

更改保險資料表格

Insurance Information Update Form



ZURICH®

蘇黎世

客戶服務熱線 Customer Services Hotline: (852) 2903 9400 傳真 Fax: (852) 2903 9340
請以英文正楷大寫填報此表格。Please complete this form in BLOCK LETTERS.
請「√」適用方格及於*號刪去不適用者。Please tick the appropriate box and * delete wherever is inappropriate.

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

I. 更改保單持有人個人資料 Change of policyholder's personal information

英文姓名 (先生/太太/女士/公司)*: _____ 中文姓名: _____
Name in English (Mr./Mrs./Ms./Co.)* Name in Chinese

出生日期 (如適用): _____ 香港身份證/商業登記證*號碼: _____
Date of birth (if applicable) (dd 日/mm 月/yy 年) HKID card/Business registration* no.

職業/業務性質*: _____ 電郵地址: _____
Occupation/Nature of business* E-mail address

日間聯絡電話號碼: _____ 流動電話號碼: _____ 晚間聯絡電話號碼: _____
Day time tel. no. Mobile phone no. Night time tel. 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/Street no. & name/Lot no.* District HK/ KLN/ NT*

II. 更改繳付方式 Change of payment method

以支票繳費 (只供年繳保費用)
By cheque (Annual payment only)

以信用卡繳費 (不適用於牙科保健計劃)
By credit card (Not applicable to dental care plan)

年繳
Annual payment

月繳
Monthly payment

信用卡類別: Visa 卡 萬事達卡 美國運通信用卡 大來信用証
Visa card MasterCard American Express Diners Club International

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上述保險計劃之各期/全年保費。
I hereby authorize Zurich Insurance Company Limited to charge my/my company's* credit card account below for the subsequent installments/full yearly payments of the abovementioned insurance plan.

持卡人姓名/公司名稱*: _____ 香港身份證/商業登記證*號碼: _____ 與投保人關係: _____
Cardholder's name HKID card/Business registration* no. Relationship with proposer

信用卡號碼: _____ 信用卡有效期至: _____ 簽發銀行: _____
Credit card no. Credit card expiry date (mm 月/yy 年) Issuing bank

持卡人簽名: _____ 日期: _____
Cardholder's signature Date

III. 更改僱傭保險資料 Change of Domestic Helper Insurance information

保單號碼: _____
Policy no.

家庭傭工資料:
Domestic helper's information

英文姓名 (先生/太太/女士)*: _____ 中文姓名 (如適用): _____
Name in English (Mr./Mrs./Ms.)* Name in Chinese (if applicable)

出生日期: _____ 香港身份證/護照*號碼: _____ 國籍: _____
Date of birth (dd 日/mm 月/yy 年) HKID card/Passport* no. Nationality

工作地點: 與第 I 節通訊地址相同
Place of employment same as the correspondence address in Part I

室/單位* _____ 樓 _____ 座 _____ 大廈 _____
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/Street no. & name/Lot no.* District HK/ KLN/ NT*

IV. 更改綜合汽車保險資料 Change of Comprehensive Motor Insurance information保單號碼： _____
Policy no.

| | 主要駕駛者一 Regular driver 1 | 主要駕駛者二 Regular driver 2 | 主要駕駛者三* Regular driver 3* | 主要駕駛者四* Regular driver 4* |
|---|------------------------------|------------------------------|------------------------------|------------------------------|
| 駕駛者姓名(全名) Driver's name (in full) | | | | |
| 香港身份證號碼 HKID card no. | | | | |
| 性別 Sex | 男 Male / 女 Female* | 男 Male / 女 Female* | 男 Male / 女 Female* | 男 Male / 女 Female* |
| 出生日期 Date of birth (dd 日/mm 月/yy 年) | | | | |
| 職業 Occupation(全職 Full-time/兼職 Part-time) | | | | |
| 駕駛牌照類別 Type of driving licence | | | | |
| 考試合格年份 Year passed driving test | | | | |
| 駕駛年數(香港) No. of years driving in HK | 年/Year(s) | 年/Year(s) | 年/Year(s) | 年/Year(s) |
| 駕駛年數(外地), 請註明地點 No. of years driving in foreign country, please state | 年/Year(s) | 年/Year(s) | 年/Year(s) | 年/Year(s) |
| 最近兩年內因違例駕駛而被扣去的分數 Driving offence points being deducted in the past 2 years | 分數/Point(s) 原因: Reason | 分數/Point(s) 原因: Reason | 分數/Point(s) 原因: Reason | 分數/Point(s) 原因: Reason |

*超過 2 名駕駛者, 每位駕駛者須加收附加費(只適用於綜合險)。

For more than two drivers, an additional premium will be charged per driver (applicable to Comprehensive Cover only).

V. 更改火險/家居財物保險資料 Change of Fire/Home Insurance information保單號碼： _____
Policy no.投保地址： 與第 I 節通訊地址相同
Risk address same as the correspondence address in Part I建築面積 _____ (平方呎)
Gross home area (Sq. ft.)室/單位* _____ 樓 _____ 座 _____ 大廈 _____
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/Street no. & name/Lot no.* District HK/ KLN/ NT***VI. 更改其他受保人個人資料 Change of insured person's personal information**

| | 姓 Surname | 名 First name | 與投保人關係 Relationship | 香港身份證號碼 HKID card no. | 性別 Sex | 出生日期(日/月/年) Date of birth (D/M/Y) | 職業 Occupation |
|----|--------------|-----------------|------------------------|--------------------------|-----------|--------------------------------------|------------------|
| 1. | | | | | 男 M/女 F | | |
| 2. | | | | | 男 M/女 F | | |
| 3. | | | | | 男 M/女 F | | |
| 4. | | | | | 男 M/女 F | | |

VII. 聲明 Declaration

- 本人/吾等謹此聲明上列各細節均屬無訛, 更絕未作任何事實之隱瞞。
- 本人/吾等謹此承認本表格為本人/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載一切條款。
- 本人/吾等同意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) 處理此項申請, (ii) 提供貴公司及關連機構的推廣資料, (iii) 用作資料配對及 (iv) 處理保險的索償或有關之分析。
- 本人/吾等明白本人/吾等可向貴公司之個人資料私隱主任要求查閱及/或更改由貴公司持有有關本人/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 the foregoing answers are true and 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 Company Limited ("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 agree 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 process and service this application, (ii) to provide marketing material of the Company or its associated companies, (iii) data matching and (iv) to conduct insurance claims or analysis.
 - 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 my/our personal information held by the Company.

保單持有人簽署及公司蓋章(如適用): _____
Signature of policyholder & company chop (if applicable)日期: _____
Date