



東茂保險代理(國際)有限公司

Regional Insurance Management (International) Limited

Unit 2604 26/F 9 Chong Yip Street Kwun Tong Kowloon

Tel: 2861 3122 Fax: 3016 9813 E-mail: info@regional.com.hk



ZURICH®

蘇黎世

# Zurich HomeCare Householder Insurance Plan Enrollment Form

## 蘇黎世「居安保」住戶保險計劃投保表格

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

Please tick the appropriate box and \* delete where 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。

Agent Name

代理人姓名 : \_\_\_\_\_

Agent No

代理人編號 : \_\_\_\_\_

### 1 Proposer's information 投保人資料

Mr 先生  Mrs 太太  Ms 女士

Surname 姓 \_\_\_\_\_ First Name 名 \_\_\_\_\_ Other Name 別名 \_\_\_\_\_

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#  Male 男  Female 女

Occupation# 職業# \_\_\_\_\_ Marital Status# 婚姻狀況# \_\_\_\_\_

Risk address 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  
(如與上述地址不同 if different from above)  
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\*

Contact Number (Please fill in at least one) 聯絡電話 (請填寫最少一項)  
Mobile phone no. 流動電話號碼 \_\_\_\_\_ Day time telephone no. 日間聯絡電話 \_\_\_\_\_  
Email address# 電郵地址# \_\_\_\_\_

## 2 Plan selection 所需保障

Effective date of insurance 保障生效日期 D 日 M 月 Y 年

Basic coverage 基本計劃

Household Floor area (sq. ft.) 單位面積 (平方呎)		Annual Premium (HKD) 每年保費 (港元)
Gross Floor Area 建築面積	Saleable Area 實用面積	
<input type="radio"/> < = 500	< = 400	650
<input type="radio"/> 501-700	401-560	900
<input type="radio"/> 701-1,000	561-800	1,200
<input type="radio"/> 1,001-1,500	801-1,200	1,650
<input type="radio"/> 1,501-2,000	1,201-1,600	1,950
<input type="radio"/> > 2,000	> 1,600	Individual considerations 個別計算

Property Type 樓宇類型

Multi-storey building 多層大廈  Village house 村屋  Detached house 獨立屋

Building age 樓齡

Below 10 years 十年以下  Over 10 years to 25 years 超過 10 年至 25 年  Over 25 years to 35 years 超過 25 年至 35 年  
 Over 35 years 超過 35 年 – Any recent renovation done in the unit and/or the whole building 該單位及 / 或整幢大廈最近作出之保養維修工程 : \_\_\_\_\_

Extend cover to the following facilities 額外設施保障 (Under Legal Liability section 於法律責任保障範圍下)

Car parking space 停車場位置  Garden / Yard 花園 / 庭院  Flat roof 天台  Private pool 私人泳池

Optional coverage 附加保障

Building coverage 樓宇結構保障

Household Floor area (sq. ft.) 單位面積 (平方呎)		Annual Premium (HKD) 每年保費 (港元)
Gross Floor Area 建築面積	Saleable Area 實用面積	
<input type="radio"/> < = 500	< = 400	500
<input type="radio"/> 501-700	401-560	630
<input type="radio"/> 701-1,000	561-800	1,020
<input type="radio"/> 1,001-1,500	801-1,200	1,530
<input type="radio"/> 1,501-2,000	1,201-1,600	2,040
<input type="radio"/> > 2,000	> 1,600	Individual considerations 個別計算

Worldwide personal possessions protections 全球私人財物保障

Unspecified item 一般個人財物\*

Sum insured 投保額 : \_\_\_\_\_

Specified items 指定受保財物 (Sum insured 投保額)

\*If the above space is insufficient, please attach a separate sheet. 如上表不敷填寫，請另加紙詳述。

Please provide relevant sales receipt or valuation reports. 請提供有關單據或估值報告。

Applications in relation to any building over 25 years or with structural extension, village house or detached house will be subject to separate consideration.

有關樓齡超過 25 年或附有任何額外設施或村屋 / 獨立屋之投保申請需作個別考慮。

### 3 Insurance details 保險資料

If your answer to the following questions is "Yes", please provide full details. 以下問題若答‘是’者，請指出及詳細列明事件細節及日期。

	Yes 是	No 否
Have you ever been refused by other insurance companies with similar coverage? If yes, please state: 閣下曾否遭保險公司拒絕接受投保同類型保險計劃？如有，請列明：	<input type="radio"/>	<input type="radio"/>
<hr/> <hr/>		
During the past 12 months, have you sustained any loss whether insured or otherwise, in connection with the cover which insurance has been requested? If yes, please state: 過去十二個月內，閣下有否蒙受任何與現申請保障有關之損失？不論已投保與否，如有，請列明：	<input type="radio"/>	<input type="radio"/>
<hr/> <hr/>		

### 4 Declaration 聲明

1. I declare that my home is built of bricks, stone or concrete and roofed with concrete.
  2. I 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 and Zurich Insurance Company Ltd (the "Company").
  3. I understand that if I am not completely satisfied with Zurich HomeCare Householder Insurance Policy "(the Policy)", I can return it to the Company within 14 days upon receipt and any premium charged during this period will be refunded in full.
  4. I understand that I shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
  5. I understand I must complete and provide all information requested in this form, failing which the Company cannot process my application for the Policy.
1. 本人聲明本人的住宅是用磚石或石屎建成，並蓋有石屎屋頂。
  2. 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確實及完全而填報，屬實無訛。本人明白本人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。
  3. 本人明白本人如對保單條款未盡滿意，可於收到保單後 14 天內退回保單，所繳之保費將獲原銀奉還。
  4. 本人明白所有保障範圍、不承保事項、條款及細則概以蘇黎世「居安保」住戶保險計劃保單為準。
  5. 本人明白本人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資料不全之保單申請。

This insurance application will not be in force until the application has been accepted by the Company and the premium has been paid.  
此保險申請需待貴公司覆核，接納投保書及已繳付保費後才能生效。

## 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

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.

**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)**

- 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):
  - 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;
  - 辦理付款要求及直接付款授權;
  - 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;
  - 編撰統計數字, 或作會計及精算用途;
  - 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;
  - 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;
  - 債務追討;
  - 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
  - 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。
- 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:
  - 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;
  - 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;
  - 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;
  - 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;
  - 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;
  - 根據主管司法權區的法院的任何頒令的任何人士; 及
  - 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。
- 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**:
  - 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;
  - 進行客戶研究分析及分層; 及
  - 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。
- 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:
  - 蘇黎世保險集團成員公司;
  - 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;
  - 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。
- 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
- 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。
- 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 confirm that all information provided by me in this application form is true, correct and accurate. I further confirm my 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").

本人確認由本人於此申請表格提供之所有資料均為事實正確無誤。本人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。

Signature of proposer  
投保人簽署:

Day 日 Month 月 Year 年  
Date 日期