



Overseas StudyCare Insurance

海外留學保險



THE POWER OF CONNECTION
bolttechinsurance.hk

Overseas StudyCare Insurance

海外留學保險

Overseas StudyCare provides you or your children with comprehensive protection while studying in foreign countries. Included is coverage for Medical Expenses, Worldwide Emergency Assistance Services, Personal Accident, Major Burns, Personal Liability, Cancellation and Curtailment of Trip and Education Fund.

海外留學保險提供全面保障，讓您或您的子女無憂享受世界各地的學習旅程。計劃包括海外醫療、全球緊急支援服務、人身意外、嚴重燒傷、個人責任、取消及縮短行程、教育基金等保障。

Product Highlights 保障特點	
Top-up In-Patient Medical Expenses providing extra benefits on top of your other medical policy, up to HK\$2,000,000.	✓
特設備用住院醫療保障，就您現有的醫療保險提供額外的保障，最高可達港幣\$2,000,000。	
Education Fund to provide for unpaid Tuition Fees if tragedy strikes your family. 教育基金保障因不幸喪失摯親而未能繳付之學費。	✓
Compassionate Visit and Death Compensation for a kidnapping incident. 就綁架事故提供恩恤探望及身故賠償。	✓
Cover for leisure and amateur sports activities (with altitude limit not over 5,000 meters above sea-level or depth not greater than 30 meters below sea-level) during your study including winter sports, bungee jumping, hiking, rock climbing, horse riding, scuba diving and other water sports. 保障您在學習旅程中的休閒和業餘體育運動，包括冬季運動、跳極、登山、攀岩、騎馬、潛水等水上運動（不超過海拔5,000米或不超過水深30米）。	✓
Cover for personal accident and medical related claims caused by act of terrorism 保障因恐怖主義活動而引起的個人意外及醫療相關的索償	✓
Covers your Overseas Study from secondary school to life-long education. 保障期可由中等教育延伸至終身教育。	✓
Worldwide cover for Medical and Personal Accident benefits. 醫療及個人意外保障更伸延至全球。	✓
24 hours Worldwide Emergency Assistance Services. 全球24小時免費緊急支援服務。	✓

Coverage

Cover	Benefits	Maximum Limit (HK\$)	
		Plan A	Plan B
1. Medical Expenses	a. Medical Expenses - the cost of qualified medical treatment, surgery and hospitalisation arising from a sickness or accidental injury. b. Follow-up Expenses - medical, hospital and treatment expenses reasonably incurred within 90 days of the Insured Student's return to the country of residence up to HK\$100,000 (including Chinese medical practitioner in Hong Kong up to HK\$3,000 with maximum daily limit per visit HK\$200).	\$1,000,000	\$500,000
2. Top up In-Patient Medical Expenses	Additional medical insurance cover for inpatient medical expenses, where you have another medical benefits policy which covers the same expenses, up to 2 times the cover provided under that other policy, or HK\$2,000,000 (whichever is the lesser).	Up to \$2,000,000	N/A
3. Worldwide Emergency Assistance Services	a. Remittance of Hospital Admission Guarantee Deposits - for hospital admittance fees on behalf of the Insured Student. b. Emergency Medical Evacuation and Repatriation - to the nearest facility capable of providing adequate medical care and to repatriate back to Hong Kong if the physician determines that it is necessary. c. Repatriation of Mortal Remains - transportation charges for repatriation of the mortal remains to Hong Kong.	\$40,000 Included \$40,000	\$40,000 Included \$15,000

