

HealthNoble Medical Insurance Plan Enrollment Form

「貴族醫療保險計劃」投保表格



Enquiry no. 查詢電話：+852 2903 9390 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./Company* 先生/太太/女士/公司*	Full name or Company name in English: 英文姓名或公司名稱:			
HKID card no. / passport no. / business registration no.*: 香港身份證號碼/護照號碼/商業登記證號碼*:	Occupation / industry : 職業/行業:			
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. Insured person's information 受保人資料				
	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 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./Passport no. 香港身份證號碼/護照號碼				
Date of birth (dd/mm/yy) 出生日期(日/月/年)	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年
Relationship with proposer 與投保人關係	<input type="radio"/> Self 本人 <input type="radio"/> Child* 子女*	<input type="radio"/> Spouse 配偶 <input type="radio"/> Child* 子女*	<input type="radio"/> Child* 子女*	<input type="radio"/> Child* 子女*
Occupation & position 職業及職位				
* Child(ren) must be aged 15 days to 17years (attained age) and unmarried. * 子女年齡必須為15日至17歲(已屆年齡)及未婚。				

III. Choice of cover and plan level 保障項目及計劃級別				
Core Cover - Section 1 to 6. Hospital and Surgical Benefit 基本保障 - 第1節至第6節. 住院及手術保障				
	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
Plan level of Core Cover 基本保障之計劃級別	<input type="radio"/> Platinum 尊尚計劃 <input type="radio"/> Premier 優越計劃 <input type="radio"/> Essential 精選計劃	<input type="radio"/> Platinum 尊尚計劃 <input type="radio"/> Premier 優越計劃 <input type="radio"/> Essential 精選計劃	<input type="radio"/> Platinum 尊尚計劃 <input type="radio"/> Premier 優越計劃 <input type="radio"/> Essential 精選計劃	<input type="radio"/> Platinum 尊尚計劃 <input type="radio"/> Premier 優越計劃 <input type="radio"/> Essential 精選計劃
Room type (房間類別)	<input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房	<input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房	<input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房	<input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房
Voluntary deductible 自願性自負額 (Please choose deductible amount (USD) 請選擇自負額(美元))	<input type="radio"/> Nil 無 <input type="radio"/> 2,500 <input type="radio"/> 5,000 <input type="radio"/> 10,000	<input type="radio"/> Nil 無 <input type="radio"/> 2,500 <input type="radio"/> 5,000 <input type="radio"/> 10,000	<input type="radio"/> Nil 無 <input type="radio"/> 2,500 <input type="radio"/> 5,000 <input type="radio"/> 10,000	<input type="radio"/> Nil 無 <input type="radio"/> 2,500 <input type="radio"/> 5,000 <input type="radio"/> 10,000
Additional Cover^ 附加保障^				
Section 7 第7節	Outpatient Benefits and Wellness Benefits 門診及保健保障	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section 8 第8節	Dental Care 牙科保健	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Section 9 第9節	Maternity Benefit 產科保障	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
^ Only applicable to proposer or insured whose selected plan level of Core Cover is Platinum or Premier. The plan level of additional cover shall be the same of selected Core Cover. 只適用於投保人或受保人所選擇的基本保障為尊尚計劃或優越計劃。附加保障之計劃級別將會與所選擇之基本保障之計劃級別相同。				

IV. Premium payment mode 保費支付方式

	Insured person 受保人 1	Insured person 受保人 2	Insured person 受保人 3	Insured person 受保人 4
Total premium (HKD) 保費總額 (港元) Premium = Core Cover premium x (100% - Deductible discount (if applicable)) or Core Cover premium + Additional Cover premium (if applicable) 保費 = 基本保障保費 x (100% - 自負額折扣 (如適用)) 或基本保障保費 + 附加保障保費 (如適用)	Annual 每年 / Quarterly 每季	Annual 每年 / Quarterly 每季	Annual 每年 / Quarterly 每季	Annual 每年 / Quarterly 每季
Less premium discount 扣減保費折扣				
	<ul style="list-style-type: none"> Insured persons can only receive either Family Enrollment Discount or the Corporate Discount 投保入只可享家庭投保或團體折扣優惠。 Enrol with your spouse and/or children, each insured family member can receive 5% premium discount. 與配偶及/或子女一同投保，每位家庭成員可享5%保費折扣。 Enrol with a minimum of five staff members, a corporate customer can receive 5% corporate premium discount. 投保員工達5名或以上，公司客戶可享5%團體保費折扣。 			
Total premium payable (HKD) 應付保費總額 (港元) <i>(Minimum annual premium per policy is HKD4,000 每保單每年最低保費為4,000港元)</i>	Annual 每年 / Quarterly 每季	Annual 每年 / Quarterly 每季	Annual 每年 / Quarterly 每季	Annual 每年 / Quarterly 每季
Effective date of insurance cover 保險生效日期	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年	D M Y 日 月 年

