

**ZURICH**[®]

蘇黎世

Splendor Deluxe Property and Home Insurance Plan enrollment form

「豪門世家」尊尚財物及家居保險計劃投保表格

For internal use only
只供內部使用Agent name
代理人姓名： _____Agent no.
代理人編號： _____

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Full name or Company name in English
英文姓名或英文公司名稱Full name or Company name in Chinese
中文姓名或中文公司名稱HKID card no./Passport no./Business registration no.*
香港身份證號碼 / 護照號碼 / 商業登記號碼*Gender 性別 Male 男 Female 女Occupation and industry#
職業及所屬行業Marital Status#
婚姻狀況#

Date of birth 出生日期

Day日 Month月 Year年
D D M M Y Y Y YRisk address
投保地址Flat/Room*
室 / 單位*Floor
樓Block
座Building
大廈Estate name/No. & name of street/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#
(if different from above
如與上述地址不同)Flat/Room*
室 / 單位*Floor
樓Block
座Building
大廈Estate name/No. & name of street/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 no.
流動電話號碼Day time telephone no.
日間聯絡電話Email address
電郵地址

2. Insurance information 投保資料

Effective date of insurance cover Day日 Month月 Year年

保障生效日期

D	D	M	M	Y	Y	Y	Y
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Year of building

投保樓宇樓齡

Gross floor area (Sq.ft.)

建築面積 (平方尺)

Property type

物業類型

Multi-storey building
多層住宅大廈

Others (e.g. Village house, "Tong Lau")
其他 (如村屋、唐樓)

Detached house
獨立屋

Semi-detached house
半獨立屋

Please specify
請註明

Property usage

物業用途

Owned and self occupied
自置居住

Occupied as tenant
以租客身份居住

Others, please specify
其他·請註明

Please answer the following questions:

請回答以下問題：

- Have you or any of your family member residing with you ever had any insurance been refused, subjected to special terms or been asked to take extra precautions for any insurance of the same kind?
在投保同類保單時·您或與您同住的家庭成員是否曾被拒絕受保或受到特別的條款規限?
- Have you or any of your family member residing with you ever made any claims under any insurance related to this application within the past 24 months?
在過往24個月內·您或與您同住的家庭成員是否曾就與今次投保有關的任何保險提出索償?
- Will you have any renovation work in the unit and/or the whole building within the next 12 months where the estimated cost is more than HKD 500,000?
您投保的單位及或整幢樓宇會否在未來12個月內進行任何翻新工程·而工程估計費用超過500,000港元?
- If the building is over 40 years old, please provide the following information:
若投保樓宇超過40年樓齡·請提供以下資料：
 - Any illegal structure being existed in the unit and/or the whole building?
投保單位及或整幢樓宇是否有任何非法或違例建築物?
 - Any recent renovation work done in the unit and/or the whole building? If "Yes", please state when and details of the renovation work done.
投保單位及或整幢樓宇是否曾進行任何翻新工程?若「是」·請註明工程何時進行及有關翻新項目。
 - Is the building type as "Mixed Commercial and Residential"?
物業是否屬於商住兩用之樓宇?
- Do you own the below facilities in your home:
您的家居樓宇是否擁有以下設施：
 - Total floor area for garden, yard, terrace, flat roof and car parking space exceeding 3,000 sq. ft.?
總面積超過3,000平方尺的花園·庭院·露台·天台及車位?
 - Private pool?
私人泳池?
 - Other facilities (e.g. fish pond, satellite equipment, playgrounds, etc.)?
其他設施 (如魚池·衛星設備·遊樂場等)

Yes

是

No

否

If you have answered "Yes" in any of the above questions 1 to 5, please give full details below:

若您於上述1至5任何一條問題回答「是」·請提供詳細資料於下：

6. Are there any watchmen or security officers guarding your home and management by a property management company?

您的家居樓宇是否有管理員或保安員看守·及由物業管理公司管理?

Name of property management company (if applicable):

物業管理公司名稱 (如適用) :

2. Insurance information (continued) 投保資料 (續)

7. Is there a safe in your home? If "Yes", please state:
 投保地址是否有夾萬? 若「是」, 請註明:
- | Make & model
品牌及型號 | Weight
重量 | Size
尺寸 |
|-----------------------|--------------|------------|
| | | |
- If the property type is not "Multi-storey building", please also answer the following questions: Yes No
 若物業類型並非為「多層住宅大廈」, 請同時回答以下問題: 是 否
8. Have you installed any fire extinguishers in your home?
 您的家居樓宇是否裝有滅火器?
9. Is a burglar alarm fitted in your home? If "Yes", please go to questions 9a, 9b and 9c.
 您的家居樓宇是否裝有防盜警鐘? 若「是」, 請回答問題9a、9b及9c。
- a. Is it connected to the police station or management office?
 防盜警鐘是否與警署或物業管理處連接?
- b. Does it cover all areas containing the valuable properties?
 防盜警鐘是否覆蓋所有存放貴重財物的範圍?
 Is the system maintained annually under contract?
 c. 系統是否有年度保養合約?
10. Is the premises protected by CCTV? If "Yes", please go to questions 10a and 10b.
 投保地址是否裝有閉路電視系統? 若「是」, 請回答問題10a及10b。
- a. Does the CCTV have a recording facility?
 閉路電視系統是否有錄影設備?
- b. How long have tapes been kept before being reused? (please specify period)
 錄影帶會保存多久才重複再用? (請註明時限)
11. Give full details how all external or internal doors allowing access to your premises are protected (please state type of locks, e.g. 5-level mortise deadlocks, etc.):
 請詳細說明所有進出您居所之外部或內部大門的保護狀況 (請註明門鎖的類型, 如5槓桿死鎖等):
12. Give full details of how all windows or skylights are protected in your premises (e.g. grilles, bars, type of glass):
 請詳細說明您居所內所有窗戶或天窗的保護狀況 (如窗花、門、玻璃的類型):

