

## YOUR TRUSTWORTHY INSURANCE PARTNERS

### 您至可信賴的保險夥伴

Allied World Assurance Company Holdings, GmbH, through its subsidiaries, is a global provider of insurance and reinsurance solutions. We operate under the brand Allied World and have supported clients, cedents and trading partners with thoughtful service and meaningful coverages since 2001.

We are a subsidiary of Fairfax Financial Holdings Limited, and we benefit from a worldwide network of affiliated entities that allow us to think and respond in non-traditional ways. Our capital base is strong, our solutions anticipate rather than react to changing trends, and our teams are focused on establishing long-term relationships that are mutually beneficial.

Learn more about how we can help you manage your risk by visiting:

Web: [www.awac.com](http://www.awac.com)

Facebook: [www.facebook.com/alliedworld](https://www.facebook.com/alliedworld)

LinkedIn: <https://www.linkedin.com/company/allied-world>

Allied World Assurance Company Holdings, GmbH是一家通過其子公司，為全球提供保險及再保險解決方案的供應商。自2001年以來，我們以Allied World世聯之名開展業務，為客戶、分保人及貿易夥伴提供專業的服務及適切的保障。

我們是Fairfax金融控股有限公司的子公司，藉著遍及全球的附屬機構網絡，令我們不論在思維或處理個案時，都能跳出傳統框框。我們擁有穩健的資本基礎，於解決方案時，能預視未來的變化趨勢，而成為市場先驅；我們的團隊亦極重視與客戶建立互惠互利的長遠關係。

歡迎透過下列途徑，了解我們可如何助您管理風險：

網頁: [www.awac.com](http://www.awac.com)

Facebook: [www.facebook.com/alliedworld](https://www.facebook.com/alliedworld)

LinkedIn: <https://www.linkedin.com/company/allied-world>

#### ALLIED WORLD DISCLAIMER

Coverage will be underwritten by the Hong Kong branch office of Allied World Assurance Company, Ltd, which is regulated by the Insurance Authority. Coverage is only offered subject to local regulatory requirements. Actual coverage is subject to the terms, conditions and exclusions of the actual policy issued.

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### Allied World Assurance Company, Ltd

#### 世聯保險有限公司

(incorporated in Bermuda with limited liability)

22/F One Island East, Taikoo Place,

18 Westlands Road, Quarry Bay, Hong Kong

香港鰂魚涌太古坊華蘭路18號

港島東中心22樓

Fax 傳真 2917 6226

Email 電郵 [hkgi@awac.com](mailto:hkgi@awac.com)

[www.awac.com](http://www.awac.com)

AF-SC1217PL



A member of the  
Insurance Claims Complaints Bureau



## STUDY COMPANION 留學無憂

Underwritten by Allied World  
Assurance Company, Ltd  
承保公司：世聯保險有限公司

[www.awac.com](http://www.awac.com)



## 留學無憂

Allied World 世聯學誠為您提供全面可靠的海外留學保障。

## 申請資格

- 香港居民
- 35歲或以下的全日制學生
- 已被認可海外教育機構錄取

## 特點推介

- 24小時全球保障
- 特高醫療保障額
- 更全面醫療保障
  - ✓ 輔助治療及醫療器材
  - ✓ 懷孕 / 分娩
  - ✓ 精神病治療
- 每年門診治療次數不限
- 學費損失保障
- 留學或外遊期間的戰爭保障
- 保障實習期間及從事當地合法的兼職工作

## 24小時全球支援服務

- 電話醫療諮詢
- 醫院/醫療設施轉介
- 墊支或擔保入院保證金
- 安排探望海外入院的受保學生

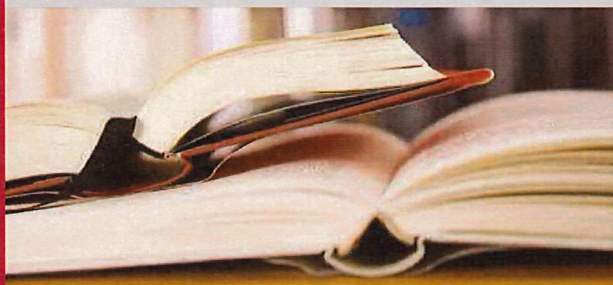
## 申請簡便

- 填妥投保書
- 提供由認可海外教育機構發出的入學取錄證明

## \*保費 (每位受保學生)

(港幣/元)

