

# 高爾夫球保障計劃投保書

## Golfers Protection Plan Proposal Form



通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓  
電話 Tel : 3187 5100 傳真 Fax : 3906 9948

Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.  
電郵 Email: osc\_policy@bocgroup.com

### 備註 NOTE :

1. 投保人請以英文正楷填寫及在適當方格內加「✓」號。任何答案如有更改，敬請在旁簽署。The proposed Insured has to complete the form in English BLOCK LETTERS and please put a “✓” in the box as appropriate. Any changes to be made should be signed by the proposed Insured.
2. 若不清楚此投保書需要透露的資料內容，請致電中銀集團保險有限公司(下稱“中銀集團保險”)熱線 (852) 3187 5100 或您的經紀代理查詢。讓保險公司了解實況，有助保障投保人及/或受保人的利益，若未能充份透露實情，將會使投保人及/或受保人得不到所需求的保障，甚至使保單失效。If you have any doubt on what should be disclosed in this proposal form, please call Bank of China Group Insurance Company Limited (named below as “BOCG Insurance”) Hotline (852) 3187 5100 or contact your agent/broker. Making sure the insurance company is informed will be beneficial to the proposed Insured and/or Insured Person. Failure to disclose may mean that the policy will not provide the proposed Insured and/or Insured Person with the coverage required, or may invalidate the policy altogether.
3. 此投保書申請一經被接納後，您的保單將會每年自動續保。Once the application for this proposal form is accepted, your policy will be automatically renewed each year.
4. 若此投保書所含的內容與保單條款有任何歧異，概以保單為準。In the event that the information contained in this proposal form does not conform to the terms in any policy issued, the policy terms shall prevail.
5. 此保險計劃乃由中銀集團保險承保。This insurance plan is underwritten by BOCG Insurance.

### 投保人資料 Details of the proposed Insured

1. 英文姓名 Name in English (請先填寫姓氏 Surname first)		2. 中文姓名 Name in Chinese	
3. 性別 Sex <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		4. 香港身份證 / 護照號碼 HKID Card No. / Passport No.	
5. 出生日期 Date of Birth (日 D / 月 M / 年 Y)		6. 出生地點 Place of Birth	
7. 行業 / 業務性質 Industry / Business Nature		8. 職位 Position	
9. 通訊地址 Correspondence Address 室 Room / Flat _____ 層數 Floor _____ 座數 Block / Tower _____ 大廈/屋苑名稱 Name of Building / Name of Estate _____ 街道號數及名稱 Number and Name of Street/Road _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT			
10. 聯絡電話 (住宅) Contact No. (Home)		11. 聯絡電話(手提) Contact No. (Mobile)	12. 電子郵箱 Email:
13. 本人銀行及分行名稱 My Bank Name and Branch : _____ 自動轉賬戶口號碼 Autopay A/C No : _____ (處理賠償之用。所有受保人必須以同一銀行轉賬戶口作為賠償過數之用。For the purpose of claim payment. The Autopay A/C No. for claim payment shall apply to all Insured Person(s).)			
14. 客戶從以下那個途徑得知本產品? How does the customer know about this product? <input type="checkbox"/> 本公司銷售人員推介 Refer by our staff (BR01) <input type="checkbox"/> 擺放網站之宣傳品或客戶通訊或宣傳語句 Website, customer newsletter or promotion message (BR02) <input type="checkbox"/> 直銷途徑，例如直銷郵件、電話營銷 Direct Mail; telesales (DM01) <input type="checkbox"/> 傳媒 Media (ME01) <input type="checkbox"/> 月結單插張 Statement insert (SI01) <input type="checkbox"/> 親友介紹 Refer by friend or relative (RE01) <input type="checkbox"/> 其他 Others (OT01) <input type="checkbox"/> 本公司經紀代理推介 Refer by our broker/agent (B&A01)			

### 保險期 Policy Period

由 From \_\_\_\_\_ 至 to \_\_\_\_\_ (日 D / 月 M / 年 Y)  
(首尾兩日包括在內及已繳付以後每個可調整保費的每個續保週年 Both dates inclusive and subject to the payment of further premiums to be adjusted, to be renewal on each anniversary thereof)

