

環宇旅遊綜合險投保書 Universal Travel Insurance Proposal Form

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 Central, Hong Kong.

電話 Tel : 3187 5100 傳真 Fax : 2522 6376



請用英文正楷填寫並在適當的空格內填上"✓" Please complete in English block letters and tick "✓" in the appropriate boxes

投保人/保單持有人姓名 Name of Proposer/Policyholder: _____ 電子郵箱 Email: _____

住宅電話號碼 Home Tel. No.: _____ 辦公室電話號碼 Office Tel. No.: _____ 手提 Mobile: _____

地址 Address: _____

受保類別¹ Insured Category¹: 類別 Category(A) - 受保人 Insured Person 類別 Category(B) - 受保人及配偶 Insured Person & Spouse
類別 Category(C) - 受保人及子女 Insured Person & Child(ren) 類別 Category(D) - 家庭² Family²

所有受保人姓名 (請先填寫姓氏) Name of all Insured Person(s) (Surname first) (若有更多受保人, 請用另頁附上) (Attach separate sheet for more insured)	類別 ¹ Category ¹	香港身份證/ 護照號碼 HKID Card/ Passport No.	年齡/出生日期 Age/Date of Birth (日D /月M /年Y)	其他受保人與 第一受保人的關係 Relationship between other Insured Person(s) and the 1st Insured Person	受益人姓名/ 與受保人關係 Beneficiary Name/ Relationship with Insured Person
第一受保人 1st Insured Person					
第二受保人 2nd Insured Person					
第三受保人 3rd Insured Person					
第四受保人 4th Insured Person					

1. 本投保書可接受多於一個受保類別。以茲識別, 請於本項內填上受保類別。This Proposal Form allows more than one Insured Category. For identification, please indicate the Insured Category in the box provided.
2. 如受保人是家庭, 本公司在每一受保項目的合計最高賠償不得超過上述選擇計劃最高金額的200% (不適用於家居財物損失、24小時緊急支援服務及人身意外、身亡撫恤金內18歲以下或70歲以上受保人的保障限額)。If Family is insured, max. benefit payable in each covered Section above shall not exceed 200% in aggregate of the amount specified in the selected Plan above (not applicable to Loss of Home Contents & 24-Hour Emergency Assistance Service and the benefit limit for aged under 18 or over 70 in Personal Accident & Compassionate Death Cash Benefit).
3. 單次旅程計劃或全年保險計劃均設免費「學童海外遊學保障」, 但受保學童須為年齡介乎6個星期至23歲、未婚及在香港特別行政區學校就讀的全讀學生, 而年齡介乎6個星期至17歲的人士在遊學期間必須在成人照顧及陪同下完成整個旅程。All unmarried full time students in HKSAR aged between 6 weeks and 23 years old will be entitled to free "Student Overseas Travel Cover" under Single Travel Plan or Annual Travel Plan. The entire journey of short-term overseas study for students aged between 6 weeks and 17 years old has to be accompanied by and with the custody care of an adult.

保險計劃³ Insurance Plan³: 單次旅程計劃 Single Travel Plan: 鑽石計劃 Diamond Plan 金計劃 Gold Plan 銀計劃 Silver Plan

地區 Area 1 地區 Area 2

全年保險計劃 Annual Travel Plan: 優越計劃 Privilege Plan 目的地 Destination: _____

受保人原居地 Country of Residence of the Insured Person: _____ 總保費 Total Premium: HK\$ _____

承保期 Period of Insurance: _____ 至 to _____ (日D /月M /年Y) 共 for _____ 天 days

(最長承保期單次旅程計劃為180天, 全年保險計劃則為60天 Maximum cover period for Single Travel Plan is 180 days, Annual Travel Plan is 60 days)

