#### **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 40 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services, including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers.

Throughout the years, Blue Cross has received major awards in recognition of its contributions in the spheres of insurance provision and customer service such as the Quality Life Award 2008 — Quality Insurance Service Award, the Capital Weekly Service Award 2008 — Medical Insurance, the Most Popular Travel Insurance Company Award (2005-2008), the Hong Kong Top Service Brand Awards — Emerging Service Brand (2007), the High Flyer Achievement Award — Health Insurar (2006), Caring Company (2006), the Superbrands Award (2003 and 2006), the M.I.S. Asia IT Excellence Award: Best Business Enabler — Banking and Finance (2005), the Hong Kong Award for Services — Innovation Award of the Year (2004) and the Asia Pacific Customer Relationship Excellence Award — Innovative Technology of the Year (2003).

#### 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)乃東亞銀行集團成員,於香港經營保險業務40年,致力為個人及企業客戶提供多元化的保險產品及服務,包括醫療、旅遊及一般保險。

多年來,藍十字屢獲殊榮,引證了其在保險及客戶服務上的卓越成就。獲頒獎項包括「2008 優質生活大獎 — 優質保險服務大獎」、「資本一週服務大獎2008 — 醫療保險」、「最受歡迎旅遊保險公司大獎」(2005-2008)、香港服務名牌選舉 — 最具潛質服務品牌(2007)、傑出企業成就獎 — 醫療保險(2006)、「商界展關懷公司」(2006)、「超級品牌」(2003 及 2006)、MIS 亞洲區資訊科技卓越獎 — 銀行及金融組別(2005)、「香港服務業獎 — 創意獎」(2004)及亞太傑出顧客關係服務獎 — 最佳創意科技(2003)。

Underwritten by 承保:



Blue Cross (Asia-Pacific) Insurance Limited 藍十字(亞太)保險有限公司

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, 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 www.bluecross.com.bk



Authorised Distributor 授權分銷商:



# Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

# Inbound Travel Insurance - Premier Plan

「香港通」旅遊保險 - 至尊計劃



# INBOUND TRAVEL INSURANCE - PREMIER PLAN ENSURES YOU AN ENJOYABLE JOURNEY

To ensure a wonderful vacation in Hong Kong, enrol in Blue Cross Inbound Travel Insurance to protect you against unexpected expenses and losses while you are visiting Hong Kong so as to enjoy your trip with complete peace of mind.

## Charges by HK Government Medical Facilities for HK Residents and Non-HK Residents

Medical Services (HK\$)	HK Residents	Non-HK Residents	
General Outpatient	45	215	
Accident & Emergency	100	570	
In-patient (General Hospitals)	50 admission fee for the 1st day, 100 per day	3,300 per day	

Source: Hong Kong Hospital Authority.

As a highly regarded travel insurer, Blue Cross always takes good care of customers. In addition to the comprehensive benefits of this plan, Blue Cross provides an enquiry service in Hong Kong's clinics and hospitals. Customers are welcome to contact our Customer Service Hotline: 3608 2988 for assistance.

#### Age Limit

A minimum age of 6 weeks to a maximum of 75 years old. Children under 18 years of age must be accompanied by an adult who is insured under the same policy.

#### **Application Procedures**

Simply complete the attached application form and submit together with the required premium to either Blue Cross or agents of Blue Cross.

Note: Premium should be submitted either in HK\$ or US\$

### INBOUND TRAVEL INSURANCE - PREMIER PLAN「香港通」旅遊保險至尊計劃

#### Schedule of Benefits

Benefits	Coverage	Sum Insured (HK\$)
1. Medical Expenses*	The cost of qualified medical treatment, surgery and hospitalisation arising from sickness or accidental injury.	200,000
	Including: additional travel and accommodation expenses.	20,000
2. 24-hour Emergency Aid Services	Repatriation – repatriation to the place of origin if the physician determines that it is necessary.	200,000
	b) Hospital Deposits Guarantee – guarantee any required hospital admittance fees on behalf of the insured person.	40,000
	c) Family Member Visit - incurred up to 2 immediate family members, for the traveling cost to join the insured person who is confined in hospital for more than 3 days.	15,000
	d) Return of Children - reasonable additional accommodation and travel expenses for unattended insured children (age below 18) to return to the place of origin.	15,000
	e) Return of Mortal Remains – Blue Cross will assist with necessary formalities and will be responsible for the transportation charges for repatriation of the mortal remains to the place of origin.	15,000
	f) Other Assistance – Free information about legal advisory services, emergency medical aid, interpreter services.	_
3. Personal Accident **#	Accidental death / permanent total disablement / total and permanent loss of sight in one or both eyes / loss by severance or permanent and total loss of use of one or more limbs.	300,000
4. Loss of Travel Document	Replacement cost of travel document and additional travel and accommodation expenses reasonably incurred.	1,000
5. Personal Liability***	Indemnity against legal liability to a third party as a result of accidental injury or loss or damage to property during the Period of Insurance.	100,000

Excess HK\$150 per accident per person

#### Premium

No. of Dovo	Premium (HK\$)		
No. of Days	Insured	Family* (for 3 persons or above)	
1-2 Day(s)	70	175	
3 Days	90	225	
Additional each day (Up to 90 days)	10	25	

<sup>\*</sup> Family refers to the insured, his / her spouse and their unmarried children under 18 years of age.

