



Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



ZURICH

蘇黎世

Travel insurance claim form 旅遊保險索償申請表

Claims hotline 索償熱線: +852 2903 9388 Fax 傳真: +852 2968 1660 Email 電郵: claims@hk.zurich.com

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

Please use block letter if you fill in the form in English. 如用英文填寫資料, 請使用正楷書寫。

Claims submission 申請索償:

Claims must be submitted within 30 days from the date of incident through the following methods:

必須於事件發生後30日內經以下方法申請索償:

1. visit eClaim (www.zurich.com.hk/eclaim/en) to submit a claim online
透過e索償 (www.zurich.com.hk/eclaim/) 網上遞交索償申請
2. Complete this claim form and email or post to our company
填妥此索償申請表並電郵或郵寄至本公司

Email 電郵: claims@hk.zurich.com

Address: Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, HK

地址: 香港港島東華蘭路18號港島東中心26樓蘇黎世保險有限公司賠償部

For claimed amount below HKD 5,000, the original receipt is only required upon request by our claims handler. For additional supporting documents, please email or post to our company. You may also check your claims status through our Claims Virtual Assistant Zoe on Zurich Website.

當索償額低於5,000港元, 只在我們的理賠專員要求時才需遞交正本收據。如需補交文件, 可電郵或郵寄至本公司。您亦可以在蘇黎世網站上向我們的索償智能助理蘇兒查詢索償進度。



1. Personal information 個人資料

If you need to make a claim for more than one insured, please photocopy and complete this section for each insured.

如您的索償多於一位受保人, 請自行複印此部分並提供其他受保人的資料。

All fields are mandatory, except the fields marked with #. 所有項目必須填報, 惟#號之項目除外。

Policy/Certificate no.

保單 / 證書號碼

Insurance agent/broker name (if any)#

保險代理 / 經紀姓名 (如適用) #

Name of insured

受保人姓名

HKID card/Passport no. of insured#

受保人香港身份證 / 護照號碼#

Name of contact person (if different from insured)#

聯絡人姓名 (如與受保人不同) #

Mobile phone no. of contact person

聯絡人流動電話號碼

Email address of contact person

聯絡人電郵地址

Correspondence address
of contact person

聯絡人通訊地址

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

Estate name/No. & name of street/Lot no.*
屋苑名稱 / 街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

- If you applied this policy through intermediaries, we will also inform them about this claim. If you want us to contact your intermediaries directly to handle this claim, please provide the intermediaries' information in the above contact details.
如您透過中介人投保此保單, 我們亦會通知他們有關此索償事宜。如您希望我們直接與中介人聯絡處理索償事宜, 請在填寫以上聯絡人時提供中介人的資料。

- We will send the claim acknowledgement and claim settlement notification through SMS and/or email according to the above information provided. We may also contact you or your intermediaries (if any) through email to obtain additional information to proceed this claim if necessary. If you prefer we contact you through mail instead, please ✓ the box below.

我們會根據以上填寫的資料, 以電話短訊及 / 或電郵發送確認索償申請通知及賠款通知。如有需要, 我們亦會以電郵方式向您或您的中介人 (如有) 索取更詳細的資料以處理索償申請。如您希望改以郵遞方式聯絡, 請 ✓ 以下方格。

Please contact me by post 請以郵遞方式與我聯絡

2. Payment method 收款方式

Bank transfer: Please provide below the details of the bank account held by insured

銀行轉帳：請提供受保人的銀行帳戶資料

- If insured is below the age of 18, please fill in the guardian's name and bank information with relationship proof.
如受保人未滿18歲，請填寫其監護人的姓名及銀行資料，並提供關係證明文件。
- If you need to make a claim for more than one insured, please photocopy and complete this section for each insured, if not we will issue the claim settlement by cheque for other insured and post to the contact person correspondence address.
如此索償多於一位受保人，請自行複印此部分並提供其他受保人銀行資料，否則其他人的賠款將改發支票並郵寄至聯絡人通訊地址。
- Please provide copy of ATM card or bank book showing the name of insured(s) and the bank account number.
請提供所有受保人之銀行卡或存摺副本，副本須清楚顯示顯示姓名及銀行帳戶號碼。
- For commercial customer, we will issue cheque and post to your intermediary.
如您是商業客戶，我們會改發支票並郵寄至您的中介人。