聲明 Declaration

- 本人謹此聲明，於本投保書之陳述乃真確無訛，可作為簽發保單之根據，亦明白如資料錯誤或不詳盡，本人或受保人之保障有失效之虞。本人謹此聲明，本投保書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人或受保人之保障有失效之虞。本人保證各受保人均非為醫療原因而外出旅行，亦無違反醫生勸告事宜；就各受保人所知目前無任何情況會導致既定之旅遊行程被取消或提早結束。本人謹此聲明受保學童年齡為 6 個星期至 23 歲，未婚及在香港特別行政區學校就讀的全讀學生。(只適用於申請「學童海外遊學」保障)。本人與「中銀集團保險有限公司」(下稱「中銀集團保險」)之保險合約以本投保書及此聲明為基礎，並以中銀集團保險保單為依據。本人明白本投保書經中銀集團保險接納後，就單次旅程計劃保費將不獲退還。I declare that the information stated in this Proposal Form is true and complete and will form the basis of this insurance. I also understand that if any information stated is untrue or incomplete, the cover for me and for the Insured Person(s) may be invalidated. I declare that this Proposal Form is applied and signed at HKSAR, in case of fraud or factual misrepresentation, the cover for me or for the Insured Person(s) may be invalidated. I warrant that to the best of my knowledge and belief no Insured Person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and no Insured Person is aware of any condition, cause or circumstance that may necessitate the cancellation or curtailment of the planned journey. I declare that the student to be insured is aged from 6 weeks to 23 years, unmarried and a full time student at school in HKSAR. (applicable to "Student Overseas Travel" cover only). I understand that this proposal and declaration shall be the basis of my contract with "Bank of China Group Insurance Company Limited" (named below as "BOCG Insurance") and in accordance with your policy wording. I also understand that for Single Travel Plan no refund premium shall be made once the Proposal Form is accepted by BOCG Insurance.
- 本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：a) 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；b) 任何索償，或該等索償的調查或分析；c) 行使任何代位權；及可能移轉予：i) 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；ii) 現存或不時成立的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，或以便「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 iii) 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。The information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of : a) any insurance or financial related product or service or any alterations, variations, cancellation or renewal of the such products or services; b) any claim or investigation or analysis of such claim; c) exercising any right of subrogation; and may be transferred to : i) 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; ii) 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 iii) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes.此外，本人授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料。本人明白本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，本人可向中銀集團保險法律與合規部提出(電話：2867 0888，傳真：3906 9939)。Moreover, BOCG Insurance is hereby authorized to obtain access to and/or verify any data provided by me and/or the Insured Person(s) 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 and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to the Legal and Compliance Department of BOCG Insurance (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 RECEIVE DIRECT MARKETING MATERIALS INSTRUCTION

- 本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣(請以「✓」選擇渠道) I do not wish BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use "✓" to select the channel(s)):
 - 電子推廣郵件 Promotion Email
 - 電話短訊 SMS
 - 直銷郵件 Direct Mailing
 - 電話直銷 Telephone Call
 - 如您遞交此投保書而沒有在以上任何方格內以「✓」號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.
 - 以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.
- 為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣(請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。)若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以「✓」號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick "✓" this box if you do not wish BOCG Insurance to provide your personal data to the above persons for the above purposes.
 - *「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The "Group" means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance's holding companies, wherever situated.

支付經紀佣金 Payment of Broker Commission

本人明白、確知及同意，中銀集團保險會就本人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向中銀集團保險確認他/她已獲該法人團體授權。I understand, acknowledge and agree that, as a result of my purchasing and taking up the policy to be issued by BOCG Insurance, BOCG Insurance will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the proposed Insured is a body corporate, the authorized person who signs on behalf of the proposed Insured further confirms to BOCG Insurance that he or she is authorized to do so.

本人/投保人亦明白中銀集團保險必須取得本人/投保人以上的同意，才可以處理本人/投保人之保險申請。I/proposed Insured further understand that the above agreement is necessary for BOCG Insurance to proceed with the application.

香港 H.K./

投保人/保單持有人簽署 Signature of proposed Insured / Policyholder

簽署地及日期 Signed Place and Date

本投保書在未被同意受保前，中銀集團保險不負任何責任。

The BOCG Insurance has no liability whatsoever before the application for insurance in this Proposal Form is accepted

經紀/代理必須填寫以下欄位 (Broker/Agent must complete the below box)

保險公司專用 For Office use only			
經紀/代理編號 Broker/Agent No.	保單編號 Policy No.	經辦人 Handled By	覆核人 Checked By

經紀/代理資料 Broker/Agent Information



啟豐保險經紀有限公司

KAI FUNG INSURANCE BROKERS LIMITED

CATON

A Member of Professional Insurance Brokers Association
香港專業保險經紀協會會員

個人資料(私隱)條例--- 收集個人資料聲明(『本聲明』)