#### **Important Notes**

- Covers hospital / medical costs arising from sickness or accident which occurs after the insured person arrives in Hong Kong.
- No coverage or benefits is provided for medical services or supplies required for a medical condition, disease or disorder that existed on or prior to the effective date of this insurance.
- Once the application is approved, the policy will be effected upon the insured person arriving in Hong Kong.
- 4. The policy will be terminated upon the insured person's departure.
- The maximum coverage period is 90 days per trip, including any extension of the term granted.
- 6. The plan is not available to residents of Hong Kong.

#### **Major Exclusions**

#### General Exclusions

- Suicide, self-inflicted injury, childbirth, pregnancy, miscarriage, dental treatment (except as necessitated by accidental injuries to sound natural teeth), mental and nervous 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.

#### For benefit - Loss of Travel Document

1. Losses not reported to police and/or airlines within 24 hours.

#### For benefit - Personal Liability

- 1. Liability arising out of the use of vehicles, aircraft, or water craft.
- 2. Any wilful, malicious or unlawful act, any cost resulting from criminal proceedings.

#### Claims Procedure

Notice of any claims must be given to Blue Cross within 30 days of any occurrence which may give rise to claim under this insurance. All claims shall be made together with proof satisfactory including reports from hospital, physician, police, airlines or other responsible authority. Claims form could be provided on request.

For enquiry, please call our Customer Service Hotline: 3608 2988

Note: This brochure is for reference only. Please refer to the actual policy for exact terms and conditions and full list of exclusions. If discrepancy exists between the English version and the Chinese version of this brochure, the English version shall prevail.

<sup>\*</sup> The maximum benefit payable will be limited to HK\$150,000 for children under 18 years of age and persons between 71 and 75 years of age.

<sup>\*\*\*</sup> Excess HK\$1,000 per accident per person for third party property damage.

<sup>#</sup> In the event of death of an insured person, the beneficiary shall be that person's next of kin or estate according to the laws of Hong Kong if there is no next of kin unless a selected beneficiary has been stated on the Insurance Certificate at the time of issue.

### 「香港通」旅遊保險至尊計劃 令您旅程更安心

旅遊香港絕對是一件賞心樂事,除可品嘗美食外,更可盡情購物。 但萬一不幸於旅途中遇上意外事件,引致金錢損失或額外開支, 除了令旅程受阻外,更令遊興盡失。藍十字專為訪港旅客而設的 「香港通」旅遊保險計劃,可令您無憂無慮,盡享悠閒假期。

#### 香港居民與非香港居民醫療收費一覽

醫療服務項目(港元)	香港居民	非香港居民	
普通科門診	45 215		
急症室	100	570	
住院服務	入院費50,每天100	每天3,300	

資料來源:香港醫院管理局

身為備受廣大市民推崇的旅遊保險公司,藍十字對客戶照顧無微不至。除了本計劃之完善保障外,藍十字特別安排了一個醫護諮詢服務,為客戶於有需要時提供收費合理及優質醫療服務的診所和醫院資料。客戶可致電本公司之客戶服務熱線:3608 2988,我們將會提供有關資料及協助。

#### 年齡限制

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

#### 申請手續

只須填妥附上之申請表連同所需之保費交回本公司或本公司之保險顧問 辦理有關手續。

(註:只接受港元或美元兩種貨幣)

