Jebsen Insurance Brokers Ltd.
捷成保險顧問有限公司

Overseas Student Insurance – Information requested for quotation

(海外留學生保險 報價所需要的資料)

Insured Name (投保人姓名): _____

Address (地址): _____

Mobile (手提電話): _____ Email (電郵): _____

Plan (計劃): _____

Period of Insurance (投保期間): _____

Name of Insured Person (受保人姓名): _____

Sex(性別): _____ HKID No. (香港身份證號碼): _____

Date of Birth dd/mm/yy (出生日期): _____

Relationship with Application (與申請人之關係): _____

Name of Overseas Educational Institution attended by Insured Person

(受保人就讀海外學府名稱): _____

Address of Overseas Educational Institution attended by Insured Person

(受保人就讀海外學府地址): _____

Overseas Address of the Insured Person (受保人海外地址):

_____

Other Requirements (其他要求): _____

Contact Person (聯絡人): _____ Position (職位): _____

Mobile (手提電話): _____ Email (電郵): _____