

旅途愉快保險(全年計劃)投保書
Happy Landing Insurance (Annual Plan) Proposal Form

THM- _____ - _____

投保人姓名：(請用正楷填寫) _____
Insured Name: (Please fill in BLOCK letter) _____
身份證號碼： _____ 國籍： _____
I.D. No.: _____ Nationality: _____
出生日期：(年/月/日) _____ 聯絡電話： _____
Date of Birth: (yy/mm/dd) _____ Contact Telephone No.: _____
通訊地址： _____
Correspondence Address: _____

其他投保人姓名 (僅限於上述投保人的配偶及定義所指之子女，總數以不超過 5 人為限)

Other Insured Name (only for the Insured's spouse and child(ren) defined herein, and up to 5 persons)

姓名 Name	出生日期 (年/月/日) DOB (yy/mm/dd)	與投保人關係 Relationship with the Insured	身份證號碼 I.D. No.
1.			
2.			
3.			
4.			
5.			

受益人： _____ 與投保人關係： _____
Beneficiary: _____ Relationship with the Insured: _____

選擇計劃：
Plan:

基本計劃 Standard plan	全年保費 Annual Premium	超級計劃 Super plan	全年保費 Annual Premium
<input type="checkbox"/> 個人計劃 Individual Plan	1580	<input type="checkbox"/> 個人計劃 Individual Plan	1980
<input type="checkbox"/> 家庭計劃 Family Plan	3100	<input type="checkbox"/> 家庭計劃 Family Plan	3900

幣別： 澳門元 港元 起保日期：由 _____ 年 _____ 月 _____ 日起計投保一年(首尾兩日包括在內)
Currency MOP HKD Effective Date: 1 Year from _____ YYYY/ _____ MM/ _____ DD(both dates inclusive)

旅行地點 / 旅程：全球
Itinerary / Journey: Worldwide

聲明

本人聲明本人獲本投保書上所有投保人及/或其監護人授權代表簽署及作出以下聲明

- 本投保書內所有陳述及各項細節乃本人所知及真實無訛，並同意本投保書和聲明將構成本人與中國太平保險(澳門)股份有限公司所訂合約之依據。
- 本人獲悉及保證各投保人絕不會違反醫生的勸告或僅為獲得醫療為目的而出外旅遊；各投保人對已安排的行程在日後須要取消或提早結束事前均絕不知情。
- 本人明白投保人若投保多於一份由中國太平保險(澳門)股份有限公司承保相同旅程的「旅途愉快」保險，則投保人只可獲其中最先發出的保單保障。重複投保的保單視為作廢及退還保費予投保人。
- 本人明白於申請投保前已發出之熱帶氣旋或惡劣天氣警告(由澳門或旅遊地點為熱帶氣旋命名起計)、罷工或工業行動或為公眾所知悉的任何情況而導致賠償，即使申請已獲接納，本保險仍不負責上述原因引致的索償。
- 本人及所有投保人從未遭受任何保險公司拒絕申請旅遊保險。

Declaration

I declare that I have been authorized by all applicants of this proposal form and/or his/her guardian to sign this form and to declare as below:

- I agree that all answers and statements in this proposal form are true and accurate, and further agree that all answers in this proposal form shall form the basis of any policy issued hereunder
- I warrant that all applicants will not travel contrary to the advice of any medical practitioner nor for the purpose of obtaining medical treatment and that the applicants shall know any nothing about cancellation or curtailment of the planned itinerary in advance
- I understand that if more than one Happy Landing Insurance policies are issued by China Taiping Insurance (Macau) Co. Ltd. covering the same journey, only the policy first issued is effective making all other policies null and void, premium of which will be returned accordingly.
- I understand if any alert or warning regarding tropical cyclone or adverse weather conditions(after tropical cyclone is named by Macau or itinerary), strike or industrial action or any events or occurrence that may lead to the claims already existing and known to the public at the time of applying this insurance, this insurance does not cover any loss claims arising from the aforementioned reason despite that the proposal is accepted
- No proposal of Travel Insurance of any applicants has been declined by any Insurer.

投保人簽署 _____ 日期 _____
Proposer's Signature _____ Date _____

注意： 本保單簽發後，概不發還保費。 此保險計劃只適用於澳門出發之旅程。
本保險單的被保險人必須持有澳門特別行政區居民身份證。

N.B.: No refund premium is allowed once the Insurance has been issued. This insurance is only valid for a Trip originating from Macau SAR.
All Insured Persons covered under this Policy should have Macau SAR Resident Identity Card.