

MediExpress China Medical Card Enrollment Form

「醫療快線中國保證卡」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 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 Proposer's information 投保人資料

Individual client 個人客戶

Corporate client 公司客戶

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*

Nature of Business 業務性質 (only applicable for corporate client 只適用於公司客戶)

Correspondence address 通訊地址

Date of birth 出生日期

D 日

M 月

Y 年

Sex 性別

Male 男

Female 女

Marital status# 婚姻狀況#

Contact Number (Please fill in at least one) 聯絡電話(請填寫最少一項)

Email address #

Mobile phone no.
流動電話號碼

Day time telephone no.
日間聯絡電話

電郵地址 #

Period of insurance cover
保障年期

1-year cover 一年保障

2-year cover 兩年保障

Effective date of insurance cover
保障生效日期

D
日

M
月

Y
年

2 Insured person's information 受保人資料

Name must be same as home return permit 姓名須與回鄉證相同




| | Insured persons 受保人 | | Relationship With proposer 與投保人關係 | HKID card/ Passport no.* 身份證號碼 / 護照號碼* | Home return permit 回鄉證號碼 | Date of birth (dd/mm/yy) (日 /月 /年) | Sex 性別 | | Occupation 職業 | Plan 計劃 (P1/P2/S1/S2)^ | Premium (HKD) 保費(港元) |
|---|------------------------|-----------------|--|---|--------------------------------|--|-----------------------|-----------------------|------------------|------------------------------|------------------------------|
| | Surname 姓 | First name 名 | | | | | Male 男 | Female 女 | | | |
| 1 | | | Proposer 投保人 | | | | <input type="radio"/> | <input type="radio"/> | | | |
| 2 | | | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| 3 | | | | | | | <input type="radio"/> | <input type="radio"/> | | | |
| Total premium 保費總額 | | | | | | | | | | | |
| Less amount of group discount (if applicable) 扣減團體折扣額(如適用) | | | | | | | | | | | |
| Total premium payable 應付保費總額 | | | | | | | | | | | |

^ Plan code: P1: Premier plan with personal accident cover (Worldwide) / P2: Premier plan with personal accident cover (China)
S1: Standard plan with personal accident cover (Worldwide) / S2: Standard plan with personal accident cover (China)
Note: If the space provided is insufficient, please give details on a separate sheet.
^ 保障計劃代碼：P1：優選計劃附人身意外保障(全球) P2：優選計劃附人身意外保障(中國)
S1：標準計劃附人身意外保障(全球) S2：標準計劃附人身意外保障(中國)
註：如空間不足，請另加紙詳述。

3 Personal history 個人資料

| All questions must be answered in full and apply to all insured persons to be covered. 所有受保人均須詳細回答下列問題。 | Yes 是 | No 否 |
|--|-----------------------|-----------------------|
| Have the insured person(s) ever had any physical disability or deformity or has receiving any medical treatment or suffering from any disease? 受保人是否有任何身體殘障或缺陷或正接受醫藥治療或正感染任何疾病？ | <input type="radio"/> | <input type="radio"/> |
| Have the insured person(s) ever been in a hospital or sanitarium for surgery, observation or treatment within the last five years? 在過去五年內，受保人是否曾入住醫院或療養院接受手術、觀察或治療？ | <input type="radio"/> | <input type="radio"/> |
| If "Yes" to any of the questions above, please give details of each relevant insured person below. 如答「是」者，請連同有關受保人姓名詳細說明如下。 | | |
| | | |

4 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 explain the relationship between the cheque issuer and the proposer: 若支票發出人並非投保人，請列明支票發出人與投保人的關係： | | | |
| <input type="radio"/> By credit card 以信用卡繳付 | <input type="radio"/> Annual payment 每年繳付 | <input type="radio"/> Biennial payment 兩年繳付 | |
| 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： | | | |
| Credit card no. 信用卡號碼： | Credit card expiry date 信用卡有效期至： M月 Y年 | | |
| 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 / 她需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。 | | | |
| 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： | | | |
| Signature of credit cardholder 信用卡持卡人簽署 | Date 日期： D日 M月 Y年 | | |

5 Declaration 聲明

- I/We hereby apply for MediExpress China Medical Card ("this Plan"). 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 and that no person listed hereon is travelling or will travel against the advice of any medical practitioner or for the purpose of obtaining medical treatment and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to sign this application and disclose any personal information being requested to assess this application. I/We understand and agree that this Enrollment Form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").
 - I/We hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after written notification from the Company. The credit facility will be suspended if I/we fail to reimburse the Company within the above specified time. Upon suspension, I/we have to return all the China Medical Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of card loss, I/we should advise the Company within 48 hours and pay HKD100 for each replacement card.
 - 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 the policy of this Plan at my/our own expense.
 - I/We understand that the arrangement for emergency cash transfer is subject to the service provider nominated by the Company first securing payment from me/us.
 - 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.
 - I/We understand that I/we must complete and provide all information requested in this Enrollment Form, failing which the Company cannot process my application for this Plan.
 - Subject to the Company's consent, I/We agree that this policy will be automatically renewed if the premium is paid by credit card. I 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 / 吾等現投保「醫療快線中國保證卡 (「此計劃」)」，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，上述受保人出外旅遊並不會違背醫生勸告或以尋求醫療為目的。本人 / 吾等現時身體健康，並無任何殘廢或缺陷。所有已披露的信息已經由本人 / 吾等核實正確無誤。在適用的情況下，本人 / 吾等聲明本人 / 吾等已獲受保人授予全權簽署此投保表格並披露所要求的任何個人資料，以作評估申請之用。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。
 - 本人 / 吾等同意在收到貴公司書面通知的十四天內，付清對所有保障範圍以外的醫療費用或所有超出所定限額的醫療費用。如欠款未能在限期內付清，本人 / 吾等將被終止一切預繳服務，同時須將「醫療快線中國保證卡」歸還貴公司，並須對所有欠款向貴公司承責。如遺失保證卡，本人 / 吾等須於四十八小時內向貴公司報失及需繳付 100 港元作補領費用。
 - 本人 / 吾等明白貴公司有權向本人 / 吾等之醫生索取有關病歷資料，本人 / 吾等亦同意提供任何進一步與此計劃保單有關之資料並自付所需費用。
 - 本人 / 吾等明白緊急現金匯款服務需待貴公司所委任的服務機構首先獲本人 / 吾等的費用保證，方可作出安排。
 - 本人 / 吾等明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。
 - 本人 / 吾等明白本人 / 吾等必須完成及提供此投保表格之所有資料，貴公司將不會受理本人 / 吾等資料不全之保單申請。
 - 本人 / 吾等同意，如保費經信用卡直接付款方式支付，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，並且毋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

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.
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;

Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")(continued)
有關個人資料(私隱)條例(「私隱條例」)的客戶通知(續)

- 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 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 /吾等確認由本人 /吾等於此投保表格提供之所有資料均為事實正確無誤。本人 /吾等更確認同意本投保表格內之所有部分，包括但不限於上列之聲明細則及有關個人資料(私隱)條例的客戶通知。

Signature of proposer
投保人簽署：

Date 日期
Day 日 Month 月 Year 年