



® **Sun Flower Insurance Brokers Limited**
Placing through Sun Flower Insurance Agency Limited
 Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
 Thank you for considering Sun Flower to be one of your selected intermediaries.
 We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



Zurich Business Travel Insurance Plan

We know that as employers, business is about sending the right people to capture the best opportunities available round the world. With **Zurich Business Travel Insurance Plan**, we provide business trip protections for your employees from a variety of unexpected events—from loss of mobile phones and laptop computers to emergency medical treatment expenses. Enroll now to make sure your company explores the most out of every insured business journey.



Eligibility



Registered Hong Kong company



Minimum of three full-time employees



All insured employees must be the full-time employees of the applicant under Hong Kong employment contract



Acceptance age between 17 and 75 years

Unique features



Pre-existing conditions can be covered if the person has been insured for more than six consecutive months¹



Lump sum baggage delay allowance



Covers emergency medical treatment due to pregnancy and/or childbirth



Additional hotel cost due to involuntary journey extension

Other product highlights²



No excess for all benefits



No COVID-19 exclusion under the Medical Expenses section



Baggage cover includes laptop computer and mobile phone



24-hour global emergency assistance service



Coverage extended to leisure travel immediately before or after the business trip

Note:

¹ No coverage shall be provided for any medical conditions existed (whether known or unknown to the insured person) before the coverage effective day of any insured person as stated under the "Eligible Period" on the schedule. This condition shall be waived if such insured person has been insured under the policy for more than 6 consecutive months in respect to such insured person for any insured journey commencing from the 7th month onwards.

² The benefits shown above are for set-plan only, tailor-made coverage and premium are also available upon request to best suit your business needs.

Benefit table

Section	Benefit	Sum insured per insured person per insured journey (HKD)	
		Plan 1	Plan 2
Accident Cover			
1(a)	Personal accident (If multiple events listed in the Compensation Table are sustained from one single accident, the total compensation for such single accident is up to 150% of the Personal accident sum insured)	1,000,000 per section	500,000 per section
1(b)	Double indemnity		
1(c)	Second or third degree burns	500,000	250,000
Assistance Service			
2	Zurich Emergency Assistance Service		
2(a)	Deposit guarantee for hospital admission	39,000	
2(b)	Emergency medical evacuation or repatriation	Actual cost	
2(c)	Repatriation of mortal remains		
2(d)	Compassionate visit	One economy class return travel ticket	
2(e)	Travel and accommodation expenses	One economy class one-way travel ticket and accommodation expenses, up to 1,950 per day and up to 7,800 per accident	
2(f)	Return of unattended dependent	One economy class one-way travel ticket up to 30,000	
2(g)	24-hour telephone hotline and referral services	Available	
Medical Cover			
3	Medical expenses (accident and sickness) Including: - Emergency medical treatment during the insured journey due to pregnancy up to 10% of the sum insured - Follow-up medical treatment expenses within 12 months of returning to the station location - Follow-up medical treatment expenses paid to Chinese medicine practitioner or chiropractor within 12 months of returning to the Station Location with sub-limit of: - Overseas travelling expenses for seeking medical treatment	1,000,000	500,000
4(a)	Overseas hospital daily cash benefit (HKD 500 per day)	10,000	5,000
4(b)	Compulsory quarantine cash allowance due to infectious disease (HKD 300 per day)	6,000	3,000
Loss of Property Cover			
5	Baggage and personal effects Sub-limits: - Per article, set or collection - Laptop computer - Mobile phone - Per article, set or collection of sports equipment	20,000	10,000
6	Loss of money	6,000 (Cash limit: 3,000)	2,000 (Cash limit: 1,000)
7	Loss of travel documents	30,000	10,000
Travel Inconvenience Cover			
8(a)	Travel delay allowance (HKD 400 for each and every full six hours delay)	4,000	2,000
8(b)	Extra hotel cost due to travel delay	2,000	1,000
8(c)	Re-routing	10,000	5,000
9	Baggage delay allowance (HKD 500 for full six hours of delay)	2,000	1,000
10	Cancellation of trip	30,000 per section	10,000 per section
11	Interruption of trip		
12	Hotel cost due to involuntary journey extension	5,000	2,500
Personal Liability			
13	Personal liability	3,000,000	1,500,000
Additional Benefits			
14(a)	Replacement staff	20,000	10,000
14(b)	Missed event	10,000 per section	3,000
14(c)	Compassionate death cash		
14(d)	Credit card protection	20,000	10,000 per section
14(e)	Loss of home contents due to burglary (HKD 3,000 per article, set or collection)	10,000	
14(f)	Funeral expenses benefits	20,000	
14(g)	Scarring of the face	25,000	
14(h)	Trauma counselling benefits (HKD 1,500/visit/day)	15,000	
14(i)	Education fund	10,000 per section	
14(j)	Recruitment expenses		
14(k)	Loss of teeth (HKD 1,000/tooth)		
14(l)	Search and rescue expenses		
14(m)	Clothing and personal effects damage compensation (HKD 3,000 per article, set or collection)		
Optional Cover – MediExpress China Medical Card (Additional HKD 50/card)			
15	MediExpress China Medical Card Service	Admission to over 100 appointed hospitals in China upon presentation of the MediExpress China Medical Card	

