中國交銀保險有限公司
CHINA BOCOM INSURANCE CO., LTD.

「交通銀行客戶專用」

ISO 9001 : 2008
Certificate No. 194922

交銀保險「交遊保障計劃」投保書
CBI SMART TRAVELLER INSURANCE PLAN PROPOSAL FORM

投保申請人資料 PROPOSER/APPLICANT INFORMATION

投保申請人 Proposer/Applicant:		聯絡電話 Contact Tel. No.:	852-
通訊地址 Correspondence Address:		電郵地址 Email Address:	

行程 ITINERARY OF JOURNEY

選擇行程 (請在適當方格內加上☑)Specify your itinerary (Please ☑ the appropriate box)

☐ 單次旅程 Single Journey : 由 Period From _____ (日/月/年) (dd/mm/yy) 至 To _____ (日/月/年) (dd/mm/yy) 共 Total _____ 日 Days

☐ 全年保障 Annual Cover : 生效由 Effective from _____ (日/月/年) (dd/mm/yy) 保險期由生效日期始起計 12 個月內有效 (每一單次旅程保障期最高為 90 天)
Insurance period is confined within 12 full calendar months from the effective day.
(Each single journey covered up to maximum 90 days)

保障計劃 BENEFIT PLAN

選擇保障計劃及旅遊地區請在適當方格內加上☑ Specify your benefit plan & Areas of Travel (Please ☑ the appropriate box)

☐ **計劃 A Plan A**	☐ **計劃 B Plan B**
☐ 單人 Insured Person Only ☐ 家庭 Family Plan	☐ 單人 Insured Person Only ☐ 家庭 Family Plan
☐ 旅遊地區 1 Travel Area 1 ☐ 旅遊地區 2 Travel Area 2 旅遊地點 Places of Travel : _____	☐ 旅遊地區 1 Travel Area 1 ☐ 旅遊地區 2 Travel Area 2 旅遊地點 Places of Travel : _____

旅遊地區 1 Travel Area 1 - 包括 including :
緬甸、汶萊、柬埔寨、中國、印尼、日本、塞班島、關島、南韓、寮國、澳門、馬來西亞、菲律賓、新加坡、台灣、泰國及越南。
Burma, Brunei, Cambodia, China, Indonesia, Japan, Saipan, Guam, South Korea, Laos, Macau, Malaysia, Philippines, Singapore, Taiwan, Thailand and Vietnam.
*若旅程其中 1 個途經旅遊地點屬旅遊地區 1 以外之地方，該旅程將定義為旅遊地區 2 * If one of the places of traveling does not specified in Travel Area 1, the Travel Area should be defined as Area 2
旅遊地區 2 -包括全球地區及旅遊地區 1 所在地方
Travel Area 2 - Worldwide including places specified under Area 1

保險費
Premium : HK$_____

被保人資料 INSURED PERSON INFORMATION

被保人姓名 Name of Insured Person	性別 Sex	出生日期 Date of Birth (dd/mm/yy)	香港身份証/ 護照號碼 HKID / Passport No.

*** 只須在投保其他家庭成員填寫 FILL IN BELOW INFORMATION FOR INSURED FAMILY**

被保人配偶及子女姓名 Insured Person's Spouse and Children	性別 Sex	出生日期 Date of Birth (dd/mm/yy)	香港身份証/ 護照號碼 HKID / Passport No.

被保人年齡在保單生效日時必須介乎 18 至 80 歲，全年保障最高年齡上限為 70 歲。隨行之未婚子女年齡需介乎 30 天至 17 歲
Age of Insured Person at policy inception must between 18-80 except for annual cover up to maximum 70. For dependent children aged between 30 days to 17.

IMPORTANT NOTE:
凡於保單生效日時不符合被保人年齡之規定者，即使保險申請已被接納並以繳付所需保費，被保人將不可能獲得保障項目內(1)醫療開支及相關費用和(2)意外死亡或永久完全傷殘之任何保障。
In the event the aged of the insured person at the policy inception date is not conforming the age limitation requirement, the Insured person will not be entitled to the insurance benefit under (1) Medical and related expenses and (2) Accidental Death and/or Accident Permanent Disablement Sections.