V. Health Question 醫療問卷

Part A – General Medical Information 甲部 – 一般醫療資料

1. Please provide details for your family doctor / treating physician
請提供家庭/主診醫生資料

Name

姓名：_____

Address

地址：_____

Telephone

電話：_____

2. Height ft in or cm Weight lb or kg
身高 呎 吋 或 厘米 體重 磅 或 公斤

Yes
是

No
否

3. Have you gained/lost weight of 10lb (4.5kg) or more in the last 12 months? If yes, please give reason and exact figure.
閣下的體重是否在過去十二個月內增加或減少10磅(4.5公斤)或以上。若「是」，請說明原因及確實增加或減少之重量。

Details 詳情

Reason

原因：_____

Exact figure gained/lost kg/ lb
確實增加或減少之重量：_____ 公斤 / _____ 磅

4. Do you live and / or require to work outside Hong Kong? If yes, please state full details including country, period of stay, frequency of visits, purpose of visits etc.
閣下是否居於或需於香港以外工作？若「是」，請說明詳情，包括國家、逗留時間、頻率及原因等。

Details

詳情 _____

5. Do you participate or are you planning to participate in any hazardous sport or activity (e.g. private aviation, motor car or motor-cycle racing, diving of any kinds or mountaineering, etc.)? If yes, please state details or complete a separate supplementary questionnaire if required by the Company.
閣下是否參與或計劃參與任何危險運動或活動(例如：駕駛私人航空工具、賽車、任何類型的潛水或攀山等)？若「是」，請說明詳情或按本公司要求完成附加問卷。

Details

詳情 _____

6. Do you drink alcohol? If yes, please specify type of drink (e.g. beer, wine, spirit etc.) and your weekly consumption.
請問閣下會否飲用酒精飲品？若「是」，請註明飲品種類(例如啤酒、葡萄酒、烈酒等)及每週飲用量。

