

醫療快線中國保證卡投保表格

MediExpress China Medical Card Enrolment Form



請用英文正楷填寫。Please fully completed in BLOCK LETTERS.

請 √ 適用方格及*請刪去不適用者。Please tick the appropriate box and * delete wherever is inappropriate.

I. 投保人資料 Proposer information

英文姓名 (先生/太太/女士)*: _____ 中文姓名: _____ 出生日期: _____ (日/月/年)
Name in English (Mr./Mrs./Ms.) * Name in Chinese Date of birth (dd/mm/yy)

香港身份證號碼: _____ () 回鄉證號碼: _____
HKID card no. Re-entry permit no.

會員證號碼(如適用): _____ 受聘公司名稱: _____
Membership no.(if applicable) Name of employer

職業及職位: _____ 電郵地址: _____
Occupation & position E-mail address

日間聯絡電話: _____ 夜間聯絡電話: _____ 傳真號碼: _____
Day time tel. no. Night time tel. no. Fax no

通訊地址 室/單位* 樓 座 大廈
Correspondence address Flat/Rm.* Floor Block Building

屋苑名稱/ 街名及門牌/ 地段* 地區 香港/ 九龍/ 新界*
Estate name/ no. & street name/ lot no.* District HK/ KLN/ NT*

保障選擇: 標準計劃 優選計劃 全球性人身意外保障 人身意外保障(中國)
Cover Chosen Standard Plan Premier Plan Worldwide Personal Accident Personal Accident (China)

II. 配偶資料 Spouse information

英文姓名 (先生/太太/女士)*: _____ 中文姓名: _____ 出生日期: _____ (日/月/年)
Name in English (Mr./Mrs./Ms.) * Name in Chinese Date of birth (dd/mm/yy)

香港身份證號碼: _____ () 回鄉證號碼: _____ 會員證號碼(如適用): _____
HKID card no. Re-entry permit no. Membership no.(if applicable)

受聘公司名稱: _____ 職業及職位: _____
Name of employer Occupation & position

選擇之保障計劃及人身意外保障須與第一投保人相同。
The plan and territorial limit of Personal Accident of spouse should follow that of the principal insured person.

註: 如有其他受保人, 請另紙附上以上資料。
Note: If there are some other insured persons, please supply the above information on a separate sheet.

III. 保費 Premium

保障生效日期 From _____ To _____
Period of insurance 由 至

一年保障 1-year cover 兩年保障 2-year cover

| 姓名 Name | 保費(港幣/元) Premium (HK\$) | 與投保人關係 Relationship with proposer | 受益人 Beneficiary |
|------------------------------------|----------------------------|--------------------------------------|--------------------|
| 1. 投保人 Proposer | | X | |
| 2. 配偶 Spouse | | X | |
| 3. | | | |
| 4. | | | |
| 保費合計(港幣/元) Total Premium (HK\$) | | | |

IV. 以往保險資料 請☑ Previous insurance details : please ☑

(若選擇答案'是'，請指出及詳細列明事件細節及日期。If you tick "Yes", please provide full details in the space provided)

閣下曾否遭保險公司拒絕接受投保同類型保險計劃？ 否 No 是 Yes:
Have you ever been refused or applied special terms by other insurance companies?

閣下是否有任何身體殘障或缺陷或正接受醫藥治療或正感染任何疾病？ 否 No 是 Yes:
Have you ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease?

閣下曾否在最近三年內向保險公司要求索償/損失記錄？ 否 No 是 Yes:
Have you ever pursued any claim/loss history in the past 3 years ?

V. 支付保費方法與授權書 Payment instruction & authorization

本人授權蘇黎世保險有限公司從本人信用卡戶口內支取保費。簽署必須與下述信用卡式樣相同。

I hereby authorize Zurich Insurance Company Limited to debit premium from my credit card account. Signature should correspond with specimen signature of the following credit card account.

繳付保費(港幣/元): _____

Premium payable (HK\$)

- 現金 Cash
 支票抬頭請寫 "蘇黎世保險有限公司" Cheque payable to "Zurich Insurance Company Limited"
 信用卡 Credit Card
 VISA Master Amex

持卡人姓名: _____
Name of credit card holder

信用卡號碼: _____ - _____ - _____ - _____
Credit card no

與投保人關係 _____
Relationship to Proposer

信用卡有效期至: _____ / _____ 簽發銀行: _____ 持卡人簽署: _____
Credit card expiry date Issuing bank Card holder's signature

VI. 聲明 Declaration

- 本人/吾等*現申請醫療快線中國保證卡，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，上述受保人是次出外旅遊並未違背專業醫生勸告或以尋求醫療為目的。本人/吾等*現時身體健康，並無任何殘廢或缺陷。本人聲明本人已獲得配偶授予全權，簽署此項投保申請，並提供任何個人資料作評核此項申請之用。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。
- 本人/吾等*同意對所有保障範圍以外之醫療費用或所有超出所定限額之醫療費用，於收到通知書十四天內歸還貴公司。如欠款未能於限期內付清，本人/吾等*將被終止一切預繳服務，同時亦須將「醫療快線中國保證卡」歸還貴公司，但對所有債務仍須負上責任。如遺失保證卡，本人/吾等*須於 48 小時內向貴公司報失及需繳付港幣 100 元作補領費用。
- 本人/吾等*明白緊急現金匯款服務需待國際(SOS)救援中心首先獲本人/吾等*的費用保證，方可作出安排。
- 本人/吾等*明白一切由貴公司所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：(i) 評核此項申請，(ii) 辦理自動轉賬或信用卡付款，(iii) 提供貴公司及關連機構的推廣資料，(iv) 處理保險的索償或有關之分析。本人/吾等*明白本人/吾等*有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本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。
此保險計劃需在貴公司覆核，接納投保書及已繳付保費後才能生效。

- I/We* hereby apply for MediExpress China Medical Card (the "Card") and declare that to the best of my/our knowledge and belief the information given on this enrolment form is true and complete in every respect, and that no person listed hereon is traveling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We* are now in good health and free from mental deficiency and physical impairment or deformity. I declare that I have full and complete authority from my spouse to sign the application and disclose any personal information being requested to assess the insurance. I/We* agree that this enrolment form and declaration shall form the basis of the contract between me/us* and Zurich Insurance Company Limited ("the Company").
- I/We* hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after the written notification from the Company. The credit facility will be suspended if I/we* fail to reimburse the Company within the above time limit. Upon suspension, I/We* have to return all the Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of loss of the Card, I/we* should advise the Company within 48 hours and pay HK\$100 for each replacement card.

3. I/We* understand that the arrangement for emergency cash transfer is subject to International SOS first securing payment from me/us*.
4. I/We* 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: (i) to assess and service this application (ii) to authorize direct debit or credit card payment (iii) to provide marketing material of the Company or its associated companies and (iv) to conduct insurance claims or analysis. I/We* understand that I/We* 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 information supplied to the Company.

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

Date: _____
日期

Signature: _____
簽署