就讀國家	承保期	
	一年	兩年
美國/加拿大	4,800	9,120
其他地區	3,200	6,080



\*請注意以上保單保費未計算由保險業監管局收取的保費徵費在內。如欲了解更多保費徵費詳情，請登入<https://donline.alliedworldgroup.com.hk/file/IALevy.pdf>或致電我們：(852) 2968 3333。

### 主要不受保項目

先天或出門旅遊前已存在之疾病、使用非醫生處方之藥物、自損行為、受酒精影響之行為、愛滋病、職業運動、在遺失金錢或行李後24小時內未向警方申報、體力勞動工作、非以航班乘客身份參與的飛行。

## 保障項目

每年最高賠償限額  
(港幣/元)

<b>醫療費用</b> 因生病或意外受傷需接受住院及門診治療 包括以下治療及費用	1,500,000
• 輔助治療服務 補償住院及門診期間進行物理治療、脊骨神經、整骨、足病治療及足科醫師的費用	20,000
• 醫療器材 拐杖、鑄模、固定夾板、手杖等費用	10,000
• 懷孕 / 分娩 於起保日以後開始的懷孕	50,000
• 精神病治療 住院期間接受精神病治療	20,000
• 覆診治療 回港後3個月之內之覆診治療	50,000
<b>住院現金</b> 因生病或意外受傷需入院留醫的現金津貼	30,000 (1500/每日)
<b>創傷輔導保障</b> 因恐嚇、身體受襲、嚴重受傷、交通意外、自然災難、騎劫等事故引致嚴重心理處傷而需接受心理輔導治療	15,000 (1,500/每次)
<b>意外牙科治療</b> 因意外損毀天然及健康的牙齒所需的牙科治療	5,000
<b>緊急醫療運送</b> 將傷病的受保學生緊急轉送至有足夠醫療設備的醫院，並在有需要時安排隨行醫療人員及醫療設備	實際支付費用
<b>遺體運返</b> 如受保學生不幸身故，將其遺體或骨灰運返原居地，或在肇事地方進行殮葬的費用（不包括棺木費用）	實際支付費用
<b>親屬探望</b> 受保學生於海外住院，可獲安排最多兩名親屬前往探望，包括來回經濟客位機票及住宿費用	30,000/親屬 (每次最多2位)
<b>學費損失保障</b> 因嚴重生病或受傷而往院所損失的學費	100,000
<b>人身意外</b> 意外身故 / 四肢傷殘或失明 / 永久完全傷殘	800,000
<b>教育基金</b> 若保單持有人因意外旅身死亡、永久完全傷殘或破產而不能繼續供養受保學生，可給予一筆一次總付的津貼	300,000
<b>遺失行李</b> 在身處就讀城市外的旅途中，意外遺失或損壞行李	15,000 (2,000/每件)
<b>遺失旅遊證件</b> 在身處就讀城市外的旅途中，意外遺失證件及身分證明文件所引致的補領費用，包括額外住宿及交通費用	5,000
<b>遺失現金</b> 在身處就讀城市外的旅途中，因偷竊或搶劫而損失的現金	3,000
<b>行程延誤</b> 如因罷工、工業行動、惡劣天氣、天然災難或已安排乘搭的公共交通工具機件故障，造成啟航時間延誤超過6小時，可獲現金津貼	1,500 (500/每6小時)
<b>緊急購物</b> 因行李被錯誤運送或延誤超過6小時，需要緊急購買日用品必需品如衣服、洗漱用品等費用	1,000
<b>個人責任保障</b> 償付受保學生導致他人身體受傷或財務損失而需負上的法律責任，但不包括使用任何車輛及船隻、騎馬及對家庭成員及僱員的責任	1,500,000



### Study Companion

Allied World devoted to providing you with comprehensive cover while you are studying overseas.

