

**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號民安廣場19字樓  
19/F, Ming An Plaza, 8 Sunning Road, Causeway Bay, Hong Kong.  
Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com

**「旅遊綜合保險」投保書 “Travel Insurance Package” Proposal Form**

\*請用☑選擇適用者 please ☑ where appropriate

保險計劃 Plan	<input type="checkbox"/> 至尊計劃 Supreme Plan	<input type="checkbox"/> 超級計劃 Super Plan	<input type="checkbox"/> 優越計劃 Excellent Plan
保費類別 Premium Type	<input type="checkbox"/> 被保險人 Insured	<input type="checkbox"/> 被保險人夫婦 Insured Couple	<input type="checkbox"/> 被保險人(父或母)及子女 Insured (Father or Mother) & Children
			<input type="checkbox"/> 被保險人夫婦及子女 Insured Couple & Children

投保人姓名 Name of Proposer : \_\_\_\_\_

通訊地址  
Correspondence Address : \_\_\_\_\_

聯絡電話 Contact Tel No. : \_\_\_\_\_ 電郵地址 E-mail Address: \_\_\_\_\_

承保日期 Period of Insurance : ☐ 單次旅程保期  
Single Trip Plan ☐ 三個月保期 (多次旅程)  
3 Months (Multiple Trips Plan) ☐ 全年保期 (多次旅程)  
1 Year (Multiple Trips Plan)  
(受保年齡 : 18-65 Age Limit:18-65)

由 From 至 To 共 Total 天 Days  
(首尾兩天包括在內 Both dates inclusive / 單次旅程保期不超過 182 天 Single Trip Plan not exceeding 182 days)

旅行地點 Itinerary : 由 From 至 To 及返回香港特別行政區止 and return to Hong Kong SAR

被保險人 Insured		出生日期(日/月/年) Date of Birth (dd/mm/yy)	性別 Sex	香港身分證號碼 / 旅遊證件號碼 HKIC No. / Passport No.	受益人 Beneficiary		保費 Premium (HK\$)
姓名 Name	與投保人關係 Relationship with Proposer				姓名 Name	與被保險人關係 Relationship with Insured	
1.							
2.							
3.							
4.							
5.							
總保費 Total Premium:							

注意：此保險乃於原居地以外地方有效，除投保人在投保書上加以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 Origin. Place of Origin 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.

**【收集個人資料聲明 Personal Information Collection Statement】**

閣下提供的資料，為本公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償或索償分析；及可能轉移予：現存或不時成立之任何有關的公司，或任何其他從事與保險或再保險有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。

閣下有權查閱及要求更正本公司持有有關閣下的個人資料。如有任何要求或查詢，請來函或聯絡本公司總經理辦公室經理。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of:

- any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them;
- any claim or analysis of it; and may be transferred to: Any related company or any other company carrying on insurance or reinsurance related business or an intermediary or any person or company providing claim or investigation or other services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Should you have any requests or enquiries, please contact or write to our Manager of the Office of the General Manager.

**【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。

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) COMPANY LIMITED.

2. 本人同意有關保險須在該公司接受本投保書後才生效。

I agree that the insurance will not be in force until the proposal has been accepted by the Company.

投保人簽署：

Signature of the Proposer : \_\_\_\_\_

日期：

Date : \_\_\_\_\_

如欲投保，請填資料後傳真至(852) 2543 5926 或 (852) 2541 1004 Simply complete the Proposal Form and fax to (852) 2543 5926 or (852) 2541 1004

**For Office Use Only**

Proposer Code :	Client Code :	IT :
M 201: _____% 202: _____% 203: _____% 204: _____% 213: _____%	AT :	
S 201: _____% 202: _____% 203: _____% 204: _____% 213: _____%	SC :	
O R: _____%	U/W System : <input type="checkbox"/> KEA <input type="checkbox"/> NEW	Policy No. :