香港中環紅棉路 8 號東昌大廈 18 樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192

索償紀錄 CLAIM EXPERIENCE

在過去 12 個月內曾否有索償旅遊保險之記錄，如有，請詳細說明次數及涉及之賠償金額:
Have you made any claim under any travel insurance policy for past 12 months? If yes, please specify details below including no. of claim and amount involved:

索償總次數 Total No. of Claim	賠償總金額 Total Claim Amount (以港幣計 in HKD)

凡過往 12 個月內索償總次數高於 1 次或賠償總金額高於 HK$1,000 保險申請需送交中國交銀保險有限公司審核及確認後才可生效。If there is more than 1 claim or actual claim amount exceeds HK$1,000 in the past 12 months, this insurance application should forward to China BOCOM Insurance Co., Ltd. for approval.

繳付保費方法 PREMIUM PAYMENT METHOD

選擇下列方法繳付保費 Choose the premium payment method below :

☐ Cash 現金 ☐ Transfer 轉賬 ☐ Cheque* 支票*

*如以支票付款，支票抬頭需填寫「**中國交銀保險有限公司**」。*If paid by cheque, cheque should be made payable to "**China BOCOM Insurance Co., Ltd**."

下列繳付保費方法只適用於以個人身份投保全年保障計劃 Below payment method is solely used for annual cover subscribed by individual

☐ Direct Debit** (Direct debit from either VISA credit card or Bank of Communications bank account)
直接付款** (由 VISA 信用卡/交通銀行賬戶直接付款)

**如以直接付款，需填寫及提交「直接付款方式授權書」。

If premium paid via Direct Debit payment, please complete and return the "Direct Debit Payment Authorization Form**" to us.

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1st April, 2013)

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "**the Company**") may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

(i) processing and evaluating your insurance application and any future insurance application you may make;
(ii) administering your insurance policy and providing services in relation to your insurance policy;
(iii) investigating, processing and paying claims made under your insurance policy;
(iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
(v) executing the Direct Debit Payment Authorization for premium payment;
(vi) designing products/services for customers;
(vii) conducting market research for statistical or other purposes;
(viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
(ix) conducting identity and/or credit checks and/or debt collection;
(x) carrying out other services in connection with the operation of the Company's business;
(xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
(xii) contacting you for any of the above purposes;
(xiii) other ancillary purposes which are directly related to the above purposes; and
(xiv) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

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 which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
(b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
(c) in the event of default, debt collectors and recovery agents;
(d) insurance reference bureaus or credit reference bureaus;
(e) reinsurers and reinsurance brokers;
(f) your insurance broker (if you have one);
(g) our legal and professional advisors;
(h) our related companies;
(i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
(j) the Insurance Claims Complaints Bureau and similar industry bodies; and
(k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box ☑ below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box ☑ below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

☐ **I/We do not consent to receive marketing communications from the Company.**
☐ **I/We do not consent to receive marketing communications from the related companies of the Company.**
If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies
In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

(1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
(2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
(3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on **"ACCESS AND CORRECTION OF PERSONAL DATA".** The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
(4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: **Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理(2013 年 4 月 1 日起生效)

收集個人資料的聲明

部分1: 收集及使用個人資料

中國交銀保險有限公司（下稱"本公司"） 可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途：

(i) 處理及審批 閣下的保險申請或 閣下將來提交的保險申請；
(ii) 執行 閣下保單的行政工作及提供與 閣下保單相關的服務；
(iii) 調查、處理及支付 閣下保單有關的索償；
(iv) 發出繳交保費通知及向 閣下收取保費、自負額及欠款；
(v) 執行直接付款方式授權繳付保費；
(vi) 為客戶設計產品及/或服務；
(vii) 為統計或其他目的進行市場研究；
(viii) 不時就本條款所列的任何目的核對所持有的與 閣下有關的任何資料；
(ix) 進行身份和／或信用核查和／或債務追收；
(x) 開展與本公司業務經營有關的其他服務；
(xi) 向 閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊；
(xii) 就以上用途聯絡 閣下；
(xiii) 其它與上述用途有直接關係的附帶用途；及
(viii) 遵循適用法律，條列及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

