

Golf Insurance 高爾夫球保障計劃



Deluxe Plan 『超級保障』 \$6,000,000
\$6,000,000
\$30,000
\$1,500
\$2,500
\$7,500
\$1,500
\$20,000
\$5,000 \$7,000 \$8,000
\$600,000
\$680

Note 注意:

- 1. Professional golfer is not covered under this plan.
 - 此保障計劃不承保職業高爾夫球員。
- 2. The Proposer must be a Hong Kong resident and is normally residing in Hong Kong. 投保人必須為香港居民及經常居住於香港。
- 3. The Proposer must be aged 18 or above. (For Personal Accident coverage, age limit is from 16 to 65.)
- 投保人必須年滿18歳或以上(個人意外保障受保年齢為16至65歳)。 4. The benefit for "Hole-In-One" is limited to one hospitality for each hole-in-one scoring. 毎次 "一桿入洞" 之獎賞只限於一次祝捷飲食之費用。

Golf Insurance Proposal Form 高爾夫球保障計劃投保表格

Just complete the Proposal Form and post it back to us with your payment or fax it to 2832 9514. Alternatively, call our customer service hotline on 3666 7033.

投保手續簡易,只需將填妥之投保表格連同適當付款寄予我們或傳直至2832 9514 即可。如有任何查詢,歡迎致電客戶服務熱線3666 7033,我們定當竭力為您服務。

Information of the Proposer 投保人資料 (USE BLOCK LETTE	R 請以英文正楷填寫)	本人/音等同意美亞保險香港有
Name 姓名 :		明白申請經美亞保險接納及批 3. I/we agree that this Proposal F insurer, AIG Hong Kong. I/we
HK ID Card No. 香港身份證號碼:	()	and complete to the best of m 本人/吾等同意此投保表格為本
Occupation 職業 :		格內所填報之資料,據本人/吾 4. If this application is made thro
Email 電郵地址:		AIG Insurance Hong Kong L arranging and/or renewing th
Date of Birth (D/M/Y) 出生日期(日/月/年):	Sex 性別:	如本申請是經由保險經紀安排 佣金,作為保險經紀安排(及
Home Tel. No. 住宅電話號碼:		5. In relation to the personal date 就有關從此表格所收集的個人
Mobile Phone No. 手提電話號碼:		(a).(Unless specifically indicated necessary for AIG Insurance H
Office Tel. No. 辦公室電話號碼 :		data not provided may mean
Fax No. 傳真號碼:		除非於本表格上另有訂明,本 處理此申請的所需資料,若未 (b).The personal data collected ir
Mailing Address 通訊地址:		Privacy Policy, which include (including obtaining reinsur
		investigation, payment and sul 美亞保險可按列於其私隱政策
Policy Effective Date (D/M/Y) 保單生效日期(日/月/年):		保單(包括獲取再保險、核保 關用途);
Please choose the appropriate coverage package :		(c). Unless I /we have indicated ot I/we take note), AIG HK may
請選擇以下一項保障	T (T)	address) to contact me/us abo
	図級保障 HK\$680.00	contact details may not be so i 除非本人/吾等於以下的「不山 亞保險可使用本人/吾等的聯絡 AIG集團提供之保險產品,而
Please answer the following questions 請回答下列問題		AIG集團提供之保險產品,而 用;
 Have you had a "hole-in-one" during the past three years? If "Yes", please state golf course(s) and date(s). 	Yes是 No否	(d).AIG HK may transfer the pers Kong or overseas) for the purp
閣下曾否於過去三年內創下一桿入洞的佳績?如「是」		 i) Third parties providing s reinsurance);
者,請述球會名稱及日期。		ii) Financial institutions for the iii) In the event of a claim, los
Have you sustained any loss, damage, liability or		legal services providers, ret iv) For the purpose of condu
accident indemnified under any golf insurance cover		authorized by the AIG grou v) Another member of the AIG
during the past three years? 閣下曾否在過去三年內,因遺失、損毀、法律責任或		vi) Other parties referred to in 美亞保險亦可向以下類別的人
意外而於任何高爾夫球保險計劃提出索償?		列明之用途:
If you answer "Yes" to any of the above, please give details on s 如以上問題之答案為「是」者,請另加紙說明。	separate sheet.	(i) 提供有關本人 / 吾等保單管 (ii) 財務機構,作處理此申請及 (iii) 公證人、調查員、第三者
Payment Method 保費付款方法		者、及交通工具機構,以處 (iv) AIG集團授權的市場推廣公
Please " / " the appropriate box 請在適當的方格加上" / "號		(v) 其它在任何國家之AIG集團 (vi) 其它於美亞保險私隱政策所
□ Payment by Cheque 支票付款		(e). I/we may gain access to, or r reasonable fee), or opt out of
Cheque No . 支票號碼:		writing to the Privacy Complic cs.hk@aig.com. The full version
Bank 銀行: Cheque should be crossed and made payable to "AIG Insurance Ho	ong Kong Limited"	本人/吾等可隨時致函到美亞係 郵:cs.hk@aig.com)查閱、
劃線支票抬頭請註明「美亞保險香港有限公司」	ong nong zimiou	合理費用),或選擇不將本 www.aig.com.hk。
□ Payment By Credit Card 信用卡付款		Promotion Material Opt-out (it 不收取推廣資料(如閣下不欲
□ VISA Card VISA+ □ Master C	Card 萬事達卡	
Card No. 信用卡號碼:		
Expiry Date 信用卡屆滿日期 :	(MM月 / YY 年)	
Card Holder's Name 信用卡持有人姓名:		Signature of Proposer 投保
Card Holder's Signature 信用卡持有人簽署:		For office use only 公司
Date 日期:	<u> </u>	Producer Name : Producer Code :
I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/.	Master Card account for the	Producer Code :

