

Employee Voluntary Critical Illness Insurance Plan Enrollment Form

僱員自購危疾保險計劃 投保表格



Enquiry no. 查詢電話：+852 2903 9391 Fax 傳真：+852 2968 0639

Please tick the appropriate box and * delete whichever is 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。

I. Proposer's information 投保人資料							
Mr./Mrs./Ms.* 先生/太太/女士*	Surname: 姓:	First name: 名:	Chinese name: 中文姓名:				
Name of Employer 僱主名稱							
HKID card no./Passport no.*: 香港身份證號碼/護照號碼*:	Date of birth: 出生日期:	D 日	M 月	Y 年	Sex: 性別:	<input type="radio"/> Male 男	<input type="radio"/> Female 女
Residential address: 居住地址:	Flat/Room 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/Room 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*		
Day time telephone no.: 日間聯絡電話:				Night time telephone no.: 晚間聯絡電話:			
Mobile phone no.: 流動電話號碼:				Email address: 電郵地址:			

II. 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
Surname 姓				
Given name 名				
Sex 性別	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女	<input type="radio"/> Male 男 <input type="radio"/> Female 女
HKID card no./Passport no.*: 香港身份證號碼/護照號碼*:				
Date of birth (dd/mm/yy) 出生日期(日/月/年)	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年
Relationship with proposer 與投保人關係	Self 本人	<input type="radio"/> Spouse 配偶 <input type="radio"/> Child [△] 子女 [△]	<input type="radio"/> Child [△] 子女 [△]	<input type="radio"/> Child [△] 子女 [△]
Height (cm) 身高(厘米)				
Weight (kg) 體重(公斤)				
Non-Smoker/Smoker 非吸煙者/吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者	<input type="radio"/> Non-Smoker 非吸煙者 <input type="radio"/> Smoker 吸煙者
Occupation & Position 職業及職位				
Do you have Group Critical Illness cover? 閣下是否受保於團體危疾保障計劃?	<input checked="" type="radio"/> Yes 是 – sum insured is 保障額(HKD 港元) _____	<input type="radio"/> Yes 是 – sum insured is 保障額(HKD 港元) _____	<input type="radio"/> Yes 是 – sum insured is 保障額(HKD 港元) _____	<input type="radio"/> Yes 是 – sum insured is 保障額(HKD 港元) _____
	<input type="radio"/> No 否	<input type="radio"/> No 否	<input type="radio"/> No 否	<input type="radio"/> No 否

[△] Child(ren) must be aged at or below 17 years, unemployed and unmarried.
[△] 子女必須為17歲或以下、未在職及未婚之人士。

III. Choice of sum insured[#] 投保額[#]

# Insured person can choose either (A) or (B) only. 投保人只須選擇第(A)節或第(B)節其中一節投保。	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
A) Application for Employee Voluntary Critical Illness Insurance Plan 申請僱員自購危疾保險計劃				
Please specify sum insured (HKD) 請註明保障額 (港元)	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000
B) Application for converting sum insured of Group Critical Illness Plan to Employee Voluntary Critical Illness Insurance Plan 申請團體危疾保障計劃保障額轉移至僱員自購危疾保險計劃				
(i) Please specify converting sum insured ⁽¹⁾ (HKD) (Only applicable for converting sum insured and maximum at HKD450,000) 請註明轉移保障額 ⁽¹⁾ (港元) (只適用於申請轉移保障計劃及上限為450,000港元)	Converting sum insured (HKD) 轉移保障額 (港元) <input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 Employment termination date 僱員離職日期 D M Y 日 月 年	Converting sum insured (HKD) 轉移保障額 (港元) <input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000	Converting sum insured (HKD) 轉移保障額 (港元) <input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000	Converting sum insured (HKD) 轉移保障額 (港元) <input type="radio"/> 50,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 750,000
(ii) If you require additional sum insured of Employee Voluntary Critical Illness Insurance Plan, please specify total sum insured ⁽²⁾ (HKD) 若閣下於僱員自購危疾保險計劃自購額外的保障額，請註明總保障額 ⁽²⁾ (港元)	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000	<input type="radio"/> 150,000 <input type="radio"/> 300,000 <input type="radio"/> 450,000 <input type="radio"/> 600,000 <input type="radio"/> 750,000
⁽¹⁾ Converting sum insured must be same or less than Group Critical Illness Sum Insured. 轉移受保額必須相等或少於團體危疾保障計劃的保障額。 ⁽²⁾ Total sum insured = Converting Group Critical Illness Sum Insured + Employee Voluntary Sum Insured. 總保障額 = 團體危疾保障計劃轉移額 + 僱員自購危疾保險計劃保障額。 <ul style="list-style-type: none"> The total maximum sum insured for both Group Critical Illness Plan and Employee Voluntary Critical Illness Insurance Plan is HKD750,000. 團體危疾保障計劃及僱員自購危疾保險計劃的合共總保障額最高為750,000港元。 				

