

**Blue Cross 藍十字**

An AIA Company 友邦保險成員公司

Travel Insurance - Beneficiary Designation Form
旅遊保險受益人委任表

Fax No. 傳真號碼：(852) 3608 2990 Email Address 電郵地址：GPA_Online@bluecross.com.hk

1 / 2 頁

Please complete this Form in BLOCK Letters and read the **IMPORTANT NOTES** carefully. 請以正楷填寫此表格及詳讀**重要事項**。**Please submit the following document by FAX or by EMAIL before departure:-**
(i) Insurance Certificate (after policy issue); OR
(ii) Application Form (before policy issue)請於出發前連同以下文件傳真或電郵遞交:-
(i) 保險證明書(保單已簽發後)；或
(ii) 投保書 (保單未簽發前)

TRAVEL INSURANCE POLICY / INSURANCE CERTIFICATE NO. 旅遊保單 / 保險證明書號碼：

Name of Insured Person (in English)

受保人英文姓名：

中文姓名：

H.K.I.D. Card / Passport No.

香港身份證 / 護照號碼：

DESIGNATION OF BENEFICIARY 受益人的委任

	Surname 姓	Given Name 名	H.K.I.D. Card / Passport No. 香港身份證 / 護照號碼	Contact Phone No. 聯絡電話號碼	Percentage of Allocation 佔保險賠償金額的百分比	Relationship with the Insured Person 與受保人的關係
1.					%	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Brother / Sister 兄弟/ 姊妹 <input type="checkbox"/> Grand-parent 祖父母
2.					%	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Brother / Sister 兄弟/ 姊妹 <input type="checkbox"/> Grand-parent 祖父母
3.					%	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Brother / Sister 兄弟/ 姊妹 <input type="checkbox"/> Grand-parent 祖父母
4.					%	<input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Parent 父母 <input type="checkbox"/> Brother / Sister 兄弟/ 姊妹 <input type="checkbox"/> Grand-parent 祖父母

Fill in trustee's information if the Beneficiary is aged under 18. 若受益人未滿十八歲，請填寫下列委托人資料：

Appointed Trustee's Name (in English)

委托人英文姓名：

中文姓名：

Age

年齡：

H.K.I.D. Card / Passport No.

香港身份證 / 護照號碼：

****Important Notes :**

- Each Insured Person should submit a separate Beneficiary Designation Form (the "Form"). Please complete **ALL required information** and return it **together with the Insurance Certificate or application form** to Blue Cross (Asia-Pacific) Insurance Limited (the "Company") **before departure**. Please keep a copy of this form for record.
- The Company will not be held responsible for any loss in delaying the issuance of policy because of additional processing time involved. The Company reserves the right to decline processing of the Form for any reason, including but not limited to incomplete documentation, insufficient processing time, or unusual circumstances.
- Only the above relationship stated with the Insured Person in the Form shall be accepted for designation of beneficiary.** Any other choices shall necessitate establishing a will.
- For the Insured Person aged under 18, the Form must be completed and signed by his / her parent or legal guardian.
- If no appointed beneficiary survives the Insured Person, the death benefit shall be paid to the estate according to the laws of Hong Kong Special Administrative Region.
- The Form should be signed by the Insured Person.
- Beneficiary designation shall be effective subject to the successful issuance of the policy by the Company.

BEA Insurance Service Centre 東亞銀行保險服務中心

c/o Blue Cross (Asia-Pacific) Insurance Limited 藍十字(亞太)保險有限公司

BEA website 東亞銀行網址：www.hkbea.com Blue Cross website 藍十字網址：www.bluecross.com.hk

This insurance plan is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, a subsidiary of AIA Group Limited, and arranged by the Bank of East Asia. 此計劃由友邦保險控股有限公司之子公司—藍十字(亞太)保險有限公司承保，並由東亞銀行安排。



收集個人資料聲明

Personal Information Collection Statement



Travel Insurance - Beneficiary Designation Form 旅遊保險受益人委任表

PLEASE FILL IN 請填寫

TRAVEL INSURANCE POLICY / INSURANCE CERTIFICATE NO.
旅遊保單 / 保險證明書號碼：

****重要事項:**

1. 每名受保人均須填寫一份表格，填寫**所需資料**後**連同旅遊保險證明書或投保書於出發前**交回藍十字(亞太)保險有限公司(「本公司」)，並請保存此表格副本作記錄。
2. 若此表格的資料不完全 / 處理時間不足 / 或在異常情況下等，本公司有權拒絕處理此表格，亦不會負責因額外處理而延發保單造成的任何損失。
3. **受益人與受保人必須具備表格所示的關係方可受理為指定受益人**。其他關係的委任況須以遺囑處理。
4. 若受保人未滿十八歲，此表格必須由父母或合法監護人填寫及簽署。
5. 若被委任的受益人較受保人更早去世，死亡賠償將付予香港特別行政區法律界定的遺產繼承人。
6. 此表格必須由受保人簽署。
7. 受益人的委任須於本公司成功發出保單後方告生效。

ENDORSEMENT ATTACHING TO AND FORMING PART OF THE POLICY / INSURANCE CERTIFICATE

附加於並構成旅遊保單 / 保險證明書的一部分

Notwithstanding anything contained in the Personal Accident Section to the contrary, it is hereby agreed that in the event of the death of an Insured Person giving rise to a claim under this section, the Benefit shall be paid to the Beneficiary. The Beneficiary shall be the person or persons appointed in this Beneficiary Designation Form submitted to the Company which is attached to the Policy or Insurance Certificate, provided that there is no misrepresentation of the above information from the Insured Person and no dispute arising in connection with the nomination of beneficiary.

儘管個人意外部分另有規定，現同意如受保人身故而按本部分提出索償，賠償額將付予受益人。只要上述資料並無虛假陳述及有關受益人的委任沒有出現爭議，受益人是指附於上述保單 / 保險證明書受益人委任表列出的受益人。

I, the Insured Person, declare that: (1) I have read, understand and agree the above information; (2) I agree and accept if there is any failure in appointment of beneficiary for any reason, the death benefit of the Policy shall be paid to the estate according to the laws of Hong Kong Special Administrative Region.

本人(受保人)現聲明：(1) 本人已詳讀、瞭解並同意上述各項資料；(2) 本人同意及接受若由於任何原因未能成功委任受益人，死亡賠償將付予香港特別行政區法律界定的遺產繼承人。

FOR OFFICE USE ONLY 本公司專用

TRAVEL INSURANCE POLICY /
INSURANCE CERTIFICATE NO.
旅遊保單 / 保險證明書號碼：

Signature of Insured Person 受保人簽署 /
Parent or Guardian of Insured Person 父母或監護人簽署
(Name 姓名：)

Date 日期
(dd / mm / yy 日 / 月 / 年)

Checked by:
Received on:

Should there be any inconsistency between the English and the Chinese versions of this form, the English version shall prevail.
此表格的中英文版本如有歧異，均以英文版本為準。

