

STARR

Accident & Health

Starr Companies 成立於 1919 年，總部設於美國紐約。我們是一所私人持有之跨國公司，業務包括保險及環球投資。現獲評級機構 A.M. Best 評為 A 級。

智安遊「工作簽證」星級保障



由即日起，本公司將擴大智安遊受保範圍，向持有工作簽證到外國工作之人士也提供全年海外 365 日無間斷之旅遊保障。

- 醫療費用高達 HK1,500,000
- 門診費用及次數不設限額
- 回港覆診費用高達 HK\$300,000
- 緊急醫療運送費用不設上限
- 親屬探望費用高達 HK\$100,000
- 職業等級 1 至 4 之人士均可投保
- 保障業餘危險運動毋須額外保費
- 意外死亡及永久傷殘採用 Scale 2 賠償表

投保資格

18 至 70 歲及持有有效之外國工作簽證之香港居民或香港公司聘請之人士

保費 (全球劃一收費)

計劃 A Plan A : HK\$5,850
計劃 B Plan B : HK\$8,450

Starr International Insurance (Asia) Limited 提供不同種類之一般保險計劃，致力滿足客戶不同需要，詳情可向我們查詢。

查詢電話 8222 7780

讀萬卷書不如行萬里路，世界之大無奇不有，總有新鮮事物等待著青年人去探索。近年香港特區政府推出之工作假期計劃，正就是一個難得的機會，不僅讓你體驗不同文化風情，更可增廣見聞及充實人生，甚至可能是你人生路上的轉捩點。我們為此計劃特別推出『Starr智安遊』，誠意為參加之青年人提供足夠的保障，讓你可以安心地出發，免除後顧之憂，輕輕鬆鬆地實現自己的夢想！

計劃特點：

1. 高達港幣1,500,000元醫療費用
2. 高達港幣800,000元意外保障
3. 24小時緊急支援服務
4. 緊急醫療運送、運返費用不設上限
5. 賠償住院期間之長途電話費用
6. 保障整個工作假期
7. 工作假期中之旅遊也受保障
8. 毋須自負費或墊底費

年齡限制及資格：

18至31歲及已參加工作假期計劃之香港居民。

Special Features:

1. Medications and drugs benefit up to HK\$1,500,000
2. Personal accident benefit up to HK\$800,000
3. 24-hour hotline and emergency assistance service
4. Unlimited benefit amount for emergency medical evacuation and repatriation
5. Long distance call expenses during hospitalization is newly added
6. Coverage for the entire working holiday
7. Cover leisure trips during working holiday
8. No co-payment or deductible

Age Limit & Eligibility:

Hong Kong resident who participates in Working Holiday Scheme and aged between 18 and 31.



Walk ten thousand miles, read ten thousand books – the world is full of wonders and there are always new things await you to explore. A Working Holiday Scheme introduced by the Government of HKSAR is exactly an opportunity. Not only it allows you to experience various culture and customs, but also helps broadening your horizon and enriching your life. **Starr HorizonTravel** provides you comprehensive protection while you are working and travelling overseas. **Worry not!** It's time to kick start your life exploration and make your dreams come true.

保障

個人保額 (港幣)

