



東茂保險代理(國際)有限公司

Regional Insurance Management (International) Limited

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ZURICH®

蘇黎世

PAMultiple+ Personal Accident Insurance Plan Enrollment Form

「樂在人生+」個人意外保險計劃投保表格

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

Please tick the appropriate box and * delete where 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。

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

Full name in English
英文姓名

Full name in Chinese
中文姓名

HKID card no.
香港身份證號碼

Date of birth
出生日期

D 日

M 月

Y 年

Sex 性別

Male 男

Female 女

Marital Status#
婚姻狀況#

Occupation 職業

Correspondence address 通訊地址

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 Information of insured person(s) 受保人個人資料

	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
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./ Birth certificate no.* 香港身份證號碼/ 出世紙號碼*				
Date of birth (dd/mm/yy) 出生日期(日/月/年)	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年	D 日 M 月 Y 年

Information of insured person(s) (continued) 受保人個人資料 (續)

	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
Relationship with proposer 與投保人關係				
Occupation/Job nature 職業/行業				
Occupation class* 職業類別*				
Part-time occupation 兼職職業				
Total annual income (including double pay and bonuses) (HKD) 每年總收入(包括雙糧、花紅 等)(港元)				

* Please refer to the product leaflet for the table of occupation class. You can check with Zurich if you cannot determine the occupation class.
請參閱銷售冊子之職業分類表，若未能確定所屬職業類別，請向蘇黎世查詢。

Please note that a minor insured person will become the policyholder of his/her insurance plan automatically at the policy anniversary when the insured person reaches the age of 18.
請注意若未成年受保人於保單週年日時年滿 18 歲，便會自動成為其保單的保單持有人。

3 Choice of cover and plan level 保障項目及計劃級別

	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
Junior Cover 幼青保障	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B
Adult Cover 成年保障 Please answer the following question: 請回答以下問題：				
Have you or any proposed insured persons ever been refused for enrollment or renewal of accident or income benefit insurance or subject to special terms and conditions? 閣下或任何準受保人是否曾於投保或續保意外或入息保障保險時被拒或附加特別條款始被接納？	<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否	<input type="radio"/> Yes 是 <input type="radio"/> No 否
Accidental death & permanent disablement 意外死亡及永久傷殘 (If the answer is "yes" for the above question, the max. sum insured will be limited to HKD1,000,000) (若上述問題答「是」者，意外死亡及永久傷殘之投保額上限為 1,000,000 港元)	_____	_____	_____	_____
Accidental medical expenses 意外醫療費用 (If the answer is "yes" for the above question, the max. sum insured will be limited to HKD30,000 per accident) (若上述問題答「是」者，意外醫療費用之投保額上限為每宗意外 30,000 港元)	_____	_____	_____	_____
Weekly income benefit (Optional benefit) 每週入息保障(自願性附加保障) (If the answer is "yes" for the above question, the max. sum insured will be limited to HKD2,000 per week) (若上述問題答「是」者，每週入息保障之投保額上限為每週 2,000 港元)	_____	_____	_____	_____
Elderly Cover 長者保障	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B	<input type="radio"/> Plan A 計劃 A <input type="radio"/> Plan B 計劃 B
Please state the sum insured below (if applicable): 請列明以下各項之投保額(如適用)：				
Top-up accidental death and permanent disablement (Optional benefit) 額外意外死亡及永久傷殘(自願性附加保障)	_____	_____	_____	_____

4 Premium payment 保費支付

	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
	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月	Annual 每年 / Monthly 每月
Core Benefits premium* (HKD) 基本保障保費*(港元)				
Optional Benefits premium* (HKD) (if applicable) 自願性附加保障保費*(港元) (如適用)				
10% Family discount* (if applicable) 10% 家庭成員折扣*(如適用)				
Total premium payable (HKD) 應付保費總額 (港元)				
Total premium payable = [Core Benefits premium + Optional Benefits Premium (if applicable)] x (100% - Family discount (if applicable)) 應付保費總額保費 = [基本保障保費 + 附加保障保費 (如適用)] x (1 - 家庭成員折扣 (如適用))				
- Please refer to the product leaflet for the premium rates of the Core Benefits and Optional Benefits. 請參閱銷售冊子以知悉基本保障及自願性附加保障的保費率。				
* Family discount is applicable to the enrollment by self & spouse, self & child(ren), self & parents/parents-in-law, or spouse & child(ren). 家庭投保折扣適用於本人及配偶、本人及子女、本人及父母/配偶父母或配偶及子女之投保。				

