

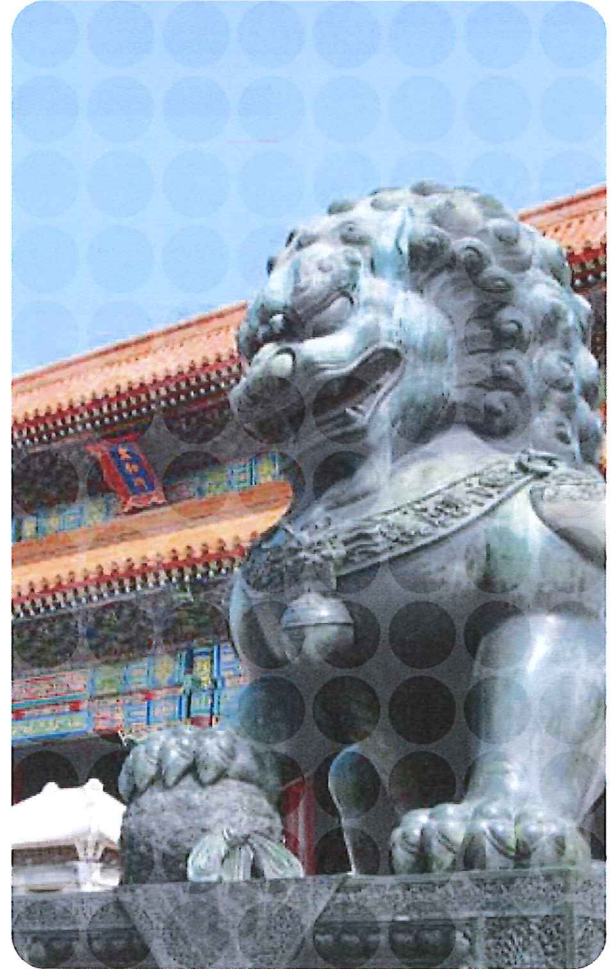


中華聯合保險顧問有限公司
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醫療快線
中國保證卡



MediExpress
China Medical Card



「醫療快線中國保證卡」

全國通行

蘇黎世特別為經常穿梭中港兩地的人士，推出「醫療快線中國保證卡」計劃。一旦遇到意外或患病，只要持有「醫療快線中國保證卡」，您便能夠入住國內醫院，並獲得我們提供的醫院保證金及即時治療。

- 於超過270間的指定醫院，只要出示「醫療快線中國保證卡」，便保證可即時入院治理，讓您在國內旅遊時能夠安枕無憂。
- 如入住其他非指定醫院，只要事前獲得本公司同意，「醫療快線中國保證卡」亦能夠為您提供入院保證金，以所選擇的最高保障額為上限，讓您盡快入院接受治理。

保障表

醫療保障	每宗傷疾最高保障額 (港元)	
	標準計劃	優選計劃
在國內因疾病或意外受傷所需的醫療費用，包括門診及住院醫療費，例如住院病房、手術、醫生等費用	350,000	500,000
疾病保障： 醫院門診診部費用每日每次上限為200港元，全年上限為10次	87,500	125,000
醫療保障已包括返港後3個月內繼續接受治療的費用		
緊急醫療運送		
如受保人病重或嚴重受傷，可致電蘇黎世24小時緊急支援熱線，即可獲得以下支援：		
<ul style="list-style-type: none"> 接載受傷者或病人返回香港或至適當地點醫治 如遇車身事故，將連體或骨灰運返香港 	不設上限	
子女護送		
如受保人在國內死亡，病重或嚴重受傷而連續住院超過3日，其17歲以下而無人照顧的同行子女可獲護送返港，而回港之單程交通費用（經濟客位）可獲賠償	10,000	15,000

親屬探望	每宗傷疾最高保障額 (港元)	
	標準計劃	優選計劃
如受保人在國內因病重或嚴重受傷而連續住院超過3日，可安排一名直系親屬前往照料，保障包括來回交通及住宿費用，而住宿費用最高賠償額為每日1,000港元，每次上限為5日	10,000	15,000
接載出院		
當受保人離開指定醫院時，可獲救護車由醫院接載往火車站、碼頭或機場	150	150
法律責任賠償		
代為賠償因意外導致他人身體損傷或財物損失而需要負上的法律責任	1,000,000	2,000,000

