

Marine Cargo Insurance Plan enrollment form

「貨物運輸」保險計劃申請表格

For internal use only
只供內部使用

Broker name

經紀人姓名：_____

Broker no.

經紀人編號：_____

Marine Cargo Fax Hotline 貨運保險傳真熱線：2105 3703/2105 3702

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

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 information 投保人資料

Name of assured 保戶名稱

Telephone no. 電話號碼

Fax no. 傳真號碼

2. Application details 投保詳情

Required document(s)

所需文件

☐

Policy

保單

Original

正本頁數

Copies

副本頁數

☐

Cover note

按保單

Carrier/Flight no. and airway bill no.

船名或班機號碼及航空付貨單號碼

Sea parcel/Air parcel and P.O. receipt no.

付海郵或空郵及郵政局收據號碼

Replacing cover note no. (if any)

代替按保單號碼 (如有)

From
由

Day 日

Month 月 Year 年

To
至

Day 日

Month 月 Year 年

Final destination if on carriage

內陸目的地

Date of departure

啟航日期

Day 日

Month 月 Year 年

Open cover no. (if any)

開口保單號碼 (如有)

Amount insured

保額

Transshipment (if any)

轉運地點 (如有)

Claim, if any payable at

賠款地點

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

Marks and no. 嘜頭及號碼	Container no., quantity and kind of packages, description of goods 貨櫃號碼 · 數量 · 包裝種類及貨物名稱

☐ FCL 整櫃貨 ☐ LCL 散貨 ☐ Open-top container 開頂櫃

3. Conditions of insurance 保險條款

- | | | |
|--|---|--|
| <input type="checkbox"/> Institute cargo clauses (A)
A 種條款 (全保) | <input type="checkbox"/> Institute theft pilferage and non-delivery clauses
盜竊險條款 | <input type="checkbox"/> Institute war clauses (Cargo)
兵險條款 |
| <input type="checkbox"/> Institute cargo clauses (B)
B 種條款 (安運) | <input type="checkbox"/> Institute cargo clauses (Air) Excluding sending by post
空運險條款 | <input type="checkbox"/> Institute strike clauses (Cargo)
罷工險條款 |
| <input type="checkbox"/> Institute cargo clauses (C)
C 種條款 (平安) | <input type="checkbox"/> Parcel post clauses
郵運險條款 | <input type="checkbox"/> Other
其它條款 |

4. Declaration 聲明

- I/We agree that this application and declaration shall be the basis of the contract between me/us and the Zurich Insurance Company Ltd ("the Company") and all covers and subject to the terms and conditions of the policy issued by the Company. Liability does not attach until this application has been accepted by the Company.
本人 / 我們謹此承認本投保書為本人 / 我們或本公司與蘇黎世保險有限公司 (「貴公司」) 訂立此保險契約之根據並願接受保單上所刊載一切條款。本投保書必須獲得保險公司接納後，保險責任方才生效。
- 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。
- 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。

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.

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)

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。

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。

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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。

Signature of applicant
投保人簽署

Date
日期

日	月	年
D	D	M
M	M	Y
Y	Y	Y

For internal use only

Policy no./Cover note no.

Account no.

Keyed in by

Date

Conditions

Rate and premium

Marine

War & strikes

Surcharge



ZURICH[®]

蘇黎世