

Insurance information update form

保險資料更改表格

Please complete in **BLOCK LETTERS**. 請用**英文正楷**填寫。

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

Please return the completed form to us by 請循以下途徑交回填妥之表格：

Email 電郵： enquiry@hk.zurich.com

For enquiry 查詢： +852 2968 2288

Mail: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

郵寄： 香港港島東華蘭路18號港島東中心25-26樓

1. Effective date 生效日期

Please change the policy records as follows with effect from:

請由此日期起將保單紀錄更改如下：

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Policy no.:
保單編號：

2. Change of policyholder's personal information 更改保單持有人個人資料

Change to 更改為：

☐ Mr. 先生 ☐ Mrs. 太太 ☐ Ms. 女士 ☐ Co. 公司

Name in English
英文姓名

Name in Chinese
中文姓名

HKID/Business registration* no.
香港身份證 / 商業登記證*號碼

Correspondence address
通訊地址

Email address
電郵地址

Mobile no.
流動電話號碼

3. Change of payment arrangement 更改繳付安排

Credit card type 信用卡類別



I hereby authorize Zurich Insurance Company Ltd to charge my/my company's* credit card account below for the subsequent installments/full yearly payment of the abovementioned insurance plan. 本人授權蘇黎世保險有限公司從本人 / 本公司*下述之信用卡賬戶支取上述保險計劃之各期 / 全年保費。

Cardholder's/Corporate (if any) name
持卡人 / 公司 (如有) 名稱

HKID/Business registration* no.
香港身份證 / 商業登記證*號碼

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效期至

Month月 Year年

M	M	Y	Y	Y	Y
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Cardholder's signature
持卡人簽署

Issuing bank
簽發銀行

Relationship to applicant
與投保人關係

Date
日期

4. Change of other insurance information 更改其他保險資料

(If necessary, please use additional paper and attach to this form. 如有需要請另紙書寫，並夾附於此表格。)

5. Declaration 聲明

1. I/We declare that to the best of my/our knowledge and belief the foregoing answers are true and all material particulars affecting the assessment of the risk have been disclosed.
本人 / 我們謹此聲明根據本人 / 我們所知及所信，上列各細節均屬無訛，更絕未就任何影響風險評估的重要事實作出任何隱瞞。
2. I/We agree that this form shall be the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company") and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company.
本人 / 我們謹此承認本表格為本人 / 我們與蘇黎世保險有限公司（「貴公司」）訂立此保險契約及以後續約之根據，並願意接受保單上所載一切條款。
3. I/We confirm that I/we have read through the details of the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") overleaf. 本人 / 我們確認已閱讀載於背頁有關個人資料（私隱）條例（「私隱條例」）的客戶通知之詳情。
4. I/We understand that I/we can withdraw any consent provided for direct 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。
5. 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。

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

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。

6. 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 provided by me/us in this form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").

本人 / 我們確認由本人 / 我們於此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 (「私隱條例」) 的客戶通知。

Signature of policyholder & company chop (if applicable)

保單持有人簽署及公司蓋章 (如適用)

Date
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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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)

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