For detailed benefits description, please refer to the policy wording: <http://info.zurich.com.hk/policy/TTT-002-03-2022E.pdf>

Premium table

No. of Man Trips per year	Premium (HKD)	
	Plan 1	Plan 2
20 - 50	4,850	2,350
51 - 100	10,000	4,850
101 - 150	13,800	6,800
151 - 200	19,200	9,400
201 - 300	21,500	10,500
301 - 400	27,800	13,500
401 - 500	32,000	15,500
Over 500	Please submit the enrollment form to Zurich's business representative for quotation.	

Aggregate limit table

No. of Employees	Occurrence/Conveyance/Terrorism Limit (HKD)	
	Plan 1	Plan 2
3 - 50	10,000,000	5,000,000
51 - 100	20,000,000	10,000,000
101 - 150	30,000,000	15,000,000
151 - 200	40,000,000	20,000,000
201 - 300	50,000,000	25,000,000
Over 300		

The benefits and premium above are for set-plan only, tailor-made coverage and premium are also available upon request.

Major Exclusions of this Policy

Any injury or sickness the insured person contracted prior to the insurance effective date (unless the insured person has been insured under the policy for more than six consecutive months), war, participation in illegal acts, engage in professional sports, pregnancy (except for emergency treatment covered under Section 3) or childbirth, suicide, self-inflicted injury, venereal disease, AIDS, insanity, mental disorder, any illness or injury caused by alcohol or drug abuse, air travel (except as a passenger), ionizing radiation, travel against the advice of a medical practitioner or for the purpose of obtaining medical treatment, any loss not reported to the local police or relevant organizations within 24 hours of discovery.

About Zurich Insurance

Zurich Insurance (Hong Kong) is part of the Zurich Insurance Group, with its presence in Hong Kong dating back to 1961. Since then, Zurich Insurance (Hong Kong) has been dedicated to serving the Hong Kong community with a full range of flexible investment, life insurance and general insurance solutions for individuals, as well as commercial and corporate customers — attending to their insurance, protection and investment needs. Zurich Insurance (Hong Kong) is currently top five in the general insurance market¹ and ranks fifth in the city's ILAS market². Please visit www.zurich.com.hk for more information of Zurich Insurance (Hong Kong).

- 1 Annual statistics of the Insurance Authority on Hong Kong General Business from January to December 2021, based on gross premium.
- 2 Annual statistics of the Insurance Authority on Hong Kong long term insurance business from January to December 2021, based on the number of policies and premiums of in-force business of investment-linked life insurance.

