

Blue Cross (Asia-Pacific) Insurance Limited

Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a member of The Bank of East Asia Group. With more than 35 years of experience in the insurance industry, Blue Cross provides a comprehensive range of products including life, travel, medical and general insurance, which caters to the needs of both individual and corporate customers.

Blue Cross has a strong track record in the development of new products and tailor-made services. As a pioneer in the development of managed care, Blue Cross is the first insurer to develop a "Preferred Provider Organisation" in Hong Kong and introduce preventive health check-up programmes for its customers.

In recent years, Blue Cross has received major awards in recognition of its contributions to the fields of insurance and customer service, such as the Hong Kong Award for Services – Innovation Award of the Year, the Asia Pacific Customer Relationship Excellence Award – Innovative Technology of the Year, The Most Popular Travel Insurance Company Award, High Flyer Achievement Award – Health Insurer, the Caring Company and the Superbrands status, and Hong Kong Top Service Brand Awards – Emerging Service Brand.

藍十字(亞太)保險有限公司

藍十字(亞太)保險有限公司(「藍十字」)是東亞銀行集團成員，於香港營運超過35年，提供多元化的保險產品，服務個人及公司團體客戶，當中包括人壽保險、旅遊保險、醫療保險及一般保險等，務求滿足客戶的不同需要。

藍十字擅於設計嶄新的保險計劃和服務，成績卓著，率先在香港成立「醫療護理網絡」，同時是首間為客戶提供預防性身體檢驗服務的保險公司。

藍十字近年屢獲殊榮，曾獲頒保險業及服務業多個主要獎項，例如「香港服務業獎—創意獎」、「亞太顧客服務協會—最佳創意科技獎」、「最受歡迎旅遊保險公司大獎」、「傑出企業成就獎—醫療保險」、「商界展關懷公司」、「超級品牌」及「香港服務名牌選舉—最具潛質服務品牌」等。



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

Blue Cross (Asia-Pacific) Insurance Limited

藍十字(亞太)保險有限公司

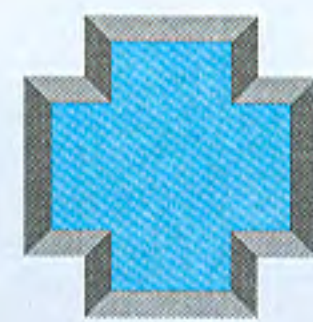
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Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
Tel 電話：3608 2888 Fax 傳真：3608 2938
www.bluecross.com.hk



CUSTOMER SERVICE HOTLINE
客戶服務熱線
3608 2988

E-mail 電郵：cs@bluecross.com.hk

Agent 代理：



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

Annual Travel Insurance 全年旅遊保險



Annual Travel Insurance 藍十字 全年旅遊保險



產品特點

* 全年保障

每次旅程的最長保障期為90天。

* 各項保障均不設自負金額

個人手提電腦除外。

* 藍十字全球緊急援助

提供最全面的24小時全球緊急支援服務。

* 多項運動保障

包括冬季運動、滑雪、水肺潛水、高空彈簧跳繩及各項水上活動。

* 額外人身意外保障選擇

* 行李保障包括個人手提電腦

* 因恐怖活動而導致之旅程延誤亦在承保範圍之內

* 年齡限制

被保人的年齡必須為6星期至75歲之人仕，18歲以下兒童須由一名成人陪同投保。

* 緊急現金援助

如被保人在國內旅遊期間，遭搶劫以致損失個人錢財或旅遊證件於搶劫/意外事故中失掉，只需致電24小時全球緊急援助中心，便可透過東亞銀行國內指定分行提取「緊急現金援助」。每位被保人於每事故之最高預支賠償額為港幣\$500或同等值之人民幣(每年最多三次事故)。

* 藍十字2合1全年旅遊保險咭

如在國內旅遊期間，不幸遇上意外或嚴重疾病而需要入住醫院，被保人只需出示有效的「藍十字2合1全年旅遊保險咭」，便可於全國超過一百間之網絡醫院或醫療單位接受治療，並毋須繳付任何入院保證金。讓您可安心返中國經商或旅遊。