Details 詳情

Type of drink

飲品種類

Your weekly consumption

每週飲用量

ml

毫升

						Yes 是	No 否												
<p>7. Do you smoke or have you ever smoked any cigarettes? If yes, please state details. 閣下曾否吸煙?若「是」,請註明每日吸煙數量。</p> <p>Details 詳情 Consumption: _____ pieces/day for _____ years 吸煙數量 _____ 支/每天 達 _____ 年</p> <p>If you have ceased smoking, please state when and for what reason: 如閣下已停止吸煙,請註明戒煙日期。 Date ceased _____ and reason _____ 自從 _____ 開始戒煙 及因為 _____</p>						<input type="radio"/>	<input type="radio"/>												
Part B – Medical History 乙部 – 病歷																			
<p>8. Have you ever been or are you currently taking any medication or drugs, prescribed or others for more than 14 days (apart from usual flu and colds)? If yes, please provide details below. 閣下曾否/正在服用任何藥物超過十四天(一般傷風、感冒除外)?若「是」,請提供以下詳情。</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 16.6%;">(i) Nature of disorder/ Diagnosis 疾病性質/病症名稱</th> <th style="width: 16.6%;">(ii) Name of medication or drug 藥物名稱</th> <th style="width: 16.6%;">(iii) Daily dosage 每日劑量</th> <th style="width: 16.6%;">(iv) Duration and Date (From - To) 持續日期</th> <th style="width: 16.6%;">(v) Present condition 現在的情況</th> <th style="width: 16.6%;">(vi) Name and address of the medical attendant(s) 主診醫生名稱及地址</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						(i) Nature of disorder/ Diagnosis 疾病性質/病症名稱	(ii) Name of medication or drug 藥物名稱	(iii) Daily dosage 每日劑量	(iv) Duration and Date (From - To) 持續日期	(v) Present condition 現在的情況	(vi) Name and address of the medical attendant(s) 主診醫生名稱及地址							<input type="radio"/>	<input type="radio"/>
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<p>9. Have any of your natural parents, brothers or sisters suffered from heart disease, stroke, hypertension, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease? If yes, please provide details below. 閣下的親生父母或兄弟姐妹曾否患上任何心臟病、中風、高血壓、糖尿病、腎病、精神失常、肝炎(或肝炎帶菌者)、癌症或任何遺傳病?若「是」,請提供以下詳情。</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">(i) Relationship with the applicant 與申請人關係</th> <th style="width: 25%;">(ii) Nature of disorder/ Diagnosis 疾病性質/病症名稱</th> <th style="width: 25%;">(iii) Date & Age of onset 發病日期及年齡</th> <th style="width: 25%;">(iv) Present condition, or if died, please state cause of death 現在的情況,如已歿請提供死因</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						(i) Relationship with the applicant 與申請人關係	(ii) Nature of disorder/ Diagnosis 疾病性質/病症名稱	(iii) Date & Age of onset 發病日期及年齡	(iv) Present condition, or if died, please state cause of death 現在的情況,如已歿請提供死因					<input type="radio"/>	<input type="radio"/>				
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<p>10. Other than medical test(s) required by an employer or insurer, have you ever undergone or been recommended any medical test, such as blood test(s), x-ray, electrocardiogram, ultrasonogram, CT scan, biopsy or other investigations? If yes, please provide details. 除了僱主或保險公司指定之醫療檢查外,閣下曾否進行或被醫生建議進行任何醫療檢查,包括血液測試、X光、心電圖、超聲波、電腦掃描、活組織檢驗或其他檢驗?若「是」,請提供詳情。</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 16.6%;">(i) Nature of disorder/ Diagnosis 疾病性質/病症名稱</th> <th style="width: 16.6%;">(ii) Date of test(s) 測試日期</th> <th style="width: 16.6%;">(iii) Details of tested item(s) 測試項目詳情</th> <th style="width: 16.6%;">(iv) Test result 檢驗結果</th> <th style="width: 16.6%;">(v) Present Condition 現在的情況</th> <th style="width: 16.6%;">(vi) Name and address of the medical attendant(s) 主診醫生名稱及地址</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						(i) Nature of disorder/ Diagnosis 疾病性質/病症名稱	(ii) Date of test(s) 測試日期	(iii) Details of tested item(s) 測試項目詳情	(iv) Test result 檢驗結果	(v) Present Condition 現在的情況	(vi) Name and address of the medical attendant(s) 主診醫生名稱及地址							<input type="radio"/>	<input type="radio"/>
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<p>11. Have you suffered from any illness or effects of an accident lasting for more than 14 days in the last 5 years? 閣下於過去五年曾否患上任何疾病或因意外受傷超過14天?</p>						<input type="radio"/>	<input type="radio"/>												

