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

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Policy Schedule

Original

Product Type: TRAVELELITE - ANNUAL COVER

Policy No.: AAT-24-AT006543(00)
Payment No : 307401000065433
Agent/Broker No.: A-AH1690

Policyholder: Fong Chi Keung Eric

Correspondence Address: Room F, 25/F, Block 2
Lai King dad, Kwai Chung
KLN,
LAM TIN KOWLOON

Period of Insurance: (a) From 20 Jun 2024 To 19 Jun 2025 (both dates inclusive)
(b) Any subsequent period for which the insured shall pay and the company shall agree to accept a renewal premium.

Basic Premium: HKD ******2,818.00 **Payment Mode:** Annual

Modal Premium: HKD ******2,395.30 **Payment Method:** Cash/Cheque
(Subject to a Minimum Premium per policy HKD 500.00)

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.

Policy Discount / Loading
Discount: 15.00%

Plan Selected: **WORLDWIDE PLAN (1)**

Premium Package: **INDIVIDUAL**

Details of Insured Person(s)

No.	Insured Name	HKID No.	Age	Place of Origin/ Occupation	Personal Accident Benefit Limit (HKD)	Benefit Item
1	Fong Chi Keung Eric	G666****	55	HONG KONG	1,500,000	4.1
					750,000	4.2
				RETIRED		

Note: The Details of Benefit Item 4.1 and 4.2, please refer to the schedule of Benefits as attached

Issued at Hong Kong Special Administrative Region on 16 Jun 2024

For and on behalf of
BLUE CROSS (ASIA-PACIFIC) INSURANCE LIMITED

Authorised Signature

WEBUSR
Agent/Broker no. : A-AH1690
Agent/Broker Name : HO KAR LEE

Schedule of Benefits – TravelElite (Annual Cover) 保障項目表 - 智遨遊（全年保障）

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
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**
1.1 Medical Expenses during the Journey 旅程期間醫療費用	1,500,000	800,000	300,000
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
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
- Due to Sickness 因疾病引致	150,000	80,000	30,000
- Sub-limit for Chinese Medicine Practitioner Treatment Expenses 中醫治療費用限額	3,000	3,000	2,000
(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
(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**
(Limit per day 每天限額)	500	500	250
2.2 Compulsory Quarantine Cash Allowance 強制隔離現金津貼	**10,000**	**10,000**	**10,000**
(Limit per day 每天限額)	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**
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**
3.5 Return of Unattended Dependent Children 缺乏照顧子女護送	**40,000**	**20,000**	**20,000**
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**
3.8 Compassionate Payment on Death 身故恩恤金	**20,000**	**10,000**	**10,000**
3.9 Referral Services 轉介服務		**Included 適用**	
4. Personal Accident Benefit 個人意外保障	**As stated in the Policy Schedule 於保單資料頁內列明**		
4.1 Accident on Public Conveyance[3] 乘搭公共交通工具時發生意外[3]			
4.2 Other Accidents[3] 其他意外[3]			
5. Major Burns Benefit 嚴重燒傷保障	**300,000**	**100,000**	**100,000**
6. Trip Cancellation Benefit 旅程取消保障	**50,000**	**10,000**	**5,000**
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**
7.1 Trip Curtailment 縮短旅程	50,000	25,000	5,000
7.2 Re-routing 行程改道	10,000	2,500	500
Sub-limit for additional accommodation expenses per day 額外住宿費用每天限額	2,000	2,000	500
7.3 Cancellation of Local Tour 當地旅遊團取消	5,000	2,500	1,000
7.4 Overbooking 超額訂票	10,000	2,500	1,000
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
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**
(Limit for each period of 6 consecutive hours of delay 每連續 6 小時延誤限額)	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**
b) Overseas Accommodation Cost 海外住宿費用	**3,000**	**2,000**	**1,000**
8.3 Cancellation of Journey 取消旅程	**3,000**	**3,000**	**1,000**
9. Baggage Delay Benefit 行李延誤保障	**1,500**	**1,000**	**500**
10. Baggage Benefit 行李保障	**20,000**	**10,000**	**5,000**
- 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
- 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
- Laptop computer 手提電腦 (Sub-limit per Journey 每次旅程限額)	6,000	4,000	4,000
- Business sample 商業樣本 (Sub-limit per Journey 每次旅程限額)	3,000	2,000	2,000
- 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
11. Loss of Travel Documents Benefit 旅行證件遺失保障	**30,000**	**10,000**	**3,000**
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
12. Personal Money Benefit[4] 個人錢財保障[4]	**3,000**	**2,000**	**1,000**
13. Loss of Home Contents Benefit 家居物品損失保障	**25,000**	**5,000**	**3,000**
Sub-limit per article or per pair or per set 每件／每對／每套限額	5,000	2,000	1,000
14. Personal Liability Benefit 個人責任保障	**2,000,000**	**1,500,000**	**500,000**
15. Credit Card Protection Benefit 信用卡保障	**30,000**	**15,000**	**5,000**
16. Golfer Benefit 高爾夫球保障	**5,000**	**3,000**	**1,000**
16.1 Hole in One Benefit 一桿入洞保障	3,000	1,000	500
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
17. Rental Vehicle Excess Protection Benefit 租車自負額保障	**12,000**	**10,000**	**N/A 不適用**