啟豐保險經紀有限公司(下稱『本公司』), 乃保險中介人, 明白就代閣下安排保險事宜, 根據『個人資料(私隱)條例』(香港法例第486章)(下稱『條例』)收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

(A) 收集個人資料目的

本公司按照條例, 說明所收集或持有的客戶個人資料(包括但不限於保單持有人, 受保人, 中介人及受益人), 可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的:-

1. 處理保險申請, 產品及服務的事宜;
2. 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務;
3. 處理和確定保險申請書、理賠, 及持續提供保險服務;
4. 為相關保險產品進行具參考用途之醫療或健康調查;
5. 從事核實身份和/或信貸審查和/或追收債務;
6. 處理付款事宜和直接付款授權書;
7. 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟, 以及行使本公司根據保險條款賦予的權利, 包括但不限於代位權;
8. 從事統計資料或用於會計事務;
9. 從事研究、保險調查及開發產品和設計之分析;
10. 履行任何對本公司具有約束力不論本地或海外法律、相關保險公司法規、守則或指引之披露要求;
11. 遵守香港特別行政區的法院命令和包括但不限於保監處, 香港保險業聯會, 核數師, 政府機構 和政府成立之相關監管機構對 公司具有約束力的合法要求;
12. 協助本公司的實質或建議受讓人評估有關之轉讓交易; 及
13. 與上述有關的其他用途。

敬請注意: 如閣下不向本公司提供個人資料, 本公司未必能夠代閣下安排保險、處理索償、提供保險產品、服務或處理您的要求。

(B) 直接營銷

本公司所收集或持有的客戶個人資料, 特別是姓名和聯繫資料, 如電話號碼、電子郵件地址和郵政地址, 可能會用以提供本公司的營銷材料, 並進行有關本公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷, 推廣或銷售本公司或聯營公司有關保險或財務或投資產品或服務)。如果你不同意接收有關直銷通訊, 請書面提出“選擇退出”郵寄到下列地址。

致: 啟豐保險經紀有限公司 資料私隱主任
地址: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓

如客戶沒有“選擇退出”的要求, 其保險申請書及於本公司處理之保單持續生效將被視為不反對本公司將其個人資料使用於此直接營銷目的。

(C) 個人資料之轉移

本公司所持有的個人資料將予以保密, 但可能會與以下香港境內或境外人士分享:-

1. 任何公司, 中介人, 或任何其他從事與保險或再保險業務有關的公司;
2. 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員;
3. 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商;
4. 本公司或任何聯營公司在遵守由政府, 監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士;
5. 信貸資料服務機構, 在違約情況下, 任何債務追收機構或辦理索償理賠或調查服務公司;
6. 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商;
7. 如客戶沒有“選擇退出”的要求, 與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途;
8. 根據有司法管轄權的法院命令受權之任何人士; 及
9. 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

(D) 查閱及更正個人資料

根據條例的規定, 所有客戶可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料:

致: 啟豐保險經紀有限公司 資料私隱主任
地址: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓

根據條例的規定, 本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

Personal Information Collection Statement (PICS)

Kai Fung Insurance Brokers Ltd (referred to hereinafter as the “Company”) is an insurance intermediary acting on your behalf to arrange insurance covers, recognizes its responsibilities in relation to the collection, holding, processing, use and /or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap 486) (the “Ordinance”). In compliance with the Personal Data (Privacy) Ordinance (the “Ordinance”), the Company would like to inform you of the following:

(A) Purposes for Collecting Personal Data

The personal data of customers (including but not limited to policy owners, insureds intermediaries and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:

1. carrying out the services in connection with the operation of the Company's business;
2. Facilitating the Company's service/product providers to provide services/products to the Company and/or customers;
3. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
4. Conducting medical or health reference checks for relevant insurance products;
5. Conducting identification and/or credit checks and/or debt collections
6. Processing requests for payment and for direct debit authorization;
7. Managing, investigating and analyzing any claim, action and /or proceeding brought against the customers, and to exercise the Company's rights in whatsoever recovery action against any parties or as more particularly defined in policy or according to the applicable laws and practices.
8. Compiling statistics or using for accounting purpose,
9. Conducting research, insurance surveys and analysis for the purpose of product design and development;
10. Disclosure to the Company's principals, local or foreign authorities in compliance with respective law requirements, regulations, codes or guidelines binding on the Company;
11. Complying with the requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, intermediary regulatory bodies, auditors, government bodies and governmental-related establishments;
12. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
13. Any other purposes relating to the purpose listed above.