	Yes 是	No 否
<p>12. Have you ever suffered from or been treated or do you foresee to consult with a medical practitioner for any of the following disorders or diseases? 閣下曾否患上、被診斷為或可預見就以下問題或疾病求診？</p> <p>(i) The muscular skeletal system (e.g. muscular or bone disorder, spinal problem, arthritis, gout) or other related symptoms/diseases? 骨骼及肌肉系統(如肌肉或骨骼不適、脊椎問題、關節炎、痛風)或其他有關的徵狀或疾病？</p> <p>(ii) The respiratory system (e.g. tuberculosis, asthma, chronic bronchitis) or other related symptoms/diseases? 呼吸系統(如結核病、哮喘、慢性支氣管炎)或其他有關的徵狀或疾病？</p> <p>(iii) The endocrine system (e.g. diabetes, thyroid disorder) or other related symptoms/diseases? 內分泌系統(如糖尿病、甲狀腺問題)或其他有關的徵狀或疾病？</p> <p>(iv) The gastro-intestinal tract (e.g. any kind of hepatitis or liver disease, gastric or duodenal ulcer or ulcer of any kind, haemorrhoids, hernia, gall bladder, bowel) or other related symptoms/diseases? 腸胃管道(如任何肝炎或肝病)、胃或十二指腸潰瘍、任何潰瘍、痔瘡、疝氣、膽囊、腸)或其他有關的徵狀或疾病？</p> <p>(v) Breast or genitor-urinary organs (e.g. any disease of the kidneys or bladder) or other related symptoms/diseases? 乳房或泌尿生殖器官(如任何腎或膀胱疾病)或其他有關的徵狀或疾病？</p> <p>(vi) The heart or cardio vascular or circulatory system (e.g. chest pain, any disorder of the heart or arteries, murmur, raised blood pressure, stroke, varicose veins, rheumatic fever) or blood (e.g. anaemia, haemophilia) or other related symptoms/diseases? 心臟、心血管、循環系統(如心絞痛、心臟或動脈問題、心漏症、高血壓、中風、靜脈曲張、風濕熱)或血液(如貧血、血友病)或其他有關的徵狀或疾病？</p> <p>(vii) The nervous system, mental disorder or psychiatric problem or brain function disorder (e.g. dizziness or epilepsy, paralysis, anxiety) or other related symptoms/diseases? 神經系統、精神失常、精神病或腦功能問題(如暈眩、癲癇、癱瘓、焦慮)或其他有關的徵狀或疾病？</p> <p>(viii) Impairment of the eyes / ears / nose (e.g. cataracts, ear infections, tonsillitis) or other related symptoms/diseases? 眼、耳、鼻的損傷(如白內障、耳道感染、扁桃腺炎)或其他有關的徵狀或疾病？</p> <p>(ix) Tumor, cyst, lump, growth, cancer or malignant tumor or other related symptoms/diseases? 腫瘤、囊腫、腫塊、瘤、癌、惡性腫瘤或其他有關的徵狀或疾病？</p>	○	○
<p>13. Have you ever received or do you expect to receive any medical advice, counseling, treatment or any test(s) in connection with venereal disease, AIDS, HIV infection? 閣下曾否就性病、愛滋病或人類免疫力缺乏症而接受或將接受任何醫療意見、諮詢、診治或測試？</p>	○	○
<p>14. Are there any health or physical conditions in the last 5 years not mentioned above which may affect your well being? 閣下於過去五年曾否有任何以上未提及的健康或身體狀況？</p>	○	○

If the answer to Questions 11 -14 is "Yes", please give full details below.
如問題 11-14 之答案為「是」，請提供以下資料。

(i) Question No. 問題編號	(ii) Nature of disorder/Diagnosis, please specify the location of affected area where applicable 疾病性質/病症名稱及受影響位置	(iii) Full details of care, treatment or surgery received (e.g. date(s), details of medications etc.) 所接受之護理、治療或手術之詳情 (如日期及藥物詳情等)	(iv) Outcome of treatment e.g. ongoing, complete recovery, recurrent or likely to recur (Please provide medical report) 治療結果，如持續治療、完全康 復、已復發或有機會復發(請提供 醫療報告)	(v) Name and address of the medical attendant(s) 主診醫生名稱及地址