額外優惠

* 無索償記錄折扣優惠

一年	: 9折
連續二年	: 85折
連續三年	: 8折

* 團體和家庭折扣優惠#

夫婦	: 9折
家庭(夫婦及子女)	: 85折
4人或以上	: 85折
10人或以上	: 8折
20人或以上	: 75折

#除無索償優惠外，各項優惠均不可同時使用





保障金額表

保障項目	保障金額(港幣)		
	計劃I	計劃II	兒童計劃*
1) 人身意外	1,000,000	500,000	200,000
2) 海外醫療費用	1,000,000	500,000	500,000
包括：額外旅費及住宿費用	40,000	20,000	20,000
回港覆診費用(包括跌打)	100,000	100,000	100,000
3) 24小時全球緊急支援服務			
包括：緊急運送	不設上限	不設上限	不設上限
送返原居地	不設上限	不設上限	不設上限
入院按金保證	40,000	40,000	40,000
家屬探望	40,000	20,000	20,000
送返同行子女	40,000	20,000	20,000
殮葬費用及遺體運返	40,000	20,000	20,000
轉介服務			
4) 住院現金津貼	10,000	5,000	5,000
5) 嚴重燒傷	200,000	100,000	100,000
6) 行李	20,000	10,000	5,000
個人手提電腦－最高賠償	10,000	5,000	N/A
(自負金額)	(1,000)	(500)	N/A
7) 行李延誤	1,000	500	500
8) 旅程取消	30,000	10,000	10,000
9) 旅程延誤	5,000	3,000	3,000
額外交通費或			
現金津貼	1,000	750	750
10) 縮短旅程	30,000	10,000	10,000
11) 旅遊證件遺失	30,000	10,000	10,000
12) 個人錢財	3,000	2,000	2,000
13) 家居爆竊	25,000	5,000	N/A
14) 人身責任	1,000,000	500,000	500,000
每年保費	1,880	1,480	1,280

額外人身意外保障額〔只適用於18歲或以上人士〕

每增加港幣\$500,000保障額，須支付之額外保費為：HK\$300
[最高投保額為港幣\$5,000,000]

* 兒童計劃：只適用於18歲以下之兒童。

主要不承保項目

第1、2、3、4及5保障項目之不承保事項

1. 自殺、自我毀傷、分娩、懷孕、流產、牙醫護理(除非因意外而損壞健全之牙齒)、精神病、神經失常、酗酒及濫用藥物、性病及愛滋病有關之病症。
2. 投保前已存在之病況及豁免情況(即不論被保期之前或之內出現之指定疾病)。
3. 任何職業運動或比賽、賽車活動、空中漫遊、輔以繩索岩釘響導之攀山、空中滑翔及跳降傘。

第6、7、8、9、10、11及12保障項目之不承保事項

1. 並沒有於二十四小時內向有關機構報告(例如：航空公司、旅行社、警署等)及取回書面證明。
2. 未能提供有關費用之證明。
3. 正常損耗，易碎或易破物品之損毀。

第13保障項目之不承保事項

1. 因使用任何鑰匙或因被保人或其家庭成員之鹵莽或故意的行為而導致或助長之損失。

第14保障項目之不承保事項

1. 由於使用汽車、飛機或船隻或因故意、蓄意或非法活動所引起的責任。

索償手續

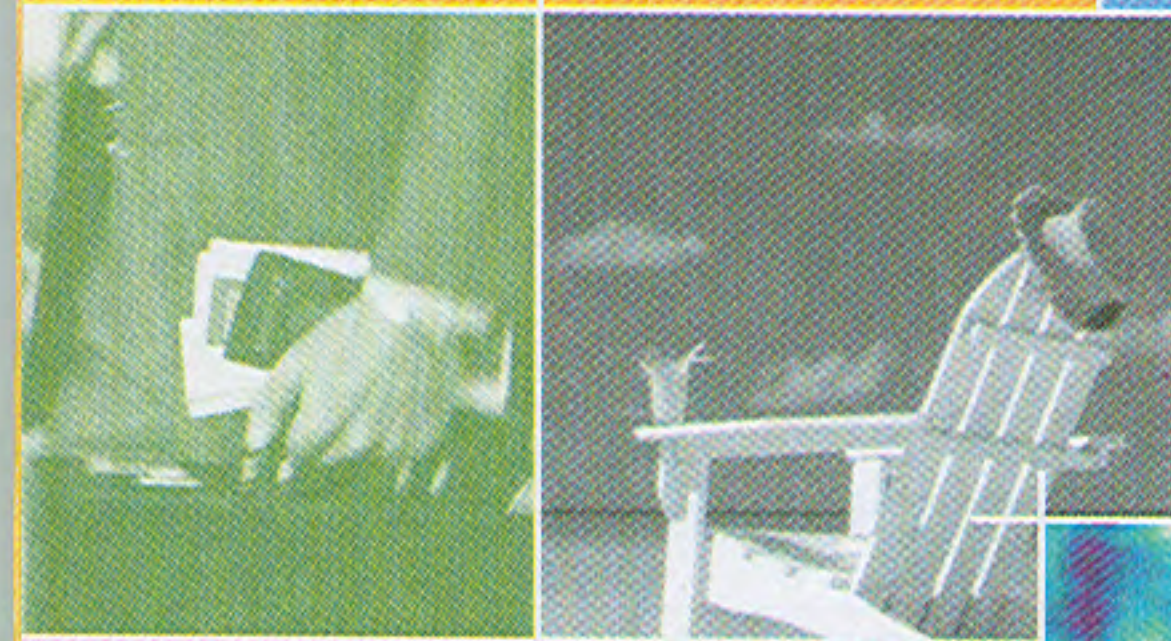
每項索償必須在事件發生後31天內向藍十字申請，並需提供有效證明文件，包括醫院、醫生、警方、航空公司及有關機構的詳細報告。賠償申請表格可於網址www.bluecross.com.hk下載或向藍十字索取。

