

Passenger Prime Protection enrollment form

「乘守護」乘客意外保障投保表格

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 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. 所有項目必須填報。

1. Applicant 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								
				日 月 年								
				<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
HKID card no. /HK birth cert. no. 香港身份證號碼 / 香港出世紙號碼*				Mobile phone no. 流動電話號碼								
Email address 電郵地址				Occupation 職業								
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. Enrollment information 投保詳情

Separate policy will be issued for each insured person. 每位受保人會獨立發出一份保單。

	Insured person 受保人1 ☐ Same as applicant 與投保人相同	Insured person 受保人2	Insured person 受保人3	Insured person 受保人4																																
Last name 姓																																				
First name 名																																				
Chinese name 中文姓名																																				
Gender 性別																																				
HKID card no. /HK birth cert. no. 香港身份證號碼 / 香港出世紙號碼*																																				
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D	D	M	M	Y	Y	Y	Y																													
D	D	M	M	Y	Y	Y	Y																													
Relationship with applicant ¹ 與投保人關係 ¹																																				
Occupation 職業																																				

¹ The insured person must be the policyholder him/herself, his/her spouse, child(ren), parent(s) or parent(s)-in-law. 受保人須為保單持有人本人、其配偶、子女、父母或配偶的父母。

3. Payment method 付款方式

By credit card 以信用卡繳付

Credit card type 信用卡類別



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

月	年
M	M
Y	Y
Y	Y

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.

Applicable only to the insured person for annual travel insurance: the insured person will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person reach 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。

只適用於全年旅遊計劃之受保人，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係

Signature of credit cardholder
信用卡持卡人簽署

Date
日期

日	月	年
D	D	M
M	Y	Y
Y	Y	Y

4. Declaration 聲明

- I hereby apply for Passenger Prime Protection ("the Plan"). I declare that to the best of my knowledge and belief the information on this enrollment form is true and complete in every respect and all information disclosed has been verified by me is true and correct. Where applicable, I declare that I have full and complete authority from the insured person to submit this application on their behalf and disclose all personal information being requested to assess this application. I understand and agree that this enrollment form and declaration will form the basis of the contract between me and Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability) ("Zurich").
本人現申請投保申請「乘守護」乘客意外保障(「本計劃」)。本人特此聲明此投保表格的資料乃根據本人所知及所信為事實及事實之全部而填報，屬實無訛，所有已披露的信息已經由本人核實正確無誤。在適用的情況下，本人聲明本人已獲受保人授予全權代為遞交此投保表格並披露所要求的所有個人資料，以作審批申請之用。本人明白本人與蘇黎世保險有限公司(於瑞士註冊成立之有限公司)(「蘇黎世」)的保險合約將按此投保表格及聲明而訂立。
- I authorize Zurich to obtain the necessary medical information from the insured person's medical practitioner(s) and I agree to supply additional information relevant to the application of the Plan at my own expense.
本人授權蘇黎世向受保人之醫生索取所需之病歷資料，本人亦同意提供任何進一步與本計劃有關之資料並自付所需費用。
- I understand that I shall refer to the policy of the Plan for details of the insurance coverage, exclusion clauses and terms and conditions.
本人明白所有保障範圍、不承保事項、條款及細則概以本計劃保單為準。
- I understand I must complete and provide all information requested in this enrollment form, failing which Zurich cannot process my application for the Plan.
本人明白本人必須填妥此投保表格及提供要求之所有資料，否則蘇黎世將不會受理本人資料不全之保單申請。
- I declare that the insured person is in good health and free from physical and mental impairment or deformity.
本人聲明受保人現在生理及心理健全，並無任何殘障或缺陷。
- I understand that policy effective date will be the date immediately after the submission date of all policy application details.
本人明白保單會於收妥投保詳情後的翌日生效。
- 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 Zurich 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蘇黎世或其代理人。
- I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by Zurich, Zurich will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we are a body corporate, the authorized person who signs on behalf of me/us further confirms to Zurich that he or she is authorized to do so. I/We further understand that the above consent is necessary for Zurich to proceed with the application.
本人 / 我們明白、確知及同意，蘇黎世會就本人 / 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向蘇黎世確認他 / 她已獲該法人團體授權。本人 / 我們亦明白蘇黎世必須取得申請人同意，方可以處理其保險申請。

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)。

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 application form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this application 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 / 我們於此申請表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本申請表格內之所有部分, 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/policyholder
投保人簽署 / 保單持有人

Date
日期

日	月	年
D	D	M
M	M	Y
Y	Y	Y
Y	Y	Y



ZURICH®

蘇黎世