premium stated on this proposal form 本人茲授權並要求美亞保險香港有限公司從本人之VISA/ MASTER卡戶口內支付本投保表格所註明之保費。

Declaration 聲明:

In relation to the personal data collected in this application form, I/we agree and acknowledge that: 就有關從此表格所收集的個人資料,本人/吾等同意及確認:

- 1. In the event of differences between the English and Chinese version of this Proposal Form, the English version shall prevail. It is also understood that the insurance policy relevant to this Proposal Form is issued in English version only and will be binding upon this Proposal being accepted and approved. 本人/吾等同意如本文之譯本於意義上遇到任何爭議時,一概以英文版本為準;本人/吾等同時明白保 險契約只會以英文發出,並會於本申請獲接納及核實時生效。
- 2. I/we agree that AIG Insurance Hong Kong Limited (hereinafter called "AIG Hong Kong"), reserves its right to accept or reject my/our application for insurance. If the Proposal Form is accepted and the policy will become effective. 5限公司(以下簡稱為「美亞保險」),保留一切接納申請與否之權利;並 亥後,保障才正式生效。
- orm shall be the basis of the insurance contract between me/us and the declare that the statements made in this Proposal Form are true, correct our knowledge and belief.

人/吾等與美亞保險訂立保險契約之根據。本人/吾等特此聲明此投保表 等所知並確定全部正確無訛、完整及足夠

- ugh an insurance broker, by signing this form the applicant agrees to mited paying the insurance broker commission as remuneration for insurance policy. 申請人在簽署本表格後,同意美亞保險香港有限公司向保險經紀支付 或續保) 有關保單的報酬
- collected in this application form, I/we agree and acknowledge that: 資料,本人/吾等同意及確認:
- otherwise in this form) the personal data requested in this form is ong Kong Limited ("AIG HK") to process this application and any such his application cannot be processed. 表格所要求提供的個人資料是供美亞保險香港有限公司("美亞保險")

能提供任何所需資料此申請則可能不被處理;

- this form may be used by AIG HK for the purposes stated in its Data inderwriting and administering the insurance policy being applied for ance, underwriting renewals, data matching, claim processing, progation and any related purposes). 的用途使用此表格所收集之個人資料,其用途包括核保及管理已申請的 潰保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有
- nerwise by ticking the "Promotion Material Opt-out" box below (of which use my/our contact details (name, address, phone number and e-mail ut other insurance products provided by the AIG group and that my/our sed without me/us giving this agreement.

