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

Travel Insurance (Annual) – Information requested for quotation

(全年旅遊保險 報價所需要的資料)

Insured Name (投保人名稱): _____

Address (地址): _____

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

Insurer and Plan Selected (所選保險公司及計劃): _____

Top 3 Usual Destination (首三個慣常目的地): _____

Insured Period (投保期間): 由 _____ 至 _____

Details of Insured Persons (受保人資料):

Surname (姓氏)		
Given Name (名字)		
Gender (性別)		
Date of Birth (dd/mm/yy) (出生日期)		
HKID/Passport No. (香港身份證/護照號碼)		
Mobile (手提電話)		
Email (電郵地址)		
Relationship with Policyholder (與保單持有人關係)		

If Require Optional Benefits, Please Specify (如需要附加保障，請註明):

_____

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

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