人身意外保障 (全球或中國)	最高保障額 (港元)	
	標準計劃	優選計劃
因意外導致死亡	350,000	500,000
因意外導致在12個月內永久傷殘、喪失肢體、肢體失去功用或失去視力	350,000	500,000
燒傷保障	100,000	100,000

團體折扣

受保人數	保費折扣
5-10	5%
11-20	10%
>21	15%

額外支援服務

- 只需致電蘇黎世24小時緊急支援熱線，便會免費為您安排或轉介以下額外服務*：
- 為您預訂前往國內的任何飛機、火車或船票
 - 安排緊急現金匯款，以應付急時之需
 - 24小時免費醫療、傳譯員及律師轉介
- *只屬轉介服務，受保人需承擔有關費用。

保費表 (港元)

	標準計劃		優選計劃	
	一年保障	兩年保障	一年保障	兩年保障
附人身意外保障 (全球)				
文職人員	688	1,070	999	1,598
其他 ^A	998	1,578	1,388	2,220
附人身意外保障 (中國)				
文職人員	538	830	699	1,118
其他 ^A	638	990	888	1,420

^A 本保單不保以下職業或工作性質：離岸活動如高業潛水、油田勘探、探礦或空中攝影、處理爆炸品包括但不限於採礦工人或礦產品操作員、礦業專業工作者、漁員、特技人員、漁夫、導遊或領隊、從事或參與任何國家或國際機構的陸空服務或行動或持械工作者、在碼頭倉庫工作、在船上控制貨物、航空服務員、船員、空中工作人員、航運駕駛員、貨運車司機、講師、於地下或水底工作人員、建築地盤工人、高空工作者包括但不限於搭棚工人、雜技員、馬戲班訓練員、馴獸師、偵探、戰地記者及消防員。

七天特快賠償承諾

住院費用：

若受保人入住指定醫院，受保人毋須提交任何索償資料，蘇黎世會直接與該等醫院處理醫療費用。

其他費用：

若所需文件齊備，蘇黎世可在七個工作天內辦妥賠償事宜。而申報賠償只需以下簡單步驟：

- 事發後盡快以電話、傳真或郵遞通知蘇黎世有關情況。
- 填妥賠償申請表格連同一切所需文件寄回蘇黎世。

注意事項：

- 凡18至70歲人士皆可投保，續保可高達75歲。
- 投保保費及受保人須持有有效之香港居民身份證。
- 每次旅程最長120日，全年旅程次數不限。
- 額外支援服務只屬轉介服務，受保人需承擔有關費用。
- 每名受保人之最低保費為200港元。

主要不承保事項：

因戰爭引發的意外、投保前已存在的癩疾或旅遊前已患之癩病、或因分娩、酗酒及濫用藥物導致之傷病、或有違醫生勸喻以及純粹以治療為目的之行程。本宣傳資料只供參考之用，並不構成保險合約的一部份，有關此項保單計劃的內容細則及不承保事項請詳列於保障之內，蘇黎世保險有限公司保留最終批准權。

MediExpress China Medical Card

Your medical passport to China

Zurich is pleased to present the MediExpress China Medical Card for frequent cross-border travellers. By holding the China Medical Card, you can stay in any hospitals in China with our guaranteed hospital admission and prompt treatment in the unfortunate event of accident or sickness.

- With **over 270 appointed hospitals**, you can be worry free while Travelling in China.
- If you stay in any other non-appointed hospitals in China, with our prior approval, we will provide guaranteed deposit for hospital admission up to the maximum insured amount chosen to ensure prompt treatment without any delay.

