

AHKNS Travelplus Insurance Plan Enrollment Form

「護協優遊樂」旅遊保障計劃投保表格

Enquiry no. 查詢電話：+852 2314 6944 or 或 +852 2314 6912 Fax 傳真：+852 3521 1540

Please tick the appropriate box and * delete where 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。

All fields are mandatory, except the fields marked with #. 所有項目必須填報，惟#號之項目除外。

AHKNS Member Name: 護協會員姓名： _____ AHKNS Membership No.: 護協會員號碼： _____ Relationship between AHKNS Member and Proposer 投保人與護協會員關係： _____

1 Proposer's information 投保人資料

(enrollment by AHKNS members and his/her relatives and friends are welcome
歡迎護協會員及其親友參加此項計劃)

Mr 先生 Mrs 太太 Ms 女士

Full name in English 英文姓名

Full name in Chinese 中文姓名

HKID card no./Passport no.* 香港身份證號碼/護照號碼*

Date of birth 出生日期 D日 M月 Y年 Sex 性別 Male 男 Female 女

Correspondence address 通訊地址

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

Email address# 電郵地址#

Mobile phone no.
流動電話號碼

Day time telephone no.
日間聯絡電話

Fax no.#
傳真號碼#

2 Insured person's information 受保人資料

	Insured persons 受保人			Relationship with proposer 與投保人關係	HKID card no./passport no.* 香港身份證/護照號碼*	Sex 性別		Date of birth (dd/mm/yy) 出生日期 (日/月/年)	Occupation 職業 (Applicable to annual travel plan only) (只適用於全年計劃)	Premium (HKD) 保費 (港元)
	Surname 姓	First name 名	Other name 別名			Male 男	Female 女			
1.	Proposer 投保人									
2.						<input type="radio"/>	<input type="radio"/>			
3.						<input type="radio"/>	<input type="radio"/>			
4.						<input type="radio"/>	<input type="radio"/>			
5.						<input type="radio"/>	<input type="radio"/>			
6.						<input type="radio"/>	<input type="radio"/>			

Note: 1. If more than six persons or one family are to be covered, please provide the above information on a separate sheet.

2. The aggregate limit for Personal Accident Cover under any one policy shall not exceed HKD45,000,000.

3. Minimum premium is HKD 50.

註：1. 如受保人數超過六名或受保家庭超過一個，請另加紙填寫以上資料。

2. 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。

3. 最低保費限額為50 港元。

Total premium (HKD)
總保費(港元)

3 Information of travel 旅遊資料

Area of travel 旅遊地點	<input type="radio"/> China 中國 <input type="radio"/> Europe 歐洲 <input type="radio"/> Australasia 大洋洲 <input type="radio"/> Africa 非洲 <input type="radio"/> South America 南美洲 <input type="radio"/> North America 北美洲 <input type="radio"/> Other Asian countries 其他亞洲地區 <input type="radio"/> Others (Please specify) 其他 (請註明) _____						
Note: The actual destination(s) for the insured journey shall refer to the insured person's itinerary issued by travel agent/ service provider/public common carrier. 註： 受保旅程之實際目的地以旅行社 / 提供服務的機構 / 公共交通工具機構發出予受保人之行程表為準。							
Type of policy 保單類別	<input type="radio"/> Individual 個人 <input type="radio"/> Family 家庭						
Travel nature 旅遊性質	<input type="radio"/> Single trip travel 單次旅遊	Period of travel 旅遊期限	From D M Y [^] To D M Y [^] 由 _____ 日 _____ 月 _____ 年 至 _____ 日 _____ 月 _____ 年 [^] Both days included, maximum number of days of cover is 180. 上列兩日包括在內，最長保障期限為 180 日。			No. of days 日數	
		Type of travel 旅遊種類	<input type="radio"/> Return 來回 <input type="radio"/> One way (Cover valid for a maximum of seven days after arrival at final destination) 單程 (有效保障期只限於抵達目的地後七天內)				
	<input type="radio"/> Annual travel 全年旅遊	Effective date of insurance cover 保障生效日期	D M Y 日 月 年				
Applicable to annual travel plan only 只適用於全年計劃	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。					Yes 是	No 否
	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？					<input type="radio"/>	<input type="radio"/>
	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，受保人是否曾因本計劃提到的各類風險而導致意外或損傷？					<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