### 投保計劃及全年保費 Insured Plan and Annual Premium (HK\$)

	金計劃 Gold Plan	鑽石計劃 Diamond Plan
投保人 Insured	<input type="checkbox"/> 480	<input type="checkbox"/> 900
投保人及家人 Insured and Family <sup>1</sup>	<input type="checkbox"/> 800	<input type="checkbox"/> 1,500

## 受保人資料 Person(s) to be insured

所有受保人英文姓名 (請先填寫姓氏) English name of all Insured Person(s) (Surname first) <input type="checkbox"/> (若有更多受保人，請用另頁附上) (Attach separate sheet for more insured)	香港身份證 / 護照號碼 / 出生證 件號碼 (11 歲以下) HKID Card No. / Passport No. / Birth Cert. No. (for aged below 11)	年齡 / 出生日期 Age / Date of Birth (日 D / 月 M / 年 Y)	與第一受保人 關係 Relationship with the 1 <sup>st</sup> Insured Person	受益人姓名 / 與受保人關係 Beneficiary Name / Relationship with Insured Person
第一受保人 1 <sup>st</sup> Insured Person			本人 Self	
第二受保人 2 <sup>nd</sup> Insured Person			配偶 Spouse / 子女 Child	
第三受保人 3 <sup>rd</sup> Insured Person			子女 Child	
第四受保人 4 <sup>th</sup> Insured Person			子女 Child	
第五受保人 5 <sup>th</sup> Insured Person			子女 Child	
第六受保人 6 <sup>th</sup> Insured Person			子女 Child	

### 1. 投保人及家人 Insured and Family :

- 1.1 本公司對所有受保人在每一受保項目的合計最高賠償不得超過選擇計劃最高金額的 200%。如發生意外當日傷者含受保子女，此限制不適用於保障項目 4 - 人身意外。Maximum benefit payable for all insured person(s) in each insured item shall not exceed 200% in aggregate of the amount specified in the selected Plan. If at the time of the accident the injured person consists of insured child, such limitation shall not be applicable to insured item 4 - Personal Accident.
- 1.2 指投保人、其合法配偶及所有合法及受供養的未婚子女(受保子女數目不限，其年齡必須介乎 3 歲至 17 歲，或 23 歲或以下的全讀學生)。Means the insured, his/her legally married spouse and all legally and dependent unmarried child(ren) (The number of insured child(ren) is unlimited, and they must be aged 3 years to 17 years old, or full-time student(s) aged 23 years old or below).

## 繳付保費方法 Payment Method

1. 以信用卡付款 Payment made by credit card  
(請填妥第 4 頁的「信用卡付款授權書」交回「中銀集團保險有限公司」Please completed the Credit Card Authorization Form as in page 4 and submit to “Bank of China Group Insurance Company Limited” )
2. 以支票付款 Payment made by cheque  
請以劃線支票(祈付「中銀集團保險有限公司」)交回「中銀集團保險有限公司」。Please made a crossed cheque payable to “Bank of China Group Insurance Company Limited” and submit to “Bank of China Group Insurance Company Limited” .
- 銀行名稱 Bank Name: \_\_\_\_\_ 支票號碼 Cheque No.: \_\_\_\_\_

本人/吾等明白此投保書的保障一經批核保單便會按每保單年度自動續保。現授權「中銀集團保險有限公司」從下述信用卡公司從本人/吾等之信用卡戶口轉賬繳交「高爾夫球保障計劃」應繳付的保費，包括首保單年度保費、其後背書所更改的保費以及每個新保單年度續保保費，除非本人有進一步的書面通知予「中銀集團保險有限公司」。

I/We understand that once this application is accepted, the policy will be automatically renewed by each Policy Year. I/We hereby authorize “Bank of China Group Insurance Company Limited” using my/our below Credit Card Company to effect payment transfer from my/our credit card account for payment of premium under the “Golfers Protection Plan”, including first policy year premium, subsequent revised premium by endorsement(s) and all renewal premiums for each new Policy Year unless further written notice from me to the “Bank of China Group Insurance Company Limited”.

