

HealthNoble Medical Insurance Plan enrollment form

「貴族」醫療保險計劃投保表格

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。請用英文填寫表格。**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

Last name 姓 _____ First name 名 _____ Chinese name 中文姓名 _____

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.
香港身份證號碼 / 護照號碼*

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*

Email address 電郵地址 _____ Mobile phone no. 流動電話號碼 _____

Marital status 婚姻狀況 _____ Occupation and position 職業及職位 _____

2. Insured person's information 受保人資料

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Last name 姓				
First name 名				
Gender 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
HKID card no./Passport no./ Birth certificate no.* 香港身份證號碼 / 護照號碼 / 出世紙號碼*				
Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年
Relationship with applicant 與投保人關係				
Occupation and position 職業及職位				

* Child(ren) must be aged 15 days to 17 years (attained age) and unmarried.
子女年齡必須為15日至17歲 (已屆年齡) 及未婚。

3. Choice of cover and plan level 保障項目及計劃級別

Core Cover - Section 1 to 6. Hospital and Surgical Benefit 基本保障 - 第1節至第6節. 住院及手術保障

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Choice of plan 計劃選擇				
Plan level of Core Cover 基本保障之計劃級別	<input type="checkbox"/> Platinum 尊尚計劃 <input type="checkbox"/> Premier優越計劃 <input type="checkbox"/> Essential 精選計劃	<input type="checkbox"/> Platinum 尊尚計劃 <input type="checkbox"/> Premier優越計劃 <input type="checkbox"/> Essential 精選計劃	<input type="checkbox"/> Platinum 尊尚計劃 <input type="checkbox"/> Premier優越計劃 <input type="checkbox"/> Essential 精選計劃	<input type="checkbox"/> Platinum 尊尚計劃 <input type="checkbox"/> Premier優越計劃 <input type="checkbox"/> Essential 精選計劃
Room type 房間類別	<input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房	<input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房	<input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房	<input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房
Voluntary deductible (Please choose deductible amount (USD) 自願性自負額 (請選擇自負額 (美元))	<input type="checkbox"/> Nil 無 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	<input type="checkbox"/> Nil 無 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	<input type="checkbox"/> Nil 無 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000	<input type="checkbox"/> Nil 無 <input type="checkbox"/> 2,500 <input type="checkbox"/> 5,000 <input type="checkbox"/> 10,000

Additional Cover^ 附加保障^

Section 7 第7節	Outpatient Benefits and Wellness Benefits 門診及保健保障				
Section 8 第8節	Dental Care 牙科保健				
Section 9 第9節	Maternity Benefit 產科保障				

^ Only applicable to applicant or insured whose selected plan level of Cover Cover is Platinum or Premier. The plan level of additional cover shall be the same of selected Core Cover
只適用於投保人或受保人所選擇的基本保障為尊尚計劃或優越計劃。附加保障之計劃級別將會與所選擇之基本保障之計劃級別相同。

4. Premium payment mode 保費支付方式

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Total premium (HKD) 保費總額 (港元) Premium = Core Cover premium x (100% -Deductible discount (if applicable)) or Core Cover premium + Additional Cover premium (if applicable) 保費 = 基本保障保費 x (100% - 自負額折扣 (如適用)) 或基本保障保費+ 附加保障保費 (如適用)	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季
Less 5% premium discount 扣減95折保費折扣	<ul style="list-style-type: none">Insured persons can only receive either Family Enrolment Discount or the Corporate Discount. 投保人只可享有家庭投保或團體折扣優惠。Enroll with your spouse and/or children, each insured family member can receive 5% premium discount. 與配偶及 / 或子女一同投保，每位家庭成員可享5%保費折扣。Enroll with a minimum of five staff members, a corporate customer can receive 5% corporate premium discount. 投保員工達五名或以上，公司客戶可享5%團體保費折扣。			
Total premium payable (HKD) (Minimum annual premium per policy is HKD 4,000) 應付保費總額 (港元) (每保單每年最低保費為4,000港 元)	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季	<input type="checkbox"/> Annual 每年 <input type="checkbox"/> Quarterly 每季
Effective date of insurance cover 保險生效日期	日 月 年 DDMMYYYY	日 月 年 DDMMYYYY	日 月 年 DDMMYYYY	日 月 年 DDMMYYYY

5. Health questionnaire 醫療問卷

Each insured person must complete one health questionnaire. If more than one insured person applies for this plan, please photocopy and complete this section for each additional insured person(s).

