



**FEDERAL  
INSURANCE  
COMPANY**

One of the Chubb Group of  
Insurance Companies

2401 Harcourt House, 39 Gloucester Road, Wanchai, Hong Kong

## Group Personal Accident Insurance Program for HKU Students - Application Form

香港大學學生個人意外保險投保書

### IMPORTANT NOTES 重要事項

- Please read the Information Sheet before completing this Application Form.  
請於填寫此申請表前細閱相關的保險資料。
- One Application Form for one HKU student applicant.  
每張申請表只許一名香港大學學生申請人填寫。
- All information must be completed in English CAPITAL letter.  
所有資料必須以英文正楷填寫。

### APPLICANT'S DETAILS 申請人資料

|   |                       |                            |                       |
|---|-----------------------|----------------------------|-----------------------|
| Name of Applicant<br>申請人姓名  | English<br>英文         | Last Name first<br>先填姓氏    | Chinese<br>中文         |
| H.K.I.D / Passport No.<br>香港身份證/護照號碼  | Date of Birth<br>出生日期 |                            | dd 日 mm 月 yy 年        |
| HKU Student Card No.<br>香港大學學生証號碼   | Course Name<br>課程名稱   | Faculty / Dept.<br>學系 / 部門 |                       |
| HK Correspondence Address<br>香港通訊地址   |                       |                            |                       |
| Daytime Contact No.<br>日間聯絡電話   |                       | E-mail Address<br>電郵地址     |                       |
| *Home (for Incoming Student) / Host (for Outgoing Student) Country<br>原居地 / 目的地 |                       |                            |                       |
| Period of Insurance<br>保障期限   | From 由                | dd 日 mm 月 yy 年             | Total No. of Days 總日數 |
|   | To 至                  | dd 日 mm 月 yy 年             |                       |

### PREMIUM TABLE (HK\$) 保費表 (港幣)

|                                    |                                 |
|------------------------------------|---------------------------------|
| Period of Insurance 保障期限           | Premium (Per Person) 保費 (每人)    |
| Not exceeding 6 months<br>不超過六個月   | 141.00 <input type="checkbox"/> |
| Not exceeding 12 months<br>不超過十二個月 | 266.00 <input type="checkbox"/> |

### PREMIUM PAYMENT 繳付保費

- By Cheque - Crossed Cheque payable to "Federal Insurance Company"  
支票付款 - 劃線支票抬頭請付「Federal Insurance Company」
- Bank Name 銀行名稱: \_\_\_\_\_ Cheque No. 支票號碼: \_\_\_\_\_ Cheque Amount: 支票銀碼: HK\$ \_\_\_\_\_
- By Bank Deposit - Deposit Slip / Transaction Record (Transfer by e-banking is not acceptable)  
銀行存款 - 銀行入帳存根 (不接受網上銀行轉帳)

### APPLICANT'S DECLARATION 申請人聲明

- It is understood and agreed that all answers to all questions are to the best of my / our knowledge and belief complete and true. Although the signing of this proposal does not bind to effect insurance, I / We agree that all answers to such questions, together with this agreement, shall form the basis of any policy issued hereunder; that no insurance will be effected until the policy is issued.
- I/We hereby authorise any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons who has any records or knowledge of myself/ourselves to disclose to Federal Insurance Company or its representative any and all information about myself/ourselves with reference to my/our health and medical history and any hospitalisation, advice, treatment, disease or ailment. A photostatic copy of this authorisation shall be as effective and valid as the original.
- I/We further understand that the above agreement is necessary for Federal Insurance Company to proceed with myself/ourselves.

### 申請人聲明

- 本人/吾等明白及同意此投保書之陳述與回答全部屬實及詳盡，該陳述與回答及此投保書將成為簽發保單之依據，保單簽發後保險方始生效。
- 本人/吾等授權任何內外科醫生、診所、保險公司或任何組織及熟悉本人/吾等健康情況之人士，均可以將本人/吾等過往之病狀、病歷詳細資料供給保險公司或其代表。此授權書之影印本亦屬有效。
- 本人/吾等亦明白聯邦保險公司必須取得本人/吾等以上的同意，才可以處理其保險申請。

### PERSONAL DATA (PRIVACY) DECLARATION 個人資訊收集聲明

- Please read the Personal Information Collection Statement (PICS) provided to you with this application form. If you do not wish the Company to use your personal data in direct marketing as described in the PICS:
- Please tick if you do not consent to receive marketing communications from us;
- Please tick if you do not consent to receive marketing communications from our related companies.
- You may also exercise your opt-out right by writing to the Operations Services Manager at the address provided in the PICS.