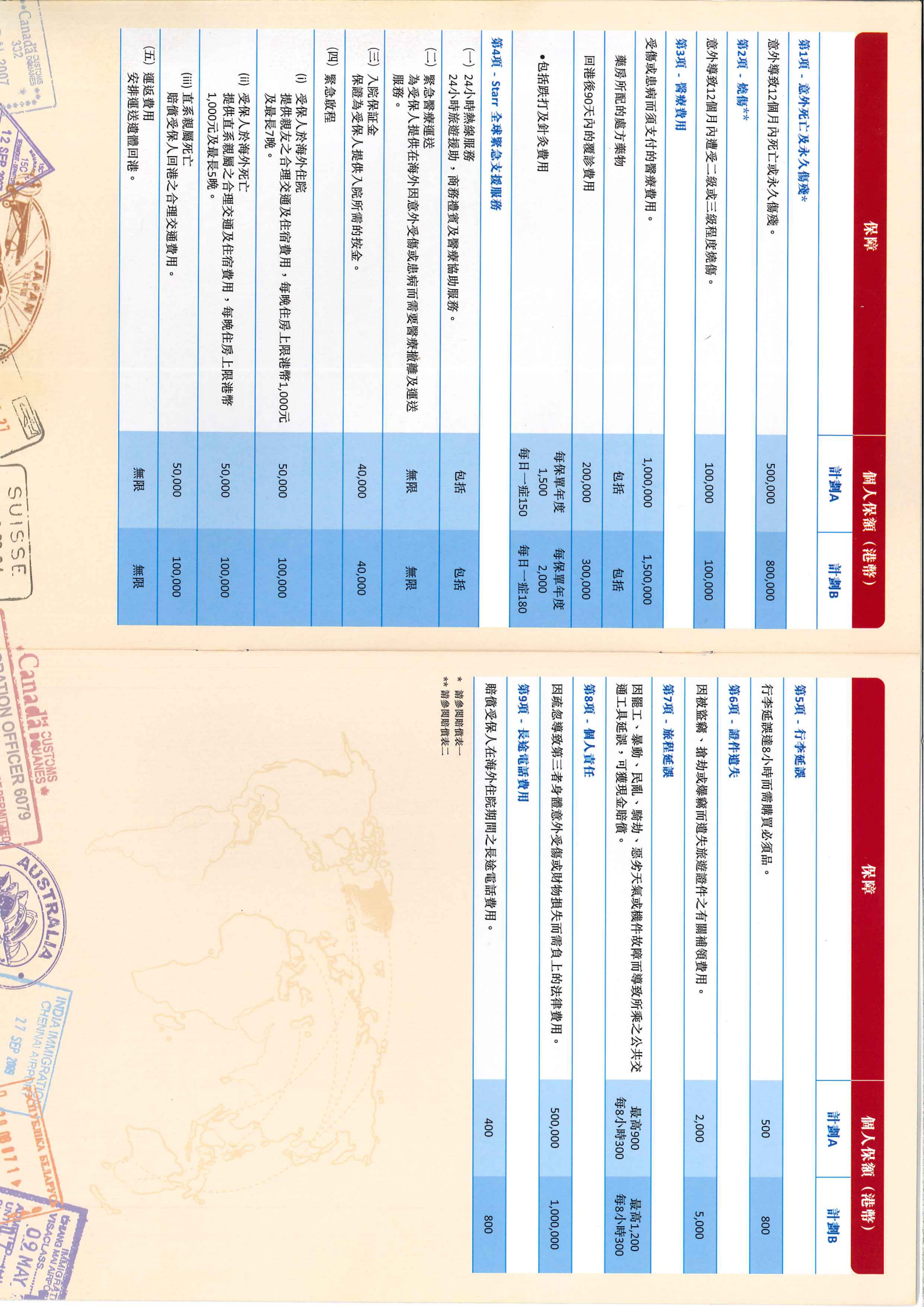
| | 計劃A | 計劃B |
|---|---------------------------|---------------------------|
| 第1項 - 意外死亡及永久傷殘* | | |
| 意外導致12個月內死亡或永久傷殘。 | 500,000 | 800,000 |
| 第2項 - 燒傷** | | |
| 意外導致12個月內遭受二級或三級程度燒傷。 | 100,000 | 100,000 |
| 第3項 - 醫療費用 | | |
| 受傷或患病而須支付的醫療費用。 | 1,000,000 | 1,500,000 |
| 藥房所配的處方藥物 | 包括 | 包括 |
| 回港後90天內的覆診費用 | 200,000 | 300,000 |
| • 包括跌打及針灸費用 | 每保單年度 1,500 每日一症150 | 每保單年度 2,000 每日一症180 |
| 第4項 - Stair 全球緊急支援服務 | | |
| (一) 24小時熱線服務 24小時旅遊援助, 商務禮賓及醫療協助服務。 | 包括 | 包括 |
| (二) 緊急醫療運送 為受保人提供在海外因意外受傷或患病而需要醫療撤離及運送服務。 | 無限 | 無限 |
| (三) 入院保證金 保證為受保人提供入院所需的按金。 | 40,000 | 40,000 |
| (四) 緊急啟程 | | |
| (i) 受保人於海外住院 提供親友之合理交通及住宿費用, 每晚住房上限港幣1,000元 及最長7晚。 | 50,000 | 100,000 |
| (ii) 受保人於海外死亡 提供直系親屬之合理交通及住宿費用, 每晚住房上限港幣 1,000元及最長5晚。 | 50,000 | 100,000 |
| (iii) 直系親屬死亡 賠償受保人回港之合理交通費用。 | 50,000 | 100,000 |
| (五) 運送費用 安排運送遺體回港。 | 無限 | 無限 |