### INBOUND TRAVEL INSURANCE - PREMIER PLAN「香港通」旅遊保險至尊計劃

#### 保障表

保障範圍	保障金額(港元)
因生病或意外受傷所需要的醫療 費用包括門診、住院或其他醫療 服務。	200,000
包括:額外交通和住宿費用。	20,000
a) 送返原居地一在必須的情况 下,將受保人送返原居地治 療。	200,000
b) 入院按金保證—辦理緊急入院 按金保證。	40,000
c) 家屬探望一受保人遭嚴重疾病 或意外需停留本港入院治療超 過3天,兩名直系親屬前來香港 照料而引致的交通費。	15,000
d) 送返同行子女一安排受保人的 18歲以下同行及受保子女送返 原居地之交通和住宿費。	15,000
e) 遺體運返一若受保人不幸身 故,其遺體或骨灰處理及運返 原居地之費用。	15,000
f) 其他援助—提供諮詢及轉介服 務包括法律援助、翻譯員介紹 及緊急醫療諮詢服務。	_
意外死亡 / 永久完全傷殘 / 一目或雙目視力全失 / 一肢或四肢不全或永久喪失功效。	300,000
因遺失護照、機票和其他旅遊證 件所支付的補領費用,額外交通 和住宿費用等。	1,000
因意外導致他人身體受傷或他人 財物損失而負上法律責任。	100,000
	因生病或意外受傷所需或其他醫療物學。 包括:額外交通和住宿費用。    a) 送返原居地一人送返原居地一人送返,病或意为,同时,不可以有人,是不可以的人物。    b) 按金器。    c) 或國意子,國子,國子,國子,國子,國子,國子,國子,國子,國子,國子,國子,國子,國子

- \* 醫療費用自負金額為150港元。
- 18歲以下兒童及71至75歲人士賠償額為150,000港元。
- \*\*\* 第三者財物責任自負金額為1,000港元。
- # 如受保人身故而按本部份保險提出索償,則賠償額之受益人應為該受保人之直系親屬,如無直 系親屬則應為按香港法律定義之遺產繼承人,惟在保險證明書簽發時已列明有指定受益人者則 除外。

#### 保費

保障期	保費(港元)		
体焊别	每位受保人	家庭 * (3 人或以上)	
1 - 2天	70	175	
3天	90	225	
3 天以上,每天 (最長 90 天)	10	25	

<sup>\*</sup>家庭指受保人,其配偶及其18歲以下未婚子女。

#### 重要事項

- 1. 受保人於抵港後所發生之傷病才受保障。
- 2. 受保人於保險生效日或以前所發生之傷病是不受保障的。
- 3. 申請一經批核,保險會於受保人到港即時生效。
- 4. 保險保障亦將於受保人離境時立即終止。
- 5. 每次旅遊之保障期最長為90天(已包括所有延期居留時間)。
- 6. 本計劃不適用於香港居民。

#### 主要不承保項目

#### 一般不承保事項

- 自殺、自傷、分娩、懷孕、流產、牙齒護理(除非因意外而損壞健全 牙齒)、精神病、酗酒、濫用藥物、性病、愛滋病及其有關的病症。
- 2. 投保前已存在的病況和豁免情況(即不論受保期之前或之內出現 之指定疾病)。
- 3. 任何職業運動和賽車活動。