IV. 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
Total premium payable (HKD) 應付保費總額 (港元) <small>(Minimum annual premium per policy is HKD300 每保單每年最低保費為300港元)</small>	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月
Effective date of insurance cover 保險生效日期	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年

The following insured person is exempted from answering the Medical Questionnaire in Part V.
以下受保人士可獲豁免第V節的醫療問卷。

- If B(i) Converting Sum Insured is the same as B(ii) Total Sum Insured;
若受保人士的B(i)轉移額等同於B(ii)總投保額：
- If medical questionnaire has been answered and submitted to Zurich Insurance Company Ltd under Group Critical Illness Plan.
如申請團體危疾保障計劃時已遞交填妥之醫療問卷至蘇黎世保險有限公司。

V. Medical questionnaire 醫療問卷

All questions must be answered in full by all insured person(s). 所有受保人均須詳細回答下列問題。 If the answer to any of the below question is "Yes", please give full details below. (If the space provided is insufficient, please use a separate sheet to give details.) 如以下任何問題答「是」者，請詳加說明如下。(若空位不足，請以另紙詳加說明)	Yes 是	No 否
1. Have you ever admitted into hospital or sanatorium, or undergone or been recommended to undergo surgery (other than that associated with a full term pregnancy)? 閣下是否曾入住醫院或療養院、或曾接受或被建議接受手術(有關與足月的懷孕除外)?	<input type="radio"/>	<input type="radio"/>
2. Are you currently under or have you been advised to have medical observation, treatment or require medication or follow-ups due to any illness or effects of any accident? 閣下現時是否或曾否被建議接受醫療觀察、治療或因疾病或意外影響而需接受藥物或覆診治療?	<input type="radio"/>	<input type="radio"/>

V. Medical questionnaire 醫療問卷

All questions must be answered in full by all insured person(s). 所有受保人均須詳細回答下列問題。

If the answer to any of the below question is "Yes", please give full details below. (If the space provided is insufficient, please use a separate sheet to give details.) 如以下任何問題答「是」者，請詳加說明如下。(若空位不足，請以另紙詳加說明)

Yes 是

No 否

3. Have you ever had or suffered from or been treated for any of the following disorders or diseases? If yes, please tick the appropriate box below.
閣下是否曾患過或就以下任何一種身體功能失調或疾病接受過治療？若「是」，請在以下適用方格加上✓號。

Tuberculosis 結核病	<input type="checkbox"/>	Bronchitis 支氣管炎	<input type="checkbox"/>	Diabetes 糖尿病	<input type="checkbox"/>	Malaria 瘧疾	<input type="checkbox"/>	Stroke 中風	<input type="checkbox"/>	Epilepsy 癲癇症	<input type="checkbox"/>
Chest pain 胸痛	<input type="checkbox"/>	Spinal problem 脊椎問題	<input type="checkbox"/>	Herina 疝	<input type="checkbox"/>	Nasal sinusitis 鼻竇炎	<input type="checkbox"/>	Gout 痛風	<input type="checkbox"/>	Arthritis 關節炎	<input type="checkbox"/>
Thyroid disorder 甲狀腺失調	<input type="checkbox"/>	Rheumatic fever 風濕熱	<input type="checkbox"/>	Varicose veins 靜脈曲張	<input type="checkbox"/>	Alcoholism 酗酒	<input type="checkbox"/>	Drug addition 吸毒	<input type="checkbox"/>	Venereal disease 性病	<input type="checkbox"/>
Haemorrhoids 痔瘡	<input type="checkbox"/>	Anaemia 貧血	<input type="checkbox"/>	Haemophilia 血友病	<input type="checkbox"/>	Hallux valgus 姆趾外翻	<input type="checkbox"/>	Anal fistulae 肛瘻	<input type="checkbox"/>	Hereditary disease 遺傳病	<input type="checkbox"/>
Raised blood pressure 高血壓	<input type="checkbox"/>	Asthma or respiratory diseases 哮喘或呼吸疾病		<input type="checkbox"/>		Stone of kidney / bladder / gall bladder 腎石 / 膀胱石 / 膽石		<input type="checkbox"/>			
Cancer or tumour(s) of any kind 癌症或任何腫瘤	<input type="checkbox"/>	Gynaecological conditions 婦科病		<input type="checkbox"/>		Duodenal or ulcer of any kind 十二指腸或各類型潰瘍		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Any form of hepatitis (or is Hepatitis B carrier) 任何種類肝炎(或乙型肝炎帶菌者)			<input type="checkbox"/>			Acquired Immune Deficiency Syndrome (AIDS) 愛滋病			<input type="checkbox"/>		
Mental disorder or psychiatric problem / disease 神經失常或精神病			<input type="checkbox"/>			Congenital abnormalities and/or disease 先天性缺陷及/或疾病			<input type="checkbox"/>		
Any chronic disease 任何慢性疾病			<input type="checkbox"/>								
Disease or disorder of the 疾病或身體功能失調：											
Eyes 眼	<input type="checkbox"/>	Ears 耳	<input type="checkbox"/>	Kidneys 腎	<input type="checkbox"/>	Bladder 膀胱	<input type="checkbox"/>	Arteries 關節炎	<input type="checkbox"/>	Lung 肺	<input type="checkbox"/>
Brain 腦部	<input type="checkbox"/>	Pancreas 胰臟	<input type="checkbox"/>	Liver 肝臟	<input type="checkbox"/>	Genitor-urinary organs 泌尿生殖器官	<input type="checkbox"/>				
Gastro-intestinal tract 胃腸管道			<input type="checkbox"/>			Central nervous system 中樞神經系統			<input type="checkbox"/>		
Heart or cardio vascular or circulatory diseases 心臟或心臟血管或循環系統疾病			<input type="checkbox"/>			Other 其他			<input type="checkbox"/>		

