

Hong Kong Police Protection Plan enrollment form 「警察安全保」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 9378 Fax 傳真：+852 2903 9340

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. 所有項目必須填報。

1. Applicant's information 投保人資料

English name
英文姓名

Chinese name
中文姓名

Gender
性別

☐ Male
男

☐ Female
女

Date of birth
出生日期

Day日 Month月 Year年
D D M M Y Y Y Y

HKID card no.
香港身份證號碼

Mobile phone no.
流動電話號碼

Occupation
職業

☐ Hong Kong Police Force
香港警務人員

☐ Auxiliary Police (Full time business nature)
輔警警員 (正職業務性質)

Job position)
職位)

Staff no.
職員編號

Department
所屬部門

Email address
電郵地址

Correspondence address
通訊地址

Flat/Rm.*
室/單位 *

Floor
樓

Block
座

Building
大廈

Estate name/Street no. & name/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 *

The information relating to your department is collected solely for Zurich's internal analysis.
於上述要求 閣下填寫的部門資料僅供蘇黎世作內部分析之用。

2. Information of insured member(s) 受保成員資料

Eligible family members include spouse, domestic partner*, child(ren), parents, parents-in-law and parents of domestic partner.
合資格家庭成員包括配偶、同居伴侶*、子女、父母、配偶父母及同居伴侶父母。

	Insured person 1 受保人 1	Insured person 2 受保人 2	Insured person 3 受保人 3	Insured person 4 受保人 4	Insured person 5 受保人 5
Relationship with applicant 與投保人關係	Self 本人				
English name 英文姓名	Same as above 同上				
Chinese name 中文姓名					
Gender 性別					
HKID card no./Hong Kong birth certificate no. 香港身份證號碼/香港出生證明書號碼					
Date of birth 出生日期		D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年
Occupation 職業* (Business nature & job position 行業性質及職位)					
Usual place of residence 慣常居住地	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Other, please specify: 其他，請註明：	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Other, please specify: 其他，請註明：	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Other, please specify: 其他，請註明：	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Other, please specify: 其他，請註明：	<input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Other, please specify: 其他，請註明：
Left handed 慣用左手	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是	<input type="checkbox"/> Yes 是

* If the occupation of insured person is also a Police Force member, please also state the department and staff no. The job title or job duty in the nature of stevedore, cross-border driver, aerial worker, lift technician, container crane operator, construction site worker, etc. are excluded occupations.
若受保人職業同為警務人員，請提供所屬部門及職員編號。職位或職責是貨船裝卸工人、中港司機、高空工作工人、電梯技工、貨櫃起重機操作員、地盤工人等為不承保職業。

* Domestic partner means an unmarried adult aged 18 or above who has chosen to live with the applicant in an intimate and committed relationship, and has resided with the applicant for at least 3 years, intends to do so indefinitely and is able to provide such proof of residence. Domestic Partner does not include roommates or any immediate family member.
同居伴侶即一名年齡 18 歲或以上、選擇以親密和忠誠的關係與投保人共同生活的未婚成年人，與投保人同居於一起最少三年或以上並以此為長遠目標，以及能提供相關住址證明。同居伴侶並不包括室友或任何直系親屬。

3. ☐ Complimentary On-duty Accident Insurance Offer 當值期間意外保障禮遇

(Please ✓ the box to register the offer. 請 ✓ 方格登記禮遇) (Applicable to Police Force member only 只適用於警務人員)

4. Section 1 – Personal Accident Cover 第一節 – 個人意外保障

Monthly premium (HKD) 每月保費(港元) (Please ✓ the appropriate box. 請 ✓ 適用方格)

