

學生人身平安 保險計劃

Student Personal Accident
Insurance Plan



學生生活
從此無憂

中華聯合保險顧問有限公司
China United Insurance Brokers Ltd.

Room 903, 9/F, Far East Consortium Building, 204-206 Nathan Road, JORDA, H.K.
香港 佐敦 彌敦道204-206號遠東發展大廈9字樓903室

主要代理：



學生人身平安保險計劃

父母愛護子女，無微不至。中銀集團保險有限公司關心您和您摯愛子女的需要，誠意向您推介「學生人身平安保險計劃」。您只需付出低至每天HK\$0.55，即可為您年滿4-19歲的全讀學生子女提供24小時全球個人意外保障。

	計劃1 (HK\$)	計劃2 (HK\$)
保障範圍	最高賠償額	
第一節 意外身故或斷肢		
(1) 身故	150,000	100,000
(2) 喪失兩肢或雙目失明	150,000	100,000
(3) 喪失一肢或一目失明	75,000	50,000
第二節 意外受傷醫療賠償		
門診、住院及跌打醫療費用 (跌打醫療費用為每一事故最高賠償HK\$500)	5,000 (全年計)	3,000 (全年計)
全年保費	250	200

投保手續簡易

要享有上述的周全保障，您只需填妥投保書，寄回或遞交至本公司或各代理銀行分行。保費可以支票或現金繳付，方便快捷。

主要不保事項

凡由下列原因直接或間接引致的傷亡，均屬不保範圍：

1. 戰爭、類似戰爭的行動、內戰、罷工或暴動
2. 自殺或自我傷害
3. 遭遇謀害
4. 受藥物或醉酒影響
5. 懷孕、分娩、投保前已存在的缺陷或病症

索賠須知

投保人必須於事故發生後15天內填妥「申請理賠表格」及以書面通知保險公司，並附上醫療報告或證明單據。

以上簡介僅供參考之用，各項細則以保險公司繕發的正式保單為準。

查詢電話：(852) 3187 5100

網址：www.bocgroup.com/bocg-ins/

Student Personal Accident Insurance Plan

Extra protection for your beloved children, for your peace of mind. Bank of China Group Insurance Company Limited is pleased to present to you and your beloved children "Student Personal Accident Insurance Plan", providing 24-hour worldwide personal accident coverage for full time students aged 4 -19. Premiums can be as low as HK\$0.55 per day.

	Plan 1 (HK\$)	Plan 2 (HK\$)
Scope of coverage	Maximum benefits	
Section I - Accidental death or dismemberment		
(1) Death	150,000	100,000
(2) Loss of two limbs or of sight of two eyes	150,000	100,000
(3) Loss of either one limb or of sight of either one eye	75,000	50,000
Section II - Medical benefit for accidental injury		
Medical expenses for out-patient, in-patient and bonesetter treatment (The maximum payable amount for bonesetter treatment is HK\$500 per event)	5,000 (per year)	3,000 (per year)
ANNUAL PREMIUM	250	200

Easy and simple enrollment

Your comprehensive coverage and benefits are within easy reach. Simply complete the Proposal Form and return to us by mail or through any branches of the agent banks. For your convenience, premium can be settled either by cheque or in cash.

Major exclusions

This insurance does not cover any bodily injury or death directly or indirectly caused by or resulting from:

1. war, warlike operations, civil war, strike or riots
2. suicide or self-injury
3. encountering murder
4. under the influence of drug or alcohol
5. pregnancy, childbirth, pre-existing physical defect or infirmity

Claims procedure

For any claims, the insured must complete a claim form and send a written notice to the insurance company within 15 days after the accident, together with a medical report and all the relevant supporting documents.

This leaflet is for reference only. Details of coverage are subject to the terms and conditions of the Policy.

Enquiry hotline : (852) 3187 5100

Website : www.bocgroup.com/bocg-ins/

學生人身平安保險投保書 Student Personal Accident Insurance Proposal Form

(請以英文正楷填寫並在適當的空格內填上“✓”號
Please complete in English BLOCK letters and “✓” where appropriate)

投保人資料 Proposer's information	
中文姓名 Name in Chinese	英文姓名 Name in English
住址 Home address	
聯絡電話 Contact number	
被保學生資料 Details of insured student	
中文姓名 Name in Chinese	英文姓名 Name in English
性別 Sex	年齡 Age
就讀班別 Class attended	出生日期 Date of birth (日/月/年) (DD/MM/YY)
學校名稱 School name	
學校地址 School address	
受益人資料 Beneficiary's information	
中文姓名 Name in Chinese	英文姓名 Name in English
與學生關係 Relationship with insured student	
投保計劃 Enrolled plan	
<input type="checkbox"/> 計劃 1 Plan 1	<input type="checkbox"/> 計劃 2 Plan 2
保險期限 Insurance period	
由 From	至 To (日/月/年) (首尾兩日包括在內) (DD/MM/YY) (both dates inclusive)

