

# Study Abroad Insurance Proposal Form

## 留學保險計劃投保書

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司



Please complete in **BLOCK LETTERS**.  
If insufficient space, please use separate sheet.  
請以英文正楷填寫。如空位不敷應用，請另加紙張。

INSURANCE AGENT CODE 保險代理人編號

POLICY NO. 保單編號

### A. Particulars of Applicant 申請人資料

Name of Applicant

申請人姓名

Sex  M  F

性別 男 女

Contact Tel No.

聯絡電話號碼

Fax No.

傳真號碼

HKID Card No.

香港身份證號碼

Address

地址

### B. Insured Person(s) and Detail(s) 受保人及保險詳情

Insured Persons Details (Please include applicant if applicable) 受保人資料 (請包括申請人，如適用)

Name of Insured Person

受保人姓名

Relationship  
with Applicant  
與申請人關係

Date of Birth  
出生日期  
D日/ M月/ Y年

HKID Card No./  
Passport No.  
香港身份證/ 護照號碼

Destination (Country & City)

海外升學目的地 (國家及城市)

Effective Date

起保日期

D

日

M

月

Y

年

Premium (HK\$)

保費 (港元)

### C. Medical History 健康記錄

Are all insured person(s) in good health and free from physical impairment or deformity?  Yes 是  No 否

所有受保人是否均健康良好及身體並無損傷或殘缺?

If No, please provide full details

若否，請列詳情：

## D. Declaration and Signature 聲明及簽署

Part I / We DECLARE AND AGREE THAT 本人 / 吾等謹此作下列聲明及同意：

1. I / We warrant that all persons named in this Insurance application are under duty of disclosure not to withhold any material fact or circumstance known to them or which a reasonable person in the circumstances would be expected to know would affect an insurer's decision in risk assessment and acceptance. I / We further declare that if I / we provide information about another insured persons), I / we do this on their behalf.

本人 / 吾等保證本保險申請列出的所有人均受披露責任約束，無隱瞞任何常人在合理的情況下知悉及可影響保險公司作出評估及接受風險決定之重要事實或所認知的情況。本人 / 吾等聲明如本人 / 吾等提供關於其他受保人的資料，本人 / 吾等亦代表該等受保人承擔披露責任。

2. I / We warrant that to the best of my / our knowledge and belief that I / we am / are in good health and will not be traveling contrary to the advice of medical practitioner, and / or for the purpose of obtaining medical treatment.

本人 / 吾等保證並確實相信本人 / 吾等屬健康良好而且沒曾被註冊醫生勸喻不適合是次留學行程，及 / 或藉是次留學行程接受醫學治療或建議。

3. I / We warrant and agree that the declarations and disclosures herein are true and they are to be the basis of the contract of the Insurance.

本人 / 吾等保證及同意所作聲明及陳述均為真實無訛，並將構成本保險合約的依據。

4. I / We warrant that I/we have never had any travel or study abroad Insurance application declined by any insurance company nor have never made any travel or study abroad claim in the previous 3 years to by any insurance company.

本人 / 吾等保證過去未曾被任何保險公司拒絕接受旅遊或留學保險之申請及未曾於過去三年內向投保之旅遊或留學保險索償。

5. I / We further declare and agree that I / we accept Me terms,exclusions and conditions as set out In the Policy end there is no intention on any change or cancellation of thejourney.

本人 / 吾等聲明及同意接納保單內所列之一切條款、規章及不保事項，且並無意圖更改或取消既定之旅程。

6. I / We declare that the information given above is true and correct to the best of my / our knowledge and believe that all material facts affecting the assessment of this application have been disclosed. I / We understand that this application will not become effective until it has been accepted by QBE Hongkong & Shanghai Insurance Limited. I / We further agreed that this application should form the basis of the contract between me / us and QBE Hongkong & Shanghai Insurance Limited.

本人 / 吾等聲明在本投保書內填報的資料，是根據本人 / 吾等所知全部正確無訛，並確信已把所有足以影響風險評估的事實列出，本人 / 吾等明白本投保書被昆士蘭聯保保險有限公司接納後保險開始正式生效，並且同意本投保書作為本人 / 吾等與昆士蘭聯保保險有限公司的合約基礎。

\_\_\_\_\_  
Signature of Applicant 申請人簽署

\_\_\_\_\_  
Date 日期

## E. Payment Option 付款方法

Please debit the premium from my credit card account 請由本人之信用卡戶口扣取保費 Amount 金額 \_\_\_\_\_

CREDIT CARD  
信用卡

Cardholder's Name  
信用卡持有人姓名 \_\_\_\_\_

Credit Card No.  
信用卡號碼 \_\_\_\_\_

VISA

Master Card

Expiry Date 有效日期至 \_\_\_\_\_

Cardholder's Signature 簽署 \_\_\_\_\_

Please note that policy processing time might be longer if you make payment by cheque  
請注意，如果您以支票付款，保單處理需時可能會更長

CHEQUE 支票

Cheque No.  
支票號碼 \_\_\_\_\_

Bank  
付款銀行 \_\_\_\_\_

Cheque should be made payable to "QBE Hongkong & Shanghai Insurance Ltd." 支票抬頭人請寫「昆士蘭聯保保險有限公司」

## Personal Information Collection Statement 收集個人資料聲明

In relation to the personal data collected by [QBE Hongkong & Shanghai Insurance Limited] ("QBE HK"), I/we agree and acknowledge that:

- (a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- (b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- (c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
  - third parties providing services related to the administration of my/our policy (including reinsurance);
  - financial institutions for the purpose of processing this application and obtaining policy payments
  - in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - other parties referred to in QBE' Privacy Policy for the purposes stated therein
- (d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
**QBE Hongkong & Shanghai Insurance Limited**  
**Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong**  
**Email: info.hk@qbe.com.hk**
- (e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.
- (f) That in the event of differences between the English and Chinese, the English version shall prevail.

關於 [昆士蘭聯保保險有限公司] ("昆士蘭保險") 收集之個人資料，本人 / 我等同意並承認：

- (a) 索取之個人資料對於昆士蘭保險處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- (b) 昆士蘭保險可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy> 所載私隱政策當中表明之目的，其中包括承保和管理本人 / 我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- (c) 昆士蘭保險可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
  - 提供與本人 / 我等的保險（包括再保險）之管理有關的服務的第三方；
  - 為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
  - 在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社；
  - 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
  - 為昆士蘭保險私隱政策所指的各種目的，將個人資料提供予該私隱政策提及的其他人士。
- (d) 本人 / 我等可以查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）。提出有關要求，可經電郵或郵遞方式向以下地址發信：  
昆士蘭聯保保險有限公司  
地址：香港鰂魚涌英皇道979號太古坊濠豐大廈33樓  
電郵：info.hk@qbe.com.hk
- (e) 若本人 / 我等乃代表另一人士向昆士蘭保險提供個人資料，本人 / 我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險。
- (f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

Remarks: This brochure is only a summary. Please refer to the policy for full terms and conditions.  
注意：此小冊子只供作參考之用，所有條款及細則概以保險單為準。



**QBE Hongkong & Shanghai Insurance Ltd.**

**昆士蘭聯保保險有限公司**

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CS Hotline 客戶服務熱線：+852 2828 1998  
Website 網址：www.qbe.com.hk