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) 就上述用途，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（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商;
(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
(c) 追討欠款的收數公司或索償代理；
(d) 保險資料服務公司及信貸資料服務公司;
(e) 再保公司及再保經紀;
(f) 閣下的保險經紀（若有）;
(g) 本公司的法律及專業業務顧問;
(h) 本公司的關連公司;
(i) 香港保險業聯會（或同類的保險公司聯會）及其會員;
(j) 保險索償投訴局及同類的保險業機構;
(k) 法例要求或許可的政府機關。

經 閣下同意，本公司可能會以其它方式使用及披露 閣下的個人資料。

"關連公司" 是指本公司的控股公司『交通銀行』其中亦包括交通銀行屬下之分行、附屬公司及代表處及/或任何被交通銀行在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

部分2: 直銷促銷

經 閣下同意，本公司可能使用 閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與 閣下聯絡，提供金融及保險產品的直接促銷通訊。若 閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☑。

經 閣下同意，本公司亦可能提供 閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與 閣下聯絡，提供金融及保險產品的直接促銷通訊。若 閣下反對本公司將 閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☑。

☐ **若 閣下反對接收本公司的直接促銷通訊，請在方格內填上☑**
☐ **若 閣下反對接收關連公司的直接促銷通訊，請在方格內填上☑。**

如閣下遞交此聲明書而沒有在以上方格內以☑ 顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。
若 閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我司將停止提供 閣下的個人資料給予本公司的關連公司，但這並不代表 閣下反對本公司的關連公司使用由其公司原本擁有 閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得 閣下之個人資料所作出的直接促銷用途。

香港中環紅棉路 8 號東昌大廈 18 樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192

申請人需留意的重要事項

(1) 敬請注意，如果 閣下不向本公司提供 閣下的個人資料，本公司可能無法提供 閣下所需的資料、產品或服務，或無法處理閣下的要求。
(2) 以上部分2代表 閣下現在接收直銷推廣資料的選擇，這亦取代任何 閣下之前已告知中國交銀保險有限公司的選擇。
(3) 閣下如欲撤回 閣下給予本公司的同意，請發信至下文**"個人資料的查閱和更正"**部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將 閣下納入日後的直接促銷活動中。
(4) 閣下如欲了解更多本公司為促銷目的使用 閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例， 閣下有權查明本公司是否持有 閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知 閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：**中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。**

聲 明 DECLARATION

1. 本人/本公司謹此聲明, 根據本人/我們所知及所信,上述所有資料均屬實無訛且事實之全部, 並所有能影響是項申請評估的事實因素均已呈報。I/We declare that the information given above is true and complete to the best of my/our knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
2. 本人/本公司謹此聲明,所有被保人現在身體健康良好，並無任何殘障或缺陷。I/We declare that all the Insured Person(s) am/are now in good health and free from physical impairment or deformity.
3. 本人/本公司謹此聲明, 所有被保人絕不會在違返醫生之勸告的情況下參與行程及旅行目的不在於治療疾病，各被保人或保單上列明之受保人對自己安排而又須取消或提早結束之行程，事先均絕不知情。I/We declare that all the Insured Person(s) shall not be traveling contrary to the advice of any medical practitioner or traveling in order to receive medical treatment. Neither the Insured Person nor any other person covered under this policy knows of any condition, cause or circumstance existing that may necessitate the cancellation or curtailment of the planned journey.
4. 本人/本公司明白當需要索償時，必須向保險公司出示已經批核的申請表正本或副本。I/We understand that I/We have to present the copy of the approval to the Company as an evidence of cover in case of claims.
5. 本人/本公司明白本投保書及保費被中國交銀保險有限公司接受及收妥後，保障才正式生效及同意該投保書和聲明將被用作雙方合約之根據。I / We understand that this application will not become effective until this proposal and premium have been accepted and received by China BOCOM Insurance Co., Ltd. "CBIC" and agree that this Proposal and Declaration shall be the basis of the contract between me / us and CBIC.
6. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分2中給予貴司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in the insurance proposal/application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

投保申請人簽署 Proposer's / Applicant's Signature	日期 Date
請勿於空白投保書上簽署 Do not sign a blank form	（日/月/年 dd/mm/yyyy）

