

**ZURICH**[®]

蘇黎世

Commercial Vehicle Insurance Plan Enrollment form

商用汽車保險計劃投保表格

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

1. Proposer information 投保人資料			
Name in English/Chinese (Name in which vehicle is registered) 英文姓名 / 中文 (姓名須與汽車牌照上相同)			
HKID card/Passport/Business registration no.* 香港身份證 / 護照 / 商業登記號碼*			
Date of birth 出生日期	DD 日	MM 月	YY 年
	Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	
Nature of business 業務性質			
Correspondence address 通訊地址			
Mobile no. 手提電話號碼		Day time telephone no. 日間聯絡電話	
Email address 電郵地址#			

2. Insurance information 保險資料			
Cover required 投保類別	<input type="checkbox"/> Comprehensive 綜合保險 <input type="checkbox"/> Third party 第三者保險	Third party property damage liability limit upgrade to 提升「第三者財產損毀的法律責任」賠償額至	<input type="checkbox"/> HKD 2,000,000港元 <input type="checkbox"/> HKD 3,000,000港元 <input type="checkbox"/> HKD 5,000,000港元
Including liability of Tool of Trade Use 附加操作責任	<input type="checkbox"/> Tailgate liability limit to 升降尾板責任限額至 HKD 750,000港元 <input type="checkbox"/> Tailgate liability limit to 升降尾板責任限額至 HKD 1,000,000港元 <input type="checkbox"/> Crane liability limit to 起重機責任限額至 HKD 750,000港元 <input type="checkbox"/> Crane liability limit to 起重機責任限額至 HKD 1,000,000港元		
Annual China Extension (Guangdong Province) 全年中港跨境伸延保障 (廣東省內)	<input type="checkbox"/> Loss of or Damage to Vehicle China Extension (applicable to Comprehensive cover only) 中港跨境汽車損失及毀壞伸延保障 (只適用於綜合保險客戶)		
Effective date of insurance 保障生效日期	From 由	DD 日	MM 月
		YY 年	To 至
		DD 日	MM 月
		YY 年	

3. Vehicle information 車輛細節			
Registration mark 車牌		Year of manufacture 製造年份	
Make & body type 廠名及車身類型		Model 型號	
Engine no. 引擎號碼		Chassis no. 底盤號碼	
No. of seat(s) (including driver) 座位限額 (包括司機)		Cubic capacity/Tonnage 汽缸容量 / 噸數	
Insured value (including tailgate or crane (if any)) 投保價 (包括升降尾板或起重機 (如有))		Including tailgate 包括升降尾板 : HKD	港元
		Including crane 包括起重機 : HKD	港元
Hire purchase owner (if any) 財務公司名稱 (如適用)			

4. Other information 其他資料

1 Any alarm installed on your vehicle? 閣下的車輛是否有防盜系統裝置? If "Yes", please state the make & model. 如答案為「是」, 請註明廠名及型號。 _____	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
2 Has your vehicle been modified or altered from the manufacturer's standard specification? 閣下的車輛是否經過改裝並與製造商的標準規格不乎? If "Yes", please state the details. 如答案為「是」, 請註明。 _____	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>

5. Driver information 駕駛人資料

Please fill in the details of regular drivers including yourself.
請填上經常駕駛上述車輛之駕駛人資料 (包括 閣下在內)。

	Regular driver 1 主要駕駛者一	Regular driver 2 主要駕駛者二	Regular driver 3 主要駕駛者三	Regular driver 4 主要駕駛者四
Full name of driver 駕駛者全名				
Occupation 職業 (Full/Part-time 全職或兼職)				
Date of birth 出生日期 (dd日 / mm月 / yy年)				
Sex 性別	Male男 / Female女 *	Male男 / Female女 *	Male男 / Female女 *	Male男 / Female女 *
Relationship with proposer 與投保人關係				
Total no. of year(s) driving in Hong Kong and elsewhere 駕駛年數 (香港及外地)	Year(s) 年	Year(s) 年	Year(s) 年	Year(s) 年

6. Class of use 車輛的用途

In addition to social, domestic, pleasure use and by the proposer in person for business purposes, will the vehicle be used for: 該車輛除作為投保人私人事務及普通用途以外, 是否用作以下用途:	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
1 for the purpose on demand (on call/mobile apps) for hire or reward? 電召車輛 (上台或流動應用程式) 作出租取酬用途?	<input type="checkbox"/>	<input type="checkbox"/>
2 the carriage of goods of explosive, inflammable or volatile nature? 裝載易燃、爆炸或危險物品?	<input type="checkbox"/>	<input type="checkbox"/>
3 any purpose in connection with the motor trade or carriage of passengers for hire or reward? 與銷售車輛有關用途或接載乘客作出租取酬用途?	<input type="checkbox"/>	<input type="checkbox"/>

7. Commercial vehicle insurance history & claim record 過往商用汽車投保經驗及索償紀錄

1 Have you ever insured in respect of any commercial vehicle(s) in the past 4 years? 閣下過往4年內曾否投保商用汽車保險? If "Yes", please state the starting year and the no. of consecutive full years completed. 如答案為「有」, 請說明開始投保年份及連續投保年期 (以一整年計算) 。 ** Less than 12 calendar months will not be counted as a full year's record. 不足12個月不作一年計算。	Yes 有 <input type="checkbox"/>	No 沒有 <input type="checkbox"/>
Starting year of insurance 保險開始年期 : _____		
Number of consecutive years 連續投保年期** : _____		
2 Have you reported any commercial vehicle claim(s) with any insurer(s) in the past 4 years? 您有否於過往4年內, 向任何一間保險公司提出過商用汽車保險之索償? If "Yes", please describe the claim(s) details. 如答案為「有」, 請描述有關索償詳情 : _____	Yes 有 <input type="checkbox"/>	No 沒有 <input type="checkbox"/>
If "Yes", please also give details to each of the claim(s) as below. 如答案為「有」, 亦請於下方列明有關索償的資料。		
Insurance policy year 保單年度	No. of reported claim(s) 索償次數	
_____	_____	
_____	_____	
_____	_____	
_____	_____	

