

TRAVELGUARD APPLICATION FORM



Please complete all sections of this application form that will form the basis of the contract between you and Sun Alliance Insurance (China) Limited. Also please use block letters, and indicate clearly your choice in the boxes provided.

1. Your details

Mr/Mrs/Miss First Name _____ Middle Name _____ Last Name _____

Nationality _____ Passport Number _____ Date of Birth DD/MM/YYYY _____

Your Occupation _____ Your Title _____ Your Company _____

Your Office Address _____

Postcode _____

Tel _____ Fax _____ Email _____

Your Home Address _____

Postcode _____

Tel _____ Fax _____ Email _____ Mobile _____

Preferred Mailing Address: Office Home Preferred Contact Method: Mail Phone Email

2. Your travel guard protection

Yes, please insure me under the TravelGuard insurance policy.

I want to include America and Canada as travel destinations.

Please also Insure my Family Members who are listed below:

Spouse

First Name _____ Last Name _____ Gender: Male Female

Date of Birth DD/MM/YYYY _____ Passport Number _____

Nationality _____ Occupation _____

First Child

First Name _____ Last Name _____ Gender: Male Female

Date of Birth _____ Passport Number _____

Nationality _____ Occupation _____

Second Child

First Name _____ Last Name _____ Gender: Male Female

Date of Birth DD/MM/YYYY _____ Passport Number _____

Nationality _____ Occupation _____

*To insure other children, please provide us with their details.

Single Trip Policy (Maximum travel period is 90 days)

Please specify destinations _____

Date of Departure: DD/MM/YYYY _____ Date of Return: DD/MM/YYYY _____ Period of the trip: _____ days (both days inclusive)

Please also insure me/us for **Single Trip Winter Sports Protection** 1-7 days 8-12 days 13-16 days

Annual Policy (No limitation on the number of trips per year and the maximum period for each journey is 90 days.)

Your preferred Policy commencement date DD/MM/YYYY _____

Please also insure me/us for **Annual Trip Winter Sports Protection** (Up to 16 days for every single trip, 30 days per year)

3. Your premium payment

Please choose payment method:

Direct Debit

ICBC CCB CMB CIB BOC (only accept Great Wall debit card)

Card Number _____ / _____ / _____ / _____ Expiry Date _____ (mm) / _____ (yy)

4. Important Notice

- 1) Applicant should be aged from 18 to 80 years old. The insured's age should be between 6 months to 80 years old. Child below 18 years old should apply with parents. Any insured person between 71 to 80 years old should get underwriter's special approval.
- 2) This policy does not provide cover for destinations / countries and areas listed below:
Afghanistan, Iraq, Democratic Republic of the Congo, Libya, Israel, Palestine, Uganda, Chechnya, East-Timor and other countries or areas that are in the state of war or national emergency. For further details, please contact us.
- 3) **Please carefully read the insurance clauses, in particular the exclusion clauses marked with bold text, and pay attention to the explanations from the business representatives of the Insurer. If you do not understand or disagree with such explanations, please make enquiries to the Insurer before applying for insurance. You are deemed to have fully understood and agreed with the insurance clauses if no such enquiry is made.**

5. Your declaration

- 1) I declare that the information given above is true & complete to the best of my knowledge and belief and understand that this Proposal and Declaration shall be the basis of the contract between the Insurer and me.
- 2) I agree that the insurance should be applied before departure and that this application will not become effective until the Insurer has accepted this Proposal.
- 3) I am informed and promise that the purpose for the trip is not for treatment of an illness and the each Insured person is in good health and without any emotional or physical condition that prevent the Insured person from traveling.
- 4) I agree that the Insurer may have access to the information about each Insured person from any medical specialist, hospital, clinic, insurance company or any other institute for the purpose of this insurance.
- 5) I hereby authorize Sun Alliance Insurance (China) Limited to charge the premium for me and my family members' policy to my above mentioned Credit / Debit Card. I understand that my cover would start on receipt of the total premium by the Insurer.
- 6) To comply with the requirement of Section 34 of the China Insurance Law, we confirmed that we have informed all insured persons the insurance benefits of this policy and have obtained their consent for the enrollment of the policy.

I have carefully read the insurance policy, in particular the exclusion clauses marked with bold text. The insurance clauses can be obtained through enquiry to the Insurer's representatives at (800 - 820 - 5918) or by accessing the website <http://www.rsagroup.com.cn>. I hereby confirmed that I understood the insurance clauses and would like to submit my application for insurance.

Your Signature _____ Date _____

Sun Alliance Insurance (China) Limited has a number of other insurance plans and promotions suitable for expatriates in China.

If you do not wish to receive these by mail, email or phone, please indicate by ticking this box.

Sun Alliance Insurance (China) Limited

Shanghai Head Office: 10th Floor, China Fortune Tower, 1568 Century Avenue, Pudong New Area, Shanghai, 200122,

Jiangsu Branch: 12th Floor, Nanjing SunnyWorld, 188 Lushan Road, Jianye District, Nanjing, 210019

Customer Service Hotline: 800 - 820 - 5918, 400 - 820 - 5918 (For China Unicom mobile users)

Email: customer-care@cn.rsagroup.com

Tel +86 (0)21 3855 4888, Fax +86 (0)21 5830 7937

Tel +86 (0)25 8316 2888, Fax +86 (0)25 8316 2828