投保人須知 IMPORTANT NOTES TO PROPOSER

(1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理／經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
(2) 以上一般保險保單/計劃由中國交銀保險有限公司(「交銀保險」)承保。交銀保險是獲香港保險業監理專員授權在香港特別行政區經營的保險公司。交通銀行股份有限公司香港分行(「交通銀行」)乃根據保險公司條例(香港法例第41章)註冊為交銀保險於香港特別行政區分銷一般保險產品之授權保險代理商。所有保單/計劃內之保障包括但不限於客戶服務、處理索償服務等將由交銀保險負責。以上一般保險保單/計劃乃交銀保險之產品而非交通銀行之產品。The above general insurance policy/plan is underwritten by China BOCOM Insurance Co., Ltd. ("CBIC"). CBIC is the authorized insurer in Hong Kong SAR approved by the Office of the Commissioner of Insurance. Bank of Communications Co., Ltd. Hong Kong Branch ("BOCOM") is registered in accordance with the Insurance Companies Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of CBIC for distribution of general insurance products of CBIC in the Hong Kong SAR. All insurance coverage in the policy/plan including but not limited to customer services & claim handling services within the insurance policy/plan is supplied by CBIC. The above general insurance policy/plan is the product of CBIC but not BOCOM.
(3) 對於交通銀行與投保人之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），交通銀行須與投保人進行金融糾紛調解計劃程序；而有關產品的合約條款的任何爭議，應由交銀保險與投保人按照保單/計劃條款及細則直接解決。In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between BOCOM and the proposer out of the selling process or processing of the related transaction, BOCOM is required to enter into a Financial Dispute Resolution Scheme process with the proposer; however any dispute over the contractual terms of the product should be resolved directly between CBIC and the proposer according to terms and conditions of the insurance policy/plan.

香港中環紅棉路 8 號東昌大廈 18 樓
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(4) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.

(5) 若本中英文譯本有不同，概以英文為準。If there is any difference between the Chinese and the English version, English version shall prevail.

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此部份只供內部使用 INTERNAL USE ONLY

《交 通 銀 行 專 用》 (必須填寫所有欄位)

單位編號		保險中介人姓名	
投保人 CI 號： ☐ 沒有 ☐ 有		保險中介人員工編號	
CM / RD		保險中介人簽署及日期	
備註 (若適用):		主管簽署及日期	

關於外遊人仕的重要告示：

針對香港政府外遊警示，『交銀保』提醒被保人必須留意在下列情況之保障安排:

1. 若客戶在香港政府對於將要前往之國家或地區發出紅色或黑色外遊警示前已購買『交銀保險』之旅遊保險，保障將繼續生效，但受保人需注意人身安全避免前往受影響之地區，否則可能影響保障之有效性。倘若客戶尚未出發且在這種情況下要求取消保單，『交銀保險』將可考慮全數退還保費。

2. 若客戶在購買『交銀保險』旅遊保險後，香港政府才對於將要前往之國家或地區發出紅色或黑色外遊警示而最終導致無法成行，所引起之損失將不能於『交銀保險』旅遊綜合保險中獲得保障。除非因為下列原因導致無法成行，所支付而不能退還之旅行費用，才可能獲得保障。
   - 因被保人或其近親因死亡、嚴重身體受傷或生病。
   - 所乘之交通工具罷工。
   - 外遊目的地發生暴亂、內戰或疫症爆發。
   - 被保人受檢疫隔離、當陪審團。

建議閣下於出發前先了解最新外遊警示之安排，詳情可瀏覽保安局網頁 http://www.sb.gov.hk/chi/ota/

Important Notice to Traveler:

The insured person(s) of this travel insurance should pay attention to below arrangement in relation to HKSAR Government's outbound travel alert system (OTA).

(1) In the event, the existence of RED or BLACK OTA at the places of travel after binding the insurance cover, the travel insurance shall remain in force until end of the trip provided that the Insured person should exercise a reasonable care to prevent accident. That means the Insured person should avoid going to areas which is being affected at his/her knowledge. Breach of this condition might prejudice his/her rights of recovery under the policy. In case client wants to cancel the policy before departure, full premium refund will be considered.

