



# Zurich HomeCare Householder Insurance Plan Enrollment Form

## 蘇黎世「居安保」住戶保險計劃投保表格

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. 請  適用方格。

Please complete the form in ENGLISH BLOCK LETTERS. 請以英文正楷大寫填報。

**All fields are mandatory.** 所有項目必須填報。

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 : \_\_\_\_\_

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。

### 1 Proposer's information 投保人資料

Mr 先生     Mrs 太太     Ms 女士

HKID card no. 香港身份證號碼

Full name in English 英文姓名

Full name in Chinese 中文姓名

Address of Property to be Insured 投保物業地址

Correspondence address 通訊地址 (如與上述地址不同 if different from above)

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

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 Plan selection 所需保障

Effective date of insurance 保障生效日期 \_\_\_\_\_ D日 \_\_\_\_\_ M月 \_\_\_\_\_ Y年

Basic coverage 基本計劃

Household gross area (sq. ft.) 建築面積 (平方呎)		Annual premium (HKD) 每年保費 (港元)	AHKNS 15% Premium discount (HKD) 護協保費 85 折優惠價 (港元)
Gross floor area 建築面積	Saleable area 實用面積		
<input type="radio"/> < = 500	< = 400	650	552.5
<input type="radio"/> 501-700	401-560	900	765
<input type="radio"/> 701-1,000	561-800	1,200	1,020
<input type="radio"/> 1,001-1,500	801-1,200	1,650	1,402.5
<input type="radio"/> 1,501-2,000	1,201-1,600	1,950	1,657.5
<input type="radio"/> >2,000	>1,600	Special Quotation 個別報價	Special Quotation 個別報價
Please state 請列明 _____	Please state 請列明 _____		

Property type 樓宇類型

Multi-storey building 多層大廈  Village house 村屋  Detached house 獨立屋

Building age 樓齡

Below 10 years 十年以下  Over 10 years to 25 years 超過10年至25年  Over 25 years to 35 years 超過25年至35年  
 Over 35 years 超過35年 – Any recent renovation done in the unit and/or the whole building 該單位及/或整幢大廈最近作出之保養維修工程：\_\_\_\_\_

Extend cover to the following facilities 額外設施保障 (Under Legal Liability section 於法律責任保障範圍下)

Car parking space 停車場位置  Garden / Yard 花園/庭院  Flat roof 天台  Private pool 私人泳池

Optional coverage 附加保障

Building coverage 樓宇結構保障

Household gross area (sq. ft.) 建築面積 (平方呎)		Annual premium (HKD) 每年保費 (港元)	AHKNS 15% Premium discount (HKD) 護協保費 85 折優惠價 (港元)
Gross floor area 建築面積	Saleable area 實用面積		
<input type="radio"/> < = 500	< = 400	500	425
<input type="radio"/> 501-700	401-560	630	535.5
<input type="radio"/> 701-1,000	561-800	1,020	867
<input type="radio"/> 1,001-1,500	801-1,200	1,530	1,300.5
<input type="radio"/> 1,501-2,000	1,201-1,600	2,040	1,734
<input type="radio"/> >2,000	>1,600	Special Quotation 個別報價	Special Quotation 個別報價
Please state 請列明 _____			

Worldwide personal possessions protections 全球個人物品保障\*

Unspecified item 非指定物品 Sum insured 投保額：\_\_\_\_\_

Specified items 指定物品 Sum insured 投保額：\_\_\_\_\_

\* If the above space is insufficient, please attach a separate sheet 如上表不敷填寫，請另加紙詳述。  
Please provide relevant sales receipt or valuation reports. 請提供有關單據或估值報告。

Note: Any building that is over 25 years or with structural extension, village house or detached house is subject to individual consideration.  
備註：有關樓齡超過25年或附有任何額外設施或村屋/獨立屋之投保申請需作個別考慮。

### 3 Insurance details 保險資料

If your answer to any of the following questions is "Yes", please provide full details. 以下任何問題若答'是'者，請詳細列明事件細節。

Yes  
是

No  
否

Have you ever been refused by other insurance companies with similar type of coverage? If yes, please state:  
閣下曾否遭保險公司拒絕接受投保同類型保險計劃？如有，請列明：

During the past 12 months, have you sustained any loss whether insured or otherwise, in connection with the cover which insurance has been currently requested? If yes, please state:

過去12個月內，閣下有否蒙受任何與現申請保障有關之損失？不論已投保與否，如有，請列明：

#### 4 Declaration 聲明

1. I declare that my home is built of bricks, stone or concrete and roofed with concrete.
  2. I hereby apply for Zurich HomeCare Householder Insurance Plan ("this Plan"). I declare that to the best of my knowledge and belief the information on this enrollment form is true and complete in every respect and all the information disclosed have been verified by me as true and correct. I understand and agree that this enrollment form and declaration will form the basis of the contract between me and Zurich Insurance Company Ltd (the "Company").
  3. I understand that if I am not completely satisfied with the policy terms of this Plan, I can return it to the Company within 14 days upon receipt and any premium charged during this period will be refunded in full.
  4. I understand that I shall refer to the policy document of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.
  5. I understand I must complete and provide all information requested in this enrollment form, failing which the Company cannot process my application for this Plan.
1. 本人聲明本人的住宅是用磚石或石屎建成，並蓋有石屎屋頂。
  2. 本人現申請蘇黎世「居安保」住戶保險計劃（「此計劃」）。本人特此聲明此投保表格的資料乃根據本人所知及所信為確實及完全而填報，所有提供的資料已經本人核實屬實無訛。本人明白及同意本人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。
  3. 本人明白本人如對此計劃的保單條款未盡滿意，可於收到保單後 14 天內退回保單，所繳之保費將獲原銀奉還。
  4. 本人明白所有保障範圍、不承保事項、條款及細則概以此計劃的保單文件為準。
  5. 本人明白本人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資料不全之保單申請。

This insurance application will not be in force until the application has been accepted by the Company and the premium has been paid. 此保險申請需待貴公司覆核，接納投保書及已繳付保費後才能生效。

#### 5 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

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

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; and
  - 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. All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.

Personal Data Privacy Officer  
26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
4. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
5. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

本人/吾等明白並同意以下有關 Zurich Insurance Company Ltd (「本公司」) 處理所收集及保存本人/吾等之個人資料的安排。

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；

**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) 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. 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。  
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
4. 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。
5. 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 confirm that all information provided by me in this enrollment form is true, correct and accurate. I further confirm my 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.

本人確認由本人於此申請表格提供之所有資料均為事實正確無誤。本人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)條例的客戶通知。

Signature of proposer  
投保人簽署：

Day 日    Month 月    Year 年  
Date             
日期