## 聲明 Declaration

1. 本人謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人及/或受保人之保障有失效之虞。 I declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and/or for the Insured Person(s) may be invalidated.
2. 本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人及/或受保人之保障有失效之虞。 I declare that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for me and/or for the Insured Person(s) may be invalidated..
3. 本人保證就各受保人所知目前無任何情況會導致既定之離港行程被取消。 I warrant that to the best of my knowledge and belief no Insured Person is aware of any condition, cause or circumstance that may necessitate the cancellation of the planned journey outside HKSAR.
4. 本人謹此聲明受保子女年齡為 3 歲至 23 歲，未婚及在香港特別行政區內學校就讀的全讀學生。 I declare that the child(ren) to be insured is aged from 3 years to 23 years, unmarried and a full time student at school in HKSAR.
5. 本人謹此聲明本人及/或受保人並非職業高爾夫球員。 I declare that myself and/or the Insured Person(s)' occupation are not golfers.
6. 本人與中銀集團保險之保險合約以本投保書及此聲明為基礎，並以中銀集團保險保單為依據。 I understand that this proposal and declaration shall be the basis of my contract with BOCG Insurance and in accordance with BOCG Insurance policy wording.
7. 本人同意中銀集團保留一切有關投保書接納與否之權利。 I agree BOCG Insurance reserves the right to accept or decline my application.
8. 本人明白必須繳付保費後，中銀集團保險對本人及/或受保人之保險責任始行生效。 I understand that BOCG Insurance's insurance liability for myself and/or for the Insured Person(s) will only take effect provided that premium has been paid.

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

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的 I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

1. 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make;
2. 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy;
3. 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy;
4. 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;

5. 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
6. 就以上用途聯絡本人 contacting me for any of the above purposes;
7. 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
8. 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
9. 遵循適用法律、條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商)third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaux or credit reference bureaux;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人的保險經紀 (若有) my insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準)BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以使「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 any association, federation or similar organization of insurance companies ("Federation") and its members 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;
- j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 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 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;
- l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關。 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

#### **接收推廣訊息指示 Receive Direct Marketing Materials Instruction**

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“√”選擇渠道) I **do not wish** BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use“√” to select the channel(s)):

電子推廣郵件 Promotion Email      電話短訊 SMS      直銷郵件 Direct Mailing      電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“ ”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

#### **將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing**

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」\*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“√”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group\* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “√” this box if you **do not wish** BOCG Insurance to provide your personal data to the above persons for the above purposes.

\*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.

本人確認同意本投保書內之所有部份，包括但不限於上列之聲明及收集個人資料聲明。 I confirm my agreement to all sections in this Proposal Form, including but not limited to the above Declaration and Personal Information Collection Statement.

\_\_\_\_\_  
投保人簽署 Signature of Proposed Insured

\_\_\_\_\_  
香港 H.K./  
簽署地及日期 Signed Place and Date

**本投保書在未獲同意受保前，中銀集團保險不負任何責任。**

**The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted.**

經紀/代理必須填寫以下欄位 (Broker/Agent must complete the below box)

保險公司專用 For Office use only			
經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

經紀/代理資料 Broker/Agent Information

### 信用卡付款授權書 Credit Card Authorization Form

<input type="checkbox"/> Visa <input type="checkbox"/> Master <input type="checkbox"/> 中銀銀聯雙幣信用卡 CUP Dual Currency credit card			
持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)

本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口支付「高爾夫球保障計劃」應繳保費金額，直至另行通知。I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the appropriate premium due from my credit card account for "Golfers Protection Plan" until further notice.

**若持卡人並非投保人或受保人，請填寫以下資料。 If Cardholder is not the Proposed Insured/Insured Person, please fill in the following information.**

- 與投保人/受保人關係 Relationship with the Proposed Insured /Insured Person: \_\_\_\_\_
- 代投保人/受保人支付保費原因 Reason for paying premium on Proposed Insured's/Insured Person's behalf: \_\_\_\_\_

本人同意及承擔上述受保人的全數應繳之「高爾夫球保障計劃」保費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。I hereby confirm to pay the premium due of "Golfers Protection Plan" for the above Insured Person(s). I also understand that any premium refund due to policy cancellation will be given to the proposed Insured by cheque.

持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)
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