

太阳联合“无忧海外”个人境外旅行保障计划投保单
RSA “TourGuard” Individual Overseas Travel Application Form

投保人资料 Policyholder Details

投保人姓名 Name of Policyholder:			联系电话 Tel. No.:
证件类型: ID Type	证件号: ID No.	性别 Gender	出生日期: Date of Birth
通讯地址 Correspondence Address:			邮政编码 Post Code:
联络人 Contact Person:			旅行目的地 Travel Destination:

被保险人资料 (若与投保人为同一人则免填) Insured Person Detail (if different to Policyholder)

被保险人姓名 Name of Insured Person	护照/身份证号码 Passport/ID. No	性别 Gender	出生日期 Date of Birth	与投保人关系 Relationship with the policyholder
			年 Y 月 M 日 D	
			年 Y 月 M 日 D	
			年 Y 月 M 日 D	
总保险费 Total Premium	人民币元 RMB ¥			

身故保险金受益人 Beneficiary of the Insured

(法定继承人 Legal beneficiary 如需指定, 请在下表填写 To specify, please fill in the table below)

被保险人姓名 Name of Insured Person	受益人姓名 Name of Beneficiary	受益人护照/身份证号码 Passport/ID. No of Beneficiary	与被保险人关系 Relationship to the Insured Person	受益比例% Portion
保险期间 Insurance Period	由 From : 年 Y 月 M 日 D 至 To :		年 Y 月 M 日 D	

保险计划 (人民币元) Plan of Insurance Coverage (RMB)

基本保险利益 Basic Coverage	保险金额 Sum Insured			
	<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
旅行意外身故及伤残 Travel accidental death and disablement	1,200,000	1,000,000	500,000	300,000
旅行公共交通工具意外身故及伤残(不适用于未成年人) Travel public traffic facility accidental death, and disablement (not applicable to Minor)	500,000	500,000	300,000	200,000
旅行猝死保障 Travel sudden death	100,000	100,000	80,000	50,000
旅行医疗费用补偿 (含门诊和住院) Travel medical reimbursement (including outpatient and inpatient)	500,000	500,000	350,000	150,000
旅行被劫持 (每24小时赔3,000元) Travel hijack (3,000 per 24 hours)	21,000	21,000	18,000	15,000
旅行医疗运送及送返 Travel medical evacuation & repatriation	实际费用 Actual cost	实际费用 Actual cost	1,000,000	600,000
旅行身故遗体送返 (丧葬费用限额为20,000元) Travel repatriation of remains (Funeral expenses limit is 20,000)				
旅行未成年人送返 Travel accompanying minor repatriation	5,000	5,000	3,000	2,000
旅行慰问探访 Travel compassionate visit	8,000	8,000	8,000	8,000
旅行取消 Travel cancellation	20,000	20,000	12,500	6,000
旅行缩短 Travel curtailment	20,000	20,000	12,500	6,000
旅行延误 (每5小时赔偿300元) Travel delay (300 for every 5 hours)	1,800	1,800	1,800	1,800
旅行行李延误 (每6小时赔偿500元) Travel baggage delay (500 for every 6 hours)	2,000	2,000	1,500	1,000
旅行随身物品损失 (每一手机/笔记本电脑限额1,000元, 其他每件或每套物品限额2,500元) Travel loss of personal belongings (1,000 limit per cell phone /laptop and 2,500 limit for other items)	15,000	15,000	10,000	7,500
旅行个人钱财丢失 Travel loss of personal money	3,000	3,000	2,000	1,000
旅行证件丢失 Loss of travel documents	12,000	12,000	8,000	6,000
旅行银行卡盗刷 (不适用于未成年人) Travel bank card fraudulence (not applicable to Minor)	15,000	15,000	10,000	5,000
旅行家居保障 (单件物品限额1,000元) Travel home content cover (1,000 limit per item)	5,000	5,000	3,000	1,000
旅行个人责任 Travel personal liability	1,000,000	1,000,000	1,000,000	800,000
冬季运动可选保障利益 Winter Sports Coverage Rider	<input type="checkbox"/> AA	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C
冬季运动器械丢失 Loss of winter sport equipment	5,000	5,000	3,000	2,000
租用冬季运动器械 Hire of winter sports equipment	5,000	5,000	3,000	2,000
滑雪道关闭 Piste closure	5,000	5,000	3,000	2,000
滑雪计划损失 Lost Ski Pack	5,000	5,000	3,000	2,000

保险费表 Premium Table (人民币元/RMB)

保险期间 Insurance period (天/Day)	成年人 (18-80周岁) 保险费-基本保障 Adult (18-80 years old) premium Basic coverage				未成年人 (6个月-17周岁) 保险费-基本保障 Minor (6 months-17 years old) premium Basic coverage		
	AA	A	B	C	AA / A	B	C
1-7	260	220	150	90	176	120	72
8-10	430	310	210	125	248	168	100
11-14	460	385	265	160	308	212	128

