TravelCare Travel Insurance enrolment form (SINGLE TRIP)
「暢遊樂」旅遊保險投保表格

ZURICH 蘇黎世

Please ensure it is properly and fully completed in BLOCK LETTERS. 請用英文正楷填寫。
(Please tick the appropriate box and * delete wherever is inappropriate.請 √ 適用方格及*請刪去不適用者)

I. 投保人資料 Proposer information

英文姓名 (先生/太太/女士)*:_____ 中文姓名:_____ 出生日期: _____(日/月/年)
Name in English (Mr./Mrs./Ms.) * Name in Chinese Date of birth (dd/mm/yy)

香港身份證號碼 : _____ ( ) 電郵地址 :_____
HKID card no. E-mail address

日間聯絡電話 : _____ 夜間聯絡電話 : _____ 傳真號碼:_____
Day time tel. no. Night time tel. no. Fax no

通訊地址 室/ 單位* _____ 樓 _____ 座 _____ 大廈 _____
Correspondence address Flat/ Rm.* Floor Block Building

屋苑名稱/ 街名及門牌/ 地段*_____地區 _____香港/ 九龍/ 新界*
Estate name/ no. & street name/ lot no.* District HK/ KLN/ NT*

II. 行程資料 Itinerary information

保險生效日期 由_____(日/月/年) 至 _____(日/月/年) (包括首尾兩天: 日)
Effective date of the insurance cover From (dd/mm/yy) To (dd/mm/yy) (Both days Inclusive: days)

旅遊地點 Area of travel: _____

III. 受保人資料 Insured person(s) information

受保人姓名 Name of insured person(s)	與投保人關係 Relationship with proposer	出生日期 (日/月/年) Date of birth (dd/mm/yy)	香港身份証號碼 HKID card no.	保險計劃 (請 √)# Plan (Please tick)#			保費 (港幣/元) Premium (HK$)
1. 投保人 Proposer	同上 As above			☐ A	☐ V	☐ C	
2.				☐ A	☐ V	☐ C	
3.				☐ A	☐ V	☐ C	
4.				☐ A	☐ V	☐ C	
5.				☐ A	☐ V	☐ C	
6.				☐ A	☐ V	☐ C	
7.				☐ A	☐ V	☐ C	
8.				☐ A	☐ V	☐ C	
9.				☐ A	☐ V	☐ C	
10.				☐ A	☐ V	☐ C	
				Total premium 保費合計			

"A" stands for Worldwide Alpine Plan, "V" stands for Worldwide Vantage Plan, "C" stands for China Plan
投保全球旅遊遨遊計劃請☑ A, 全球旅遊美景計劃請☑ V, 中國旅遊保險計劃請☑ C

Type of Policy

☐ 個人 Individual ☐ 家庭 Family

V. 聲明 Declaration

1. 本人/吾等*隨此聲明本投保表格所列全部資料乃就本人/吾等*所知一切據實填報，並經本人核實正確無誤，上述受保人是次出外旅遊並未違背專業醫生勸告或以尋求醫療爲目的。本人聲明吾已獲得配偶、親屬、朋友授予全權，簽署此項投保申請，並提供任何個人資料作評核此項申請之用。本人/吾等*明白本投保表格及聲明將構成本人/吾等*與蘇黎世保險（「貴公司」）之間的合約依據。
2. 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保單有關之資料並自付所需費用。
3. 本人/吾等*本人明白一切由貴公司所收集或持有的個人資料，不論以任何方式獲取，均可供貴公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(i) 評核此項申請，(ii) 辦理自動轉賬或信用卡付款，(iii) 提供貴公司及關連機構的推廣資料，(iv) 處理保險的索償或有關之分析。本人/吾等*明白本人/吾等*有權查閱及要求更改由貴公司所持有有關本人/吾等*的任何個人資料，地址爲香港港島東華蘭路 18 號港島東中心 24-27 樓。

1. I/We* declare that to the best of my/our* knowledge and belief the information given on this enrolment form is true and complete in every respect and all information disclosed have been verified by me as true and correct, and that no person listed hereon is traveling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I declare that I have full and complete authority from my spouse, relative(s), friend(s) to sign the application and disclose any personal information being requested to assess the insurance application and I/We* agree that this enrolment form and declaration shall form the basis of the contract between me/us* and Zurich Insurance Company ("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 insurance policy at my/our* own expense.
3. I/We* I understand that all the personal information collected or held by the Company, howsoever obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (i) to assess and service this application (ii) to authorize direct debit or credit card payment (iii) to provide marketing material of the Company or its associated companies and (iv) to conduct insurance claims or analysis. I/We* understand that I/We* may contact the Company's Personal Data Privacy Officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong for any request to access to and/or correct any information supplied to the Company.

Date:_____ Signature: _____
日期 簽署

蘇黎世保險 **Zurich Insurance Company** (a company incorporated in Switzerland with limited liability)
香港港島東華蘭路 18 號港島東中心 24-27 樓 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong
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AUGUST MOON TOUR & TRAVEL CO., LTD.