保障

個人保額 (港幣)

| | 計劃A | 計劃B |
|---|------------------|--------------------|
| 第5項 - 行李延誤 | | |
| 行李延誤達8小時而需購買必須品。 | 500 | 800 |
| 第6項 - 證件遺失 | | |
| 因被盜竊、搶劫或爆竊而遺失旅遊證件之有關補領費用。 | 2,000 | 5,000 |
| 第7項 - 旅程延誤 | | |
| 因罷工、暴動、民亂、騎劫、惡劣天氣或機件故障而導致所乘之公共交通工具延誤, 可獲現金賠償。 | 最高900 每8小時300 | 最高1,200 每8小時300 |
| 第8項 - 個人責任 | | |
| 因疏忽導致第三者身體意外受傷或財物損失而需負上的法律費用。 | 500,000 | 1,000,000 |
| 第9項 - 長途電話費用 | | |
| 賠償受保人在海外住院期間之長途電話費用。 | 400 | 800 |

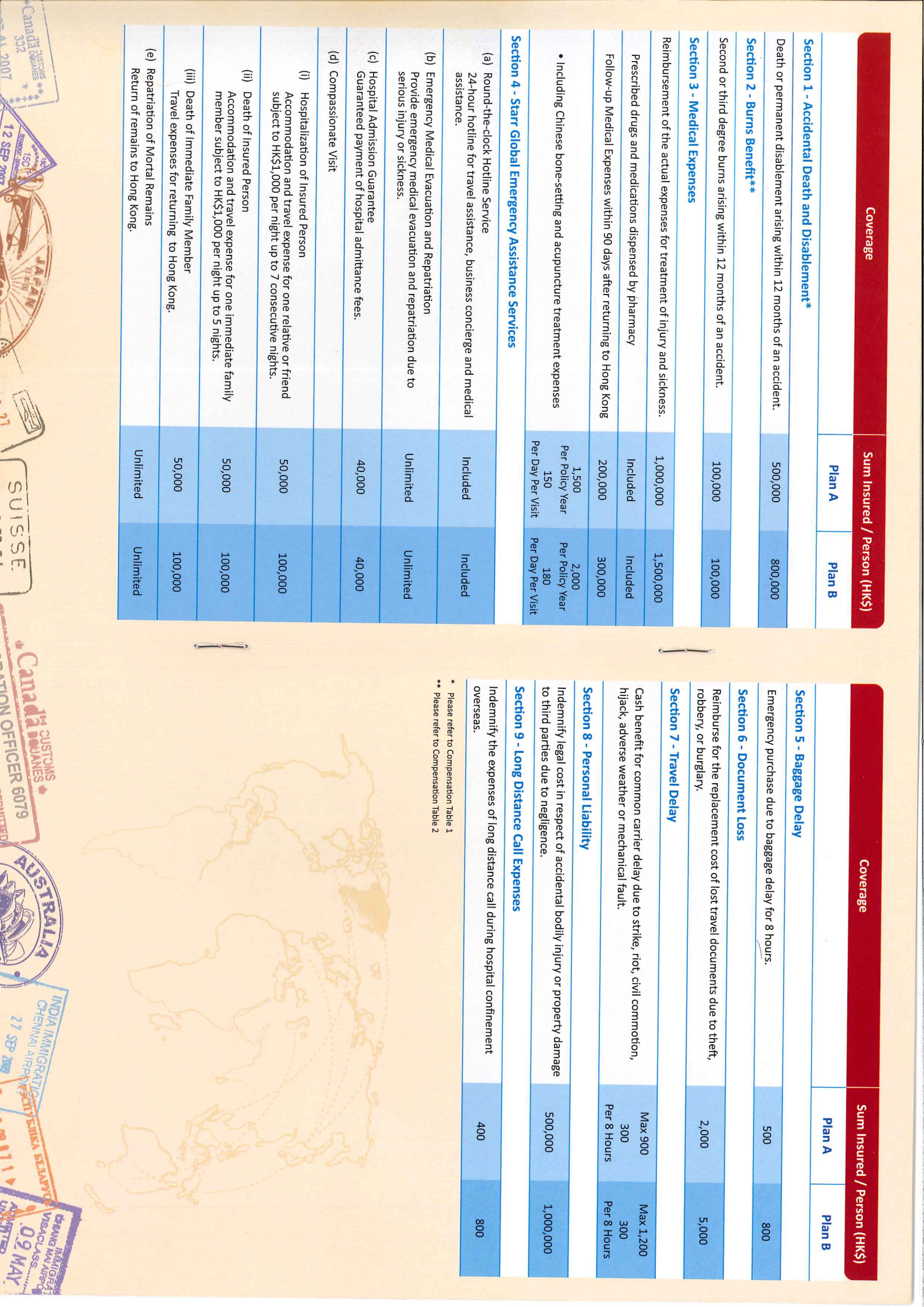
* 請參閱賠償表一
** 請參閱賠償表二



| Coverage | Sum Insured / Person (HK\$) | |
|---|--|--|
| | Plan A | Plan B |
| Section 1 - Accidental Death and Disablement* | | |
| Death or permanent disablement arising within 12 months of an accident. | 500,000 | 800,000 |
| Section 2 - Burns Benefit** | | |
| Second or third degree burns arising within 12 months of an accident. | 100,000 | 100,000 |
| Section 3 - Medical Expenses | | |
| Reimbursement of the actual expenses for treatment of injury and sickness. | 1,000,000 | 1,500,000 |
| Prescribed drugs and medications dispensed by pharmacy | Included | Included |
| Follow-up Medical Expenses within 90 days after returning to Hong Kong | 200,000 | 300,000 |
| • Including Chinese bone-setting and acupuncture treatment expenses | 1,500 Per Policy Year 150 Per Day Per Visit | 2,000 Per Policy Year 180 Per Day Per Visit |
| Section 4 - Starr Global Emergency Assistance Services | | |
| (a) Round-the-clock Hotline Service 24-hour hotline for travel assistance, business concierge and medical assistance. | Included | Included |
| (b) Emergency Medical Evacuation and Repatriation Provide emergency medical evacuation and repatriation due to serious injury or sickness. | Unlimited | Unlimited |
