

Application Form – Individual Travel Insurance**個人旅遊保險計劃投保表格**

You should tell us of all facts likely to influence the acceptance and assessment of this proposal. If you fail to do so, your policy may become inoperable or may not operate fully. If you have any doubt about what you should tell us, please contact us. Please complete this document with English Block.

閣下必須向本公司呈報一切真實資料。如果遺報者，可令閣下所投保之保險不能生效或不能完全生效。如閣下對應否向本公司呈報某些事項存有任何疑問，請與本公司查詢。請以英文正楷完成投保申請書。

Information of Applicant 投保人資料

Name of Applicant: 投保人名稱 		Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Correspondence Address: 通訊地址 		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
HKID/Passport No: 香港身份證或護照號碼 	Date of Birth: 出生日期 	Occupation: 職業
Contact Phone No.: 聯絡電話 	Email Address: 電郵地址 	

Information of Additional Insured Persons 附加投保人資料

	Insured Person 1 受保人 1	Insured Person 2 受保人 2	Insured Person 3 受保人 3	Insured Person 4 受保人 4
	<input type="checkbox"/> Same as applicant 與投保人一樣			
Full Name 姓名				
Date of Birth 出生日期				
HKID/Passport No.: 香港身份證或護照號碼				
Relationship with proposer 與投保人關係				

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Occupation/Job title 職業/職位 (For Annual Cover Only 只適用於投保全年保障人士)				
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Information of Travel 旅遊資料

Travel Nature: 旅遊性質	<input type="checkbox"/> Single Trip 單次旅遊	<input type="checkbox"/> Annual Travel 全年旅遊 (Maximum 90 days per single trip 單一旅程最高為 90 天)
Type of Plan: 計劃類別	<input type="checkbox"/> Single Plan 個人計劃	<input type="checkbox"/> Family Plan 家庭計劃 ¹
Travel Plan: 旅遊計劃	<input type="checkbox"/> Asia 亞洲 ²	<input type="checkbox"/> Worldwide 全球
Destination 旅遊目的地 _____		
Period of Travel: 旅遊期限	Trip Commencing From 起程日由 _____ To 至 _____	

¹ Family includes spouse and dependent children aged between 6 months and 17 years inclusive and who are not married.

家庭成員包括配偶及年齡介於 6 個月至 17 歲(首尾年齡包括在內)並接受供養的未婚子女。

² Asia: Brunei, Cambodia, China, Guam, Indonesia, Japan, Korea, Laos, Malaysia, Myanmar, Philippines, Singapore, Taiwan, Thailand and Vietnam

亞洲地區：汶萊、柬埔寨、中國、關島、印尼、日本、韓國、寮國、馬來西亞、緬甸、菲律賓、新加坡、台灣、泰國及越南。

Commission Disclosure Statement: The Policyholder and proposed Insured Member(s) understand, acknowledge and agree that, as a result of the Policyholder and proposed Insured Member(s) purchasing and taking up the policy to be issued by Liberty International Insurance Limited, Liberty will pay the authorised insurance Broker Commission during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorised Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorised to do so. The Policyholder and proposed Insured Member(s) further understands that the above agreement is necessary for Liberty to proceed with the application.

佣金披露聲明：保單持有人及各準受保人明白、確知及同意，利寶國際保險有限公司會就其購買及接受保險公司簽發的保單，於保單有效期內(包括續保期)，向負責安排有關保單的獲授權保險顧問公司支付佣金。假如保單持有人為法人團體，代表保單持有人簽署的獲授權人員須向保險公司確認他/她已獲法人團體授權簽署。保單持有人及各準受保人亦明白保險公司必須取得以上各準受保人的同意，才可以處理有關申請。

☐ Yes, the Policyholder and proposed Insured Member(s) have read and understood the above arrangement.
是，保單持有人及各準受保人已閱讀及明白上述有關佣金之安排。



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By typing my name below, I acknowledge and agree to these **DECLARATIONS & AUTHORIZATION STATEMENTS**

本人已知悉並同意有關**聲明和授權**，並於下方輸入本人姓名作實。

Name of Applicant

投保人姓名

Signature of Applicant

投保人簽署

Date

日期

For official use only:

僅供官方使用:

Name of Broker

保險中介人名稱