Table of Benefits

Medical cover	Maximum benefits per disability (HK\$)	
	Standard plan	Premier plan
Medical expenses incurred due to sickness or accidental injury occurred in China, including out-patient & in-patient medical expenses, such as room & board, surgery, doctor's fees, etc.	350,000	500,000
Sickness cover: out-patient consultation in hospital subject to HK\$200 per visit per day, maximum 10 visits per year	87,500	125,000
Medical expenses including follow-up medical treatment within 3 months after return to Hong Kong		

Emergency medical evacuation	Maximum benefits per disability (HK\$)	
	Standard plan	Premier plan
Call Zurich 24-hour emergency assistance hotline for the following emergency help in the event of serious sickness or injury: <ul style="list-style-type: none"> • Transport of the patient back to Hong Kong or to the nearest suitable place for treatment • Transport of mortal remains or ashes back to Hong Kong 	Unlimited cover	Unlimited cover
Child escort On death, serious sickness or injury of the insured person who is confined in the hospital for over 3 consecutive days, the unattended accompanying child (aged below 17 years) will be brought home and the transportation cost (on economy class basis) of a single trip back to Hong Kong is covered	10,000	15,000
Compassionate visit On serious sickness or injury of the insured person who is confined in the hospital for over 3 consecutive days, the en-route transportation and accommodation expenses of an immediate family member for visiting the insured person will be covered. Subject to a maximum of HK\$1,000 per day for accommodation expenses, maximum 5 days per trip	10,000	15,000
Compassionate transfer Upon discharge of the insured person from the appointed hospital, we will arrange an ambulance to transfer him/her directly from the hospital to the railway station, ferry harbour or airport	150	150
Personal liability cover Cover personal liability of the insured person to third party's bodily injury and property damage as a result of an accident	1,000,000	2,000,000

Personal accident cover (Worldwide or China)	Maximum benefits (HK\$)	
	Standard plan	Premier plan
Accidental death	350,000	500,000
Permanent total disablement, loss/loss of use of limb(s) or loss of sight of eye(s) as a result of an accident occurring within 12 months	350,000	500,000
Burns benefits	100,000	100,000

Group discount

No. of insured persons	Premium discount
5-10	5%
11-20	10%
>21	15%

Special support service

Call Zurich 24-hour emergency assistance hotline for the following free arrangement and referral services*:

- Arrange booking of air, railway and ferry tickets
- Arrange telegraphic transfer of emergency cash
- 24-hour free medical, interpretation and legal services referral

*These are referral services only, the insured person shall bear the related cost.

Premium table (HK\$)

	Standard plan		Premier plan	
	1-year cover	2-year cover	1-year cover	2-year cover
With personal accident cover (Worldwide)				
Non-manual work	688	1,070	999	1,598
Others [^]	998	1,578	1,388	2,220
With personal accident cover (China)				
Non-manual work	538	830	699	1,118
Others [^]	638	990	888	1,420

[^] This policy does not cover any of the following occupations or job duties: engaging in offshore activities like commercial diving, oil rigging, mining or aerial photography; handling of explosives including but not limited to explosive worker or demolition worker, entertainer, performing as an acrobat/acrobatess, stunt man, fisherman, tour guide or tour escort; naval, military or airforce service or operations or armed force services of any country or international authority; loading or unloading objects on ships, being stevedore; aircrew, ship crew, aerial worker, racing driver, truck driver, jockey, underground and underwater worker, construction site worker, worker at height including but not limited to scaffolding worker, acrobat, circus trainer, wild animal trainer; detective; war correspondent and fireman.

7-day claims processing guaranteed

In-patient medical expenses:

If you are admitted to one of the appointed hospitals, you are not required to submit your claims. Zurich will settle the bill with the hospital directly.

Other claims:

Zurich will settle your claims within 7 working days once we receive all the required documents. Simply follow this simple claims procedure:

- Inform Zurich after the incident by phone, fax or mail as soon as possible.
- Complete and return the claim form along with all necessary documents to Zurich.

Notes:

1. Persons aged between 18 and 70 years are eligible for application and the maximum renewal age is up to aged 75 years.
2. The proposer and the insured person must have a valid HKID card.
3. Maximum duration for every single trip is 120 days. No limit for frequency of travel within one year.
4. Special support service is arrangement services only; the insured person shall bear the related cost.
5. Minimum premium per insured person is HK\$200.