| (c) Hospital Admission Guarantee Guaranteed payment of hospital admittance fees. | 40,000 | 40,000 |
| (d) Compassionate Visit | | |
| (i) Hospitalization of Insured Person Accommodation and travel expense for one relative or friend subject to HK\$1,000 per night up to 7 consecutive nights. | 50,000 | 100,000 |
| (ii) Death of Insured Person Accommodation and travel expense for one immediate family member subject to HK\$1,000 per night up to 5 nights. | 50,000 | 100,000 |
| (iii) Death of Immediate Family Member Travel expenses for returning to Hong Kong. | 50,000 | 100,000 |
| (e) Repatriation of Mortal Remains Return of remains to Hong Kong. | Unlimited | Unlimited |

| Coverage | Sum Insured / Person (HK\$) | |
|--|-------------------------------|---------------------------------|
| | Plan A | Plan B |
| Section 5 - Baggage Delay | | |
| Emergency purchase due to baggage delay for 8 hours. | 500 | 800 |
| Section 6 - Document Loss | | |
| Reimburse for the replacement cost of lost travel documents due to theft, robbery, or burglary. | 2,000 | 5,000 |
| Section 7 - Travel Delay | | |
| Cash benefit for common carrier delay due to strike, riot, civil commotion, hijack, adverse weather or mechanical fault. | Max 900 300 Per 8 Hours | Max 1,200 300 Per 8 Hours |
| Section 8 - Personal Liability | | |
| Indemnify legal cost in respect of accidental bodily injury or property damage to third parties due to negligence. | 500,000 | 1,000,000 |
| Section 9 - Long Distance Call Expenses | | |
| Indemnify the expenses of long distance call during hospital confinement overseas. | 400 | 800 |