15-17	590	465	310	190	372	248	152
18-21	705	565	390	220	452	312	176
22-24	760	625	450	250	500	360	200
25-28	840	710	510	310	568	408	248
额外每周 Extra week	210	170	110	65	136	88	52
全年 One year	3,000	2,500	1,500	900	2,000	1,200	720
保险期间 Insurance period (天/Day)	成年人冬季运动可选保障保险费 Adult Premium of Winter Sports Coverage Rider				未成年人冬季运动可选保障保险费 Minor Premium of Winter Sports Coverage Rider		
1-30	160	160	100	60	128	80	48
31-366	385	385	220	150	308	176	120

备注 Notes

- 承保年龄为6个月至80周岁,以申请时被保险人的周岁年龄为准。71至80周岁的被保险人,其"旅行意外身故及伤残"、"旅行公共交通工具意外身故及伤残"及"旅行猝死保障"的保险金额为上表所载金额的一半,保险费维持不变。Insured Persons must be from 6 months to 80 years of age inclusive upon application. For any Insured Person aged from 71 to 80 years old, half maximum limit under "Travel accidental death and disablement", "Travel public traffic facility accidental death and disablement" and "Travel sudden death" benefit applies and the premium remains unchanged.
- 任何未满18周岁的未成年人在所有商业保险公司的身故保险金累计为人民币10万。
The death coverage of any insured with age under 18 years old in all commercial insurance companies is RMB 100,000.
- 每次境外旅行最长承保期间为183天。The maximum length of each overseas insured trip is 183 days.
- 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"旅行意外身故及伤残"、"旅行公共交通工具意外身故及伤残"、"旅行猝死保障"、"旅行医疗运送和送返"、"旅行家居保障"及"旅行随身物品损失"保障)。If the applicant applies different insurance products from Sun Alliance Insurance (China) Limited (the Company) for the same trip voluntarily and there are the same Benefits under different insurance product, the Company will indemnify the insured only one Benefit with the highest limit and refund the premium of other same Benefits when claim occurs (only limits to the Benefits of "Travel accidental death and disablement", "Travel public traffic facility accidental death and disablement", "Travel sudden death", "Travel medical evacuation & repatriation", "Travel home content cover" and "Travel loss of personal belongings").
- 投保人需在出发前投保并交付保费以保证计划生效。
The applicant should apply the insurance and pay the premium to ensure the effectiveness of the policy.

投保人/被保险人声明 Declaration of Policyholder/Insured Persons

- 本人兹申请太阳联合保险(中国)有限公司(以下简称"贵公司")的太阳联合"无忧海外"个人境外旅行保险,并声明以上陈述及各项细节均真实无讹,且没有隐瞒任何重大事实以影响贵公司评估风险或接受本投保申请。本人同意本投保单将会构成投保人与贵公司所签署的保险合同的依据,若未能披露与本保险相关之重大事实将可能导致贵公司不承担任何保险责任。保险合同生效日期以保险单所载生效日期为准,贵公司承担保险责任须以投保人缴付约定保险费并经贵公司同意承保为前提。I/We hereby apply to Sun Alliance Insurance (China) Limited (the "Company") for selected 'RSA Individual Overseas Travel Insurance' and declare that the statements and information given in this application are, to the best of our knowledge and belief, true and complete. Failure to disclose a material fact known may invalidate the Policy. I/We hereby agree that this application will form a part of the basis of the policy with the Company. I/We understand and agree that the insurance contract comes into effective as the effective date of the insurance specified in the Schedule and assuming liability by the Company is subject to the approval of the Company and collection of premium.
- 本人现获悉及保证:被保险人绝不会违反医生的劝告及旅行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旅行的精神状态或身体状况,且对任何可能导致旅行取消或中断的状况并不知晓。I/We hereby acknowledge and warrant that the Insured Person(s) shall not travel contrary to the advice of any medical practitioner or in order to obtain medical treatment, is physically and mentally fit to travel; do not know of any condition, cause or circumstance existing that may necessitate the cancellation or curtailment of the journey.
- 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/We 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 the "Company (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.
- 本人确认:本人已经认真阅读保险合同约定,尤其是免除保险人责任的约定,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.
- 本人明白:于订立本保险合同时或因履行本保险合同发生争议时,本人可与贵公司协商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 Important Notice

- 为了保障您自身的权益,请在确认投保本保险前,仔细阅读理解保险合同的各项约定,尤其是免除保险人责任的约定。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www.rsagroup.com.cn/查阅。请在投保之前致电:8008205918或向保险公司业务人员询问保险合同各项约定,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: www.rsagroup.com.cn. Please call 8008205918 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.
- 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.
- 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
Signature of Policyholder

被保险人/监护人签名(若与投保人为同一人则免签)
Signature of the Insured/Guardian (if different to policyholder)

签署地&日期
Place & Date