Major exclusions of this policy:

Accidents caused by war, pre-existing injury or illness, injury or illness caused by childbirth, alcoholism or abuse of drugs, or travel against the advice of medical practitioner or the purpose of obtaining medical treatment.

This leaflet is only a summary and does not constitute any part of the contract. For full terms and conditions and exclusions, please refer to the policy document itself. Zurich Insurance Company Limited reserves the right of final approval.

About Zurich 關於蘇黎世

Being part of Zurich Financial Services Group, Zurich Insurance (Hong Kong) offers a full range of flexible general insurance and life insurance products for individuals as well as corporate customers, catering to their insurance, protection and investment needs. Our presence in Hong Kong dates back to 1961. We are one of the top 10 insurers in Hong Kong.

Zurich Financial Services Group is a leading multi-line insurance provider with a global network of subsidiary and offices in Europe, North America, Latin America, Asia-Pacific and the Middle East as well as other markets. Founded in 1872, the Group is headquartered in Zurich, Switzerland. With over 60,000 employees serving customers in more than 170 countries, we aspire to become the best global insurer as measured by our shareholders, customers and employees.

蘇黎世保險(香港)是蘇黎世金融服務集團轄下之機構，竭誠為個人及企業客戶提供全面又靈活的一般保險及人壽保險服務，照顧他們在保險、保障及投資上的需要。集團在香港的業務始於1961年，至今已成為本港十大保險公司之一。

蘇黎世金融服務集團是一間全球領先的多險種保險供應商，其全球網絡的分支機構和辦事處遍及歐洲、北美洲、拉丁美洲、亞太和中東等地區。集團成立於1872年，總部設立於瑞士的蘇黎世。集團有逾60,000名員工在170多個國家為客戶提供服務。我們矢志成為我們的股東、客戶和員工眼中全球最佳的保險公司。

CVIC/001/03/2012

Zurich Insurance Company Limited
(a company incorporated in Switzerland)

蘇黎世保險有限公司
(於瑞士註冊成立之公司)

24-27/F, One Island East,
18 Westlands Road, Island East, Hong Kong
香港港島東華蘭路18號港島東中心24-27樓
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Website 網址: <http://www.zurich.com.hk>



MediExpress China Medical Card Enrolment Form

「醫療快線中國保證卡」 投保表格



Agent Name
代理人姓名： _____

Agent No
代理人編號： _____

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

Please tick the appropriate box and * delete whichever is 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。

I. Proposer's information 投保人資料

Name must be same as home return permit 姓名須與回鄉證相同

Individual client 個人客戶

HKID Card No.:
身份證號碼：

Mr./Mrs./Ms.*
先生/太太/女士*

Surname:
姓：

First Name:
名：

Other Name:
別名：

Occupation:
職業：

Mobile phone no.:
流動電話號碼：

E-mail address:
電郵地址：

Corporate client 公司客戶

Name of company:
公司名稱：

Nature of business:
業務性質：

Correspondence address:
通訊地址：

Flat/Room
室/單位

Floor
樓

Block
座

Building
大廈

Estate name/Street no. & name/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*

Night time telephone no.:
晚間聯絡電話：

Day time telephone no.:
日間聯絡電話：

Period of insurance cover:
保障年期：

1-year cover
一年保障

2-year cover
兩年保障

Effective date of insurance cover:
保障生效日期：

D
日

M
月

Y
年

	Insured persons 受保人		Relationship with proposer 與投保人關係	HKID card/ Passport no.* 身份證號碼/ 護照號碼*	Home return permit 回鄉證號碼	Sex 性別	Date of birth (dd/mm/yy) 出生日期(日/月/年)	Occupation 職業	Plan 計劃 (P1/P2/S1/S2)*	Premium (HKD) 保費(港元)
	Surname 姓	First name 名								
1.			投保人 Proposer							
2.										
3.										
Total premium 保費總額										
Less amount of group discount (if applicable) 扣減團體折扣額(如適用)										
Total premium payable 應付保費總額										

* Plan code: P1: Premier plan with personal accident cover (Worldwide) / P2: Premier plan with personal accident cover (China)
S1: Standard plan with personal accident cover (Worldwide) / S2: Standard plan with personal accident cover (China)

Note: If the space provided is insufficient, please give details on a separate sheet.

