

TravelCare Insurance Plan
enrollment form

「暢遊樂」旅遊保險計劃投保表格

Enquiry no. 查詢電話：+852 2968 2288 Fax 傳真：+852 2968 0638

Please complete in BLOCK LETTERS. 請用英文正楷填寫。

Please tick the appropriate box and * delete where inappropriate. 請 ✓適用方格及於*號刪去不適用者。

1. Proposer's information 投保人資料

Mr. 先生 Mrs. 太太 Ms. 女士 Last name 姓 First name 名

Date of birth 出生日期 Day日 Month月 Year年 HKID card no. 香港身份證號碼

Correspondence address 通訊地址 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*

Email address (if any) 電郵地址 (如有) Mobile/Contact no. 手提 / 聯絡電話號碼

2. Enrollment information 投保詳情

1. Travel plan 旅遊計劃 Alpine 遨遊 Vantage 美景 China & Macau 中國及澳門
2. Type of policy 保單類別 Individual 個人 Family 家庭
3. Travel nature 旅遊性質

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- a. Single trip travel 單次旅遊

Period of travel 旅遊期限

From Day日 Month月 Year年 to Day日 Month月 Year年 No. of days 日數

由 至

(Both days included, maximum number of days of cover is 180. 包括上列兩日, 最長保障期限為180日。)

- Return 來回 One way 單程 (Cover valid for a maximum of seven days after arrival at final destination outside Hong Kong. 有效保障期只限抵達香港境外之最終目的地後七天內。)

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- b. Annual travel 全年旅遊

Effective date of the insurance cover 保險生效日期 Day日 Month月 Year年

3. Insured person's information 受保人資料

Name of insured person(s) 受保人姓名	HKID card/Passport no. 香港身份證 / 護照號碼	Relationship with proposer 與投保人關係	Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	Occupation (for annual travel plan only) 職業 (只適用於 全年旅遊計劃)	Premium (HKD) 保費 (港元)
1					
2					
3					
4					
Total premium 保費總額 (Minimum premium is HKD 50 最低保費額為50港元)					
Less discount for group travel (if applicable) 扣減團體旅遊折扣額 (如適用)					
Total premium payable 應付保費總額					

Note 註:

- If more than four persons or more than one family is to be covered, please provide the above information on a separate sheet. 如受保人數超過四名或受保家庭超過一個, 請另加紙寫上以上資料。
- The aggregate limit for Personal Accidence cover under any one policy shall not exceed HKD 45,000,000. 本公司於每保單中之個人意外總賠償額最高為45,000,000港元。

4. Health declaration 健康申報 (For annual travel plan only 只適用於全年旅遊計劃)

All questions must be answered in full and apply to all members of the family to be covered. 閣下及 閣下之家庭成員均須詳細回答下列問題。

1. Have the insured person(s) ever had any physical disability or deformity or been 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?
 Yes 是 No 否
2. Have the insured person(s) suffered any loss during the past two years caused by any of the risks proposed in this insurance?
過去兩年內，受保人曾否因本計劃提到的各類風險而導致意外或損傷?
 Yes 是 No 否

If answer 'Yes' to any of the questions above, please give details with name(s) below. 如以上問題的答為「是」，請連同姓名詳細說明如下：

5. Premium payment 保費支付辦法

Paid by 以下列方式繳付：

Bycash 現金

Bycheck 以支票繳付

Check no. 支票號碼

Bank name 銀行名稱

Check made payable to "August Moon Tour & Travel Company Ltd" 支票抬頭人請寫「August Moon Tour & Travel Company Ltd」
If the check issuer is not the proposer, please explain the relationship between the check 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

By credit card 以信用卡繳付

Credit card type 信用卡類別



I hereby authorize Zurich Insurance Company Ltd to debit premium from my credit card account.
本人授權蘇黎世保險有限公司從本人下述信用卡戶口支取保費。

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 number
信用卡號碼

Credit card expiry date
信用卡有效期至

Month 月 Year 年

M	M	Y	Y	Y	Y
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Relationship to proposer
與投保人關係

Cardholder's signature
持卡人簽署

6. Declaration 聲明

1. I/We hereby apply for Zurich TravelCare Insurance Plan ("this Plan"). I/We declare that to the best of my/our knowledge and belief the information given on this enrollment form is true and complete in every respect and all information disclosed have been verified by me/us 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/We declare that I/we have full and complete authority from my spouse, relative(s) and/or friend(s) to sign the application and disclose any personal information being requested to assess the insurance application. I/We agree that this enrollment form and declaration shall form the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company").
本人 / 我們現投保蘇黎世「暢遊樂」旅遊保險計劃（「此計劃」）。本人 / 我們謹此聲明本投保表格所列全部資料乃就本人 / 我們所知一切據實填報，並經本人 / 我們核實正確無誤，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為目的。本人 / 我們聲明本人 / 我們已獲得配偶、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 / 我們明白本投保表格及聲明將構成本人 / 我們與蘇黎世保險有限公司（「貴公司」）之間的合約依據。
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.
本人 / 我們授權 貴公司向本人 / 我們之醫生索取有關病歷資料，本人 / 我們亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
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方始生效。

7. 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 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 **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). 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) 。

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 Direct Marketing – Voluntary:

就市場推廣之同意 – 自願性：

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, **only upon having such policy owners’ or insured persons’ consent or indication of no objection**, for the following purposes relating to direct marketing:

- (1) to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of 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 Zurich Insurance Group’s development of services and insurance products.

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以下市場推廣之有關用途：

- (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 / 或其他商業合作夥伴之相關服務，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。

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, **only upon having such policy owner’s and insured person’s written consent**, to the following parties, within or outside of Hong Kong, for the above purposes relating to direct marketing:

- (1) companies within 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之有關用途，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 direct marketing 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用途所給予之同意。

I/We wish to opt out of the above direct marketing purposes.

本人 / 我們欲選擇退出上列之市場推廣用途。

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 / 我們確認由本人 / 我們於此投保表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本投保表格內之所有部分，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 proposer

投保人簽署

Date
日期

Day日 Month月 Year年
D D M M Y Y Y Y

Zurich Insurance Company Ltd (a company incorporated in Switzerland)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司 (於瑞士註冊成立之公司)

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