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-25-AT014662(00)
Payment No : 307401000146621
Agent/Broker No.: A-AH1690

Policyholder: Ho Kar Lee

Correspondence Address: Unit 3101, 31/F
Airside, 2 Concorde Road
Kai Tak, Kowloon
KOWLOON CITY KOWLOON

Period of Insurance: (a) From 22 Oct 2025 To 21 Oct 2026 (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 ******3,100.00 **Payment Mode:** Annual

Modal Premium: HKD ******2,480.00 **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: 20.00%

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

Premium Package: **INDIVIDUAL**

Details of Insured Person(s)

No.	Insured Name	HKID No.	Age	Place of Origin	Personal Accident Benefit Limit (HKD)	Benefit Item
1	Ho Kar Lee	Z045****	41	HONG KONG	1,600,000	4.1
					800,000	4.2

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 21 Oct 2025

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

Authorised Signature

WEBUSR1
Agent/Broker no. : A-AH1690
Agent/Broker Name : HO KAR LEE

保障項目表[1] - 智遨遊（全年保障）

保障項目	每名受保人每次旅程之最高賠償額 (HK$)			
	環球計劃 (1)	環球計劃 (2)	環球計劃 (3)	郵輪計劃
基本保障				
1. 醫療費用保障 *(包括 1.1, 1.2 及 1.3)*				
• 成人[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 同行兒童[2]/ 兒童[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 長者[2]	**800,000**	**400,000**	**200,000**	**800,000**
1.1 旅程期間醫療費用				
• 成人[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 同行兒童[2]/ 兒童[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 長者[2]	**800,000**	**400,000**	**200,000**	**800,000**
- 中醫治療[3]、物理治療[4]及脊椎治療[4]費用限額	**5,000**	**3,000**	**1,500**	**5,000**
- 中醫治療[3]（每天限額 1 次）	每次 300	每次 200	每次 200	每次 300
- 物理治療[4]（每天限額 1 次）	每次 600	每次 400	每次 400	每次 600
- 脊椎治療[4]（每天限額 1 次）	每次 600	每次 400	每次 400	每次 600
- 住院房間及膳食費用每天限額	3,000	3,000	3,000	3,000
1.2 回港覆診費用				
- 因受傷引致				
• 成人[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 同行兒童[2]/ 兒童[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 長者[2]	**800,000**	**400,000**	**200,000**	**800,000**
- 因疾病引致				
• 成人[2]	**160,000**	**80,000**	**40,000**	**160,000**
• 同行兒童[2]/ 兒童[2]	**160,000**	**80,000**	**40,000**	**160,000**
• 長者[2]	**80,000**	**40,000**	**20,000**	**80,000**
- 中醫治療[3]、物理治療[4]及脊椎治療[4]費用限額	**5,000**	**3,000**	**1,500**	**5,000**
- 中醫治療[3]（每天限額 1 次）	每次 300	每次 200	每次 200	每次 300
- 物理治療[4]（每天限額 1 次）	每次 600	每次 400	每次 400	每次 600
- 脊椎治療[4]（每天限額 1 次）	每次 600	每次 400	每次 400	每次 600
1.3 創傷輔導	**20,000**	**20,000**	**不適用**	**20,000**
（每天限額 1 次）	每次 2,000	每次 2,000	不適用	每次 2,000
2. 海外住院或隔離現金津貼保障 *(2.1 或 2.2)*				
2.1 海外住院現金津貼	**10,000**	**5,000**	**不適用**	**12,000**
（每天限額）	500	500	不適用	500
2.2 強制隔離現金津貼	**10,000**	**10,000**	**不適用**	**10,000**
（每天限額）	500	500	不適用	500
3. 24 小時全球緊急援助				
3.1 緊急運送[5]	**不設上限**			
3.2 送返起保地點[5]	**不設上限**			
3.3 入院按金保證[5]	**40,000**	**40,000**	**40,000**	**40,000**
