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Avo Travel Protection - Policy Change Request Form

Avo 旅遊保障 - 保單更改申請表

Note 注意:

- Please complete in BLOCK LETTERS and tick where it is applicable.
請用正楷填寫，並在適當的地方加上剔號。
- Please return your completed form by email to cs@heyavo.com. Your request will normally be proceeded within 3 working days upon receipt of your form.
請把填妥的表格電郵至cs@heyavo.com。本公司將在收到你的申請表後3個工作天內處理你的申請。
- All change requests are subject to the final approval of Avo and may incur premium changes.
所有更改申請均須Avo作最終審批並可能導致保費變動。
- You can make the following changes 7 days before your original departure date (for Single Trip Plan) or 7 days before the original start date of Period of Insurance (for Annual Plan).
你可以在原先計劃出發日期7日前(適用於單次計劃)或原先計劃保障期間生效7日前(適用於全年計劃)更改以下事項。

Existing Customer Details and Effective Date of Change(s)

現有客戶資料及更改資料生效日期

(Must be completed 必須填寫)

Full Name 全名 (must match with HKID 必須與香港身分證相符)		
	Last Name 姓氏	First Name 名字
Related Policy 相關保單	Policy Type 保單類別 <input type="checkbox"/> Annual Travel Protection 全年旅遊保障 <input type="checkbox"/> Single Trip Travel Protection 單程旅遊保障	Policy Number 保單號碼

(A) Change of Travel Period (Single Trip Plan) or Period of Insurance (Annual Plan)

更改旅程日期(單次計劃) / 保障期限(全年計劃)

(Complete only those details to be changed 只需填寫所需更改的資料)

	From 由	To 至
Travel Period 旅程日期/ Period of Insurance 保障期限	Existing Record 現時記錄 (DD/MM/YYYY 日/月/年)	(DD/MM/YYYY 日/月/年)
	Updated Travel Period 更新旅遊日期 (DD/MM/YYYY 日/月/年)	(DD/MM/YYYY 日/月/年)
	Updated Period of Insurance 更新保障限期生效日 (DD/MM/YYYY 日/月/年)	

(B) Change of Region

更改旅遊區域

(Complete only those details to be changed 只需填寫所需更改的資料)

Travel Region 旅遊區域	Existing Record 現時記錄	<input type="checkbox"/> Asia 亞洲地區	<input type="checkbox"/> Worldwide 世界各地
	Updated Travel Region 更新旅遊區域	<input type="checkbox"/> Asia 亞洲地區	<input type="checkbox"/> Worldwide 世界各地

(C) Change the number of Insured Person(s)

更改受保人數目

(Complete only those details to be changed 只需填寫所需更改的資料)

	Add新增/ Delete刪減	Full Name 全名	Date of Brith 出生日期	Gender 性別	HKID Number 香港身份證號碼
1					
2					
3					
4					
5					
6					
7					
8					
9					

Personal Information Collection Statement (PICS) 個人資料收集聲明

Please visit our website www.heyavo.com and read carefully the details of the Personal Information Collection Statement ("PICS") which can also be made available upon request.

請登入本公司網頁 www.heyavo.com 下載或向本公司索取個人資料收集聲明(《該聲明》)，並細閱《該聲明》的詳細資料。

Use and provision of personal data in direct marketing

The Company intends to:

(i) use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:

- a. insurance services and products;
- b. health-check and wellness services and products and
- c. reward, loyalty or privileges programmes and related services and products.

(ii) provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph (i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

I/WE ACKNOWLEDGE AND CONFIRM that I/We have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/We have been advised to read carefully the PICS, and I/We have read it carefully its effect and impact in respect of my/Our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/We hereby give my/Our acknowledgement and agree to the use and transfer of my/Our personal data by the Company in accordance with the PICS, including the use and provision of my/Our personal data for the purpose of direct marketing.

If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may indicate your request by ticking the box below

I/We do not agree with the use and provision of my/Our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

or write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
Avo Insurance Company Limited,
5/F, 160 Des Voeux Road West,
Sai Ying Pun, Hong Kong

Once your opt-out instruction is recorded, we will not use your personal data for direct marketing.

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

(i) 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及 / 或本公司之業務夥伴 (即以下產品及服務的供應商) 不時提供的下列服務及產品：

- a. 保險服務及產品；
- b. 健康檢查及健康服務及產品及
- c. 獎賞、客戶忠誠或優惠計劃及相關服務及產品。

(ii) 將閣下的姓名及聯絡資料提供予本集團任何成員及 / 或本公司之業務夥伴，讓其用於直接促銷上文第(i)段所載的服務或產品 (如為業務夥伴，則包括作金錢或其他商業利益)。

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明《該聲明》。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》，而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意貴公司根據《該聲明》使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本公司可能會向閣下送交推廣訊息或資料及根據上述第(i)段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可請在下列方格內加上剔號。

本人/我們不同意貴公司根據“收集個人資料的聲明”使用及轉移本人/我們的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。

於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

香港西營盤德輔道西一百六十號五樓
安我保險有限公司
資料保護主任

當您拒絕直接促銷的指示被紀錄後，本公司將不會使用你的個人資料作為直接促銷用途。

DECLARATIONS AND AGREEMENTS

I HEREBY CONFIRM that I am not acting on behalf of any other person for this policy change/service unless otherwise expressly indicated in this application or any other documents provided to the Company for this application.

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred in the relevant policy contract(s) and in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that:

- (1) the application(s) shall only take effect provided all of the following conditions are met: (i) any required payment for the application(s) is paid in full; (ii) the application(s) is/are approved by the Company at the Company's office (as defined in the policy contract of the above policy) during the lifetime of the person(s) insured by the above policy;
- (2) the application(s) shall be effective from the date we approve unless otherwise specified, but only if the change is provided by the policy or is allowed by the Company under the policy;
- (3) the application(s) as indicated above is/are based on my/Our own judgment and I/We have not relied on any advice provided by financial consultant;
- (4) all information, statements and answers to all questions stated in this application whether or not written by my/Our own hand are to the best of my/Our knowledge and belief complete and true;
- (5) all statements and answers to such questions, together with this application, shall form the basis for policy change/service and become a part of the policy;
- (6) the Company is not bound by any statement which I/We may have made to any person if not written or printed here;
- (7) I/We have read and understand all the terms and conditions of the eStatement Service and agree to be bound by such terms and conditions (If applicable);
- (8) If I/We fail to provide any information requested in this application, it may result in the Company's inability to accept or process this application.

I HEREBY DECLARE that I understand that the Company may deduct any outstanding amount applicable from the payout and/or sum received by the Company under the policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.

In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

聲明及協議

本人謹此確認本人並沒有代表任何其他人士提出此保單更改/服務申請；如在此申請書或就此申請提交的任何其他文件上另有註明則除外。

本人謹此代表本人及其他在此申請書上及有關的保單合約內提及之人士(下稱「相關人士」或「我們」)(為免存疑，「相關人士」或「我們」指包括本人及此申請書上及有關的保單合約內之其他人士) 聲明及同意：

- (1)申請需符合下列條件後方可生效；(i)繳清所有申請所需之款項；(ii)申請是於上述保單被保人在生之情況下經貴公司在公司辦事處（根據上述保單合約內之定義）批核；
- (2)更改之要求由貴公司批核日期起生效，除非特別指定，但該更改必須是保單內列為可更改事項或經貴公司許可；
- (3)上述之申請是基於本人/我們之個人判斷，並沒有依賴任何理財顧問所提供的意見；
- (4)上述一切在此申請書的資料，陳述及問題的所有答案，不論是否本人/我們親手所寫，就本人/我們所知所言，均為事實之全部並確實無訛；
- (5)上述一切陳述及問題的所有答案，及此申請書，將成為更改保單的根據，並作為保單一部份；
- (6)本人/我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；
- (7)本人/我們已閱讀並明白所有此電子通知書服務申請上的條款，而且同意受此條款和細則的約束(如適用)；
- (8)如本人/我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此聲明本人明白貴公司或會從保單的給付金額及/或貴公司為保單所收金額中，根據適用法定及/或規管要求扣除任何逾期金額，包括保險業監管局收取的徵費。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

如中英文版本的條款有任何分歧，請以英文版本為準。

Signature 簽署

X	Date (DD/MM/YYYY) 日期 (日/月/年)
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