® **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®
蘇黎世

HomeChoice Insurance Plan Householder Insurance enrollment form
自選家居保險計劃住戶保險投保表格

For internal use only
只供內部使用

Broker name
經紀人姓名： _____

Broker no.
經紀人編號： _____

Clear form

Enquiry no. 查詢電話：+852 2903 9391 Fax 傳真：+852 2968 0639

Please ✓ the appropriate box and * delete where 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。

1. Applicant's information 投保人資料

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Ms. 女士

☐ Company/Joint policyholder 公司/聯合保單持有人

Applicant's last name/Joint policyholder's last name/Company name
投保人姓氏/聯合保單持有人姓氏/公司名稱

Applicant's first name/Joint policyholder's first name
投保人名字/聯合保單持有人名字

HKID/Passport no./Business registration number*
香港身份證號碼/護照號碼/商業登記號碼 *

Date of birth#
出生日期 #
Day 日 Month 月 Year 年
D D M M Y Y Y Y

Sex#
性別 #
☐ Male 男 ☐ Female 女

Occupation#
職業 #

Marital status#
婚姻狀況 #

Location to be insured
投保地址
Flat/Rm.*
室/單位 *
Floor
樓
Block
座
Building
大廈

Estate name/Street no. & name/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 *

Correspondence address
通訊地址
(if different from above
如與上述地址不同)
Flat/Rm.*
室/單位 *
Floor
樓
Block
座
Building
大廈

Estate name/Street no. & name/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 *

Contact no.
聯絡電話號碼
Day time telephone no.
日間聯絡電話號碼

Mobile phone no.
流動電話號碼

Email address
電郵地址

2. Plan selection 所需保障

Effective date of insurance
保險生效日期

Day 日 Month 月 Year 年

D D M M Y Y Y Y

☐ Standard Plan 標準計劃

Household floor area (sq. ft.) 單位面積(平方呎)

Gross floor area 建築面積

- ☐ < = 500
- ☐ 501-700
- ☐ 701-1,000
- ☐ 1,001-1,500
- ☐ 1,501-2,000
- ☐ 2,001-2,500
- ☐ 2,501-3,000
- ☐ 3,001-3,500
- ☐ >3,500

Saleable floor area 實用面積

- ☐ < = 400
- ☐ 401-560
- ☐ 561-800
- ☐ 801-1,200
- ☐ 1,201-1,600
- ☐ 1,601-2,000
- ☐ 2,001-2,400
- ☐ 2,401-2,800
- ☐ >2,800

Building 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

☐ 40 years or below 40 年或以下 ☐ 41 - 50 years 41 - 50 年 ☐ 51 years or above 51 年或以上

☐ Optional coverage 附加保障

☐ Personal legal liability coverage: Car parking space 個人法律責任保障(停車位)

Car parking space with charger for electric cars? 停車位連電動車充電座 ☐ Yes 是 ☐ No 否

☐ Building 樓宇結構

☐ Worldwide personal possessions 全球個人物品

Unspecified items sum insured (HKD)
非指定物件投保額(港元)

Unspecified items maximum value per item (HKD)
非指定物件每件最高價值(港元)

Number of specified personal belongings
指定個人財物數量

Please specify the description and sum insured of item to be insured (HKD)
請列出投保物件之描述及投保額(港元)

☐ Personal fine art collection 私人藝術品保障

Fine art total sum insured (HKD)
藝術品投保總額(港元)

Maximum value per item (HKD)
每件藝術品最高價值(港元)

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。

3. Claims history 索償紀錄

Have you had any home insurance claims in last three years?
閣下是否曾於三年內有任何家居保險索償？

☐ Yes 是 ☐ No 否

If yes, please state the number of claims and total claimed amount:
如有，請列明索償次數及索償總額：

Number of claims
索償次數

Total claimed amount (HKD)
索償總額(港元)

4. Policy renewal preference (Applicable to credit card payment only) 保單續保意願（只適用於信用卡繳付保費）

If you choose credit card payment, to ensure your continuous protection, this policy will be renewed automatically at expiry in accordance with the renewal provision stated below, which will prevail in the event of inconsistency with the policy wording.

如　閣下選用信用卡繳付保費，為確保　閣下享有持續的保障，此保單將於到期日時根據下列之續保條款自動續保。如與保單有任何歧異，概以下列條款為準。

The policy will remain in force for a period of one year from the policy effective date and this policy will be automatically renewed at Zurich Insurance Company Ltd's ("We") discretion. We reserve the right to alter the terms and conditions, including but not limited to the premiums, benefits, benefits amount or exclusions of this policy at the time of renewal of any period of insurance of this policy by giving you thirty days' written notice. We will not be obligated to reveal our reasons for such amendments. If such amendments are not acceptable to you, you can choose not to renew before the policy effective date of any period of insurance.

