



中國交銀保險有限公司

CHINA BOCOM INSURANCE CO., LTD.

香港灣仔告士打道 231-235 號交通銀行大廈 16 樓 電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192
16/F., Bank of Communications Tower, 231-235 Gloucester Road, Wan Chai, Hong Kong.



ISO 9001 : 2000
Certificate No. 202608

中國意外急救醫療保險投保書

china accidental emergency medical insurance proposal form

投保人資料 Details of the Proposer

請選擇收據抬頭人 投保人本人 或 公司

Please choose one for Addressee of Receipt Proposer or Company

姓名(中文 Chinese) : _____

Name of Proposer: (英文 English) : _____

性別 Sex : _____ 出生日期 Date of Birth : _____

回鄉証(卡)護照號碼 China Re-entry Permit / Passport No : _____

國籍 Nationality : _____

住址 Address : _____

住宅電話 Tel : _____

電郵地址 Email Address : _____

公司名稱 Name of Company : _____

行業 Occupation : _____

公司地址 Company Address : _____

公司電話 Company Tel : _____

投保日期或年期 Insurance Period :

短期計劃 Short Term Plan

14 天 days 30 天 days 60 天 days 90 天 days

全年計劃 Annual Plan

一年 One Year 兩年 Two Year 三年 Three Year

地域範圍 Area : (A) 中國大陸 Mainland China (B) 廣東省 Guangdong

* 起保日期 保費
Effective Date : _____ Premium : _____

* 起保日必須符合聲明(6)之要求 The effective date is subject to conditions stated in Declaration no. 6.

請問閣下在過往三年內是否曾索償過同類型保險? 是 否

Have you ever made any claim in past 3 years? Yes No

如『是』, 請詳述。If "Yes", please specify.

中國國際航空公司知音卡免費會籍

Air China Club Free Membership

閣下如欲免費申請中國國際航空公司俱樂部知音卡會員, 請在以下方格加上「✓」號。

If you would like to apply for Air China Club free membership, please tick the box below.

- 本人欲申請中國國際航空公司俱樂部知音卡會員, 同時本人明瞭及同意本人之個人資料將會根據個人資料(私隱)條例被提供予中國國際航空公司俱樂部作為登記知音卡會員之用。
- I would like to apply for Air China Club free membership, I agree and understand that my personal data will be provided to Air China Club membership registration pursuant to the Personal Data(Privacy) Ordinance.

聲明 Declaration

本人/我們清楚明白:

I/We understand

- 此「意外急救醫療保險卡」適用於中國衛生部及解放軍總後勤部衛生部在認定之緊急救援網絡醫院。
This Accidental Emergency Medical Card will be accepted by MOH International Assistance Net-work Hospitals and the hospital network of The Bureau of Medical Administration Health Department of the General Logistics Department People's Liberation Army of China
- 任何非因意外事故受傷所致之醫療費用, 本保險概不負責。
The emergency medical expenses that are not directly and solely caused by accidental bodily injury are not covered under this Policy.
- 所有超出賠償限額以外之急救醫療費用, 概由投保人自行支付。
The part of emergency medical expenses exceeding the maximum sum insured will be borne by the insured.
- 若投保人選擇(B)廣東省地域範圍, 則本保險概不負責所有超出廣東省地域範圍之意外及其有關的急救醫療費用。
If Insured elect to cover under Area (B) Guangdong Province, all accidents occurred outside the Guangdong Province and the related emergency medical expenses will not be covered under this Policy.
- 若參加各種競賽、打獵、攀山(指需要利用繩索或誘導繩為輔助工具者)、滑雪、潛水、冬季運動、潛水等活動、非法活動或因酒醉、服用藥物、神經錯亂所引發之意外事故之急救醫療費用均不屬受保範圍。
This insurance will not provide cover if the insured is engaging in racing of any kind, hunting, mountaineering necessitating ropes or guides, skiing, water skiing, winter sport, diving, illegal activities or accident caused whilst the insured is by intoxication, drugs or insanity.
- 本投保書被中國交銀保險有限公司批核七天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, 而一切之保險條款均以中國交銀保險有限公司簽發之保險單為準。
This protection plan will be valid 7 days CHINA BOCOM INSURANCE Co., Ltd. accepted this proposal. This Proposal as well as Declaration will be the basis of insurance contract and All terms and conditions are subject to policy wordings issued by CHINA BOCOM INSURANCE Co., Ltd.
- 本公司不負責因語言溝通的障礙而引致緊急救援的延誤。
This Company will not be responsible for any delay in providing assistance due to language barriers.

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"人身意外保障" 之受益人	投保人簽署 Signature of Proposer	日期 Date		
Details of Beneficiary under "Personal Accident Insurance"				
姓名(中文 Chinese) : _____	公司專用 For Office Use Only			
Name of Beneficiary (英文 English) : _____			Agent Code :	Client Code:
與投保人關係 Relationship to the Proposer : _____				