

## Motorplus Insurance Plan

### 「車護保」汽車保險計劃

## Enrollment Form

### 投保表格

Wellsmart Insurance 俊銘保險

Enquiry no. 查詢電話: +852 2810 7138 Fax 傳真: +852 2840 0097

Address: Shop 2028, 2/F, United Centre, 95 Queensway, Hong Kong

地址: 香港金鐘統一中心二樓商場2028室(運輸署樓下)

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。

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

### PROPOSER'S INFORMATION 投保人資料

Mr./Mrs./Ms./Co.* 先生/太太/女士/公司*	Full Name or Company Name in English 英文姓名或公司名稱:		
Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Marital status# 婚姻狀況#: <input type="checkbox"/> Single 未婚 <input type="checkbox"/> Married 已婚		
Date of birth 出生日期: D 日 M 月 Y 年	HKID card/passport/business registration no.* 香港身份證/護照/商業登記號碼*:		
Correspondence address 通訊地址:			
E-mail address 電郵地址:	Mobile phone no. 流動電話號碼:	Day time telephone no. 日間聯絡電話:	
Business/Occupation 業務/職業:			

### 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	Period of insurance 保險日期: From 由 D 日 M 月 Y 年 To 至 D 日 M 月 Y 年
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"/> HKD3,000,000 港元 or 或 <input type="checkbox"/> HKD5,000,000 港元
Annual China Extension 全年中港跨境延伸保障	<input type="checkbox"/> Motor Contingent Liability Extension (Applicable to Zurich's Motor Customer with China Extension only) 中港跨境車主責任延伸保障 (只適用於蘇黎世中港跨境汽車保客戶) <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延伸保障 (只適用於全保客戶)

### VEHICLE INFORMATION 車輛細節

Registration mark 車牌:	Year of manufacture 製造年份:	Make 廠名:	Model 型號:
Type of body 車身類型:	Cubic capacity or tonnage 汽缸容量或噸數:	CC/T	No. of seat (Incl. driver) 座位限額(包括司機):
Engine no. 引擎號碼:	Chassis no. 底盤號碼:		
Insured value (Present value including accessories like air conditioner and audio): 投保價(現值包括冷氣機及音響裝置):			HKD 港元

### OTHER INFORMATION 其他資料

	Yes 是	No 否
1. Any alarm installed? 汽車是否有防盜系統裝置?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your vehicle been modified in any way? 汽車是否曾作任何形式的改裝或修飾?	<input type="checkbox"/>	<input type="checkbox"/>
3. Hire purchase? 車輛是否「分期付款」買入?	<input type="checkbox"/>	<input type="checkbox"/>

## DRIVER'S INFORMATION 駕駛人資料

Please fill in the details of regular drivers including yourself. For more than two drivers, an additional premium will be charged per driver (applicable to Comprehensive Cover only).  
請填上經常駕駛上述車輛之駕駛人資料(包括閣下在內)。超過兩名駕駛者，每位駕駛者須加收附加費(只適用於綜合保險)。

	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 全名 Driver's name 駕駛者姓名				
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				
Type of driving licence 駕駛牌照類別				
Year passed driving test 考試合格年份	Year 年	Year 年	Year 年	Year 年
No. of years driving in Hong Kong 駕駛年數(香港)	Year 年	Year 年	Year 年	Year 年
No. of years driving in elsewhere, please state 駕駛年數(外地)·請註明	Year 年	Year 年	Year 年	Year 年

## 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	No 否
1. business purpose by any other people? 由他人作商業之用途？	<input type="checkbox"/>	<input type="checkbox"/>
2. business purposes by yourself/ your spouse? 業務用途，並由自己/配偶駕駛？	<input type="checkbox"/>	<input type="checkbox"/>
3. the carriage of passengers or goods for hire or reward? 租賃載客/貨用途？	<input type="checkbox"/>	<input type="checkbox"/>
4. driving instruction purposes? 教授駕駛用途？	<input type="checkbox"/>	<input type="checkbox"/>
5. any purpose in connection with the motor trade? 與銷售車輛有關用途？	<input type="checkbox"/>	<input type="checkbox"/>

## LATEST INSURANCE DETAILS 最近期的保險詳細資料

Are you now, or have you ever been insured in other insurance companies?