### Eligibility

- Hong Kong resident
- Full time student aged 35 years old or below
- Proof of admission is issued from a recognised institution of learning outside Hong Kong

### Feature Highlights

- 24-hours Worldwide Cover
- High Limit of Medical Cover
- Comprehensive Medical Cover
  - ✓ Paramedical Services and Medical Appliance
  - ✓ Maternity / Childbirth
  - ✓ Psychiatric Treatment
- No Limitation on No. of Out-patient Per Year
- Loss of Tuition Fee Cover
- War Cover While Studying / Travelling Overseas
- Extends to cover field works and part-time jobs where locally permitted

### 24 hours Worldwide Assistance

- Telephone Medical Advice
- Hospital / Medical Facility Referral
- Hospital Admission Guarantee
- Compassionate Visit

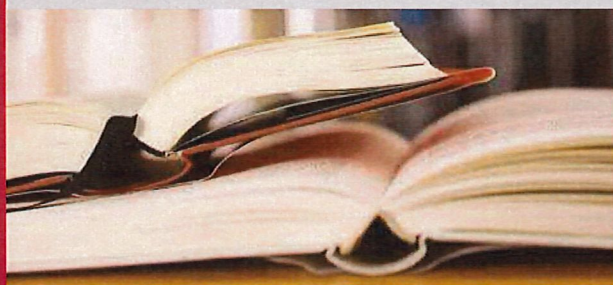
### How to Apply

- Complete the Proposal Form
- Attach the admission letter issued by a overseas recognized institution of learning

### \*Premium (per Insured Student)

(HK\$)

Country of Study	Period of Insurance	
	1 Year	2 Years
US / Canada	4,800	9,120
Rest of the World	3,200	6,080



\*Please note the above premium rates have not included the levy imposed by the Insurance Authority. For further information on the levy, please visit <https://donline.alliedworldgroup.com.hk/file/IALevy.pdf> or contact: (852) 2968 3333.

### Major Exclusions

Pre-existing or congenital health conditions, non-prescription drugs, self-inflicted injuries, influence by alcohol, HIV/AIDS, professional sports, racing, losses not reported to the police within 24 hours for baggage and cash, manual or labour work, flying except as a commercial aircraft passenger

### Benefits

Limits Per Year (HK\$)

