

## Shanghai Commercial Bank Travel Insurance Plan Proposal Form

### Information of Proposer and Trip (Please complete in BLOCK LETTERS)

Name of Proposer: \_\_\_\_\_ HKID/Passport No.: \_\_\_\_\_ Staff No. (If staff of the Bank): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel (Daytime): \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Period of Travel: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ No. of Days: \_\_\_ (Both dates inclusive) Area of Travel: \_\_\_\_\_  
D M YY D M YY

Insured Persons (s) Surname First Name	Sex	Relationship	Age			HKID/Passport No.	Plan (Please√)			Premium (HK\$)
			<17	17-75	>75		G	S	B	
1. Proposer		Proposer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Same as above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Remark: If there are more than 6 Insured Persons and/or more than one family, please contact us.

Total Premium

(Minimum Premium is HK\$50.00)

**Single Trip Travel** (Maximum no. of day per Trip is 180)

**Individual**

**Family**

**Annual Multi-Trip Travel** (Unlimited number of Trip, maximum no. of day per Trip is 90)

**Occupation and Job Nature:** \_\_\_\_\_ **Proposed Effective Date of Insurance:** \_\_\_\_\_ D/ \_\_\_\_\_ M/ \_\_\_\_\_ Y

Have the Insured Person(s) ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease?  No  Yes

Have the Insured Person(s) suffered any loss during the past 2 years caused by any of the risks proposed in this insurance?  No  Yes

If "Yes" to any of the questions above, please provide details : \_\_\_\_\_

### Declaration

I/We hereby apply to Paofoong Insurance Company (Hong Kong) Limited. ("the Company") for insurance according to the terms and conditions as stipulated in the Company's Travel Insurance Policy. I/We warrant that the particulars and statements I/we have supplied in this Proposal are true, correct and complete and further agree that this Proposal shall form the basis of the contract between me/us and the Company. I/We further declare that all the Insured Persons are not traveling contrary to medical advice or for the purpose of obtaining medical treatment. I/ We understand that all the personal information collected or held by the Company, howsoever obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess this application and provide the relevant service, (2) to process the direct debit authorization or credit card payment, (3) to provide marketing materials of the Company or its associated companies and (4) to conduct insurance claims or analysis. Requests for access to personal data or any correction should be addressed to the Data Protection Officer of the Company.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Premium Payment and Authorization**

Total Premium (HK\$): \_\_\_\_\_

- Cash transfer to Shanghai Commercial Bank Ltd. A/C No. 1757026 ( Please submit this Proposal with Payment Slip to Insurance Department )
- Cheque payable to Shanghai Commercial Bank Ltd.
- Direct Debit Please deduct the premium from my Shanghai Commercial Bank account as below

\_\_\_\_\_

\_\_\_\_\_

- Credit Card I/We hereby authorize Paofong Insurance Co. (HK) Ltd. to debit my credit card account for the premium of the Travel Insurance Plan

VISA

Master

Name of Credit Card Holder: \_\_\_\_\_ Relationship with Proposer: \_\_\_\_\_ Cardholder HKID No.: \_\_\_\_\_ ( )

Credit Card No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry Date: \_\_\_\_M/\_\_\_\_Y Cardholder's Signature: \_\_\_\_\_

**For Internal Use Only** Handler: WEB Department: I-Banking BL: Y/N PEP: Y/N NCCT: Y/N

## Coverage

Coverage	Maximum Indemnity per Insured Person (HK\$)		
	Gold (G)	Silver (S)	Bronze (B)
1. <b>Medical Protection</b> a. Medical Expenses b. Overseas Hospital Cash Allowance	800,000 250 per day & Maximum 3,000	500,000 250 per day & Maximum 1,500	200,000 250 per day & Maximum 1,000
2. <b>Global Emergency Assistance</b> a. Hospital Admission Guarantee b. Medical Evacuation or Repatriation Service c. Repatriation of Mortal/Remains/Ashes d. Compassionate Visit by relative e. Additional Accommodation Expenses f. Return of Unattended Child g. Dispatch of essential medicine/medical equipment h. Other Advisory Services	40,000 Actual Expenses Actual Expenses 1 economy return airfare 1,950 per day and Maximum 7,800 1 economy one-way airfare and Maximum 30,000 10,000 free of charge		
3. <b>Personal Accident</b> • On Public Common Carrier or due to Robbery • Burns Cover • Income Benefit (Maximum 12 weeks)	1,000,000 1,500,000 200,000 1,000 per week	500,000 750,000 200,000 1,000 per week	250,000 375,000 200,000 1,000 per week
4. <b>Compassionate Death Cash</b> • Compassionate Visit	10,000 One economy class return airfare and actual hotel accommodation costs up to 30,000		
5. <b>Personal Baggage</b>	20,000	10,000	5,000
6. <b>Loss of Money</b>	3,000	2,000	1,000
7. <b>Credit Card Protection</b>	30,000	15,000	5,000
8. <b>Loss of Travel Documents or Tickets</b>	3,000	2,000	1,000
9. <b>Loss of Home Contents due to Burglary</b>	100,000	80,000	50,000
10. <b>Personal Liability</b>	2,500,000	2,500,000	2,500,000
11. <b>Travel Delay/Re-routing</b> a. Travel Delay b. Extra Hotel Costs due to Travel Delay c. Extra Re-routing Costs due to Travel Delay	1,500 2,000 10,000	1,500 2,000 7,500	1,500 2,000 5,000
12. <b>Baggage Delay/Emergency Purchase</b>	1,500	1,000	500
13. <b>Cancellation of Trip</b>	30,000	20,000	10,000
14. <b>Curtailment of Trip</b>	30,000	20,000	10,000

The above information is for reference only. For detailed terms and conditions, please refer to the policy document.