聲明

- 本人謹此聲明，於本投保書內之陳述乃真確無訛，可作為簽發保單之根據。
- 本人明白如資料錯誤或不詳盡，被保學生之保障有失效之虞。
- 本人明白根據保單條款，如被保學生意外身故，賠償款項可交被保學生之合法受益人接收。

本人明白本人提供的資料為 貴公司提供保險業務所需，並可能使用於下列目的：

- 任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
- 任何索償，或該等索償調查或分析；
- 行使任何代位權；及

可能移轉予：

- 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；

- 現存或不時成立之任何保險公司協會或聯會或類同組織（「聯會」），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；及
- 或透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的。

此外，本人授權「中銀集團保險有限公司」可向「聯會」從保險業內收集的資料中查閱及/或核對本人任何資料。

本人明白本人有權查閱及要求更正由「中銀集團保險有限公司」持有有關本人的個人資料。如有需要，本人可向「中銀集團保險有限公司」法律及合規部提出（電話：2867 0888，傳真：3906 9939）。

Declaration

- I declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance.
- I understand that if any information stated is untrue or incomplete, the cover for the Insured Student may be invalidated.
- I understand that the benefits payable at the time of the Insured Student's death shall be paid to the Insured Student's legal beneficiary.

The information provided by me to the Company is collected to enable the Company to carry on insurance business and may be used for the purpose of:

- any insurance or financial related products or services or any alterations, variations, cancellation or renewal of such products or services;
- any claim or investigation or analysis of such claim;
- exercising any right of subrogation; and

- may be transferred to:
- 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;
- any association, federation or similar organization of insurance companies ("Federation") 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 and
- any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, "Bank of China Group Insurance Company Limited" is hereby authorized to obtain access to and/or to verify any data provided by me with the information collected by the Federation from the insurance industry.

I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by "Bank of China Group Insurance Company Limited". Requests for such access can be made to the Legal and Compliance Department of "Bank of China Group Insurance Company Limited" (Tel: 2867 0888 / Fax: 3906 9939).

投保人簽署 (家長或監護人)

Signature of Proposer (parent or guardian)

日期

Date

本投保書在未獲同意接受前，保險公司不負任何責任。
The Company has no liability whatsoever before this Proposal is accepted.

代理專用 For Agent use only		保險公司專用 For Office use only	
代理編號: Agent No.	轉介單位編號: Transfer Unit No.	保單編號: Policy No.	
經辦編號: Staff No.	轉介人員編號: Transfer Staff No.	經辦人: Handled By	
客戶編號(銀行): Cust Code (Bank)		覆核人: Checked By	



中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

總公司 Head Office

香港中環德輔道中71號永安集團大廈9樓
9/F., Wing On House, 71 Des Voeux Road C., H.K.
Tel: 2867 0888 Fax: 2522 1705

筲箕灣分公司 Shau Kei Wan Branch

香港筲箕灣道274-278號永德大廈1樓B座
1/F., Unit B, Win Tack Building,
274-278 Shau Kei Wan Road, H.K.
Tel: 2886 2821 Fax: 2886 2762

九龍分公司 Kowloon Branch

九龍彌敦道587-589號廣東省銀行大廈1103-1104室
Rm. 1103-1104, 11/F., Kwangtung Provincial Bank Building,
587-589 Nathan Road, Kowloon.
Tel: 2780 7371 Fax: 2385 5780

九龍灣分公司 Kowloon Bay Branch

九龍九龍灣宏開道16號德福大廈16樓2室
16/F., Unit 2, Telford House, 16 Wang Hoi Road,
Kowloon Bay, Kowloon.
Tel: 2331 3002 Fax: 2318 0903

荃灣分公司 Tsuen Wan Branch

新界荃灣沙咀道362號全發商業大廈22樓10-11室
Unit 10-11, 22/F., Fortune Commercial Building,
362 Sha Tsui Road, Tsuen Wan, N.T.
Tel: 2615 1788 Fax: 2615 1881

元朗分公司 Yuen Long Branch

新界元朗青山道102-108號中銀元朗商業中心701室
Room 701, BOC Yuen Long Commercial Centre,
102-108 Castle Peak Road, Yuen Long, N.T.
Tel: 2478 7222 Fax: 2478 8772

大埔分公司 Tai Po Branch

新界大埔寶鄉街62-70號聯豐大廈5樓C室
Portion C, 4/F., Luen Fung Building, 62-70 Po Heung Street,
Tai Po, N.T.
Tel: 2650 2618 Fax: 2650 8068

中銀保險有限公司

Bank of China Insurance Company Limited

中國北京市西城區復興門內大街1號中國銀行大廈12樓，郵政編碼100818
12/F., BOC Bldg., 1 Fuxingmen Nei Dajie, Beijing 100818, China.
Tel: (86) 10-6659 6288 Fax: (86) 10-6659 6301