Insured family member/Unit 受保家庭成員/單位	Self 本人	Self + Spouse/ Domestic Partner 本人 + 配偶/同居伴侶	Family** 家庭**	Self + Child(ren) 本人 + 子女	Parents/Parents-in-law/Parents of Domestic Partner 父母/配偶父母/同居伴侶父母
Unit 單位 1	<input type="checkbox"/> 20	<input type="checkbox"/> 38	<input type="checkbox"/> 40	<input type="checkbox"/> 22	<input type="checkbox"/> 20 x _____ (no. of person 人數)
Unit 單位 2	<input type="checkbox"/> 40	<input type="checkbox"/> 76	<input type="checkbox"/> 80	<input type="checkbox"/> 44	<input type="checkbox"/> 40 x _____ (no. of person 人數)
Unit 單位 3	<input type="checkbox"/> 75	<input type="checkbox"/> 145	<input type="checkbox"/> 150	<input type="checkbox"/> 80	<input type="checkbox"/> 75 x _____ (no. of person 人數)
Unit 單位 4	<input type="checkbox"/> 110	<input type="checkbox"/> 210	<input type="checkbox"/> 220	<input type="checkbox"/> 120	<input type="checkbox"/> 110 x _____ (no. of person 人數)
Unit 單位 5	<input type="checkbox"/> 185	<input type="checkbox"/> 350	<input type="checkbox"/> 380	<input type="checkbox"/> 210	<input type="checkbox"/> 185 x _____ (no. of person 人數)

** Family comprises of the police force member, his/her spouse or domestic partner and all unmarried and unemployed dependent children aged between 15 days and 21
家庭指警務人員(投保人)、其配偶或同居伴侶及所有年齡屆乎 15 日至 21 歲未婚及未在職的子女

5. Section 2 – Medical Cover & Section 3 – Supplementary Major Medical Cover

第二節 – 醫療保障及第三節 – 附加醫療保障

Please ✓ the appropriate box. 請 ✓ 適用方格。

Choice of cover and plan level 保障項目及計劃級別					
	Insured person 1 受保人 1	Insured person 2 受保人 2	Insured person 3 受保人 3	Insured person 4 受保人 4	Insured person 5 受保人 5
Section 2 第二節 Medical Cover 醫療保障	<input type="checkbox"/> Plan 計劃 A <input type="checkbox"/> Plan 計劃 B <input type="checkbox"/> Plan 計劃 C	<input type="checkbox"/> Plan 計劃 A <input type="checkbox"/> Plan 計劃 B <input type="checkbox"/> Plan 計劃 C	<input type="checkbox"/> Plan 計劃 A <input type="checkbox"/> Plan 計劃 B <input type="checkbox"/> Plan 計劃 C	<input type="checkbox"/> Plan 計劃 A <input type="checkbox"/> Plan 計劃 B <input type="checkbox"/> Plan 計劃 C	<input type="checkbox"/> Plan 計劃 A <input type="checkbox"/> Plan 計劃 B <input type="checkbox"/> Plan 計劃 C
Section 3 第三節 Supplementary Major Medical Cover 附加醫療保障	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly premium (HKD) 每月保費 (港元)					
Section 2 第二節 Medical Cover 醫療保障					
Section 3 第三節 Supplementary Major Medical Cover 附加醫療保障					

Note 注意事項：

The insured person must enroll in Section 2 - Medical Cover in order to apply for Section 3 - Supplementary Major Medical Cover under the same plan.
受保人必須投保本計劃第二節 – 醫療保障，方可投保相同計劃下之第三節 – 附加醫療保障。

6. Enrollment notes (applicable to Sections 1, 2 and 3)

投保重要事項 (適用於第一、第二及第三節)

