



ZURICH®

蘇黎世

# Houseowner's or Householder's Public Liability Insurance Plan Enrollment Form

## 業主或住戶公眾責任保險計劃投保表格

For internal use only  
只供內部填寫

Agent name  
代理人姓名：\_\_\_\_\_

Agent no.  
代理人編號：\_\_\_\_\_

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。

### 1. Applicant'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# Day 日 Month 月 Year 年 Sex# 性別#  Male 男  Female 女

Occupation# 職業# Marital status# 婚姻狀況#

Risk address 投保地址 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 HK/KLN/NT\* 香港/九龍/新界\*

Correspondence address 通訊地址 Flat/Room\* 室/單位\* Floor 樓 Block 座 Building 大廈  
(如與上述地址不同 if different from above)

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\*

Mobile phone number 流動電話號碼 Day time telephone no. 日間聯絡電話

Email address 電郵地址

Building age 樓齡 Gross floor area (sq.ft.) 建築面積(平方呎)

本人是  Owner 業主  Tenant 租客

## 2. Insurance details 保險資料

Coverage and premium table (Please “✓” whichever is appropriate) 保障項目及保費表 (請 ✓ 適用方格)

Plan type 計劃類別	Maximum limit of liability for any one event/any one period (HKD) 每宗意外事故/每段保險期之最高賠償額 (港元)	Annual premium (HKD) 全年保費 (港元)
<input type="checkbox"/> Plan 1 計劃一	2,000,000	300
<input type="checkbox"/> Plan 2 計劃二	5,000,000	500
<input type="checkbox"/> Plan 3 計劃三	10,000,000	750

Note: Free extension cover for Owner's legal liability in common area up to max. HKD 2,000,000 will be provided for any one of the above options is selected.  
註：凡投保以上任何一項保障額，均附加保障您作為業主在大廈公眾地方需負上之法律責任最高達2,000,000港元。

Period of insurance cover From Day 日 Month 月 Year 年<sup>^</sup> To Day 日 Month 月 Year 年<sup>^</sup>  
投保期限 由         至

<sup>^</sup> both days inclusive 上列兩日包括在內

### Notes 備註：

#### Deductibles 自負額：

- The first HKD 1,000 or 10% of the adjusted loss whichever is the greater for each and every loss of or damage to third party property caused by water  
每宗第三者財物因水災導致損失或損毀的最終賠償金額之首1,000港元或百份之十，以較高者為準
- The first HKD 1,000 of the adjusted loss for each and every loss of or damage to third party property by any other incidents except item (i) above  
每宗第三者財物因其他意外(上列(i)項除外)而導致損失或損毀的最終賠償金額之首1,000港元

#### The following circumstances are subject to the special underwriting consideration of Zurich Insurance Company Ltd: 蘇黎世保險有限公司對下列情況須作特別處理：

- Gross floor area of your home exceeding 2,000 square feet 超逾2,000平方呎的住所
- Building age of your home exceeding 30 years 樓齡超逾30年的住所
- Village 村屋

## 3. Declaration 聲明

- I/We hereby apply for Zurich Houseowner's or Householder's Public Liability Insurance Plan ("this Plan") and declare that my home is built of bricks, stone or concrete and roofed with concrete. I have not made any claims under this kind of houseowner's/householder's public liability insurance within the past 12 months and have never had my houseowner's/householder's public liability insurance refused by any insurance company.  
本人現投保蘇黎世業主或住戶公眾責任保險計劃(「此計劃」)，謹此聲明本人的住宅是用磚石或石屎建成，並蓋有石屎屋頂，於過往十二個月內並未申請同類業主/住戶公眾責任賠償，亦未有申請任何業主/住戶公眾責任賠償，亦未曾於投保同類業主/住戶公眾責任保險時被拒絕。
- 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").  
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訂立。
- I understand that I shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.  
本人明白所有保障條款及細則及不承保事項概以此計劃保單為準。

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，接納投保書及繳付保費後才能生效。

#### 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 policyholders, 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 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為向客戶提供服務而必須的用途(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](http://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](http://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 marketing-related purposes - Voluntary: 就市場推廣相關用途之同意 – 自願性：

Certain personal information of policyholders 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 policyholders’ or insured persons’ consent or indication of no objection**, for providing 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.

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。

The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder’s and insured person’s written consent**, to the following parties, within or outside of Hong Kong, for the above **marketing-related purposes**:

- (1) companies within the 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相關用途，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 marketing-related 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相關用途所給予之同意。

I/We wish to opt out of the above marketing-related purposes.  
本人/我們欲選擇退出上列之市場推廣相關用途。

I/We confirm that all information provided by me in this application form is true, correct and accurate. I/We further confirm my/our 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/我們確認由本人/我們於此申請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 applicant  
投保人簽署

Date 日期  
Day 日 Month 月 Year 年  
D D M M Y Y Y Y