* Please refer to Compensation Table 1
** Please refer to Compensation Table 2



*賠償表一 Compensation Table 1

| 損害事項 Benefit Events | 保額百分率 Percentage of Sum Insured |
|--|---|
| 1 死亡 Death | 100% |
| 2 永久完全傷殘 Permanent total disablement | 100% |
| 3 喪失或永久喪失單肢或多肢功能 Loss of or the permanent loss of use of one or more limbs | 100% |
| 4 永久喪失雙眼視力 Permanent loss of sight of both eyes | 100% |
| 5 永久喪失一眼視力 Permanent loss of sight of one eye | 100% |
| 6 永久喪失言語能力及失聰 Permanent loss of speech and loss of hearing | 100% |
| 7 永久性精神錯亂 Permanent and incurable insanity | 100% |
| 8 永久失聰 Permanent loss of hearing in a) 雙耳 Both ears b) 單耳 One ear | 75% 15% |
| 9 永久喪失言語能力 Permanent loss of speech | 50% |
| 10 永久喪失一眼晶體 Permanent loss of the lens of one eye | 50% |
| 11 喪失或永久喪失四隻手指及拇指功能 Loss of or the permanent loss of use of four fingers and thumb | 右手 70% 左手 50% |
| 12 喪失或永久喪失四隻手指功能 Loss of or the permanent loss of use of four fingers | 40% 30% |
| 13 喪失或永久喪失一隻拇指功能 Loss of or the permanent loss of use of one thumb a) 兩個拇指關節 Both joints b) 一個拇指關節 One joint | 30% 15% 20% 10% |
| 14 喪失或永久喪失手指功能 Loss of or the permanent loss of use of fingers a) 三個手指關節 Three joints b) 二個手指關節 Two joints c) 一個手指關節 One joint | 10% 7.5% 5% 5% 7.5% 5% 2% |

*賠償表二 Compensation Table 1

| 損害事項 Benefit Events | 保額百分率 Percentage of Sum Insured |
|--|------------------------------------|
| 15 喪失或永久喪失腳趾功能 Loss of or the permanent loss of use of toes a) 一隻腳所有腳趾 All - one foot b) 大腳趾 - 兩個關節 Great toe - both joints c) 大腳趾 - 一個關節 Great toe - one joint | 15% 5% 3% |
| 16 折斷腿部或膝蓋而無法癒合 Fractured leg or patella with established non-union | 10% |
| 17 腳部縮短最少5厘米 Shortening of leg by at least 5 cm | 7.5% |
| 18 如永久傷殘不屬於以上第8至17項，我們有絕對的決定權利，評估你的傷殘程度並相應上述的保額百分率而計算出一個賠償金額。 Permanent disablement not falling under events 8 to 17 above, we shall in our absolute discretion pay you a benefit which shall be calculated by assessing the degree of disablement relative to the above percentage of sum insured. | |

如費用在左手並申報於投保書內，則損害事項第11至14項將會互相對調。
If left-handed and have mentioned on the application, the percentage of sum insured from events 11 to 14 shall be transposed.