### Remarks:

1. Age Limit
  - Please contact us for quotation if the Insured Person exceeds 75years old.
  - Insured Person under the age of 17 can only arrange Silver/Bronze Plan if traveling alone.
  - Age limit under Annual Plan is 70 and the policy can be renewed until the age of 75.
2. Period of Coverage
  - Single Trip Travel Plan: 180 days.
  - Annual Multi-Trip Travel Plan: 90 days per trip.
  - One-way Short Term Travel Plan: Coverage ceases 7 days after the Insured Person arrives at the final destination.
3. Limit of Indemnity
  - For Family coverage, the total claim payable shall not exceed the total of 3 times of each item.
  - If the Insured Person is below 17 years or over 65 years of age, the benefit under Personal Accident is limited to 50% of the Sum Insured of the plan and shall not enjoy the benefit of Double Indemnity.
4. Excess
  - No payment shall be made for the first 3 days of incapacity under Income Benefit. The benefit shall also not applicable to any unemployed, self-employed or retired persons.
  - HK\$250 each and every claim for Golf Club and Equipments.
  - HK\$3,000 each and every claim for Loss of Home Contents due to Burglary.
5. Claim
  - Claim is not payable for loss of money or insured property if there is no report to the Police or related company such as Airline, Hotel, Travel Company.
  - Claim is not payable if there is no documentation proof from Airline, Travel Company or related company for Trip or Flight cancellation.
6. Others
  - The Period of Insurance cannot be extended once the policy is issued.
  - Policy cannot be cancelled once the policy is issued and no premium refund under Single Trip Travel.

**Major Exclusions:**

Event arising from War, pre-existing sickness, pregnancy, influence of drink or drugs, travel contrary to the advice of a medical practitioner or for the purpose of receiving medical or surgical treatment.

**7-day Claims Payment Guarantee: If all the required documents have been submitted, Pafoong Insurance Company (HK) Ltd. can arrange settlement within 7 working days. Claims procedures are as follows:**

- Claim notification via telephone, fax or e-mail to Pafoong Insurance Company (HK) Ltd.
- Complete and return the Claim Form with supporting documents.

<b>Premium Table (Single Trip Travel Plan) (HK\$)</b>						
<b>Day of Travel</b>	<b>Gold Plan</b>		<b>Silver Plan</b>		<b>Bronze Plan</b>	
	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>
1	70	140	50	100	30	60
2	110	220	80	160	55	110
3	143	286	103	206	74	148
4	178	356	135	270	107	214
5	198	396	150	300	124	248
6	214	428	165	330	137	274
7	230	460	180	360	149	298
8	247	494	195	390	160	320
9	260	520	203	406	169	338
10	275	550	213	426	177	354
11	288	576	222	444	186	372
12	313	626	234	468	193	386
13	339	678	254	508	201	402
14	365	730	273	546	217	434
15	391	782	293	586	232	464
16	409	818	304	608	238	476
17	420	840	310	620	241	482
18	431	862	315	630	244	488
19	441	882	321	642	248	496
20	452	904	327	654	251	502
21	463	926	332	664	254	508
22	473	946	338	676	258	516
23	484	968	343	686	261	522
24	495	990	349	698	264	528
25	505	1,010	355	710	267	534
26	516	1,032	360	720	271	542
27	526	1,052	366	732	274	548
28	537	1,074	371	742	277	554
29	548	1,096	377	754	281	562
30	558	1,116	383	766	285	570
Daily (31 – 180)	15	30	12	24	9	18
<b>Premium Table (Annual Multi-Trip Travel Plan) (HK\$)</b>						
<b>Gold Plan</b>		<b>Silver Plan</b>		<b>Bronze Plan</b>		
<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	<b>Individual</b>	<b>Family</b>	
2,850	5,700	1,950	3,900	1,000	2,000	

**Important Remarks:**

1. Any other facts known to you that are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt what you should disclose, do not hesitate to check with Asia Insurance Company Ltd. or your insurance agent. Failure to disclose such information may mean that your policy will NOT provide you with the cover you require and may even invalidate the policy altogether.
2. Incomplete Proposal Form will delay your application.
3. This brochure is not an insurance policy. Please refer to the policy document for full details of terms, conditions and exceptions.

Insurer : Pafoong Insurance Company (Hong Kong) Limited  
 A subsidiary of Shanghai Commercial Bank Ltd.