Cut, detach and send back to us

# Marsh Study Abroad Protection Proposal Form

**Please fill in the form in BLOCK letter and Black ink.**
**請以正楷及黑色筆填寫此表格**

## Policyholder (保單持有人)

Name (In English), Surname first

HKID No.: _____ ( ) Gender: ☐ M ☐ F

Address :
Flat / Room | Floor | Block

Building / Estate / Street / Road

District ☐ HK ☐ KLN ☐ NT Tel No.

Relationship to Insured Student:
☐ Self (aged 18 or above) ☐ Parent ☐ Guardian

## Insured Student (受保學生)

Name (In English), Surname first

HKID No.: _____ ( ) Gender: ☐ M ☐ F

Date of Birth: ____ / ____ / ____
( dd / mm / yyyy )

Student Visa No.: _____

E-mail Address : _____
Name and Address of Overseas Studying Institution:

CIB A Member of The Hong Kong Confederation of Insurance Brokers.


## Marsh (Hong Kong) Limited

26/F., Central Plaza, 18 Harbour Road, Wanchai, Hong Kong
香港灣仔港灣道18號中環廣場 26樓
Tel: +852 2301 7680 Fax: +852 2539 5368


## Named Insured Parent / Guardian (受保家長/監護人)

(for Education Fund Coverage 教育基金項目適用)
Name (In English), Surname first

HKID No.: _____ ( ) Gender: ☐ M ☐ F

Date of Birth: ____ / ____ / ____
( dd / mm / yyyy )

Relationship to Insured Student: ☐ Father ☐ Mother ☐ Guardian

Tel No.

## Annual Premium (全年保費)

| | Studying Country | Annual Premium |
|---|---|---|
| ☐ | USA or Canada | HK$3,888 |
| ☐ | Rest of the World | HK$3,180 |

Policy Effective Date (Departure Date) ____ / ____ / ____
保單生效日期（離港日期） ( dd / mm / yyyy )

**Remarks:**

1. The age limit of Proposed Insured Student is between twelve (12) and twenty-six (26).
2. The maximum age limit of Proposed Insured Parent / Guardian is seventy (70).

**Signature of Policyholder** **Date**

### Declaration

It is understood and agreed that all answers to all questions are to the best knowledge and belief complete and true. Although the signing of this proposal does not bind to effect insurance, I agree that all answers to such questions, together with this agreement, shall form the basis of any policy issued hereunder; that no insurance will be effected until the policy is issued.

### Privacy

Unless the Policyholder or Insured Student tells Marsh not to, Marsh may disclose the information the Policyholder or Insured Student provides to Marsh, to other organizations where Marsh believes it is necessary to assist Marsh and the other organizations in providing the services. Recipients will typically be insurers, reinsurers, other insurance intermediaries, health workers, investigators, lawyers, loss adjusters and Marsh related companies throughout the world.

**This Insurance is carried by Federal Insurance Company**

## Important Notes

**Disclosure to Insurers** For an insurer to decide to take a risk and then to make an informed assessment of the risk it faces under a contract of insurance, all relevant matters must be disclosed in the utmost good faith to it. The duty to make full and frank disclosure rests upon the party seeking insurance cover and not upon the broker who acts on that party's behalf.

**Your Duty of Disclosure** Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

**Non-disclosure** If you fail to comply with your Duty of Disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

## Payment Method

☐ Cheque payable to ***Marsh (Hong Kong) Limited***

☐ Credit Card (Full Payment)

☐ American Express ☐ VISA ☐ Master

☐ Credit Card (for 12 Months Installment)
by designated Credit Card only

☐ American Express ☐ Standard Chartered

## Credit Card Details

**Credit Card No.**

☐☐☐☐ – ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

**Credit Card Expiry Date** ☐☐ Month ☐☐ Year

**Issuing Bank** _____

**Cardholder's Name** _____

*I hereby authorize **Marsh (Hong Kong) Limited** to charge my above Credit Card for the insurance premium of this insurance policy.*

**Cardholder's Signature** **Date**

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