

「教安心」團體意外保險 "EduCare" Group Personal Accident Insurance (一天活動) 投保書 (One Day Activity) Application Form



Please fill all information in block English.
所有資料請以英文正楷填寫。

Our ref.:

The Proposer 投保人

Name of School/Organization 學校 / 機構名稱			
Correspondence Address 通訊住址			
Contact Tel. No. 聯絡電話	Email Address 電郵地址		
Contact Person 聯絡人	Fax No. 傳真號碼		

Information of Activity 活動資料

Activity Name 活動名稱			No. of Participants 參加人數
Period of Activity 活動日期	DD / MM / YY	Destination 目的地	

Insured Activity 投保活動

Please circle the activity category(ies):

General travel, visit (including museums), day hikes, day camps, carnivals, exhibitions, seminars, conferences, ceremonies, lectures, performances, visiting theme parks/parks/farms, mountain climbing/hiking activities, workshops, interest classes, carnivals, roadshows, local travel tours.

請圈出活動類別：

一般旅行、參觀(包括博物館)、日間遠足、日營、園遊會、展覽、研討會、會議、典禮、講座、表演、參觀主題樂園/公園/農莊、登山/高山遠足活動、工作坊、興趣班、嘉年華會、路演活動、本地旅行團。

For other activities, please contact Union Faith Insurance Agency Limited (Tel.: 2802 3138).

其他活動請與聯誠保險聯絡(電話：2802 3138)。

Please tick the appropriate box 請在適當空格內

Plan 計劃	Sum Insured** 保障額 HKD 港幣	Coverage 承保範圍	Premium Rate (Per Person) 保費(每人計) HKD 港幣	Minimum Premium 最低保費
<input type="checkbox"/> A/甲	\$100,000	Accidental Death & Permanent Total Disablement 意外死亡及永久傷殘	\$4.00	40 person or below 40人或以下： \$430
	\$2,000*	Accidental Medical Expenses 意外之醫療費用		
<input type="checkbox"/> B/乙	\$50,000	Accidental Death & Permanent Total Disablement 意外死亡及永久傷殘	\$2.50	over 40 person 超過40人： \$490
	\$1,000*	Accidental Medical Expenses 意外之醫療費用		
<input type="checkbox"/> C/丙	\$100,000	Accidental Death & Permanent Total Disablement 意外死亡及永久傷殘	\$2.50	\$290
<input type="checkbox"/> D/丁	\$50,000	Accidental Death & Permanent Total Disablement 意外死亡及永久傷殘	\$1.50	

*Excess on medical expenses 醫療費用自付額：HK\$150

**No age limit (however, if the age of the Insured is 2 years old or below, or 65 years old or above, the coverage amount will be half of the original policy sum insured).
無年齡限制(但若受保人之年齡為2歲或以下或65歲或以上,其保障額則為保單原訂之半數。)

Total Premium 總保費 (a) HK\$	· _ _
IA Levy 保監局徵費 (a) x 0.1% = (b) HK\$	· _ _
Total Due 應付保費 (a) + (b) = HK\$	· _ _

(2 decimal places 兩位小數)

► For policy with inception date from 1/1/2018, levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. For further information, please contact us at (852) 2802 3138.
由1/1/2018起生效之保單,保險業監管局將按適用徵費率向本保險單收取徵費。詳情可致電(852) 2802 3138向我們查詢。

Declaration 聲明及授權

- We/I declare that the information given above is true and complete to the best of our/my knowledge and believe that all material factors affecting the decision of the Insurance Company to accept this proposal of insurance have been disclosed.
我們/本人聲明於此投保申請書內填寫的資料,乃完全及真實,並無隱瞞可能影響保險公司有關接納此投保申請之決定。
- We/I agree that this proposal and declaration shall be the basis of the contract between us/me and the Insurance Company and shall be deemed to be incorporated in such contract.
我們/本人同意此投保申請書及有關之保單,將成為我們/本人與保險公司之間所簽署合約之全部。
- We/I hereby declare and agree that any personal information collected by the Insurance Company may be used, stored or disclosed to any individual or organization to evaluate this application and to provide subsequent services. Requests for personal data access or correction may be addressed to the Data Protection Officer of the Insurance Company.
我們/本人特此聲明並同意保險公司可使用、保留或透露保險公司所收集之任何有關我們/本人的個人資料,並給予與保險公司有關的人士或機構,用作審核此投保申請及其後與之有關的服務。我們/本人明白我們/本人有權向保險公司查閱及申請更改所有與我們/本人有關的個人資料,有關申請可以書面形式與保險公司之資保護主任聯絡。

Date 日期

Authorized Signature & Chop 負責人簽署及蓋章

Proforma Invoice 形式發票

Invoice Amount 發票金額: HK\$ 港幣 _____

Please pay the premium according to the following methods. 請跟據以下方法繳交保費。

Note : This proforma invoice is not a legally binding contract of the "EduCare" Group Personal Accident Insurance. Your coverage will be effective upon payment and issuance of the original policy. Please read relevant terms and conditions of the policy carefully.

這份形式發票並非具有法律約束力的「教安心」團體意外保險的合約。您的保障將在收到您的付款並發出保單後生效。請仔細閱讀保單內的有關條款及細則。

Application Method 投保方法

電郵、Whatsapp 或 傳真投保

請以下列方式付款並將已填妥及簽署的投保書連同「轉賬存根」以電郵、whatsapp 或傳真交至聯誠：1. 經「自動櫃員機」(ATM) 轉賬或存入支票；或
2. 經「網上理財」轉賬

電郵：service@unionfaith.com.hk

Whatsapp：5118 2945

傳真號碼：2824 2781

銀行戶口號碼：● 匯豐銀行 (589-073071-838)

● 恒生銀行 (228-199030-883)

● 東亞銀行 (015-515-68-00176-1)

● 中國銀行 (01960410086590)

不接受
「銀行櫃位」
存款

請選擇儲蓄戶口

郵寄投保

請將投保書正本連同劃線支票抬頭「聯誠保險代理有限公司」寄回聯誠。



UNION FAITH INSURANCE AGENCY LIMITED

聯誠保險代理有限公司

九龍荔枝角長沙灣道833號長沙灣廣場第一期7樓702-4室

電話：2802 3138 傳真：2824 2781 網址：www.unionfaith.com.hk