

# HomeChoice Insurance Plan Landlord Insurance enrollment form 自選家居保險計劃業主保險投保表格

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. Applicant's information 投保人資料

Mr. 先生       Mrs. 太太       Ms. 女士

Company/Joint policyholder 公司/聯合保單持有人

Applicant's last name/Joint policyholder's last name/Company name  
投保人姓氏/聯合保單持有人姓氏/公司名稱

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Applicant's first name/Joint policyholder's first name  
投保人名字/聯合保單持有人名字

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HKID/Passport no./Business registration number\*  
香港身份證號碼/護照號碼/商業登記號碼\*

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Date of birth# 出生日期#      Day 日      Month 月      Year 年      Sex# 性別#       Male 男       Female 女

Occupation# 職業#      Marital status# 婚姻狀況#

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Location to be insured 投保地址      Flat/Rm.\* 室/單位\*      Floor 樓      Block 座      Building 大廈

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Estate name/Street no. & name/Lot no.\*  
屋苑名稱/街名及門牌/地段\*

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District 地區      HK/KLN/NT\*  
香港/九龍/新界\*

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

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(if different from above  
如與上述地址不同)

Estate name/Street no. & name/Lot no.\*  
屋苑名稱/街名及門牌/地段\*

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District 地區      HK/KLN/NT\*  
香港/九龍/新界\*

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Contact no. 聯絡電話號碼      Day time telephone no. 日間聯絡電話號碼

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(please fill in at least one  
請填寫最少一項)

Mobile phone no. 流動電話號碼

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Email address 電郵地址

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## 2. Plan selection 所須保障

Effective date of insurance 保險生效日期

Day 日    Month 月    Year 年

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

Standard Plan 標準計劃

Household floor area (sq. ft.) 單位面積 (平方呎)

Gross floor area 建築面積

- <= 500
- 501-700
- 701-1,000
- 1,001-1,500
- 1,501-2,000
- 2,001-2,500
- 2,501-3,000
- 3,001-3,500
- >3,500

Saleable floor area 實用面積

- <= 400
- 401-560
- 561-800
- 801-1,200
- 1,201-1,600
- 1,601-2,000
- 2,001-2,400
- 2,401-2,800
- >2,800

Building type 樓宇類型

- Multi-storey building 多層大廈     Village house 村屋 / Detached house 獨立屋

Building age 樓齡

- 40 years or below 40 年或以下     41 - 50 years 41 - 50 年     51 years or above 51 年或以上

Optional coverage 附加保障

- Personal legal liability coverage: Car parking space 個人法律責任保障：停車位  
Car parking space with charger for electric cars 停車位連電動車充電座

Yes 是     No 否

Building 樓宇結構

## 3. Claims history 索償紀錄

Have you had any home insurance claims in last three years?  
閣下是否曾於三年內有任何家居保險索償？

Yes 是     No 否

If yes, please state the number of claims and total claimed amount:  
如有，請列明索償次數及索償總額：

Number of claims  
索償次數

Total claimed amount (HKD)  
索償總額 (港元)

## 4. Declaration 聲明

- I/We hereby apply for HomeChoice Insurance Plan ("Plan"). 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 and all information disclosed have been verified by me/us as true and correct. Where applicable, I/we declare that I/we have full and complete authority from the insured person(s) to submit on their behalf this application and disclose any personal information being requested to assess this application. I/We understand and agree that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").  
本人/我們現投保申請自選家居保險計劃(「計劃」)。本人/我們特此聲明此投保表格的資料乃根據本人/我們所知及所信為確實及完全而填報，屬實無訛，所有已披露的信息已經由本人/我們核實正確無誤。在適用的情況下，本人/我們聲明本人/我們已獲受保人授予全權代為遞交此投保表格並披露所要求的任何個人資料，以作評估申請之用。本人/我們明白本人/我們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 understand that I/we shall refer to the policy of this Plan for details of the insurance coverage, exclusion clauses and terms and conditions.  
本人/我們明白所有保障範圍、不承保事項、條款及細則概以此計劃保單為準。
- I/We understand I/we must complete and provide all information requested in this enrollment form, failing which the Company cannot process my application for this Plan.  
本人/我們明白本人/我們必須完成及提供此投保表格要求之所有資料，否則 貴公司將不會受理本人/我們資料不全之保單申請。

This insurance application will not be in force until the application(s) 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。

## 5. 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](http://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](http://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 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 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、身份證明文件資料、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/或其他商業合作伙伴之相關服務, 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 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/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  
投保人簽署

Date 日期  
Day 日 Month 月 Year 年  
D D M M Y Y Y Y

### For internal use only 只供內部填寫

Agent name  
代理人姓名: \_\_\_\_\_  
Agent no  
代理人編號: \_\_\_\_\_

Zurich Insurance Company Ltd (a company incorporated in Switzerland)  
蘇黎世保險有限公司(於瑞士註冊成立之公司)

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