



® Sun Flower Insurance Brokers Limited
 Placing through Sun Flower Insurance Agency 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.



Get "Z" Go Travel Insurance Plan enrollment form

「易起行」旅遊保險計劃投保表格

For internal use only
 只供內部使用

Broker name
 經紀人姓名： _____
 Broker no.
 經紀人編號： _____

For group or corporate application, please contact your Zurich business representative.

如以公司或團體申請，請聯絡服務貴公司的蘇黎世業務代表。

Enquiry no. 查詢電話：+852 2903 9391 Fax 傳真：+852 2968 0639

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

Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

All fields are mandatory. 所有項目必須填報。

1. Applicant information 投保人資料

Mr. 先生 Mrs. 太太 Ms. 女士 Last name 姓 First name 名

Chinese name 中文姓名

Date of birth 出生日期 日 月 年

D	D	M	M	Y	Y	Y	Y
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HKID card no. /Passport no. 香港身份證號碼 / 護照號碼*

Mobile phone no. 流動電話號碼

Email address 電郵地址

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

2. Enrollment information 投保詳情

Travel plan 計劃級別 Supreme plan 優遊計劃 Elite plan 精選計劃 Breezy plan 隨心計劃

Single trip travel 單次旅遊
 Period of travel 旅遊期限
 From 日 月 年 To 日 月 年
 由 日 月 年 至 日 月 年

No. of days
 日數

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

Type of travel
 旅遊種類

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

Travel destination(s)
 旅遊目的地

Please provide at least one travel destination
 請提供至少一個旅遊目的地

1. _____ 2. _____ 3. _____

Annual travel 全年旅遊

Effective date of insurance cover
 保障生效日期

D	D	M	M	Y	Y	Y	Y
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Travel destination(s)
 旅遊目的地

Please provide three usual travel destinations
 請提供三個慣常旅遊目的地

1. _____ 2. _____ 3. _____

3. Insured person's information 受保人資料

If more than four insured persons apply for this plan, please photocopy and complete this section for each of the additional insured person(s).
如多於四位受保人申請此計劃，請自行複印受保人資料之部分並為每位額外受保人填寫。

	Insured person 1 受保人1	Insured person 2 受保人2	Insured person 3 受保人3	Insured person 4 受保人4
Last name 姓				
First name 名				
HKID card no./ Passport no.* 香港身份證號碼 / 護照號碼*				
Date of birth 出生日期	日 月 年 D D M M Y Y Y Y	日 月 年 D D M M Y Y Y Y	日 月 年 D D M M Y Y Y Y	日 月 年 D D M M Y Y Y Y
Type of insured person ¹ 受保人類別 ¹	<input type="checkbox"/> Adult 成人 <input type="checkbox"/> Accompanied child 隨行兒童 <input type="checkbox"/> Child 兒童	<input type="checkbox"/> Adult 成人 <input type="checkbox"/> Accompanied child 隨行兒童 <input type="checkbox"/> Child 兒童	<input type="checkbox"/> Adult 成人 <input type="checkbox"/> Accompanied child 隨行兒童 <input type="checkbox"/> Child 兒童	<input type="checkbox"/> Adult 成人 <input type="checkbox"/> Accompanied child 隨行兒童 <input type="checkbox"/> Child 兒童
Occupation 職業 (Applicable to annual travel plan only) (只適用於全年計劃)				

Optional benefits² 自選保障²

Full coverage for accompanied child 隨行兒童全額保障	<input type="checkbox"/> Yes 是
Additional personal accident and medical expenses cover (Applicable to adult for Supreme Plan) (HKD) 額外個人意外及醫療費用保障 (適用於投保優遊計劃之成人) (港元)	<input type="checkbox"/> 1,000,000 (per section 每節) <input type="checkbox"/> 2,000,000 (per section 每節)
Premium (HKD) 保費 (港元)	
Sub-total premium for all insured person(s) (HKD) 所有受保人之保費總額 (港元)	
Group travel discount (if applicable, 10% off for 7-12 people enroll as a group; 15% off for more than 12 people enroll as a group) 團體旅遊折扣 (如適用，7至12人同時投保可享9折優惠；12人以上同時投保可享85折優惠)	
Total premium payable (HKD) 應付保費總額 (港元)	

¹ Adult refers to any insured person aged 18 or above; Accompanied child refers to insured person aged 17 or below who is travelling with an adult. Benefits of accompanied child is 50% of an adult (unless selected "Full coverage for accompanied child" in optional benefit); Child refers to insured person aged 17 or below who travel alone. Each accompanied child travelling with an adult is free of charge and additional accompanied child will be charged according to the premium table if any. Benefits for any accompanied child or child travelling with an adult is 50% of adult if "Full coverage for accompanied child" is not selected in optional benefit.

