



美亞倍安遊保障計劃  
TravelSafe Insurance Plan

This application serves as part of the Policy and Premium Receipt after payment of premium is received and countersigned by an Authorized Signatory of AIG Insurance Hong Kong Limited

申請人資料 **Applicant Information** (請以英文正楷填寫 Please fill in with English Block Letters)

申請人姓名 Name of Applicant (申請人必須為全年計劃的保單持有人 For Annual Plan, Applicant must be same as Policyholder)		
通訊地址 Correspondence Address 香港 HK/九龍 KLN/新界 NT		
手提電話號碼 Mobile Phone No. (852)	電話號碼 Telephone No. (852)	電郵地址* Email Address:*

受保人資料 **Insured Person Information** (如空位不足, 請以另頁補充 If space provided is insufficient, please use a separate sheet)

	受保人姓名 Name of Insured Person(s)		出生日期 Date of Birth (日 DD/月 MM/年 YY)	香港身份證 / 護照號碼 HKID No. / Passport No.	與第一受保人之關係 Relationship with the 1 <sup>st</sup> Insured Person	(只適用於全年計劃 For annual plan only)
	姓 Surname	名 First Name				與申請人之關係 Relationship with the Applicant
1			/ /		本人 Self	
2			/ /			
3			/ /			

\*註: 必填項目以收取保單 \*Note: Must fill in fields to receive policy information

選擇計劃 **Select Plan**

<input type="checkbox"/> 個人計劃 Individual Plan	<input type="checkbox"/> 家庭計劃 Family Plan
受保旅程必須由香港出發 All insured journeys must depart from Hong Kong	
<input type="checkbox"/> 短期單次計劃 Single Trip Plan (最長保障182日 Maximum 182 days) 受保日期 _____ / _____ / _____ 至 to _____ / _____ / _____ Period of Insurance: (日 DD/月 MM/年 YY) 總日數 Total Days: _____ 日 Days	<input type="checkbox"/> 全年計劃 Annual Multiple Trips Plan 起保日期 Effective Date: _____ / _____ / _____ (日 DD/月 MM/年 YY)

<input type="checkbox"/> 中國內地及澳門計劃 Mainland China and Macau Plan	<input type="checkbox"/> 全球 黃金計劃 Worldwide Gold Plan	<input type="checkbox"/> 全球鉑金計劃 Worldwide Platinum Plan
適用中國內地及澳門計劃的自選附加保障 Optional Rider applicable to Mainland China & Macau Plan	適用全球計劃的自選附加保障 Optional Rider(s) applicable to Worldwide Plan	
<input type="checkbox"/> 旅程不便 Journey Inconvenience 保費 Premium (HK\$) _____	<input type="checkbox"/> 郵輪假期 Cruise Vacation <input type="checkbox"/> 高爾夫球 Golf Protection <input type="checkbox"/> 水肺潛水 Scuba Diving <input type="checkbox"/> 滑雪運動 Snow Sports <input type="checkbox"/> 缺席海外節目門票保障 Missed Event	保費 Premium (HK\$) _____ _____ _____ _____
自選附加保障保費 Optional Rider Subtotal Premium (HK\$) _____		
總保費 Total Premium (HK\$) _____		

備註

- 1) 本保障計劃只適用於常規的假期旅遊及文職商務旅遊。
- 2) 不保國家: 古巴、伊朗、敘利亞、北韓、或克里米亞地區。
- 3) 主要不保職業: 從事或參與海陸空服務或行動; 持械工作; 測試交通工具; 參與體力勞動性工作; 參與離岸活動, 如商業潛水; 油田鑽探、採礦、空中攝影; 爆炸品處理; 演員; 地盤工人、漁夫、廚師或廚房工人; 導遊或領隊。

Note

- 1) This insurance is only valid for conventional leisure travel or business travel (limited to administrative duty).
- 2) Excluded Countries: Cuba, Iran, Syria, North Korea, or the Crimea region
- 3) Major not covered occupation: Engaging in naval, military or air force service or operations; armed force service; testing of any kind of conveyance; engaging in any kind of labor work; engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography; handling of explosives; performing as actor/actress; being a site worker, fisherman, cook or kitchen worker; tour guide or tour escort.