5 Payment Method 付款方法

<input type="radio"/> 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 state the relationship between the cheque issuer and the proposer: 若支票發出人並非投保人，請列明支票發出人與投保人的關係：					
<input type="radio"/> By credit card 以信用卡繳付		<input type="radio"/> Annual payment 每年繳付		<input type="radio"/> Monthly payment 每月繳付 (The first 3 months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)	
Credit card type 信用卡類別		<input type="radio"/> VISA <input type="radio"/>  <input type="radio"/>  <input type="radio"/> 			
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		
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. The minor insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reaches 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於他/她的信用卡上作保費自動轉賬之用。 如未成年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 state the relationship between the credit cardholder and the proposer: 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/銀行賬戶持有人簽署：			Date 日期： D 日 M 月 Y 年		
<input type="radio"/> By bank account transfer 以銀行賬戶繳付 (Please complete the direct debit authorization form 請填寫直接付款授權書)		<input type="radio"/> Annual payment 每年繳付		<input type="radio"/> Monthly payment 每月繳付 (The first 3 months' premium will be debited upon the first payment 首次過賬將扣除首三個月之保費)	

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 in accordance with such instructions as my/our Bank may receive from Zurich Insurance Company Ltd 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，根據蘇黎世保險有限公司不時給予本人(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，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 authorize Zurich Insurance Company Ltd to charge automatically the premium due from my/our account including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on my/our account which arises as a result of such transfer. For the continuation of coverage, I/we understand that I/we should arrange sufficient fund in my/our account by the premium due date for the automatic debit of premium.

本人(等)茲授權蘇黎世保險有限公司從本人(等)之戶口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本人(等)之戶口出現透支，本人(等)願承擔全部責任。為了持續的保障，本人(等)明白本人(等)需於保費到期日前安排足夠的款項於本人(等)的戶口上作保費自動轉賬之用。

The minor insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reaches 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 below on due dates, unless informed otherwise.

如未成年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下述之付款賬戶收取續保保費，直至另行通知。

I/We confirm that my/our signature(s) on this enrollment 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)在此投保表格上的簽署與本人(等)用以轉賬的儲蓄/往來戶口的簽署相同。

I/We agree to notify Zurich Insurance Company Ltd 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任何銀行戶口的變更或取消消費方式，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 is the earlier).

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 and Zurich Insurance Company Ltd shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

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)的銀行及蘇黎世保險有限公司。

Account number 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號碼	ID type* 身份證件類別*
Limit for each payment/month* HKD 每次/月付款限額* 港元	
Expiry date 到期日	Date 日期
Signature of account holder(s): 戶口持有人簽署	

* 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, my/our bank will set the limit as "unlimited".
如「每次/月付款的限額」一欄未有填上，本人(等)的銀行會將轉賬限額設定為「不設上限」。

6 Declaration 聲明

- I/We hereby apply for PAMultiple* Personal Accident Insurance Plan ("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 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").
- I/We authorize the Company to obtain medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.
- 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.
- I/We understand I/we must complete and provide all information requested in this enrollment form, failing which the Company cannot process my application for this Plan.
- I/We declare that the insured person(s) is/are in good health and free from physical and mental impairment or deformity. (otherwise, please provide details on a separate sheet)
- Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card or by direct debit from a bank account. 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/吾等現投保申請「樂在人生+」個人意外保險計劃(「計劃」)。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，所有已披露的信息已經由本人/吾等核實正確無誤。在適用的情況下，本人/吾等聲明本人/吾等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/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/吾等授權 貴公司有權向受保人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投保表格要求之所有資料，否則 貴公司將不會受理本人/吾等資料不全之保單申請。
5. 本人/吾等聲明受保人現在生理/心理健全，並無任何殘廢或缺陷。(如有，請另紙詳述之。)
6. 本人/吾等同意，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，並且毋須透露拒絕續保之原因。

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。

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

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。
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。
- 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。

Day 日 Month 月 Year 年

Policy inception date Date

保單首次生效日期 日期

The policy inception date is subject to the final approval by Zurich Insurance Company Ltd.

保單首次生效日期最終由蘇黎世保險有限公司決定。

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/吾等確認由本人/吾等於此投保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:

Day 日 Month 月 Year 年

Date

日期