



Travel Insurance Scheme (SmartTraveller PLUS - Advance Plan)

This insurance scheme is in the form of a master policy 此保險計劃以主保險單的形式由

- held by the Association of Hong Kong Nursing Staff as the Policyholder 香港護士協會作為保單持有人持有
- arranged by Arvuda Insurance Services Limited 富利達保險服務有限公司安排
- insured with AXA General Insurance Hong Kong Limited 安盛保險有限公司承保

❖ ❖ ❖ 歡迎護士協會會員或其親友參加此計劃 ❖ ❖ ❖

For all enquiries, please contact the Insurance Broker or their technical representatives in the Insurance Department of AHKNS
如有查詢，請聯繫保險經紀或他們駐本會的業務代表：

Arvuda Insurance Services Limited
(Insurance Broker Company Licence No.: FB1482)
Room 1503, Star House, 3 Salisbury Road, Tsim Sha Tsui, Kowloon
Tel 電話: 2219 8282

富利達保險服務有限公司
保險經紀公司牌照號碼: FB1482)
九龍尖沙咀梳士巴利道 3 號星光行 1503 室
Email 電郵: nurse@arvuda.com

投保書 Proposal Form

護協會員號碼 AHKNS Member No. _____ 姓名 Name _____ 與投保人關係 Relationship to Proposer _____

投保人須知 IMPORTANT NOTES TO PROPOSER

1. 此項保險只適用於由本港出發的旅程。This insurance is only valid for travel originating from Hong Kong.
2. 保單憑證簽發後，概不發還保費。No refund premium is allowed once the certificate of insurance has been issued.
3. 您必須在您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，如對應否透露的資料有任何疑問，請即向保險經紀或保險公司查詢。閣下應將已提供的資料(包括信件)作記錄，以備日後作參考之用。為保障您的利益，您應如實呈報所有有關資料，否則此保單將可能無法提供您所需的保障，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, like adverse claims history, you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask the Insurance Broker or the Insurance Company. We recommend you keep a record of any additional information given (including letters) for your future reference. 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 required and may even invalidate the policy altogether.

請以英文正楷填寫，並在適當的空格內填上 Please fill in this proposal form in English block letters and tick the boxes where appropriate

投保人 PROPOSER

姓(英文) Surname	名(英文) Given Name	出生日期 Date of Birth	D / M / Y	香港身份證/護照號碼 HKID Card/Passport No.
性別 Sex	職業 Occupation	手機 Mobile		電郵 Email
通訊地址 Correspondence Address				

受保人 INSURED PERSON

姓 Surname	受保人 Insured Person 名 Given Name	出生日期 Date of Birth	與投保人關係 Relationship to Proposer	香港身份證/護照號碼 HKID Card/Passport No.	性別 Sex	中國卡* China Card
1.	投保人是為受保人 Is the Proposer same as the person to be Insured?		<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No			<input type="checkbox"/> \$100
2.		D / M / Y				<input type="checkbox"/> \$100
3.		D / M / Y				<input type="checkbox"/> \$100
4.		D / M / Y				<input type="checkbox"/> \$100
5.		D / M / Y				<input type="checkbox"/> \$100
6.		D / M / Y				<input type="checkbox"/> \$100

* 中國住院按金保證卡只適用於全年保障計劃 China Hospital Deposit Guarantee Card only available to Annual Cover

保障範圍選擇 INSURANCE COVER SELECT

計劃選擇 Select Plan	<input type="checkbox"/> 單次旅程 Single Journey (_____ 天 days)	<input type="checkbox"/> 個人 Individual	Premium 保費:
	<input type="checkbox"/> 全年保障 Annual Cover	<input type="checkbox"/> 家庭 Family	
旅遊類 Type of Travel	<input type="checkbox"/> 來回 Round Trip		No. of Insured Person 人數 :
	<input type="checkbox"/> 單程 One Way # (只適用於單次旅程 applicable to Single Journey Only)		Premium per head 每人保費 : HK\$
承保期 Period of Insurance	由 _____ 至 _____ From _____ To _____		Subtotal 小計 : HK\$
			China Card 中國卡 : HK\$
			Total 總額 : HK\$

此保單所提供的保障，必須在保險公司及/或其授權之保險經紀的確定接納投保，與及收取保費後，才能正式生效；The liability of the Insurance Company does not commence until this proposal has been accepted by the Insurance Company and/or their authorized Insurance Broker, and the premium is received.

保單將於原定到達最終國家的 7 日後或保單上所列明的屆滿日期後完結，以較早者為準 cover terminates no later than 7 days from scheduled time of arrival at the country of final destination or expiry of the original declared period of insurance, whichever is the earlier

聲明 DECLARATION

本人/我們謹此確認本人/我們並沒有代表任何其他人士提出投保申請；如在此投保書或就此申請提交的任何其他文件上另有註明則除外。 I/We HEREBY CONFIRM that I/We am/are NOT acting on behalf of any other person for this insurance application unless otherwise expressly indicated in this proposal form or any other documents provided to the Insurance Company for this application.

