Blue Cross 藍十字
An AIA Company 友邦保險成員公司

收集個人資料聲明
Personal Information Collection Statement

「智醒工作假期保」申請表格
Working HolidaySafe Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant （投保人必須年滿 18 歲或以上。Applicant must be aged 18 or above.）

1. 投保人姓名（請先填寫姓氏）
Name of Applicant (Surname First)
☐ 先生 Mr. ☐ 小姐 Miss ☐ 太太 Mrs. ☐ 女士 Ms.

2. 香港身份證號碼
HKID Card No.

3. 香港通訊地址 Correspondence Address in Hong Kong

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

屋苑 Estate _____ 期 Phase _____

街道號數 Street No. _____ 街道名稱／地段 Street Name/Lot _____

地區 District _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界／離島 NT/Outlying Islands

4. 電話號碼 住宅 Home 公司 Office 手提 Mobile
Contact Telephone No.
（請提供至少 1 個電話號碼 Please provide at least one telephone no.）

5. 傳真號碼 Fax No.

6. 電郵地址 Email Address

(II) 投保詳情 Policy Particulars

請注意：如您的旅程是前往「不承保國家及地區名單」中所列的任何國家及／或地區，您的旅遊保險將**不會**涵蓋該次旅程。您可於我們的網站（https://www.bluecross.com.hk）查閱最新的「不承保國家及地區名單」。該清單可能不時更新，恕不另行通知。如有需要，你亦可向我們索取最新名單。
Please note that your travel insurance policy will **NOT** cover if you are travelling to Blue Cross Excluded Countries and Territories. You can find the latest "Excluded Countries and Territories List" in Blue Cross's website (https://www.bluecross.com.hk) which is subject to change from time to time without prior notice. A copy of the updated list is also available upon request.

1. 保單生效日期
Policy Effective Date _____ 日 DD _____ 月 MM _____ 年 YY

☐ 有效期為 1 年 Valid for 1 year ☐ 有效期為 6 個月 Valid for 6 months

2. 工作假期目的地
Destination of Working Holiday

☐ 澳洲 Australia ☐ 奧地利 Austria ☐ 加拿大 Canada ☐ 法國 France ☐ 德國 Germany
☐ 匈牙利 Hungary ☐ 愛爾蘭 Ireland ☐ 意大利 Italy ☐ 日本 Japan ☐ 韓國 Korea
☐ 荷蘭 Netherlands ☐ 新西蘭 New Zealand ☐ 瑞典 Sweden ☐ 英國 United Kingdom

3. 選擇接收保單文件之途徑 （只適用於直接向藍十字投保的客戶）
Delivery of Policy Documents (applicable only to policyholders who make applications directly to the Company)
☐ 電郵 by email ☐ 郵寄 by post （如無指明，電郵（如有提供）將被指定為接收之途徑 If not specified, email (if provided) will be the defaulted delivery channel.）

(II A) 受保人資料 Details of Insured

1. 姓／名
Surname/Given Name ☑ 投保人 Applicant

2. 與投保人關係
Relationship to Applicant ☑ 本人 Self

3. 香港身份證號碼
HKID Card No. ☑ 與投保人相同 Same as Applicant

4. 護照號碼
Passport No.

5. 性別
Gender ☐ 男 Male ☐ 女 Female

6. 出生日期（日／月／年）
Date of Birth (DD/MM/YY)

(III) 付款指示及授權書 Payment Instruction and Authorisation

1. ☐ 支票 Cheque
支票號碼 Cheque No. _____
（劃線支票抬頭人請填寫**「藍十字（亞太）保險有限公司」**）
（Cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**"）

2. ☐ 現金 Cash

3. ☐ 信用卡授權 Credit Card Authorisation

本人茲授權藍十字（亞太）保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.

☐ VISA ☐ MasterCard

持卡人姓名
Name of Cardholder _____

到期日（月／年）
Expiry Date (MM/YY) _____

持卡人簽署
Signature of Cardholder _____

信用卡號碼
Credit Card No. _____

發卡銀行
Issuing Bank _____

簽署必須與上述信用卡背面之簽署式樣相同。
Your signature should match the signature on the back of the credit card specified herein.

(IV) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第 (4)(iii) 段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. **使用個人資料直接促銷**

   ☐ 我不同意藍十字根據該聲明第 (4) 段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）。

2. **把個人資料提供聯盟計劃合作夥伴**

   ☐ 我不同意藍十字根據該聲明第 (4) 段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. **Use of Personal Data in Direct Marketing**

   ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement.

2. **Provision of Personal Data in Direct Marketing to Alliance Program Partners**

   ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(V) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 受保人（等）並無違反醫生囑咐或以尋求醫學治療為目的之情況下啟程旅遊，而且清楚明白任何已存在傷病、先天或遺傳性質的疾病一概不受保障；此外，受保人（等）毫不知悉任何可能導致已計劃旅程被取消或縮減的情況、原因或事故。
4. 本人／我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字進行交涉，並向其接收或索取與受保人（等）有關之資料。本人／我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予藍十字作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
5. **本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。 本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。**
6. 本人／我們確認本人／我們已閱讀、明白及同意藍十字（亞太）保險有限公司的收集個人資料聲明（「該聲明」）。該聲明的符合相關守則及法規之最新版本可於表格上的二維碼下載及可供索取。
7. #在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
8. 本人／我們已閱讀、明白並同意藍十字網站（https://www.bluecross.com.hk）所載的「不承保國家及地區名單」，而該名單可能在沒有另行通知的情況下不時更新。如有需要，你亦可向我們索取最新名單。本人／我們亦明白，受保人應於出發前及在整個旅程期間查閱最新的「不承保國家及地區名單」。

I/WE, HEREBY DECLARE AND AGREE THAT :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. No insured person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that insured person(s) understand (s) that treatment of any pre-existing, congenital or hereditary medical conditions are not covered. I/We further declare that insured person(s) is/are not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the journey as planned.
4. I/We have obtained the authorisation from the insured person(s) to provide the information requested in this application and to deal with and receive or request information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
5. **I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.**
6. I/We confirm that I/we have read, understood and agreed to the Personal Information Collection Statement of Blue Cross (Asia-Pacific) Insurance Limited (the "PICS"). The updated version of the PICS which complies with the relevant rules and regulations is available for download using the QR code on this form and upon request.
7. #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
8. I/We have read, understood and agreed to the "Excluded Countries and Territories List" in Blue Cross's website (https://www.bluecross.com.hk) which is subject to change from time to time without prior notice. A copy of the updated list is also available upon request. I/We further note that insured person should check the latest "Excluded Countries and Territories List" before the trip starts and throughout the trip.

(VI) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日／月／年） Date (DD/MM/YY)	**藍十字專用 For Office Use Only** 保單號碼 Policy No.
中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.