* 保障計劃代碼：P1：優選計劃附人身意外保障(全球) / P2：優選計劃附人身意外保障(中國)

S1：標準計劃附人身意外保障(全球) / S2：標準計劃附人身意外保障(中國)

註：如空間不足，請另加紙詳述。

II. Personal history 個人資料

All questions must be answered in full and apply to all insured persons to be covered.
所有受保人均須詳細回答下列問題。

Have the insured person(s) ever had any physical disability or deformity or has receiving any medical treatment or suffering from any disease? Yes 是 No 否
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？

Have the insured person(s) ever been in a hospital or sanitarium for surgery, observation or treatment within the last five years? Yes 是 No 否
在過去五年內，受保人是否曾入住醫院或療養院接受手術、觀察或治療？

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。

III. Premium payment 繳付保費

By cheque 以支票繳付
(Only applicable to annual payment mode
只適用於每年繳付方式)

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 fill in the following information. 若支票發出人並非投保人，請填寫以下資料。

Relationship with the proposer 與投保人關係：

By credit card 以信用卡繳付 Annual payment 每年繳付 Biennial payment 兩年繳付

Credit card type 信用卡類別

VISA MasterCard American Express Diners Club International

Cardholder's name 持卡人姓名：

Cardholder's HKID card no. 持卡人香港身份證號碼：

Credit card no. 信用卡號碼：

Credit card expiry date 信用卡有效期至： M 月 Y 年

I hereby authorize Zurich Insurance Company Ltd to debit automatically the premium due from my credit card above on a yearly / biennial basis, including payment for the subsequent years / instalments upon my acceptance on renewal of the insurance plan(s) applied above until further written notice from me. I accept full responsibility for any overdraft on my credit card which may arise as a result of such transfer. I agree that should there be insufficient funds in my account to meet any transfer authorized here, the Bank has the right not to effect such transfer in which event the Bank may make the usual service charge.

本人茲授權蘇黎世保險有限公司從本人上述之信用卡每年/每兩年直接轉賬支付應繳保費金額，包括本人同意往後續保的各期保費，直至本人有進一步書面通知取消。本人同意因該等轉賬而令本人信用卡出現透支，本人願承擔全部責任；本人同意如本人信用卡沒有足夠款項支付該等轉賬，銀行有權不予轉賬，且可收取慣常之服務收費。

If credit cardholder is not the proposer, please fill in the following information. 若信用卡持有人並非投保人，請填寫以下資料。

Relationship with the proposer 與投保人關係：

Signature of credit cardholder:
信用卡持卡人簽署：

Date 日期： D 日 M 月 Y 年

IV. Declaration 聲明細則

- I/We hereby apply for Zurich MediExpress China Medical Card ("this Plan") and declare that to the best of my/our knowledge and belief the information given on this enrolment form is true and complete in every respect, and that no person listed hereon is travelling or will travel against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We are now in good health and free from mental deficiency and physical impairment or deformity. I declare that I have full and complete authority from all insured persons to sign the application and disclose any personal information being requested to assess the insurance. I/We agree that this enrolment form and declaration shall form the basis of the contract between Zurich Insurance Company Ltd ("the Company") and me/us.
- I/We hereby agree and undertake to settle any medical expenses that is not payable or not covered by this insurance or any amount in excess of the insurance limit within 14 days after written notification from the Company. The credit facility will be suspended if I/We fail to reimburse the Company within the above specified time. Upon suspension, I/We have to return all the China Medical Card(s) to the Company and will remain liable to the Company for any outstanding payment in arrears. In the event of card loss, I/We should advise the Company within 48 hours and pay HKD100 for each replacement card.
- 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 the policy of this Plan at my/our own expense.
- I/We understand that the arrangement for emergency cash transfer is subject to the service provider nominated by the Company first securing payment from me/us.
- I understand that I shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.
- I understand I must complete and provide all information requested in this form, failing which the Company cannot process my application for the Policy.

