

## Golfer's Insurance Plan 高爾夫球保險計劃

From today wherever in the world you are, whenever you play golf at any recognized golf course, you can be even more enjoyable and relaxing. Falcon Insurance Company (Hong Kong) Limited has now designed a comprehensive Golfer's Insurance to protect the player against all liabilities, and the player can concentrate on playing at their best. 由今天開始, 當閣下在任何時間, 在世界任何認可之高爾夫球場打球, 可以更加樂而忘憂. 富勤保險(香港)有限公司為閣下提供一份周全之高爾夫球保險, 令閣下安心盡情享受打球之樂趣.

### Coverage 保障範圍

#### 1. Golfing Equipment 高爾夫球用品

Covers loss of or damage to golfing equipment including golf clubs, bags, balls and trolley by any accident or misfortune occurring whilst playing or in transit to or from any golf course. Maximum HK\$2,000 per golf club, and up to HK\$25,000 in any one period of indemnity.

保障高爾夫球用品在打球時或往返球場途中不幸遇到意外受損或失去. 用品包括: 球棒、球袋、高爾夫球或及在球場用之手推車. 每件物品最高限額為港幣 2,000 元, 全年總額為港幣 25,000 元.

#### 2. Personal Effects 個人財物

Covers loss or damage to personal effects due to fire or theft at any recognized golf course up to a limit of HK\$5,000 for any one period of indemnity.

保障投保人在任何認可之高爾夫球場內因失火或爆竊而引致之私人財物損失, 於保險期內最高賠償為港幣 5,000 元.

#### 3. Personal Liability 個人責任

Covers legal liability to third party for bodily injury, or loss of or damage to property caused by the Insured whilst playing or practising Golf on any recognized golf course up to an aggregate limit of HK\$2,500,000 per insurance period.

本保險計劃保障因投保人在任何認可之球場內練習或打球, 而引致第三者受傷及財物損毀的律責任, 每年最高賠償額為港幣 2,500,000 元.

#### 4. Personal Accident 個人意外

In the event of bodily injury to the Insured caused by violent external and visible means whilst playing or practising golf on any golf course then the following compensation shall be payable:

當受保人在練習或打球期間遭遇上意外而受傷, 可按照下列保障所列獲十足賠償.

- Age Limit 18-65 年齡由十八至六十五歲
- Accident death 意外死亡 ..... HK\$200,000
- Loss of two or more limbs 喪失肢體中任何兩肢或以上 ..... HK\$200,000
- Loss of sight of both eyes 雙目失明 ..... HK\$200,000
- Loss of one limb AND sight of one eye 喪失一肢及一目失明..... HK\$200,000
- Loss of one limb OR sight of one eye 喪失一肢或一目失明..... HK\$100,000

(Loss of Limb shall mean physical severance of a hand or foot at or above the wrist or ankle or of an arm or leg at or above elbow or knee. Loss of sight shall mean entire and irrecoverable loss of all sight.)

ANNUAL PREMIUM 全年保費 ..... HK\$500

For full details, please contact our office at 2232 2888

投保詳情, 歡迎致電 2232 2888 向本公司查詢



Falcon Insurance Company (Hong Kong) Limited  
富勤保險(香港)有限公司

A FAIRFAX Company

## 高爾夫球保險計劃申請書 Golfer's Insurance Proposal Form

For Office Use

Agent Code \_\_\_\_\_

Agent Name \_\_\_\_\_

Policy No. \_\_\_\_\_

為方便電腦存檔，請以英文正楷填寫，並於適當位置填上✓。Please complete in BLOCK LETTERS, and tick the appropriate box.

### 投保人資料 Applicant's Information

Name (Mr./Ms./Miss)

姓名(先生/女士/小姐): \_\_\_\_\_

Postal Address

通訊地址: \_\_\_\_\_

HK Identity Card No.

香港身份證號碼: \_\_\_\_\_ ( ) 出生日期: \_\_\_\_\_ 日 月 \_\_\_\_\_ 年

Date of Birth

Mobile No.

流動電話: \_\_\_\_\_

Home Telephone No.

住宅電話: \_\_\_\_\_

Name and address of Golf Club

所屬高爾夫球會名稱及地址: \_\_\_\_\_

Period of Insurance 承保期: From 由 \_\_\_\_\_ To 至 \_\_\_\_\_

### Declaration and Signature 聲明及簽署

I DECLARE AND AGREE THAT 本人謹此聲明及同意:

1. to the best of my knowledge and belief that the information given on this proposal form is true and complete in every respect  
本投保書所列全部資料乃就本人所知一切據實填報
2. this proposal and declaration shall be the basis of the policy and considered as being incorporated therein  
本投保書及聲明將為保單之保本依據，並視作保單之一部份
3. I shall accept a policy subject to the usual conditions prescribed by the company herein  
本人接受註有通常條款之承保公司保單
4. I understand that any claims under Accident Death benefit of the policy shall be payable to the insured person's legal representation  
本人明白根據意外死亡作出之賠償，將給與被保之合法代表人
5. the insurance will not be in force until this application has been accepted by Falcon Insurance Company (Hong Kong) Limited and the premium has been paid  
此保障計劃需在富勤保險(香港)有限公司審核，接納申請並已繳費後，方才生效
6. I hereby give my consent and authorize that any of my personal information collected or held by Falcon Insurance Company (Hong Kong) Limited (the company) may be used and disclosed by the Company to any individuals/organizations for the purpose of processing this insurance, providing related and subsequent services and marketing materials and to make all form of contacts with me/us for such purposes until I give any written instructions to the contrary. I understand I have the right to obtain access to and request correction of any personal information held by the Company by mailing a written request to the Company's Data Privacy Officer  
本人現同意並授權富勤保險(香港)有限公司(貴公司)保留、使用或透露貴公司所收集或保留本人之任何個人資料，給予有關人士或機構用作處理本產品及有關的申請，及提供其相關及稍後的服務和推廣資料等用途，及因此等用途與本人聯絡，直至本人另作書面通知為止。本人明白本人有權聯絡貴公司之資料私穩主任查閱及改正本人之所有個人資料。

Signature

投保人簽署: \_\_\_\_\_

Date

日期: \_\_\_\_\_