#### 旅行證件遺失保障項目之不保事項

未能於24小時內向有關機構報告(例如警察局、航空公司等)及取回由該機構所發出的書面證明。

#### 人身責任保障項目之不保事項

- 1. 因使用汽車、飛機或船隻所引致的個人責任。
- 2. 任何蓄意、惡意、非法行為所引致的個人責任。

#### 索償手續

每項索償必須在保險期屆滿後 30 天內向藍十字申請,並需提供有效證明文件,例如醫院、醫生、警方、航空公司及有關機構的詳細報告。賠償申請表格可向藍十字索取。

如欲查詢詳情,請致電客戶服務熱線:3608 2988

註:本小冊子只供參考之用;有關詳盡條款及規定及所有不保事項,請參閱保單原文。本冊子的中、 英文本如有歧異,概以英文本為準。

Blue Cross Inbound Travel Insurance - Premier Plan A	pplication Form 藍十字「香港	通」旅遊保險至尊計劃:	投保書(Please complete the form in Englis	h Block Letters 請以英文正楷填寫)
(I) Details of Applicant 投保人資料				
Name of Applicant 投保人姓名				
(Applicant must be aged 18 or above 投保人必須為十八歲或以上)				
Correspondence Address Flat 室	Block 座	Building 大廈		
Estate 屋苑		Phase 期	Street No. 街道號數	
Street / Lot 街道 / 地段		District 地區	н	K 香港 □ KLN 九龍 □ NT 新界
Contact Telephone No. Mobile 聯絡電話 手提電話	Home 住宅	Office 公司		
Premium Package 保費類別 Individual 個	I人 □ Family 家庭			
Commencement Date dd 起保日期 日	mm yy _月年	For Day(s 共日	s)	
Details of Insured Person(s) 受保人資料				
Surname Given Name 姓氏 名字		Age Passport 年齢 護照號码		Premium 保費
1.				HK\$
2				HK\$
3				HK\$
4				HK\$
5				HK\$
			Total Prem 總保費	ium _HK\$
Payment Instruction and Authorisation 付款指示及授權書				
Cash 現金 Cheque - payable to "Blue Cross (Asia-Pacific) Insurance Limited"		Credit Card No. 信用卡號碼		Expiry Date 信用卡到期日
支票 – 收款人為「藍十字(亞太)保險有限公司」				mm 月 yy 年
Credit Card 信用卡  ☐ VISA ☐ MasterCard		Name of Cardholder 持卡人姓名	Signature of C 持卡人簽署	ardholder
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the premium insurance policy.	from my credit card account for the			
insulance policy. 本人茲授權藍十字(亞太)保險有限公司從本人的信用卡賬戶扣取應繳的	保險費。			
Declaration 聲明				
1 / We, HERBY 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 applicated 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 insured. 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 on this application and to deal with, receive, or request for information from the Company condition and material information and material information and accept that this application and of his / her / their rights under the Personal Data (Privacy) Ordinance.  4. I / We there acknowledge that the insured person(s) have been explicitly informed that his / her / their rights under the Personal Data (Privacy) Ordinance.				
1. 於此申請書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/我們並沒有隱稱任何重要資料及同意此申請書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,如未能提供真質及準確無誤之資料或過知監十字(亞太)保險有限公司(「貴公司」)任何有關此保險申請之重要資料,將可能導致負力可能接致或處理此保險申請之今年保華失效。  2. 一概保禪項目必須在本申請獲接納後並已將應付保養繳交予責公司後始可生效。  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取程旅遊,而且清楚明白任何既有傷病,先天或遺傳性質的疾病一概不受保障;此外,受保人(等)逐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/我們已變使保人(等)授權提供本申請所證之一切資料,並就有數本申請之相關事宜,與貴公司進行交涉,並向其接收或素取與參加者有關之資料。本人/我們並確認受保人(等)已獲明確通知,其個人資料將會轉介予貴公司作辦理本申請之用,同時亦已知會受保人(等)在關係人(等)已獲明確通知,其個人資料將會轉介予貴公司作辦理本申請之用,同時亦已知會受保人(等)在關係的保障下所享有的一切權利。  Personal Information Collection Statement 收集個人資料等明  1/ We understand and agreet that any personal information collection from the company (whether contained herein or otherwise obtained verbally or in writing) may be used, stored, disclosed, or transferred (within or outside Hong Kong) to any individuals / organisations associated with the				
Company or to any third party as the Company may consider necessary including any other comp government authority, or industry association / federation for the purposes of (1) processing this coverage, claim processing, investigation, or analysis and data matching; (3) promotion of financiar meeting any disclosure requirements imposed by flav or court order or prusant lor guidelines issue that if I / we do not want my / our personal information to be used for the purpose (3) above, I / we n Road Kwim Toron Kowlone Honn Konn.	any carrying on insurance or reinsurance related bu application / request and provision of insurance or I I products or services by the Company and its affilia d by regulatory or other relevant authorities. I / We h aay notify the Company at any time. Such request(s) or	siness, any intermediary, claims inves inancial related product or service or at ted companies; (4) communicating with ave the right to access and to request co or notice(s) can be made in writing to th	tigator, medical facilities, other service providers relev ny addition, alteration, variation, cancellation, renewal, me / us / the insured or any relevant organisation / pe porrection of any personal information concerning myself e Company's Corporate Data Protection Officer at 29th F	ant to the insurance business, professional advisor, or reinstatement thereof; (2) any scope of insurance rson as the Company considers appropriate; and (5) / ourselves held by the Company. I / We understand loor, BEA Tower, Millennium City 5, 418 Kwun Tong
本人/我們明白如同應由實公司收集或持有的任何個人資料(不論是否載於此或由其 保險或再保險業務有關的公司,中介人、理賠贖重員,醫療機構、與保險業務有關 取消,更新或復效:(2)任何關乎保險範圍的事項、賠償審理、調查、分析及資料配 或根據監管或其他有關機構所發出的排刊而作出披露。本人/我們有權盡因及要求更 司的個人資料保障主任提出,世址為喬港九龍觀塘趙 418號 劍紀之城。前期東亞銀行中	り服務供應商、專業顧問、政府機關、或保險 対:(3)任何貴公司及相關職公司的財務産品司	業組織或聯會・用於:(1)處理此 お服務推審:(4)組本人/我們/受保	申請/要求及提供有關保險或財務的產品或服務 人或貴公司認為会適的有關機構/人士的通訊:	3.或該等產品或服務的增加、更改、轉變、及(5)符合法例或法庭領令的資料披露規定;
Signature of Applicant 投保人簽署		Date (dd / mm / yy) 日期 (日/月/年)		
For Office Use Only 本公司專用		•		
Policy No. 保單號碼	Account No. 客戶號碼		Agent Code 代理編號	