

**ZURICH**[®]

蘇黎世

Houseowner's or Householder's Public Liability Insurance Plan Enrollment Form

業主或住戶公眾責任保險計劃 投保表格

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, 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Other name
別名Date of birth
出生日期Day日 Month月 Year年
D D M M Y Y Y YHKID card no./Passport no.*
香港身份證號碼 / 護照號碼 *Occupation#
職業 #Marital status#
婚姻狀況 #Location to be insured
投保地址Flat/Rm.*
室 / 單位 *Floor
樓Block
座Building
大廈Estate name/Street no. & name/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 *Correspondence address
通訊地址Flat/Rm.*
室 / 單位 *Floor
樓Block
座Building
大廈(if different from above
如與上述地址不同)Estate name/Street no. & name/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 *Day time telephone no.
日間聯絡電話號碼Mobile phone no.
流動電話號碼Email address
電郵地址Building age
樓齡Gross floor area (sq.ft.)
建築面積 (平方呎)本人是 ☐ Owner 業主 ☐ Tenant 租客

2. Insurance details 保險資料

Coverage and premium table (Please ✓ whichever is appropriate) 保障項目及保費表 (請 ✓ 適用方格)

Plan type 計劃類別	Maximum limit of liability for any one event/any one period (HKD) 每宗意外事故 / 每段保險期之最高賠償額 (港元)	Annual premium (HKD) 全年保費 (港元)
<input type="checkbox"/> Plan 1 計劃一	2,000,000	300
<input type="checkbox"/> Plan 2 計劃二	5,000,000	500
<input type="checkbox"/> Plan 3 計劃三	10,000,000	750

Note: Free extension cover for Owner's legal liability in common area up to max. HKD 2,000,000 will be provided for any one of the above options is selected.
 註：凡投保以上任何一項保障額，均附加保障您作為業主在大廈公眾地方需負上之法律責任最高達 2,000,000 港元。

Period of insurance cover
投保期限

From
由

Day日

Month月

Year年

To
至

Day日

Month月

Year年

[^] both days inclusive 上列兩日包括在內

Notes 備註：

Deductibles 自負額：

- (i) The first HKD 1,000 or 10% of the adjusted loss whichever is the greater for each and every loss of or damage to third party property caused by water
每宗第三者財物因水災導致損失或損毀的最終賠償金額之首 1,000 港元或百份之十，以較高者為準
- (ii) The first HKD 1,000 of the adjusted loss for each and every loss of or damage to third party property by any other incidents except item (i) above
每宗第三者財物因其他意外（上列(i)項除外）而導致損失或損毀的最終賠償金額之首 1,000 港元

The following circumstances are subject to the special underwriting consideration of Zurich Insurance Company Ltd:

蘇黎世保險有限公司對下列情況須作特別處理：

1. Gross floor area of your home exceeding 2,000 square feet 超逾 2,000 平方呎的住所
2. Building age of your home exceeding 30 years 樓齡超逾 30 年的住所
3. Village 村屋

3. Declaration 聲明

1. I/We hereby apply for Zurich Houseowner's or Householder's Public Liability Insurance Plan ("this Plan") and declare that my/home is built of bricks, stone or concrete and roofed with concrete. I/We have not made any claims under this kind of houseowner's/householder's public liability insurance within the past 12 months and have never had my houseowner's/householder's public liability insurance refused by any insurance company.
本人 / 我們現投保蘇黎世業主或住戶公眾責任保險計劃 (「此計劃」)，謹此聲明本人的住宅是用磚石或石屎建成，並蓋有石屎屋頂，於過往十二個月內並未有申請同類業主 / 住戶公眾責任賠償，亦未有申請任何業主 / 住戶公眾責任賠償，亦未曾於投保同類業主 / 住戶公眾責任保險時被拒絕。
2. I/We declare that to the best of my knowledge and belief the information on this enrolment form is true and complete in every respect. I understand that this enrolment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company").
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。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訂立。
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 / 我們明白所有保障條款及細則及不承保事項概以此計劃保單為準。
4. 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。

4. 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）。

4. 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)

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 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 Month月 Year年
[D][D][M][M][Y][Y][Y][Y]