3. Worldwide Emergency Assistance Services	d. Compassionate Visit and Hotel Accommodation - up to 2 immediate family members, includes travelling cost to join the Insured Student where the Insured Student is confined in hospital for more than 3 days. (Accommodations HK\$1,200 per night up to 5 consecutive days) e. Convalescence Expenses - will arrange additional hotel expenses incurred in relation to an incident which requires medical evacuation and repatriation. (Accommodations HK\$1,200 per night up to 5 consecutive days) f. Unexpected Return in the Event of the Death of a Close Relative - return economy class airfare or unexpected return to Hong Kong following the death of a close relative. g. Additional Costs of Travel - will arrange for an economy class airfare for the Insured Student to return Hong Kong due to a serious medical condition. h. Other Assistance - including telephone medical advice, emergency travel service assistance or legal referral. The above services are arranged by the assistance service provider as appointed by the Company.	\$40,000 \$6,000 \$40,000 \$40,000 Included	\$15,000 \$6,000 \$15,000 \$15,000 Included
4. Personal Accident	a. Personal Accident - Accidental death / permanent total disablement / total and permanent loss of sight in one or both eyes / loss by physical severance or permanent and total loss of use of one or more limbs. (Limit for this benefit for children under 18 years old) b. Double Indemnity - Accidental Death Benefits will be doubled up for: <ul style="list-style-type: none">▪ a fare paying passenger on a public conveyance which was involved in an accident▪ an innocent bystander in a gun battle between the police and another person(s)▪ a fire within a residential building (Limit for this benefit for children under 18 years old) c. Major Burns - Suffering of Third Degree Burns with burnt areas equal to or greater than 5% of head or 10% of total body surface area. (Apply either a or b compensation only)	\$500,000 \$250,000 \$1,000,000 \$500,000 \$200,000	\$250,000 \$250,000 \$500,000 \$500,000 \$100,000
5. Cancellation Charge	Reimbursement of irrecoverable prepaid study costs and airfares in the event of death, serious sickness or injury of the Insured Student, immediate family members of the Insured Student, witness summons, jury service, compulsory quarantine of the Insured Student, natural disaster, unexpected outbreak of infectious diseases at destination; industrial action involving a Public Conveyance, riot/ civil commotion at the destination, serious damage to the Insured Student's principal home in Hong Kong arising from fire or flooding within 10 days from the departure date or Black Outbound Travel Alert for the destination in effect 7 days before the departure date.	\$30,000	N/A
6. Curtailment of Trip	Irrecoverable unused portion of prepaid transport or accommodation charges, pre-paid tuition fees and additional public transportation expenses incurred to return to Hong Kong as a direct result of death, serious injury/sickness of the Insured Student or immediate family member, or of the hijack of transport arranged by a travel agency, adverse weather conditions, natural disaster, or unexpected outbreak of infectious diseases; industrial action involving a Public Conveyance, riot/ civil commotion at the destination that prevents the Insured Student from continuing the journey or Black Outbound Travel Alert for the destination is in effect during the study.	\$30,000	N/A
7. Kidnapping	a. Compassionate Visit and Hotel Accommodation <ul style="list-style-type: none">▪ Provided to up to 2 close relatives of the Insured Student, including travelling costs to the location of the educational institution where the Insured Student was kidnapped. (Accommodations up to HK\$1,200 per person per night for 5 consecutive days) b. Compassionate Death Benefit <ul style="list-style-type: none">▪ compensation for the Accidental Death of Insured Student from injury inflicted during the kidnapping incident.	\$40,000 \$250,000	N/A N/A
8. Education Fund	Payment of unpaid tuition fees in the event of the death of the parent or legal guardian of the Insured Student, where the Insured Student is an unmarried full time student under 23 years old.	\$350,000	\$200,000
9. Travel Delay	Reimbursement for costs incurred due to delay or postponement of public conveyance as a result of adverse weather condition, industrial action, hijack, technical or other mechanical derangement of the public conveyance. The Insured Student will be reimbursed one of the following benefits: <ul style="list-style-type: none">a. Cash allowance - In the event of travel delay exceeding 6 hours, the Insured Student will be indemnified at HK\$300 for each full 6-hour period delay;b. Additional transport expenses - necessarily incurred and the Insured Student has to arrange a different method of public transport or different route as the result of the cancellation of the transportation previously confirmed for the travel delay over 6 hours	\$2,500 \$10,000	\$600 \$2,500
10. Baggage	Loss, physical breakage or damage directly resulting from accident, theft, robbery, burglary, or mishandling by carriers to the Insured Student's baggage or personal property (Personal property does not include mobile phones, pagers, handheld portable telecommunication equipment, or other computer equipment, except lap top computers). <ul style="list-style-type: none">a. Limit for each item, pair or setb. Limit for lap-top computer	\$20,000 \$3,000 \$10,000	\$10,000 \$3,000 \$5,000
11. Personal Liability	Indemnity against third party legal liability arising as a result of accidental injury or loss or damage to third party's property during the Period of Insurance. (This benefit does not apply to liability arising from the use or hire of motor vehicle.)	\$1,500,000	\$750,000

Major Exclusions

1. War (whether declared or not), civil war, act of foreign enemies, rebellion, military or usurped power.
2. Nuclear hazards.
3. Acts of Terrorism (except that this exclusion does not apply to the Medical Expenses Benefit, Worldwide Emergency Assistance Services, Personal Accident Benefit, Cancellation Charge Benefit, Curtailment of Trip Benefit and Travel Delay).
4. Pre-existing condition, congenital and hereditary condition.
5. Suicide, attempted suicide or intentional self-inflicted bodily injuries, insanity, abortion, miscarriage, assigned complications, pregnancy, child-birth, venereal diseases, the use of alcohol or drugs other than those prescribed by a qualified registered physician, dental treatment (unless resulting from accidental bodily injury to sound and natural teeth).
6. Any kind of racing (including as a passenger or other occupant), other than foot races and sports competition or any sports or games in a professional capacity or where the Insured Student would or could earn income or remuneration from engaging in such sport.
7. Any activities in the air unless an Insured Student is (i) travelling as a fare paying passenger in a licensed aircraft operated by a recognised airline, or (ii) participating in such activity where the maneuver or navigation of such activity is managed and controlled by another licensed person and the provider of such activity must be authorised by the relevant local authority.
8. The Insured Student being a crew member or an operator of any air carrier; engaging in offshore activities including commercial diving, oil rigging, mining or aerial photography; handling of explosives; being a site worker or rendering armed force services. (This exclusion does not apply if the Insured Student was engaged in one of the above occupation as a compulsory requirement of his/her course of study.)
9. Losses not reported within 24 hours to the authorities (such as airlines, police) and failure to provide the report certified by the relevant authorities.
10. Personal liabilities arising from use or operation of vehicles, aircraft, watercraft.
11. Any illegal or unlawful act.

保障範圍

保障項目	承保範圍	最高保障金額(港幣)	
		計劃 A	計劃 B
1. 醫療費用	a. 醫療費用 - 因生病或意外受傷所引致的合資格醫療診治、手術及住院費用。 b. 覆診費用 - 受保學生返回居住國家後九十日內因醫療、住院及治療衍生之合理費用，最高可達港幣\$100,000 (包括於香港接受中醫治療，每日每次上限為港幣\$200，最高賠償額為港幣\$3,000)。	\$1,000,000	\$500,000
2. 備用住院醫療保障	為受保學生所持有並涵蓋相同開支的住院醫療保險提供額外的保障，最高可達該住院醫療保險之雙倍保額，或港幣\$2,000,000 (以較少者為準)。	上限 \$2,000,000	不適用
3. 全球緊急支援服務	a. 匯寄入院保證按金 - 代受保學生支付入院費用。 b. 緊急醫療撤離及返還 - 將受保學生緊急運送至附近有足夠醫療設備的醫療中心及在醫療人員認為必須的情況下，將受保學生送返香港治療。 c. 運送遺體 / 骨灰返回香港 - 將遺體或骨灰運返香港之費用。 d. 恩恤探望及酒店住宿 - 最多兩名直系親屬，包括前往探望受保學生的交通費用，但受保學生必須住院多於3天。(住宿最長為連續五天及費用上限為每晚港幣\$1,200) e. 復康住宿費用 - 將為受保學生因事故而需接受緊急醫療運送和撤離所衍生之額外酒店費用作出安排。(住宿最長為連續五天及費用上限為每晚港幣\$1,200) f. 因至親身故而須返港 - 因至親身故而返港的來回經濟客艙機票費用。 g. 額外交通費用 - 會為病情嚴重的受保學生安排經濟客艙機票返港。 h. 其他援助 - 包括電話醫療諮詢、緊急旅遊支援服務或法律團體轉介。 上述服務由本公司委任之救援中心提供。	\$40,000 已包括 \$40,000 \$40,000 \$6,000 \$40,000 \$40,000 已包括	\$40,000 已包括 \$15,000 \$15,000 \$6,000 \$15,000 \$15,000 已包括
4. 人身意外	a. 意外死亡/永久完全傷殘/單目或雙目視力完全及永久喪失/單肢或多肢截斷或永久及完全喪失功能。 (18歲以下兒童之賠償限額) b. 雙倍賠償 - 雙倍意外身故保障賠償： <ul style="list-style-type: none">▪ 作為付費乘客因其乘搭的公共交通工具遇上意外而身亡▪ 作為無辜的旁觀者在警察與他人的槍戰中身亡▪ 因住宅大廈內發生火災而身亡 (18歲以下兒童之賠償限額) c. 嚴重燒傷 - 受保學生於旅程期間遭受三級程度燒傷且燒傷部分達其頭部表面面積的5% 或以上或其身體總表面面積的10% 或以上。 (只可選擇a項或b項作為賠償)	\$500,000 \$250,000 \$1,000,000 \$500,000 \$200,000	\$250,000 \$250,000 \$500,000 \$500,000 \$100,000