繳費方式 **Payment Method**

<input type="checkbox"/> 信用卡 By Credit Card (只適用於全年計劃 For Annual Plan Only) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard 本人同意及授權美亞保險香港有限公司於本人下列信用卡戶口支付上述保費。 I hereby authorize and request AIG Insurance Hong Kong Limited to charge my VISA/Master Card account as below for the premium payment of this insurance. 持卡人姓名 Name of Cardholder: _____ 持卡人簽名(簽名必須與信用卡上簽名相同) 信用卡號碼 Credit Card No.: _____ 有效期至(月/年) Expiry Date: _____ _____ / _____ (MM/YY) X _____ Cardholder's Signature (The signature must be identical to the one on your credit card.)
<input type="checkbox"/> 支票 By Cheque (附上抬頭為「美亞保險香港有限公司」之劃線支票。Enclosed a crossed cheque made payable to "AIG Insurance Hong Kong Limited") 支票號碼 Cheque No.: _____

請務必連同第二頁之聲明及簽名一併遞交, 否則本公司將不能處理閣下之申請。

Please ensure that you have submitted your application form together with declaration and signature on second page.  
Otherwise, we will not be able to process your application.

## 聲明 Declaration

- 本人/吾等現申請投保「美亞倍安遊保障計劃」，並聲明本申請表內之陳述及提供之細節均為完整及真實無訛，而本申請表將會構成本人/吾等與美亞保險香港有限公司（「美亞保險」）所簽署合約之依據。本人/吾等同意保險須為申請獲接納後並已將保費繳付美亞保險方始生效。保單簽發生效後概不發還保費（全年計劃之商務客戶除外）。
- 本人/吾等現確認及保證：受保人絕不會違反醫生之勸告，而旅程目的亦非往海外治療疾病及受保人現時健康狀況良好。
- 本人/吾等確認本人/吾等已細閱以下之「收集個人資料聲明」，並知悉及同意有關於本人/吾等於是次申請由本人/吾等所提供的個人資料及其他資料將可能被持有、使用、處理或披露予有關方面以用作「收集個人資料聲明」上所載的用途。
- 本人/吾等聲明本人/吾等已獲受保人授予全權簽署本項申請，並提供任何個人資料作評核此項申請之用。
- 如遺失「中國支援卡」（只適用於全年計劃），本人/吾等須於 48 小時內向美亞保險報失。
- 全年計劃之商務客戶適用：本公司或本人經本公司授權同意只有於保障生效前，經本公司填妥指定表格向美亞保險申報其名字的會員/職員才合格受保於本計劃。
- 如本申請是經由保險經紀安排，本人/吾等在簽署本表格後，同意美亞保險向保險經紀支付佣金，作為保險經紀安排（及/或續保）有關保單的報酬。
- 收集個人資料聲明**

就有關從此表格所收集的個人資料，本人/吾等同意及確認：

  - 除非於本表格上另有訂明，本表格所要求提供的個人資料是供美亞保險香港有限公司（「美亞保險」）處理此申請的所需資料，若未能提供任何所需資料此申請則可能不被處理；
  - 美亞保險可按列於其私隱政策的用途使用此表格所收集之個人資料，其用途包括核保及管理已申請的保單（包括獲取再保險、核保續保之保單、資料配對、處理索賠、調查、付款及行使代位權及任何有關用途）；
  - 除非本人/吾等於以下的「不收取推廣資料」表格填上 0 號以作表示（其內容本人/吾等已細閱），美亞保險可使用本人/吾等的聯絡資料（姓名、地址、電話號碼及電郵地址）聯絡本人/吾等有關其它由AIG集團提供的保險產品，而在未獲本人/吾等同意的情况下，本人/吾等之個人資料將不會被如此使用；
  - (d) 美亞保險亦可向以下類別的人士（不論在香港或海外）轉交該些個人資料，作上述（b）及（c）項所列明之用途，提供有關本人/吾等保單管理服務的第三者（包括再保險公司）：
    - 財務機構，作處理此申請及收取保費；
    - 公證人、調查員、第三者管理人、緊急支援服務提供者、法律服務提供者、零售商、醫療提供者、及交通工具機構，以處理索償事宜；
    - AIG集團授權的市場推廣公司，以作直銷之用（如上（c）項所述）；
    - 其它在任何國家之AIG集團之成員公司，作上述（b）及（c）項所有列明之用途；或
    - 其它於美亞保險私隱政策所列明的人士，作為私隱政策列明之用途。
  - 本人/吾等可隨時致函到美亞保險香港有限公司之私隱事務主任（地址：香港郵政總局信箱 456號或電郵：cs.hk@aig.com）查閱、或要求修改本人/吾等的個人資料（美亞保險可查閱及修改要求收取合理費用），或選擇不將本人/吾等的個人資料用作直銷用途。美亞保險私隱政策的全文載於 [www.aig.com.hk](http://www.aig.com.hk)。

