

# Zurich i-Gen Surgical Cash Insurance Plan Enrollment Form

## 蘇黎世「i-世代」手術現金保險計劃投保表格

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

Please tick 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。

Broker Name

經紀人姓名 : \_\_\_\_\_

Broker No

經紀人編號 : \_\_\_\_\_

### 1 Proposer's information 投保人資料

Mr 先生     Mrs 太太     Ms 女士

Full name 英文姓名

Full name 中文姓名

HKID card no. 香港身份證號碼

Date of birth# 出生日期#

D 日

M 月

Y 年

Sex 性別#

Male 男

Female 女

Occupation.# 職業#

Marital status# 婚姻狀況#

Correspondence address 通訊地址

Contact Number (Please fill in at least one) 聯絡電話(請填寫最少一項)

Email address

Mobile phone no.  
流動電話號碼

Day time telephone no.  
日間聯絡電話

電郵地址

### 2 Insurance Information 保險資料

Please complete all items if the insured person<sup>^</sup> is not the proposer, otherwise, the proposer shall be the insured person and complete item 6-8 below only.  
如果受保人<sup>^</sup>不是投保人，請填寫所有項目，否則投保人應當作受保人並只需填寫以下6-8項。

	Insured person 受保人 1	Insured person 受保人 2
1 English name 英文姓名		
2 Date of birth 出生日期		
3 Sex 性別	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女
4 HKID card no / Birth certificate no 香港身份證號碼 / 出世紙號碼		
5 Relationship with the proposer 與投保人關係		
6 Select your plan 計劃選擇	<input type="radio"/> Standard 標準計劃 <input type="radio"/> Enhanced 優越計劃	<input type="radio"/> Standard 標準計劃 <input type="radio"/> Enhanced 優越計劃
7 Total Premium Payable (HKD) 應付保費總額(港元)	Annual 每年 / Monthly 每月*	Annual 每年 / Monthly 每月*
8 Effective Date of the cover <sup>+</sup> 保障生效日期 <sup>+</sup>		

## 2 Insurance Information 保險資料(續)

^ Please take notice that the insured person(s) from the above will become the policyholder automatically at the policy anniversary should the insured reached the age of 18.

請注意若上述受保人於保單週年日時已年滿18歲，便會自動成為保單持有人。

\* The effective date must be the application date or within 30 days from the application date  
保險生效日期必須為投保日期或投保日期起計30天內。

## 3 Health Question 醫療問卷

	Insured person 1 受保人 1		Insured person 2 受保人 2	
	Yes 是	No 否	Yes 是	No 否
<p>1 In the past five years, has the insured person ever received, or been recommended to receive any of the below medical treatment? 過去五年，受保人曾否接受或被建議接受以下治療？</p> <ul style="list-style-type: none"> <li>• hospitalization 入住醫院</li> <li>• surgery 做手術</li> <li>• regular medical follow-ups 定期覆診</li> <li>• medication for more than 14 days (apart from usual flu and colds) 需要服用藥物超過14天 (一般傷風、感冒除外)</li> </ul> <p>(Except that the insured person is now fully recovered and no further follow-ups or medication required 現已完全康復及不再需要覆診/服藥除外)</p> <p>If yes, please kindly provide the exact diagnosis of the disease or disorder. 如是，請說明有關身體功能失調或疾病的準確病名。</p> <p>Insured person 1 受保人 1 _____</p> <p>Insured person 2 受保人 2 _____</p> <p>The above declared disease or disorder shall be regarded as pre-existing conditions and/or congenital abnormalities where benefit entitlement shall be subject to the table of benefits and the policy. 以上所述之失調或疾病將被列為投保前已存在的傷疾及/或先天性異常，而有關條款已列明於保障表及保單內。</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>2 Has the insured person ever suffered from or been treated or sought medical advices for any of the following diseases or disorders? 受保人是否曾患過或就以下任何一種疾病接受治療或醫療諮詢？</p> <ul style="list-style-type: none"> <li>• Anal fissure/ fistula, haemorrhoids 肛裂/瘻、痔漏；</li> <li>• heart/ cardiovascular/ circulatory diseases or disorders (e.g. angina, raised blood pressure, raised blood cholesterol, etc) 心臟、血管或其他循環系統疾病 (例如心絞痛、高血壓、高膽固醇等)；</li> <li>• diabetes or raised blood sugar 糖尿病或高血糖；</li> <li>• glaucoma, cataract 青光眼、白內障；</li> <li>• stone(s) of kidney/ bladder/ gall bladder 腎/膀胱/膽石；</li> <li>• wart(s) 疣；</li> <li>• cancer or benign/malignant tumour(s) of any kind, cyst(s)/ fibroid(s)/ hydroa/ ganglion(a) 癌症及任何良性/惡性腫瘤、囊胞/肌瘤/纖維瘤/水瘤/筋腱囊腫；</li> <li>• pelvic inflammatory disease, endometriosis, herpes genitalis 盆腔炎、子宮內膜異位、生殖器官疹。</li> </ul> <p>If yes, please kindly provide the exact diagnosis of the disease or disorder. 如是，請說明有關身體功能失調或疾病的準確病名。</p> <p>Insured person 1 受保人 1 _____</p> <p>Insured person 2 受保人 2 _____</p> <p>The above declared disease or disorder shall be regarded as pre-existing conditions and/or congenital abnormalities where benefit entitlement shall be subject to the table of benefits and the policy. 以上所述之失調或疾病將被列為投保前已存在的傷疾及/或先天性異常，而有關條款已列明於保障表及保單內。</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>3 Has the insured person's enrollment, renewal or reinstatement of life, medical, hospital income or critical illness insurance ever been refused or subject to special terms and conditions or additional premium? 受保人是否曾於投保、續保或復效任何人壽或醫療、住院現金、危疾保險時被拒、需附加特別條款、或增收保費？</p>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<p>Guaranteed acceptance of the application for all eligible persons who are aged between 15 days and 35 years old. If any one or more of the above question(s) is (are) answered "Yes", the insured person will be eligible for Standard Plan only. 保證接受所有年齡介乎15天至35歲合資格人士投保。若以上任何一題或多於一題問題回答「是」，則受保人只能申請標準計劃。</p>				

#### 4 Premium payment 繳付保費

<input type="radio"/> <b>By cheque 以支票繳付</b> (Only applicable to annual payment mode 只適用於每年繳付方式)	Cheque no. 支票號碼：	Bank name 銀行名稱：
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**Cheque 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 cheque issuer is not the proposer, please explain the relationship between the cheque issuer and the proposer: 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：**

<input type="radio"/> <b>By credit card 以信用卡繳付</b>	<input type="radio"/> Annual payment 每年繳付	<input type="radio"/> Monthly payment 每月繳付 (The first 3 months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)
Credit card type 信用卡類別	<input type="radio"/> <b>VISA</b>	<input type="radio"/> 

<input type="radio"/> 	<input type="radio"/> 
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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：	M月	Y年
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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.

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reached 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賬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賬而令他 / 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賬之用。

如受保人於保單週年日時已年滿 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賬戶收取續保保費，直至另行通知。

If credit cardholder is not the proposer, please explain the relationship between the credit cardholder and the proposer: 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 / 銀行賬戶持有人簽署：	Date 日期：	D日	M月	Y年
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<input type="radio"/> <b>By bank account transfer 以銀行賬戶繳付</b> (Please complete the direct debit authorization form 請填寫直接付款授權書)	<input type="radio"/> Annual payment 每年繳付	<input type="radio"/> Monthly payment 每月繳付 (The first 3 months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)
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#### Direct debit authorization 直接付款授權書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of Zurich Insurance Company Ltd in accordance with such instructions as my/our Bank may receive from Zurich Insurance Company Ltd from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

本人[等]現授權本人[等]的下列銀行，根據蘇黎世保險有限公司不時給予本人[等]銀行的指示，自本人[等]的戶口內轉賬予蘇黎世保險有限公司，惟每次轉賬金額不得超過以下的限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us. 本人[等]同意本人[等]的銀行毋須證實該等轉賬通知是否已交予本人[等]。

I/We authorize Zurich Insurance Company Ltd to charge automatically the premium due from my/our account including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on my/our account which arises as a result of such transfer. For the continuation of coverage, I/we understand that I/we should arrange sufficient fund in my/our account by the premium due date for the automatic debit of premium.

本人[等]茲授權蘇黎世保險有限公司從本人[等]之戶口以直接轉賬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賬而令本人[等]之戶口出現透支，本人[等]願承擔全部責任。為了持續的保障，本人[等]明白本人[等]需於保費到期日前安排足夠的款項於本人[等]的戶口上作保費自動轉賬之用。

The insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reached 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 below on due dates, unless informed otherwise.

如受保人於保單週年日時已年滿 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下列之付款賬戶收取續保保費，直至另行通知。

## Direct debit authorization (continued) 直接付款授權書(續)

I/We confirm that my/our signature(s) on this Enrollment Form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

本人(等)確認本人(等)在此投保表格上的簽署與本人(等)用以轉賬的儲蓄/往來戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Ltd of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人(等)同意會通知蘇黎世保險有限公司任何銀行戶口的變更或取消交費方式,亦同意如本人(等)的戶口並無足夠款項支付該等授權轉賬,本人(等)的銀行有權不予轉賬,且銀行可收取慣常的收費。

This authorization shall have effect until further notice or until the expiry date written below (whichever is the earlier).

本授權書將繼續生效直至另行通知為止或直至下列到期日為止(以兩者中最早的日期為準)。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank and Zurich Insurance Company Ltd shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人(等)同意,本人(等)取消或更改本授權書的任何通知,須於取消/更改生效日最少兩個工作天之前交予本人(等)的銀行及蘇黎世保險有限公司。

Account number 戶口號碼	Bank name 銀行名稱
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Name of account holder(s) 戶口持有人
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(As recorded on statement/passbook – Please complete in English)(在結單/存摺上所紀錄的名稱 – 請以英文填寫)

D no. of account holder(s) 戶口持有人的身份證件號碼	ID type* 身份證件類別*
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Limit for each payment/month# 每次/月付款限額#	HKD 港元
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Expiry date 到期日	Day 日	Month 月	Year 年
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of account holder(s): 戶口持有人簽署
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Date 日期	Day 日	Month 月	Year 年
	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* ID type 身份證件類別: I = HKID 香港身份證 P = Passport 護照

# If limit for each payment/month is not specified, my/our bank will set the limit as "unlimited".  
如「每次/月付款的限額」一欄未有填上,本人(等)的銀行會將轉賬限額設定為「不設上限」。

## 5 Declaration 聲明

- I hereby apply for Zurich i-Gen Surgical Cash Insurance Plan ("this Plan"). I declare that to the best of my knowledge and belief the information given on this enrollment form is true and complete in every respect and all information disclosed have been verified by me as true and correct. Where applicable, I declare that I have full and complete authority from the insured person(s) to sign this application and disclose any personal information in relation to me being requested to assess this application and I agree that this enrollment form and declaration shall form the basis of the contract between me and Zurich Insurance Company Ltd (the "Company").
- I understand that I shall refer to the policy document of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.
- I understand I must complete and provide all information requested in this form, failing which the Company cannot process my application for this Plan.
- Subject to the Company's consent, I agree that this policy will be automatically renewed if the premium is paid by credit card or by direct debit from a bank account. 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.
- I understand, acknowledge and agree that, as a result of my 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 am 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 further understand that the above consent is necessary for the Company to proceed with the application.**

- 本人現投保蘇黎世「i-世代」手術現金保險計劃(「此計劃」)。本人謹此聲明本投保表格所列全部資料乃就本人所知及所信為確實及完全而填報,並經本人核實正確無誤。在適用的情況下,本人聲明本人已獲得受保人授予全權,簽署此投保申請,並提供本人的任何個人資料作評核此投保申請之用。本人明白本投保表格及聲明將構成本人與蘇黎世保險有限公司(「貴公司」)之間的合約依據。
- 本人明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。
- 本人明白本人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資料不全之保單申請。
- 本人同意,如保費經信用卡或銀行戶口直接付款方式支付,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保單之權利,並且毋須透露拒絕續保之原因。
- 本人明白、確認及同意,貴公司會就本人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。假如本人為法人團體,代表本人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。

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。

## 6 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

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** may be used by the Company for the following **obligatory 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):
  - 1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
  - 2) to process requests for payment, and for direct debit authorization;
  - 3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
  - 4) to compile statistics or use for accounting and actuarial purposes;
  - 5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group (**“Zurich Insurance Group”**) and conduct matching procedures where necessary;
  - 6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
  - 7) to collect debts;
  - 8) to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and
  - 9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
  - 1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
  - 2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
  - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
  - 4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
  - 5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
  - 6) any person pursuant to any order of a court of competent jurisdiction;
  - 7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group’s rights in respect of the policy owners.
3. *Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:*
  - 1) *to provide marketing materials and conduct 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;*
  - 2) *to perform customer analysis, profiling and segmentation; and*
  - 3) *to conduct market research and insurance surveys for the Zurich Insurance Group’s development of services and insurance products.*The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer’s consent. In the absence of any “opt-out” request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company’s use of their personal information for the above voluntary purposes.
4. *The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner’s and insured person’s written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:*
  - 1) *companies within the Zurich Insurance Group;*
  - 2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
  - 3) *third party marketing service providers and insurance intermediaries.*The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.
5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company’s use and transfer of their personal information for the voluntary purposes, by request in writing to the Company’s Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (*in italics*) to indicate their wish to opt-out altogether.

Personal Data Privacy Officer  
26/F, One Island East  
18 Westlands Road  
Island East  
Hong Kong
6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
1. 由 **Zurich Insurance Company Ltd**(「本公司」)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, 均可供本公司使用作以下強制性用途, 以便為客戶提供服務(否則本公司將無法為未能提供所需資料的客戶提供服務):
  - 1) 辦理, 調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務;

**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)**

- 2) 辦理付款要求及直接付款授權；
  - 3) 處理任何對客戶的索償、訴訟及 /或司法程序；以及行使本公司的權利(詳情見適用保單條款所定)，包括但不限於代位權；
  - 4) 編撰統計數字，或作會計及精算用途；
  - 5) 符合對本公司及 /或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
  - 6) 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
  - 7) 債務追討；
  - 8) 便利本公司的認可服務供應商，就上述目的為本公司及 /或客戶提供服務；及
  - 9) 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
2. 本公司可就強制性用途，向以下於香港境內或境外的人士提供任何客戶個人資料：
- 1) 蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
  - 2) 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
  - 3) 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
  - 4) 信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
  - 5) 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
  - 6) 根據主管司法權區的法院的任何頒令的任何人士；及
  - 7) 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
3. 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，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、保單資料、索償資料、及醫療紀錄等，均可供本公司使用作以下自願性用途：
- 1) 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 /或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；
  - 2) 進行客戶研究分析及分層；及
  - 3) 就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。
- 未經客戶同意，本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求，本公司將把有關保險申請及持續投保，視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。
4. 經保單持有人及受保人書面同意後，本公司可就上述自願性用途，向以下於香港境內或境外的人士提供其某些個人資料，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：
- 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) 第三方市場推廣服務供應商及保險中介人。
- 未經客戶書面同意，本公司不得向任何第三方提供有關客戶(特別指保單持有人及受保人)的個人資料作上述自願性用途。
5. 所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及 /或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段(見斜字)以提出有關所有自願性用途之反對要求。
- 個人資料私隱主任  
香港港島東華蘭路18號  
港島東中心26樓
6. 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
7. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

I confirm that all information provided by me in this enrollment form is true, correct and accurate. I further confirm my 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.

本人確認由本人於此投保表格提供之所有資料均為事實正確無誤。本人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細則及有關個人資料(私隱)條例的客戶通知。

Signature of proposer  
投保人簽署：

Date 日期  
Day 日 Month 月 Year 年

**Zurich Insurance Company Ltd** (a company incorporated in Switzerland)  
**蘇黎世保險有限公司**(於瑞士註冊成立之公司)

25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong  
香港港島東華蘭路18號港島東中心25-26樓

Telephone 電話：+852 2968 2288 Fax 傳真：+852 2968 0639 Website 網址：www.zurich.com.hk



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