	Yes 是	No 否
15. For females only: (i) Are you now pregnant? If yes, please state the expected delivery date. 閣下是否正在懷孕?若「是」,請註明預產期。 Details詳情 The expected delivery date 預產期為 _____ (ii) Have you ever had any complications during pregnancy or delivery (e.g. ectopic pregnancy, gestational diabetes, hypertension, protein in urine etc.?) If yes, please state details. 閣下曾否因懷孕或生產而患上任何併發症(如宮外孕、妊娠糖尿、高血壓、蛋白尿等)?若「是」,請提供詳情。 Details詳情 _____ (iii) Have you ever had any disorder of the breast or reproductive organs including abnormal smear test(s) and menstrual disorder? If yes, please state details. 閣下曾否發現任何乳房或生殖器官異常,包括子宮塗片檢查異常及月經失調?若「是」,請提供詳情。 Details詳情 _____	<input type="radio"/> <input type="radio"/> <input type="radio"/> 	<input type="radio"/> <input type="radio"/> <input type="radio"/>
Part C – Information of Personal Insurance Policy 丙部 – 個人保單資料		
16. Are you having any personal accident insurance, individual medical insurance, hospital cash insurance or critical illness insurance with Zurich Insurance Company Ltd or any other insurer(s)? If yes, please state the policy no., benefits type, the sum insured and the company name of the insurer (including Zurich Insurance Company Ltd). 閣下現時是否擁有蘇黎世保險有限公司或其他保險公司承保之個人意外、個人醫療、住院現金或危疾保單?若「是」,請提供保單號碼、保單項目、保額及保險公司名稱(包括蘇黎世保險有限公司)。 Details詳情 _____	<input type="radio"/> 	<input type="radio"/>
17. Have you ever been refused enrollment, renewal or reinstatement of life insurance, personal accident insurance, medical insurance, hospital income insurance, or critical illness insurance, or subject to special terms and conditions or additional premium? If yes, please state details. 閣下是否曾於投保、續保或復效任何人壽/個人意外/醫療/住院現金或危疾保險時被拒或需附加特別條款或增收保費始被接納?若「是」,請提供詳情。 Details詳情 _____	<input type="radio"/> 	<input type="radio"/>
18. Are you currently making a claim for accident, disability, or medical insurance benefit? If yes, please state details. 閣下現時是否進行任何意外、傷殘或醫療保險之索償?若「是」,請提供詳情。 Details詳情 _____	<input type="radio"/> 	<input type="radio"/>

VI. Premium payment 繳付保費				
<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 fill in the following information. 若支票發出人並非投保人,請填寫以下資料。 Relationship with the proposer 與投保人關係 :				
<input type="radio"/> By credit card 以信用卡繳付	<input type="radio"/> Annual payment 每年繳付 <input type="radio"/> Quarterly payment 每季繳付 (The first quarter's premium will be debited in the first billing 首次過賬將扣除首季之保費)			
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 :	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 信用卡有效期至 :	M 月	Y 年	
<input type="radio"/> By bank account 以銀行賬戶繳付 (Please fill in 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"/> Quarterly payment 每季繳付 (Please pay the first quarter's premium by cheque 請以支票繳付首季保費)			
Account holder's name 銀行賬戶持有人姓名 :	Account no. 銀行賬戶號碼 :			
I hereby authorize Zurich Insurance Company Ltd to debit automatically the premium due from my credit card / bank account above on a quarterly / yearly basis, including payment for the subsequent years / installments 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 / bank account which may arise as a result of such transfer. For the continuation of coverage, I understand that I should arrange sufficient credit balance or fund in my credit card / bank account by the premium due date for the automatic debit or transfer of premium. 本人茲授權蘇黎世保險有限公司從本人上述之信用卡/銀行賬戶每季/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/銀行賬戶出現透支,本人願承擔全部責任。為確保本人可繼續享有保障,本人明白本人之信用卡/銀行賬戶在保費到期日必須備有足夠信用額或款項以支付直接過賬或轉賬之應付保費。				
If credit cardholder / bank account holder is not the proposer, please fill in the following information. 若信用卡持有人/銀行賬戶持有人並非投保人,請填寫以下資料。 Relationship with the proposer 與投保人關係 :				
Signature of credit cardholder / bank account holder: 信用卡持卡人/銀行賬戶持有人簽署 :	Date 日期 :	D 日	M 月	Y 年

VII. Declaration 聲明

1. 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").
2. I/We authorize the Company to obtain medical information from my/our medical practitioner(s), and I/we agree to supply additional information relevant to this Plan at my/our own expense.
3. I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
4. I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
1. 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。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/吾等明白本人/吾等授權 貴公司有權向本人/吾等之醫生索取有關病歷資料；本人/吾等亦同意提供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、條款及細則概以此保險計劃保單為準。
4. 本人/吾等明白本人/吾等必須完成及提供此表格之所有資料，貴公司將不會受理本人/吾等資料不全之保單申請。

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。

VIII. 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.

VIII. 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. 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。

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。

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 application form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”).
 本人/吾等確認由本人/吾等於此申請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。

<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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Authorized agent/ broker: 特許保險代理/經紀:	Name of insurance consultant: 保險顧問姓名:
	Contact tel. no. of insurance consultant: 保險顧問聯絡電話號碼: