

## TravelWell Travel Insurance – Enrollment Form

### 旅遊保險投保表格

Please complete the following sections in ENGLISH block letter 請以英文正楷填寫各項  
Details of the Applicant (\*Please delete if appropriate) 投保人資料 (\*請刪除不適用者)

Name of Applicant (Mr./Mrs./Ms.): \_\_\_\_\_ Phone No: \_\_\_\_\_  
投保人姓名(先生/太太/女士)\*: \_\_\_\_\_ (Surname 姓) (First Name 名) 電話號碼: \_\_\_\_\_

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

email 電郵: \_\_\_\_\_

Plan Details (Please "√" as appropriate)

計劃詳情 (請在合適地方加 "√")

#### Cover Type 保障類別    Plan Type 計劃類別

- Worldwide 全球     Plan 計劃 A  
 China 中國     Plan 計劃 B

Journey Period: From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
旅遊期限 由 日dd 月mm 年yy

To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
至 日dd 月mm 年yy

No. of days 日數 : \_\_\_\_\_

Total Premium 保費總額 (HK\$) \_\_\_\_\_

#### Payment Information 付款詳情

信用卡持有人姓名  
Name of Cardholder: \_\_\_\_\_

信用卡號碼  
Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (VISA/MASTER)

到期日  
Expiry Date: \_\_\_\_\_ / \_\_\_\_\_  
(mm / yy)

I authorize ACE Insurance Limited to deduct the total premium from my above credit card account.

本人授權安達保險有限公司從本人上述之信用卡扣除總保費。

No. of days 日數	Plan 計劃 A				Plan 計劃 B			
	Eash Individual 每名投保人		All Children Accompanying 所有同行子女		Eash Individual 每名投保人		All Children Accompanying 所有同行子女	
	Worldwide 全球	China 中國	Worldwide 全球	China 中國	Worldwide 全球	China 中國	Worldwide 全球	China 中國
1	85	48	43	24	80	25	40	13
2	96	56	48	28	88	35	44	18
3	122	68	61	34	95	45	48	23
4	160	88	80	44	108	56	54	28
5	198	108	99	54	118	69	59	34
6	228	132	114	66	140	81	70	40
7	256	153	128	77	162	93	81	47
8	283	178	142	89	183	106	92	53
9	298	203	149	102	205	118	103	59
10	326	222	163	111	214	123	107	62
11	348	236	174	118	223	128	111	64
12	378	245	189	123	232	133	116	67
13	396	255	198	127	240	138	120	69
14	426	264	213	132	249	143	125	71
15	430	267	215	133	251	144	126	72
16	443	275	222	137	259	149	130	74
17	456	283	228	141	267	153	133	76
18	470	291	235	146	274	157	137	79
19	483	299	241	150	282	162	141	81
20	496	307	248	154	290	166	145	83
21	510	316	255	158	298	170	149	85
22	523	324	261	162	305	175	153	87
23	536	332	268	166	313	179	156	89
24	549	340	275	170	321	183	160	92
25	563	348	281	174	328	188	164	94
26	576	357	288	178	336	192	168	96
27	589	365	295	182	344	196	172	98
28	603	373	301	186	351	201	176	100
29	616	381	308	191	359	205	179	103
30	629	389	315	195	367	209	183	105
Each Additional Day 額外每日	13	13	8	7	8	8	5	4



**ace insurance**

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Gloucester Road Post Office

(852) 3191 6800 tel  
(852) 2519 3233 fax  
[www.aceinsurance.com.hk](http://www.aceinsurance.com.hk)

Insured Person 受保人		Date of Birth 出生日期 (dd/mm/yy) (日/月/年)	HKID/Passport No. 香港身份證/護照號碼	Relationship 關係
Surname 姓	First Name 名			
1.				Self
2.				
3.				
4.				

Remark: Beneficiary shall be the Own Estate under the Hong Kong Ordinance

註：受益人概以香港法例所指之合法遺產繼承人

### DECLARATION 聲明

- I or we hereby give my or our consent(s) and authorize that ACE Insurance Limited ("ACE") may disclose, verify and/or exchange any information supplied to ACE without further notification to me or us confidentially with its affiliated companies and/or other parties for considering my or our application(s) to any new insurance policies and administering policies taken out with ACE, customer services, marketing and related activities, until ACE receives my or our written instruction to the contrary. Upon my or our written request, ACE shall, without charge, cease to use my or our personal information for purposes other than directly related to my or our insurance policies.  
本人/我等同意並授權安達保險在保密的情形下將可能透露、核對及/或交換由本人/我等所提供予安達保險的資料，以使安達保險及安達保險之附屬公司及其他相關人仕能夠處理本人/我等予安達保險的保險申請、相關保單之行政、客戶服務及市場推廣等有關的服務或活動而毋須事先通知本人/我等，直至本人/我等作出書面指示為止。而當本人/我等作出此等指示後，安達保險應立即停止運用本人/我等之個人資料以用作直接有關與本人/我等所屬保單以外之一切用途。
- I or we understand that I or we may give a written contact to ACE's Data Privacy Officer at 25/F, Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong for any request to access to and/or correct any information supplied to ACE, I or we also understand that ACE may reserve the right to charge a reasonable fee to offset the administrative costs in complying with access requests.  
本人/我等明白本人/我等可以書面聯絡安達保險之個人資料私隱統籌（香港灣仔港灣道 6-8 號瑞安中心 25 樓）翻查及/或更改本人/我等所提供予安達保險的資料。本人/我等並明白安達保險於處理有關查詢要求時，可保留權利收取合理費用以彌補有關的行政開支。
- I/We hereby declare that the above information provide by me/us or on my/our behalf in the application and other relevant information/document submitted for this application are true and complete and I/We agree that thus application shall be the basis of the contract between me/us and ACE Insurance Ltd, otherwise the policy issued may be void or voidable.  
本人/我等謹在此聲明，以上由本人/我等或代表本人/我等而在本申請表內所提供及作為申請投保而呈交的其他相關的資料/文件皆為真確及完整，及本人/我等同意本申請表將被視為本人/我等與安達保險有限公司所訂立的契約的基礎；否則，不論本保單是否已簽發，皆為無效或失效。
- I am/We are in good health and agree that any pre-existing conditions or any trip made for the purpose of obtaining medical treatment will not covered under this insurance.  
本人/我等身體狀況正常，並同意任何之前已存在之病症或任何以尋求醫療診治為目的之行程，概不受本保險所保障。

The insurance applied for shall only take effect when the application has been approved by ACE Insurance Limited.

當本申請表經安達保險有限公司批核後，方作生效。

Signature of Applicant: \_\_\_\_\_

投保人簽署

(Signature must be same as that on credit card 簽署必須與信用卡上之簽署相同)

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

日期

(dd/mm/yy) (日/月/年)

Please fax at 2519 3233 for enrollment before departure within 2 working days.

請於出發前最少兩個工作日投保及傳真致 2519-3233