不收取推廣資料（如閣下不欲收取推廣資料，請在方格填上✓號）

- I/We hereby apply for TravelSafe Insurance plan and declare that the statements and particulars given in this application are, to the best of my/our knowledge and belief, true and complete and that this application will form the basis of my/our contract with AIG Insurance Hong Kong Limited ("AIG HK"). I/We understand and agree that no insurance will be effected until the application is accepted by and the required premium has been paid to AIG HK. No refund of premium is allowed once the application has been accepted (except annual plan for corporate client).
- I/We hereby acknowledge and warrant that none of the Insured Person(s) is traveling contrary to the advice of any medical practitioner or for the purpose of obtaining medical treatment and that all of the Insured Person is now in good health.
- I/We confirm that I/We have read the Personal Information Collection Statement below and acknowledge and agree that all personal data and information with respect to me/us and the Insured Person(s) which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Personal Information Collection Statement.
- I/We declare that I/We have full and complete authority from the Insured Person(s) to sign the application and to disclose any personal information being requested to assess the insurance application.
- In the event of loss of CHINA Assist Card (applicable to Annual Plan only), I/We should advise AIG HK within 48 hours.
- For corporate client of annual plan: In case we/our company wish(es) to effect any change in the insurance plan (addition or deletion or substitution of the insured person) after issuance of the insurance policy, our company or the undersigned on behalf of the company acknowledges and agrees that:
  - such change will be processed after our company's instruction in writing received by AIG HK and any adjustment in the amount of premium payable will be effected pro-rata on daily basis; and
  - In case of deletion of any Insured Person, our company must return the CHINA Assist Card to AIG HK, otherwise AIG HK will not refund any paid premium in respect of such Insured Person after such deletion has become effective.
- For corporate client of annual plan: Our company or the undersigned on behalf of the company acknowledges and agrees that only those member(s)/employee(s) named and/or declared by our company to AIG HK under prescribed form prior to binding of the insurance coverage shall be eligible for the plan.
- If this application is made through an insurance broker, by signing this form I/We agree to AIG HK paying the insurance broker commission as remuneration for arranging and/or renewing the insurance policy.
- Personal Information Collection Statement**

In relation to the personal data collected in this application form, I/we, agree and acknowledge that:

  - (unless specifically indicated otherwise in this form) the personal data requested in this form is necessary for AIG Insurance Hong Kong Limited ("AIG HK") to process this application and any such data not provided may mean this application cannot be processed.
  - the personal data collected in this form may be used by AIG HK for the purposes stated in its Data Privacy Policy, which include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, data matching, claim processing, investigation, payment and subrogation and any related purposes).
  - unless I/we have indicated otherwise by ticking the "Promotion Material Opt-out" box below (of which I/we take note), AIG HK may use my/our contact details (name, address, phone number and e-mail address) to contact me/us about other insurance products provided by the AIG group and that my/our contact details may not be so used without me/us giving this agreement.
  - AIG HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) and (c) above:
    - third parties providing services related to the administration of my/our policy (including reinsurance);
    - financial institutions for the purpose of processing this application and obtaining policy payments;
    - in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
    - for the purpose of conducting direct marketing activities (per (c) above), marketing companies authorized by the AIG group;
    - another member of the AIG group (for all of the purposes stated in (b) and (c)) in any country; or
    - other parties referred to in AIG HK's Data Privacy Policy for the purposes stated therein.
  - I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), or opt out of my/our personal data being used for direct marketing at any time, by writing to the Privacy Compliance Officer of AIG Insurance Hong Kong Limited at GPO Box 456 or [cs.hk@aig.com](mailto:cs.hk@aig.com). The full version of AIG HK's Data Privacy Policy can be found at [www.aig.com.hk](http://www.aig.com.hk).

Promotion Material Opt-out (If you wish to opt-out, please tick.)