Please attach complete details for any material health or physical conditions not mentioned above.
如有任何以上未提及之其他健康狀況或身體症狀，請附上詳細資料。

4. Have you gained/lost weight of 5 kg or more in the last 12 months? If yes, please specify the reason and exact figures.
閣下的體重於過去12個月內曾否增加/減少5公斤或以上？若是，請註明原因及其增/減多少公斤。

5. Are you having any critical illness insurance (excluding group critical illness insurance provided by the insured person's employer) with Zurich Insurance Company Ltd or any other insurer? If yes, please state the benefits, the sum insured and the company name of the insurer (including Zurich Insurance Company Ltd).
閣下現時是否擁有蘇黎世保險有限公司或其他保險公司承保之危疾保險(不包括受保人之僱主提供之團體危疾保險)？若「是」，請提供保額及保險公司名稱(包括蘇黎世保險有限公司)。

6. Have you ever been refused enrollment, renewal or reinstatement of life insurance, medical insurance, hospital income insurance, or critical illness insurance, or subject to special terms and conditions or additional premium?
閣下是否曾於投保、續保或復效任何人壽、醫療、住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納？

7. Are you currently making an inpatient claim for medical insurance benefit?
閣下現時是否就醫療住院保險向保險公司要求索償？

8. Have any of your natural parents, brothers or sisters died or suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is Hepatitis B carrier), cancer or any hereditary disease before the age of 60?
閣下的親生父母、兄弟或姊妹中，是否有成員於60歲前患有心臟病、中風、高血壓、糖尿病、腎病、精神失調、肝炎(或乙型肝炎帶菌者)、癌症或任何遺傳病或因上述疾病而去世？

9. Have you ever smoked cigarettes? If yes, please specify the daily consumption. If you stopped smoking, please also state when and for what reason.
閣下是否曾吸煙？若「是」，請註明每日吸煙量。如閣下已戒煙，請註明時間及原因。

Consumption: piece per day for years
吸煙量：每日 支煙，吸煙達 年
Date ceased smoking:
戒煙日期：

Reason for stop smoking:
戒煙原因：_____

Have you smoked any cigarettes in the last 12 months?
閣下於過去12個月內是否曾吸煙？
 Yes 是
 No 否

V. Medical questionnaire 醫療問卷

Name of insured person 受保人姓名：

Question 1 第1題

Reason(s) of being subject to special terms and conditions or additional premium or being refused for enrollment or renewal of life or medical insurance
曾投保或續保任何人壽或醫療保險時被拒或需附加特別條款或增收保費始被接納的原因

Question 2 第2題

Details of diagnosis & treatment received (including any kind of medication treatment)
請說明有關疾病及所接受的治療(包括任何種類藥物治療)

Question 3 第3題

Period of medical treatment
治療期間

Question 4 第4題

Last consultation date and present health condition
最後覆診日期及身體現時狀況

Question 5 第5題

Will you plan to or have you been advised to undergo other treatment or investigation in the future?
閣下是否打算或曾有醫生建議日後進行其他治療或檢查?