5. 旅程取消	若因受保學生或其直系親屬身亡、遭遇嚴重疾病或身體損傷、或受保學生須出席作證、出任陪審團、被強制隔離、或目的地發生天然災害、突然爆發廣泛性傳染病、發生牽涉公共交通的工業行動、暴動或內亂，或於出發前10天受保學生的住宅受到水灾或火災嚴重损毀或出發前7天政府向目的地發出黑色外遊警示以致受保學生未能如期出發，就其不獲退回之預繳的學費及機票費用提供賠償。	\$30,000	不適用
6. 旅程縮短	若因受保學生或其直系親屬身故、遭遇嚴重損傷/疾病、或受保學生所乘搭由旅行社安排之交通工具被騎劫、或因惡劣天氣、天然災害、突然爆發廣泛性傳染病、或目的地發生牽涉公共交通的工業行動、暴動或內亂以致受保學生未能繼續行程、或在留學期間政府向目的地發出黑色外遊警示，就受保學生不獲退回之未用交通及住宿費用、預繳的學費及返回香港之額外交通費用提供賠償。	\$30,000	不適用
7. 繩架	a. 恩恤探望及酒店住宿 - 若受保學生不幸遭綁架，為最多兩名直系親屬提供酒店住宿及包括前往學校位置的交通費。(住宿最長為連續五天及費用每人每晚上限為港幣\$1,200) b. 恩恤死亡賠償 - 為受保學生因遭綁架受傷而意外身故提供死亡賠償。	\$40,000 \$250,000	不適用
8. 教育基金	若受保學生的父母或合法監護人不幸身故，為未滿23歲的未婚及正接受全日制教育的受保學生支付欠繳的學費。	\$350,000	\$200,000
9. 旅程延誤	賠償旅程中乘搭公共交通工具期間因惡劣天氣、工業行動、該公共交通工具被騎劫，出現技術性或其他機械性失常而引致延誤所導致的費用。受保學生可選擇以下一項作為賠償： <ul style="list-style-type: none">a. 現金津貼 - 如旅程延誤超過6小時，受保學生可就每6小時的延誤獲得港幣\$300賠償；或b. 額外交通費用 - 如旅程延誤超過6小時，賠償受保學生因原有交通安排取消而必須安排不同的公共交通工具或不同的路線所導致之額外交通費用。	\$2,500 \$10,000	\$600 \$2,500
10. 行李	因意外、盜竊、搶劫、爆竊、運輸人員不當處理使受保學生的行李或個人物品受到損失、損壞或損害(個人物品不包括手提電話、傳呼機、手提便攜式通訊器材、電腦器材(手提電腦除外)) <ul style="list-style-type: none">a. 每件/對/套最高賠償限額b. 手提電腦最高賠償限額	\$20,000 \$3,000 \$10,000	\$10,000 \$3,000 \$5,000
11. 人身責任	為受保期間因意外導致第三者身體受傷或財物受損而引起的第三者法律責任提供保障。 (使用或租用汽車引起的責任不在受保範圍之列)	\$1,500,000	\$750,000