3. Premium table 保費表

	Gross floor area (sq.ft.) 建築面積 (平方呎)	Annual premium (HKD) 每年保費 (港元)
<input type="checkbox"/>	900-1,300	12,000
<input type="checkbox"/>	1,301-2,000	13,000
<input type="checkbox"/>	2,001-3,300	15,000
<input type="checkbox"/>	3,301-4,500	17,000
<input type="checkbox"/>	Above 4,500 以上	Individual underwriting 個別核保
Optional Cover 自選保障		
<input type="checkbox"/>	Building Protection 樓宇結構保障	Individual underwriting 個別核保

4. Fine Art & Specie Insurance Series (Optional) 「瑰藝寶」藝術品及珠寶保險系列 (可選擇投保與否)

If you have selected to insure under Fine Art & Specie Insurance with coverage up to the full value as declared, please answer the following questions:
 若您選擇投保「瑰藝寶」藝術品及珠寶保險而投保額高達物品所申報的足額價值, 請回答以下問題:

1. What is the total value of your collection to be insured? (please indicate the currency)
 您所需保障的收藏品的總價值多少? (請列明貨幣)

2. Give the approximate split of your collection by category:
 請按種類提供您的收藏品的估計比例:

4. Fine Art & Specie Insurance Series (Optional) (continued)

「瑰藝寶」藝術品及珠寶保險系列 (可選擇投保與否) (續)

3. What are the three highest value items (please indicate the currency):

最高價值的三項物品 (請列明貨幣):

Item 項目

Value 價值

Item 項目

Value 價值

Item 項目

Value 價值

4. Do you have a full schedule of items which are to be insured? If "Yes", provide details on a separate sheet.

您是否有完整的清單列出所需保障的項目? 若「是」, 請另加紙提供詳情。

Yes
是

No
否

5. If you answer to question 4 is "No", please provide a split between the total value of scheduled items and non-scheduled items:

若問題4答「否」, 請提供清單上項目及非清單上項目的總值的比例:

Scheduled items

Value

清單上項目

價值

Non-scheduled items

Value

非清單上項目

價值

6. Please provide the information if you had a professional valuation.

您若有專業估值, 請提供資料。

7. Do you require cover for your collection whilst in transit or away from your named insured location? HKD

Please provide the sum insured.

港元

您是否需要保障在運送途中或指定投保地址以外之收藏品? 請填寫所需總投保額。

8. Have you or any of your family member residing with you ever had any insurance been refused, subjected to special terms or been asked to take extra precautions under this type of policy? If "Yes", please provide details.

在投保此類保單時, 您或與您同住的家庭成員曾否被拒絕受保或受到特別的條款規限? 若「是」, 請提供詳情。

Yes
是

No
否

9. Have you or any of your family member residing with you ever suffered any loss or losses that may have resulted in a claim under this type of policy? If "Yes", please provide details.

您或與您同住的家庭成員過往是否曾在此類保單蒙受任何損失或就損失提出索償? 若「是」, 請提供詳情。

Yes
是

No
否

5. Declaration 聲明

1. I/We hereby apply for Zurich Splendor Dextruxe Property and Home Insurance Plan ("this Plan"). I/We declare that my/our home is built of bricks, stone or concrete and roofed with concrete. I/We have not made any claims under this kind of home insurance within the past 24 months and have never had my/our home insurance refused.

本人/我們現投保蘇黎世「豪門世家」尊尚財物及家居保險計劃(「此計劃」)。本人/我們聲明本人的住宅是用磚石或石屎建成, 並蓋有石屎屋頂。於過去24個月內並未有申請同類個人家居賠償, 亦未曾於投保同類個人家居保險計劃時被拒絕。

2. 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").

本人/我們特此聲明此投保表格的資料乃根據本人/我們所知及所信為確實及完全而填報, 屬實無訛。本人/我們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。

3. 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.

本人/我們明白所有條件及細則及不承保事項概以此計劃保單為準。

4. Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card and I/we have not declined the Company's auto-renewal service. I/We 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.

本人/我們同意, 如保費經信用卡方式支付, 及本人/我們沒有拒絕貴公司的自動續保服務, 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, 並且無須透露拒絕續保之原因。

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, 接納投保書及繳訖保費後才能生效。

6. 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 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 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/us in this application 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及有關個人資料 (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

Signature of authorized agent/broker
特許保險代理 / 經紀簽署



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