成人是指任何18歲或以上之受保人；隨行兒童是指17歲或以下並與成人同行之受保人，隨行兒童之保障為成人之50%（除非於自選保障內已選擇「隨行兒童全額保障」）；兒童是指17歲或以下並單獨旅遊之受保人。

每一位成人可免費攜同一位隨行兒童，如有任何額外之隨行兒童將會根據保費表收取保費。如沒有於自選保障內選擇「隨行兒童全額保障」，所有與成人同行之隨行兒童或兒童之保障均為成人之50%。

² The selected optional benefits will be applied to all applicable insured persons in the same policy. 選取之自選保障將適用於同一保單中的所有適用之受保人。

4. Health declaration 健康申報 (For annual travel plan only 只適用於全年旅遊計劃)

All questions must be answered in full and apply to all insured person(s) to be covered.

所有受保人均須詳細回答下列問題。

	Yes 是	No 否
1. Have the insured person(s) ever had any physical disability or deformity or been receiving any medical treatment or suffering from any disease? 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？	<input type="checkbox"/>	<input type="checkbox"/>
2. Have the insured person(s) suffered any loss during the past 2 years caused by any of the risks proposed in this insurance? 過去兩年內，受保人是否曾因本計劃提到的各類風險而導致意外或損傷？	<input type="checkbox"/>	<input type="checkbox"/>

If "Yes" to any of the questions above, please give details of each relevant insured person below.

如答「是」者，請連同有關受保人姓名詳細說明如下。

5. Payment method 付款方法

By credit card 以信用卡繳付

Credit card type 信用卡類別



Cardholder's name
持卡人姓名

Credit card no.
信用卡號碼

Credit card expiry date
信用卡有效日期至

月 年

M	M	Y	Y	Y	Y
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The cardholder hereby authorizes Zurich Insurance Company Ltd to charge automatically the premium due from his/her credit card stated above including subsequent premium payment for renewal of this policy and accepts full responsibility for any overdraft on his/her credit card which arises as a result of such transfer. For the continuation of coverage, the cardholder understands that he/she should arrange sufficient credit balance in his/her credit card by the premium due date for the automatic debit of premium.

Applicable only to the insured person for annual travel insurance: the insured person will become the policyholder for his/her insurance plan automatically at policy anniversary should the insured person reach the age of 18 and will be charged with the corresponding renewal premium in accordance with the premium table. Zurich Insurance Company Ltd will collect the renewal premium from the same payment account as stated above on due dates, unless informed otherwise.

持卡人茲授權蘇黎世保險有限公司從他 / 她上述之信用卡以直接轉帳自動支付應繳保費金額包括往後續保的各期保費及同意因該等轉帳而令他 / 她信用卡出現透支，持卡人願承擔全部責任。為了持續的保障，持卡人明白他 / 她需於保費到期日前安排足夠的信貸餘額於他 / 她的信用卡上作保費自動轉帳之用。

只適用於全年旅遊計劃之受保人，如受保人於保單週年日時已年滿18歲，便會自動成為其保單的保單持有人，並會根據保費表收取相應的續保費用，蘇黎世保險有限公司將繼續於到期日時在以上付款帳戶收取續保保費，直至另行通知。

If credit cardholder is not the applicant, please state the relationship between the credit cardholder and the applicant
若信用卡持有人並非投保人，請列明信用卡持有人與投保人的關係

Signature of credit cardholder
信用卡持卡人簽署

Date
日期

日 月 年

D	D	M	M	Y	Y	Y	Y
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6. Declaration 聲明