Name of bank account holder (account holder and insured must be the same person)

銀行帳戶持有人姓名 (帳戶持有人與受保人必須相同)

Bank name HSBC Standard Chartered Bank Hang Seng Bank Bank of China (HK) Other bank, please specific
銀行名稱 滙豐銀行 渣打銀行 恒生銀行 中國銀行(香港) 其他銀行，請註明

Bank code Branch code Account no.
銀行編號 分行編號 帳戶號碼

Bank account no. - -
銀行帳戶號碼

- The bank may charge you additional transfer fee if you chose "Other bank".
如選擇「其他銀行」，銀行有機會向您收取額外轉帳費用。
- If the claim amount is above HKD 100,000, we will issue cheque and post to correspondence address of contact person.
如賠償金額多於100,000港元，我們會改發支票並郵寄至聯絡人通訊地址。
- If the above fields are blank or incorrect, we will issue cheque and post to contact person correspondence address.
如上述所填寫的資料留白或有誤，我們會改發支票並郵寄至聯絡人通訊地址。

3. General information 一般資料

Travel period (departure from Hong Kong) from Day日 Month月 Year年 to Day日 Month月 Year年
旅程期間 (由香港出發) 由 至

Are you making any other insurance claim as a result of this incident? Yes No
您是否正就此次事件向其他保險公司索償? 是 否

If "Yes", please provide the name of insurance company and policy no.
如「是」，請提供該保險公司名稱及保單號碼

4. Claim items 索償項目

Please the claim item(s) you want to apply and complete the corresponding section(s).

請 您要申請的索償項目並填寫相應的部分。

4.1 Medical expenses 醫療費用

Location of incident or symptom first appeared Date of incident or symptom first appeared Day日 Month月 Year年
事件地點或首次出現症狀地點 事件日期或首次出現症狀日期

Details of the incident (for injury claims)/symptom (for illness claim)
事件經過 (受傷索償) / 疾病症狀 (疾病索償)

Overseas medical expenses amount (please specify the currency) Diagnosis
海外醫療費用金額 (請註明貨幣) 診斷結果

Do you need to receive follow up treatment(s) in Hong Kong? If "Yes", please provide the following details. Yes No
您是否需要在香港繼續治療或覆診? 如「是」，請提供以下資料。 是 否

Estimated recovery date Follow-up medical expenses in Hong Kong (if any) (HKD)
預計康復日期 香港繼續治療 / 覆診的醫療費用金額 (如有) (港元)

4. Claim items (continued) 索償項目 (續)

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), we may request for additional documents.
請 ✓ 已提交的文件，我們可能要求提供額外相關索償文件。

<input type="checkbox"/>	Original/certified true copy of medical bills showing the medical expenses and diagnosis 註明醫療費用及診斷結果之醫療單據正本 / 核實副本
<input type="checkbox"/>	Copy of medical report and referral letter for medical treatments conducted by specialists, physiotherapists 醫療報告及專科治療、物理治療轉介信副本
<input type="checkbox"/>	Copy of letter of hospital admission and discharge summary 入院紙及出院紙副本

4.2 Personal property 個人財物

Loss or damage item(s) (can choose more than one)
遺失或損毀項目 (可多選多於一項)

- | | | |
|--|--|--|
| <input type="checkbox"/> Baggage
行李 | <input type="checkbox"/> Personal belongings
個人物品 | <input type="checkbox"/> Cash
現金 |
| <input type="checkbox"/> Travel document
旅行證件 | <input type="checkbox"/> Travel ticket
旅行票 | <input type="checkbox"/> Unauthorized use of credit card
信用卡被盜用 |

Location of incident
事件發生地點

Date of incident
事件日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Details of the incident
事件經過

Loss or damaged item name, brand and model 遺失或損毀物件之名稱、牌子及型號	Date of purchase (month, year) 購買日期 (月 · 年)	Purchasing price (please specify the currency) 購買價值 (請註明貨幣)	Repairing cost (please specify the currency) 維修費 (請註明貨幣)						
	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y		
M	M	Y	Y	Y	Y				
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M	M	Y	Y	Y	Y				
	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y		
M	M	Y	Y	Y	Y				
	<table border="1"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y		
M	M	Y	Y	Y	Y				
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M	M	Y	Y	Y	Y				

Did you report the loss of properties to local police? If "Yes", please provide the following information.

