



**American International Underwriters, Limited**

(Insurance Agent Reg. No.: 95902947)

美安保險公司香港分行總代理 General Agent of American Home Assurance Company, Hong Kong Branch  
美國國際集團成員 A Member of American International Group, Inc.



「開心萬應保」旅遊保險申請表

**JourneySafe Travel Insurance Application Form**

(請以英文正楷填寫) (Please fill in with English Block Letters)

(姓 Surname)

(名 First Name)

申請人姓名

Name of Applicant:

電話

Tel No.

地址

Address:

受保人姓名

Name of Insured Person(s)

(姓 Surname)

(名 First Name)

與第一受保人之關係

Relationship to the

1st Insured Person

出生日期

Date of Birth

身份證/護照號碼

ID/Passport Number

1 \_\_\_\_\_

第一受保人 1st Insured Person

月 M 日 D 年 Y

2 \_\_\_\_\_

月 M 日 D 年 Y

3 \_\_\_\_\_

月 M 日 D 年 Y

4 \_\_\_\_\_

月 M 日 D 年 Y

5 \_\_\_\_\_

月 M 日 D 年 Y

**計劃 PLAN**

國際

International

中國

China

**受保日期 PERIOD OF INSURANCE**

(最長保障期: 182 日 Maximum Period: 182 days)

由: 月 日 年至 月 日 年 共 日

From M D Y to M D Y Total days

(Both days inclusive 包括首尾兩日)

**行程 ITINERARY**

**旅遊目的 PURPOSE OF TRIP**

遊覽 Pleasure/商務 Business(只限文職 administrative duty only)

**總保費 TOTAL PREMIUM**

港幣 HK\$

**保費表 (港幣) PREMIUM (HK\$)**

保障期 Period of Insurance	國際 International		中國 China	
	個人 Individual	家庭* Family	個人 Individual	家庭* Family
1 日 days	88	176	42	84
2 日 days	98	196	53	106
3 日 days	122	244	61	122
4 日 days	158	316	75	150
5 日 days	178	356	88	176
6 日 days	212	424	105	210
7 日 days	242	484	119	238
8 日 days	278	556	130	260
9 日 days	298	596	130	260
10 日 days	318	636	152	304
11 日 days	338	676	152	304
12 日 days	378	756	152	304
13 日 days	408	816	152	304
14 日 days	418	836	152	304
15 日 days	438	876	198	396
16-20 日 days	498	996	198	396
21-25 日 days	588	1176	220	440
26-31 日 days	708	1416	270	540
每增一日 additional day	18	36	10	20

\*家庭: 包括合法夫婦及其 17 歲子女 Family: For a legal couple and any number of children aged under 17

**聲明 Declaration**

本人茲申請投保「開心萬應保」旅遊保險附加契約, 並聲明以上所作及各項細節均屬其實無訛, 且本申請表將會構成本人與 American International Underwriters, Ltd. (貴公司)(美安保險公司, 香港分行之總代理)所簽署合約之依據。I hereby apply for JourneySafe Travel Insurance and declare that the statements and particulars given in this JourneySafe Travel Insurance Application Form are to the best of my knowledge and belief, true and complete and that this application shall form the basis of my contract with American International Underwriters, Ltd. (hereinafter called "AIU Ltd.") (a general agent for American Home Assurance Company, Hong Kong Branch).

本人同意投保申請獲接納後方始作實, 申請人現獲悉及保證各受保人並不知道任何將會引致旅程延誤的事情。I understand and agree that no insurance will be effected until the application is approved. The Applicant hereby acknowledges and warrants that neither the Applicant nor any other Insured Person covered under this insurance knows of any condition, cause or circumstance existing that may necessitate the travel delay of the planned insured Journey.

本人明白及同意此保險生效後, 概不發還保費。I understand and agree no refund of premium is allowed once this application has been accepted.

如中文譯本與英文有異, 一概以英文為準。In the event of differences between the English and Chinese version, the English version shall prevail.

本人明白並同意貴公司保留、使用或透露貴公司所收集或保留之任何有關本人及受保人的個人資料(在此申請書所載或從其他途徑取得), 給予有關人仕 / 機構或任何被選定的機構(在本港或海外的), 以便處理此申請及提供其稍後的服務、直接促銷及資料核對等用途, 及因此等用途與本人聯絡。本人明白到時 (i)倘若本人未能提供本申請書所需的資料, 貴公司將可能無法處理申請, 及(ii)本人有權向貴公司查閱及申請改正所有與本人及受保人有關的個人資料。有關的申請可來函香港郵政總局信箱 456 號貴公司之個人資料管理員辦理。I hereby declare and agree that any of the information collected or held by AIU Ltd (whether contained in this application or otherwise obtained and whether it is related to me or the Insured Persons) is provided and may be held, used, or disclosed by AIU Ltd or any selected third party (within or outside of Hong Kong, including reinsurance and claims investigation companies and industry associations/federations) 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 and/or the Insured Persons for such purposes. I understand that AIU Ltd may be unable to process this application if I fail to provide any information requested for processing this application and I have the right to obtain access to and to request correction of any of the information held by AIU Ltd concerning me and/or the Insured Persons. Such requests can be made to AIU Ltd's Data Privacy officer at G.P.O. Box 456, Hong Kong.

**本公司專用 For Office Use Only**

保險證書號碼 Certificate No. of Insurance :

01G - \_\_\_\_\_

申請人簽署 Signature of Applicant

日期 Date

旅行社名稱及編號 Travel Agent's Name & Code

簽發日期 Issue Date

旅行社授權人簽署及蓋印

Authorized Signatory and Stamp of Travel Agent

注意: 當需要索償時, 必須出示已經批核的投保書。

Notice: In the event of claims, Insured Person must present the copy of the approved application as evidence of cover.