Yes 是  No 否

閣下現在/以前是否曾向其他保險公司投保汽車保險？

(If "Yes", please answer the following. 若「是」，請回答以下問題。)

Latest insurance company 前保險公司名稱：	Vehicle registration no. 車牌號碼：								
Policy no. 保單號碼：	Period of insurance 保險日期：	From 由	D 日	M 月	Y 年	To 至	D 日	M 月	Y 年
Entitled to No Claim Discount (NCD)? 是否享有無索償折扣？	<input type="checkbox"/> Yes If "Yes", please state 是 若「是」，請填寫	(1) No Claim Discount entitlement 無索償折扣 _____ %	<input type="checkbox"/> No If "No", please state the reason 否 若「否」，請列明原因						
		(2) No. of years free of accident 無意外年期 _____							

## DRIVING EXPERIENCE 駕駛經驗

If your answer is "Yes", please provide full details in the space provided. 若「是」者，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人詳情

	Yes 是	No 否
1. Have had any accidents, losses or claims in the past three years or are there any police enquiries or prosecutions pending? 於過往三年間是否曾發生意外、失竊或索償事項或現時是否被警方傳召或起訴？	<input type="checkbox"/>	<input type="checkbox"/>
2. Have been prosecuted or deducted more than five driving offence points in total in the last two years? 是否曾在最近兩年內觸犯交通規則而被起訴或扣分超過五分？	<input type="checkbox"/>	<input type="checkbox"/>
3. Have suffered/ been suffering any heart disease, diabetes, epilepsy or suffer from defective vision or hearing or from any physical or mental infirmity? 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"/>
4. Have had any motor insurance refused? 是否曾被拒絕投保汽車保險？	<input type="checkbox"/>	<input type="checkbox"/>
5. Have made any motor claims against other insurance companies in the past three years? 過往三年內是否曾向其他保險公司提出汽車保險索償？	<input type="checkbox"/>	<input type="checkbox"/>

## DECLARATION 聲明細則

1. I/We declare that to the best of my/our knowledge and belief the information on this enrolment form is true and complete in every respect. I/We understand that this enrolment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").
2. I/We agree that this enrolment 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.
3. 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.
4. I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.
5. 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.
1. 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。
2. 本人/吾等謹此承認本投保表格為本人/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。
3. 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。
4. 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。
5. 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 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。

## 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

1. 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):
  - 1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
  - 2) to process requests for payment, and for direct debit authorization;
  - 3) 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;
  - 4) to compile statistics or use for accounting and actuarial purposes;
  - 5) 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;
  - 6) 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;
  - 7) to collect debts;
  - 8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
  - 9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
  - 1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
  - 2) 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;
  - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
  - 4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
  - 5) 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;
  - 6) any person pursuant to any order of a court of competent jurisdiction;
  - 7) 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.
3. *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**:*
  - 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.*

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.
4. *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**:*
  - 1) *companies within the Zurich Insurance Group;*
  - 2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
  - 3) *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.
5. 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  
26/F, One Island East  
18 Westlands Road  
Island East  
Hong Kong
6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

1. 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)：
- 1) 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；
  - 2) 辦理付款要求及直接付款授權；
  - 3) 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；
  - 4) 編撰統計數字，或作會計及精算用途；
  - 5) 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；
  - 6) 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；
  - 7) 債務追討；
  - 8) 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
  - 9) 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。
2. 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：
- 1) 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；
  - 2) 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；
  - 3) 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；
  - 4) 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；
  - 5) 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；
  - 6) 根據主管司法權區的法院的任何頒令的任何人士；及
  - 7) 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。
3. 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**：
- 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。
- 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。
4. 經保單持有人及受保人書面同意後，本公司可就上述**自願性用途**，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。
- 未經客戶書面同意，本公司不得向任何第三方提供有關客戶 (特別指保單持有人及受保人) 的個人資料作上述自願性用途。
5. 所有客戶均有權以書面向本公司之個人資料私隱主任 (地址如下) 要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段 (見斜字) 以提出有關所有自願性用途之反對要求。
- 個人資料私隱主任  
香港港島東華蘭路18號  
港島東中心26樓
6. 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
7. 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

I/We confirm that all information provided by me/us in this application form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this application form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").

本人/吾等確認由本人/吾等於此申請表格提供之所有資料均為事實正確無誤。本人/吾等更確認同意本申請表格內之所有部分，包括但不限於上列之聲明細則及有關個人資料 (私隱) 條例 (「私隱條例」) 的客戶通知。

<p>● Signature of proposer &amp; company chop (if applicable) 投保人簽署及公司蓋章 (如適用)：</p>	<p>Date 日期：</p> <p style="text-align: right;">D 日                      M 月                      Y 年</p>
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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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