申請人簽署 Signature of Applicant \_\_\_\_\_ 日期 Date \_\_\_\_\_  
(如適用者，請連同公司蓋章 with Company Chop if applicable) (日 DD/月 MM/年 YY)

### 保險代理 For Insurance Agent

如保險代理申請人填妥此表格(只適用於短期單次計劃)·保險代理請細閱下文並簽署:

本人確認申請人授權本人協助其填妥此申請表。本人已向申請人解釋上述聲明及「收集個人資料聲明」(以及向申請人說明「不收取推廣資料」表格),及申請人明白及同意作出上述聲明及同意其個人資料將轉交予美亞保險作處理此申請之用,且該資料亦會轉交有關第三方作該些用途,此外,申請人亦明白及同意其可透過保單上列明的聯絡資料要求查閱或修改美亞保險所持有其個人資料。本人在收到保單後會將保單轉發予申請人。

For Agent who completes this application for the Insured Person/Applicant (For Single Trip Plan only)

I confirm that the Applicant has authorised me to assist him/her complete this application. I have explained the above Declaration and the Personal Information Collection Statement to the Applicant (and drawn the Applicant's attention to the Promotion Material Opt-out box) and the Applicant understands and has agreed to make such declaration and agreed that his/her personal data will be transferred to AIG HK to process this application and that the data may be transferred to third parties involved in that process and that the Applicant may request access to or correct such data which AIG HK holds (by means of the contact details given in the policy). If the policy is sent to me, I will forward it to the Applicant.

代理人簽署 Signature of Agent \_\_\_\_\_ 日期 Date (日 DD/月 MM/年 YY) \_\_\_\_\_

代理人姓名及編號 Agent Name and Code: \_\_\_\_\_

代理人電話 Phone No. of Agent: \_\_\_\_\_

### 保險經紀 For Insurance Broker

如保險經紀申請人填妥此表格·保險經紀請細閱下文並簽署:

本人確認申請人授權本人協助其填妥此申請表。本人已向申請人解釋上述聲明及「收集個人資料聲明」(以及向申請人說明「不收取推廣資料」表格),及申請人明白及同意作出上述聲明及同意其個人資料將轉交予美亞保險作處理此申請之用,且該資料亦會轉交有關第三方作該些用途,此外,申請人亦明白及同意其可透過保單上列明的聯絡資料要求查閱或修改美亞保險所持有其個人資料。本人在收到保單後會將保單轉發予申請人。

本人已告知申請人美亞保險會向本人就安排此保單向本人支付佣金。

For Broker who completes this application for the Insured Person/Applicant

I confirm that the Applicant has authorised me to assist him/her complete this application. I have explained the above Declaration and the Personal Information Collection Statement to the Applicant (and drawn the Applicant's attention to the Promotion Material Opt-out box) and the Applicant understands and has agreed to make such declaration and agreed that his/her personal data will be transferred to AIG HK to process this application and that the data may be transferred to third parties involved in that process and that the Applicant may request access to or correct such data which AIG HK holds (by means of the contact details given in the policy). If the policy is sent to me, I will forward it to the Applicant.

I have told the Applicant that AIG HK may pay commission to me for arranging this insurance.

保險經紀簽署 Signature of Broker \_\_\_\_\_ 日期 Date (日 DD/月 MM/年 YY) \_\_\_\_\_

保險經紀姓名及編號 Broker Name and Code: \_\_\_\_\_

保險經紀電話 Phone No. of Broker: \_\_\_\_\_

### 本公司專用 For Office Use Only (只適用於短期單次計劃 For Single Trip Plan Only)

Policy No.: TP - 03 \_\_\_\_\_

AIG Insurance Hong Kong Limited

Total Premium: HK\$ \_\_\_\_\_  Rider

Received:  Cash  Check No. \_\_\_\_\_

\_\_\_\_\_ 日期 (DD/MM/YY)

\_\_\_\_\_ Authorized Signatory

# Premium Table (HK\$)

## Mainland China & Macau Plan

Age	Age 0-17	Age 18-69	Age 18-69	Age 70 above	
Travel Period Day(s)	Individual	Individual	Family	Individual	Family
1	60	86	172	125	250
2	60	86	172	125	250
3	60	86	172	125	250
4	60	86	172	125	250
5	76	110	220	158	316
6	87	126	252	182	364
7	98	142	284	205	410
8	109	158	316	227	454
9	120	173	346	250	500
10	130	188	376	272	544
11	140	203	406	293	586
12	150	218	436	314	628
13	160	232	464	335	670
14	170	246	492	355	710
Each Additional Week	-	-	-	-	-
Annual Plan	786	1138	2276	1644	3288

