

# Fubon Personal Accident Insurance Plan



Coverage	Maximum Benefit Per Insured Person (HK\$)	
	Plan 1	Plan 2
<b>Section 1</b> - Death and Permanent Total Disablement Cover - Accident on public common carrier	300,000 600,000	600,000 1,200,000
<b>Section 2</b> Accidental Medical Expenses Cover - Bone-setting and/or Physiotherapy Expenses per year (Inclusive of the payment in Accidental Medical cover)	10,000 2,000 per year (200 per visit per day)	10,000 3,000 per year (200 per visit per day)
<b>Section 3</b> Accidental Daily Hospital Cash Cover	10,000 (250 per day)	20,000 (500 per day)
<b>Section 4</b> Global Emergency Assistance Cover - Hospital Admission Guarantee - Emergency Evacuation or Repatriation Service - Repatriation of Mortal Remains - Compassionate Visit - Other Free Advisory Services	39,000 Unlimited Unlimited One economy class return airfare	

- Enrol age from 1-79 years (policyholder must be aged 18 years or above ), renewal up to aged 85 years
- Children means children of the Policyholder who is/are unmarried and unemployed and between the age of 1 and 21 years inclusive or unmarried and unemployed full time student(s) aged 23 or below.
- This leaflet is only a summary and does not constitute any part of the contract. For full terms and conditions, please refer to the policy document itself. Zurich Insurance Company Limited reserves the right of final approval.

## Proposer information (Please ensure it is properly and fully completed in BLOCK LETTERS)

Mr./ Mrs./ Ms.\* Surname \_\_\_\_\_ Name \_\_\_\_\_ E-mail address \_\_\_\_\_

Contact no.: (Mobile) \_\_\_\_\_ (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Correspondence address: Flat/ Rm\* \_\_\_\_\_ Floor \_\_\_\_\_ Block \_\_\_\_\_ Building \_\_\_\_\_

Estate name/ No. & street name/ Lot no.\* \_\_\_\_\_ District \_\_\_\_\_ HK/ KLN/ NT\*

Effective date : Day \_\_\_\_\_ of \_\_\_\_\_ Month, \_\_\_\_\_ Year

## Information of insured person(s) (Please ensure it is properly and fully completed in BLOCK LETTERS)

Plan chosen  Plan 1  Plan 2

Name of insured person	Date of birth (dd/mm/yy)	HKID card/ Passport no.*	Sex	Duties/ Job nature
Proposer				
Spouse				
Children				
Children				

## Premium table

Aged 1-70	Plan 1	Plan 2
Proposer	50	80
Proposer & spouse/ proposer & 1 children	100	160
Family including proposer, spouse & all children	135	220
Aged 71-79		
Proposer	88	///
Proposer & spouse/ proposer & 1 children	176	///
Aged 80-85*		
Proposer	176	///
Proposer & spouse/ proposer & 1 children	352	///

\*For renewal case only

## Premium payment

Paid by credit card:



Card issuing bank: \_\_\_\_\_

Credit card no.: | | | | | | | | | | | | | | | | | | | | | |

Cardholder's HKID's no.: \_\_\_\_\_

I hereby authorize Zurich Insurance Company Limited to debit my credit card account below for the premium of "Fubon Personal Accident Insurance Plan" hereof and its subsequent renewal.

Cardholder's HKID's no.: \_\_\_\_\_

Month

Year

Name of card holder: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

## Declaration

I/We\* 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 all information disclosed has been verified by me as true and correct. 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 application. I authorize the Company to obtain medical information from my medical practitioner(s) and I agree to supply additional information relevant to this insurance policy at my own expense. I agree that this enrolment form and declaration shall form the basis of the contract between me and the Company.

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\* understand that all the personal information collected or held by the Company, howsoever obtained, may be used by the Company 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 direct debit authorization or credit card payment, (3) to provide marketing material of the Company or its associated companies and (4) to conduct insurance claims or analysis.

Signature of proposer: \_\_\_\_\_

Date: \_\_\_\_\_

The applicant or the insured person shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access and correction may be made to the Personal Data Privacy Officer of the Company at 24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

**Enrollment Hotline: 2903 9470**  
**Fax: 2917 6700**

**Zurich Insurance Company Limited (a company incorporated in Switzerland)**

24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong

Customer Services Hotline: (852) 2903 9470 Fax: (852) 2903 9340 <http://www.zurich.om.hk>