主要不受保項目

1. 戰爭(不論已宣戰與否)、內戰、外敵行動、叛亂、軍事或篡奪行動。
2. 核風險。
3. 恐怖主義(此保障計劃所承保的醫療費用、全球緊急支援服務、人身意外、旅程取消、旅程縮短及旅程延誤項目除外)。
4. 投保前已存在之傷疾、先天及遺傳性疾病。
5. 自殺、企圖自殺、蓄意自我傷害、神經錯亂、墮胎、流產、懷孕及其併發症、分娩、性病、服用酒精或非由註冊醫生處方的藥物、牙齒護理(因意外導致健全的牙齒受損除外)。
6. 競賽(徒步進行的比賽除外)或任何職業性質的運動或受保學生可能或可以賺取收入或報酬的運動。
7. 任何空中活動，除非受保學生(i)以付費乘客身份乘搭認可及持牌航空公司的航機，或(ii)所參與之活動是由另一位持牌人士帶領下負責操縱及航行，而該活動的舉辦者亦獲當地有關當局授權。
8. 受保學生出任為任何空中乘載工具的機務人員或操作員；從事離岸活動如商業潛水、油田鑽探、採礦或空中攝影、處理爆炸品、地盤工人、或出任軍隊服務。(如受保學生參與上述任何一項工作乃課程必須的規定者除外。)
9. 任何損失未能於24小時內向有關機構報告(例如：航空公司、警署)及未能提供由相關機構證實的報告。
10. 因使用汽車、飛機或船隻所引起的責任。
11. 任何非法或不合法的行為。

Notes

This brochure gives only an outline of the terms and conditions of the insurance cover and any information given herein is subject to the precise terms and conditions in our Policy, a specimen copy of which will be furnished to you on request.

注意

本小冊子乃保障條款及規定之摘要，僅供參考之用。有關保障條款及規定一概以保單內容為準。
如閣下需要保單樣本，請向本公司索取。

Annual Premium (HK\$) 全年保費價目表 (港幣)	Territorial Limit 保障地域範圍	Plan 計劃 A	Plan 計劃 B
Comprehensive Medical Overseas StudyCare (Benefits 1 – 11 are included) 綜合醫療海外留學保障 (包括保障項目1 - 11項)	Worldwide 全球保障	\$8,000	\$5,000
Standard Overseas StudyCare (Benefits 3 – 11 are included) 基本海外留學保障 (包括保障項目3 - 11項)	Asia Countries 亞洲地區	\$5,500	\$3,500
	Worldwide 全球保障	\$3,500	\$2,000

* The Policy is valid for 1 year and the Effective Date must be same as or before the Insured Student's Departure Date from Hong Kong.

* 此保單有效期為1年，而保單生效日期必須為受保人離港當日或之前。

Insurance levy is not included in the above premium. 以上保費並未包括保費徵費。

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費 (港幣)
From 1 Apr 2021 onwards 由2021年4月1日之後	0.100%	5,000

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit boltechinsurance.com.hk or contact: (852) 2603 9435

保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 boltechinsurance.hk 或致電:(852) 2603 9435。

Overseas StudyCare Insurance Application Form 海外留學保險投保書 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 申請人資料			
Full Name of Applicant 申請人姓名: (Applicant must be aged 18 or above 申請人必須為18歲或以上) <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐		Date of Birth 出生日期: ____ DD日 ____ MM月 ____ YY年	HKID Card 香港身份證:
Correspondence Address 通訊地址: Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱: _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界		Contact No. 聯絡電話:	Email Address 電郵地址

(II) Policy Particulars 投保詳情 (Please complete all the following fields 必須填寫以下各項)			
(IIA) Policy Effective Date 保單生效日期: ____ DD日 ____ MM月 ____ YY年 (Both dates inclusive 包括首尾兩日) Notes: The Policy is valid for 1 year and the Effective Date must be same as or before the Insured Person's Departure Date from Hong Kong. 注意:此保單有效期為1年;而保單生效日期必須為受保人離港當日或之前。			
(IIB) The Person to be Insured 受保人資料 (If different from the Applicant 如與申請人不同)			
Name of Insured Person 受保人姓名: <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	Relationship 關係 : _____	Date of Birth (DD/MM/YY) 出生日期(日/月/年): _____	HKID Card 香港身份證:

