Blue Cross 藍十字
An AIA Company 友邦保險成員公司

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保險證明書號碼
Insurance Certificate No. A6091712

# 「智遨遊」– 單次旅程保障 TravelElite - Single-trip Cover
# 保險證明書 Certificate of Insurance

本保險證明書必須連同「智遨遊」保單一併發出並構成保單一部分。
This Certificate of Insurance shall be issued in conjunction with TravelElite Insurance Policy to which it is attached forming part of the insurance contract.

**CERTIFICATE HOLDER** : CHING CHI KIN
**CORRESPONDENCE ADDRESS (IN HONG KONG)** : N/A

| | NAME OF INSURED PERSON(S) | HKID/PASSPORT NO. | BASIC PREMIUM |
|---|---|---|---|
| 1 | CHING CHI KIN | P020**** | 612.00 |
| 2 | WANG XIUFANG | D0063**** | 0.00 |
| 3 | CHING TSUN YUEN | N147**** | 0.00 |
| 4 | - | - | - |
| 5 | - | - | - |
| 6 | - | - | - |
| 7 | - | - | - |
| 8 | - | - | - |
| 9 | - | - | - |
| 10 | - | - | - |

LESS 15.00% PROMOTIONAL DISCOUNT HKD 91.80

**TOTAL PREMIUM PAID HK$** 520.20

**The amount of levy payable to the Insurance Authority on the premium of this policy would be paid by Blue Cross on your behalf and would be remitted in accordance with the prescribed arrangements. For further information about the levy imposed by the Insurance Authority, please visit http://bluecross.com.hk/document/general/levy_collection.**

**NOTE: FOR DETAILS OF BENEFIT ITEMS, PLEASE REFER TO THE SCHEDULE OF BENEFITS AS PRINTED OVERLEAF.**

PLAN SELECTED : WORLDWIDE PLAN (2)
PREMIUM PACKAGE : FAMILY
PERIOD OF INSURANCE : FROM AUG 06, 2024 TO AUG 10, 2024
NO. OF DAY(S) COVERED : 5 DAYS (MAXIMUM 180 DAYS)

ISSUE AT HONG KONG SPECIAL ADMINISTRATIVE REGION ON AUG 01, 2024
AGENT/BROKER CODE: A-AH1690
AGENT NAME: HO KAR LEE

本保險證明書上列明之證明書持有人及受保人同意並接納由藍十字(亞太)保險有限公司承保的「智遨遊」保單條款、細則及不保事項。
The Certificate Holder and the Insured Person(s) named in this Certificate of Insurance agree and accept the terms, conditions and exclusions under TravelElite Insurance Policy underwritten by Blue Cross (Asia-Pacific) Insurance Limited.

**24 小時全球緊急援助**
**24-hour Worldwide Emergency Aid**

**電話 Tel : (852) 2263 7303**
**傳真 Fax : (852) 2263 7757**

★ 法律轉介服務 Legal referral services
★ 入院按金保證 Hospital deposit guarantee
★ 送返香港／緊急運送 Repatriation to Hong Kong/emergency evacuation
★ 遺體運返 Repatriation of mortal remains

致電緊急援助熱線之人士須提供受保人姓名、其保險證明書編號、香港身份證或護照號碼，以及遇到緊急情況的性質、事發地點和聯絡方法。
The party making such emergency call will be required to provide the Insured Person's name, his/her Insurance Certificate Number and Hong Kong Identity Card or Passport Number as well as the nature of the emergency event and its location and contact details.

根據受保人繳付所需保費及依照本保險證明書及一併發出的保單所載章則、條款及不保事項，本公司同意向本保險證明書所列的受保人賠償在受保期間蒙受的損失。
In consideration of the payment of the required premium stated in this Certificate of Insurance and subject to the terms, conditions and exclusions contained herein and in the Policy attached hereto, the Company agrees to provide insurance for each Insured Person named in this Certificate of Insurance within the eligible Period of Insurance.

