

Travel+ Insurance Plan Enrollment Form

「樂優遊+」旅遊保險計劃投保表格

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

Please tick the appropriate box and * delete where appropriate. 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. Proposer's information 投保人資料				
<input type="checkbox"/> Mr 先生 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Ms 女士				
English name 英文姓名	Last Name 姓		First Name 名	
Chinese name 中文姓名				
Date of birth 出生日期	D 日	M 月	Y 年	HKID card /Passport no.* 香港身份證號碼 / 護照號碼*
Contact number (Please fill in at least one) 聯絡電話 (請填寫最少一項)				
Mobile phone 流動電話號碼			Day time telephone 日間聯絡電話	
Email address 電郵地址				
Correspondence address 通訊地址				

2. Enrollment information 投保詳情				
Travel plan 旅遊計劃	<input type="checkbox"/> Gold Plan 金計劃 <input type="checkbox"/> Silver Plan 銀計劃 <input type="checkbox"/> Bronze Plan 銅計劃			
Type of policy 保單類別	<input type="checkbox"/> Individual 個人 <input type="checkbox"/> Family 家庭			
Travel nature 旅遊性質	<input type="checkbox"/> Single trip travel 單次旅遊	Period of travel 旅遊期限	From D M Y [^] To D M Y [^] 由 ___日 ___月 ___年 至 ___日 ___月 ___年 [^] Both days included, maximum number of days of cover is 180. 上列兩日包括在內，最長保障期限為180日。	No. of days 日數
		Type of travel 旅遊種類	<input type="checkbox"/> Return 來回 <input type="checkbox"/> One way (Cover valid for a maximum of 7 days after arrival at final destination) 單程 (有效保障期只限於抵達目的地後7天內)	
	<input type="checkbox"/> Annual travel 全年旅遊	Effective date of insurance cover 保障生效日期	D M Y ___日 ___月 ___年	

3. Insured person's information 受保人資料

Insured persons 受保人		Relationship with proposer 與投保人 關係	HKID card / Passport no.* 香港身份證 / 護照號碼*	Date of birth (dd/mm/yy) 出生日期 (日/月/年)	Sex 性別 (M/F) (男 / 女)	Occupation 職業 (Applicable to annual travel plan only) (只適用於 全年計劃)	Optional benefits [^] 自選保障 [^]		Premium (HKD) 保費 (港元)
Last name 姓	First name 名						Benefit 1 保障1	Benefit 2 保障2	
1.		Proposer 投保人					<input type="checkbox"/>	<input type="checkbox"/>	
2.							<input type="checkbox"/>	<input type="checkbox"/>	
3.							<input type="checkbox"/>	<input type="checkbox"/>	
4.							<input type="checkbox"/>	<input type="checkbox"/>	
Note: 1. If more than four persons or one family are to be covered, please provide the above information on a separate sheet. 2. The aggregate limit for Personal Accident Cover under any one policy shall not exceed HKD 45,000,000 3. 10% premium discount for 7 to 12 people enrolling as a group; 15% premium discount for more than 12 people. 註: 1. 如受保人數超過四名或受保家庭超過一個, 請另加紙填寫以上資料。 2. 本公司於每保單中之個人意外總賠償額最高為45,000,000港元。 3. 7至12人同時投保, 可獲九折保費優惠; 若超過12人, 可獲85折優惠。 [^] Only applicable to insured person enrolling the gold plan and aged 18 to 75 at the commencement date of the insured journey. 只適用於投保金計劃及於受保旅程開始時年齡為18至75歲之受保人仕。						Sub-total premium 保費總額			
						<input type="checkbox"/> Less discount for group travel (if applicable) 扣減團體旅遊折扣額 (如適用)			
						Total premium payable 應付保費總額 (Minimum premium is HKD 50 最低保費限額為50港元)			