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)

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The trademarks depicted are registered in the name of Zurich Insurance Company Ltd in many jurisdictions worldwide.





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蘇黎世商務旅遊保險計劃

我們了解，作為僱主，經營生意需要派出適當人選，到世界各地捕捉最好機遇。蘇黎世商務旅遊保險計劃應對多種突發事件，為您的員工提供商務旅遊保障—包括手提電腦、手提電話保障，以至緊急醫療費用。請即投保，確保公司能在每次受保商務旅程中，獲享最佳成果！



申請資格



香港註冊公司



三名或以上全職僱員



所有受保僱員必須為投保公司在香港僱員合約下聘請的全職僱員



承保年齡為17歲至75歲

獨有特點



如果受保人已連續受保六個月以上，可以涵蓋已有的病症¹



一筆過行李延誤津貼



保障因妊娠及 / 或分娩引致的緊急醫療費用



保障因滯留行程目的地而導致的額外酒店費用

其他計劃特點?



所有保障項目均不設自負額



醫療費用部分不承保事項並不包括新冠肺炎



行李保障包括手提電腦及手提電話



24小時全球緊急支援服務



保障延伸至商務旅遊前或後之消閒旅遊

註：

¹ 計劃不承保任何受保人在承保表內「適用期」所註明的保障生效日前，已存在的任何醫療狀況（不論受保人知悉與否）。如有關受保人已受此保單保障超過連續六個月，其在第七個月往後之受保旅程則可豁免此條件。

² 上述保障只適用於固定計劃，本公司亦可應要求提供度身訂造的保障，切身附合貴公司的業務需要。

保障表

節數	保障	每次受保旅程中每位受保人的保障額 (港元)	
		計劃 1	計劃 2
意外保障			
1(a)	個人意外 (如賠償表中多個保障項目由單一意外引致，此宗意外的總賠償額最高至保障額的150%)	每節 1,000,000	每節 500,000
1(b)	雙倍賠償		
1(c)	二度或三度燒傷保障	500,000	250,000
支援服務保障			
2	蘇黎世緊急支援服務		
2(a)	入院保證金	39,000	
2(b)	緊急醫療運送	實際費用	
2(c)	遺體運返		
2(d)	近親探望	一張來回經濟客位旅行票	
2(e)	交通及住宿費用	一張單程經濟客位旅行票及住宿費用， 每宗意外最高至7,800 (每日1,950)	
2(f)	隨行受養人遣送	一張單程經濟客位旅行票，最高至30,000	
2(g)	24 小時電話熱線諮詢及轉介服務	包括	
醫療保障			
3	醫療費用 (意外及疾病)	1,000,000	500,000
	包括：		
	- 在受保旅程中由妊娠而引起的緊急醫療費用，最高至保障額的10%		
	- 返回常駐工作地點後12個月內的覆診費用		
	- 返回常駐工作地點後12個月內的中醫或脊醫治療覆診費用	最高至每日每次200，每宗意外 / 疾病2,000，每年4,000	
	- 海外求診之交通費用	300	300
4(a)	海外住院現金津貼 (每日500港元)	10,000	5,000
4(b)	傳染病引致的強制隔離現金津貼 (每日300港元)	6,000	3,000
財物損失保障			
5	行李及個人物品	20,000	10,000
	限額：		
	- 每件、每套或每組物品	3,000	
	- 手提電腦	10,000	
	- 手提電話	2,000	
	- 每件、每套或每組運動用品	5,000	
6	遺失金錢	6,000 (現金上限：3,000)	2,000 (現金上限：1,000)
7	遺失旅行證件	30,000	10,000
行程受阻保障			
8(a)	旅程延誤 (每滿六小時之延誤賠償400港元)	4,000	2,000
8(b)	因旅程延誤引致之額外酒店費用	2,000	1,000
8(c)	更改行程	10,000	5,000
9	行李延誤津貼 (每滿六小時之延誤賠償500港元)	2,000	1,000
10	取消行程	每節 30,000	每節 10,000
11	旅程阻礙		
12	滯留行程目的地之酒店費用	5,000	2,500
個人責任保障			
13	個人責任	3,000,000	1,500,000
額外保障			
14(a)	替代僱員保障	20,000	10,000
14(b)	缺席活動保障	每節 10,000	3,000
14(c)	身故恩恤金		
14(d)	信用卡保障	20,000	每節 10,000
14(e)	家居財物盜竊保障 (每件、每套或每組物品3,000港元)	10,000	
14(f)	殮葬費用保障	20,000	
14(g)	臉部疤痕保障	25,000	
14(h)	創傷輔導服務保障 (每日每次1,500港元)	15,000	
14(i)	教育基金	每節 10,000	
14(j)	招聘費用		
14(k)	喪失牙齒 (每隻牙齒1,000港元)		
14(l)	搜索及救援服務費用		
14(m)	衣服及個人物品損毀賠償 (每件、每套或每組物品3,000港元)		
附加保障 — 醫療快線中國保證卡 (每張額外50港元)			
15	醫療快線中國保證卡服務	出示醫療快線中國保證卡即可於國內超過100間 指定醫院接受治療	

如欲了解保障詳情，請參閱保單文件：<http://info.zurich.com.hk/policy/TTT-002-03-2022E.pdf> (只提供英文版本)

保費表

以人數計之每年旅程次數	保費 (港元)	
	計劃 1	計劃 2
20 - 50	4,850	2,350
51 - 100	10,000	4,850
101 - 150	13,800	6,800
151 - 200	19,200	9,400
201 - 300	21,500	10,500
301 - 400	27,800	13,500
401 - 500	32,000	15,500
超過 500	請遞交投保表格予蘇黎世業務代表以取得報價。	

總限額表

僱員人數	事件 / 交通工具 / 恐怖活動限額	
	計劃 1	計劃 2
3 - 50	10,000,000	5,000,000
51 - 100	20,000,000	10,000,000
101 - 150	30,000,000	15,000,000
151 - 200	40,000,000	20,000,000
201 - 300	50,000,000	25,000,000
超過 300		

上述保障及保費只適用於固定計劃，度身訂造的保障及保費也可應要求提供。

主要不承保事項

受保人在保單生效前已存在之損傷或疾病（除非受保人已受此保單保障超過連續六個月）、戰爭、參與一切違法行為、參與職業運動、懷孕（受保於第3節的緊急治療費用除外）或分娩、自殺、自我傷害、性病、愛滋病、神經失常、精神病、酗酒及濫用藥物導致的傷病、空中旅遊（以乘客身份例外）、核能輻射、有違醫生勸喻以及純粹以治療為目的之行程、未有在24小時內向當地警局或有關機構報告的任何損失。

關於蘇黎世保險

蘇黎世保險（香港）是蘇黎世保險集團轄下之機構，竭誠為個人、商業及企業客戶提供全面又靈活的一般保險及人壽保險服務，照顧他們在保險、保障及投資上的需要。集團在香港的業務始於1961年，至今已於本港一般保險市場上成為五大保險公司之一¹及於投連險業務排名為香港第5位²。請瀏覽www.zurich.com.hk了解有關蘇黎世保險（香港）的更多資訊。

¹ 保險業監管局2021年1月至12月香港一般保險業務的年度統計數字，以毛保費計算。

² 保險業監管局2021年1月至12月香港長期保險業務的年度統計數字，以投資相連壽險業務的有效直接業務保單數目及保費計算。

蘇黎世保險有限公司（於瑞士註冊成立之有限公司）

香港港島東華蘭路18號港島東中心25-26樓
電話：+852 2968 2288 傳真：+852 2968 0639 網址：www.zurich.com.hk



在此展示的商標於全球多個司法轄區以蘇黎世保險有限公司的名義註冊。





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Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



ZURICH®

蘇黎世

Zurich Business Travel Insurance Plan enrollment form

蘇黎世商務旅遊保險計劃投保表格

For internal use only
只供內部使用

Broker name
經紀人姓名: _____

Broker no.
經紀人編號: _____

Please contact your Zurich business representative for enquiries and enrollment. 如欲查詢及投保，請聯絡閣下的蘇黎世業務代表。

Please ✓ the appropriate box. 請 ✓ 適用方格。

Please use blue or black ink and write clearly in **BLOCK LETTERS**. Please complete the form in English.

請用藍色或黑色原子筆，用英文大楷清晰填寫資料。請用英文填寫表格。

All fields are mandatory. 所有項目必須填報。

1. Insured's information 投保公司資料

Insured
投保公司

Policy effective date Day日 Month月 Year年 (Period of insurance is one year)
生效日期 (保障期為一年)

Age limit 17 - 75 (*Please specify if the applicable age band in your company is different)
承保年齡 如 貴公司的適用年齡範圍不同，請註明: _____ to 至 _____)

Stationed location Hong Kong only Hong Kong and others (*Please specify)
常駐工作地點 只限於香港 香港及其他 請註明: _____)

Plan selection 計劃	<input type="checkbox"/> Plan 計劃 1	<input type="checkbox"/> Plan 計劃 2
No. of employees 僱員人數	<input type="checkbox"/> 3 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 150	<input type="checkbox"/> 151 - 200 <input type="checkbox"/> 201 - 250 <input type="checkbox"/> Over 300
No. of man trips per year 以人數計之每年旅程次數	<input type="checkbox"/> 20 - 50 <input type="checkbox"/> 51 - 100 <input type="checkbox"/> 101 - 150 <input type="checkbox"/> 151 - 200	<input type="checkbox"/> 201 - 300 <input type="checkbox"/> 301 - 400 <input type="checkbox"/> 401 - 500 <input type="checkbox"/> *Others 其他 (Please specify 請註明: _____)
No. of MediExpress China Medical Card(s) 醫療快線中國保證卡數量	(Subject to an additional HKD 50 per each MediExpress China Medical Card. Please submit a name list with insured persons' name, date of birth and HKID no. for those who enrolled for MediExpress China Medical Card.) (醫療快線中國保證卡需每張另付50港元。請提交申請醫療快線中國保證卡之名單，註明受保人姓名、出生日期及香港身分證號碼。)	
Additional benefits* 額外保障*	<input type="checkbox"/> Coma benefits (Up to 52 weeks): HKD 500 per week 昏迷保障 (最多52周): 每周500港元	<input type="checkbox"/> Rehabilitation expenses/Home renovation expenses: HKD 20,000 復康費用 / 家居裝置費用: 20,000港元
Total premium 總保費	HKD _____ 港元	

* The application is subject to further review and underwriting if the field/section is selected/filled in.
如有選擇 / 填寫此欄 / 節，此申請將需作進一步審核及核保。

1. Insured's information (continued) 投保公司資料 (續)

Remarks/Additional conditions 備註 / 額外條件

- All insured persons are covered only for work that is not of manual nature and/or construction site related.
所有受保人須從事非體力勞動及 / 或與地盤無關的工作。
- Subject to clean claims record for the past 3 years (please provide the claims record within this period if otherwise and the application is subject to review).
投保將以過去3年的無索償紀錄為依據 (如情況有別, 請提供該段時期的索償紀錄, 投保申請將需作進一步審核)。
- In the event of loss of MediExpress China Medical Card, the insured employees should report to Zurich Insurance Company Limited within 48 hours and pay HKD 50 for each replacement card.
如遺失醫療快線中國保證卡, 受保僱員須於48小時內向蘇黎世保險有限公司報失及需繳付50港元作補領費用。
- The MediExpress China Medical Card should be returned to Zurich Insurance Company Limited in case of the withdrawal or alternation of the insured employees.
投保將以過去3年的無索償紀錄為依據 (如情況有別, 請提供該段時期的索償紀錄, 投保申請將需作進一步審核)。