(2) In case the trip is cancelled resulting from the OTA alert, all claims related to irrecoverable deposit paid for the trip shall NOT be recovered under this insurance policy EXCEPT the cause of such loss of deposit are fallen within below circumstances irrespective of the OTA.
   (a) death, serious bodily injury or sickness occurring to the Insured Person, Insured Person's spouse, parent, parent-in-law, child, brother, sister fiancee, grandparent;
   (b) Witness summons, jury service or compulsory quarantine of the Insured Person;
   (c) Unexpected outbreak of strike by the employees of a Common Carrier, epidemic, riot or civil commotion at the planned destination;

It is advised that you should make reference to the OTA (if any) before travelling abroad. You may obtain such information from the official website of Security Bureau easily. http://www.immd.gov.hk/chtml/topical.htm

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CBI SMART TRAVELLER INSURANCE PLAN

Summary of Schedule of Benefits

Options		Plan A	Plan B
(1)	Medical & Related Expenses	$600,000	$1,200,000
(a)	Medical, Hospital, Treatment Expenses	Actual cost and expenses should be deducted from item (1) above	
(b)	Compassionate visit	$1,200 per day up to $6,000	$1,500 per day up to $8,000
(c)	Emergency Medical Evacuation	Actual cost and expenses should be deducted from item (1) above	
(d)	Return of Insured Person	Actual cost and expenses should be deducted from item (1) above	
(e)	Return of unattended dependent children	Actual cost and expenses should be deducted from item (1) above	
(f)	Burial or Cremation or Repatriation of remains	$25,000	$50,000
(g)	Guarantee Hospital admittance deposit	$25,000	$50,000
(h)	Follow up medical treatment within 3 months	$50,000	$75,000
	Limit per Outpatient Visit per day:	$500	$1,000
	Limit of Registered Chinese Herbalists/Bonesetters visit per day (maximum up to 10 visits)	$150	$250
(I)	Hospital Cash Benefit	Daily $300 / Max. $3,000	Daily $500 / Max. $5,000

***Aged under 18 or over 70 entitles only 50% of original limit of benefits under Benefit Item 1(a) to 1(i) of Section 1**

Maximum Limit of Benefit under Section 1 per each period of insurance		**$600,000**	**$1,200,000**
(2)	Personal Accident whilst on common carrier (Double Indemnity)	$1,000,000	$2,000,000
	Other Accidents Causing Death or Total Permanent Disablement	$500,000	$1,000,000
	Benefit for aged under 18 or over 70	$250,000	$250,000
(3)	Baggage & Personal Effects	Each item $2,500/ Max. $15,000	Each item $5,000/ Max. $30,000
(4)	Baggage Delay	$400 per each 10 hours up to maximum $3,200	
(5)	Personal Money & Travel Documents	$1,500	$3,000
(6)	Personal Liability	$1,000,000	$2,000,000
(7)	Travel Delay, Missed Journey, Overbooking & Re-routing (Pay every 10 hours)	$400 per each 10 hrs up to maximum $4,000	
(8)	Trip Cancellation	$30,000	$60,000
(9)	Curtailment	$30,000	$60,000

Areas of Journey

Area 1	Area 2
Burma, Brunei, Cambodia, China, Indonesia, Japan, Saipan, Guam, South Korea, Laos, Macau, Malaysia, Philippines, Singapore, Taiwan, Thailand and Vietnam.	Worldwide inclusive place under Area 1

Single Journey Premium

Period of Insurance	Plan A		Plan B	
(Applicable to Area 1 Only)	Single	Family	Single	Family
1 Day	$88	$171	$107	$206
2 Days	$94	$184	$116	$227
3 Days	$100	$198	$123	$244
4 Days	$105	$210	$132	$264
5 - 7 Days	$131	$263	$164	$328
8 - 10 Days	$147	$298	$182	$360
11 - 14 Days	$164	$328	$205	$402
15 - 21 Days	$216	$399	$263	$504
22 - 30 Days	$264	$490	$351	$630
Each additional week	$38	$67	$51	$90
Each additional day	$6	$12	$9	$18
Period of Insurance	Plan A		Plan B	
(Applicable to Area 2 Only)	Single	Family	Single	Family
1 Day	$96	$188	$129	$278
2 Days	$101	$198	$139	$288
3 Days	$108	$210	$147	$301
4 Days	$112	$224	$156	$312
5 - 7 Days	$156	$312	$220	$440
8 - 10 Days	$188	$362	$244	$519
11 - 14 Days	$206	$412	$284	$568
15 - 21 Days	$257	$512	$331	$721
22 - 30 Days	$309	$621	$415	$960
Each additional week	$51	$98	$64	$139
Each additional day	$9	$18	$12	$24

Annual Cover Premium

365 Days (Max 90 days per trip)	**$1,400**	**$2,200**	**$2,400**	**$4,100**

Valid from 27/01/2006. Terms may be changed without prior notice.