Important Notice: If you do not provide us with your personal data, we may not be able to provide our services as an intermediary to assist you in arranging the insurance cover, claims services and provide insurance products or services to you or process your request.

(B) Use of Personal Data in Direct Marketing

Certain personal data of customers collected or held by the Company, in particular names and contact information such as telephone number, email address and postal address may be used by the Company to provide marketing materials, and conduct direct marketing services (including but not limited to promoting, marketing or selling of the Company's financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, and/or other financial services providers. **If you do not consent to receive such marketing communications, you may exercise your “opt-out” rights by notifying the company in writing and mail by registered post to the officer shown as below.**

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T., Hong Kong
Attn: PICS Officer

In the absence of any “opt-out” request from the customers, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

(C) Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong

1. Any Companies, intermediaries or any other company carrying on insurance or reinsurance related business,
2. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers accountants and data processors;
3. Any agent, contractor, banker or third party service provider who provide administrative, telecommunications, computer, payment banking or other services to the Company in connection with the operation of its business;
4. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company is expected to comply;
5. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
6. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
7. Other banking/ financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided,
8. Any person pursuant to any order of a court of competent jurisdiction; and
9. Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.

(D) Access and correction of personal data

According to the Ordinance, all policyholders have the right of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy officer at:

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T., Hong Kong
Attn: PICS Officer

In accordance with Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

KFL/201407/001A



委聘條款

1. 感謝閣下委聘啟豐保險經紀有限公司作為閣下之保險代理人。本公司樂於為閣下提供服務。現於本函列明公司服務的性質及委聘條款。
2. 本公司乃持牌保險經紀公司，並為香港專業保險經紀協會成員。註：「香港專業保險經紀協會」是獲保險業監督授權的自我監管團體，可根據《保險公司條例》（「該條例」）向保險經紀批出牌照。
3. 承蒙委聘，本公司以閣下代理人身分為安排閣下的保險需要，本公司將根據閣下提供的資料及指示聯絡保險公司，以取得可提供的保險產品報價及條款供閣下考慮。
4. 除保險公司就閣下所選擇保單收取的保險費金額外，本公司不會向閣下收取任何額外經紀佣金。

就一般保險服務及安排保單而言，閣下同意現在或過去保險公司在保費中付予本公司慣常經紀佣金，作為本公司之服務費。佣金之實際數目，視乎保險費金額及保險費為首期保費、首期後的保費或續保保費而定。

同樣地，轉介閣下向本公司投保的介紹人並不會向閣下收取任何額外費用，但閣下同意本公司在上述金額中付予介紹人的介紹費用，介紹人所收取的實際介紹費用，視乎保險費金額及保險費為首期保費、首期後的保費或續保保費而定。
5. 請留意轉介閣下向本公司投保的介紹人如非根據該條例註冊之保險經紀，便不應代表閣下安排任何保險相關事宜，或就閣下之保險提供任何意見。如果閣下對保險產品有任何疑問，歡迎直接向本公司查詢。
6. 本公司希望上述資料有助閣下了解本公司的服務條款。倘若閣下有任何疑問或需要任何進一步解釋，請與本公司聯絡或／及向閣下之律師尋求法律意見。
7. 倘若閣下在投保書上或本委聘書上簽署，並將該投保書／委聘書交予本公司，即表明閣下接納上述委聘條款。本公司盼望能為閣下提供優質保險服務。