旅遊保險熱線：3608 2932

- 本小冊子乃資料撰要，只供參考之用；有關詳盡條款及規定，概以保單為準。
- 此計劃由東亞銀行之全資附屬機構藍十字(亞太)保險有限公司承保。

Annual Travel Insurance

藍十字 全年旅遊保險



HIGHLIGHTS

- * **Full Year Protection**
Covers trips of up to 90 days.
- * **No Benefits Deductible**
Except lap-top computer.
- * **Blue Cross Worldwide Emergency Aid**
Provides the best 24-hour Emergency Service.
- * **No Premium Loading on Various Sport Activities**
Including winter sports, trekking, scuba diving, bungee jumping and various aquatic sports.
- * **Additional Personal Accident Benefit Option**
- * **Extension of Baggage Cover to lap-top computer**
- * **"Travel Delay" due to terrorism is also covered**
- * **Age Limit**
A minimum age of 6 weeks to a maximum of 75 years and children under 18 years of age must be accompanied by an adult who is also insured under the same policy.

* Emergency Cash

During the trip in China, if an Insured Person is robbed of his/her personal money or he/she loses travel documents in a robbery or an accident, he/she can call our 24-Hour Worldwide Emergency Aid, and we will provide an Emergency Cash Assistance through the designated Branches of **The Bank of East Asia** in China. Maximum cash advance for each Insured Person is HK\$500 or equivalent amount in RMB (up to a maximum of 3 events per year).

* Blue Cross 2 in 1 Annual Travel Card

In the event of bodily injuries or sickness requiring hospitalization in China, by using our "Blue Cross 2 in 1 Annual Travel Card", you will be admitted to over 100 network hospitals or medical units without paying any deposits.

SPECIAL BENEFITS

* No Claim Discount

One year of clean claim record	: 10%
Consecutive two years of clean claim record	: 15%
Consecutive three years of clean claim record	: 20%

* Group & Family Discount[#]

Couple	: 10%
Family (couple and children)	: 15%
4 persons or above	: 15%
10 persons or above	: 20%
20 persons or above	: 25%

[#] Each type of discount cannot be applied at the same time except for no claim discount.





BENEFIT TABLE

Benefits	Up to HK\$		
	Plan I	Plan II	Children Plan*
1) Personal Accident	1,000,000	500,000	200,000
2) Overseas Medical Expenses	1,000,000	500,000	500,000
Including:			
~ Additional Costs of Travel & Accommodation	40,000	20,000	20,000
~ Local Follow-up Expenses (Cover Chinese Bonesetting in HK)	100,000	100,000	100,000
3) 24 Hours Emergency Services			
Including:			
~ Emergency Evacuation	Unlimited	Unlimited	Unlimited
~ Repatriation	Unlimited	Unlimited	Unlimited
~ Hospital Deposits Guarantee	40,000	40,000	40,000
~ Family Member Visit	40,000	20,000	20,000
~ Return of Children	40,000	20,000	20,000
~ Burial & Funeral Expenses and Repatriation of Mortal Remains	40,000	20,000	20,000
~ Referral Services			
4) Hospital Cash Allowance	10,000	5,000	5,000
5) Major Burns	200,000	100,000	100,000
6) Baggage	20,000	10,000	5,000
~ Loss of Laptop Computer (Deductible Amount)	10,000 (1,000)	5,000 (500)	N/A N/A
7) Baggage Delay	1,000	500	500
8) Cancellation Charges	30,000	10,000	10,000
9) Travel Delay	5,000	3,000	3,000
~ Additional Travel Cost			
~ Cash Allowance	1,000	750	750
10) Curtailment of Trip	30,000	10,000	10,000
11) Loss of Travel Document	30,000	10,000	10,000
12) Personal Money	3,000	2,000	2,000
13) Loss of Home Contents	25,000	5,000	N/A
14) Personal Liability	1,000,000	500,000	500,000
Annual Premium	1,880	1,480	1,280