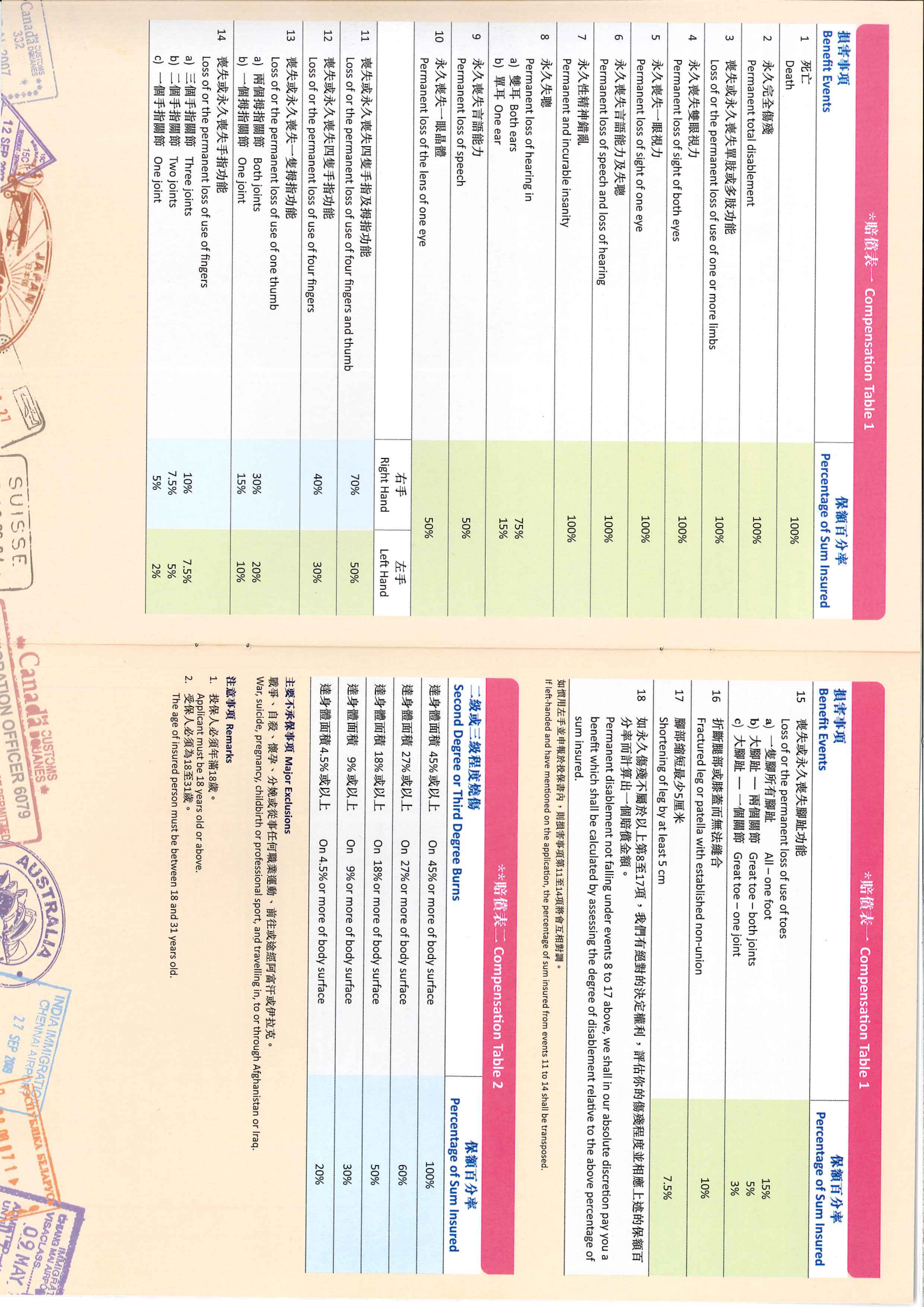
**賠償表二 Compensation Table 2

| 二級或三級程度燒傷 Second Degree or Third Degree Burns | 保額百分率 Percentage of Sum Insured |
|--|------------------------------------|
| 達身體面積 45%或以上 | 100% |
| 達身體面積 27%或以上 | 60% |
| 達身體面積 18%或以上 | 50% |
| 達身體面積 9%或以上 | 30% |
| 達身體面積 4.5%或以上 | 20% |

主要不承保事項 Major Exclusions
戰爭、自殘、懷孕、分娩或從事任何職業運動、前往或途經阿富汗或伊拉克。
War, suicide, pregnancy, childbirth or professional sport, and travelling in, to or through Afghanistan or Iraq.

注意事項 Remarks

1. 投保人必須年滿18歲。
Applicant must be 18 years old or above.
2. 受保人必須為18至31歲。
The age of insured person must be between 18 and 31 years old.



智安遊「工作簽證」升級保障計劃投保書
Horizon Travel "Working Visa" Protection Plan Application

I. 投保人資料 Applicant Details

| | | | |
|--|---|------------------------------------|----------------------|
| 投保人姓名 Name of Applicant (先生 Mr./女士 Ms) | 投保人已年滿 18 Applicant is 18 years old or above? [] 是 Yes [] 否 No | 香港身份證/護照號碼 HK ID / Passport No. | 聯絡電話 Contact Tel No. |
| 聯絡地址: Correspondence Address | | 電郵地址: E-mail Address | |

II. 選擇保險計劃 Selected Plans

| | | |
|---|-------------------------|-------------------------|
| 計劃類別 Plan Type | [] 計劃 A Plan A \$5,850 | [] 計劃 B Plan B \$8,450 |
| 保單生效日期 Policy Effective Date (dd 日 / mm 月 / yy 年) | [] / [] / [] | [] |

III. 受保人資料 Insured Person Information

| | | | |
|---------------------------------|----------------------------------|---|---|
| 受保人姓名 Name of Insured Person | 與投保人關係 Relationship to Applicant | 出生日期 Date of Birth (dd 日 / mm 月 / yy 年) | 慣用左手 Left handed [] 是 Yes [] 否 No |
| 香港身份證/護照號碼 HK ID / Passport No. | 職業 Occupation | 派駐工作國家 Stationed Country | |

請遞交簽證副本 Please submit a copy of working visa

IV. 聲明 Declaration

1. 本人/我們謹此聲明，根據本人/我們所知及所信，本保險投保書上所填之資料均實屬無訛。I/We declare to the best of my/our knowledge and belief that the information given is true in every respect.

