

富邦旅遊保險計劃投保表格

Fubon Travel Insurance Plan Enrollment Form



查詢電話 Enquiry no. : 2903 9470 傳真 Fax : 2903 9340

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 whichever is inappropriate.

投保人資料 Proposer's information

英文姓名 (先生/太太/女士)* _____ 中文姓名 _____
Name in English (Mr./Mrs./Ms)* _____ Name in Chinese _____
日間聯絡電話 _____ 夜間聯絡電話 _____ 手提電話號碼 _____
Day time tel. no. _____ Night time tel. no. _____ Mobile phone 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*

	受保人 Insured person 姓名 別名 Surname First name Other name	性別 Sex	香港身份證/ 護照號碼* HKID card/ Passport no.*	與投保人關係 Relationship with proposer	出生日期 (日/月/年) Date of birth (DD/MM/YY)	計劃 (金/銀)* Plan (G/S)#	保費 (港幣/元) Premium (HK\$)
1				投保人 Proposer			
2							
3							
4							
5							
6							

註：如受保人數超過 6 名，請另加紙張填寫以上資料。

Note: If more than 6 persons are to be covered, please provide the above information on a separate sheet.

* 凡 75 歲以上人士或 17 歲或以下如單獨旅遊之人士，只可購買銀計劃。

Insured person aged above 75 years or (if traveling independently) aged at or below 17 years can opt for silver plan only.

保費總額
Total premium

保單類別 Type of policy

個人 Individual 家庭 Family

旅遊地點 Area of travel

- 中國 China 歐洲 Europe 大洋洲 Australasia
 非洲 Africa 南美洲 South America 北美洲 North America
 其他亞洲地區 Other Asian Countries
 其他 Others (請註明 Please specify) _____

註：受保旅程之實際目的地會以由旅行社/提供服務的機構/公共交通工具機構發出受保人之行程表為準。

Note: The actual destination(s) for the insured journey shall refer to the Insured Person's itinerary issued by travel agent / service provider / public common carrier.

旅遊性質 Travel nature

單次旅遊 Single trip travel

旅遊期限 Period of travel

由 From / / (日 DD/月 MM/年 YY) 至 To / / (日 DD/月 MM/年 YY)

旅遊日數 No. of travel days _____

包括上列兩日在內，最長保障期限為 180 日。Both days included, maximum number of days of cover is 180.

旅遊種類 Type of travel

來回 Return 單程 One Way (有效保障期只限於抵達目的地後 7 天內 Cover is valid for a maximum of 7 days after arrival at final destination)

全年旅遊 Annual travel

保險生效日期 Effective date of insurance cover / / (日 DD/月 MM/年 YY)

職業 (工作性質)

Occupation (Job nature) _____

全年旅遊保險計劃 -- 個人資料 Annual travel insurance plan – personal information

閣下及所有準受保成員均須詳細回答下列問題。All questions must be answered in full and apply to all proposed insured members.

1. 受保人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？
Has the insured person ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? 是 Yes 否 No
2. 過去兩年內，受保人曾否因本計劃提到的各類風險而導致意外或損傷？
Has the insured person suffered any loss during the past 2 years caused by any of the risks proposed in this insurance? 是 Yes 否 No

如答[是]者，請連同姓名詳細說明如下。If "Yes" to any of the questions above, please give details with name(s) below.

繳付保費 Premium payment

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旅遊保險計劃之保費，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 Travel Insurance Plan premium until further written notice from me.

持卡人姓名
Name of cardholder _____
持卡人香港身份證號碼
Cardholder's HKID card no. _____ ()
信用卡有效期至 _____ 月 _____ 年
Credit card expiry date _____ MM _____ YY

與投保人關係
Relationship with proposer _____
信用卡號碼
Credit card no. | | | | | | | | | | | | | | | | | | | | | |

- VISA 卡 (VISA)
 美國運通信用卡 (American Express)

- 萬事達卡 (Master Card)
 大來信用証 (Diners Club International)

持卡人簽名
Cardholder's signature _____

日期
Date _____

聲明 Declaration

1. 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尋求醫療為目的。本人/吾等*聲明本人/吾等*已獲得其他受保人授予全權，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。
 2. 本人/吾等*明白貴公司有權向本人/吾等*之醫生索取有關病歷資料，本人/吾等*亦同意提供任何進一步與保單有關之資料並自付所需費用。
 3. 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。
 4. 本人/吾等*明白本人/吾等*有權查閱及要求更改由貴公司所持有有關本人/吾等*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。
1. 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 traveling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We* declare that I/we* have full and complete authority from other insured persons to sign the application and disclose any personal information being requested to assess the insurance application and I/we* agree that this enrollment form and declaration shall form the basis of the contract between me/us* and Zurich Insurance Company Limited ("the Company").
 2. I/We* authorize the Company to obtain medical information from my/our* medical practitioner(s) and I/we* agree to supply additional information relevant to this insurance policy at my/our* own expense.
 3. I/We* 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.
 4. 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.

此保險申請須待貴公司覆核，接納投保書及保費繳訖後才能生效。

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

投保人簽名
Signature of proposer _____

日期
Date _____

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.com.hk>
蘇黎世保險有限公司(於瑞士註冊成立之公司)
香港港島東華蘭路 18 號港島東中心 24-27 樓
客戶服務熱線：(852) 2903 9470 傳真：(852) 2903 9340 <http://www.zurich.com.hk>