(III) General Information 其他資料				
Country of the Overseas Educational Institution attended 海外留學國家 :				
Name of the Overseas Educational Institution attended 就讀海外學府名稱 :				
Address of the Overseas Educational Institution attended 就讀海外學府地址 :				
Does the Person to be Insured have a valid Full-time Overseas Student Visa? 受保人是否持有有效的全日制海外學生簽證? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
Do you have any other insurance company policies covering overseas in-patient medical expenses?* 受保人是否持有任何其他保險公司之海外住院醫療保險?* <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
Covered Plan / Premium (HKD) 計劃 / 保費 (港幣): (excluding insurance levy 不包括保費徵費)		Territorial Limit 保障地域範圍	Plan 計劃 A	Plan 計劃 B
Comprehensive Medical Overseas StudyCare (Benefits 1 - 11 are included) 綜合醫療海外留學保障(包括保障項目1 - 11項)		Worldwide 全球保障 Asia Countries 亞洲地區	<input type="checkbox"/> \$8,000 <input type="checkbox"/> \$5,500	<input type="checkbox"/> \$5,000 <input type="checkbox"/> \$3,500
Standard Overseas StudyCare (Benefits 3 - 11 are included) 基本海外留學保障(包括保障項目3 - 11項)		Worldwide 全球保障	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$2,000

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

(IV) Payment Method 付款方法**			
Cheque should be crossed and made payable to "Bolttech Insurance (Hong Kong) Company Limited" 劃線支票抬頭請寫:「保特保險(香港)有限公司」 <input type="checkbox"/> Cheque No. 支票 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Credit Card No. 信用卡號碼  			
Cardholder's Name 持卡人姓名		Card Expiry Date 信用卡有效期至	
		M月	Y年
		I hereby authorize Bolttech Insurance (Hong Kong) Company Limited to charge my credit card account specified for this insurance. 本人茲授權保特保險(香港)有限公司從本人列明的信用卡帳戶支取此保險所應繳之保費	
		Cardholder's Signature 持卡人簽署 _____ Date 日期 _____	

* Benefit 2 "Top up inpatient medical" only available where policyholder has taken out another inpatient medical cover policy. See provision for details.

保障項目二"備用住院醫療保障"只適用於持有其他住院醫療保險的保單持有人,詳情請參閱保單條款。

** The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款不獲接納。

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit bolttechinsurance.hk or contact: (852) 2603 9435.

保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢,請瀏覽 bolttechinsurance.hk 或致電:(852) 2603 9435。

Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my 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 Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. I/We have read, understood and accepted the Personal Information Collection Statement of the Company ("PICS"). By signing below, I/We confirm this application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the PICS, and I understand I can scan the QR code below for review of the PICS or else I can request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.



5. If you do not agree to the use and provision of your personal data for direct marketing as set out in paragraphs 8 and 9 of the PICS, please tick the box below and we will not use your personal data for direct marketing.
 I/We do not agree with the use and provision of my/our personal data for direct marketing purposes and do not wish to receive any promotional and direct marketing materials.
6. (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the PICS (see paragraph 4 above).
7. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 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保特保險(香港)有限公司("本公司")及本人/我們之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本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 本人/我們已閱讀、明白及接受本公司的收集個人資料聲明。透過以下簽名，本人/我們確認此申請並同意本公司可根據收集個人資料聲明列出之目的使用及披露本公司目前或將來持有的關於本人/我們的所有個人資料，並理解本人可以掃描以下二維碼查看本公司的收集個人資料聲明，或可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



5. 如閣下不同意本公司根據收集個人資料聲明第8和9段使用及提供本人的個人資料以作直銷目的，請在以下有關方格內加上劃勾(√)號。
 本人/我們不同意本公司使用及提供本人的個人資料以作直銷目的，並不願意接收任何推廣訊息或直銷資訊。
6. (如適用)本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在收集個人資料聲明下所享有的權利(見上文第4段)。
7. 如申請人有保險經紀：
本人/我們明白，確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。
本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given

申請人 /獲發收集個人資料聲明人士簽署 _____

Name of Agent / Broker/ Technical Representative

代理人/ 經紀/ 業務代表 _____

Date (DD / MM / YYYY)

日期 (日/月/年) _____

Account Code

帳戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

本申請表格的中英文版本如有差異，以英文版本為準。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險（香港）有限公司獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽 bolttechinsurance.hk 網站。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 2603 9435.

請掃描以下二維碼查看保特保險(香港)有限公司（「本公司」）的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 2603 9435 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司（「本公司」）接受承保及評估之重要事實；如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Bolttech Insurance (Hong Kong) Company Limited 保特保險（香港）有限公司
9/F, 308 Central Des Voeux, No. 308 Des Voeux Road Central, Sheung Wan, Hong Kong
香港上環德輔道中 308 號 9 樓 | [T 2603 9435](tel:26039435)