For all medical conditions declared, where possible please forward copies of medical reports, discharge summaries, scans and tests. Please note that we may request additional information at your own cost.

每一位受保人必須填寫一份醫療問卷。如多於一位受保人申請此計劃，請複印此醫療問卷並為每位額外的受保人填寫。

對於聲明的所有醫療狀況，請盡可能提交有關的醫療報告，出院摘要，掃描及測試的副本。我們有機會要求您自費提供更多詳情。

Name of insured person 受保人姓名

Part A – General Medical Information 甲部 – 一般醫療資料

Please provide details for your family doctor / treating physician
請提供家庭 / 主診醫生資料

Name
姓名：

1.

Address 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*

Phone no.
電話號碼：

2. Please provide your height and weight measurements. 請提供您的身高及體重資料。

Height 身高：_____ m 米Weight 體重：_____ kg 公斤

3. Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give reason and exact figure.

閣下的體重是否在過去十二個月內增加或減少10磅（4.5公斤）或以上。若「是」，請說明原因及確實增加或減少之重量。

Reason 原因：

Exact figure gained/lost 確實增加或減少之重量：_____ kg 公斤

4. Do you live and/or require to work outside Hong Kong? If yes, please state full details including country, period of stay, frequency of visits, purpose of visits etc.

閣下是否居於或需於香港以外工作，若「是」，請說明詳情，包括國家、逗留時間、頻率及原因等。

Details 詳情

5. Do you participate or are you planning to participate in any hazardous sport or activity (e.g. private aviation, motor car or motor-cycle racing, diving of any kinds or mountaineering, etc.)?

If yes, please state details or complete a separate supplementary questionnaire if required by the Company.
閣下是否參與或計劃參與任何危險運動或活動（例如：駕駛私人航空工具、賽車、任何類型的潛水或攀山等）？
若「是」，請說明詳情或按本公司要求完成附加問卷。

Details 詳情

6. Do you drink alcohol? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and your weekly consumption.

請問閣下會否飲用酒精飲品？若「是」，請註明飲品種類（例如啤酒、葡萄酒、烈酒等）及每週飲用量。

Type of drinks 飲品種類：_____ Your weekly consumption 每週飲用量 _____ ml 毫升

7. Do you smoke or have you ever smoked any cigarettes? If yes, please state details.

閣下曾否吸煙？若「是」，請註明每日吸煙數量。

_____ pieces per day 支 / 每日，for 達 _____ years 年。

If you have ceased smoking, please state when and for what reason:
如閣下已停止吸煙，請註明戒煙日期。