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。

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Debit Note 付款通知書

Payment No. 繳費號碼: 307401000065433

Fong Chi Keung Eric
Room F, 25/F, Block 2
Lai King dad, Kwai Chung
KLN,
LAM TIN KOWLOON

Transaction Date 日期： JUN 16, 2024
Client No. 客戶號碼： 02326290

Agent Name 營業員姓名： HO KAR LEE

Agent No. 營業員編號： A-AH1690

Policy No. 保單號碼： AAT-24-AT006543(00)

Endorsement No. 批單號碼：

Policy Period 保單日期： JUN 20, 2024-JUN 19, 2025

Effective Date 生效日期： JUN 20, 2024

Contract Type 保單類別： TRAVELELITE ANNUAL COVER

	Premium (HKD)
Outstanding Premium	2,395.30
Total Premium Due 應繳保費	2,395.30

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, Wanchai, 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

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： AAT-24-AT006543(00)

Endorsement No. 批單號碼：

Client No. 客戶號碼： 02326290

Total Premium Due 應繳保費: HKD 2,395.30

Agent Name 營業員姓名： HO KAR LEE

Agent No. 營業員編號： A-AH1690

Please disregard this debit note if payment has been made.
如閣下已繳交款項，請無需理會此付款通知書。

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PAYMENT METHODS 繳費方式

1. **By Autopay**
Autopay is a convenient way to make payment via direct debit from your credit card or other bank account. To set up an autopay instruction, please download the authorization form from our website at www.bluecross.com.hk. The autopay is only applicable to policy subject to auto-renewal and set up process normally takes about 8 weeks to complete.

2. **By Post**
Please write a crossed cheque payable to "Blue Cross (Asia-Pacific) Insurance Limited" and post it together with the payment notice to "54/F Hopewell Centre, 183 Queen's Road East, Wanchai, Hong Kong". Remember to state the Insured's name and Policy Number at the back of the cheque. The cheque should arrive our office 3 working days before due date

3. **In Person**
You may visit the following customer service centre during office hours and pay by cash, cheque or credit card.
54/F Hopewell Centre,
183 Queen's Road East, Wanchai, Hong Kong

4. **PPS***
If you have a PPS account, simply register your bill at PPS internet www.ppshk.com or with a touch-tone phone by dialling 18011 (English) or 18013 (Cantonese) and enter Blue Cross Merchant Code 6181 + Payment Number. After registration, you can pay your bill via:
(a) PPS Internet at www.ppshk.com; or
(b) PPS Phone at (English) 18031 or (Cantonese) 18033
The Payment Number is printed in each payment notice.

5. **JETCO ATM***
By using a JETCO ATM card, you can conveniently pay your premium at any JETCO ATM located in different districts. After selecting its "Bill Payment" function, you can simply follow its instructions to complete the payment process by entering Blue Cross Merchant Code 6008 + Payment Number.
The Payment Number is printed in each payment notice.

6. **BEA Cyberbanking***
If you hold a BEA Cyberbanking account, you can log in Cyberbanking via BEA website www.hkbea.com and make use of its Bill Payments service. Simply follow the instructions by selecting "Blue Cross" and inputting the Payment Number to complete the payment process.
The Payment Number is printed in each payment notice.