For and on behalf of
Blue Cross (Asia-Pacific) Insurance Limited

Authorised Signature

# Schedule of Benefits – TravelElite (Single-trip Cover) 保障項目表 - 智遨遊（單次旅程保障）

| Benefit Item 保障項目 | Maximum Limit per Insured Person per Journey 每名受保人每次旅程之最高賠償額 (HK$) | | | |
|---|---|---|---|---|
| | Worldwide Plan (1) 環球計劃 (1) | Worldwide Plan (2) 環球計劃 (2) | China Plan 中國計劃 | Cruise Plan 郵輪計劃 |
| **Basic Benefits 基本保障** | | | | |
| **1. Medical Expenses Benefit[1] 醫療費用保障[1]** *(inclusive of 包括 1.1, 1.2 and 及 1.3)* | **1,500,000** | **800,000** | **300,000** | **1,500,000** |
| 1.1 Medical Expenses during the Journey 旅程期間醫療費用 | 1,500,000 | 800,000 | 300,000 | 1,500,000 |
| Sub-limit for Room and Board per day 住院房間及膳食費用每天限額 | 3,000 | 3,000 | 3,000 | 3,000 |
| 1.2 Follow-up Medical Expenses in Hong Kong 回港覆診費用 | | | | |
| - Due to Injury 因受傷引致 | 1,500,000 | 800,000 | 300,000 | 1,500,000 |
| - Due to Sickness 因疾病引致 | 150,000 | 80,000 | 30,000 | 150,000 |
| - Sub-limit for Chinese Medicine Practitioner Treatment Expenses 中醫治療費用限額 | 3,000 | 3,000 | 2,000 | 3,000 |
| (Up to 1 visit per day 每天限額 1 次) | | 200 per visit 每次 | | |
| 1.3 Trauma Counselling 創傷輔導 | 20,000 | 20,000 | 20,000 | 20,000 |
| (Up to 1 visit per day 每天限額 1 次) | | 2,000 per visit 每次 | | |
| **2. Overseas Hospital or Quarantine Cash Allowance Benefit 海外住院或隔離現金津貼保障** *(2.1 or 或 2.2)* | | | | |
| 2.1 Overseas Hospital Cash Allowance 海外住院現金津貼 | **10,000** | **5,000** | **2,000** | **12,000** |
| (Limit per day 每天限額) | 500 | 500 | 250 | 500 |
| 2.2 Compulsory Quarantine Cash Allowance 強制隔離現金津貼 | **10,000** | **10,000** | **10,000** | **10,000** |
| (Limit per day 每天限額) | 500 | 500 | 500 | 500 |
| **3. 24-hour Worldwide Emergency Aid 24 小時全球緊急援助** | | | | |
| 3.1 Emergency Evacuation[2] 緊急運送[2] | **Unlimited 不設上限** | | | |
| 3.2 Repatriation to the Place of Origin[2] 送返起保地點[2] | **Unlimited 不設上限** | | | |
| 3.3 Hospital Deposit Guarantee[2] 入院按金保證[2] | **40,000** | **40,000** | **40,000** | **40,000** |
| 3.4 Additional Costs of Travel and Accommodation (including Caring Visit) 額外交通及住宿費用（包括親屬探望） | **50,000** | **20,000** | **20,000** | **50,000** |
| 3.5 Return of Unattended Dependent Children 缺乏照顧子女護送 | **40,000** | **20,000** | **20,000** | **40,000** |
| 3.6 Repatriation of Mortal Remains[2] 遺體運返[2] | **Unlimited 不設上限** | | | |
| 3.7 Burial and Funeral Expenses 殮葬費用 | **20,000** | **10,000** | **10,000** | **20,000** |
| 3.8 Compassionate Payment on Death 身故恩恤金 | **20,000** | **10,000** | **10,000** | **20,000** |
| 3.9 Referral Services 轉介服務 | **Included 適用** | | | |
| **4. Personal Accident Benefit 個人意外保障** | | | | |
| 4.1 Accident on Public Conveyance[3] 乘搭公共交通工具時發生意外[3] | **1,500,000** | **800,000** | **600,000** | **1,500,000** |
| 4.2 Other Accidents[3] 其他意外[3] | **750,000** | **400,000** | **300,000** | **750,000** |
| **5. Major Burns Benefit 嚴重燒傷保障** | **300,000** | **100,000** | **100,000** | **300,000** |
| **6. Trip Cancellation Benefit 旅程取消保障** | **50,000** | **10,000** | **5,000** | **80,000** |
| **7. Trip Interruption Benefit 旅程阻礙保障** *(inclusive of 包括 7.1, 7.2, 7.3, 7.4 and 及 7.5)* | **50,000** | **25,000** | **5,000** | **80,000** |
| 7.1 Trip Curtailment 縮短旅程 | 50,000 | 25,000 | 5,000 | 80,000 |
| 7.2 Re-routing 行程改道 | 10,000 | 2,500 | 500 | 10,000 |
| Sub-limit for additional accommodation expenses per day 額外住宿費用每天限額 | 2,000 | 2,000 | 500 | 2,000 |
| 7.3 Cancellation of Local Tour 當地旅遊團取消 | 5,000 | 2,500 | 1,000 | 5,000 |
| 7.4 Overbooking 超額訂票 | 10,000 | 2,500 | 1,000 | 10,000 |
| 7.5 Special Allowance – Closure of Designated Service Providers 特別津貼－指定服務提供者倒閉 | 2,000 | 2,000 | 1,000 | 2,000 |
| **8. Travel Delay Benefit 旅程延誤保障** *(8.1, 8.2 or 或 8.3)* | | | | |
| 8.1 Cash Allowance 現金津貼 | **2,000** | **900** | **300** | **2,500** |
| (Limit for each period of 6 consecutive hours of delay 每連續 6 小時延誤限額) | 300 | 300 | 300 | 300 |
| 8.2 Additional Travel Expenses 額外旅遊費用 | | | | |
| a) Public Conveyance Expenses for Delayed Departure 公共交通費用－延誤啟程 | **10,000** | **2,500** | **N/A 不適用** | **10,000** |
| b) Overseas Accommodation Cost 海外住宿費用 | **3,000** | **2,000** | **1,000** | **3,000** |
| 8.3 Cancellation of Journey 取消旅程 | **3,000** | **3,000** | **1,000** | **3,000** |
| **9. Baggage Delay Benefit 行李延誤保障** | **1,500** | **1,000** | **500** | **1,500** |
| **10. Baggage Benefit 行李保障** | **20,000** | **10,000** | **5,000** | **20,000** |
| - Sports equipment 運動用品 (Sub-limit per article or per pair or per set 每件／每對／每套限額) | 5,000 | 3,000 | 3,000 | 5,000 |
| - Mobile Phone 手提電話 (Sub-limit per article or per pair or per set 每件／每對／每套限額) (Up to 1 Mobile Phone per Period of Insurance 每個受保期只限 1 部手提電話) | 3,000 | 1,000 | 1,000 | 3,000 |
| - Laptop computer 手提電腦 (Sub-limit per Journey 每次旅程限額) | 6,000 | 4,000 | 4,000 | 6,000 |
| - Other baggage 其他行李 (Sub-limit per article or per pair or per set 每件／每對／每套限額) | 3,000 | 2,000 | 2,000 | 3,000 |
| **11. Loss of Travel Documents Benefit 旅行證件遺失保障** | **30,000** | **10,000** | **3,000** | **30,000** |
| Sub-limit for additional transportation and accommodation expenses per day 額外交通及住宿費用每天限額 | 2,000 | 1,000 | 500 | 2,000 |
| **12. Personal Money Benefit[4] 個人錢財保障[4]** | **3,000** | **2,000** | **1,000** | **3,000** |
| **13. Loss of Home Contents Benefit 家居物品損失保障** | **25,000** | **5,000** | **3,000** | **25,000** |
| Sub-limit per article or per pair or per set 每件／每對／每套限額 | 5,000 | 2,000 | 1,000 | 5,000 |
| **14. Personal Liability Benefit 個人責任保障** | **2,000,000** | **1,500,000** | **500,000** | **2,000,000** |
| **15. Credit Card Protection Benefit 信用卡保障** | **30,000** | **15,000** | **5,000** | **30,000** |
| **16. Golfer Benefit 高爾夫球保障** | **5,000** | **3,000** | **1,000** | **5,000** |
| 16.1 Hole in One Benefit 一桿入洞保障 | 3,000 | 1,000 | 500 | 3,000 |
| 16.2 Prepaid Booking for Golf Course or Tuition 預繳高爾夫球場地或課程費用 | 5,000 | 3,000 | 1,000 | 5,000 |
| **17. Rental Vehicle Excess Protection Benefit 租車自負額保障** | **12,000** | **10,000** | **N/A 不適用** | **12,000** |
| **18. Cruise Cancellation and Interruption Benefit[5, 6] 郵輪旅程取消及阻礙保障[5, 6]** *(18.1 or 或 18.2)* | | | | |
| 18.1 Cruise Cancellation 郵輪旅程取消 | | | | **50,000** |
| Sub-limit for change of port of call due to adverse weather condition 因惡劣天氣情況導致停泊港口更改之限額 | | | | 20,000 |
| 18.2 Cruise Interruption 郵輪旅程阻礙 | | | | |
| a) Additional Travel Expenses 額外交通費用 | | | | **50,000** |
| b) Cash Allowance 現金津貼 (up to 4 days 最多 4 天) | | | | **3,000** |
| (Limit per day 每天限額) | | | **N/A 不適用** | 750 |
| **19. Post-Departure Cruise Benefit 郵輪出發後保障** | | | | |
| 19.1 Shore Excursion Cancellation 岸上觀光取消 | | | | **10,000** |
| 19.2 Missed Port of Call Boarding after Shore Excursion 於停泊港口岸上觀光後錯過登船 | | | | **5,000** |
| 19.3 Cash Allowance for Arrival Delay at Final Destination 延誤抵達最終目的地現金津貼 | | | | **1,500** |
| 19.4 Satellite Phone Expenses 衛星電話費用 | | | | **3,000** |