3.4 額外交通及住宿費用（包括親屬探望）	**50,000**	**20,000**	**10,000**	**50,000**
3.5 缺乏照顧子女護送	**40,000**	**20,000**	**10,000**	**40,000**
3.6 遺體運返[5]	**不設上限**			
3.7 殮葬費用	**20,000**	**10,000**	**10,000**	**20,000**
3.8 身故恩恤金	**20,000**	**10,000**	**5,000**	**20,000**
3.9 轉介服務	**適用**			
4. 個人意外保障[6]				
4.1 乘搭公共交通工具時發生意外				
• 成人[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• 同行兒童[2]/ 兒童[2]	**800,000**	**400,000**	**200,000**	**800,000**
• 長者[2]	**400,000**	**200,000**	**100,000**	**400,000**
4.2 其他意外				
• 成人[2]	**800,000**	**400,000**	**200,000**	**800,000**
• 同行兒童[2]/ 兒童[2]	**800,000**	**400,000**	**200,000**	**800,000**
• 長者[2]	**400,000**	**200,000**	**100,000**	**400,000**
5. 嚴重燒傷保障	**400,000**	**200,000**	**100,000**	**400,000**
6. 旅程取消保障	**50,000**	**20,000**	**5,000**	**80,000**
7. 旅程阻礙保障[7,8] *(包括 7.1, 7.2, 7.3, 7.4, 7.5 及 7.6)*	**50,000**	**25,000**	**5,000**	**80,000**
7.1 縮短旅程	**50,000**	**25,000**	**5,000**	**80,000**
7.2 行程改道	**25,000**	**12,500**	**2,500**	**25,000**
額外住宿費用每天限額	2,000	2,000	500	2,000
7.3 當地旅遊團取消	**5,000**	**2,500**	**不適用**	**5,000**
7.4 超額訂票	**10,000**	**2,500**	**不適用**	**10,000**
7.5 特別津貼－指定服務提供者倒閉	**2,000**	**2,000**	**不適用**	**2,000**
7.6 缺席旅遊活動	**3,000**	**1,500**	**不適用**	**3,000**
8. 旅程延誤保障[9] *(8.1, 8.2 或 8.3)*				
8.1 旅程延誤 - 現金津貼	**2,000**	**900**	**300**	**2,500**
（每連續 5 小時延誤限額）	300	300	300	300
8.2 因旅程延誤引致之旅遊費用損失				
a) 公共交通費用 – 延誤啟程	**10,000**	**2,500**	**1,000**	**10,000**
b) 海外住宿費用	**3,000**	**2,000**	**1,000**	**3,000**
8.3 因旅程延誤引致取消旅程	**5,000**	**3,000**	**不適用**	**5,000**
9. 行李延誤保障	**1,500**	**1,000**	**500**	**1,500**
10. 行李保障	**25,000**	**15,000**	**5,000**	**25,000**
- 運動設備（每件／每對／每套限額）	5,000	3,000	不適用	5,000
- 手提電話（每次旅程限額）（每次旅程只限 1 部手提電話）	3,000	1,000	500	3,000
- 手提電腦或平板電腦（每次旅程限額）(每次旅程只限 1 部手提電腦或 1 部平板電腦）	10,000	5,000	2,500	10,000
- 商業樣本（每次旅程限額）	3,000	2,000	1,000	N/A
- 上述以外的其他行李及個人財物（每件／每對／每套限額）	3,000	2,000	1,000	3,000
11. 旅行證件遺失保障	**30,000**	**10,000**	**3,000**	**30,000**
額外公共交通工具及住宿費用每天限額	2,000	1,000	500	2,000
12. 個人錢財保障[10]	**3,000**	**2,000**	**500**	**3,000**
13. 家居物品損失保障	**25,000**	**5,000**	**不適用**	**25,000**
每件／每對／每套限額	5,000	2,000	不適用	5,000
14. 個人責任保障	**3,000,000**	**2,000,000**	**1,000,000**	**3,000,000**
15. 信用卡保障	**30,000**	**15,000**	**不適用**	**30,000**
16. 高爾夫球保障	**5,000**	**3,000**	**不適用**	**5,000**
16.1 一桿入洞保障	3,000	1,000	不適用	3,000
16.2 預繳高爾夫球場地或課程費用	5,000	3,000	不適用	5,000
17. 租車自負額保障	**25,000**	**15,000**	**不適用**	**25,000**
18. 郵輪旅程取消及阻礙保障[11] *(18.1 或 18.2)*				
18.1 郵輪旅程取消				**50,000**
因惡劣天氣情況導致停泊港口更改之限額				20,000
18.2 郵輪旅程阻礙				
a) 額外公共交通工具費用				**50,000**
b) 現金津貼（最多 4 天）				**3,000**
（每天限額）				750
19. 郵輪出發後保障				
19.1 岸上觀光取消				**10,000**
19.2 於停泊港口岸上觀光後錯過登船				**5,000**
19.3 延誤抵達最終目的地現金津貼				**1,500**
19.4 衛星電話費用				**3,000**

不適用

1. 此保障項目表列明本保單各項保障的最高賠償額及分項賠償額上限，並構成本保單一部分的項目表。有關詳盡條款及細則及所有不保之事項，概以保單為準。
2. 「成人」指年齡為 18 歲至 70 歲的受保人。
「同行兒童」指未婚、受供養及年齡為 6 週至 17 歲的受保人，並於整個旅程中與一名成人或長者同行。
「兒童」指未婚、受供養及年齡為 6 週至 17 歲的受保人，並於整個旅程中沒有與任何成人或長者同行。
「長者」指年齡為 70 歲以上的受保人。
3. 中醫治療包括全科、跌打及針灸。
4. 物理治療及脊椎治療必須在本公司收到由醫生發出而本公司滿意的轉介信的前提下，方才接受。
5. 提供任何支援或入院按金保證前必須預先獲得本公司批核。
6. 就同一意外而言，只可就第 4.1 分項「乘搭公共交通工具時發生意外」或第 4.2 分項「其他意外」其中一項提出一次索償。
7. 就同一原因而言，只可就第 7.1 分項「縮短旅程」或第 7.2 分項「行程改道」其中一項提出一次索償。
8. 就同一旅程而言，本公司就第 7.1「縮短旅程」、第 7.2 分項「行程改道」、第 7.3 分項「當地旅遊團取消」、第 7.4 分項「超額訂票」、第 7.5 分項「特別津貼 – 指定服務提供者倒閉」及第 7.6 分項「缺席旅遊活動」應支付的總賠償額將不超過第 7 部分「旅程阻礙保障」之最高賠償額的 100%。
9. 就同一原因而言，只可就第 8.1 分項「旅程延誤 - 現金津貼」、第 8.2 分項「因旅程延誤引致的旅遊費用損失」或第 8.3 分項「因旅程延誤引致取消旅程」其中一項提出一次索償。
10. 「個人錢財保障」不適用於年齡為 10 歲以下的受保人。
11. 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。
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。
就同一原因而言，只可就第 18.1「郵輪旅程取消」或 18.2「郵輪旅程阻礙」分項其中一項提出一次索償。

Schedule of Benefits[1] – TravelElite (Annual Cover)

Benefit Item	Maximum Limit per Insured Person per Journey (HK$)			
	Worldwide Plan (1)	Worldwide Plan (2)	Worldwide Plan (3)	Cruise Plan
Basic Benefits				
1. Medical Expenses Benefit *(inclusive of 1.1, 1.2 and 1.3)*				
• Adult[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Accompanied Child[2]/Child[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Elderly[2]	**800,000**	**400,000**	**200,000**	**800,000**
1.1 Medical Expenses during the Journey				
• Adult[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Accompanied Child[2]/Child[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Elderly[2]	**800,000**	**400,000**	**200,000**	**800,000**
- Sub-limit for Chinese Medical Treatment[3], Physiotherapy Treatment[4] and Chiropractic Treatment[4] Expenses	**5,000**	**3,000**	**1,500**	**5,000**
- Chinese Medical Treatment[3] (Up to 1 visit per day)	300 per visit	200 per visit	200 per visit	300 per visit
- Physiotherapy Treatment[4] (Up to 1 visit per day)	600 per visit	400 per visit	400 per visit	600 per visit
- Chiropractic Treatment[4] (Up to 1 visit per day)	600 per visit	400 per visit	400 per visit	600 per visit
- Sub-limit for Room and Board per day	3,000	3,000	3,000	3,000
1.2 Follow-up Medical Expenses in Hong Kong				
- Due to Injury				
• Adult[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Accompanied Child[2]/Child[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Elderly[2]	**800,000**	**400,000**	**200,000**	**800,000**
- Due to Sickness				
• Adult[2]	**160,000**	**80,000**	**40,000**	**160,000**
• Accompanied Child[2]/Child[2]	**160,000**	**80,000**	**40,000**	**160,000**
• Elderly[2]	**80,000**	**40,000**	**20,000**	**80,000**
- Sub-limit for Chinese Medical Treatment[3], Physiotherapy Treatment[4] and Chiropractic Treatment[4] Expenses	**5,000**	**3,000**	**1,500**	**5,000**
- Chinese Medical Treatment[3] (Up to 1 visit per day)	300 per visit	200 per visit	200 per visit	300 per visit
- Physiotherapy Treatment[4] (Up to 1 visit per day)	600 per visit	400 per visit	400 per visit	600 per visit
- Chiropractic Treatment[4] (Up to 1 visit per day)	600 per visit	400 per visit	400 per visit	600 per visit
1.3 Trauma Counselling (Up to 1 visit per day)	**20,000** 2,000 per visit	**20,000** 2,000 per visit	**N/A** N/A	**20,000** 2,000 per visit
2. Overseas Hospital or Quarantine Cash Allowance Benefit *(2.1 or 2.2)*				
2.1 Overseas Hospital Cash Allowance (Limit per day)	**10,000** 500	**5,000** 500	**N/A** N/A	**12,000** 500
2.2 Compulsory Quarantine Cash Allowance (Limit per day)	**10,000** 500	**10,000** 500	**N/A** N/A	**10,000** 500
3. 24-hour Worldwide Emergency Aid				
3.1 Emergency Evacuation[5]	**Unlimited**			
3.2 Repatriation to the Place of Origin[5]	**Unlimited**			
3.3 Hospital Admission Deposit Guarantee[5]	**40,000**	**40,000**	**40,000**	**40,000**
3.4 Additional Costs of Travel and Accommodation (including Caring Visit)	**50,000**	**20,000**	**10,000**	**50,000**
3.5 Return of Unattended Dependent Children	**40,000**	**20,000**	**10,000**	**40,000**
3.6 Repatriation of Mortal Remains[5]	**Unlimited**			
3.7 Burial and Funeral Expenses	**20,000**	**10,000**	**10,000**	**20,000**
3.8 Compassionate Payment on Death	**20,000**	**10,000**	**5,000**	**20,000**
3.9 Referral Services	**Included**			
4. Personal Accident Benefit[6]				
4.1 Accident on Public Conveyance				
• Adult[2]	**1,600,000**	**800,000**	**400,000**	**1,600,000**
• Accompanied Child[2]/Child[2]	**800,000**	**400,000**	**200,000**	**800,000**
• Elderly[2]	**400,000**	**200,000**	**100,000**	**400,000**
4.2 Other Accidents				
• Adult[2]	**800,000**	**400,000**	**200,000**	**800,000**
• Accompanied Child[2]/Child[2]	**800,000**	**400,000**	**200,000**	**800,000**
• Elderly[2]	**400,000**	**200,000**	**100,000**	**400,000**
5. Major Burns Benefit	**400,000**	**200,000**	**100,000**	**400,000**
6. Trip Cancellation Benefit	**50,000**	**20,000**	**5,000**	**80,000**
7. Trip Interruption Benefit[7,8] *(inclusive of 7.1, 7.2, 7.3, 7.4, 7.5 and 7.6)*	**50,000**	**25,000**	**5,000**	**80,000**
7.1 Trip Curtailment	**50,000**	**25,000**	**5,000**	**80,000**
7.2 Re-routing	**25,000**	**12,500**	**2,500**	**25,000**
Sub-limit for additional accommodation expenses per day	2,000	2,000	500	2,000
7.3 Cancellation of Local Tour	**5,000**	**2,500**	**N/A**	**5,000**
7.4 Overbooking	**10,000**	**2,500**	**N/A**	**10,000**
7.5 Special Allowance – Closure of Designated Service Providers	**2,000**	**2,000**	**N/A**	**2,000**
7.6 Missed Travel Event	**3,000**	**1,500**	**N/A**	**3,000**
8. Travel Delay Benefit[9] *(8.1, 8.2 or 8.3)*				
8.1 Travel Delay - Cash Allowance	**2,000**	**900**	**300**	**2,500**
(Limit for each period of 5 consecutive hours of delay)	300	300	300	300
8.2 Loss of Travel Expenses due to Travel Delay				
a) Public Conveyance Expenses for Delayed Departure	**10,000**	**2,500**	**1,000**	**10,000**
b) Overseas Accommodation Cost	**3,000**	**2,000**	**1,000**	**3,000**
8.3 Cancellation of Journey due to Travel Delay	**5,000**	**3,000**	**N/A**	**5,000**
9. Baggage Delay Benefit	**1,500**	**1,000**	**500**	**1,500**
10. Baggage Benefit	**25,000**	**15,000**	**5,000**	**25,000**
- Sports equipment (Sub-limit per article or per pair or per set)	5,000	3,000	N/A	5,000
- Mobile phone (Sub-limit per Journey) (Up to 1 mobile phone per Journey)	3,000	1,000	500	3,000
- Laptop computer or tablet computer (Sub-limit per Journey)(Up to 1 laptop computer or 1 tablet computer per Journey)	10,000	5,000	2,500	10,000
- Business sample (Sub-limit per Journey)	3,000	2,000	1,000	N/A
- Baggage and Personal Property other than those listed above (Sub-limit per article or per pair or per set)	3,000	2,000	1,000	3,000
11. Loss of Travel Documents Benefit	**30,000**	**10,000**	**3,000**	**30,000**
Sub-limit for additional Public Conveyance and accommodation expenses per day	2,000	1,000	500	2,000
12. Personal Money Benefit[10]	**3,000**	**2,000**	**500**	**3,000**
13. Loss of Home Contents Benefit	**25,000**	**5,000**	**N/A**	**25,000**
Sub-limit per article or per pair or per set	5,000	2,000	N/A	5,000
14. Personal Liability Benefit	**3,000,000**	**2,000,000**	**1,000,000**	**3,000,000**
15. Credit Card Protection Benefit	**30,000**	**15,000**	**N/A**	**30,000**
16. Golfer Benefit	**5,000**	**3,000**	**N/A**	**5,000**
16.1 Hole in One Benefit	3,000	1,000	N/A	3,000
16.2 Prepaid Booking for Golf Course or Tuition	5,000	3,000	N/A	5,000
17. Rental Vehicle Excess Protection Benefit	**25,000**	**15,000**	**N/A**	**25,000**
18. Cruise Cancellation and Interruption Benefit[11] *(18.1 or 18.2)*				
18.1 Cruise Cancellation				**50,000**
Sub-limit for change of port of call due to adverse weather condition				20,000
18.2 Cruise Interruption				
a) Additional Public Conveyance Expenses				**50,000**
b) Cash Allowance (Up to 4 days)				**3,000**
(Limit per day)			**N/A**	750
19. Post-Departure Cruise Benefit				
19.1 Shore Excursion Cancellation				**10,000**
19.2 Missed Port of Call Boarding after Shore Excursion				**5,000**
19.3 Cash Allowance for Arrival Delay at Final Destination				**1,500**
19.4 Satellite Phone Expenses				**3,000**