7. **BEA Branches**
If your insurance policy is purchased from BEA, you can bring along with your payment notice and pay the premium at one of the Bank's branches during its office hours. Please keep the pay-in slip as payment receipt.

* **Key information for using electronic payment methods :**
If premium is settled via PPS or JETCO ATM, please allow 2 working days for the payment to be processed.

For enquiry, please contact Customer Service Hotline 2839 6333.

1. **自動轉賬**
自動轉賬是方便快捷的付費方式，可直接從您的信用卡戶口或銀行賬戶繳交保費。如欲索取自動轉賬申請表格，請從本公司網頁www.bluecross.com.hk下載。在一般情況下，自動轉賬只適用於自動續保之保單而授權指示需約 8 個星期完成。

2. **郵遞**
以劃線支票抬頭寫上「藍十字〈亞太〉保險有限公司」，連同繳費通知書寄往「香港灣仔皇后大道東 183 號合和中心 54 樓」，請緊記於支票背後寫上受保人姓名及保單號碼，支票需於保費到期日前三個工作天送抵本公司。

3. **親自繳交**
於辦公時間親臨以下客戶服務中心，以現金、支票或信用卡繳交保費：
香港灣仔皇后大道東 183 號合和中心 54 樓

4. **「繳費靈」服務***
如您已開設「繳費靈」戶口，則可透過「繳費靈」網址 www.ppshk.com 或以音頻電話致電 18013（廣東話）或 18011（英語），輸入藍十字（亞太）保險有限公司商戶編號 6181 + 繳費號碼，以登記賬單。 完成登記後，便可透過以下途徑繳付賬單：
(a) 「繳費靈」網上繳費，網址www.ppshk.com；或
(b) 「繳費靈」電話繳費，電話號碼 18033（廣東話）或 18031（英語）
每份繳費通知書均印有繳費號碼。

5. **銀通自動櫃員機***
使用銀通自動櫃員機卡，您可於遍布各區的銀通自動櫃員機繳交保費。在選取「繳費功能」後，櫃員機屏幕將會指示您逐步輸入所需資料：藍十字商戶編號 6008 + 繳費號碼，完成整個繳費程序。
每份繳費通知書均印有繳費號碼。

6. **東亞銀行電子網絡銀行服務***
如您已開設東亞銀行電子網絡銀行賬戶，可透過東亞銀行網頁www.hkbea.com 登入電子網絡銀行服務，使用它的帳單繳款服務。方法簡單，只需跟隨指示選擇藍十字及輸入繳費號碼，即可完成賬單繳費程序。
每份繳費通知書均印有繳費號碼。

7. **東亞銀行分行**
如您的保單是經由東亞銀行投保，可攜同繳費通知書，於辦公時間前往東亞銀行分行辦理繳費手續。請保留入賬存根作為繳費收據。

* **使用電子繳費方式的主要資料 :**
如您使用「繳費靈」或「銀通自動櫃員機」繳交保費，請預留兩個工作天以便系統處理您的付款指示。

如有查詢，請致電客戶服務熱線 2839 6333。

BX-PM-202307

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Change of Personal Particulars/ Contact Information 更改個人資料/ 聯絡方法

Policy No. 保單號碼：_____ Insured's Name 受保人姓名：_____

Please change the information of the above policy immediately as below 請即時更改上述保單的資料如下：

☐ Correspondence Address 通信地址：_____

☐ Telephone 電話： (Home 住宅) _____ (Office 辦事處) _____ (Mobile 手提) _____

☐ Email 電郵地址：_____

Policyowner's Signature 保單權益人簽署：_____ Date 日期：_____

(Please send this form to the Company by post or by fax 請郵寄或傳真此更改通知至本公司)

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OFFICIAL RECEIPT
正式收據

Receipt No. 收據號碼 : RAT006543

Date 日期 : JUN 16, 2024

Product Type 產品類別 : TRAVELELITE ANNUAL COVER

Policyholder 保單持有人 : Fong Chi Keung Eric

Policy No. 保單號碼 : AAT-24-AT006543(00)

Payment Amount 付款金額 : 2,395.30

Payment Method 付款方式 : Credit Card

Payment Date 付款日期 : JUN 16, 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。