- The employee of the Hong Kong Police Force must enroll in and be the policyholder in order to enroll the cover for his/her family members (i.e. spouse, domestic partner, child(ren), parents, parents-in-law or parents of domestic partner).
香港警務處的僱員必須先行投保及作為保單持有人，其家庭成員 (即配偶、同居伴侶、子女、父母、配偶父母或同居伴侶父母) 方可參加此保障。
- Eligibility 投保資格：
 - The policyholder must be an employee aged 18 – 65 years of the Hong Kong Police Force, renewable up to age 69
投保人必須為 18-65 歲並為香港警務處的僱員，可續保至 69 歲
 - The spouse, domestic partner, parents, parents-in-law or parents of domestic partners of the policyholder must be aged 18 – 65 years, renewable up to age 69
投保人的配偶、同居伴侶、父母、配偶的父母或同居伴侶的父母，年齡必須為 18-65 歲，可續保至 69 歲
 - The children of the policyholder must be unmarried and unemployed, aged 15 days – 21 years, renewable up to age 21; and if in full-time education, renewable up to age 25
投保人的未婚及未就業的子女，年齡必須為 15 日 - 21 歲，可續保至 21 歲；如屬全日制學生則可續保至 25 歲
- The coverage level of the employee's family members cannot exceed the employee's coverage level.
僱員的家庭成員所選擇的保障級別，不可較僱員的級別為高。
- If the employee is no longer covered under Section 1 - Personal Accident Cover, Section 2 - Medical Cover or Section 3 - Supplementary Major Medical Cover of this policy, the corresponding coverage of his/her family members, if applicable, will be terminated.
如僱員不再受保於本保障的第一節 – 個人意外保障、第二節 – 醫療保障或第三節 – 附加醫療保障，其家庭成員的相關保障 (如適用) 亦將隨即被終止。
- If you wish to transfer the non-Zurich Loyalty Bonus to Hong Kong Police Protection Plan, please contact our Customer Service Hotline at +852 2903 9378.
如閣下想將已累積之非蘇黎世增值保障轉移至「警察安全保」保險計劃，請聯絡客戶服務熱線 +852 2903 9378。

7. Health question (applicable to insured persons who wish to enroll for Section 2 and Section 3 only)

醫療問卷 (只適用於投保第二節及第三節之受保人)

	YES 是	No 否
1. Do you ever have the habits of smoking or/and alcohol consumption? If yes, please specify as below. 閣下是否曾有吸煙或/及飲酒的習慣? 若「是」, 請註明如下。		
• Smoking : _____ pieces/day for _____ year 吸煙 : _____ 支/每天, 達 _____ 年	<input type="checkbox"/>	<input type="checkbox"/>
• Alcohol consumption : Type of drink _____ and _____ ml/week 飲酒 : 酒精類別 _____ 及 _____ 毫升/每週	<input type="checkbox"/>	<input type="checkbox"/>
2. 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? 閣下的親生父母或兄弟姐妹是否曾患上任何心臟病、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?		
3. Have you ever suffered from, been diagnosed or been foreseen to consult, to be treated, to be admitted into hospital or sanatorium, to accept or being suggested for surgery, or any medical tests for any of the following disorders or diseases? 閣下是否曾就以下問題因患上、被診斷為或可預見之徵狀或疾病而要求諮詢或治療、入住醫院或療養院、接受或建議手術、或進行任何醫療檢查?		
• The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) 骨骼及肌肉系統(如肌肉或骨骼不適、脊椎問題、關節炎、痛風)	<input type="checkbox"/>	<input type="checkbox"/>
• The endocrine system (e.g. diabetes, thyroid disorder) 內分泌系統(如糖尿病、甲狀腺問題)	<input type="checkbox"/>	<input type="checkbox"/>
• Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) 乳房或泌尿生殖器官(如任何腎或膀胱疾病)	<input type="checkbox"/>	<input type="checkbox"/>
• The heart or cardiovascular 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) 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)	<input type="checkbox"/>	<input type="checkbox"/>
• Impairment of the eyes/ears/nose (e.g. cataracts, ear infections, tonsillitis) 眼、耳、鼻的損傷(如白內障、耳道感染、扁桃腺炎)	<input type="checkbox"/>	<input type="checkbox"/>
• Tumor, cyst, lump, growth, cancer or malignant tumor 腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤	<input type="checkbox"/>	<input type="checkbox"/>
• Venereal disease, AIDS, AIDS-related conditions, any blood test for HIV virus 性病、愛滋病、與愛滋病有關的疾病、或曾接受愛滋病毒血液測試	<input type="checkbox"/>	<input type="checkbox"/>
• The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) 呼吸系統(如結核病、哮喘、慢性支氣管炎)	<input type="checkbox"/>	<input type="checkbox"/>
• 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) 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)	<input type="checkbox"/>	<input type="checkbox"/>
• The nervous system, mental disorder or psychiatric problem or brain function disorder (e.g. dizziness, epilepsy, paralysis, anxiety) 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)	<input type="checkbox"/>	<input type="checkbox"/>
• Any symptoms/diseases has not been mentioned above 以上未提及之徵狀或疾病	<input type="checkbox"/>	<input type="checkbox"/>