<b>Medical Expenses</b> Hospitalisation and clinical treatment due to injury and sickness	1,500,000
<b>Including following treatment and expenses</b>	
• <b>Paramedical Services</b> Reimbursement for physiotherapist, chiropractor, osteopath, chiropodist or podiatrist expenses in hospital and out-patient	20,000
• <b>Medical Appliance</b> Expenses for crutches, casts, splints, canes, etc.	10,000
• <b>Maternity / Childbirth</b> As long as the pregnancy starts after the Policy effective date	50,000
• <b>Psychiatric Treatment</b> Treatment of psychiatric disorders when admitted to hospital	20,000
• <b>Follow-up Treatment</b> Up to 3-months upon return to Hong Kong	50,000
<b>Hospital Cash</b> Cash allowance for hospitalisation due to injury and Sickness	30,000 (1500 / day)
<b>Trauma Counselling</b> Counselling of acute mental trauma after threat, assault, bodily injury, traffic accident, natural disaster, hijacking, etc.	15,000 (1,500 / visit)
<b>Treatment of Dental Accident</b> Dental treatment of sound and natural teeth damaged by accident	5,000
<b>Emergency Medical Evacuation</b> Emergency transfer of an injured or sick Student to an adequately equipped hospital or arrangement of medical supervision and medical facility as appropriate	Actual Cost Incurred
<b>Repatriation of Remains</b> Transporting the body or ashes home or payment of local burial expenses in the event of death (excluding the cost of coffin)	Actual Cost Incurred
<b>Compassionate Visit</b> Round trip economy ticket and hotel accommodation for maximum 2 Relatives to visit the student hospitalised overseas	30,000 / Relative (Max 2 Relatives per event)
<b>Loss of Tuition Fee</b> Reimbursement of forfeited tuition fee if the student is hospitalised due to Serious Injury and Sickness	100,000
<b>Personal Accident</b> Accidental death / loss of limbs or eyesight / permanent total disablement	800,000
<b>Education Fund</b> A lump sum subsidy for education if the policyholder can no longer support the student due to death, permanent total disablement or bankruptcy	300,000
<b>Loss of Baggage</b> Accidental loss of or damage to baggage when traveling outside the city of Study	15,000 (2,000 / article)
<b>Travel Document</b> Cost of replacing lost travel documents, identification cards when travelling outside the city of Study, including the additional transportation and accommodation cost	5,000
<b>Loss of Cash</b> Loss of cash arising from theft or robbery when travelling outside the city of Study	3,000
<b>Travel Delay</b> Allowance for each 6 hours delay of the common carrier due to strike, industrial action, adverse weather, natural disaster or mechanical breakdown of such carrier	1,500 (500 / 6 hours)
<b>Emergency Purchases</b> Emergency purchase of essential clothing, toiletries if baggage is delayed or misplaced for more than 6 hours	1,000
<b>Personal Liability</b> Against legal liability to third parties for accidental bodily injury and loss of or damage to property, but excluding liabilities arising out of use of vehicles and watercraft, horse-riding and liability to family members or employees	1,500,000



**留學無憂保險 投保書 / 保單 STUDY COMPANION INSURANCE PROPOSAL FORM / POLICY SCHEDULE**

請以英文正楷填寫，並在適當的空格內填上  Please fill in this form in English block letters and tick the boxes where appropriate

保單號碼 Policy No.	代理編號 Agent No.
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**投保人資料 Proposer Details (必須年滿18歲 Must be 18 years old or above)**

姓名 Full Name	性別 Sex <input type="checkbox"/> 男M <input type="checkbox"/> 女F
香港身份證 / 護照號碼 HKID Card / Passport No.	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)
通訊地址 Correspondence Address	職業及職位 Industry & Position
聯絡電話 Contact No.	電郵地址 Email
與受保學生關係 Relationship to Insured Student	就讀國家 Country of Study
<input type="checkbox"/> 本人 Self <input type="checkbox"/> 父母 Parent <input type="checkbox"/> 監護人 Guardian	<input type="checkbox"/> 美國 US / 加拿大 Canada <input type="checkbox"/> 其他國家 Rest of the World

**受保學生 Insured Student**

學生姓名 Name of Student	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	性別 Sex <input type="checkbox"/> 男M <input type="checkbox"/> 女F
香港身份證 / 護照號碼 HKID Card / Passport No.	電郵地址 Email	
就讀國家 Country of Study	就讀學校 Institution of Learning	
年級 / 班別 Year / Class	學系 Faculty	

**保險期限 Period of Insurance**

本保單之生效日期由 Policy is Effective From	/	/ 20	(日/月/年) (dd/mm/yyyy)	<input type="checkbox"/> 起一年內有效 for one year <input type="checkbox"/> 起兩年內有效 for two years	本保單所提供的保障，必須在本公司確定接納投保及收受保費後，才能正式生效。 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.
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**請回答下列問題 Please answer all questions listed below**

