

# Self-drive Tour Motor Contingent Liability enrollment form

## 「自駕遊第三者責任保障」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：\_\_\_\_\_

**This form is not applicable for motor third party insurance. 此表格不適用於汽車第三者責任保險。**

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 complete in **BLOCK LETTERS**. 請以英文正楷大寫填報。

**All fields are mandatory, except the fields marked with #. 所有項目必須填報，惟#號之項目除外。**

### 1. Applicant's information 投保人資料

Eligible applicant must be an eligible applicant to Ad hoc quota trial scheme for cross boundary private cars according to the Scheme's Application Guide. 合資格投保人必須為符合「過境私家車一次性特別配額試驗計劃」申請指引之申請人。

☐ Mr 先生 ☐ Mrs 太太 ☐ Ms 女士 ☐ Company 公司

Full name or Company name in English  
英文姓名或公司名稱

Date of birth  
出生日期

Day日 Month月 Year年  
D D M M Y Y Y Y

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

Gender  
性別 ☐ Male 男

☐ Female 女

Occupation  
職業

Marital Status#  
婚姻狀況#

Correspondence address  
聯絡人通訊地址

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

Effective date of insurance cover<sup>1</sup> (Ad hoc quota start date)

保障生效日期<sup>1</sup> ( 一次性特別配額開始日 )

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Are you / your company insured with Zurich Self-drive Tour Carnet Guarantee?

閣下/ 貴公司是否受保於蘇黎世「自駕遊車輛關稅責任擔保」?

☐ Yes  
是

☐ No  
否

If your answer is "Yes", please quote "Self-drive tour carnet guarantee" confirmation no.

如答案為「是」, 請提供「自駕遊車輛關稅責任擔保」確認號碼:

Are you existing Zurich's Motor insurance plan policyholder?

Please answer question a) below if your answer is "yes". Please answer question b) below if your answer is "no".

閣下是否蘇黎世汽車保險計劃之現有客戶? 如答案為「是」者請轉答以下問題 a)。如答案為「否」者請轉答以下問題 b)。

☐ Yes  
是

☐ No  
否

a) Please quote your Zurich Motor insurance policy no.:

請提供蘇黎世汽車保險之保單號碼:

b) Your existing motor insurance provider is:

閣下之現有汽車保險公司為:

(Please go to Part 5 Driving Experience if you are Zurich's Motor insurance or Self-drive Tour Carnet Guarantee customer.)

(如 閣下為蘇黎世汽車保險或「自駕遊車輛關稅責任擔保」之客戶, 請轉填第五部份駕駛經驗。)

<sup>1</sup> The coverage is effective from the time when the Private Car enters the boundary of Guangdong Province from Hong Kong within a 5-day period from the Ad Hoc Quota start date granted by the Transport Department and the Public Security Department of Guangdong Province under the Ad Hoc Quota Trial Scheme for Cross Boundary Private Cars, and lasts until the time when the Private Car departs from the boundary of Guangdong Province for returning to Hong Kong, and always subject to a maximum period of seven (7) days.

本保障由私家車按照運輸署與廣東省公安廳根據「過境私家車一次性特別配額試驗計劃」授出的配額開始日起五(5)天內, 從香港進入廣東省邊境時間始生效, 直至私家車離開廣東省邊境返回香港時結束, 為期最多七(7)天。

## 3. Vehicle information 車輛細節

Registration number

車牌號碼

Year of manufacture

製造年份

Chassis no. / Engine no.

底盤號碼 / 引擎號碼

No of seats of vehicle:

車輛座位:

Make

廠名

Model

型號

Cubic capacity

汽缸容量

## 4. Driver's information 駕駛者資料

Insured person(s) must be an eligible applicant to "Ad hoc quota trial scheme for cross boundary private cars" according to the scheme's application guide. 受保人必須為符合「過境私家車一次性特別配額試驗計劃」申請指引之申請人。

	Driver 1 駕駛者一	Driver 2 (if any) 駕駛者二 (如適用)
Last name 姓		
First name 名		
HKID card no./ Passport no.* 香港身份證號碼/ 護照號碼*		

## 5. 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.

請在下列說明 閣下及其他駕駛人詳情。若答案為「是」者, 請指出及詳細列明事件細節及日期。

Have any of the above insured person(s) had any accidents, losses or claims in the past three years or are there any police enquiries or prosecutions pending?

以上任何一位受保人於過往三年間是否曾發生意外、失竊或索償事項或現時是否被警方傳召或起訴?

☐ Yes  
是

☐ No  
否

Have any of the above insured person(s) been prosecuted or deducted more than five driving offence points in total in the last two years?

以上任何一位受保人是否曾在最近兩年內觸犯交通規則而被起訴或扣分超過五分?

☐ Yes  
是

☐ No  
否

## 6. Declaration 聲明

1. 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。
2. I/We understand that I/We shall refer to the Confirmation of Guarantee for details of the guarantee and terms and conditions.  
本人 / 我們明白所有擔保條款及細則概以擔保確認書為準。
3. 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 guarantee.  
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 / 我們資料不全之擔保申請。
4. 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。
5. 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 it has been accepted by the Company and the premium has been paid.  
此保險申請須待貴公司覆核，接納投保書及繳訖保費後才能生效。

## 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](http://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](http://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, 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。

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

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
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