If any answer(s) to Questions 2 and 3 is "Yes", please give full details below and provide medical report or relevant documents (if any).

若問題2和3之答案為「是」, 請於下表提供詳細資料及提供醫療報告或有關文件(如有)。

Question no. 問題編號	Specific diagnosis or accident 疾病/意外	Details for treatment, medicine or surgery received 所接受之治療、藥物或手術詳情	Present condition (e.g. ongoing, complete recovery, recurrence) and details for the latest/last symptoms, treatment or follow up (including date and advice from physician) 現時狀況(如持續治療、完全康復、復發)及最近/最後徵狀、治療或跟進之詳情(包括日期及醫生之意見)

8. Policy renewal preference 保單續保意願

If you choose credit card payment, to ensure your continuous protection, this policy will be renewed automatically at expiry in accordance with the renewal provision stated below, which shall prevail in the event of inconsistency with the policy wording.

The policy shall remain in force for a period of one (1) year from the policy effective date and this policy will be automatically renewed at our discretion. Yet we reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance of this policy by giving thirty (30) days' written notice to the insured person. We will not be obligated to reveal our reasons for such amendments. After all, such renewal will not have to take place eventually if such amendments are not acceptable to the insured person before the policy effective date of any period of insurance.

如閣下選用信用卡繳付保費，為確保閣下享有持續的保障，此保單將於到期日時根據下列之續保條款自動續保。如與保單有任何歧異，概以下列條款為準。

從「保單生效日」起計，本保單會維持最長一年生效期及由「本公司」酌情每年自動續保，惟「本公司」保留權利在每個保險期之續保時間前30日向「受保人」提供書面通知以更改條款，包括但不限於保費、保障、保障額或不承保事項。「本公司」沒有責任透露有關更改之原因。儘管如此，「受保人」可於本保單任何一個保險期之保單週年日前表示不接納更改，最後可以不實行續保。

☐ I do not wish my policy to be automatically renewed at expiry.
本人不願意保單於到期日時自動續保。

9. Premium payment 保費支付

Premium should be paid by credit card on monthly basis. 保費必須以信用卡按月支付。

Credit card type ☐ VISA ☐ MasterCard
信用卡類別

Relationship with applicant
與投保人關係

☐ Self
本人

☐ Spouse
配偶

Cardholder's name
持卡人姓名

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效期至

Month月 Year年

M	M	Y	Y	Y	Y
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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.

Hong Kong Police Protection Plan will be continually renewed on its anniversary. Zurich Insurance Company Ltd will collect the premium from the same payment account on due dates for your uninterrupted protection, 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／她需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。「警察安全保」保險計劃將於週年日自動續保生效，蘇黎世保險有限公司將繼續於到期日時在該付款帳戶收取保費，直至閣下另行通知。

Signature of credit cardholder
信用卡持有人簽名

Date
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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10. Declaration 聲明

- I/We hereby apply for the Complimentary On-duty Accident Insurance Offer ("Complimentary Offer") and/or the Hong Kong Police Protection Plan ("this Plan") within the Hong Kong Special Administrative Region and declare that to the best of my/our knowledge and belief the information on the enrollment form is true and complete in every respect. I/We declare that I/we have full and complete authority from the insured person to sign the enrollment form and disclose any personal information being requested to assess the insurance application. 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／我們於香港特別行政區境內申請當值期間意外保障禮遇（「保障禮遇」）及／或「警察安全保」保險計劃（「此計劃」）並謹此聲明此申請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／我們聲明本人／我們已獲得受保人授予全權，簽署此申請表格，並提供任何資料作評核此投保申請之用。本人／我們明白本人／我們與蘇黎世保險有限公司（「貴公司」）的保險合約將根據此申請表格及聲明而訂立。
- I/We understand that I/we shall refer to the policy of the Plan(s) for details of the insurance coverage, exclusion clauses and terms and conditions.
本人／我們明白所有保障項目、不承保事項、條款及細則概以計劃保單為準。
- I/We understand that if I/we am/are not completely satisfied with the policy of the Plan(s), I/we can return it within 14 days after receipt and any premium charged during this period will be refunded in full subject to no claim is made during this period.
本人／我們明白本人／我們如對計劃保單條款未盡滿意，可於收到保單後14天內退回保單。如無任何索償，所繳之保費將獲原銀奉還。
- I/We understand that I/we am/are required to settle the annual premium of Hong Kong Police Protection Plan of any policy year when there is a claim made or any service used.
本人／我們明白本人／我們如已獲計劃保單賠償或接受服務，本人／我們必須繳交「警察安全保」保險計劃全年之保費。
- I/We understand that the Company allow me/us thirty-one (31) days for the payment of each premium after the first premium of Hong Kong Police Protection Plan. During this period the Company will keep this policy in force. If after this period the premium remains unpaid, this policy will be deemed to have lapsed from the date that the unpaid premium was due.
本人／我們明白貴公司將於每次保費到期時給予本人／我們31天寬限期。在寬限期內，本保單仍維持有效。如本人／我們於寬限期屆滿後尚未就「警察安全保」保險計劃繳清保費，本保單將於欠繳保費到期日起被視為逾時失效。
- I/We understand that I/we must complete and provide all information requested in this form, failing which the Company cannot process my application for this Plan.
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／我們資料不全之計劃申請。

10. Declaration (continued) 聲明 (續)

7. I/We fully understand the purchase of the insurance policy(ies) is/are my/our will and choice, and I/we also agree the features of this insurance policy are suitable for me/us.
本人 / 我們完全明白購買本保單與否為本人 / 我們意願及選擇，而本人 / 我們亦同意本保單適合本人 / 我們的需要。
8. I/We understand that I/we shall register the Complimentary Offer in the Company once only. I/We understand that benefit shall not be payable for more than one (1) of the Complimentary Offer policies in respect of the same accident. Should there be more than one (1) of the Complimentary Offer resulting in an injury from the same accident, only the policy with the earliest effective date of the Certificate of Insurance will be payable.
本人 / 我們明白本人 / 我們只可於 貴公司登記一次保障禮遇。本人 / 我們明白假如本人在同一次意外事件中投保多於一份保障禮遇，則按最早之保險證書發出之保單作出賠償。
9. Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card and I/we have not declined the Company's auto-renewal service. I acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be obligated to reveal the reasons for such refusal.
本人 / 我們同意，如保費經信用卡或銀行戶口直接付款方式支付，及本人 / 我們沒有拒絕 貴公司的自動續保服務，本保單將會自動續保，惟須獲 貴公司同意。本人確認及同意 貴公司保留拒絕續保本保單之權利，並且無須透露拒絕續保之原因。
10. 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。
11. 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。

11. 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)。

11. 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)

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

Day日 Month月 Year年
Date
日期