您是否有就遺失的財物向當地警方報失？如「是」，請提供以下資料。

Yes
是

No
否

Report no.
檔案編號

Date of report
報失日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

- You can add supplementary paper if the provided space is insufficient.
如提供的位置不足，可另行加紙填寫。
- The claims amount may be affected if you cannot provide the purchase receipt/quotation for repairing the damaged item(s)/details of incidents.
如不能提供遺失物件的購買收據 / 損毀物件的維修費報價單 / 事件經過，有關賠償金額將會受影響。
- We will consider the market price and depreciation of the loss/damage item(s) when evaluate the claim amount.
我們在評核索償賠款時，會考慮遺失 / 損毀物件的市場價值及折舊率。
- To simplify the claims process, we will indemnify your suitcase loss(es) based on the extent of the damage(s) shown on the photo(s). If you have any objection on the indemnity amount, please provide your **suitcase repair quotation** or **non-repairable proof from the origin manufacturer company**, we will follow up further.
為簡化索償程序，我們會因應相片所顯示之損毀程度作出行李箱賠款。如您對賠款金額有任何異議，請提供**行李箱維修報價單**或**原廠公司所提供不能維修之證明**，我們會再作跟進。

4. Claim items (continued) 索償項目 (續)

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), we may request for additional documents.
請 ✓ 已提交的文件，我們可能要求提供額外相關索償文件。

Loss of cash/travel document/travel ticket 遺失現金 / 旅遊證件 / 旅行票

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of local police report (with incident description)
當地警方報告 (附事件描述) 副本 |
| <input type="checkbox"/> | Copy of receipts for extra accommodation fee/traveling expenses, replacement of lost documents or travel tickets or receipts of credit card payment
額外住宿 / 交通費用、補發遺失之證件 / 旅行票或信用卡簽帳之收據副本 |
| <input type="checkbox"/> | Copy of exchange receipt(s) or deposit record(s) of foreign currency (applicable to loss of cash)
兌換外幣收據或提款紀錄副本 (適用於遺失現金) |

Damage of personal belongings/baggage 損毀個人物品 / 行李

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Photograph(s) showing the extent of damage(s) to the item(s)
顯示物件損毀程度的相片 |
| <input type="checkbox"/> | Copy of repair quotation or written proof issued by the repairer that cannot be repaired for the damaged item(s)
損毀物件之維修報價單或維修商發出之不能維修的書面證明副本 |
| <input type="checkbox"/> | Original/copy of the purchase receipt(s) or warranty certificate(s) of the damaged item(s)
損毀物件之購買收據或保用證正本 / 副本 |
| <input type="checkbox"/> | Copy of damage report issued by the airline (applicable to baggage damage)
航空公司發出之損毀報告副本 (適用於行李損毀) |

Loss of personal belongings/baggage 遺失個人物品 / 行李

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of local police report (with incident description)
當地警方報告 (附事件描述) 副本 |
| <input type="checkbox"/> | Original/copy of purchase receipt(s) for the lost item(s)
(if no receipt, please provide the purchase year, cost, brand and model, and the claim amount maybe affected)
遺失物品之購買收據正本 / 副本 (如沒有收據，請提供購買年份、價格、牌子及型號，有關賠償金額將會受影響) |

Unauthorized use of credit card 信用卡被盜用

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Copy of local police report (with incident description)
當地警方報告 (附事件描述) 副本 |
| <input type="checkbox"/> | Copy of notification to the credit card company for the unauthorized use of credit card
致信用卡發卡機構有關信用卡被盜用的通知書副本 |
| <input type="checkbox"/> | Copy of statement and investigation report for the unauthorized use of credit card
信用卡被盜用之月結單及有關調查結果副本 |

