

# 天主教培聖中學

## 家長通知書

上主，求你引我進入真理之路，因為你是救我的天主。(詠 25:4-9)

編號：A156/22-23

敬啟者：

### 台北宜蘭四天生態考察團

本校向來注重學生的全人發展，除關注同學的學業成績外，亦重視同學的身心發展，故經常舉辦不同之課外活動，供同學們參與。貴子弟早前參與由世界自然（香港）基金會所舉辦的 Flow with nature: 青年行動計劃，獲取冠軍殊榮，並獲邀參與免費海外生態保育考察。查貴子弟有意參加是次活動，詳情如下：

舉辦組織：	世界自然基金會(香港分會)
日期：	二零二二年十二月十七日至二十日（星期六至星期二）
地點：	台北宜蘭
領隊：	世界自然基金會職員
隨隊老師：	陳婉婷老師
集合時間：	二零二二年十二月十七日 上午八時五十分
集合地點：	香港國際機場離境大堂
解散時間：	二零二二年十二月二十日 下午四時三十分
解散地點：	香港國際機場入境大堂
備註：	<ol style="list-style-type: none"><li>1. 參加者須持有有效之出入境護照及香港永久居民身份證，護照至少要有 6 個月有效期；</li><li>2. 建議參加者因應個人需要，帶備適量港幣或台幣作兩晚自由活動時間的膳食及活動開支，並作應急或購物之用；</li><li>3. 舉辦機構已為參加者購買旅遊保險，如欲瞭解保險項目內容，請參閱附件內容。</li></ol>

**Corporate Travel Care Policy Schedule**

<b>Policy Number:</b>	HGTS000428
<b>Policyholder:</b>	World Wide Fund for Nature Hong Kong
<b>Business Nature:</b>	-
<b>Location Of Insured:</b>	- - - Hong Kong
<b>Period of Insurance:</b>	From: 17 December 2022 at 12:01am to 10 January 2023 at 12:00am
<b>Scope of Coverage:</b> 1.	To Cover an Insured Person according to the Schedule of Benefit during the Period of Insurance for the Journey as defined in the policy wording.
<b>Policy Wording:</b>	Corporate Travel Care Policy 2018
<b>Eligible Insured Person(s):</b> 1.	For all 'named' participants while travelling overseas in Insured Event  <b>Insured Event 1 : Trip to Taiwan</b> <b>Period of Insurance : 17 Dec 2022 to 20 Dec 2022</b> <b>Number of Insured Persons : 10</b> <b>Activities may involve Farming, Hiking, Field visit in nature</b>  <b>Insured Event 2 : Trip to Malaysia</b> <b>Period of Insurance : 5 Jan 2023 to 8 Jan 2023</b> <b>Number of Insured Persons : 15</b> <b>Activities may involve Snorkeling (within 5m depth), Hiking, Field visit in nature</b>
<b>No. of Travellers at Policy Inception:</b> 1.	25
<b>No. of trips at Policy Inception:</b> 1.	25

Policy Number: HGTS000428

Corporate Travel Care Insurance Policy Schedule, Hong Kong SAR. Published 06/2021.

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## Schedule Of Benefits

Coverage		Maximum Sum Insured Per Insured Person (HKD)
A.	Personal Accident	Plan 1: Event 1: 500,000 Event 2-2I: 500,000 (PD Scale (II))
A(ii)	Additional Indemnity for Public Conveyance or Innocent Victim in Armed Robbery	Plan 1: 0
B.	Major Burns	Plan 1: 100,000
C.	Fractured Bones	Plan 1: 20,000
D.	Medical Expenses Reimbursement	Plan 1: 500,000
E.	Personal Property	Plan 1: 15,000 (Excess:0) Limit of any one article/pair/set of articles: 5,000 Lap-top computer: 10,000 Sporting Equipment: 5,000
F.	Personal Money (include Loss of Travel Document)	Plan 1: 5,000 (Excess:0) Cash Limit: 2,000
G.	Baggage Delay	Plan 1: 1,000
H.	Travel Delay &/or Trip Re-route	Plan 1: Travel Delay: 1,000 (Excess:0) Trip Re-route: 10,000
I.	Loss of Deposit	Plan 1: 10,000
J.	Curtailment Expenses	Plan 1: 10,000
K.	Chubb Insurance Worldwide Assistance Services	Plan 1: Unlimited
	China Clinical Network	Plan 1: Not Covered Number of China Emergency Card(s): 0
L.	Personal Liability	Plan 1: 2,000,000
M.	Incidental Expenses (Staff Replacement Expenses)	Plan 1: Not Covered
N.	Hijack or Strike	Plan 1: Not Covered
O.	Hospital Cash	Plan 1: 500 per day up to a maximum of 15,000
P.	Scarring of the Face	Plan 1: 25,000
Q.	Trauma Counselling Benefits	Plan 1: Not Covered
R.	Rehabilitation Expenses / Home Renovation Expenses	Plan 1: Not Covered
S.	Compassionate Death Benefits	Plan 1: Not Covered
T.	Critical Illness Benefit	Plan 1: Not Covered

Policy Number: HGT5000428

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U.	Funeral Expenses Benefit	Plan 1: Not Covered
V.	Education Fund Benefit	Plan 1: Not Covered
W.	Credit Card Protection	Plan 1: Not Covered
X.	Recruitment Expenses Benefit	Plan 1: Not Covered
Y.	Coma Benefit	Plan 1: 500 per week up to 50 weeks (waiting period: 2 weeks)
Z.	Spouse Retraining Benefit	Plan 1: Not Covered
AA.	Psychotherapy Benefit	Plan 1: 1,500 per visit and 15,000 in aggregate
AB.	Corporate Image Protection	Plan 1: Not Covered
AC.	Natural Disaster Evacuation	Plan 1: Not Covered
AD.	Rental Vehicle Excess Waiver	Plan 1: Not Covered
AE.	Identity Theft	Plan 1: Not Covered
AF.	Political Retreat	Plan 1: Not Covered
AG.	Kidnap Benefit	Plan 1: Not Covered
AH.	Loss of Teeth	Plan 1: 1,000 (per tooth)
AL.	Home Protection	Plan 1: Not Covered
AJ.	Search And Rescue Expenses	Plan 1: Not Covered

**Aggregate Limit of Liability:** HKD10,000,000 any one Per Occurrence

Policy Number: HG7S000428

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#### **Endorsements:**

1. All Insured Persons are subject to no offshore work
2. Aggregate Limit of Liability (non-scheduled aircraft): HKD 7,800,000 (equivalent to USD 1,000,000) per Occurrence or Aggregate Limit of Liability shown in the Policy Schedule, whichever is lower.

倘 台端同意 貴子弟參加是次活動，請簽署下列回條，並著 貴子弟於 12 月 14 日（星期三）前帶回逕交陳婉婷老師辦理為荷。如對是次活動有任何查詢，請致電本校 2445 0800 與陳婉婷老師聯絡。

此致  
貴家長



天主教培聖中學  
郭富華校長

二零二二年十二月十四日

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(編號：A156/22-23)

### 家長通知書回條

(回條須於十二月十四日前交回陳婉婷老師)



敬覆者：

來函敬悉有關「台北宜蘭四天生態考察團」事宜。本人\*同意/不同意敝子弟參加是次活動。

此覆  
天主教培聖中學校長

中\_\_\_\_級\_\_\_\_班\_\_\_\_號學生：\_\_\_\_\_

學生家長/監護人簽署：\_\_\_\_\_

學生家長/監護人姓名：\_\_\_\_\_

二零二二年\_\_\_\_月\_\_\_\_日

\* 請刪去不適用者