



ZURICH®

蘇黎世

Motor Trade Insurance (named driver) enrollment form 汽車貿易保險 (記名駕駛人) 投保表格

For internal use only
只供內部使用

Broker name
經紀人姓名: _____

Broker no.
經紀人編號: _____

Enquiry no. 查詢電話: +852 2903 9391 Fax 傳真: +852 2968 0639

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。

Please use blue or black ink and write clearly in **BLOCK LETTERS**. Please complete the form in English. 請用藍色或黑色原子筆, 用英文大楷清晰填寫資料。

All fields are mandatory. 所有項目必須填報。

1. Applicant's information 投保人資料

Mr 先生 Mrs 太太 Ms 女士 Company 公司

Name of applicant
投保人姓名

HKID card no./Passport no./Business registration no.*
香港身份證號碼 / 護照號碼 / 商業登記號碼* 業務

Date of birth 出生日期
Day日 Month月 Year年
D D M M Y Y Y Y

Gender 性別 Male 男 Female 女

Business/Occupation 業務 / 職業
 Motor car manufacturer 汽車製造廠
 Motor car repairer 汽車維修商
 Motor car dealer 汽車經銷商
 Other 其他
Motor company 車行
 Brand new car 全新車買賣
 Second hand car 二手車買賣
Please specify 請申述: _____

Correspondence address 通訊地址
Flat/Room* 室 / 單位* Floor 樓 Block 座 Building 大廈

Estate name/No. & name of street/Lot no.* 屋苑名稱 / 街名及門牌 / 地段* District 地區 HK/KLN/NT* 香港 / 九龍 / 新界*

Mobile phone no.
流動電話號碼

Day time telephone no.
日間聯絡電話

Email address
電郵地址

2. Insurance information 保險資料

Comprehensive 綜合保險 Third party 第三者保險 Demonstration Extension Risk Cover 附加試車風險保障 Yes 是 No 否

Effective date of insurance 保障生效日期 From 由 Day日 Month月 Year年 To 至 Day日 Month月 Year年
D D M M Y Y Y Y D D M M Y Y Y Y

Important notes 重要事項

Limitation as to use 汽車使用限制:
Use only for motor trade purposes in connection with the insured's business as specified above. 只限使用於 閣下上述列舉之汽車貿易相關業務上。

3. Driver's information 駕駛人資料

Please fill in the details of the insured driver(s) below 請在下方填上駕駛人資料：

Name of driver(s) 駕駛人姓名	Age 年齡	Years of driving experience 駕駛經驗	Occupation 職業	Relationship to the insured 與受保人關係
1.				
2.				
3.				
4.				

4. Driving experience 駕駛經驗

State whether you and/or any person who to your knowledge will drive the vehicle: (If your answer is "Yes", please provide full details in the space provided.)
請說明 閣下或就 閣下所知將會駕駛此車的人是否：(若答案為「是」，請在下方提供詳情。)

- | | Yes 是 | No 否 |
|---|--------------------------|--------------------------|
| 1. Have been prosecuted or been deducted more than five driving offence points in total or had driving license disqualified by a court in the last two years?
曾在最近兩年內觸犯交通規則而被起訴或被扣超過五分或被罰停牌？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have suffered/been suffering from heart diseases, diabetes and epilepsy; defective vision or hearing; or physical and mental infirmities?
曾患心臟病、糖尿、癲癇或患有視力或聽覺上的缺陷或身體或精神上的毛病？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have had any motor insurance refused?
曾被拒絕投保汽車保險？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have had any accidents, losses or claims in the past three years or are under any police enquiries and prosecutions?
於過往三年間曾否發生意外、失竊或索償事項，現時是否被警方傳召或起訴？ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have made any motor claims against other insurance companies in the past three years?
過往三年內是否曾向其他保險公司提出汽車保險索償？ | <input type="checkbox"/> | <input type="checkbox"/> |

5. Latest insurance details 最近期的保險資料

Latest insurance company 最近保險公司名稱

Policy number (if known) 保單編號 (如已知悉)

6. Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the information on this enrollment form is true and complete in every respect. I/We understand that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").
本人/我們特此聲明此投保表格的資料乃根據本人/我們所知及所信為確實及完全而填報，屬實無訛。本人/我們明白本人/我們與蘇黎世保險有限公司(「貴公司」)的保險合約將照此投保表格及聲明而訂立。
- I/We agree that this enrollment form and declaration shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy of this Plan issued by the Company. If any answer has been written by any other person, such person shall, for that purpose, be deemed to be my/our agent and not the agent of the Company.
本人/我們謹此承認本投保表格為本人/我們與 貴公司訂立此保險契約及以後續約之根據，並願意接受此計劃保單上所刊載一切條款。若本投保表格經由他人代寫，均屬已經本人/我們認可及授權。
- I/We agreed to authorize the Company to pass the information in this insurance application or other relevant information to Transport Department for vehicle licensing purpose.
本人/我們同意授權 貴公司將本保險申請的資料或其他有關資料給予運輸署用作車輛牌照服務之用途。
- I/We understand that this Motor Trade insurance covers only my/our use of motor vehicle for motor trade purposes (refer to "Limitation as to use") but not for any other purpose including the conveyance of passengers for hire or reward, the conveyance of goods in the course of trade or the delivery or removal of goods, personal, social, domestic or pleasure purpose, racing, pacemaking, reliability trail or speed testing.
本人/我們明白此汽車貿易保險承保範圍只限用於本人/我們在營運汽車貿易業務上(請參照「汽車使用限制」)，而並不包括任何汽車租賃、運載貨物或收費形式接載乘客、日常社交及私人自用、家庭或遊樂用途、賽車、定速度、可靠性試驗或車速測試。
- I/We understand that I/we shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.
本人/我們明白所有保障範圍、不承保事項條款及細則概以此保險計劃保單為準。
- I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the policy.
本人/我們明白本人/我們必須完成及提供此表格之所有資料，貴公司將不會受理本人/我們資料不全之保單申請。
- I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above consent is necessary for the Company to proceed with the application.
本人/我們明白、確知及同意，貴公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體，代表本人/我們簽署的獲授權人員須向 貴公司確認他/她已獲該法人團體授權。本人/我們亦明白 貴公司必須取得申請人同意，方可以處理其保險申請。

6. Declaration (continued) 聲明 (續)

8. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.
此保險申請須待 貴公司覆核、接納投保書及收訖保費後才能生效。

7. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd** ("**Company**") from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由蘇黎世保險有限公司 (「本公司」) 不時收集或持有的客戶 (包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人) 個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「蘇黎世保險集團」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires. 本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Consent for marketing purposes – Voluntary:

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料 (其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料)，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及 / 或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示 (例如同意或表示不反對的指示，或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及 / 或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料 (並可能收到金錢或其他財產作為回報)，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人 / 我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

本人 / 我們不同意 貴公司使用或向第三方提供本人 / 我們的個人資料作上列市場推廣用途。

I/We confirm that all information provided by me/us in this enrollment form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this enrollment form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance.

本人 / 我們確認由本人 / 我們於此投保表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本投保表格內之所有部分，包括但不限於上列之聲明及有關個人資料 (私隱) 條例的客戶通知。

Signature of applicant
投保人簽署

Date
日期

Day日	Month月	Year年
D	D	M M Y Y Y Y

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司 (於瑞士註冊成立之有限公司)
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