

INSURANCE AGENT CODE 保險代理人編號

POLICY NO. 保單編號

GOLFER'S WORLDWIDE PROTECTOR PROPOSAL FORM 高爾夫球保證投保書

(Please complete in Block Letter & tick where appropriate 請用英文正楷填寫及於適當位置填上✓號)

PERSONAL PARTICULARS 個人資料

Name of Proposer 投保人姓名				Sex 性別	Male 男 <input type="checkbox"/>	Female 女 <input type="checkbox"/>
Date of Birth 出生日期	Y 年	M 月	D 日	HK ID 香港身份證		
Occupation 職業						
Address 地址						
E-mail Address 電郵				Contact Tel. No. 聯絡電話		
Effective Date 起保日期	Y 年	M 月	D 日			

DECLARATION AND SIGNATURE 聲明及簽署

I declare and agree

- that to the best of my knowledge and belief the information and answers given on this form are true and complete in every respect;
- that the information and answers given on this form are filled in by me or by any other person under my full instructions;
- that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me and QBE Hongkong and Shanghai Insurance Ltd.

謹此聲明及同意

- 上述填寫之資料及答案均為真實及事實之全部；
- 上述之資料及答案均屬本人填寫或經本人授意下填寫；
- 本投保書為本人與昆士蘭聯保保險有限公司訂立此保險契約及以後續約之根據。
(本投保書及章程中文內容力求符合英文原義，惟有關條文解釋及引用，則以英文為準。)

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes, 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the Personal Data Privacy Officer, QBE Hongkong & Shanghai Insurance Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300).

閣下提供的資料，為本公司提供保險業務所需，並可能使用於：任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、或續期；或任何索償，或該等索償的調查或分析；或行使任何代位權之用。以上資料，及可能轉移予：1) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司、或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；2) 現存或不時成立之任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關目的，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能，及3) 或透過聯會轉移予任何聯會的會員，以達到任何上述或有關目的。此外，本公司亦據此獲授權由聯會從保險業內收集的資料中查閱及/或核對閣下任何資料。閣下有權查閱及要求更正由本公司持有有關閣下的個人資料。如有需要查閱，可用書面寄香港鰂魚涌英皇道979號太古坊濠豐大廈33樓（電話：2877 8488，圖文傳真：3607 0300）向本公司個人資料私隱主任提出。

Proposer's Signature 投保人簽署

Date 日期

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

 Cardholder's Name
信用卡持有人姓名

 Credit Card No.
信用卡號碼

 Annual Premium
全年保費

 Monthly Installment
月供計劃

 Cardholder's Signature
簽署

 (3 months' premium for the 1st installment and subsequent payments install monthly)
(首次付款需繳付3個月保費，其後逐月繳付)

 (Signature should correspond to the specimen signature of the above credit card)
(簽署必須與上述信用卡簽署樣式一致)

 VISA

 Expiry Date
有效日期至

 Master Card

 If paying by credit card, please fax the completed and signed application form to 3607 0519. The credit card shall be valid for at least twelve (12) months or above.
如使用信用卡付款，請將填妥及簽署的投保書傳真至3607 0519。所提供之信用卡的有效期至少為十二個月或以上。

 CHEQUE (For Annual Plan Only) 支票付款（只適用於繳付全年保費）

 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」