4.3 Delay and journey inconvenience 旅程延誤及阻礙

Claim issue (can choose more than one)
索償事項 (可多選多於一項)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Baggage delay
行李延誤 | <input type="checkbox"/> Travel delay
旅程延誤 | <input type="checkbox"/> Curtailment of trip
縮短旅程 | <input type="checkbox"/> Cancellation of trip
取消旅程 |
| <input type="checkbox"/> Interruption of trip
旅程阻礙 | <input type="checkbox"/> Missed event
缺席活動 | <input type="checkbox"/> Cruise tour interruption
郵輪旅程阻礙 | |

Baggage delay (happened after insured arrived destination)

行李延誤 (受保人抵達目的地後才發生之行李延誤)

Actual arrival date and time of insured
受保人實際抵達目的地日期及時間

Day日 Month月 Year年 Hour時 Minute分
[D][D][M][M][Y][Y][Y][Y] [H][H][M][M] AM/PM*
上午/下午*

The actual arrival date and time of the baggage
行李實際到達日期及時間

Day日 Month月 Year年 Hour時 Minute分
[D][D][M][M][Y][Y][Y][Y] [H][H][M][M] AM/PM*
上午/下午*

Destination (do not cover the baggage delay when return to Hong Kong from overseas)
目的地 (不包括由海外回香港旅程之行李延誤)

Delayed hour(s)
延誤時數

Hour時 Minute分
[H][H][M][M]

4. Claim items (continued) 索償項目 (續)

Travel delay 旅程延誤

Departure date and time (day, month, year, hour, minute) 出發日期及時間 (日·月·年·時·分)	Arrival date and time (day, month, year, hour, minute) 到達日期及時間 (日·月·年·時·分)
Scheduled flight no. or public common carrier no. 原定航班編號或 公共交通工具編號 _____ Actual flight no. or public common carrier no. 實際航班編號或 公共交通工具編號 _____	(DDMMYYYYHHMM) (DDMMYYYYHHMM) (DDMMYYYYHHMM) (DDMMYYYYHHMM)
Is schedule flight a domestic flight? 原定航班是否內陸機?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
Reason for travel delay (as stated on the supporting document) 旅程延誤原因 (顯示於證明文件上的延誤原因)	<input type="checkbox"/> Weather condition 天氣引致 <input type="checkbox"/> Mechanical failure 機械故障 <input type="checkbox"/> Riot/civil commotion 暴動 / 恐怖活動 <input type="checkbox"/> Air traffic control 航空交通管制 <input type="checkbox"/> Operational reason 營運原因 <input type="checkbox"/> Other 其他 _____
Delayed hour(s) 延誤時數	Hour時 Minute分 (HHMM)
Extra accommodation expenses cause by travel delay (applicable if the delay time meet the minimum requirement) 因旅程延誤而引致的額外住宿費用 (延誤時數需達至最低要求)	
_____ (please specify the currency) (請註明貨幣)	

Interruption of trip (applicable for specific plan) / Curtailment of trip / Cancellation of trip / Missed event / Cruise tour interruption 旅程阻礙 (只適用於指定保障計劃) / 縮短旅程 / 取消旅程 / 缺席活動 / 郵輪旅程阻礙

You must apply for the refund of prepaid and unused travel and accommodation expenses from the related company(ies) before making this claim.
在提交此索償前，您必須向有關公司申請退還已支付及未有使用的交通及住宿費用。

Reason of interruption/curtailment/cancellation/missed event/cruise tour interruption
旅程阻礙 / 縮短旅程 / 取消旅程 / 缺席活動 / 郵輪旅程阻礙原因

- Insured, immediate family member or travel companions' death, serious physically injury or serious illness within 90 days before departure date
受保人、直系親屬或同行人士於出發前90天內身故、患嚴重疾病或受傷
- Fire, flood or burglary for home of insured
受保人居所火災、水浸或被盜竊
- Weather conditions, outbreak of strike/riot/civil commotion/infectious disease or terrorism at overseas destination within one week before departure
出發前一星期海外目的地發生惡劣天氣 / 罷工 / 暴動 / 傳染病或恐怖活動
- Other, please specify
其他，請註明 _____

Prepaid and unused **traveling expenses** (please specify the currency)
已支付及未有使用的**交通費用** (請註明貨幣)

Did you apply for the refund of prepaid and unused traveling expenses?
有否申請退還已支付及未有使用的交通費用?

