

Zurich HomeCare Householder Insurance Plan

Enrolment Form

「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 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. Proposer's information 投保人資料

Mr./Mrs./Ms.* 先生/太太/女士*	Surname: 姓:	First Name: 名:	Other Name: 別名:	
HKID card no.: 香港身份證號碼:	Occupation: 職業:			
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
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
E-mail address: 電郵地址:	Mobile phone no.: 流動電話號碼:			
Night time telephone no.: 晚間聯絡電話:	Day time telephone no.: 日間聯絡電話:			

II. Plan selection 所需保障

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

Basic coverage 基本計劃

Household gross area (sq. ft.) 建築面積(平方呎)	Annual Premium (HK\$) 每年保費(港幣/元)
<input type="radio"/> <= 500	650
<input type="radio"/> 501-700	900
<input type="radio"/> 701-1,000	1,200
<input type="radio"/> 1,001-1,500	1,650
<input type="radio"/> 1,501-2,000	1,950
<input type="radio"/> >2,000 Please state 請列明 _____	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 gross area (sq. ft.) 建築面積(平方呎)	Annual Premium (HK\$) 每年保費(港幣/元)
<input type="radio"/> <= 500	500
<input type="radio"/> 501-700	630
<input type="radio"/> 701-1,000	1,020
<input type="radio"/> 1,001-1,500	1,530
<input type="radio"/> 1,501-2,000	2,040
<input type="radio"/> >2,000 Please state 請列明 _____	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。

III. 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。

Have you ever been refused by other insurance companies with similar coverage? If yes, please state:

Yes 是 No 否

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：

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:

Yes 是 No 否

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：

IV. Premium payment 繳付保費

By credit card 以信用卡繳付 Annual payment 每年繳付 Monthly payment 每月繳付 (The first three months' premium will be debited in the first billing 首次過賬將扣除首三個月之保費)

Credit card type 信用卡類別 VISA MasterCard American Express Diners Club International

Cardholder's name 持卡人姓名： Cardholder's HKID card no. 持卡人香港身份證號碼：

Credit card no. 信用卡號碼： Credit card expiry date 信用卡有效日期至： M月 Y年

I hereby authorize Zurich Insurance Company Limited to debit automatically the premium due from my credit card above on a monthly / yearly basis, including payment for the subsequent years / instalments upon my acceptance on renewal of the insurance plan(s) applied above until further written notice from me. I accept full responsibility for any overdraft on my credit card which may arise as a result of such transfer. I agree that should there be insufficient funds in my account to meet any transfer authorized here, the Bank has the right not to effect such transfer in which event the Bank may make the usual service charge.

本人茲授權蘇黎世保險有限公司從本人上述之信用卡每月/每年直接轉賬支付應繳保費金額，包括本人同意往後續保的各期保費，直至本人有進一步書面通知取消。本人同意因該等轉賬而令本人信用卡出現透支，本人願承擔全部責任；本人同意如本人信用卡沒有足夠款項支付該等轉賬，銀行有權不予轉賬，且可收取慣常之服務收費。

If credit cardholder is not the proposer, please fill in the following information. 若信用卡持有人並非投保人，請填寫以下資料。

Relationship with the proposer 與投保人關係：

<input checked="" type="checkbox"/>	Signature of credit cardholder: 信用卡持卡人簽署：	Date 日期： D日 M月 Y年
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V. Declaration 聲明細則

- I declare that my home is built of bricks, stone or concrete and roofed with concrete.
- 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 Limited (the "Company").
- I understand that if I am not completely satisfied with Zurich HomeCare Household 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.
- I understand that I shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
- I understand I must complete and provide all information requested in this form, failing which the Company cannot process my application for the Policy.

- 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。
- 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。
- 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。
- 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。
- 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。

<input checked="" type="checkbox"/>	Signature of proposer: 投保人簽署：	Date 日期： D日 M月 Y年
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