

Office Comprehensive Insurance Plan Enrollment Form

「盈商」保險計劃



投保表格



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

Agent Name

代理人姓名: _____

Agent No

代理人編號: _____

ZURICH®

蘇黎世

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. Business information 業務資料

Name of company: 公司名稱: _____				
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
Risk address (If different from the above): 受保辦公室地址(若與上址不符):	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
Office tel. no.: 辦公室電話號碼:				Fax no.: 傳真號碼:
Email address: 電郵地址:	Nature of business: 業務性質:			

II. Plan Selection 所需保障

Please attach supplementary sheets if necessary. 如有需要, 請另備紙張詳細說明。

Effective date of insurance 保障生效日期:	D 日	M 月	Y 年																	
<input checked="" type="checkbox"/> Basic coverage 基本計劃	For all office contents including tenant's improvement and interior decoration and items held in trust 辦公室內所有財物保障, 包括裝修、受託保管之財物保障			HKD 港元 _____																
<input type="checkbox"/> Stock cover 存貨保障	What do these comprise? 包含甚麼? _____			HKD 港元 _____																
<input type="checkbox"/> Optional coverage 自選保障	<input type="checkbox"/> Customised loss of income 自訂收入損失保障			Estimated gross income for the next 12 months 估計未來十二個月的總收入	HKD 港元 _____															
	Indemnity period required for loss of income 收入損失所需保障期			<input type="radio"/> 3 months 3個月	<input type="radio"/> 6 months 6個月	<input type="radio"/> 12 months 12個月														
	<input type="radio"/> Other (please specify) 其他(請註明) _____																			
<input type="checkbox"/> Employees' compensation 僱員賠償保障	<table border="1"><thead><tr><th>Type of employees 僱員類別</th><th>No. of employees 僱員人數</th><th>Total annual wages (HKD) 總年薪(港元)</th></tr></thead><tbody><tr><td>Indoor employees 戶內僱員</td><td></td><td></td></tr><tr><td>Outdoor salesman, messenger, merchandiser, private car driver 戶外推銷員、信差、辦貨、私家車司機</td><td></td><td></td></tr><tr><td>Goods vehicle driver, deliverer, outdoor engineer and installation worker 貨車司機、送貨工人、戶外技工、安裝工人</td><td></td><td></td></tr><tr><td>Other employees (Please specify) 其他僱員(請詳述)</td><td></td><td></td></tr></tbody></table>					Type of employees 僱員類別	No. of employees 僱員人數	Total annual wages (HKD) 總年薪(港元)	Indoor employees 戶內僱員			Outdoor salesman, messenger, merchandiser, private car driver 戶外推銷員、信差、辦貨、私家車司機			Goods vehicle driver, deliverer, outdoor engineer and installation worker 貨車司機、送貨工人、戶外技工、安裝工人			Other employees (Please specify) 其他僱員(請詳述)		
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III. Insurance history 保險資料

If the below space is insufficient, please give details on separate sheet. 如空間不敷填寫，請另備紙張詳細說明。

	Yes 是	No 否
1. Is your premises built of bricks, stone or concrete and roofed with concrete? 閣下的辦公室是否用磚、石或石屎建成，並蓋有石屎屋頂？	<input type="radio"/>	<input type="radio"/>
2. Is your premises solely occupied by you? 受保的辦公室是否閣下獨佔的產業？	<input type="radio"/>	<input type="radio"/>
If you have answered "No" to any questions from 1 to 2, please give details below: 若於第 1 至第 2 題任何一項「否」者，請詳細說明於下： _____		
3. Have you suffered any loss or damage covered by this plan during the past 3 years? 閣下於過往三年內是否曾遭受此計劃承保範圍內的保障招致有關的損失或損毀？	<input type="radio"/>	<input type="radio"/>
4. Have you made any employees' compensation claims within the past 3 years? 閣下於過往三年內是否曾申請僱員保險賠償？	<input type="radio"/>	<input type="radio"/>
5. Has any insurer 其他承保公司是否曾		
• Declined your enrollment? 拒絕閣下的投保申請？	<input type="radio"/>	<input type="radio"/>
• Refused to renew your policy? 拒絕為閣下的保單續保？	<input type="radio"/>	<input type="radio"/>
• Cancelled your policy? 取消閣下的保單？	<input type="radio"/>	<input type="radio"/>
6. Is a burglary alarm installed in your premises? (if yes, please give details of the alarm) 受保的辦公室是否裝有防盜警報系統？(如有，請詳述警報系統的資料)_____	<input type="radio"/>	<input type="radio"/>
If you have answered "Yes" to any questions from 3 to 6, please give details below: 若於第 3 至第 6 題任何一項「是」者，請詳細說明於下： _____		

IV. Declaration 聲明細則

- 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").
- 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.

- 本公司/吾等特此聲明此投保表格的資料乃根據本公司/吾等所知及所信為確實及完全而填報，屬實無訛。本公司/吾等明白本公司/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。
- 本公司/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。
- 本公司/吾等明白本公司/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公司/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。

V. 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 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):
 - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - to process requests for payment, and for direct debit authorization;
 - 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;
 - to compile statistics or use for accounting and actuarial purposes;
 - 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;
 - 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;
 - to collect debts;
 - to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 - The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
 - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - 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;
 - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 - 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;
 - any person pursuant to any order of a court of competent jurisdiction;
 - 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.
 - 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**:*
 - 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;*
 - to perform customer analysis, profiling and segmentation; and*
 - 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.
 - 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**:*
 - companies within the Zurich Insurance Group;*
 - other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
 - 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.
 - 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
 - In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
 - In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
- 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;
 - 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。