1. We hereby apply for Zurich Get "Z" Go Travel Insurance Plan ("this Plan"). 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 travelling 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 my spouse, relative(s), friend(s) to sign the application and disclose any personal information being requested to assess the insurance application.
本人 / 我們現投保蘇黎世「易起行」旅遊保險計劃（「此計劃」）。本人 / 我們謹此聲明本投保表格所列全部資料乃就本人 / 我們所知一切據實填報，並經本人 / 我們核實正確無誤，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 / 我們聲明本人 / 我們已獲得配偶、親屬、朋友授予全權，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。
2. I/We agree that this enrollment form and declaration shall form the basis of the contract between me/us and Zurich Insurance Company Ltd ("the Company").
本人 / 我們明白本投保表格及聲明將構成本人 / 我們與蘇黎世保險有限公司（「貴公司」）之間的合約依據。
3. 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 Plan at my/our own expense.
本人 / 我們明白本人 / 我們必須填妥授權 貴公司有權向本人 / 我們之醫生索取有關病歷資料，本人 / 我們亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
4. I/We understand that I/We shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions. I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.
本人 / 我們明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。本人 / 我們明白本人 / 我們必須完成及提供此表格之所有資料，貴公司將不會受理本人 / 我們資料不全之保單申請。
5. I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including for renewals, for arranging the said policy. Where I/we are a body corporate, the authorized person who signs on behalf of me/us further confirms to the Company that he or she is authorized to do so. I/We further understand that the above consent is necessary for the Company to proceed with the application.
本人 / 我們明白、確知及同意，貴公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人 / 我們為法人團體，代表本人 / 我們簽署的獲授權人員須向 貴公司確認他/她已獲該法人團體授權。本人 / 我們亦明白 貴公司必須取得申請人同意，方可以處理其保險申請。
6. Subject to the Company's consent, I/We agree that this policy will be automatically renewed if the premium is paid by credit card. I acknowledge and agree that the Company reserves the right to refuse to renew this policy and it will not be obligated to reveal the reasons for such refusal.
本人 / 我們同意，如保費經信用卡方式支付，本保單將會自動續保，惟須獲 貴公司同意。本人確認及同意 貴公司保留拒絕續保本保單之權利，並且無須透露拒絕續保之原因。
6. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.
本人 / 我們特此授權蘇黎世保險集團中任何持有本人 / 我們個人資料的公司提供部分或全部資料予 貴公司或其代理人。

This insurance application will not be in force until it has been accepted by the Company and the premium has been paid.
此保險申請須待 貴公司覆核，接納投保書及繳訖保費後才能生效。

7. 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及或向保險中介人查詢。



Consent for marketing purposes - Voluntary: 就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料 (其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料)，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及 / 或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及 / 或金融產品及服務，及 / 或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及 / 或非牟利目的的捐贈或捐款)。為免生疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示 (例如同意或表示不反對的指示，或提出反對要求)。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及 / 或就本公司的**市場推廣用途**，向以下於香港境內或境外的人士提供其某些個人資料 (並可能收到金錢或其他財產作為回報)，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) 蘇黎世保險集團成員公司；
- (2) 與本公司維持業務引薦關係或其他安排的其他銀行 / 金融機構、商業或慈善組織；
- (3) 第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) 第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人 / 我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.
本人 / 我們不同意 貴公司使用或向第三方提供本人 / 我們的個人資料作上列市場推廣用途。

I/We confirm that all information provided by me/us in this enrollment form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this enrollment form, including without limitation, the above Declaration and the Notice to customers relating to the Personal Data (Privacy) Ordinance.

本人 / 我們確認由本人 / 我們於此投保表格提供之所有資料均為事實正確無誤。本人 / 我們更確認同意本投保表格內之所有部分，包括但不限於上列之聲明及有關個人資料 (私隱) 條例的客戶通知。

Signature of applicant/policy holder
投保人簽署 / 保單持有人

Date
日期

日 月 年
D D M M Y Y Y Y



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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)
香港港島東華蘭路18號港島東中心25-26樓

Telephone 電話 : +852 2968 2288 Fax 傳真 : +852 2968 0639 Website 網址 : www.zurich.com.hk