Additional Personal Accident Benefit (for adult age of 18 or above only)

Additional Annual Premium for each HK\$500,000 of Sum Insured : HK\$300
[Up to Total Sum Insured HK\$5,000,000]

* Children Plan : for children age below 18.

MAJOR EXCLUSIONS

For benefit item 1, 2, 3, 4 & 5

1. Suicide, self-inflicted injury, childbirth, pregnancy, miscarriage, dental treatment (except as necessitated by accidental injuries to sound natural teeth), mental disorders, insanity, alcoholism or drug addiction, venereal disease, AIDS or AIDS related complex.
2. Any pre-existing conditions or excluded sickness.
3. Any professional sport, racing and competitions of any kind, skydiving, mountaineering necessitating the use of ropes, pitons or guides, hang gliding, or parachuting.

For benefit item 6, 7, 8, 9, 10, 11 & 12

1. Losses not reported to police within 24 hours, and/or to the carrier immediately as appropriate.
2. No proof is provided for relevant expenses/loss.
3. Normal wear and tear, breakage or damage to fragile article.

For benefit item 13

1. Loss due to use of any key or duplicate; or loss caused by/facilitated by the reckless/wilful act of the Insured Person or the Insured Person's family members.

For benefit item 14

1. Liability arising out of the use of vehicles, aircraft, watercraft; wilful, malicious or unlawful act; any cost resulting from criminal proceedings.

CLAIMS PROCEDURE

Notice of any Claims must be given to Blue Cross within 31 days after the occurrence of any event. All claims shall be made together with satisfactory proof including reports from hospital, physician, police, airlines or other responsible authorities. Claim form is available online at www.bluecross.com.hk or upon request.

Travel Insurance Hotline : 3608 2932

- This brochure is for reference only. Please refer to the actual policy for exact terms and conditions.
- Risks are all underwritten by Blue Cross (Asia-Pacific) Insurance Ltd, member of The Bank of East Asia Group.

(I) Applicant 申請人

Agent Code 代理編號: _____

Name of Applicant (Company / Individual)

申請人姓名(公司/個人): _____

Corresponding Address in H.K.

香港地址: _____

Phone No.

電話號碼: _____

Fax No.

傳真號碼: _____

E-mail Address

電郵地址: _____

(II) Insured Person Details 被保人詳情

Name 姓名 (Surname) (Given Name) 姓氏 名字	Age 年齡	HK ID Card No. 香港身份證號碼	Chinese Re-entry Permit No. / Passport No. 回鄉證/護照號碼	Occupation 職業	*Place of Residence 現居地	Estimated No. of Trips Annual 估計每年外遊 次數	Plan 計劃	Additional Personal Accident (If yes, pls state the additional sum insured) 增加人身意外保障額(如是,請註明額外保障額) (not applicable for Children Plan) (不適用於兒童計劃)	Total Premium 總保費
1.								<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 HK\$ _____	HK\$
2.								<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 HK\$ _____	HK\$
3.								<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 HK\$ _____	HK\$
4.								<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 HK\$ _____	HK\$
5.								<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 HK\$ _____	HK\$
6.								<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 HK\$ _____	HK\$
Discount Type (if any): 優惠類別(如有):								Grand Total 合共	HK\$
<input type="checkbox"/> Couple (10%) 夫婦								Discount 折扣	(-) HK\$
<input type="checkbox"/> Group of 4 persons or above (15%) 4人或以上團體									
<input type="checkbox"/> Group of 20 persons or above (25%) 20人或以上團體									
<input type="checkbox"/> Family (Couple + Children) (15%) 家庭(夫婦及子女)								Net Total 應付保費	HK\$
<input type="checkbox"/> Group of 10 persons or above (20%) 10人或以上團體									