1. This Schedule of Benefits is incorporated in the Policy, which sets out the maximum limits and sub-limits of the covered benefit items that shall be payable under the Policy. Please refer to the Policy for the exact terms and conditions and the full list of policy exclusions.
2. "Adult" means an Insured Person who is at the Age of 18 to 70.
   "Accompanied Child" means an Insured Person who is a dependent unmarried child who is from the Age of 6 weeks to the Age of 17 and must be accompanied by an Adult or Elderly during the whole Journey.
   "Child" means an Insured Person who is a dependent unmarried child who is from the Age of 6 weeks to the Age of 17 and is travelling without an Adult or Elderly during the whole Journey.
   "Elderly" means an Insured Person who is over the Age of 70.
3. Chinese Medical Treatment includes general practice, bone-setting and acupuncture.
4. In respect of physiotherapy or chiropractic treatment, a referral letter issued by a Physician to the Company's satisfaction is required.
5. Prior approval from the Company is required before any assistance is provided or hospital admission deposits is guaranteed.
6. A claim can only be made once under either Subsection 4.1 (Accident on Public Conveyance) or Subsection 4.2 (Other Accidents) in respect of the same Accident.
7. Only one claim can be made under either Subsection 7.1 (Trip Curtailment) or Subsection 7.2 (Re-routing) in respect of the same cause.
8. The total benefit payable under Subsection 7.1 (Trip Curtailment), Subsection 7.2 (Re-routing), Subsection 7.3 (Cancellation of Local Tour), Subsection 7.4 (Overbooking), Subsection 7.5 (Special Allowance – Closure of Designated Service Providers) and Subsection 7.6 (Missed Travel Event) shall not exceed 100% of the maximum limit payable for Section 7 (Trip Interruption Benefit) for the same Journey.
9. Only one claim can be made under either Subsection 8.1 (Travel Delay - Cash Allowance), Subsection 8.2 (Loss of Travel Expenses due to Travel Delay) or Subsection 8.3 (Cancellation of Journey due to Travel Delay) in respect of the same cause.
10. "Personal Money Benefit" is not applicable to an Insured Person below the Age of 10.
11. 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.
    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.
    Only one claim can be made under either Subsection 18.1 (Cruise Cancellation) or 18.2 (Cruise Interruption) in respect of the same cause.

