

Hanse Merkur Young Travel オンライン契約方法

留学・ワーホリ・オーペア・インターン用保険 加入時 35 歳未満



① ご滞在データ（入力・表示データはサンプルです。）

Travel data

When does your stay begin and end?



Date of entry into host country	DD/MM/YYYY	←	ドイツ入国日
Commencement of the insurance	DD/MM/YYYY	←	保険開始日
Expiry of insurance / end of trip	DD/MM/YYYY	←	保険解約日

Who is travelling?

No. of persons

More

契約者人数
ご自身の契約のみであれば 1,
ご家族の場合は人数に応じ選択

上記項目入力
後クリック

Who is travelling?

No. of persons

Date of Birth 1. Person DD

Home Country 1. Person

What is the purpose of your trip?

旅行目的の選択
下記いずれかのタブを選択

上記項目入力
後クリック

② 補償内容の選択

Select your offer

Foreign travel health insurance (Advigon Versicherung AG)



	Advigon BASIC Foreign Health Insurance	Advigon PROFİ Foreign Health Insurance
Your price	436,00 €	640,90 €
Rates & services	▼	▼
Please select your rate	<input checked="" type="radio"/> Select now	<input type="radio"/> Select now

旅行医療保険プランの選択

Additional package (HanseMerkur Reiseversicherung AG)



	HanseMerkur BASIC Travel liability insurance, Travel Accident Insurance, Emergency Insurance	HanseMerkur PROFİ Luggage Insurance, Travel liability insurance, Travel Accident Insurance, Emergency Insurance
Your price	98,82 €	219,60 €
Rates & services	▼	▼
Please select your rate	<input type="radio"/> Select now	<input type="radio"/> Select now

旅行保険パッケージプランの選択
ワーホリビザ必須の旅行賠償責任保険

Your Total Price

Advigon BASIC	436,00 €
No Property Insurance	0,00 €
Total price for all travellers	436,00 €

Back

Select

プランを選択後クリック

③ 補償内容の確認、契約者・お支払い情報入力

Please enter your personal and payment data

Insured person(s)

Title Mr. Ms. Child

First Name

Last Name

Date of Birth

House No. and Street

Postal/Zip Code

Place

Home Country

Transfer data for the person making the booking

Data for Person Booking
(Policy Holder)



Title Mr. Ms. Company

Title (optional)

First Name

Last Name

Date of Birth

House No. and Street

Postal/Zip Code

Place

Country

Phone no. (optional)

E-mail

Repeat e-mail address

被保険者様の情報を入力

契約者本人の名前を入力
ご家族の場合は主契約者の名前

ドイツでの滞在先住所を入力
(アパート・寮・ホストファミリー等)
ドイツでの滞在先が未定の場合のみ、日本の住所、またはドイツ国内の他の連絡先（郵便物が届く住所）を入力

※住所が変更になった場合は必ず保険会社または弊社へご連絡下さい

メールアドレスは必ずご入力下さい。保険証券はメールにて発行となります。

メールアドレス再入力
(確認用)

Payment data


Credit card  Credit Card を選択下さい

SEPA (basic direct debit)  



Credit card

First Name クレジットカードの名義はご家族など、ご本人様以外でも可

Last Name

Credit card 

Card Number
To protect your data, your credit card number will be only shown in an encoded form after sending the booking request.

Valid Until  

Card check number クレジットカード裏側のセキュリティコード


Methods of Payment

Methods of Payment お支払い方法 once only (一括を選択)

お支払い情報を入力 クリック


④ 契約確認画面（入力・表示データはサンプルです。）



Please check your data

Your Particulars Change 

Please note that providing false information may result in loss of insurance cover.

Ins. begin: 05/03/2018	Expiry of insurance / end of trip: 05/03/2019	Arrival on: 05/03/2018
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Your Choice Change 

Advigon Travel Health Insurance basic incoming up to 365 days 03/05/2018 - 03/04/2019  Insurance product information document (PDF)	434,35 € Price for all travellers Price details
Advigon Travel Health Insurance basic incoming up to 1825 days 03/05/2019 - 03/05/2019  Insurance product information document (PDF)	1,65 € Price for all travellers Price details

以下に氏名等 入力されたデータが表示されます。内容をご確認下さい。

STB

I have read and accept

-  [the terms and conditions of insurance \(PDF\)](#)
-  [the cancellation right and the consumer information \(PDF\)](#)

Residence

I confirm that the stay of the insured person(s) (the persons who travel) in Germany is only temporary. Their place of residence will continue to be in their home country and they plan to return to their home country when the trip is over.

必ず 約款 (the terms and conditions of insurance(PDF)) と重要説明事項 (the cancellaion richt and consumer (PDF)) をお読み下さい。その後同意のチェック

ドイツ滞在は一時的なものであるという承認。チェック。

Data Protection

I have taken note of the [notes on data protection](#).

個人情報の取り扱いについて必ずお読み下さい。その後了承のチェック

Following this booking, you will receive the advisory protocol by email. In addition, you can request a hard copy of the advisory protocol from our service hotline (+49 (0)40 5555 4020). Your insurance confirmation, the general insurance terms and conditions, the product information sheet (IPID) and consumer protection information will be sent to you in a separate email after your data has been verified. The emails are sent in accordance with the valid standardised conditions for email distribution (TLS encryption).



Security Check

Please enter the letters from the image shown below.



セキュリティのため、画面に実際に表示される文字を入力して下さい。

Your Choice Change ↻

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Advigon Travel Health Insurance basic incoming up to 1825 days 03/05/2019 - 03/05/2019  Insurance product information document (PDF)	1,65 € Price for all travellers Price details

契約・カード決済