交遊保障計劃

保障簡介表

保障選項		計劃 A	計劃 B
(1)	醫療開支及相關費用	$600,000	$1,200,000
(a)	醫療，住院及護理費用	實際開支。金額在保障項目(1)內扣除	
(b)	親屬探訪	每天$1,200/最高賠償為$6,000	每天$1,500/最高賠償為$8,000
(c)	緊急醫療運送	實際開支。金額在保障項目(1)內扣除	
(d)	被保人因事故提前返回本港	實際開支。金額在保障項目(1)內扣除	
(e)	被保人子女送返回本港	實際開支。金額在保障項目(1)內扣除	
(f)	殮葬、遺體處理及運返費用	$25,000	$50,000
(g)	入院按金	$25,000	$50,000
(h)	返港覆診醫療開支（只限 3 個月內）	$50,000	$75,000
	一般門診每天每次賠償額：	$500	$1,000
	註冊中醫及跌打,每天每次賠償額：（最高上限為 10 次）	$150	$250
(I)	住院現金津貼	每天$300/最高賠償為$3,000	每天$500/最高賠償為$5,000

***18 歲以下及 70 歲以上被保人仕，保障選項 1(a)至 1(i)最高賠償為原定保障額之 50%。**

保障項目(1)之最高總賠償額：		**$600,000**	**$1,200,000**
(2)	乘搭公共交通工具時意外死亡或永久完全傷殘	$1,000,000	$2,000,000
	其他意外死亡或永久完全傷殘	$500,000	$1,000,000
	18 歲以下及 70 歲以上被保人仕賠償額	$250,000	$250,000
(3)	行李及私人財物	每件計 $2,500/最高賠償為$15,000	每件計$5,000/最高賠償為$30,000
(4)	行李延誤	每 10 小時可獲得賠償 $400 / 最高賠償為$3,200	
(5)	個人現金或旅遊證件	$1,500	$3,000
(6)	個人責任保障	$1,000,000	$2,000,000
(7)	旅程延誤,行程誤點及超額訂票 (每 10 小時可獲得賠償)	每 10 小時可獲得賠償 $400 / 最高賠償為$4,000	
(8)	取消旅程	$30,000	$60,000
(9)	提早結束旅程	$30,000	$60,000

旅遊地區

地區 1	地區 2
緬甸、汶萊、柬埔寨、中國、印尼、日本、塞班島、關島、南韓、寮國、澳門、馬來西亞、菲律賓、新加坡、台灣、泰國及越南。	全球包括地區 1 所在地方

單次旅程保費

保險期限	計劃 A		計劃 B	
(地區 1)	單人	家庭	單人	家庭
1 天	$88	$171	$107	$206
2 天	$94	$184	$116	$227
3 天	$100	$198	$123	$244
4 天	$105	$210	$132	$264
5 - 7 天	$131	$263	$164	$328
8 - 10 天	$147	$298	$182	$360
11 - 14 天	$164	$328	$205	$402
15 - 21 天	$216	$399	$263	$504
22 - 30 天	$264	$490	$351	$630
每週附加保費	$38	$67	$51	$90
每天附加保費	$6	$12	$9	$18
保險期限	**計劃 A**		**計劃 B**	
(地區 2)	單人	家庭	單人	家庭
1 天	$96	$188	$129	$278
2 天	$101	$198	$139	$288
3 天	$108	$210	$147	$301
4 天	$112	$224	$156	$312
5 - 7 天	$156	$312	$220	$440
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11 - 14 天	$206	$412	$284	$568
15 - 21 天	$257	$512	$331	$721
22 - 30 天	$309	$621	$415	$960
每週附加保費	$51	$98	$64	$139
每天附加保費	$9	$18	$12	$24

全年保障保費

365 天 (每次旅程限 90 天)	**$1,400**	**$2,200**	**$2,400**	**$4,100**

生效日期：27/01/2006。 如有任何更改，恕不另行通知。

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