## Worldwide Gold & Platinum Plan

Age	Age 0-17		Age 18-69		Age 18-69		Age 70 above			
Plan	Gold Plan	Platinum Plan	Gold Plan		Platinum Plan		Gold Plan		Platinum Plan	
Travel Period Day(s)	Individual		Individual	Family	Individual	Family	Individual	Family	Individual	Family
1	158	195	229	458	281	562	330	660	406	812
2	158	195	229	458	281	562	330	660	406	812
3	158	195	229	458	281	562	330	660	406	812
4	158	195	229	458	281	562	330	660	406	812
5	201	247	291	582	358	716	420	840	517	1034
6	231	284	334	668	411	822	482	964	593	1186
7	260	320	376	752	463	926	543	1086	669	1338
8	289	355	418	836	514	1028	604	1208	743	1486
9	317	390	459	918	564	1128	663	1326	816	1632
10	345	424	499	998	614	1228	721	1442	887	1774
11	372	458	539	1078	663	1326	778	1556	958	1916
12	399	491	577	1154	710	1420	834	1668	1027	2054
13	426	524	616	1232	758	1516	890	1780	1095	2190
14	451	555	653	1306	803	1606	943	1886	1161	2322
15	477	586	690	1380	849	1698	997	1994	1226	2452
16-18	521	641	754	1508	927	1854	1089	2178	1340	2680
19-22	607	747	879	1758	1081	2162	1270	2540	1563	3126
23-27	697	858	1009	2018	1242	2484	1458	2916	1794	3588
28-31	796	980	1153	2306	1418	2836	1666	3332	2050	4100
Each Additional Week	77	94	111	222	136	272	160	320	197	394
Annual Plan	1986	2186	2874	5748	3164	6328	4154	8308	4573	9146

## Optional Benefit

Plan	Journey Inconvenience		Golf		Cruise Vacation		Scuba Diving		Snow Sports		Missed Event	
	Mainland China & Macau Plan		Worldwide Gold/Platinum Plan									
Travel Period Day(s)	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family	Individual	Family
1	18	36	3	6	21	42	8	16	14	28	9	18
2	21	42	4	8	23	46	9	18	16	32	10	20
3	23	46	4	8	26	52	10	20	18	36	11	22
4	31	62	5	10	33	66	12	24	23	46	14	28
5	37	74	6	12	39	78	15	30	27	54	17	34
6	45	90	7	14	48	96	18	36	32	64	20	40
7	48	96	8	16	52	104	19	38	35	70	22	44
8	52	104	8	16	56	112	21	42	38	76	24	48
9	56	112	9	18	60	120	22	44	41	82	26	52
10	60	120	9	18	64	128	24	48	44	88	28	56
11	66	132	10	20	71	142	26	52	48	96	30	60
12	74	148	11	22	79	158	29	58	54	108	34	68
13	77	154	12	24	83	166	31	62	56	112	35	70
14	83	166	13	26	88	176	33	66	60	120	38	76
15	N/A	N/A	13	26	93	186	34	68	63	126	40	80
16-18	N/A	N/A	15	30	101	202	38	76	69	138	43	86
19-22	N/A	N/A	16	32	108	216	40	80	73	146	46	92
23-27	N/A	N/A	17	34	114	228	43	86	78	156	49	98
28-31	N/A	N/A	19	38	129	258	48	96	88	176	55	110
Each Additional Week	N/A	N/A	4	8	29	58	11	22	20	40	12	24
Annual Plan	350	681	54	105	374	727	139	270	255	496	160	311

A premium levy is payable on this policy, for payment to the Insurance Authority of Hong Kong. Please note that the premium levy on this policy is being paid on your behalf by AIG Insurance Hong Kong Limited. For further information, please visit [www.aig.com.hk/levy](http://www.aig.com.hk/levy) or contact +(852) 3555 0000

