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」（只適用於全年計劃），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。
- 全年計劃之商務客戶適用：任何於保單發出後就保險計劃而作之更改（包括受保人之增加、刪減或更換或其他類型之改動），本公司或本人經本公司授權同意：
 - 該等更改須於美亞保險收到本公司書面指示後方為處理，而任何保費之改動將按日數比例計算；及
 - 在刪減受保人的情況下，本公司必須將中國支援卡退回給美亞保險，否則美亞保險不會於該刪減生效後退還任何就該受保人已付之保費。
- 全年計劃之商務客戶適用：本公司或本人經本公司授權同意只有於保障生效前，經本公司填妥指定表格向美亞保險申報其名字的會員/職員才合格受保於本計劃。
- 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。

- I/We hereby apply for Travel Direct Global Insurance and declare that the statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited (Macau Branch) ("AIG Macau"). I/We understand and agree that no insurance will be effected until the application is accepted by and the required premium has been paid to AIG Macau, No refund of premium is allowed once the application has been accepted (except annual plan for corporate client).
- I/We hereby acknowledge and warrant that none of the Insured Person(s) is traveling contrary to the advice of any medical practitioner or for the purpose of obtaining medical treatment and that all of the Insured Person is now in good health.
- In the event of loss of CHINA Assist Card (applicable to Annual Plan only), 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.
- For corporate client of annual plan: In case we/our company wish(es) to effect any change in the insurance plan (including addition or deletion or substitution of the insured person or other kinds of adjustment) after issuance of the insurance policy, our company or the undersigned on behalf of the company acknowledges and agrees that:-
 - such change will be processed after our company's instruction in writing received by AIG Macau and any adjustment in the amount of premium payable will be effected pro-rata on daily basis; and
 - In case of deletion of any Insured Person, our company must return the CHINA Assist Card to AIG Macau, otherwise AIG Macau will not refund any paid premium in respect of such Insured Person after such deletion has become effective.
- For corporate client of annual plan: Our company or the undersigned on behalf of the company acknowledges and agrees that only those member(s)/employee(s) named and/or declared by our company to AIG Macau under prescribed form prior to binding of the insurance coverage shall be eligible for the plan.
- 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
(如適用者，請連同公司蓋章 with Company Chop if applicable)

日期 Date (日 DD/月 MM/年 YY)

保險代理 For Insurance Agent/保險經紀 For Insurance Broker

如保險代理/保險經紀代申請人填妥此表格（只適用於短期單次計劃），保險代理/保險經紀請細閱下文並簽署：

本人確認申請人授權本人協助其填妥此申請表。本人已向申請人解釋上述聲明及「收集個人資料聲明」，及申請人明白及同意作出上述聲明及同意其個人資料將轉交予美亞保險作處理此申請之用，且該資料亦會轉交有關第三方作該些用途，此外，申請人亦明白及同意其可透過保單上列明的聯絡資料要求查閱或修改美亞保險所持有其個人資料。本人在收到保單後會將保單轉發予申請人。

For Agent/Broker who completes this application for the Insured Person/Applicant (For Single Trip Plan only)

I confirm that the Applicant has authorised me to assist him/her complete this application. I have explained the above Declaration and the Personal Information Collection Statement to the Applicant and the Applicant understands and has agreed to make such declaration and agreed that his/her personal data will be transferred to AIG Macau to process this application and that the data may be transferred to third parties involved in that process and that the Applicant may request access to or correct such data which AIG Macau holds (by means of the contact details given in the policy). If the policy is sent to me, I will forward it to the Applicant.

代理人/保險經紀簽署 Signature of Agent /Broker

日期 Date (日 DD/月 MM/年 YY)

代理人/保險經紀姓名及編號

Agent/Broker Name and Code : _____

代理人/保險經紀電話

Phone No. of Agent/ Broker: _____

本公司專用 For Office Use Only (只適用於短期單次計劃 For Single Trip Plan Only)

Policy No.: 01G-ENT-12 _____
Total Premium: MOP _____ Rider
Received: Cash Check No. _____

AIG Insurance Hong Kong Limited (Macau Branch)

Date (DD/MM/YY) _____

Authorized Signatory _____