取推廣資料」方格填上✔號以作表示(其內容本人/吾等已細閱),美 資料(姓名、地址、電話號碼及電郵地址)聯絡本人/吾等有關其它由 至未獲本人/吾等同意的情況下,本人/吾等之個人資料將不會被如此使

- onal data to the following classes of persons (whether based in Hong oses identified in (b) and (c) above:
 - ervices related to the administration of my/our policy (including
 - purpose of processing this application and obtaining policy payments;
- adjustors, assessors, third party administrators, emergency providers, ailers, medical providers and travel carriers;
- ting direct marketing activities (per (c) above), marketing companies
- group (for all of the purposes stated in (b) and (c)) in any country; or
- AIG HK's Data Privacy Policy for the purposes stated therein. 士(不論在香港或海外)轉交該些個人資料,作上述(b)及(c)項所
- 理服務的第三者(包括再保險公司);
- 收取保費; 管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供 理索償事官;
- 司,以作直銷之用(如上(c)項所述);
- 之成員公司,作上述(b)及(c)項所有列明之用途;或列明的人士,作於私隱政策列明之用途。
- equest correction of my/our personal data (in both cases, subject to a my/our personal data being used for direct marketing at any time, by nce Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or n of AIG HK's Data Privacy Policy can be found at www.aig.com.hk. 險香港有限公司之私隱事務主任(地址:香港郵政總局信箱456號或電 成要求修改本人 / 吾等的個人資料(美亞保險可就香閱及修改要求收取 人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於

you wish to opt-out, please tick) put廣資料,請在方格填上√號)

Signature of Proposer 投保人簽署	Date 日期	
For office use only 公司專用		
Producer Name :		
Producer Code :		
Producer Contact Tel. No. :		
PL03B-11/15		

POSTAGE WILL BE PAID BY LICENSEE

郵費由持 牌人支付 BUSINESS REPLY SERVICE LICENCE NO. 4487

商業回郵牌照編號 4487

HONG KONG 如在本港投寄 毋須貼上郵票

STAMP NECESSARY IF POSTED IN

NO POSTAGE

AIG Insurance Hong Kong Limited Operations Department 7/F, One Island East, 18 Westlands Road, Island East, Hong Kong AIG Insurance Hong Kong Limited is part of the American International Group Inc.

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Additional information about AIG can be found at www.aig.com.hk YouTube: www.youtube.com/aig | Twitter: @AlGinsurance | LinkedIn: http://www.linkedin.com/company/aig

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美亞保險香港有限公司為美國國際集團(AIG) 成員。

美國國際集團(AIG)為領導全球的保險公司之一,於逾100個國家及地區 為客戶提供服務。AIG旗下公司通過全球最廣泛的產物意外保險業務網 絡,為商界、機構及個人客戶提供各項服務。此外,AIG旗下公司在美 國為壽險及退休金服務市場之領導品牌。AIG為紐約證券交易所及東京 證券交易所之上市公司。

如需更多相關資訊,請瀏覽本公司網站http://www.gig.com.hk/ YouTube: www.youtube.com/aig | Twitter: @AlGinsurance | LinkedIn: http://www.linkedin.com/company/aig

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This insurance plan is underwritten by AIG Insurance Hong Kong Limited 此保障計劃由美亞保險香港有限公司承保



AIG Bring on tomorrow

AIG Insurance Hong Kong Limited 7/F, One Island East, 18 Westlands Road, Island East, Hong Kong

美亞保險香港有限公司 香港港島東華蘭路18號港島東中心7樓 Hotline 客戶熱線: 3666 7033 Fax傳真號碼: 2832 9514 www.aig.com.hk

This brochure provides only a summary of the policy benefits. Coverage under the policy shall be subject to the terms, conditions and exclusions of the policy. A copy of the policy is available from AIG Insurance Hong Kong Limited. 本單張僅提供保單摘要,有關保單條款及不承保事項請參看保單條款及細則。 如需要保單條款及細則,歡迎向美亞保險香港有限公司索取。