

更改保險資料表格

Insurance Information Update Form



ZURICH[®]

蘇黎世

請用英文正楷填寫。Please ensure it is properly and 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.

請由 _____ (日/月/年) 起將保單紀錄 (保單號碼: _____) 更改如下:
With effect from _____ (D/M/Y) please change the policy records (Policy no.: _____) as follows:

I. 保單持有人資料 Policyholder information

姓名/ 公司名稱* _____ 先生/太太/女士/公司* _____ 出生日期 (如適用) _____
Name/ Company Name* Mr./Mrs./Ms./Company* Date of Birth (if applicable)
香港身份證號碼/ 商業登記證號碼* _____ 日間聯絡電話 _____ 晚間聯絡電話 _____
HKID card no./ Business registration no.* Day time tel. no. Night time tel. no.
流動電話號碼 _____ 電郵地址 _____ 職業/ 業務性質* _____
Mobile phone no. Email address Occupation/ Nature of Business*
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*

II. 保費支付辦法 Premium payment

支票 Cheque (只供年繳保費用 Yearly payment only)

信用卡 Credit Card (不適用於牙科保健計劃 Not applicable to dental care plan)

年繳 Yearly

月繳 Monthly



本人授權蘇黎世保險有限公司從本人/ 本公司* 下述之信用卡賬戶支取以上保險計劃之各期/ 全年保費。

I hereby authorize Zurich Insurance Company Limited to charge my/ my company's credit card account below for the above insurance plan subsequent installments / full yearly payments.

信用卡號碼 _____ 信用卡有效期至 _____ (月/年)
Credit card no. Card expiry date (m/y)

持卡人姓名/ 公司名稱* _____ 簽發銀行 _____
Name of credit card holder Issuing bank

香港身份證號碼/ 商業登記證號碼* _____ 與投保人關係 _____ 持卡人簽署 _____
HKID card no./ Business registration no.* Relationship to proposer Card holder signature

III. 其他保險資料更改 Other information update

IV. 聲明 Declaration

- 本人/吾等* 謹聲明上列各細節均屬無訛, 更絕未作任何事實之隱瞞。
- 本人/吾等* 謹承認本表格為本人/吾等* 與蘇黎世保險有限公司 (「貴公司」) 訂立此保險契約及以後續約之根據, 並願意接受保單上所刊載一切條款。
- 本人/吾等* 同意一切由貴公司在本表格或以其他方式獲取而所收集或持有本人/吾等* 的個人資料均由本人/吾等* 提供, 並可由貴公司持有、使用及披露作其保險及金融服務業務上所需, 並可能轉予貴公司、任何個人、與貴公司關連公司、其他的組織、其他獨立第三者及其他服務提供者 (i) 能夠處理本人/吾等* 此項申請及提供與此項申請或其他產品有關之服務, (ii) 用作直銷, (iii) 用作資料核對, 並 (iv) 就任何事宜與本人/吾等* 聯絡, 直至本人/吾等* 作出書面指示為止。
- 本人/吾等* 明白可向貴公司之個人資料私隱主任提出查閱及要求更改有關本人/吾等* 的任何個人資料, 地址為香港港島東華蘭路18號港島東中心24-27樓。

- I/We* declare that to the best of my/our* knowledge and belief i) the foregoing answers are true; ii) all material particulars affecting the assessment of the risk have been disclosed.
- I/We* agree that this form and declaration shall be the basis of the contract between me/us and Zurich Insurance Limited Company ("the Company") and shall be deemed to be incorporated in such contract, and any renewal thereof which may be agreed, subject to the terms and conditions of the policy issued by the Company.
- I/We* hereby declare and agree that any personal information in this form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable the Company to carry on insurance & financial services business; and may be transferred to the Insurer, any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and/or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.
- I/We* understand that I/We* may contact the Company's 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.

日期 _____
Date: _____

簽署 _____
Signature: _____

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 9400 傳真: (852) 2903 9340 www.zurich.com.hk

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

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