- 本人/吾等現投保蘇黎世「醫療快線中國保證卡」(「此計劃」)，謹此聲明本投保表格所列全部資料乃就本人/吾等所知一切據實填報，上述受保人出外旅遊並不會違背醫生勸告或以尋求醫療為目的。本人/吾等現時身體健康，並無任何殘廢或缺陷。本人聲明本人已獲得受保人授予全權，簽署本投保表格，並提供任何個人資料作評核本投保申請之用。本人/吾等明白本投保表格及聲明將構成本人/吾等與蘇黎世保險有限公司(「貴公司」)之間的合約依據。
- 本人/吾等同意在收到貴公司書面通知的十四天內，付清對所有保障範圍以外的醫療費用或所有超出所定限額的醫療費用。如欠款未能在限期內付清，本人/吾等將被終止一切預繳服務，同時須將「醫療快線中國保證卡」歸還貴公司，並須對所有欠款向貴公司承責。如遺失保證卡，本人/吾等須於四十八小時內向貴公司報失及需繳付100港元作補領費用。
- 本人/吾等明白貴公司有權向本人/吾等之醫生索取有關病歷資料，本人/吾等亦同意提供任何進一步與此計劃保單有關之資料並自付所需費用。
- 本人/吾等明白緊急現金匯款服務需待貴公司所委任的服務機構首先獲本人/吾等的費用保證，方可作出安排。
- 本人明白所有保障範圍、不承保事項、條款及細則概以計劃保單為準。
- 本人明白本人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.
此保險申請需待貴公司覆核，接納投保書及已繳付保費後才能生效。

V. 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 following **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):
 - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - to process requests for payment, and for direct debit authorization;
 - to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
 - to compile statistics or use for accounting and actuarial purposes;
 - to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("**Zurich Insurance Group**") and conduct matching procedures where necessary;
 - to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
 - to collect debts;
 - to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 - The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
 - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 - any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - any person pursuant to any order of a court of competent jurisdiction;
 - any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
 - 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 for the following **voluntary purposes**:*
 - 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;*
 - to perform customer analysis, profiling and segmentation; and*
 - to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.*

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.
 - 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, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:
 - companies within the Zurich Insurance Group;
 - other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;
 - third party marketing service providers and insurance intermediaries.

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.
 - All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (*in italics*) to indicate their wish to opt-out altogether.

Personal Data Privacy Officer
24 – 27/F, One Island East
18 Westlands Road
Island East
Hong Kong
 - In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
 - In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
- 由 **Zurich Insurance Company Ltd** (「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以下**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):
 - 辦理、調查 (及協助他人調查) 和決定保險申請、保險索償及提供持續的保險服務;
 - 辦理付款要求及直接付款授權;
 - 處理任何對客戶的索償、訴訟及/或司法程序; 以及行使本公司的權利 (詳情見適用保單條款所定), 包括但不限於代位權;
 - 編撰統計數字, 或作會計及精算用途;
 - 符合對本公司及/或其所屬集團 (「蘇黎世保險集團」) 具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序;
 - 遵循香港法院及監管機構作出的合法要求或指令, 包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構;
 - 債務追討;
 - 便利本公司的認可服務供應商, 就上述目的為本公司及/或客戶提供服務; 及
 - 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
 - 本公司可就**強制性用途**, 向以下於香港境內或境外的人士提供任何客戶個人資料:
 - 蘇黎世保險集團成員公司, 或任何進行保險或再保險相關業務的其他公司或中介人;
 - 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商;
 - 第三方服務供應商, 包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者;
 - 信貸諮詢機構, 而在客戶欠賬時, 任何債務追收代理或進行索償或調查服務的公司;
 - 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例, 及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言, 蘇黎世保險集團有責任向其作出披露的任何人士;
 - 根據主管司法權區的法院的任何頒令的任何人士; 及
 - 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
 - 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, 均可供本公司使用作以下**自願性用途**:
 - 為蘇黎世保險集團及/或與本公司維持業務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;
 - 進行客戶研究分析及分層; 及
 - 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。

未經客戶同意, 本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求, 本公司將把有關保險申請及持續投保, 視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。