本人/我們謹此代表本人/我們及其他在此投保書提及之人士(下稱“相關人士”或“我們”) (為免存疑, “相關人士”或“我們”指包括本人及此投保書提及之其他人士)聲明及同意 I/We HEREBY DECLARE AND AGREE on behalf of myself/ourselves and other persons referred to in this application (hereinafter referred to as “Relevant Persons”, “We”, “Our” or “Us”) (for avoidance of doubt, the expressions “Relevant Persons”, “We”, “Our” or “Us” include myself/ourselves and such other persons) that

1. 上述一切陳述及問題的所有答案, 不論是否本人/我們親手所寫, 就本人/我們所知所信, 均為事實全部並確實無訛 all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
2. 上述問題的所有答案及此投保書, 將成為發出保單的根據, 並作為保單的一部份 all answers to such questions, together with this application, should form the basis and become a part of the policy;
3. 本人/我們已細閱並明白所申請的保單之銷售、推廣單張之內容 I/We have read and fully understood the Proposal for the policy applied for;
4. 本人/我們會向保險公司申報, 自簽署此投保書至保單簽發期間, 任何一位相關人士的重要事實之轉變 I/We shall disclose to the Insurance Company any change and/or material facts of all Relevant Person(s) that occur after signing this proposal form but before the policy is issued;
5. 保單將在有關保費已全數繳清及符合所有規定後, 方能生效 the policy shall effective only following the full payment of premium stated in the policy schedule and all applicable requirements being met;
6. 本人/我們對任何人所作出的任何聲明, 如沒有在此投保書上填寫或印出, 保險公司不須受其約 the Insurance Company is not bound by and is not required to rely on any statement which I/We have made to any person if not written or printed here.

本人/我們聲明 I/We declare that

- 所有受保人均保證其旅程絕無違反醫生的勸諭, 非以治療或移民為目的, 亦不會在旅遊期間參與任何體力勞動的活動 The Insured Person(s) are not travelling contrary to the advice of medical practitioner, for the purpose of obtaining medical treatment or for migration, or engaging in any manual work during the travel period.
- 本人/我們從未遭受任何保險公司拒絕受理投保、續保或取消本人/我們保單或要求提高保費及附加特別條件始允承保 No Insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself/ourselves.
- 本人/我們已填報一切重要的有關資料, 絕無隱瞞或保留, 並同意將本投保書和聲明作為保險公司和本人/我們所訂合約的根據, 並以保單上各條款為準則 I/We have not withheld any material information and accept that this proposal form and declaration shall be the basis of, and be incorporated in, the contract between the Insurance Company and myself/ourselves.
- 本人/我們已經閱讀了保險公司網站上公佈的私隱政策聲明 I/We have read the Private Policy Statement currently posted on the website of the Insurance Company (<https://www.axa.com.hk/en/legal>)

本人/我們同意並授權香港護士協會、安排此保險之保險經紀及承保之保險公司保留、使用或透露所收集或保留本人/我們之任何個人資料給予有關人士或機構用作處理與此保險有關的申請, 及提供其相關及稍後的服務。本人/我們明白並同意香港護士協會的行政管理費用支出將由保險經紀/保險公司以手續費形式作出補償, 而保險經紀的服務將由保險公司以佣金支付。

I/We hereby give my/our consent and authorize that any of my/our personal information collected or held by AHKNS, the Broker and the Insurance Company may be used and disclosed to any individuals/organizations for the purposes of processing this insurance and providing related and subsequent services. I/We understand and agreed that AHKNS's administration will be compensated by handling fee payable by the Broker/Insurance Company and the services of the Broker will be remunerated by the commission payable by the Insurance Company.

簽署日期 Date of Signing

投保人簽署 Signature of the Proposer

繳付保費 Premium Payment

本人/我們知悉香港護士協會為會員提供行政方便代會員收取保險費, 本人/我們選擇將保險費交與香港護士協會代會員集中處理。

We understand that AHKNS provides administration convenience by collecting insurance premiums for all members. We select to pay the premium to AHKNS who will settle the premiums collectively for and on behalf of all members concerned.

- By cash, EPS or VISA/Mastercard Credit Card 以現金、易辦事或 VISA/萬事達卡 信用卡繳付
(Enroll in person at AHKNS office 親臨香港護士協會辦理)

- By bank transfer 以銀行賬戶轉賬: HSBC a/c number 匯豐銀行戶口號碼: 127-3-005494
BEA a/c number 東亞銀行戶口號碼: 139-10-10624-5

(Application must be submitted 10 working days prior to the departure. Please fax the bank-in receipt, application form and photocopy of the membership card to 3521 1540 and please call to confirm the payment with AHKNS at 2314 6944 or 2314 6912 申請必須於出發前十個工作天遞交。人數後請將入數紙連同填妥之表格及會員証副本傳真至 3521 1540 並致電護協確認申請。電話號碼: 2314 6944 或 2314 6912。)

- By Credit Card (enroll by fax) 以信用卡繳付 (以傳真投保)

(Please fill in the following information, together with the application form and photocopy of the membership card and fax to 3521 1540 and please call to confirm the payment with AHKNS at 2314 6944 or 2314 6912, charges will be deducted from the credit card. Application must be submitted 10 working days prior to the departure. 請填妥以下資料連同填妥之表格及會員証副本傳真至 3521 1540 並致電護協確認申請。電話號碼: 2314 6944 或 2314 6912, 費用將於信用卡內扣取。申請必須於出發前十個工作天遞交。)

VISA/Mastercard Credit Card No. VISA/萬事達卡 信用卡號碼:	Credit Card expiry date 信用卡有效期至:	M 月	Y 年		
Cardholder's name 持卡人姓名: (Cardholder and proposer must be the same person 持卡人必須與投保人為同一人)					
Signature of credit cardholder 信用卡持卡人簽署:		Date 日期:	D 日	M 月	Y 年