Question 6 第6題

Name & address of attending doctor
主診醫生姓名及地址

VI. Payment Method 付款方法

By cheque 以支票繳付
(Only applicable to annual payment mode
只適用於每年繳付方式)

Cheque no. 支票號碼：

Bank name 銀行名稱：

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 proposer, please fill in the following information. 若支票發出人並非投保人，請填寫以下資料。

Relationship with the proposer 與投保人關係：

By credit card 以信用卡繳付

Annual payment 每年繳付

Monthly payment 每月繳付

(The first 3 months' premium will be debited in the first billing 首次過賬將扣除首三個月之保費)

Credit card type 信用卡類別

VISA



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：

M 月

Y 年

By bank account 以銀行賬戶繳付

(Please fill in the direct debit authorization form 請填寫直接付款授權書)

Annual payment 每年繳付

Monthly payment 每月繳付

(Please pay the first three months' premium by cheque 請以支票繳付首三個月保費)

Account holder's name 銀行賬戶持有人姓名：

Account no. 銀行賬戶號碼：

I hereby authorize Zurich Insurance Company Ltd to debit automatically the premium due from my credit card / bank account above on a monthly / yearly basis, including payment for the subsequent years / instalments upon my acceptance on renewal of the insurance plan(s) applied above until further written notice from me. I accept full responsibility for any overdraft on my credit card / bank account which may arise as a result of such transfer. I agree that should there be insufficient funds in my account to meet any transfer authorized here, the Bank has the right not to effect such transfer in which event the Bank may make the usual service charge.

本人茲授權蘇黎世保險有限公司從本人上述之信用卡/銀行賬戶每月/每年直接轉賬支付應繳保費金額，包括本人同意往後續保的各期保費，直至本人有進一步書面通知取消。本人同意因該等轉賬而令本人信用卡/銀行賬戶出現透支，本人願承擔全部責任；本人同意如本人信用卡/銀行賬戶沒有足夠款項支付該等轉賬，銀行有權不予轉賬，且可收取慣常之服務收費。

If credit cardholder / bank account holder is not the proposer, please fill in the following information. 若信用卡持有人/銀行賬戶持有人並非投保人，請填寫以下資料。

Relationship with the proposer 與投保人關係：

Signature of credit cardholder / bank account holder:
信用卡持卡人/銀行賬戶持有人簽署：

Date 日期：

D 日

M 月

Y 年

VII. Declaration 聲明

1. 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. I/We understand that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").
2. 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 this Plan at my/our own expense.
3. I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
4. I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
1. 本人/吾等特此聲明此投保表格的資料乃根據本人/吾等所知及所信為確實及完全而填報，屬實無訛。本人/吾等明白本人/吾等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. 本人/吾等明白本人/吾等必須須妥授權 貴公司有權向本人/吾等之醫生索取有關病歷資料，本人/吾等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. 本人/吾等明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
4. 本人/吾等明白本人/吾等必須完成及提供此表格之所有資料，貴公司將不會受理本人/吾等資料不全之保單申請。

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。

VIII. 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

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** may be used by the Company for the following **obligatory 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):
 - 1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - 2) to process requests for payment, and for direct debit authorization;
 - 3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
 - 4) to compile statistics or use for accounting and actuarial purposes;
 - 5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("**Zurich Insurance Group**") and conduct matching procedures where necessary;
 - 6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
 - 7) to collect debts;
 - 8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - 9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
 - 1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - 2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - 4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 - 5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - 6) any person pursuant to any order of a court of competent jurisdiction;
 - 7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
3. *Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:*
 - 1) *to provide marketing materials and conduct 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;*
 - 2) *to perform customer analysis, profiling and segmentation; and*
 - 3) *to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.*

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.

4. *The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:*
 - 1) *companies within the Zurich Insurance Group;*
 - 2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
 - 3) *third party marketing service providers and insurance intermediaries.*

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.

5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (*in italics*) to indicate their wish to opt-out altogether.