Date insurance to commence

起保日期

M

月

D

日

Y

年

Estimated No. of Insured Persons Each Trip

估計每次外遊被保人數

(III) Declaration 聲明

The Applicant warrants that to the best of his / her knowledge and belief no Insured Person is travelling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that he / she understands that treatment of any pre-existing, existing, recurring or congenital medical conditions is not insured. The insured person further warrants that he / she is not aware of any condition cause or circumstance that may necessitate the cancellation or curtailment of the journey as planned.

申請人保證並據實相信各被保人絕不會違反醫生的囑咐或僅為獲得醫療而外出旅遊。各被保人更清楚明白任何現已存在之疾病、現有、不時復發或先天疾病皆不在承保之列。各受保人保證對已安排而又必須取消或縮短旅程之事絕不知情。

Personal Information Collection Statement 收集個人資料聲明

I / We understand and agree that any personal information is collected or held by Blue Cross (Asia-Pacific) Insurance Limited ("the Company") to enable the Company to carry on insurance business and may be used, stored, disclosed and transferred (within or outside of Hong Kong) to any individuals / organisations associated with the Company or any selected third party as the Company may consider necessary including any other company carrying on insurance or reinsurance related business, any intermediary, claims investigator, medical facilities, other service provider providing services relevant to insurance business, professional advisor, government authority or industry association / federation for the purposes of: (1) any insurance or financial related product or service or any addition, alteration, variations, cancellation or renewal or reinstatement of them; (2) any scope of insurance coverage, claim processing / investigation, any analysis of it and data matching; (3) promotion of financial products or services by the Company and its affiliated companies; and (4) communicating with me / us / the insured or any relevant organisation / person as the Company may consider necessary. I / We have the right to obtain the "Privacy Policy Statement", access to and to request correction of any personal information concerning myself / ourselves held by the Company. Such request could be made to the Company's Corporate Data Protection Officer at 29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong.

本人/我們明白並同意藍十字(亞太)保險有限公司("貴公司")可收集或持有本人/我們的個人資料用於保險業務之用途,並可將此等資料使用、儲存、透露及轉交(於本地或以外)予任何與貴公司有關之人士/機構或被選定之第三者,包括其他從事與保險或再保險業務有關之公司、中介人、理賠調查員、醫療機構、有關提供保險業務服務之公司、專業顧問、政府機關、或保險業組織或聯會,作以下用途:(1)有關保險或財務之產品或服務,或該等產品或服務之增加、更改、轉變、取消、更新或復效;(2)任何保障範圍,處理理賠/調查或其有關分析及資料核對;(3)任何貴公司及其附屬公司之財務計劃、商品及服務之推廣活動;及(4)與本人/我們/被保人或貴公司認為有關之機構/人士聯絡。本人/我們有權致函香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓向貴公司之個人資料保護主任索取「私隱政策聲明」,查詢及要求更正貴公司所持有有關之個人資料。

Applicant's Signature 申請人簽署: _____

Date 日期

M月: _____

D日: _____

Y年: _____

(IV) Payment Instruction And Authorization (if credit card payment is chosen) 付款指示及授權書 (祇適用於選擇以信用卡付款者)

 American Express Card VISA Card MasterCard

Credit Card Account No. 信用卡帳戶號碼: _____

Cardholder's Name 持咭人姓名: _____

Expiry Date 信用卡到期日: _____

I hereby authorize Blue Cross (Asia-Pacific) Insurance Ltd. to debit the premium from my credit card account for the insurance policy. 本人茲授權藍十字(亞太)保險有限公司從本人的信用卡帳戶扣取應繳的保險費。

Cardholder's Signature 持咭人簽署: _____

Date 日期: _____

(V) For Office Use Only 本公司專用

Policy No.

保單號碼: _____

Account No.

客戶號碼: _____

Notice: This insurance is effective outside the Place of Residence. Place of Origin will be regarded as Hong Kong unless otherwise specifically mentioned on the Application Form by the Applicant and specifically endorsed in the Certificate of Insurance by the company.

注意: 此保險乃於現居地以外地方有效,除申請人於保險申請書上加以列明並承保人在保險證明書上特別註明外,「現居地」將該指香港。