By cash, EPS or AHKNS Credit Card 以現金、易辦事或 AHKNS 護協信用卡繳付
 (Enroll in person at AHKNS office 親臨香港護士協會辦理)

By bank transfer 以銀行賬戶轉賬
 (HSBC account number 匯豐銀行戶口號碼：127-3-005494 / BEA account number 東亞銀行戶口號碼：139-10-10624-5)
 (Application must be submitted 10 working days prior to the departure. Please fax the bank-in receipt, application form and photocopy of the membership card to 3521 1540 and please call to confirm the payment with AHKNS at 2314 6944 or 2314 6912.)
 (申請必須於出發前十個工作天遞交。入數後請將入數紙連同填妥之表格及會員証副本傳真至 3521 1540 並致電護協確認申請。
 電話號碼：2314 6944 或 2314 6912)

By AHKNS Credit Card (Enroll by fax) 以 AHKNS 護協信用卡繳付 (以傳真投保)
 (Please fill in the following information, together with the application form and photocopy of the membership card and fax to 3521 1540 and please call to confirm the payment with AHKNS at 2314 6944 or 2314 6912, charges will be deducted from the credit card. Application must be submitted 10 working days prior to the departure.)
 (請填妥以下資料連同填妥之表格及會員証副本傳真至 3521 1540 並致電護協確認申請。電話號碼：2314 6944 或 2314 6912，費用將於信用卡內扣取。申請必須前十個工作天遞交。)

Credit card no. 信用卡號碼：	Credit card expiry date 信用卡有效期至：	M 月	Y 年
Cardholder's name 持卡人姓名： (Cardholder and proposer must be same person 持卡人必須與【投保人】姓名一欄相同)			
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

1. I/We hereby apply for Zurich AHKNS Travelplus Insurance Plan ("this Plan"). 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/us as true and correct, and that no person listed hereon is travelling 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), 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").
 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/吾等現投保蘇黎世「護協優遊樂」旅遊保障計劃(「此計劃」)。本人/吾等謹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/吾等核實正確無誤，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/吾等聲明本人/吾等已獲得配偶、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/吾等與蘇黎世保險有限公司(「貴公司」)之間的合約依據。
 2. 本人/吾等明白本人/吾等必須填妥授權 貴公司有權向本人/吾等之醫生索取有關病歷資料，本人/吾等亦同意提供任何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。

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):
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) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
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) to process requests for payment, and for direct debit authorization;
辦理付款要求及直接付款授權；
 - 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;
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；
 - 4) to compile statistics or use for accounting and actuarial purposes;
編撰統計數字，或作會計及精算用途；
 - 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;
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) 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;
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) to collect debts;
債務追討；
 - 8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
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) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
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. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
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) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
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) 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;
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者；
 - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
第三方服務供應者，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) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
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；

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)

- 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;
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) any person pursuant to any order of a court of competent jurisdiction;
根據主管司法權區的法院的任何頒令的任何人士；及
- 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.
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. *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**:*
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) 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;
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) to perform customer analysis, profiling and segmentation; and
進行客戶研究分析及分層；及
- 3) to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.
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 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.
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. *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**:*
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) *companies within the Zurich Insurance Group;*
蘇黎世保險集團成員公司；
- 2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
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) *third party marketing service providers and insurance intermediaries.*
第三方市場推廣服務供應商及保險中介人。
- 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.
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. All customers have the right to access, 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 put a tick ("✓") in the box below to indicate their wish to opt-out altogether.
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在以下方格內加上剔號("✓")以提出有關所有自願性用途之反對要求。
- The policy owner(s) and life insured(s) hereby request to opt out of the Company's use and transfer of their personal information for all the above voluntary purposes.
保單持有人及受保人就本公司使用及提供其個人資料作上述所有自願性用途於此作出反對要求。
- Personal Data Privacy Officer
26/F, One Island East,
18 Westlands Road,
Island East, Hong Kong
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. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
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. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
本通知的中英文版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：

Day 日 Month 月 Year 年
Date
日期

本會專用 授權編號：

日期