

美亚“锦绣前程”海外留学生保障计划投保单  
Overseas Student Assist Accident Protection Plan Application Form



\*A0705003-02\*

Producer Code (Internal Use Only)

Producer Name (Internal Use Only) \_\_\_\_\_

投保人姓名: Name of Policyholder: <small>(若被保险人为未成年人, 则投保人必须为其父母或监护人; If Insured Person under 18 years of age, Policyholder must be his/her parent or guardian)</small>		联系电话: Contact Tel No:
身份证/护照号码: ID / Passport No:	出生日期: Date of Birth:      年      月      日 YY      MM      DD	传真号码: Fax No:
通讯地址: Correspondence Address:		邮政编码: Post Code:

被保险人姓名: Name of Insured Person: <small>(若被保险人与投保人为同一人, 则免填此栏; If different to Policyholder)</small>		联系电话 Contact Tel No: 传真 Fax No:
身份证/护照号码: ID / Passport No:	出生日期: Date of Birth:      年      月      日 YY      MM      DD	与投保人关系: Relationship to Policyholder:

身故保险金受益人姓名: Name of the Beneficiary:	与被保险人关系: Relationship to Insured Person:	受益份额(%): % of Benefits:
<small>(必须为被保险人的父母、子女、配偶或监护人, 除另有声明外。若未填写受益份额, 身故保险金受益人按照相等份额享有身故保险金。Unless otherwise agreed, the beneficiary must be the parent, child, spouse or legal guardian of the Insured Person. If the benefit proportions are not specified, all beneficiaries shall be entitled to an equal share of death benefits.)</small>		

境外留学学校名称: Name of Overseas College:	联系电话 Contact Tel No: 传真 Fax No:
境外留学学校地址: Address of Overseas College:	
期望保险开始日期: Effective Date:      年      月      日 YY      MM      DD	保险结束日期: Expiry Date:      年      月      日 YY      MM      DD
保险期间:      共      月 Policy Period:      months	

保险计划 Benefits Table (请选择以下保险计划; Please select the Plan)

基本保障项目 Basic Benefits	保险金额 (人民币: 元) Maximum Limit (RMB: Yuan)		
	<input type="checkbox"/> 计划一 Plan 1	<input type="checkbox"/> 计划二 Plan 2	<input type="checkbox"/> 计划三 Plan 3
1. 意外身故、烧伤及残疾保障 Accidental Death, Burns and Dismemberment	100,000	200,000	400,000
2. 医疗运送和送返 Medical Evacuation & Repatriation	400,000	800,000	1,000,000
3. 身故遗体送返 Repatriation of Remains <small>(其中丧葬保险金以 16,000 元为限; Funeral Expenses limited to RMB16,000)</small>	80,000	160,000	200,000
4. 每日住院现金给付 Daily Hospital Income	不适用 N/A	240 / 天 day 总赔偿日数以 20 天为限	480 / 天 day 总赔偿日数以 20 天为限
5. 随身财产保险 Personal Effects	2,000 <small>(每件或每套物品最高赔偿限额为 1,000 元; max RMB1,000 per item or set of items)</small>	4,000 <small>(每件或每套物品最高赔偿限额为 1,600 元; max RMB1,600 per item or set of items)</small>	8,000 <small>(每件或每套物品最高赔偿限额为 3,200 元; max RMB3,200 per item or set of items)</small>
6. 旅行证件遗失 Loss of Travel Documents	2,000	4,000	8,000
7. 个人责任 Personal Liability	200,000	400,000	800,000
8. 慰问探访费用补偿 Compassionate Visit	30,000	48,000	80,000
9. 学业中断费用补偿 Study Interruption	30,000	48,000	80,000

可选保障项目 Optional Benefit <small>(如选择本附加保险项目, 请勾选。)</small>	<input type="checkbox"/>	保险金额 (人民币: 元) Maximum Limit (RMB)	<input type="checkbox"/>	保险金额 (人民币: 元) Maximum Limit (RMB)	<input type="checkbox"/>	保险金额 (人民币: 元) Maximum Limit (RMB)
10. 医药补偿 Medical Reimbursement		100,000		200,000		400,000
其中境内发生的医药费用 Medical Expenses Within the Territory Limited to		10,000		20,000		40,000
每人每次免赔额 Deductible:		400		400		400

保险费表(人民币:元) Premium Table (RMB: yuan) (请选择保险期间; Please select the Policy Period)

