



ZURICH®

蘇黎世

Marine Cargo Insurance Plan quotation application

「貨物運輸」保險計劃報價申請

For internal use only
只供內部填寫

Agent name
代理人姓名: _____

Agent no.
代理人編號: _____

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 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。

We are interested in joining the Marine Cargo Insurance Plan and now furnish you with the following information for your assessment. Please send us a quotation as soon as possible.

本公司對「貨物運輸」保險計劃很有興趣，現提供下列有關資料，請從速報價。

1. Applicant information 投保人資料

Name of company 公司名稱

Mr. 先生 Mrs. 太太 Ms. 女士 English name of contact person 聯絡人英文姓名 Chinese name of contact person 聯絡人中文姓名

Title of contact person 聯絡人職位

Email address 電郵地址

Day time telephone no. 日間聯絡電話號碼

Night time telephone no. 晚間聯絡電話號碼

Mobile phone no. 流動電話號碼

Fax no. 傳真號碼

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*

2. Application details 投保詳情

Voyage 航程 From 由 Day 日 Month 月 Year 年 To 至 Day 日 Month 月 Year 年

Transshipment 轉運 Yes 是 No 否

TranConveyance 運輸工具 By sea 船 By air 飛機 By truck 貨車 By train 火車 Others 其他

Packing 包裝 Carton 紙箱 Wooden case 木箱 Crates 板條箱 Others 其他

Amount insured 投保額 HKD 港元

2. Application details (continued) 投保詳情 (續)

Description 貨物名稱	Quantity of goods 數量

3. Coverage required 需要保障範圍

Institute Cargo Clauses A B C Institute war Strikes Others
貨運保險條款 戰爭 罷工 其他

4. Declaration 聲明

1. 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。

5. 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)。



5. 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 understand that I have the right to cancel and obtain a refund of any premium(s) paid (less any market value adjustments, if any) and any levy by giving written notice. Such notice must be signed by me and received directly by Zurich Insurance Company Ltd at 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong within 21 days after the delivery of the policy or issuance of a notice to the Policy Holder or the Policy Holder's representative, whichever is the earlier.

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費(扣除市場價值調整,如適用)及保費徵費;但是本人必須簽署該通知,並確保蘇黎世保險有限公司(地址:香港港島東華蘭路18號港島東中心25-26樓)於以下時段內直接收到該通知,保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後,起計的21天,以較先者為準。

Signature of applicant
投保人簽署

Date
日期

日	月	年
D	D	M
M	Y	Y
Y	Y	Y