1. For an Insured Person Aged above 70, the maximum limit payable under Section 1 "Medical Expenses Benefit" shall be 50% of the limit applicable to the plan selected.
就 70 歲以上的受保人而言，第 1 部分「醫療費用保障」的最高賠償額為所選計劃限額的 50%。
2. Prior approval from Blue Cross (Asia-Pacific) Insurance Limited is required before any assistance or hospital admission deposit is guaranteed.
任何支援或入院按金保證必須預先獲得藍十字（亞太）保險有限公司核准。
3. For an Insured Person Aged below 18 or above 70, the maximum limits payable under Subsection 4.1 "Accident on Public Conveyance" and Subsection 4.2 "Other Accidents" shall be 50% of the limits applicable to the plan selected.
就 18 歲以下或 70 歲以上的受保人而言，第 4.1 分項「乘搭公共交通工具時發生意外」及第 4.2 分項「其他意外」的最高賠償額為所選計劃限額的 50%。
4. "Personal Money Benefit" is not applicable to an Insured Person Aged below 10.
「個人錢財保障」不適用於 10 歲以下的受保人。
5. Should a loss arise for which a claim under Section 18 "Cruise Cancellation and Interruption Benefit" is payable, no further claims shall be payable under Section 6 "Trip Cancellation Benefit" and Section 7 "Trip Interruption Benefit" in respect of the same loss.
就同一損失而言，如受保人依照第 18 部分「郵輪旅程取消及阻礙保障」獲得賠償，本公司則無須再就第 6 部分「旅程取消保障」及第 7 部分「旅程阻礙保障」作出賠償。
6. With respect to Section 18 "Cruise Cancellation and Interruption Benefit", the Company shall not be liable for any loss in respect of which a claim under Section 8 "Travel Delay Benefit" is payable.
就第 18 部分「郵輪旅程取消及阻礙保障」而言，本公司將不負責賠償根據第 8 部分「旅程延誤保障」可獲賠償的任何損失。