Personal Data Privacy Officer
26/F, One Island East
18 Westlands Road
Island East
Hong Kong

6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
1. 由 **Zurich Insurance Company Ltd** (「本公司」) 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，均可供本公司使用作以下**強制性用途**，以便為客戶提供服務(否則本公司將無法為未能提供所需資料的客戶提供服務)：
 - 1) 辦理、調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務；
 - 2) 辦理付款要求及直接付款授權；
 - 3) 處理任何對客戶的索償、訴訟及/或司法程序；以及行使本公司的權利(詳情見適用保單條款所定)，包括但不限於代位權；
 - 4) 編撰統計數字，或作會計及精算用途；
 - 5) 符合對本公司及/或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
 - 6) 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
 - 7) 債務追討；
 - 8) 便利本公司的認可服務供應商，就上述目的為本公司及/或客戶提供服務；及
 - 9) 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。

VIII. 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

2. 本公司可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：
 - 1) 蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
 - 2) 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
 - 3) 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
 - 4) 信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
 - 5) 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
 - 6) 根據主管司法權區的法院的任何頒令的任何人士；及
 - 7) 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
3. 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，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、保單資料、索償資料、及醫療紀錄等，均可供本公司使用作以下**自願性用途**：
 - 1) 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/或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；
 - 2) 進行客戶研究分析及分層；及
 - 3) 就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。未經客戶同意，本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求，本公司將把有關保險申請及持續投保，視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。
4. 經保單持有人及受保人書面同意後，本公司可就上述**自願性用途**，向以下於香港境內或境外的人士提供其某些個人資料，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：
 - 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) 第三方市場推廣服務供應商及保險中介人。未經客戶書面同意，本公司不得向任何第三方提供有關客戶(特別指保單持有人及受保人)的個人資料作上述自願性用途。
5. 所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段(見斜字)以提出有關所有自願性用途之反對要求。

個人資料私隱主任
香港港島東華蘭路18號
港島東中心26樓
6. 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
7. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

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 (“Ordinance”).

本人/吾等確認由本人/吾等於此申請表格提供之所有資料均為事實正確無誤。本人/吾等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細則及有關個人資料(私隱)條例(「私隱條例」)的客戶通知。

<input type="checkbox"/>	Signature of proposer: 投保人簽署：	Date 日期：	D 日	M 月	Y 年
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IX. Direct debit authorization 直接付款授權書

I/We hereby authorize my/our below-named Bank to effect transfer from my/our account to that of Zurich Insurance Company Ltd (name of beneficiary) in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time provided always that the amount of any one such transfer should not exceed the limit indicated below.

本人〔等〕現授權本人〔等〕的下列銀行，〔根據受益人或其往來銀行不時給予本人〔等〕銀行的指示〕自本人〔等〕的戶口內轉賬予蘇黎世保險有限公司〔受益人〕，惟每次轉賬金額不得超過以下的限額。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人〔等〕同意本人〔等〕的銀行毋須證實該等轉賬通知是否已交予本人〔等〕。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人〔等〕的戶口出現透支〔或令現時的透支增加〕，本人〔等〕願共同及各別承擔全部責任。

I/We confirm that my/our signature(s) on this application form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer.

本人〔等〕確認本人〔等〕在此表格上的簽署與本人〔等〕用以轉賬的戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Ltd (name of beneficiary) of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual service charge to be paid by me/us.

本人〔等〕同意會通知蘇黎世保險有限公司〔受益人〕任何銀行戶口的變更或取消收費方式，亦同意如本人〔等〕的戶口並無足夠款項支付該等授權轉賬，本人〔等〕的銀行有權不予轉賬，且銀行可收取慣常的收費。

This authorization shall have effect until further notice or until the expiry date written below (whichever shall first occur).

本授權書將繼續生效直至另行通知為止或直至下列到期日為止〔以兩者中最早的日期為準〕。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect and at the same time such notice shall be given to the beneficiary.

本人〔等〕同意，本人〔等〕取消或更改本授權書的任何通知，須於取消/更改生效日最少兩個工作天之前交予本人〔等〕的銀行及受益人。

Account number: Bank name:

戶口號碼：

Bank name:

銀行名稱：

Name of account holder(s):

戶口持有人：

(As recorded on statement/passbook – Please complete in English) (在結單/存摺上所有紀錄的名稱 – 請以英文填寫)

ID no. of account holder(s):

戶口持有人的身份證件：

ID type*:

身份證件類別*：

Limit for each payment/month[#]:

每次/月付款限額[#]： HKD 港元

Debtor's reference:

債務人參考：

Expiry date:

到期日：

M

月

Y

年

Signature of account holder(s):

戶口持有人簽署：

Date:

日期：

D

日

M

月

Y

年

* ID type 身份證件類別：I = HKID 香港身份證 P = Passport 護照

[#] If limit for each payment/month is not specified, the debtor's bank will set the limit as "unlimited".
如「每次/月付款的限額」一欄未有填上，債務銀行會將轉賬限額設定為「不設上限」。