Yes, and confirmed the non-refundable expenses (please specify the currency)
有，並確認無法追討已支付的費用 (請註明貨幣)

Yes (waiting for reply)
有 (待覆)

No
沒有

4. Claim items (continued) 索償項目 (續)

Prepaid and unused **accommodation expenses** (please specify the currency)
已支付及未有使用的**住宿費用** (請註明貨幣)

Did you apply for the refund of prepaid and unused accommodation expenses?
有否申請退還已支付及未有使用的住宿費用?

Yes, and confirmed the non-refundable expenses (please specify the currency)
有，並確認無法追討已支付的費用 (請註明貨幣)

Yes (waiting for reply)
有 (待覆)

No
沒有

Additional traveling expenses incurred (if any) (please specify the currency)
額外衍生的交通費用 (如有) (請註明貨幣)

Additional accommodation expenses incurred (if any) (please specify the currency)
額外衍生的住宿費用 (如有) (請註明貨幣)

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), we may request for additional documents.
請 ✓ 已提交的文件，我們可能要求提供額外相關索償文件。

Baggage delay, travel delay or expenses for travel re-routing 行李延誤、旅程延誤或更改行程之費用

Copy of written report from the related public common carrier with reason(s) and duration for the travel delay or baggage delay
公共交通工具公司的旅程或行李延誤原因、延誤時間之書面報告副本

Copy of scheduled and actual itinerary flight boarding pass/electronic boarding pass
原定及實際航班 (電子) 登機證副本

Copy of refundable or non-refundable proof from the related company of the additional accommodation, travel ticket or public common carrier expenses (must be applied for refund)
額外住宿費用、旅行門票或公共交通工具公司可退還或不可退還之費用書面證明副本 (必須申請退還費用)

Cancellation/Curtailment/Interruption of trip 取消 / 縮短行程 / 旅程阻礙

Trip cancellation/curtailment proof e.g. copy of medical report or death certificate
有關取消或縮短行程原因之證明文件，如醫療報告或死亡證副本

Copy of designated credit card used to purchase the air ticket or accommodation (for designated credit card travel insurance plan)
指定信用卡購買機票或住宿的簽帳證明副本 (指定信用卡旅遊保險計劃)

Copy of refundable or non-refundable proof from the related company of the additional accommodation, travel ticket or public common carrier expenses (must be applied for refund)
額外住宿費用、旅行門票或公共交通工具公司可退還 / 不可退還之費用書面證明副本 (必須申請退還費用)

Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable)
直系親屬關係證明文件 (如出世紙、結婚證明書) 副本 (如適用)

Missed event 缺席活動

Original/copy of reserved ticket to overseas theme park, sports/music/performance events (receipt and payment details)
海外主題公園、體育 / 音樂 / 表演活動之門票 (票據及付款證明) 正本 / 副本

Copy of death or medical proof and relationship proof of insured with immediate family or travel companion
直系親屬 / 同行人士之死亡 / 醫療證明及與受保人關係證明副本

Cruise tour interruption 郵輪旅程阻礙保障

Original/copy of receipt for paid onshore sightseeing itinerary
已付岸上觀光行程收據正本 / 副本

Copy of proof for tour interruption
旅程受阻礙的證明文件副本

4.4 Personal accident or permanent disablement 個人意外或永久傷殘

Location of incident
事件發生地點

Date of incident
事件日期

Day日 Month月 Year年
D D M M Y Y Y Y

Incident condition
事件狀況

Death
死亡

Injured, please state the sustained injury(ies)
受傷，請列出所遭受的損傷

Details of the incident
事件經過

4. Claim items (continued) 索償項目 (續)

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), we may request for additional documents.
請 ✓ 已提交的文件，我們可能要求提供額外相關索償文件。