Blue Cross 藍十字
An AIA Company 友邦保險成員公司

Original

# Debit Note 付款通知書

CHING CHI KIN
N/A

Issue Date 日期: AUG 01, 2024
Client No. 客戶號碼: N/A

Agent Name 營業員姓名: HO KAR LEE

Agent No. 營業員編號: A-AH1690

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Policy No. 保單號碼: AST-24-A6091712(00)

Period of Insurance 保單日期: AUG 06, 2024-AUG 10, 2024

Effective Date 生效日期: AUG 06, 2024

| Contract Type 保單類別: | TRAVELELITE SINGLE-TRIP COVER | Premium (HKD) |
|---|---|---|
| Total Premium 總保費 | | 520.20 |
| Premium Due 應繳保費 | | 520.20 |

Please settle the premium by mailing your cheque and this payment slip to our office at 54/F, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong Island, Hong Kong. Cheque should be made payable to**" Blue Cross (Asia-Pacific) Insurance Ltd. "**
OR please present this payment slip to the bank staff of The Bank of East Asia Ltd. and deposit your payment into " Blue Cross (Asia-Pacific) Insurance Ltd. "
Insurance premium account no.: 015-521-40-05011-6.
繳交保費，請將支票及此付款回條郵寄香港灣仔皇后大道東183號合和中心54樓。支票抬頭請書"藍十字**(**亞太**)**保險有限公司"。 或請向東亞銀行職員出示本繳費回條, 並將保費存入藍十字(亞太)保險有限公司戶口號碼: 015-521-40-05011-6

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Please detach this payment slip from here and attach with your premium payment.
請剪下此繳費回條並連同應付保費交回

**Payment Slip:** To Blue Cross (Asia-Pacific) Insurance Ltd. - Finance Dept.

Policy No. 保單號碼: AST-24-A6091712(00)

Client No. 客戶號碼

Premium Due 應繳保費: HKD 520.20

Agent Name 營業員姓名: HO KAR LEE

Agent No. 營業員編號: A-AH1690

**Please disregard the premium due of this debit note if payment has been made.**
如閣下已付應繳保費，請無需理會此付款通知書

Blue Cross 藍十字
An AIA Company 友邦保險成員公司

# OFFICIAL RECEIPT
# 正式收據

Receipt No. 收據號碼 RA6091712 Date 日期： AUG 01, 2024

Product Type 產品類別： TRAVELELITE SINGLE-TRIP COVER

Policyholder 保單持有人： CHING CHI KIN

Policy No. 保單號碼： A6091712

Payment Amount 付款金額: HKD 520.20

Payment Method 付款方式: Credit Card

Payment Date 付款日期： AUG 01, 2024

This is a computer generated receipt and no signature is required.

* Remark: Payment is valid only upon fund clearance.
備註：付款須經正式過賬後方為有效。