Since 自從：_____ ceased and reason 開始戒煙及因為 _____

5. Health questionnaire (continued) 醫療問卷 (續)

Part B – Medical history 乙部 - 病歷

8. Have you ever been or are you currently taking any medication or drugs, prescribed or others for more than 14 days (apart from usual flu and colds)? If yes, please provide details below. ☐ ☐
閣下曾否 / 正在服用任何藥物超過十四天 (一般傷風、感冒除外) ? 若「是」, 請提供以下詳情。
- | | |
|---|---|
| Nature of disorder/Diagnosis
疾病性質 / 病症名稱 | Name of medication or drug
藥物名稱 |
| Daily dosage
每日劑量 | Duration and Date (From - To)
持續日期 |
| Present condition
現在的情況 | Name and address of the medical attendant(s)
主診醫生名稱及地址 |
9. Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease? If yes, please provide details below. ☐ Yes 是 ☐ No 否
閣下的親生父母或兄弟姐妹曾否患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎 (或肝炎帶菌者)、癌症或任何遺傳病? 若「是」, 請提供以下詳情。
- | | |
|---|---|
| Relationship with the applicant
與申請人關係 | Nature of disorder/Diagnosis
疾病性質 / 病症名稱 |
| Date and age of onset
發病日期及年齡 | Present condition, or if died, please state cause of death
現在的情況, 如已歿請提供死因 |
10. Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended any medical test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations? If yes, please provide details. ☐ ☐
除了僱主或保險公司指定之醫療檢查外, 閣下曾否進行或被醫生建議進行任何醫療檢查, 包括血液測試、X光、心電圖、超聲波、電腦掃描、活組織檢驗或其他檢驗? 若「是」, 請提供詳情。
- | | |
|---|---|
| Nature of disorder/Diagnosis
疾病性質 / 病症名稱 | Date of test(s)
測試日期 |
| Details of tested item(s)
測試項目詳情 | Test result
檢驗結果 |
| Present condition
現在的情況 | Name and address of the medical attendant(s)
主診醫生名稱及地址 |
11. Have you suffered from any illness or effects of an accident lasting for more than 14 days in the last 5 years? ☐ ☐
閣下於過去五年曾否患上任何疾病或因意外受傷超過14天?
12. Have you ever suffered from or been treated or do you foresee to consult with a medical practitioner for any of the following disorders or diseases?
閣下曾否患上、被診斷為或可預見就以下問題或疾病求診?
- | | | |
|---|--------------------------|--------------------------|
| (i) The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) or other related symptoms/diseases?
骨骼及肌肉系統 (如肌肉或骨骼不適、脊椎問題、關節炎、痛風) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) or other related symptoms/diseases?
呼吸系統 (如結核病、哮喘、慢性支氣管炎) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases?
內分泌系統 (如糖尿病、甲狀腺問題) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |

5. Health questionnaire (continued) 醫療問卷 (續)

Part B – Medical History (continued) 乙部 - 病歷 (續)

- | | Yes 是 | No 否 |
|--|--------------------------|--------------------------|
| 12. (iii) The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases?
內分泌系統 (如糖尿病、甲狀腺問題) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) The gastro-intestinal tract (e.g. any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoids, hernia, gall bladder, bowel) or other related symptoms/diseases?
腸胃管道 (如任何肝炎或肝病)、胃或十二指腸潰瘍、任何潰瘍、痔瘡、疝氣、膽囊、腸) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) or other related symptoms/diseases?
乳房或泌尿生殖器官 (如任何腎或膀胱疾病) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) The heart or cardio vascular or circulatory system (e.g. chest pain, any disorder of the heart or arteries, murmur, raised blood pressure, stroke, varicose veins, rheumatic fever) or blood (e.g. anaemia, haemophilia) or other related symptoms/diseases?
心臟、心血管、循環系統 (如心絞痛、心臟或動脈問題、心漏症、高血壓、中風、靜脈曲張、風濕熱) 或血液 (如貧血、血友病) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) The nervous system, mental disorder or psychiatric problem or brain function disorder (e.g. dizziness or epilepsy, paralysis, anxiety) or other related symptoms/diseases?
神經系統、精神失常、精神病或腦功能問題 (如暈眩、癲癇、癱瘓、焦慮) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) Impairment of the eyes / ears / nose (e.g. cataracts, ear infections, tonsillitis) or other related symptoms/diseases?
眼、耳、鼻的損傷 (如白內障、耳道感染、扁桃腺炎) 或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ix) Tumor, cyst, lump, growth, cancer or malignant tumor or other related symptoms/diseases?
腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤或其他有關的徵狀或疾病? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are there any health or physical conditions in the last five years not mentioned above which may affect your well being?
閣下於過去五年曾否有任何以上未提及的健康或身體狀況? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to Questions 11 -13 is "Yes", please give full details below.

如問題11-13之答案為「是」，請提供以下資料。

Question No.

問題編號

Nature of disorder/diagnosis, please specify the location of affected area where applicable

疾病性質 / 病症名稱及受影響位置

Full details of care, treatment or surgery received (e.g. date(s), details of medications etc.)

