

# MediExpress China Medical Card enrollment form

## 「醫療快線中國保證卡」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 ✓ 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's information 投保人資料

Individual client 個人客戶  Corporate client 公司客戶

Mr. 先生  Mrs. 太太  Ms. 女士

Full name or Company name in English  
英文姓名或英文公司名稱

Full name or Company name in Chinese  
中文姓名或中文公司名稱

HKID card no./Passport no./Business registration no.\*  
香港身份證號碼 / 護照號碼 / 商業登記號碼\*

Nature of business (only applicable for corporate client)  
業務性質 (只適用於公司客戶)

Gender 性別  Male 男  Female 女

Date of birth 出生日期  
Day日 Month月 Year年  
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Correspondence address 聯絡人通訊地址  
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 Email address 電郵地址

Period of insurance cover 保障年期  1-year cover 一年保障  2-year cover 兩年保障

Effective date of insurance cover 保障生效日期  
Day日 Month月 Year年  
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## 2. Insured person's information 受保人資料

Name must be same as Home Return Permit. If more than four insured persons apply for this plan, please photocopy and complete this section for each of the additional insured person(s).

姓名須與回鄉證相同。如多於四位受保人申請此計劃，請自行複印受保人資料之部分並為每位額外受保人填寫。

	Insured person 1 受保人1	Insured person 2 受保人2	Insured person 3 受保人3	Insured person 4 受保人4
Last name 姓	Applicant 投保人			
First name 名				
Relationship with applicant 與投保人關係				
Date of birth 出生日期		Day日 Month月 Year年 D D M M Y Y Y Y	Day日 Month月 Year年 D D M M Y Y Y Y	Day日 Month月 Year年 D D M M Y Y Y Y
HKID card no./ Passport no.* 香港身份證號碼 / 護照號碼*				
Home Return Permit no. 回鄉證號碼				
Gender 性別				
Occupation 職業				
Plan 計劃 (P1/P2/S1/S2) <sup>1</sup>				
Premium (HKD) 保費 (港元)				
Sub-total premium for all insured person(s) (HKD) 所有受保人之保費總額				
Less amount of group discount (if applicable) 扣減團體折扣額 (如適用)				
<b>Total premium payable (HKD)</b> 應付保費總額 (港元)				

<sup>1</sup>Plan code 計劃代碼 : P1: Premier plan with personal accident cover (Worldwide) 優選計劃附人身意外保障 (全球)  
P2: Premier plan with personal accident cover (China) 優選計劃附人身意外保障 (中國)  
S1: Standard plan with personal accident cover (Worldwide) 標準計劃附人身意外保障 (全球)  
S2: Standard plan with personal accident cover (China) 標準計劃附人身意外保障 (中國)

## 3. Personal history 個人資料

All questions must be answered in full and apply to all insured persons to be covered.

所有受保人均須詳細回答下列問題。

Have the insured person(s) ever had any physical disability or deformity or has receiving any medical treatment or suffering from any disease?

Yes  
是

No  
否

受保人是否有任何身體殘障或缺陷或正接受醫藥治療或正感染任何疾病？

Have the insured person(s) ever been in a hospital or sanitarium for surgery, observation or treatment within the last five years?

Yes  
是

No  
否

在過去五年內，受保人是否曾入住醫院或療養院接受手術、觀察或治療？

If "Yes" to any of the questions above, please give details of each relevant insured person below.

如答「是」者，請連同有關受保人姓名詳細說明如下。

#### 4. Payment method 付款方法

By credit card 以信用卡繳付

Annual payment 每年繳付  Biennial payment 兩年繳付

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  
信用卡有效期至

Month月 Year年

M	M	Y	Y	Y	Y
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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.

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。

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

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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#### 5. Declaration 聲明

- I/We hereby apply for MediExpress China Medical Card ("this 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 that no person listed hereon is travelling or will travel against the advice of any medical practitioner or for the purpose of obtaining medical treatment 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「醫療快線中國保證卡」(「此計劃」)。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。上述受保人出外旅遊並不會違背醫生勸告或以尋求醫療為目的。本人 / 我們現時身體健康，並無任何殘廢或缺陷。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。
- I/We hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after written notification from the Company. The credit facility will be suspended if I/we fail to reimburse the Company within the above specified time. Upon suspension, I/we have to return all the China Medical Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of card loss, I/we should advise the Company within 48 hours and pay HKD 100 for each replacement card.  
本人 / 我們同意在收到 貴公司書面通知的14天內，付清對所有保障範圍以外的醫療費用或所有超出所定限額的醫療費用。如欠款未能在限期內付清，本人 / 我們將被終止一切預繳服務，同時須將「醫療快線中國保證卡」歸還 貴公司，並須對所有欠款向 貴公司承責。如遺失保證卡，本人 / 我們須於48小時內向 貴公司報失及需繳付100港元作補領費用。
- I/We authorize the Company to obtain medical information from my/our 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 / 我們明白 貴公司有權向本人 / 我們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保單有關之資料並自付所需費用。
- I/We understand that the arrangement for emergency cash transfer is subject to the service provider nominated by the Company first securing payment from me/us.  
本人 / 我們明白緊急現金匯款服務需待 貴公司所委任的服務機構首先獲本人 / 我們的費用保證，方可作出安排。
- 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。
- I/We understand that 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之所有資料， 貴公司將不會受理本人 / 我們資料不全之保單申請。
- Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card. I 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，如保費經信用卡方式支付，本保單將會自動續保，惟須獲 貴公司同意。本人確認及同意 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。
- 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. I/We further understand that the above consent is necessary for the Company to proceed with the application.  
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。本人 / 我們亦明白 貴公司必須取得申請人同意，方可以處理其保險申請。
- 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 it has been accepted by the Company and the premium has been paid.  
此保險申請須待 貴公司覆核，接納投保書及繳訖保費後才能生效。

## 6. 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](http://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](http://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
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**ZURICH**<sup>®</sup>

蘇黎世