4. Health declaration 健康申報 (For annual travel plan only 只適用於全年旅遊計劃)

All questions must be answered in full and apply to all members of the family to be covered. 閣下及閣下之家庭成員均須詳細回答下列問題。		Yes 是	No 否
1. Have the insured person(s) ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? 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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Have the insured person(s) suffered any loss during the past 2 years caused by any of the risks proposed in this insurance? 過去兩年內, 受保人是否曾因本計劃提到的各類風險而導致意外或損傷? 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。	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Premium payment 繳付保費

By check 以支票繳付





Check number 支票號碼	Bank name 銀行名稱
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Check 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 check 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

Credit card type 信用卡類別	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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		M 月	Y 年

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 who is insured under the **Individual Plan** for annual travel insurance: the insured person will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person reached 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賬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賬而令他 / 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 / 款項於他 / 她的信用卡上作保費自動轉賬之用。

只適用於受保人受保於全年旅遊個人保障計劃: 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賬戶收取續保保費, 直至另行通知。

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

Relationship with the proposer 與投保人關係:

Signature of credit cardholder 信用卡持卡人簽署	Date 日期	D 日	M 月	Y 年
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6. Declaration 聲明

1. We hereby apply for Zurich Travel+ Insurance Plan ("this Plan"). I/We declare that to the best of my/our knowledge and belief the information given on this enrolment form is true and complete in every respect and all information disclosed have been verified by me/us as true and correct, and that no person listed hereon is travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We declare that I/We have full and complete authority from my spouse, relative(s), friend(s) to sign the application and disclose any personal information being requested to assess the insurance application.
2. I/We agree that this enrolment form and declaration shall form the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company").
3. 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.
4. I/We understand that I/We shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions. 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.
5. 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.
1. 本人 / 我們現投保蘇黎世「樂優遊+」旅遊保險計劃（「此計劃」）。本人 / 我們謹此聲明本投保表格所列全部資料乃就本人 / 我們所知一切據實填報，並經本人 / 我們核實正確無誤。上述受保人是次出外旅遊並未違背專業醫生勸告或以尋求醫療為目的。本人 / 我們聲明本人 / 我們已獲得配偶、親屬、朋友授予全權，簽署此項投保申請，並提供任何個人資料作評核此項申請之用。本人 / 我們明白本投保表格及聲明將構成本人 / 我們與蘇黎世保險有限公司（「貴公司」）之間的合約依據。
2. 本人 / 我們明白本人 / 我們必須填妥授權 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有關之資料並自付所需費用。
3. 本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
4. 本人 / 我們明白本人 / 我們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 / 我們資料不全之保單申請。
5. 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。本人確認及同意 貴公司保留拒絕續保本保單之權利，並且無須透露拒絕續保之原因。

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。

7. 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 (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 **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).

由蘇黎世保險有限公司（「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**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）。

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 Direct Marketing – Voluntary:

就市場推廣之同意 – 自願性：

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, **only upon having such policy owners' or insured persons' consent or indication of no objection**, for the following **purposes relating to direct marketing**:

- (1) to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of 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 Zurich Insurance Group's development of services and insurance products.

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，**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以下**市場推廣之有關用途**：

- (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；
- (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。

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, **only upon having such policy owner's and insured person's written consent**, to the following parties, within or outside of Hong Kong, for the above **purposes relating to direct marketing**:

- (1) companies within 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 marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就上述**市場推廣之有關用途**，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。

I/We understand that I/We can withdraw any consent provided for direct 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 wish to opt out of the above direct marketing purposes.
本人 / 我們欲選擇退出上列之市場推廣用途。

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）

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 proposer
投保人簽署

Date
日期

D
日

M
月

Y
年

For internal use only 只供內部填寫

Agent name

代理人姓名：_____

Agent no.

代理人編號：_____

Zurich Insurance Company Ltd (a company incorporated in Switzerland)

蘇黎世保險有限公司（於瑞士註冊成立之公司）

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