

China JourneySafe Travel Protection Plan Application Form
美亚“畅游神州”境内旅行意外伤害保险投保单



Producer Code (Internal Use Only)

Producer Name (Internal Use Only) *A0705007-02*

Name of Policyholder: (if different to Insured Person) <small>(Note: For Insured Person under 18 years of age, the policyholder must be parent or guardian)</small>		Contact Tel No:
Passport/ID No.	Date of Birth: DD MM YY	Fax:
Correspondence Address:		Postcode:

Details of the Insured:—

Name of Insured Person(s)	Passport / ID No.	Date of Birth	Relationship to Policyholder	Premium (RMB:Yuan)
(1)		DD MM YY	<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	
(2)		DD MM YY	<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	
(3)		DD MM YY	<input type="checkbox"/> Self <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Parent	

Death-Benefit-Beneficiary: (If death benefit beneficiary is not named in the application form, the death benefit will be treated as heritage of Insured Person. If the proportion is not determined in the application form, the beneficiaries shall be entitled to equal shares of the death benefits.)

Name of Insured Person(s)	Beneficiary	Proportion (%)	Relationship to Policyholder
1.		%	
2.		%	
3.		%	

Travel-Plan

<input type="checkbox"/> Single Travel Insurance Plan Travel Destination:	Period of Insurance: From: DD MM YY	Period of Insurance: To: DD MM YY	Total: _ Days (Both days inclusive) Maximum 45 days
<input type="checkbox"/> Annual Cover Travel Destination:	Period of Insurance: From: DD MM YY	Period of Insurance: To: DD MM YY	Total: Days (Both days inclusive) Maximum 30 days

INSURANCE PLAN

Coverage	Maximum Benefit (RMB)		
	Plan I	Plan II	Plan III
Accidental Death, Burn & Dismemberment (For individual under 18 years of age, limited to 100,000)	100,000	200,000	300,000
Medical Reimbursement (RMB1,000 under Sickness Medical Reimbursement for Domestic Travel)	30,000	40,000	50,000
Medical Evacuation and Repatriation	100,000	100,000	100,000
Repatriation of Remains (Funeral expenses limited to 16,000)	20,000	20,000	20,000
Travel Delay (RMB300 for every 5 hours of delay)	600	600	600
Daily Hospital Income (Max. 90 days per year)	50/day	50/day	50/day
Personal Liability	80,000	80,000	80,000
Compassionate Visit	8,000	8,000	8,000

PREMIUM TABLE (RMB)

Period of Insurance	Adult Premium (RMB Year)		
	Plan I	Plan II	Plan III
1 Day	15	25	40
2 Days	20	30	50
3 Days	25	35	70
4-5 Days	35	40	80
6-12 Days	45	65	100
13-18 Days	75	100	140
19-30 Days	100	145	200
31-45 Days	130	180	255
Annual Cover	355	500	945

PREMIUM TABLE (RMB)

Period of Insurance	Child Premium (RMB Year)		
	Plan I	Plan II	Plan III
1 Day	10	11	12
2 Days	14	15	16
3 Days	18	19	20
4-5 Days	28	29	30
6-12 Days	31	33	35
13-18 Days	56	58	60
19-30 Days	76	78	80
31-45 Days	92	96	100
Annual Cover	265	275	285

- Note:
- This policy will not cover any terrorist or member of a terrorist organization, narcotics trafficker, or illegal purveyor of nuclear, chemical or biological weapons defined by any country or international organization.
 - Any cancellation or change of the insured travel need to inform the insurance company in writing before policy becomes effective. Or the insurance company will not handle the change request.
 - The Insured Person of adult shall be at age 18 to 80 and the insured person of child shall be at age 1 to 17. For any Insured Person aged from 71 to 80 years old, half Maximum Limit under Accidental Death, Burns & Dismemberment benefit applies and the premium remains unchanged. For the Insured Person under 18 years of age, the Maximum Limit under Accidental Death, Burns & Dismemberment benefit is RMB100,000.
 - The coverage only cover China Mainland, not include Hongkong, Taiwan and Macao.
 - If the insured person applies and owns several policies (not including group policies) issued by the insurance company for the same journey, the Company will only pay beneficiary same benefit once under the policy which offers highest benefit amount and return corresponding premium for the benefits in other policies. (Apply to "Accidental Death, Burns & Dismemberment", "Medical Evacuation & Repatriation" and "Daily Hospital Income" only.)
 - Policyholder shall make full payment of premium to effect the policy before the start of the journey.
 - The Company shall reimburse the Insured Person up to RMB1,000 under Sickness Medical Reimbursement for Domestic Travel on the condition that the insured person has no social medical insurance or other expenses reimbursement medical insurance or has not got reimbursement from the above mentioned insurance. If the insured person has social medical insurance or other expenses reimbursement medical insurance and got reimbursement from the above mentioned insurance, the Company shall reimburse the Insured Person up to RMB2,000 under Sickness Medical Reimbursement for Domestic Travel. However, the Company will only be liable for the balance by deducting any acquired medical reimbursement.

Declaration:

- I/We hereby apply for "China JourneySafe Travel Protection Plan" and declare that the statements and information given in this application are, to the best of our 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/We understand and agree that the effective date of the insurance is subject to the approval of the Company and collection of premium. The Company will issue the Policyholder with a Policy validated with an authorized signature of the Company.
- 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.
- I/We hereby understand that for individual(s) 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.
- 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 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.
- I/ We 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. We understand that all insurance coverage is subject to the terms and conditions of this Policy.
- 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.

1. 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. 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. Please ensure that the form is fully completed and that all the above information is correct and sign below.

Signature of Policyholder / Primary Insured

Signature of Secondary Insured

Date