## 保費表 (港幣) 中國內地及澳門計劃

年齡	0-17 歲	18-69 歲	18-69 歲	70 歲以上	
旅程日數	個人	個人	家庭	個人	家庭
1	60	86	172	125	250
2	60	86	172	125	250
3	60	86	172	125	250
4	60	86	172	125	250
5	76	110	220	158	316
6	87	126	252	182	364
7	98	142	284	205	410
8	109	158	316	227	454
9	120	173	346	250	500
10	130	188	376	272	544
11	140	203	406	293	586
12	150	218	436	314	628
13	160	232	464	335	670
14	170	246	492	355	710
每增一星期	-	-	-	-	-
全年計劃	786	1138	2276	1644	3288

## 全球黃金及全球鉑金計劃

年齡	0-17 歲		18-69 歲		18-69 歲		70 歲以上			
計劃	全球黃金	全球鉑金	全球黃金		全球鉑金		全球黃金		全球鉑金	
旅程日數	個人		個人	家庭	個人	家庭	個人	家庭	個人	家庭
1	158	195	229	458	281	562	330	660	406	812
2	158	195	229	458	281	562	330	660	406	812
3	158	195	229	458	281	562	330	660	406	812
4	158	195	229	458	281	562	330	660	406	812
5	201	247	291	582	358	716	420	840	517	1034
6	231	284	334	668	411	822	482	964	593	1186
7	260	320	376	752	463	926	543	1086	669	1338
8	289	355	418	836	514	1028	604	1208	743	1486
9	317	390	459	918	564	1128	663	1326	816	1632
10	345	424	499	998	614	1228	721	1442	887	1774
11	372	458	539	1078	663	1326	778	1556	958	1916
12	399	491	577	1154	710	1420	834	1668	1027	2054
13	426	524	616	1232	758	1516	890	1780	1095	2190
14	451	555	653	1306	803	1606	943	1886	1161	2322
15	477	586	690	1380	849	1698	997	1994	1226	2452
16-18	521	641	754	1508	927	1854	1089	2178	1340	2680
19-22	607	747	879	1758	1081	2162	1270	2540	1563	3126
23-27	697	858	1009	2018	1242	2484	1458	2916	1794	3588
28-31	796	980	1153	2306	1418	2836	1666	3332	2050	4100
每增一星期	77	94	111	222	136	272	160	320	197	394
全年計劃	1986	2186	2874	5748	3164	6328	4154	8308	4573	9146

## 自選附加保障

	旅程不便		高爾夫球		郵輪	假期	水肺潛水		滑雪運動		缺席活動	
計劃	中國內地及澳門計劃		全球黃金 / 全球鉑金計劃									
旅程日數	個人	家庭	個人	家庭	個人	家庭	個人	家庭	個人	家庭	個人	家庭
1	18	36	3	6	21	42	8	16	14	28	9	18
2	21	42	4	8	23	46	9	18	16	32	10	20
3	23	46	4	8	26	52	10	20	18	36	11	22
4	31	62	5	10	33	66	12	24	23	46	14	28
5	37	74	6	12	39	78	15	30	27	54	17	34
6	45	90	7	14	48	96	18	36	32	64	20	40
7	48	96	8	16	52	104	19	38	35	70	22	44
8	52	104	8	16	56	112	21	42	38	76	24	48
9	56	112	9	18	60	120	22	44	41	82	26	52
10	60	120	9	18	64	128	24	48	44	88	28	56
11	66	132	10	20	71	142	26	52	48	96	30	60
12	74	148	11	22	79	158	29	58	54	108	34	68
13	77	154	12	24	83	166	31	62	56	112	35	70
14	83	166	13	26	88	176	33	66	60	120	38	76
15	N/A	N/A	13	26	93	186	34	68	63	126	40	80
16-18	N/A	N/A	15	30	101	202	38	76	69	138	43	86
19-22	N/A	N/A	16	32	108	216	40	80	73	146	46	92
23-27	N/A	N/A	17	34	114	228	43	86	78	156	49	98
28-31	N/A	N/A	19	38	129	258	48	96	88	176	55	110
每增一星期	N/A	N/A	4	8	29	58	11	22	20	40	12	24
全年計劃	350	681	54	105	374	727	139	270	255	496	160	311

此保單須向保險業監管局支付徵費。美亞保險香港有限公司將代表閣下支付此保單所須支付之徵費。詳情請瀏覽 [www.aig.com.hk/levy](http://www.aig.com.hk/levy) 或致電 (852) 3555 0000