

Zurich Business Travel Insurance Plan Enrollment Form

蘇黎世商務旅遊保險計劃投保表格

For internal use only
只供內部使用

Agent name
代理人姓名：_____

Agent no.
代理人編號：_____

Please contact your Zurich business representative for enquiries and enrollment. 如欲查詢及投保，請聯絡 閣下的蘇黎世業務代表。

Please tick the appropriate box. 請✓適用方格。

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English. 請用藍色或黑色原子筆，用英文大楷清晰填寫資料。

All fields are mandatory. 所有項目必須填報。

1. Insured's information 投保公司資料

Insured
投保公司

Policy effective date Day日 Month月 Year年 (Period of insurance is one year)
生效日期 (保障期為一年)

Age limit 17 - 75 (*Please specify if the applicable age band in your company is different)
承保年齡 如 貴公司的適用年齡範圍不同，請註明：_____ to 至 _____)

Stationed location Hong Kong only Hong Kong and others (*Please specify)
常駐工作地點 只限於香港 香港及其他 請註明：_____)

Plan selection 計劃	<input type="checkbox"/> Plan 計劃 1	<input type="checkbox"/> Plan 計劃 2
No. of employees 僱員人數	<input type="checkbox"/> 3 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 150	<input type="checkbox"/> 151 - 200 <input type="checkbox"/> 201 - 250 <input type="checkbox"/> Over 300
No. of man trips per year 以人數計之每年旅程 次數	<input type="checkbox"/> 20 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 150 <input type="checkbox"/> 151 - 200	<input type="checkbox"/> 201 - 300 <input type="checkbox"/> 301 - 400 <input type="checkbox"/> 401 - 500 <input type="checkbox"/> *Others 其他 (Please specify 請註明： _____)
No. of MediExpress China Medical Card(s) 醫療快線中國保證卡 數量	_____ (Subject to an additional HKD 50 per each MediExpress China Medical Card. Please submit a name list with insured persons' name, date of birth and HKID no. for those who enrolled for MediExpress China Medical Card.) (醫療快線中國保證卡需每張另付50港元。請提交申請醫療快線中國保證卡之名單，註明受保人姓名、出生日期及香港身分證號碼。)	
Additional benefits* 額外保障*	<input type="checkbox"/> Coma benefits (Up to 52 weeks): HKD 500 per week 昏迷保障 (最多52周)：每周500港元	
Total premium 總保費	<input type="checkbox"/> Rehabilitation expenses/Home renovation expenses: HKD 20,000 復康費用 / 家居裝置費用：20,000港元	
	HKD _____ 港元	

* The application is subject to further review and underwriting if the field/section is selected/filled in.
如有選擇 / 填寫此欄 / 節，此申請將需作進一步審核及核保。

Remarks/Additional conditions 備註 / 額外條件

- All insured persons are covered only for work that is not of manual nature and/or construction site related.
所有受保人須從事非體力勞動及 / 或與地盤無關的工作。
- Subject to clean claims record for the past 3 years (please provide the claims record within this period if otherwise and the application is subject to review).
投保將以過去3年的無索償紀錄為依據 (如情況有別, 請提供該段時期的索償紀錄, 投保申請將需作進一步審核)。
- In the event of loss of MediExpress China Medical Card, the insured employees should report to Zurich Insurance Company Limited within 48 hours and pay HKD 50 for each replacement card.
如遺失醫療快線中國保證卡, 受保僱員須於48小時內向蘇黎世保險有限公司報失及需繳付50港元作補領費用。
- The MediExpress China Medical Card should be returned to Zurich Insurance Company Limited in case of the withdrawal or alternation of the insured employees.
投保將以過去3年的無索償紀錄為依據 (如情況有別, 請提供該段時期的索償紀錄, 投保申請將需作進一步審核)。

2. Payment method 付款方法

By cheque 以支票繳付

Cheque number
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」

By credit card 以信用卡繳付

Credit card type 信用卡類別



Cardholder's name
持卡人姓名

Credit card number
信用卡號碼

Credit card expiry date
信用卡有效日期至

Month月 Year年

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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.

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 / 她須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。

Signature of credit cardholder
信用卡持卡人簽署

Date Day日 Month月 Year年
日期

D	D	M	M	Y	Y	Y	Y
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3. Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the information in 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 and/or plan cover between me/us and Zurich Insurance Company Ltd (the "Company").
本公司特此聲明此投保表格的資料乃根據本公司所知及所信為確實及完全而填報, 屬實無訛。本公司明白本公司與蘇黎世保險有限公司 (「貴公司」) 的保險合約及 / 或計劃保障將按照此投保表格及聲明而訂立。
- I/We authorize the Company to obtain medical information from my/our medical practitioner(s) of the insured employee(s), and I/we agree to supply additional information relevant to this Plan at my/our own expense.
本公司明白本公司授權 貴公司有權向受保員工之醫生索取有關病歷資料; 本公司及受保員工亦同意提供進一步與此計劃有關之資料並自付所需費用。
- I/We understand that I/we shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.
本公司明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
- I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our requests made in this form.
本公司明白本公司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於表格提出之申請。
- I/We declare that I/we have full and complete authority from insured employee(s) and their spouse and child(ren) (if any) who are insured members of this policy to i) disclose any personal information being requested to process the request in this form for the Company to provide insurance services pursuant to the policy, and to ii) provide and receive any information, document or communication on their behalf to and from the Company for all purposes of the policy.
本公司聲明本公司已獲得本保單之受保員工包括其配偶及子女 (如適用) 授予全權, i) 提供任何個人資料以處理本表格申請之事項及按有關保單 (如已簽發) 提供保險服務, 及 ii) 代其提供及收取由 貴公司發出的任何資料、文件或通訊, 以作一切與本保單相關之用途。

All insurance services requested herein are subject to acceptance by the Company.
所有透過本表格申請之保險服務均須待 貴公司覆核及接納方能生效。

4 . 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。

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。

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。

Authorized signature and company chop
授權簽署及公司蓋章

Date
日期

Day	日	Month	月	Year	年
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



ZURICH®

蘇黎世