從保單生效日起計，本保單會維持一年生效期，並由蘇黎世保險有限公司(本公司)酌情每年自動續保。本公司保留更改條款的權利，包括但不限於保費、保障、保障額或不承保事項，而無需透露更改之原因。本公司將於每個保險期到期前30天，以書面通知有關更改。如　閣下不接納有關更改，　閣下可於任何一個保險期的保單週年日前表示不續保。

☐ **If you do not wish to have auto-renewal, please ✓ this box.**
如　閣下不願意選用自動續保，請於空格內填 ✓

5. Payment method 付款方法

☐ **By credit card 以信用卡繳付**　　Credit card type 信用卡類別　　☐ VISA　　☐ MasterCard

Cardholder's name
持卡人姓名

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效日期至　Month月 Year年　M M Y Y Y Y

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.

The minor insured person(s) will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person(s) reaches the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated above on due dates, unless informed otherwise.

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 / 她需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。

如未成年受保人於保單週年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用。蘇黎世保險有限公司將繼續於到期日時在以上付款帳戶收取續保保費，直至另行通知。

If credit cardholder is not the applicant, please state the relationship between the credit cardholder and the applicant
若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係

Signature of credit cardholder
信用卡持卡人簽署

Date
日期　Day日　Month月 Year年

☐ **By cheque 以支票繳付**
(Only applicable to annual payment mode
只適用於每年繳付方式)

Cheque no.
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」

If the cheque issuer is not the applicant, please state the relationship between the cheque issuer and the applicant
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

6. Declaration 聲明

1. I/We hereby apply for this HomeChoice Insurance Plan ("Plan"). I/We declare that to the best of my/our knowledge and belief the information 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. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to submit on their behalf this application and disclose any personal information being requested to assess this application. I/We understand and agree that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").
本人 / 我們現投保申請自選家居保險計劃 (「計劃」)。本人 / 我們特此聲明此投保表格的資料乃根據本人 / 我們所知及所信為確實及完全而填報，屬實無訛，所有已披露的信息已經由本人 / 我們核實正確無誤。在適用的情況下，本人 / 我們聲明本人 / 我們已獲受保人授予全權代為遞交此投保表格並披露所要求的任何個人資料，以作評估申請之用。本人 / 我們明白本人 / 我們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。
2. I/We understand that I/we shall refer to the policy of this Insurance for details of the insurance coverage, exclusion clauses and terms and conditions.
本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此保險保單為準。

6. Declaration (continued) 聲明（續）

3. I/We understand I/we must complete and provide all information requested in this enrollment form, failing which the Company cannot process my application for this Insurance.
   本人／我們明白本人／我們必須完成及提供此投保表格要求之所有資料，否則　貴公司將不會受理本人／我們資料不全之保險申請。
4. 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 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. I/We further understand that the above consent is necessary for the Company to proceed with the application.
   本人／我們明白、確知及同意，　貴公司會就本人／我們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。假如本人／我們為法人團體，代表本人／我們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。 本人／我們亦明白　貴公司必須取得申請人同意，方可以處理其保險申請。
5. Subject to the Company's consent, I/we agree that this policy will be automatically renewed if the premium is paid by credit card and I/we have not declined the Company's auto-renewal service. I acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be obligated to reveal the reasons for such refusal.
   本人／我們同意，如保費經信用卡或銀行戶口直接付款方式支付，及本人／我們沒有拒絕　貴公司的自動續保服務，本保單將會自動續保，惟須獲　貴公司同意。本人確認及同意　貴公司保留拒絕續保本保單之權利，並且無須透露拒絕續保之原因。
6. 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。

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。

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 (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又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。

7. 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）

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 povided by me/us in this enrollment form is true, correct and accurate. I/We further confirm my/our ageement 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 applicant
投保人簽署

Date 日期　Day 日 D D　Month 月 M M　Year 年 Y Y Y Y

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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 Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
蘇黎世保險有限公司(於瑞士註冊成立之有限公司)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
香港港島東華蘭路18號港島東中心25-26樓
Telephone電話：+852 2968 2288　Fax傳真：+852 2968 0639　Website網址：www.zurich.com.hk

ZURICH®
蘇黎世