Letter of Appointment

1. We thank you for your engagement Kai Fung Insurance Brokers Limited as your insurance broker. We are pleased to provide our services in accordance with the rules and regulations under the Insurance Companies Ordinance ("Ordinance") and would like to highlight below for your acknowledgement.
2. We are licensed insurance broker company registered under Professional Insurance Brokers Association (PIBA) and are member of PIBA. Note: PIBA is a self-regulatory governing body authorized by the Insurance Authority to issue licences to qualified insurance brokers under the Ordinance.
3. As a licensed insurance broker, we are acting as your agent. We will provide you with our professional services to arrange insurance covers with insurance companies to suit your needs based on your information and instructions.
4. We will not be charging you any additional brokerage / commission on top of what will be payable to us out of the premium charged by the insurance company for the insurance policy you select. Kindly please be advised that whether now or in the past insurance periods, it is the customary practice that we are entitled to a brokerage payable by insurance company. The brokerage payable depends upon the amount of premiums whether an initial premium, subsequent premiums or on renewal of your insurance policy. Kindly please take notice that person(s) who refers your goodself to us is considered as a Referrer who will not be charging you any fees apart from what will be payable by us out of the payment by the insurance company to us. Whether now or in the past insurance periods, any fees payable by us to the Referrer depend upon the amount of premiums whether an initial premium, subsequent premiums or on renewal of your insurance policy.
5. Kindly please take notice that if any person who is not a registered intermediary under the Ordinance shall not give any advice to you or to arrange the insurance cover. If you have any question on your insurance cover, you are welcome to consult us directly.
6. We trust this clarifies our position as a licensed insurance broker and our entitlements. Should you have any queries or require any further clarification, kindly please feel free to contact us.
7. This Letter of Appointment is attached to your Application Form/Policy. Kindly please sign and return to us for record. Kindly be advised that by signing the attached insurance application form or this Letter of Appointment, it indicates that you have acknowledged, read and agreed to accept the above terms of engagement.



啟豐保險經紀有限公司

KAI FUNG INSURANCE BROKERS LIMITED

A Member of Professional Insurance Brokers Association
香港專業保險經紀協會會員

Date :

TO WHOM IT MAY CONCERN

Dear Sirs,

Subject : Letter of Appointment (保險中介人聘請書)

I/We have appointed Kai Fung Insurance Brokers Limited as my/our Insurance Intermediary with immediate effect, including obtaining insurance quotation and arranging placement.

I/We understand and consent that for the purpose of carrying out and completing the service sought/requested by me/us as aforesaid, Kai Fung Insurance Brokers Limited may require assistance from other associated or independent insurance agent/broker.

I/We understand that any premium payable shall be paid to Kai Fung Insurance Brokers Limited and not to any other company or individual.

I/We hereby confirm that I/we have read and agreed to accept the terms and conditions set out in the "Letter of Appointment" hereto in appointing Kai Fung Insurance Brokers Limited as my/our insurance broker.

本人/本公司現正式聘請啟豐保險經紀有限公司為本人/本公司之保險中介人，包括保險報價及安排保險。

本人/本公司明白及同意啟豐保險經紀有限公司有可能需要與任何有聯繫或獨立的保險中介人/獲授權保險經紀合作為本人/本公司提供報價及安排保險。

本人/本公司知道所有應付保險費只可直接給予啟豐保險經紀有限公司而不應給予任何其他公司或人士。

本人/本公司現確認已曾閱讀及同意接受《委聘條款》內所列出委聘啟豐保險經紀有限公司作為本人/本公司之保險經紀的條款。

Yours sincerely,

Signature of Insured (with company chop if it is in the name of company)

Name :

Vehicle Registration No. :

Contact Tel No. :

Contact Fax No.:

重要事項

- 啟豐保險經紀有限公司，包括轉介經紀及該等任何有聯繫或獨立的保險中介人/獲授權保險經紀(簡稱「該公司」)藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。
- 啟豐保險經紀有限公司明白就代閣下安排保險事宜根據個人資料(私隱)條例(香港法例第486章)收集、持有、處理使用和/或轉移個人資料承擔有關責任。閣下同意進行是項保險交易，即構成閣下同意《收集個人資料聲明》。
- 有關於《委聘條款》及《收集個人資料聲明》之詳情，可以在本公司網頁 <http://www.kaifung.com/forms/KFL201310001.pdf> 下載。

Important Notice

- Kai Fung Insurance Brokers Limited, including producing broker and such other associated or independent insurance agent/broker (the "Company") is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.
- Kai Fung Insurance Brokers Limited recognize its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486). Your agreement to proceed with this insurance transaction shall constitute your consent to the "Personal Information Collection Statement".
- The full version of the "Letter of Appointment" and the "Personal Information Collection Statement" can be downloaded from our web site <http://www.kaifung.com/forms/KFL201310001.pdf>

KFL/201310/001

總行: 新界元朗大棠路 11 號光華廣場 3 樓 309 室
分行: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓全層
電話 Phone: (852) 2473 6655(總行) (852) 2473 6060 (分行)
電子郵件 E-Mail Address : info@kaifung.com

Room 309, Kwong Wah Plaza, 11 Tai Tong Road, Yuen Long, N.T.
21/F, Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.
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