

富邦家居財物保險計劃投保表格

Fubon Home Contents Insurance Plan Enrolment Form



Fubon Bank
富邦銀行



ZURICH
蘇黎世

請用英文正楷大寫填報，請✓ 適用方格及* 刪去不適用者。Please complete in BLOCK LETTERS, tick the appropriate box and * delete inappropriate item(s).

I. 投保人資料 Proposer's information

投保人姓名 (先生/太太/女士)* 姓 Name of proposer (Mr./ Mrs./ Ms.)* Surname	名 Name						
香港身份證/ 護照號碼* HKID card no./ Passport no.*	職業 Occupation						
電郵地址 E-mail address	日間聯絡電話 Day time contact no.						
晚間聯絡電話 Night time contact no.	手提電話號碼 Mobile phone no.						
通訊地址 Correspondence address	室/ 單位 Flat/ Rm.	樓 Floor	座 Block	大廈 Building	地區 District	香港/ 九龍/ 新界* HK/ KLN/ NT*	
投保地址 Risk Address	室/ 單位 Flat/ Rm.	樓 Floor	座 Block	大廈 Building	地區 District	香港/ 九龍/ 新界* HK/ KLN/ NT*	
(如與上述地址不同 if different from the above)	屋苑名稱/ 街名及門牌/ 地段* Estate name/ no. & name of street/ lot no.*					地區 District	香港/ 九龍/ 新界* HK/ KLN/ NT*
樓齡 Age of building							

II. 所需保障及保費表 Plan selection & premium table

每月保費 Monthly premium

投保居所建築面積(平方呎) Gross area of insured address (sq. ft.)	計劃一 (港幣/元) Plan 1 (HK\$)	計劃二 (港幣/元) Plan 2 (HK\$)
500 或少於 or less than 500	<input type="checkbox"/> 65	<input type="checkbox"/> 82
501-700	<input type="checkbox"/> 89	<input type="checkbox"/> 112
701-900	<input type="checkbox"/> 132	<input type="checkbox"/> 164
901-1,200	<input type="checkbox"/> 175	<input type="checkbox"/> 199
1,201-1,500	<input type="checkbox"/> 188	<input type="checkbox"/> 222
1,501-2,000	<input type="checkbox"/> 217	<input type="checkbox"/> 257
2,001-2,500	N/A	<input type="checkbox"/> 290
2,501-3,000	N/A	<input type="checkbox"/> 330

保障生效日期： (日/ 月/ 年)
Effective date of insurance: (dd/ mm/ yy)

III. 過往保險及意外資料 Past experience and insurance history

若 ✓「是」者，請詳細說明。If your answer is "Yes", please provide full details.

閣下曾否遭保險公司拒絕接受投保同類型保障計劃？如有，請列明？ 否 No 是 Yes
Have you ever been refused by other insurance companies with similar coverage? 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？ 否 No 是 Yes
During the past 12 months, have you sustained any loss, whether insured or otherwise, in connection with the cover which insurance has been requested? If yes, please state:

IV. 保費支付方法 Premium payment method

- 富邦信用卡 Fubon Credit card
 VISA (VISA 卡) Master Card (萬事達卡)
 American Express (美國運通信用卡) Diners Club International (大來信用証)

本人授權蘇黎世保險有限公司從本人下述之信用卡賬戶支取「富邦家居財物保險計劃」之每月保費，直至本人有進一步書面通知取消。
I hereby authorize Zurich Insurance Company Limited to charge my credit card account below for the Fubon Home Contents Insurance Plan monthly premium until further written notice from me.

持卡人姓名 與投保人關係
Name of the credit cardholder Relationship with proposer
持卡人香港身份證號碼
Cardholder HKID card no.

本人之信用卡號碼 信用卡有效日期至 _____ 月 _____ 年
My credit card no. is Credit Card expiry date _____ M _____ Y

持卡人簽名 _____ 日期 _____
Cardholder's signature _____ Date _____

富邦銀行賬戶 Fubon Bank Account

首次自動轉賬將一次過最多收取 3 個月保費 Initial instalment of up to 3 months premium will be charged from the bank account below.

銀行賬戶持有人姓名 _____ 銀行賬戶號碼 _____
Name of account holder _____ Account number: _____

銀行賬戶持有人簽署 _____
Signature of account holder _____

V. 聲明 Declaration

- 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。
 - 本人聲明此申請表格的資料乃根據本人所知及所信為確實及完全而填報，屬實無訛。本人明白本人與蘇黎世保險有限公司(「貴公司」)的保險合約將照此申請表格及聲明而訂立。
 - 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。
 - 本人明白所有條款及細則概以「富邦家居財物保險計劃」保險單(「保單」)為準。
 - 本人明白本人如對保單條款未盡滿意，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。
 - 本人明白一切由貴公司收集或持有的個人資料，不論以任何方式獲取，均可供貴公司使用或向在香港境內或境外之任何人或機構披露作以下用途：(1) 評核此項申請，(2) 辦理自動轉賬或信用卡付款，(3) 提供貴公司及關連機構的推廣資料，(4) 處理保險的索償或有關之分析。
 - 本人明白本人有權查閱及要求更改由貴公司所持有有關本人的任何個人資料。任何關於個人資料查閱或更改之要求，可向貴公司之個人資料私隱主任提出，地址為香港港島東華蘭路 18 號港島東中心 24-27 樓。
- I declare that my home is built of bricks, stone or concrete and roofed with concrete.
 - I declare that to the best of my knowledge and belief the information on this enrolment form is true and complete in every respect. I understand that this enrolment form and declaration will form the basis of the contract between me and Zurich Insurance Company Limited ("the Company").
 - This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been confirmed.
 - I understand that I shall refer to the Fubon Home Contents Insurance Plan Policy (the "Policy") for details of the insurance coverage, exclusion clauses and terms and conditions.
 - I understand that if I am not completely satisfied with the Policy, I can return it to the Company within 14 days upon receipt and any premium charged during this period will be refunded in full.
 - I understand that all the personal information collected or held by the Company, howsoever obtained, may be used by or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and service this application, (2) to process the autopay or credit card payment, (3) to provide marketing material of the Company or its associated companies and (4) to conduct insurance claims or analysis.
 - I understand that I may contact the Company's personal data privacy officer at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong for any request to access to and/or correct any personal information supplied to the Company.

投保人簽署 _____ 日期 _____ (日/月/年)
Signature of proposer _____ Date _____ (dd/mm/yy)

投保熱線 Enrollment Hotline: 2903 9470
傳真 Fax: 2917 6700