2. 本人/我們同意此保險投保書和聲明將成為本人/我們與 Starr International Insurance (Asia) Limited ("STARR") 的基本保險合約。本人/我們同意授權 STARR 從註冊醫生獲取與本人/我們有關的病史並同意提供有關的資料及自付所需費用。I/We agree that this application and declaration shall form the basis of the contract between me/us and Starr International Insurance (Asia) Limited ("STARR"). I/We authorize STARR to obtain medical information from my/our medical practitioner(s) and I/We agree to supply additional information relevant to this insurance policy at my/our own expense.

3. 此保險申請須待 STARR 接納才能生效。This insurance application will be in force after it has been accepted by STARR.

4. 本人/我們現聲明、同意並答應 STARR 可保留、使用或透露任何 STARR 所收集或持有之個人資料(在此申請書所載或從其他途徑取得) 予 STARR 之母公司、子公司、相關公司、集團公司及/或與 STARR 相關之個人/組織(統稱 "STARR Companies")；以及提供管理、營運、客戶服務、技術及/或電信支援予 STARR 及/或 STARR Companies 之產品分銷商、承包商、其他金融服務供應商、有關人士或機構 (被選定的第三方)(本港或海外)，以便處理本申請及/或提供與保險有關服務，包括但不限於保單管理、索償處理及資料核對。I/We hereby declare, agree and consent that any personal data collected or held by STARR (whether contained in this application or otherwise obtained) is provided and may be held by, used by and disclosed by STARR to, STARR's parent companies, subsidiaries, related companies, group companies and/or any individuals/organizations associated with STARR (collectively the "STARR Companies"); and such product distributors, contractors, other financial services providers or such persons or entities providing administrative, operational, customer, technical and/or telecommunications support to STARR and/or the STARR Companies ("Selected Third Parties") (within or outside Hong Kong) for the purposes of processing this application and/or providing subsequent insurance-related services, including but not limited to administering the policies issued to you and/or processing any claim under the policies issued to you and/or data matching.

5. 本人/我們明白(i)倘若本人/我們未能提供本投保書所需的資料，STARR 將可能無法處理申請；及(ii)本人/我們有權要求 STARR 停止提供任何直銷資料或來電，或向 STARR 要求查閱及/或更正與本人/我們有關的個人資料。有關的請求可致函香港灣仔港灣道 18 號中環廣場 19 樓 1901 室 STARR 個人資料管理員辦理。I/We understand that (i) STARR may be unable to process this application if I/We fail to provide any information requested in this application; and (ii) I/We have the right to request that I/We do not receive any direct marketing materials or calls, or to request access to and/or correction of any personal information held by STARR concerning me/us. Such requests can be made to STARR's Data Privacy Officer at Room 1901, 19/F Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.

6. 本人/我們明白、承認並同意當本人/我們繳付保費後，STARR 會於保單持續有效期及/或續保之時，支付佣金予負責安排本保單的授權保險經紀。I/We understand, acknowledge and agree that, upon payment of the premium due under my/our policy, STARR shall become liable to pay, during the continuance of the policy and/or in respect of any renewal of the policy, a commission to any authorized insurance broker responsible for arranging this policy.

本公司擬使用及/或提供閣下之姓名、地址、電話號碼及電郵地址予 STARR Companies 及/或被選定的第三方作直銷和推廣其他保險/金融產品及服務之用途。如閣下不希望本公司將閣下之個人資料給予 STARR Companies 及/或被選定的第三方，請在簽署本聲明前於下列空格內加上(✓)號。
We intend to use and/or provide to the STARR Companies and/or Selected Third Parties your name(s), address(es), telephone number(s) and email address(es) for direct marketing and the promotion of other insurance/financial products and services. If you do not wish us to use and/or provide such personal data to the STARR Companies and/or Selected Third Parties, please indicate your objection before signing this Declaration by ticking the box below.

[] 本人/我們反對 STARR 使用及/或提供本人/我們的姓名、地址、電話號碼及電郵地址予 STARR Companies 及/或被選定的第三方作直銷和推廣其他保險/金融產品及服務之用途。I/We object to my/our name(s), address(es), telephone number(s) and email address(es) being used by STARR and/or provided by STARR to the STARR Companies and/or Selected Third Parties for direct marketing and the promotion of other insurance/financial products and services.

投保人簽署 Signature of Applicant

日期 Date

代理人名稱 Producer's Name



Starr International Insurance (Asia) Limited

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