保险期间 Policy Period	计划一 Plan 1		计划二 Plan 2		计划三 Plan 3	
不超过 Up to	基本保障项目 Basic Benefits	可选保障项目 Optional Benefit	基本保障项目 Basic Benefits	可选保障项目 Optional Benefit	基本保障项目 Basic Benefits	可选保障项目 Optional Benefit
2个月 months	375 <input type="checkbox"/>	240 <input type="checkbox"/>	625 <input type="checkbox"/>	485 <input type="checkbox"/>	975 <input type="checkbox"/>	970 <input type="checkbox"/>
3个月 months	445 <input type="checkbox"/>	305 <input type="checkbox"/>	760 <input type="checkbox"/>	610 <input type="checkbox"/>	1,200 <input type="checkbox"/>	1,220 <input type="checkbox"/>
4个月 months	585 <input type="checkbox"/>	425 <input type="checkbox"/>	1,025 <input type="checkbox"/>	850 <input type="checkbox"/>	1,640 <input type="checkbox"/>	1,705 <input type="checkbox"/>
5个月 months	720 <input type="checkbox"/>	545 <input type="checkbox"/>	1,285 <input type="checkbox"/>	1,095 <input type="checkbox"/>	2,075 <input type="checkbox"/>	2,190 <input type="checkbox"/>
6个月 months	860 <input type="checkbox"/>	670 <input type="checkbox"/>	1,545 <input type="checkbox"/>	1,335 <input type="checkbox"/>	2,515 <input type="checkbox"/>	2,675 <input type="checkbox"/>
7个月 months	1,000 <input type="checkbox"/>	790 <input type="checkbox"/>	1,810 <input type="checkbox"/>	1,580 <input type="checkbox"/>	2,950 <input type="checkbox"/>	3,155 <input type="checkbox"/>
8个月 months	1,135 <input type="checkbox"/>	910 <input type="checkbox"/>	2,070 <input type="checkbox"/>	1,820 <input type="checkbox"/>	3,390 <input type="checkbox"/>	3,640 <input type="checkbox"/>
9个月 months	1,275 <input type="checkbox"/>	1,030 <input type="checkbox"/>	2,335 <input type="checkbox"/>	2,065 <input type="checkbox"/>	3,825 <input type="checkbox"/>	4,125 <input type="checkbox"/>
10个月 months	1,410 <input type="checkbox"/>	1,155 <input type="checkbox"/>	2,595 <input type="checkbox"/>	2,305 <input type="checkbox"/>	4,265 <input type="checkbox"/>	4,610 <input type="checkbox"/>
11个月 months	1,550 <input type="checkbox"/>	1,275 <input type="checkbox"/>	2,860 <input type="checkbox"/>	2,550 <input type="checkbox"/>	4,700 <input type="checkbox"/>	5,095 <input type="checkbox"/>
12个月 months	1,700 <input type="checkbox"/>	1,405 <input type="checkbox"/>	3,145 <input type="checkbox"/>	2,810 <input type="checkbox"/>	5,175 <input type="checkbox"/>	5,620 <input type="checkbox"/>
<b>总保险费预计</b> Estimated Total Premium						

注:

1. 海外留学随身财产保障仅适用于被保险人在留学期间的出外旅行,且该保险责任保障的外出旅行期间每次最长以30天为限。
2. 本保险不承保任何直接或间接由于前往或途经阿富汗、缅甸、古巴、刚果民主共和国、伊朗、伊拉克、利比亚、苏丹、叙利亚,或在上述国家旅行期间发生的保险事故。
3. 本保险不承保任何国家或国际组织认定的恐怖分子或恐怖组织成员,或非法从事毒品、核武器、生物或化学武器交易人员。
4. 本计划所称的境外是指中国大陆以外的国家和地区,该地区包括台湾、香港、澳门地区。
5. 若被保险人拥有且已从公费医疗、社会基本医疗保险或其他费用补偿型医疗保险取得医药费用补偿,本公司在“其中境内发生的医药费用”项下承担的保险责任以“医药补偿”项下

该被保险人相应的保险金额的百分之十五为限,但需扣除被保险人任何已取得的医药费用补偿。

6. 被保险人的投保年龄为出生满十二周岁至三十周岁。若被保险人的投保年龄超过三十周岁,需递交有效的境外学校入学通知书,由本保险公司特别审核以决定是否承保。
7. 若被保险人为同一旅行自愿投保由本保险公司承保的多种综合保险(不包括团体保险),且在不同保障产品中有相同保险利益的,则本保险公司仅按其中保险金额最高者做出赔偿,并退还其它保险项下已收取的相应保险利益的保险费(仅限于“意外身故、烧伤及残疾保障”、“医疗运送和送返”、“每日住院现金津贴”及“随身财产”保障)。
8. 未满18周岁的未成年人的“意外身故、烧伤及残疾保障”的保险金额在北京、上海、广州及深圳地区为10万元,其他地区为5万元。
9. 投保人需在出发前投保并交付保费以保证计划生效。

投保人/被保险人声明 Declaration:

1. 本人兹申请“美亚锦绣前程海外留学生保障计划”并声明以上陈述及各项细节属实无讹,且本投保单将会构成投保人与美亚财产保险有限公司(以下简称“本公司”)所签署的保险合同的依据。本人同意贵公司承担保险责任须经投保人交付约定保险费并经贵公司同意承保并签发保单为前提。I hereby apply for “Overseas Student Assist Accident Protection Plan” and declare that the statements and information given in this application are, to the best of my knowledge and belief, true and complete; and that this application will form part of the basis of the Policy with Chartis Insurance Company China Limited (the Company). I understand and agree that the effective date of insurance is subject to the approval of the Company and collection of full premiums. The Company will issue the Policyholder with a Policy Schedule validated with an authorized signature of the Company.
2. 本人确认:本人已经认真阅读保险合同规定,尤其是**免除保险人责任的规定**,并对贵公司就保险合同的内容说明和提示完全理解,没有异议,申请投保。本人知晓所有保险责任均以本保险合同所载为准。I acknowledge that before applying for the insurance, I have read carefully the terms and conditions of this Policy, especially the **exclusions**, and fully understand your explanations and reminder. I understand that all insurance coverage is subject to the terms and conditions of this Policy.
3. 本人现获悉及保证:被保险人绝不会违反医生的劝告及海外留学目的不在于治疗疾病,被保险人现在身体健康并无任何不适宜海外留学的精神状态或身体状况,且对任何可能导致留学取消或中断的状况并不知晓。I hereby acknowledge and warrant that the Insured Person shall not study abroad contrary to the advice of any medical practitioner or in order to obtain medical treatment; is physically and mentally fit to study abroad; does not know of any condition, cause or circumstance existing that may necessitate the cancellation or curtailment of the study.
4. 本人明白:任何年龄在18周岁以下的被保险人,如果其以死亡为给付责任的保险金额(包括在所有商业保险公司所购买的保险)超出中国保监会所规定的限额(北京、上海、广州及深圳地区为100,000元;其它地区为50,000元)须特别告知,否则贵公司对超出限额部分不承担保险责任。I hereby understand that for an individual under 18 years of age, the death benefit, including all insurance underwritten by other commercial insurance companies, shall not exceed the regulatory limit stated by CIRC (Beijing, Shanghai, Guangzhou & Shenzhen as RMB100,000; other states as RMB50,000). Any amount in excess of the regulatory limit shall not be paid.
5. 本人同意贵公司为本保险的目的收集本人的个人资料(该资料不论是从本投保单上或其他地方所获取)并授权可由贵公司或任何与贵公司有关的机构或其他人士(不论在中国或海外地方)持有,转告及用于(1)处理及审核本投保单或其他保险事宜(2)提供与该保险有关之服务,及(3)与本人联络的用途。I hereby declare and agree that any personal information collected or held by the Company (contained in this application form or otherwise obtained) may be held, used and disclosed by the Company to individuals or organizations associated with Chartis Insurance Company China Limited (within or outside China) for the purposes of (i) processing this application and other insurance related matters, (ii) providing insurance services & (iii) communication with the Policyholder.
6. 本人明白:于订立本保险合同或因履行本保险合同发生争议时,本人可与贵公司协商一致选择以诉讼或仲裁的方式,解决因履行保险合同发生的争议。I/We fully understand that any dispute arising from performance of this insurance contract shall be settled by litigation or arbitration to be chosen upon negotiation with the Company when such dispute occurs or when the contract is concluded.

重要提示

1. 为了保护您自身的权益,请在确认投保本保险前,仔细阅读理解保险合同的各项规定,尤其是**免除保险人责任的规定**。保险条款可通过本公司业务人员获得或登陆保险公司网站 <http://www.chartisinsurance.com.cn> 查阅。请在投保之前致电:4008208858 或向保险公司业务人员询问保险合同各项规定,并听取保险公司业务人员的说明。请确保您对保险公司业务人员的说明完全理解,没有异议。如未询问,则视同已经对合同内容完全理解并无异议。  
In order to protect your own interests, before applying for the Policy, please read carefully the terms and conditions of this Policy, especially the **exclusions**. The policy wording is available from our salespersons or on our website: <http://www.chartisinsurance.com.cn/>. Please call 4008208858 or contact our salespersons to enquire the terms and conditions of this Policy. Please make sure that you fully understand the explanations of our salespersons. With no enquiry, you are deemed to have fully understood the terms and conditions of this Policy.
2. 本投保单与报价单(如有)、保险条款、保险单、批单或批注(如有)及其它约定书均为保险合同的构成部分。This Application Form and Quotation (if any), policy wording, Schedule, any endorsement attached hereto or marked thereon (if any) and any other written agreement shall form integrated parts of this Policy.
3. 为了维护您的利益,请勿在空白投保单上签名,投保人需详细填写投保单上所列资料,并签名盖章确认。  
Please ensure that the form is fully completed and that all the above information is correct and sign below.

投保人签名

被保险人签名  
(若与投保人为同一人则免签)

签署地点/日期: