PA*Multiple*+ Personal Accident Insurance Plan enrollment form
「樂在人生+」個人意外保險計劃投保表格

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

All fields are mandatory, except the fields marked with #. 所有項目必須填報，惟#號之項目除外。

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. 香港身份證號碼

Gender 性別　☐ Male 男　☐ Female 女

Marital status# 婚姻狀況#

Occupation 職業

Email address 電郵地址

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*

Mobile phone no. 流動電話號碼

Day time telephone no. 日間聯絡電話

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	☐Male 男 ☐Female 女	☐Male 男 ☐Female 女	☐Male 男 ☐Female 女	☐Male 男 ☐Female 女
HKID card no./ Birth certificate no.* 香港身份證號碼 / 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/Job nature 職業／行業				
Occupation class[1] 職業類別[1]				
Part-time occupation 兼職職業				
Total annual income (including double pay and bonuses) (HKD) 每年總收入（包括雙糧、花紅等）（港元）				

[1] Please refer to the product leaflet for the table of occupation class. You can check with Zurich if you cannot determine the occupation class.
請參閱銷售冊子之職業分類表，若未能確定所屬職業類別，請向蘇黎世查詢。

Please note that a minor insured person will become the policyholder of his/her insurance plan automatically at the policy anniversary when the insured person reaches the age of 18.
請注意若未成年受保人於保單週年日時年滿18歲，便會自動成為其保單的保單持有人。

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

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
Junior Cover 幼青保障	☐ Plan 計劃 A ☐ Plan 計劃 B	☐ Plan 計劃 A ☐ Plan 計劃 B	☐ Plan 計劃 A ☐ Plan 計劃 B	☐ Plan 計劃 A ☐ Plan 計劃 B
Adult Cover 成年保障	Please answer the following question: 請回答以下問題：			
Have you or any proposed insured persons ever been refused for enrollment or renewal of accident or income benefit insurance or subject to special terms and conditions? 閣下或任何準受保人是否曾於投保或續保意外或入息保障保險時被拒或附加特別條款始被接納？	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否	☐ Yes 是 ☐ No 否
Accidental death & permanent disablement (If the answer is "yes" for the above question, the max. sum insured will be limited to HKD 1,000,000) 意外死亡及永久傷殘（若上述問題答「是」者，意外死亡及永久傷殘之投保額上限為1,000,000港元）				
Accidental medical expenses (If the answer is "yes" for the above question, the max. sum insured will be limited to HKD 30,000 per accident) 意外醫療費用（若上述問題答「是」者，意外醫療費用之投保額上限為每宗意外30,000港元）				
Weekly income benefit (Optional benefit) (If the answer is "yes" for the above question, the max. sum insured will be limited to HKD 2,000 per week) 每週入息保障（自願性附加保障）（若上述問題答「是」者，每週入息保障之投保額上限為每週2,000港元）				
Elderly Cover 長者保障 Please state the sum insured below (if applicable): 請列明以下各項之投保額（如適用）：	☐ Plan 計劃 A ☐ Plan 計劃 B	☐ Plan 計劃 A ☐ Plan 計劃 B	☐ Plan 計劃 A ☐ Plan 計劃 B	☐ Plan 計劃 A ☐ Plan 計劃 B
Top-up accidental death and permanent disablement (Optional benefit) 額外意外死亡及永久傷殘（自願性附加保障）				

4. Premium payment 保費支付

	Insured person 受保人1	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4
	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月
Core Benefits premium[2] (HKD) 基本保障保費[2]（港元）				
Optional Benefits premium[2] (HKD) (if applicable) 自願性附加保障保費[2]（港元）（如適用）				
10% Family discount[3] (if applicable) 10%家庭成員折扣[3]（如適用）				
Total premium payable (HKD) 應付保費總額（港元）				

Total premium payable = [Core Benefits premium + Optional Benefits Premium (if applicable)] x (100% - Family discount (if applicable))
應付保費總額保費 = [基本保障保費 + 附加保障保費（如適用）] x（100% - 家庭成員折扣（如適用））

[2]　Please refer to the product leaflet for the premium rates of the Core Benefits and Optional Benefits.
　　請參閱銷售冊子以知悉基本保障及自願性附加保障的保費率。
[3]　Family discount is applicable to the enrollment by self & spouse, self & child(ren), self & parents/parents-in-law, or spouse & child(ren).
　　家庭投保折扣適用於本人及配偶、本人及子女、本人及父母 / 配偶父母或配偶及子女之投保。

5. Payment method 付款方法

☐ **By cheque 以支票繳付**　　　Cheque no. 支票號碼　　　　　Bank name 銀行名稱
(Only applicable to annual payment mode 只適用於每年繳付方式）

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 applicant, please state the relationship between the cheque 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　　☐ Monthly payment 每月繳付
(The first three months' premium will be debited upon the first payment 首次過帳將扣除首三個月之保費）

Credit card type 信用卡類別　　☐ **VISA**　　☐ **MasterCard**

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　MM YYYY

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 minor insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reaches 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。

如未成年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帳戶收取續保保費，直至另行通知。

If credit cardholder is not the applicant, please state 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。

Signature of credit cardholder
信用卡持卡人簽署

Date 日期　　Day日 Month月 Year年　DD MM YYYY

6. Declaration 聲明

1. I/We hereby apply for PAMultiple+ Personal Accident Insurance Plan ("Plan"). 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 and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to sign this application and disclose any personal information being requested to assess this application. I/We understand and agree 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／我們現投保申請「樂在人生+」個人意外保險計劃（「計劃」）。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，所有已披露的信息已經由本人／我們核實正確無誤。在適用的情況下，本人／我們聲明本人／我們已獲受保人授予全權簽署此投保表格並披露所要求的任何個人資料，以作評估申請之用。本人／我們明白本人／我們與蘇黎世保險有限公司（「貴公司」）的保險合約將照此投保表格及聲明而訂立。

2. I/We authorize the Company to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.
本人／我們授權　貴公司有權向受保人之醫生索取有關病歷資料，本人／我們亦同意提供任何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 of this Plan 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、條款及細則概以此計劃保單為準。

4. I/We understand I/we must complete and provide all information requested in this enrollment 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投保表格要求之所有資料，否則　貴公司將不會受理本人／我們資料不全之保單申請。

5. I/We declare that the insured person(s) is/are in good health and free from physical and mental impairment or deformity. (Otherwise, please provide details on a separate sheet.)
本人／我們聲明受保人現在生理／心理健全，並無任何殘廢或缺陷。（如有，請另紙詳述之。）

6. Subject to the Company's consent, I/we 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/We 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，本保單將會自動續保，惟須獲　貴公司同意。本人／我們確認及同意　貴公司保留拒絕續保本保單之權利，並且毋須透露拒絕續保之原因。

7. 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。

7. 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 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。

7. 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）

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。

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。

		Day日	Month月	Year年
Policy inception date 保單首次生效日期	Date 日期	D D	M M	Y Y Y Y

The policy inception date is subject to the final approval by Zurich Insurance Company Ltd.
保單首次生效日期最終由蘇黎世保險有限公司決定。

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 D D	Month月 M M	Year年 Y Y Y Y

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