所接受之護理、治療或手術之詳情 (如日期及藥物詳情等) 響位置

Outcome of treatment e.g.ongoing, complete recovery, recurrent or likely to recur (please provide medical report)

治療結果，如持續治療、完全康復、已復發或有機會復發 (請提供醫療報告)

Name and address of the medical attendant(s)

主診醫生名稱及地址

- | | Yes 是 | No 否 |
|--|--------------------------|--------------------------|
| 14. Applicable for female insured person
適用於女性受保人 | | |
| (i) Are you now pregnant? If yes, please state the expected delivery date.
閣下是否正在懷孕? 若「是」，請註明預產期。
The expected delivery date
預產期為 | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.?) If yes, please state details.
閣下曾否因懷孕或生產而患上任何併發症 (如宮外孕、妊娠糖尿、高血壓、蛋白尿等)? 若「是」，請提供詳情。
Details 詳情 | | |
| (iii) Have you ever had any disorder of the breast or reproductive organs including abnormal smear test(s) and menstrual disorder? If yes, please state details.
閣下曾否發現任何乳房或生殖器官異常，包括子宮塗片檢查異常及月經失調? 若「是」，請提供詳情。
Details 詳情 | | |

5. Health questionnaire (continued) 醫療問卷 (續)

Yes 是 No 否

Part C – Information of Personal Insurance Policy 丙部 – 個人保單資料

15. Are you having any personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance with Zurich Insurance Company Ltd or any other insurer(s)? If yes, please state the policy no., benefits type, the sum insured and the company name of the insurer (including Zurich Insurance Company Ltd).

閣下現時是否擁有蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保單？若「是」，請提供保單號碼、保單項目、保額及保險公司名稱（包括蘇黎世保險有限公司）。

Details 詳情

16. Have you ever been refused enrolment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance, or subject to special terms and conditions or additional premium? If yes, please state details.

閣下是否曾於投保、續保或復效任何人壽 / 個人意外 / 醫療 / 住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納？若「是」，請提供詳情。

Details 詳情

17. Are you currently making a claim for accident, disability, or medical insurance benefit? If yes, please state details.

閣下現時是否進行任何意外、傷殘或醫療保險之索償？若「是」，請提供詳情。

Details 詳情

6. Payment method 付款方法

- ☐ **By check 以支票繳付**
(Only applicable to annual payment mode
只適用於每年繳付方式)

Check no.
支票號碼

Bank name
銀行名稱

Check made payable to "Zurich Insurance Company Ltd" 支票抬頭人請寫「蘇黎世保險有限公司」

If the check issuer is not the applicant, please explain the relationship between the check issuer and the applicant
若支票發出人並非投保人，請列明支票發出人與投保人的關係

- ☐ **By credit card 以信用卡繳付**

- ☐ Annual payment 每年繳付

- ☐ Quarterly payment 每季繳付

The first quarter's premium will be debited in the first billing 首次過賬將扣除首季之保費)

Credit card type 信用卡類別



Cardholder's name
持卡人姓名

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效日期至

Month月 Year年
MMYYYY

The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his/her credit card stated above including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on his/her credit card which arises as a result of such transfer. For the continuation of coverage, the cardholder understands that he/she should arrange sufficient credit balance in his/her credit card by the premium due date for the automatic debit of premium.

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reach the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated above on due dates, unless informed otherwise.

持卡人茲授權蘇黎世保險有限公司從他 / 她上述之信用卡以直接轉帳自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉帳而令他 / 她信用卡出現透支，持卡人願承擔全部責任。為了持續的保障，持卡人明白他 / 她須於保費到期日前安排足夠的信貸餘額於他 / 她的信用卡上作保費自動轉帳之用。

如投保人於保單周年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用。蘇黎世保險有限公司將繼續於到期日時在以上付款帳戶收取續保保費，直至另行通知。

If credit cardholder is not the applicant, please explain the relationship between the credit cardholder and the applicant:
若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係：

Signature of credit cardholder
信用卡持卡人簽署

Day日 Month月 Year年
Date日期 DDMMYYYY

7. 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 enrolment 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 authorize the Company to obtain medical information from my/our medical practitioner(s), and I/we agree to supply additional information relevant to this Plan at my/our own expense..
本人 / 我們明白本人 / 我們授權 貴公司有權向本人 / 我們之醫生索取有關病歷資料；本人 / 我們亦同意提供進一步與此計劃有關之資料並自付所需費用。
3. 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。
4. 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。
5. 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.
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. 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。

8. 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。

8. 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