### 個人資訊收集聲明

- 請閱讀本公司與本申請表一併向閣下提供的。若閣下不希望本公司將閣下的個人資訊用於個人資訊收集聲明中所述的直銷促銷：
- 若閣下反對接收本公司的促銷通訊，請在本空格內打勾；
- 若閣下反對接收本公司的關聯公司的促銷通訊，請在本空格內打勾。
- 閣下亦可通過個人資訊收集聲明中所列的地址致函運營服務經理以拒絕直接促銷。

Applicant Signature 申請人簽署

Date Signed 簽署日期

For Office Use 公司專用

Master Policy No. 保單號碼: 93092694-GPA

Insurance Certificate No. 保險證書號碼: \_\_\_\_\_



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**COVERAGE SUMMARY**

| Coverage  | Principal Sum Per Person (HKD) |
|---|--------------------------------|
| Accidental Death .....  | 1,000,000                      |
| Permanent Total or Partial Disablement.....                   | 1,000,000                      |
| Emergency Medical Evacuation (Accident Only).....             | 1,000,000                      |
| Return of Mortal Remains (Accident Only).....                 | 1,000,000                      |
| Burns Benefit (2 <sup>nd</sup> & 3 <sup>rd</sup> Degree)..... | 100,000                        |
| Scarring of the Face .....                                    | 25,000                         |
| Comatose Benefit (Accident Only).....                         | 500 per week                   |
| Funeral Expense Benefit.....                                  | 2,500                          |
| Trauma Counseling Benefits.....                               | 1,500 per visit / total 15,000 |
| Mobility Extension.....                                       | 25,000                         |

**24 Hours International SOS Assistance inclusive**

**INTERNATIONAL SOS ASSISTANCE**

SOS will provide medical/legal referrals if problems encountered abroad.

**EXCLUSIONS**

Please read your policy or certificate of insurance carefully for a full listing of exclusions. If you have any questions please ask your insurance consultant.

**IMPORTANT NOTES**

- Beneficiary shall be the Own Estate of the Insured Person.
- Premium must be paid within 7 days from the first date of Period of Insurance.
- Please quote the policy no. 93092694-GPA & name of Insured Person on the premium pay-in slip of the Bank.
- For Non-Local Incoming Student : Completed form should be submitted to the "Centre of Development & Resources for Students (CEDARS)" at 3/F Meng Wah Complex, together with the Bank pay-in slip or cheque.
- For Outgoing Student : Completed form, together with the cheque, should be posted to the following address: 2401 Harcourt House, 39 Gloucester Road, Wanchai, Hong Kong Attention: A&H Dept
- E-Certificate will be sent to Insured Person via email as per the email address provided above.

**APPLICATION PROCEDURE**

Document Required  
Federal Insurance Company will issue insurance certificate upon receipt of the following documents:

- Application Form — completed with applicant's signature and signing date), **AND**
- Proof of Payment — bank deposit slip or bank transaction record (original or copy is acceptable) or crossed cheque

Delivery Method:

*If paid by cheque* — must be by post or in person to Federal Insurance Company  
— facsimile or email is not acceptable

*If paid by bank* — by post, in person, facsimile or email *deposit or transfer*

**PAYMENT METHOD**

- By Cheque (No Post-dated cheque)  
Crossed cheque made payable to **Federal Insurance Company**
  - By Bank Deposit / Transfer (Transfer by e-Banking is **NOT** acceptable)  
Name of Bank: Citibank N.A.  
Account Number: 006-391-08012202
- Insurance company **WILL NOT**:-  
- accept application with no payment proof;  
- answer enquiry for checking transaction or confirming receipt of payment.

**CONTACT DETAILS OF INSURANCE COMPANY**

Federal Insurance Company

Postal Address: 2401, 24/F., Harcourt House, 39 Gloucester Road, Wanchai, Hong Kong

Telephone: +852 2861 3668  
Fax: +852 2865 7778

E-mail : [hok.cah-policyadmin@chubb.com](mailto:hok.cah-policyadmin@chubb.com)