1. 受保學生是否香港居民？(如答「否」，請加紙張提供詳細資料例如國籍及通常居住地等) Is the Insured Student a Hong Kong resident? (If answered "No", please give detail like nationality, usual place of residence, etc)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 入學證明文件是否隨本投保書附上？ Is the admission letter enclosed with proposal form?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 受保學生是否有任何身體殘障或缺陷或正接受醫藥治療或患有任何疾病？(如答「是」，請另加紙張列明詳細資料) Has the Insured Student ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? (please give full details if you have answered "Yes")	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4. 受保學生於過去三年內有否向投保之意外、留學保險、醫療或旅遊保險索償？(如答「是」，請加紙張列明詳細資料) Has the Insured Student ever made any claim to accident, overseas study, medical or travel insurance in the past three years? (please give full details if you have answered "Yes")	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

**聲明 Declaration**

1. 本人謹此聲明，根據本人所知及所信，本投保表格上所填之資料均屬實無訛，並同意本投保書和聲明將成為保險合約的基礎。 I declare to the best of my knowledge and belief that the information given is true in every respect, I also agree that this proposal and declaration shall be the basis of the insurance contract between Allied World Assurance Company, Ltd and myself.
2. 由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多保費徵費詳情，請登入 <a href="https://donline.alliedworldgroup.com.hk/file/IALevy.pdf">https://donline.alliedworldgroup.com.hk/file/IALevy.pdf</a> 或致電我們：(852) 2968 3333。 IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information on the levy, please visit <a href="https://donline.alliedworldgroup.com.hk/file/IALevy.pdf">https://donline.alliedworldgroup.com.hk/file/IALevy.pdf</a> or contact: (852) 2968 3333.
3. 本人已閱讀、明白及同意隨本投保書附上的個人資料收集聲明。 I have read, understood and agreed to the Personal Information Collection Statement attached to this proposal form. <input type="checkbox"/> 本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。 I do not want to receive any promotion materials or updates on other products, services or offers of Allied World.

投保人簽署 Proposer's Signature	日期 (日/月/年) Date (dd/mm/yyyy)
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Underwritten by 承保公司：Allied World Assurance Company, Ltd 世聯保險有限公司 (incorporated in Bermuda with limited liability)

**繳付保費方法 Premium Payment Method**

<input type="checkbox"/> 支票 Cheque	抬頭：世聯保險有限公司 payable to Allied World Assurance Company, Ltd	支票號碼 Cheque No.
<input checked="" type="checkbox"/> 本人授權 世聯保險有限公司 Allied World Assurance Company, Ltd 從本人信用卡戶口內支取有關保費及保費徵費。 I hereby authorise Allied World Assurance Company, Ltd to charge the relevant premium and IA Levy to my credit card account for this insurance policy.	港幣(元) HK \$	
簽發銀行 Issuing Bank	信用卡 Credit Card	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
信用卡號碼 Credit Card No.	信用卡有效期 (月/年) Credit Card Expiry Date (mm/yy)	
持卡人姓名 Cardholder's Name	日期 (日/月/年) Date (dd/mm/yyyy)	
持卡人簽署 Cardholder's Signature		

簽名必須與上述信用卡戶口簽署式樣相同。 Signature should correspond to the specimen signature of the above credit card account.

**本公司專用 For Office Use Only**

Allied World Assurance Company, Ltd	日期 (日/月/年) Date (dd/mm/yyyy)
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## Personal Information Collection Statement

### **Purpose of Collection**

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

### **Transferee**

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

### **Marketing and Promotion**

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

### **Access Requests and Corrections**

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

## 個人資料收集聲明

### **資料收集目的**

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
  - 安排保險合約及管理已發出的保單；
  - 索償處理、調查及分析；
  - 為客戶設計產品或服務；
  - 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
  - 遵守適用於本公司的法律或規則要求。
- 一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

### **資料轉移**

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
  - 再保險公司；
  - 中介人包括保險代理人及保險經紀；
  - 索償調查者、公證行及其他專業顧問；
  - 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
  - 任何保險業組織或聯會及其成員；及
  - 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，
- 以上各項適用於香港特別行政區境內及境外。

### **市場推廣**

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

### **資料查閱要求及更改**

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：  
郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至[hkcompliance@awac.com](mailto:hkcompliance@awac.com)