

旅行保险合同变更/解除申请书  
Application for Endorsement/Cancellation of Travel Insurance Policy

申请日期 Application Date	保险单号码 Policy No.
投保人姓名 Name of the Policyholder	被保险人姓名 Name of the Insured Person
联系电话 Contact Number	邮箱 Email Address
保险期间 Policy Period	____年(YYYY) ____月(MM) ____日(DD) 至 To ____年(YYYY) ____月(MM) ____日(DD)
其他需要提供的信息 Other Information	
变更/解除内容 Endorsement/ Cancellation Content	<input type="checkbox"/> 更正被保险人资料 Correction of Information of the Insured Person (仅限于姓名或证件号码的非实质性修改 Only for non-material changes to the name or ID document no. 请提供身份证或护照复印件等有效证明文件 Please provide valid ID document such as copy of ID or passport) 姓 名 Name _____ 性 别 Gender <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female 证件号码 No. of Document <input type="checkbox"/> 身份证 ID <input type="checkbox"/> 护照 Passport _____ 出生日期 Date of Birth ____年(YYYY) ____月(MM) ____日(DD)
	<input type="checkbox"/> 变更身故保险金受益人 Change of the Death Beneficiary/Beneficiaries (须投保人与被保险人同时签署 Need to be signed simultaneously by the Policyholder and Insured Person) 受益人一 Beneficiary One ____ 身份证号码 ID No. ____ 与被保险人关系 Relationship to the Insured Person ____ 受益份额 Percentage ____% 受益人二 Beneficiary Two ____ 身份证号码 ID No. ____ 与被保险人关系 Relationship to the Insured Person ____ 受益份额 Percentage ____%
	<input type="checkbox"/> 合同解除 Cancellation of policy 请提供投保人/被保人亲笔签名的申请书原件及投保人身份证复印件。Please provide this signed application and ID copy of the Policyholder. 因下列原因, 申请解除保险合同 Apply for cancellation due to below reasons: <input type="checkbox"/> 使领馆拒签 (请另附使领馆拒签证明和保险人在保险合同约定满期日前的海关出入境记录) Visa Denials (please attach the visa denial notice issued by the Embassy/Consulate and Customs entry and exit records before the expiry date of this policy) <input type="checkbox"/> 出发前旅行取消 (仅限境外旅行, 请另附被保险人在保险合同约定满期日前的海关出入境记录) Trip cancellation before departure (For overseas travel only. Please attach Customs entry and exit records before the expiry date of this policy) <input type="checkbox"/> 投保错误 (产品/计划选择错误或被保险人或投保人不符合投保条件) buyer's mistakes (Policy/plan selection mistake or ineligible insured or policy holder) <input type="checkbox"/> 保险期间届满前结束合同 (请填写申请人期望的保险合同终止日期) Policy termination before policy expiry date (Please fill in policy termination date that the applicant requests.) 合同终止时间 Policy termination time ____年(YYYY) ____月(MM) ____日(DD) 24:00时(Hrs)
	<input type="checkbox"/> 其他变更 (请详述) Other Changes (Please provide details) _____
申请人声明 Declaration of the Applicant	<p>1. 本人兹申请美亚财产保险有限公司 (以下简称“美亚保险”) 的上述旅行保险合同变更/解除, 并声明以上陈述及各项细节均真实无误。本人明白所述旅行保险合同变更/解除经美亚保险审核同意后方可生效。I/We hereby apply for abovementioned application for endorsement/cancellation of the Policy and declare that the information provided is true and correct. I/We fully understand that the endorsement/cancellation of the Policy shall not be in force until approved by AIG Insurance Company China Limited (the Company).</p> <p>2. 本人同意并明白, 若保险合同是获得“申根协定”缔约国签证的必要条件, 根据与相关使领馆的协议, 美亚保险在同意合同解除申请并签署批单后, 有权将合同解除情况通知相关使领馆, 告知该保险合同已失效。I/We hereby understand that if the policy is required for the Schengen visa, according to the agreement with the relevant Embassy/Consulate, the Company is authorized to inform the relevant Embassy/Consulate the termination of the policy after the Company has agreed to and completed cancellation of the policy.</p> <p>3. 本人特此确认并同意: 如果申请解除保险合同, 截至保险合同解除前, 保险合同项下未发生过任何保险事故或可能导致美亚保险承担保险责任的任何事故。合同解除生效后发生的任何事故, 美亚保险均不承担任何责任。I/we hereby confirm and agree that: in the event of cancellation of the Policy, no insured event has been arising under the Policy nor any event that may result in the Company's liability up to the cancellation. The Company shall not be liable for any loss occurs after the effective date of policy cancellation.</p>

投保人/被保险人签名: \_\_\_\_\_  
Signature of Policyholder/Insured Person