

旅遊險批改申請書

Travel Insurance Endorsement Application Form

致：中銀集團保險有限公司 To：Bank of China Group Insurance Company Limited (傳真 Fax: 39069919)

保戶名稱 代理及經辦單位編號
Name of Policyholder : _____ Agent Code & Unit No. : _____

保單號碼 Policy No.* : _____ 保戶身份證號碼 Policyholder's HK ID Card No.#: _____

(*此資料必須由客戶提供或確認) (#只需填寫英文字頭及首 3 位數目字)
(*This information must be provided or confirmed by client) (#Fill in the first letter & first 3 digits only)

請照下述開列事項更改，並送回貴公司認簽之批改

Please issue an endorsement subject to the following particulars :

由 _____ 起更改內容如下 (請在適當方格內加「✓」)
As from _____ alter the followings : (Please put a "✓" in the box as appropriate)

(1) 保戶名稱
Name of Policyholder : _____

(2) 保戶通訊地址
Policyholder's Mailing Address : _____

(3) 受保人 Insured Person(s) 增加 Increase to / 減少 Decreased to _____ 人 persons / 修改資料 Amend Information

受保人姓名(請先填寫姓氏) Name of Insured Person(s) (Surname first)	香港身份證 / 護照號碼 HKID Card No. / Passport No.	年齡 / 出生日期 Age / Date of Birth (日 D / 月 M / 年 Y)	受益人姓名/與受保人關係 Name of Beneficiary/ Relationship with Insured Person

(4) 旅遊目的地
Planned Destination : _____

(5) 保險期限 增加 / 減少 _____ 天, 由 _____ 至 _____ (首尾兩日包括在內)
Period of Insurance : Increased by / Decreased by : _____ Day(s), From _____ To _____ (B.D.I.)

(6) 取消保單 Cancel Policy (如要取消保單，必須把批改申請書連同原保單及緊急支援卡一起送回)
(In order to cancel the Policy, please return the original Policy and emergency assistance card together with this Endorsement Application Form)

取消保單原因 Reasons for cancellation : _____

(7) 請補發 24 小時全球緊急支援卡 (須收費港幣 50 元)
Reissue 24-hour Worldwide Emergency Assistance Card (Handling Charge: HKD50)

(8) 8.1 郵輪旅程保障補充 (只適用於環宇智選 / 遨翔旅遊保障計劃的全年保險計劃) _____ 天,
由 _____ 至 _____ (首尾兩日包括在內)
Cruise Single Trip Benefit (only applicable to Annual Travel Plan for Universal Smart / Voyage Travel Insurance Plan) _____ Day(s),
From _____ To _____ (B.D.I.)

8.2 地區 Area 1 地區 Area 2 目的地 Destination: _____

8.3 是否原保單內所有受保人均參加本次旅程 Are all the Insured Person(s) under the original policy join this trip?

是 Yes 否 No

如答案為「否」者，請提供其中參加本次旅程受保人的資料於下表內: If the answer is "No", please provide the details of the Insured Person(s) who will join this trip in the following box:

受保人資料*Details of the Insured Person(s)*	
所有受保人姓名 (請先填寫姓氏) Name of all Insured Person(s) (Surname first)	香港身份證 / 護照號碼 HKID Card No. / Passport No.
1.	
2.	
3.	

*只適用於原保單內的受保人，其他人士請另行獨立投保。Only applicable to the Insured Person(s) insured under the original policy, other person(s) is/are required to apply this benefit separately.

(9) 其他

Others : _____

申請人簽章 Signature of Applicant : _____ 日期 Date : _____

備註：所取得之資料均按照“收集個人資料聲明”辦理。

Remarks : All data is collected in accordance with the ‘Personal Information Collection Statement’.

如有增收保費，可使用以下「信用卡付款授權書」以支付有關保費。If there is additional premium, you can use the following “Credit Card Authorization Form” to settle the required premium.

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 BOC 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上述保單應繳的保費。I hereby authorize and direct “Bank of China Group Insurance Company Limited” to debit the premium due from my credit card account for the above Policy.			
若信用卡持有人並非投保人，請填寫以下資料。If Cardholder is not the proposed Insured, please fill in the following information.			
1. 與投保人關係 Relationship with the proposed Insured : _____			
2. 代投保人支付保費原因 Reason for paying premium on proposed Insured's behalf: _____			
<input type="checkbox"/> 本人同意及承擔上述保單全數應繳之保費，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 for the above Policy. I also understand that any refund premium 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 S.V.	聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)

銀行代理必須填寫以下欄位 (Bank staff must complete the below box)

銀行代理專用 For Bank use only			
經辦編號 Staff No.	經辦姓名 Staff Name	經辦單位編號 Unit No.	經辦聯絡電話 Staff Contact No.
客戶填妥及簽署此投保書後，請銀行代理向中銀集團保險遞交以下文件 The Bank staff should submit the following documents to BOCG Insurance:			
信用卡付款 Payment made by Credit Card (1) 已簽署的「信用卡付款授權書」正本 The original copy of the duly signed “Credit Card Authorization Form” ; (2) 此批改申請書 This Endorsement Application Form.		其他付款方式 Other Payment Methods (1) 保險費收款單正本或影印本 The original copy or photocopy of Premium Deposit Form; (2) 此批改申請書 This Endorsement Application Form.	

本公司專用 For Office Use Only

覆核人	經辦人
No.	No.