2. Payment method 付款方式

By cheque 以支票繳付

Cheque number
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」

By credit card 以信用卡繳付

Credit card type 信用卡類別



Cardholder's name
持卡人姓名

Credit card number
信用卡號碼

Credit card expiry date
信用卡有效期至

Month	Year
月	年
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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帳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帳而令他 / 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 / 她須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帳之用。

Signature of credit cardholder
信用卡持卡人簽署

Date
日期

Day	Month	Year
日	月	年
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the information in this enrollment form is true and complete in every respect. I/We understand that this enrollment form and declaration will form the basis of the contract and/or plan cover between me/us and Zurich Insurance Company Ltd (the "Company").
本公司特此聲明此投保表格的資料乃根據本公司所知及所信為確實及完全而填報, 屬實無訛。本公司明白本公司與蘇黎世保險有限公司 (「貴公司」) 的保險合約及 / 或計劃保障將按照此投保表格及聲明而訂立。
- I/We authorize the Company to obtain medical information from my/our medical practitioner(s) of the insured employee(s), and I/we agree to supply additional information relevant to this Plan at my/our own expense.
本公司明白本公司授權 貴公司有權向受保員工之醫生索取有關病歷資料; 本公司及受保員工亦同意提供進一步與此計劃有關之資料並自付所需費用。
- I/We understand that I/we shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.
本公司明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
- I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our requests made in this form.
本公司明白本公司必須完成及提供此表格之所有資料, 貴公司將不會受理本公司於表格提出之申請。
- I/We declare that I/we have full and complete authority from insured employee(s) and their spouse and child(ren) (if any) who are insured members of this policy to i) disclose any personal information being requested to process the request in this form for the Company to provide insurance services pursuant to the policy, and to ii) provide and receive any information, document or communication on their behalf to and from the Company for all purposes of the policy.
本公司聲明本公司已獲得本保單之受保員工包括其配偶及子女 (如適用) 授予全權, i) 提供任何個人資料以處理本表格申請之事項及按有關保單 (如已簽發) 提供保險服務, 及 ii) 代其提供及收取由 貴公司發出的任何資料、文件或通訊, 以作一切與本保單相關之用途。
- I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we are/am/are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so.
本公司明白、確知及同意, 貴公司會就本公司購買及接受其簽發的保單, 於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。假如本公司為法人團體, 代表本公司簽署的獲授權人員須向 貴公司確認他/她已獲該法人團體授權。
- I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.
本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

All insurance services requested herein are subject to acceptance by the Company.
所有透過本表格申請之保險服務均須待 貴公司覆核及接納方能生效。

4. 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)

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the 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」) 不時收集或持有的客戶 (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，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「蘇黎世保險集團」) 內的公司使用作為向客戶提供服務而必須的用途 (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及或向保險中介人查詢。



Consent for marketing purposes – Voluntary: 就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting 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 (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

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 (其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料)，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、經濟背景、人口統計數據、交易模式和行為、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。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及 / 或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示 (例如同意或表示不反對的指示，或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the 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 reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及 / 或就本公司的市場推廣用途，向以下於香港境內或境外的人士提供其某些個人資料 (並可能收到金錢或其他財產作為回報)，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，以供其使用：

- (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) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for 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 do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人 / 我們不同意 貴公司使用或向第三方提供本人 / 我們的個人資料作上列市場推廣用途。

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。

Authorized signature and company chop
授權簽署及公司蓋章

Date
日期

Day日	Month月	Year年
D	D	M
M	M	Y
Y	Y	Y



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