



閩信保險有限公司  
MIN XIN INSURANCE COMPANY LIMITED

香港總行  
Hong Kong Head Office

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閩信「暢悠遊」旅遊綜合保險計劃投保書(香港)

MIN XIN TRAVEL PACKAGE INSURANCE PROPOSAL FORM (HONG KONG)

保險顧問 / 經紀業務適用  
For broker business

I. 申請人資料 Proposers' Information (請以英文正楷大寫填寫 Please complete in BLOCK LETTERS in English)

先生 / 太太 / 女士* MR. / MRS. / MS.*	姓: Surname:	名: First Name:	香港身份證 / 護照號碼: HKID / Passport No.:
出生日期: Date of Birth:	職業: Occupation:	電郵地址: E-mail Address:	
香港通訊地址: Correspondence Address in Hong Kong:			
聯絡電話: Contact No.:		緊急聯絡人姓名及電話: Emergency Contact Person Name and Contact No.:	

II. 旅遊資料 Trip Details

保險計劃 Plan Selected	<input type="checkbox"/> 全年旅遊計劃 Annual Travel Plan		<input type="checkbox"/> 單次旅遊計劃 Single Trip Travel Plan	
	<input type="checkbox"/> 計劃一 Plan I		<input type="checkbox"/> 計劃二 Plan II	
保險類別 Premium Plan	<input type="checkbox"/> 個人 Individual		<input type="checkbox"/> 個人及子女 Individual + Children	
			<input type="checkbox"/> 家庭 Family (只適用於單次旅遊計劃 Only for Single Trip Travel Plan)	
旅程目的地 Destination (只適用於單次旅遊計劃 Only for Single Trip Travel Plan)	由 香港 From Hong Kong		至 to	
旅遊期限 Period of Travel (只適用於單次旅遊計劃 Only for Single Trip Travel Plan)	由 _____ 至 _____ From _____ to _____ 日 dd / 月 mm / 年 yy		日數 _____ Total no. of day(s)	
生效日期 Effective Date (只適用於全年旅遊計劃 Only for Annual Travel Plan)	_____ 日 dd / 月 mm / 年 yy			

III. 受保人資料 Insured Person's Information

				(只適用於全年旅遊計劃 Only for Annual Travel Plan)		
姓名 Name	出生日期 (日 / 月 / 年) Date of Birth (dd/mm/yy)	香港身份證 / 護照號碼 HKID / Passport No.	申請人之關係 Relationship with Proposer	職業 (工作性質) Occupation (Job Nature)	中國醫療保證咭 China Medical Guarantee Card	回鄉證號碼 / 護照號碼 Re-entry Permit No. / Passport No.
1.					<input type="checkbox"/>	
2.					<input type="checkbox"/>	
3.					<input type="checkbox"/>	
4.					<input type="checkbox"/>	
5.					<input type="checkbox"/>	
保費計算 Premium Calculation	基本計劃 Basic Plan			HKD		
	星級個人意外附加保障 Additional Upgrade Personal Accident Benefits			HKD (「基本保障」保費 Premium of Basic Plan x 1.18)		
	中國醫療保證咭 China Medical Guarantee Card (只適用於全年旅遊計劃 Only for Annual Travel Plan)			HKD		
保費需與投保書一併遞交。支票抬頭請付: Please make payment together with the Proposal Form. Cheque should be made payable to: 閩信保險有限公司 或 Min Xin Insurance Company Limited				保費合共 Total Premium	HKD	

註: 受益人乃根據香港法例之合法承繼人。 Remark: Beneficiary shall be the Legal Estate under the Hong Kong Ordinance.

#### IV. 聲明細則 Declaration

1. 本人 / 吾等現投保閣信「暢悠遊」旅遊綜合保險計劃（「此計劃」）。本人 / 吾等謹此聲明本投保書所列全部資料乃就本人 / 吾等所知一切據實填報，並經本人 / 吾等核實正確無誤，上述受保人是次出外旅遊並未違背專業醫生勸告或以尋求醫療為目的。本人 / 吾等聲明本人 / 吾等已獲得配偶、親屬、朋友授予全權，簽署此項投保申請，並提供任何個人資料作評核此項申請之用。本人 / 吾等明白本投保書及聲明將構成本人 / 吾等與閣信保險有限公司（「貴公司」）之間的合約依據。
2. 本人 / 吾等明白本人 / 吾等必須填妥授權 貴公司有權向本人 / 吾等之醫生索取有關病歷資料，本人 / 吾等亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
3. 本人 / 吾等明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
4. 本人 / 吾等明白本人 / 吾等必須完成及提供此投保書之所有資料，貴公司將不會受理本人 / 吾等資料不全之保單申請。
5. 本人 / 吾等明白、確知及同意，貴公司會就本人 / 吾等購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人 / 吾等為法人團體，代表本人 / 吾等簽署的獲授權人員須向貴公司確認他 / 她已獲該法人團體授權。本人 / 吾等亦明白貴公司必須取得申請人同意，方可以處理其保險申請。

1. I/We hereby apply for Min Xin Travel Package Insurance Plan ( "this Plan" ). I/We declare that to the best of my/our knowledge and belief the information given on this proposal form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct, and that no person listed hereon is travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We declare that I/we have full and complete authority from my spouse, relative(s), friend(s) to sign the application and disclose any personal information being requested to assess the insurance application. I/We agree that this proposal form and declaration shall form the basis of the contract between me/us and Min Xin Insurance Company Ltd ( "the Company" ).
2. I/We authorize the Company to obtain medical information from my/our medical practitioner(s) and I/we agree to supply additional information relevant to this Plan at my/our own expense.
3. I/We understand that I/We shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
4. I/We understand I/we must complete and provide all information requested in this proposal form, failing which the Company cannot process my/our application for the Policy.
5. I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above consent is necessary for the Company to proceed with the application.

此保險申請須待 貴公司覆核，接納投保書及收訖保費後才能生效。

This insurance application will not be in force until the proposal form(s) has been accepted by the Company and the premium has been paid.

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

- a) 閣下須要不時向閣信保險有限公司（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及 / 或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及 / 或相關產品與服務，處理經由本公司發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及 / 或相關產品與服務，處理經由本公司發出及 / 或安排的保單之下的索償事宜，及 / 或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途
  - i) 處理（包括但不限於承保）及 / 或審批保險及 / 或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及 / 或復效；
  - ii) 管理經由本公司發出及 / 或安排的保單；
  - iii) 處理（包括但不限於調查、分析、評估和裁定）及 / 或理賠經由本公司發出及 / 或安排的保單之下的索償事宜；
  - iv) 如適用的話，行使代位權；
  - v) 向客戶追收尚欠金額（如有）；
  - vi) 經由本公司發出及 / 或安排的保單之下籌劃共同保險及 / 或再保險；
  - vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
  - viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；
  - ix) 進行資料核對程序；
  - x) 設計保險及 / 或相關產品與服務供客戶使用；
  - xi) 推銷本公司的保險及 / 或其他相關產品與服務；
  - xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及 / 或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；
  - xiii) 本公司、相關的保險業協會或聯會、監管當局、政府部門及 / 或其他法定監管機構的統計或精算研究；
  - xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及
  - xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密，但本公司可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及 / 或該等個人資料所涉及的任何其他有關人士：
  - i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及 / 或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及 / 或任何其他有關各方，以適用者為準；
  - ii) 相關的保險業協會或聯會，及 / 或該等協會或聯會的成員；
  - iii) 本公司的海外辦事處或分行，以適用者為準；
  - iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司負有義務須向其作出披露的人士；
  - v) 根據對本公司有約束力的任何法律之下，本公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；
  - vi) 本公司的合法繼承人或受讓人；及
  - vii) 對本公司負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及 / 或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f) 根據《個人資料（私隱）條例》：
  - i) 任何人士均有權：
    - A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；
    - B) 要求本公司改正其任何不正確的個人資料；及
    - C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及
  - ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- g) 如欲查閱及或改正個人資料及 / 或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：  
個人資料保護主任  
閣信保險有限公司  
香港中環紅棉路 8 號  
東昌大廈 17 樓

## V. 收集個人資料聲明 (續) Personal Information Collection Statement (Continue)

- a) From time to time, it is necessary for you to supply Min Xin Insurance Company Limited (the "Company" ) with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individual (the "Personal Data" ) in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the Company, and/or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any or all other requests, enquires, or complaints from you.
- c) The purposes for which the Personal Data may be used are as follows
- i) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services;
  - ii) administering insurance policies issued and/or arranged by the Company;
  - iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the Company;
  - iv) exercising rights of subrogation, if applicable;
  - v) collection of amounts outstanding (if any) from customers;
  - vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the Company;
  - vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
  - viii) customer services (including, but not limited to, processing enquires and complaints), marketing, and other related activities;
  - ix) conducting data matching procedures;
  - x) designing insurance and/or related products and services for customers' use;
  - xi) marketing insurance and/or other related products and services of the Company;
  - xii) direct marketing of insurance and/or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time;
  - xiii) statistical or actuarial research of the Company, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority;
  - xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company is expected to comply with, including, without limitation, making disclosures of the relevant information; and
  - xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the Personal Data is related:
- i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/or other services to the Company in connection with the operation of its business;
  - ii) relevant insurance industry associations or federations, and/or members of such industry associations or federations;
  - iii) overseas locations or branches, as appropriate, of the Company;
  - iv) persons to whom the Company is under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company is expected comply with;
  - v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company;
  - vi) lawful successors or assigns of the Company; and
  - vii) persons who owe a duty of confidentiality to the Company.
- e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance:
- i) any individual has the right to:
    - A) check whether the Company holds data about him/her and, if so, obtain a copy of such data;
    - B) require the Company to correct any data relating to him/her that is inaccurate; and
    - C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and
  - ii) The Company has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/or correction of data and/or for information regarding policies and practices and kinds of data held are to be addressed as follows:
- Personal Data Protection Officer  
Min Xin Insurance Company Limited  
17/F Fairmont House,  
8 Cotton Tree Drive,  
Central, Hong Kong

## VI. 使用及提供個人資料作直接促銷 Use and Provision of Personal Data in Direct Marketing

(本節條文是組成「收集個人資料聲明」的一部分。)

1) 個人資料，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為、財務背景及人口統計資料可被用作直接促銷：

- i) 本公司的保險及 / 或其他相關產品與服務；
- ii) 本公司跟聯名品牌夥伴的保險及 / 或其他相關產品與服務（聯名品牌夥伴之名稱將載於相關產品及服務的申請表、建議書、宣傳小冊子及 / 或廣告單張 / 海報，以適用者為準）及 / 或本公司所選定的第三方；
- iii) 本公司及聯名品牌夥伴的獎賞、忠誠及 / 或優惠項目 / 計劃。

2) 就以上 (1) 段所述的用途，個人資料亦可被提供予本公司的聯名品牌夥伴及本公司所選定的第三方服務提供商，包括但不限於，客戶服務中心。

3) 本公司須獲閣下允許（包括表示不反對）本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。

如閣下不同意個人資料用作下列直接促銷用途，請在以下方格內加上剔號（“✓”）：

☐ 本人 / 我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。

☐ 本人 / 我們不允許貴公司使用個人資料作直接促銷用途。

(若閣下沒有在方格內加上剔號但簽署本投保書 / 文件，閣下會被視之為不反對（即閣下允許）本公司使用或向第三方提供個人資料作直接促銷用途。)

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

聲明：本人 / 我們確認，本人 / 我們已獲提供一份由閩信保險有限公司（「閩信保險」）發出的收集個人資料聲明（「該聲明」）。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意閩信保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士（如適用的話）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給閩信保險，並允許閩信保險可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

(This section forms part of the Personal Information Collection Statement.)

1) The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:

- i) insurance and/or other related products and services of the Company
- ii) insurance and/or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/or advertising leaflet(s)/poster(s) for the relevant products and services, as appropriate) and/or third parties selected by the Company;
- iii) reward, loyalty and/or privileges programs/plans of the Company, and co-branding partners.

2) The Personal Data may also be provided to the Company's co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.

3) The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick ( "✓" ) the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.

☐ I/We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.

☐ I/We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.

(If you do not tick the boxes but sign the proposal form/document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

Declaration: I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement" ) issued by Min Xin Insurance Company Limited ( "Min Xin Insurance" ). I/We confirm that I/we have read and understood the Statement. I/We agree that Min Xin Insurance may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Min Xin Insurance for the purposes stated in the Statement and for allowing Min Xin Insurance to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 吾等確認由本人 / 吾等於此投保書提供之所有資料均為事實正確無誤。本人 / 吾等更確認同意本投保書內之所有部分，包括但不限於上列之聲明細則及收集個人資料聲明。

I/We confirm that all information provided by me/us in this proposal form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this proposal form, including without limitation, the above Declaration and the Personal Information Collection Statement.

申請人簽署 Applicant Signature	日期 Date	公司 / 保險顧問或經紀專用 For Office/Broker Use