<input type="checkbox"/>	Copy of local police report (with incident description) 當地警方報告 (附事件描述) 副本
<input type="checkbox"/>	Copy of medical report/forensics officer report 醫療報告 / 法醫官報告副本
<input type="checkbox"/>	Original/certified copy of death proof and heritage management certificate or probate (if applicable) 死亡證副本及遺產管理書 / 遺囑認證正本或核實副本 (如適用)
<input type="checkbox"/>	Copy of immediate family relationship proof (e.g. birth certificate, marriage certificate) (if applicable) 直系親屬關係證明文件 (如出世紙、結婚證明書) 副本 (如適用)

4.5 Others claim issues 其他索償

Claim issue (can choose more than one)
索償事項 (可多選多於一項)

Rental vehicle excess
租車自負額

Personal liability*
個人責任*

Expenses due to involuntary journey extension for cruise
郵輪旅程的非自願性滯留費用

Other, please specify
其他，請註明

*Please do not admit liability on or enter into any settlement agreement with the third party without our company's prior written consent

*索償個人責任保障時，如未得到本公司之書面同意，切勿與第三者私下訂立協議或作出承諾

Location of incident
事件發生地點

Date of incident
事件日期

Day日	Month月	Year年
D	D	M M Y Y Y Y

Related expenses (Please specify the currency)
有關費用 (請註明貨幣)

Details of the incident
事件經過

Basic supporting documents 基本證明文件

Please ✓ the provided document(s), we may request for additional documents.
請 ✓ 已提交的文件，我們可能要求提供額外相關索償文件。

Rental vehicle excess 租車自負額保障

<input type="checkbox"/>	Copy of vehicle rental agreement with terms and conditions 租車合約及保單條款副本
<input type="checkbox"/>	Original/copy of car rental receipt 租車收據之正本 / 副本
<input type="checkbox"/>	Original/copy of excess receipt 墊底費收據之正本 / 副本
<input type="checkbox"/>	Copy of damage incident report and photograph(s) showing the extent of damage(s) 損壞事故報告副本及損毀情況之相片
<input type="checkbox"/>	Copy of police/incident report 警察 / 事件報告副本

Personal liability 個人責任

<input type="checkbox"/>	Copy of local police report or incident report issued by relevant authority (if any) 當地警方或有關機構發出之事件報告副本 (如有)
<input type="checkbox"/>	Original/copy of compensation invoice or payment receipt for the damaged item(s) (if any) 補償損毀物品的發票 / 付款收據正本 / 副本 (如有)
<input type="checkbox"/>	Copy of summons, all court documents, solicitors' correspondences (if any) 法院傳票、法院文件、律師函件副本 (如有)

Expenses due to involuntary journey extension for cruise 郵輪旅程的非自願性滯留費用

<input type="checkbox"/>	Copy of written report issued by the related public common carrier with reason(s) and duration for the delay 公共交通工具公司發出有關延誤原因及時間之書面報告副本
<input type="checkbox"/>	Original/copy of additional accommodation fee, check in and out date receipt issued by the hotel (if applicable) 酒店發出額外住宿費用收據正本 / 副本 (如適用)

5. Declaration and Authorization 聲明及授權

- I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明 · 以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤 · 而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
- I/We confirm that I/we have read, understood and agreed to **the Company's privacy policy** as described in section 6 below.
本人 / 我們確認本人 / 我們已閱讀 · 明白並同意以下第6部分所述本公司之私隱政策。
- I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/We have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生 · 醫務人員 · 醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予蘇黎世或其代理人。
- I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.
本人 / 我們授權持有本人 / 我們投保資料 · 索償紀錄或任何有關資料之一方 · 包括但不限於警方及政府機構 · 航空公司 · 旅遊公司 · 保險公司等任何有關人士或組織 · 可以將部份或全部有關本人 / 我們是次或相關事件等資料提供予蘇黎世或其代理人。
- A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

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。



Name of insured (name of policyholder if insured is under 18 years old)
受保人姓名 (如受保人未滿18歲 · 請填寫保單持有人姓名)

Signature of contact person (if applicable)
聯絡人簽署 (如適用)

Signature of insured (signature of policyholder if the insured is under 18 years old)
受保人簽署 (如受保人未滿18歲 · 請由保單持有人簽署)

Date
日期

Day日	Month月	Year年
D	M	Y
D	M	Y
Y	Y	Y



Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

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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