

# 蘇黎世「Live2Play」工作假期保險計劃投保表格

## Zurich Live2Play Working Holiday Insurance Plan Enrollment Form

查詢電話 Enquiry no.: +852 2903 9391

您可透過電郵或傳真遞交已填妥的申請表格。

You may submit the completed enrollment form to us via email or fax.

電郵地址 Email: enquiry@hk.zurich.com 傳真 Fax: +852 2968 0639

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

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

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

SCF INSURANCE MANAGEMENT LIMITED  
 錦豐保險管理有限公司  
 10/F, KP Tower,  
 93 King's Road, North Point, Hong Kong  
 香港北角英皇道93號錦豐中心10樓



### 投保人資料 Proposer's information 1

先生 / 太太 / 女士\* 英文姓名  中文姓名   
 Mr/Mrs/Ms Full name in English Full name in Chinese

香港身份證號碼  出生日期  日  月  年   
 HKID card no. Date of birth D M Y

性別  男  女 婚姻狀況#   
 Gender Male Female Marital status#

通訊地址   
 Correspondence address

聯絡電話 (請填寫最少一項) 流動電話號碼  日間聯絡電話   
 Contact number (Please fill in at least one) Mobile phone no. Day time telephone no.

電郵地址#   
 Email address#

**Note:**

1. The proposer and the insured person must be the same person.

投保人與受保人必須為同一人。

**Remarks**

We acknowledge and confirm that we have read through and understand all related terms and conditions as stated on this quotation and we hereby agree to accept this quotation and appoint "SCF Insurance Management Limited" as our insurance agent to arrange this insurance policy. SCF Insurance Management Limited, an agency of Zurich Insurance Company Limited, will be responsible for providing relevant administrative services, including but not limited to client enquiry service, quotation document preparation, policy administration, to Clients introduced by Sun Life Individual Insurance Agent (with General Insurance License) in respect of the selected insurance products.

### 繳付保費 Premium payment

以支票繳付 By cheque (Crossed cheque made payable to "Zurich Insurance Company Ltd" 劃線支票抬頭請寫「蘇黎世保險有限公司」)。  
 支票號碼  銀行名稱   
 Cheque no. Bank name

若支票發出人非投保人，請填寫以下資料。 If the cheque issuer is not the proposer, please fill in the following information.  
 與投保人關係   
 Relationship with the proposer

以信用卡繳付 By credit card  
 信用卡類別 Credit card type  VISA  MasterCard  American Express  Diners Club International

持卡人姓名   
 Cardholder's name:

信用卡號碼  信用卡有效期至  日  月  年   
 Credit card no. Credit card expiry date D M Y

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賬自動支付應繳保費金額及同意因該等轉賬而令他 / 她 信用卡出現透支，持卡人願承擔全部責任。  
 The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his / her credit card stated above and accepts full responsibility for any overdraft on his / her credit card which arises as a result of such transfer.

若信用卡持有人並非投保人，請填寫以下資料。 If credit cardholder is not the proposer, please fill in the following information.  
 與投保人關係   
 Relationship with the proposer

信用卡持卡人簽署  日期  日  月  年   
 Signature of credit cardholder Date D M Y

### 計劃詳情 Plan details

計劃期限 Plan Duration	豐盛計劃保費 Enhance Plan (HK\$)	簡約計劃保費 Essential Plan (HK\$)
六個月 6 months	<input type="checkbox"/> 3,480	<input type="checkbox"/> 2,280
一年 1 year	<input type="checkbox"/> 5,680	<input type="checkbox"/> 3,780
兩年 2 years	<input type="checkbox"/> 11,280	<input type="checkbox"/> 7,480
工作假期目的地 / 國家 Destination / Country of Working Holiday	<input type="text"/>	
生效日期 Effective date	日 D 月 M 年 Y	

1. 本人 / 吾等現投保「Live2Play」工作假期保險計劃（「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為受保人尋求醫療為目的。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 / 吾等明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。

3. 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。

1. I/We hereby apply for the Live2Play Working Holiday 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 travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment of such person. 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 understand that I/we shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.

3. 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 this Plan.

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。  
 This insurance application will not be in force until it has been accepted by the Company and the premium has been paid.

有關個人資料(私隱)條例(「私隱條例」)的客戶通知  
Notice to Customers relating to the Personal Data (Privacy)  
Ordinance (“Ordinance”)

- 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):
  - 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;
  - 辦理付款要求及直接付款授權;
  - 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;
  - 編撰統計數字, 或作會計及精算用途;
  - 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;
  - 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;
  - 債務追討;
  - 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
  - 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。
- 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:
  - 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;
  - 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;
  - 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;
  - 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;
  - 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;
  - 根據主管司法權區的法院的任何頒令的任何人士; 及
  - 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。
- 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**:
  - 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 / 或其他商業合作伙伴之相關服務, 提供市場推廣資料及進行直接市場推廣活動;
  - 進行客戶研究分析及分層; 及
  - 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。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。
- 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:
  - 蘇黎世保險集團成員公司;
  - 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;
  - 第三方市場推廣服務供應商及保險中介人。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。
- 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劃以上第3及4段(見斜字)以提出有關所有自願性用途之反對要求。

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

- 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。
- 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。

- 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):
  - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
  - to process requests for payment, and for direct debit authorization;
  - 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;
  - to compile statistics or use for accounting and actuarial purposes;
  - 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;
  - 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;
  - to collect debts;
  - to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and
  - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
- The Company may provide **any** personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
  - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
  - 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;
  - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
  - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
  - 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;
  - any person pursuant to any order of a court of competent jurisdiction;
  - 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.
- 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:**
  - 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;
  - to perform customer analysis, profiling and segmentation; and
  - to conduct market research and insurance surveys for the Zurich Insurance Group’s development of services and insurance products.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.

- 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**:

- companies within the Zurich Insurance Group;
- other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;
- third party marketing service providers and insurance intermediaries.

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.

- 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 delete both the above paragraphs 3 and 4 (*in italics*) to indicate their wish to opt-out altogether.

Personal Data Privacy Officer  
26/F, One Island East,  
18 Westlands Road,  
Island East,  
Hong Kong

- In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
- 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。

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.

(申請人無須填寫)(For official use only)

合作機構	CIA 號碼
Affinity	CIA#

投保人簽署Signature of proposer

日期Date

日	月	年
D	M	Y

Zurich Insurance Company Ltd  
(a company incorporated in Switzerland)  
蘇黎世保險有限公司(於瑞士註冊成立之公司) 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  
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