8. Driving experience 駕駛經驗

If your answer is "Yes", please provide full details in the space provided. 如答案為「是」，請指出及詳細列明事件細節及日期。 State whether you and/or any person who to your knowledge will drive the vehicle. 請在下列說明 閣下及其他駕駛者詳情。	Yes 是	No 否
1 Have there been any accidents or losses in the past 4 years or are there any police enquiries or prosecutions pending? 於過往4年間是否曾發生意外或失竊或現時是否被警方傳召或起訴? _____	<input type="checkbox"/>	<input type="checkbox"/>
2 Have you accumulated 8 or more driving offence points or had your driving licence been suspended in the past 3 years? 您曾否於過去3年內在交通違例事件中已被累積8分或以上，或曾被停牌? _____	<input type="checkbox"/>	<input type="checkbox"/>
3 Have you been refused any commercial vehicle insurance? 您是否曾被拒絕投保商用汽車保險? _____	<input type="checkbox"/>	<input type="checkbox"/>
4 Have you suffered/you been suffering from any heart disease, diabetes, epilepsy or suffer from defective vision or hearing or from any physical or mental infirmity? 您是否曾患心臟病、糖尿、癲癇或患有視力或聽覺上的缺陷或身體或精神上的毛病? _____	<input type="checkbox"/>	<input type="checkbox"/>

9. Premium payment 繳付保費

By cheque 以支票繳付	Cheque no. 支票號碼	Bank name 銀行名稱
Cheque made payable to "Zurich Insurance Company Ltd" 支票抬頭人請寫「蘇黎世保險有限公司」		
If the cheque issuer is not the proposer, please explain the relationship between the cheque issuer and the proposer: 若支票發出人並非投保人，請列明支票發出人與投保人的關係：_____		
Important notes: You should provide us with all relevant facts which are likely to influence whether we accept your proposal and on what terms and conditions. Failure to do so may not provide you with the cover you want and gives us the right to refuse any claims and void the policy completely. If you are in any doubt about a particular fact, you should tell us or your broker or insurance agent. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance. 重要事項： 若有任何資料或事項可能影響本公司對該項投保的接受或評估，均必須填報。如未能確定應否填報，請即通知本公司或 閣下的經紀人或保險代理，並建議 閣下保存所提供的資料(包括信件副本)的紀錄，以便日後參考。為保障 閣下本身利益，務請確保填報全部有關事項。漏報可能使保單不能提供 閣下所需要的保險，甚至使該保單完全失效。		

10. Declaration 聲明

- I/We declare that to the best of my/our knowledge and belief the information on this enrollment form is true and complete in every respect. I/We understand that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd ("Company"). 本人 / 吾等特此聲明此投保表格的資料乃根據本人 / 吾等所知及所信為確實及完全而填報，屬實無訛。本人 / 吾等明白本人 / 吾等與蘇黎世保險有限公司(「貴公司」)的保險合約將照此投保表格及聲明而訂立。
- I/We agree that this enrollment form and declaration shall be the basis of the contract between me/us and 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 of this Plan issued by the Company. If any answer has been written by any other person, such person shall, for that purpose, be deemed to be my/our agent and not the agent of the Company. 本人 / 吾等謹此承認本投保表格為本人 / 吾等與 貴公司訂立此保險契約及以後續約之根據，並願意接受此計劃保單上所刊載一切條款。若本投保表格經由他人代寫，均屬已經本人認可及授權。
- I/We agreed to authorize the Company to pass the information in this insurance application or other relevant information to Transport Department for vehicle licensing purpose. 本人 / 吾等同意授權 貴公司將本保險申請的資料或其他有關資料給予運輸署用作車輛牌照服務之用途。
- I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions. 本人 / 吾等明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。
- 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 / 吾等明白本人 / 吾等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 / 吾等資料不全之保單申請。 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，接納投保書及收訖保費後才能生效。

11. 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 (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** may be used by the Company for the **obligatory 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」) 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，均可供本公司使用作強制性用途，以便為客戶提供服務 (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。



Consent for Direct Marketing – Voluntary:

就市場推廣之同意 – 自願性：

Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company, **only upon having such policy owners' or insured persons' consent or indication of no objection**, for the following purposes relating to direct marketing:

- (1) to provide marketing materials and conduct 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;
- (2) to perform customer analysis, profiling and segmentation; and
- (3) to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.

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，特別是姓名、聯絡資料、年齡、性別、份證明文件資料、婚姻狀況、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以下市場推廣之有關用途：

- (1) 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；
- (2) 進行客戶研究分析及分層；及
- (3) 就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, **only upon having such policy owner's and insured person's written consent**, to the following parties, within or outside of Hong Kong, for the above purposes relating to direct marketing:-

- (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 marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就上述市場推廣之有關用途，向以下於香港境內或境外的人士提供其某些個人資料，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：

- (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) 第三方市場推廣服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for direct 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 wish to opt out of the above direct marketing purposes.
 本人/我們欲選擇退出上列之市場推廣用途。

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/吾等確認由本人/吾等於此投保表格提供之所有資料均為事實正確無誤。本人/吾等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 proposer
投保人簽署

Date DD MM YY
日期 日 月 年

For internal use only 只供內部填寫

Agent name 代理人姓名：_____
Agent no. 代理人編號：_____