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Original

Debit Note 付款通知書

Payment No. 繳費號碼: 307401000146621

Ho Kar Lee
Unit 3101, 31/F
Airside, 2 Concorde Road
Kai Tak, Kowloon
KOWLOON CITY KOWLOON

Transaction Date 日期 : OCT 21, 2025
Client No. 客戶號碼 : 01850625

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-25-AT014662(00)

Endorsement No. 批單號碼 :

Policy Period 保單日期 : OCT 22, 2025-OCT 21, 2026

Effective Date 生效日期 : OCT 22, 2025

Contract Type 保單類別 : TRAVELELITE ANNUAL COVER

	Premium (HKD)
Outstanding Premium	2,480.00
Discount	(669.61)
Total Premium Due 應繳保費	1,810.39

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-25-AT014662(00)

Endorsement No. 批單號碼 :

Client No. 客戶號碼 : 01850625

Total Premium Due 應繳保費: HKD 1,810.39

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. 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.

4. 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.

5. 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.

6. 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

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

Remarks:
Customer should pay premium directly to Blue Cross (Asia- Pacific) Insurance Limited using the payment methods listed above.

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. 「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。

4. 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。

5. 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。

6. 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

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

注意:
客戶應使用以上繳費方式直接繳付保費至「藍十字（亞太）保險有限公司」。

如有查詢，請致電客戶服務熱線 2839 6333。

BX-PM-202502

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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：_____

I/We confirm that I/we have read, understood and agreed to the Personal Information Collection Statement of Blue Cross (Asia-Pacific) Insurance Limited (the "PICS"). The updated version of the PICS which complies with the relevant rules and regulations is available for download using the QR code on this form and upon request. 本人／我們確認本人／我們已閱讀、明白及同意藍十字（亞太）保險有限公司的收集個人資料聲明（「該聲明」）。該聲明的符合相關守則及法規之最新版本可於表格上的二維碼下載及可供索取。

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)