

Laptop Computer All Risks Insurance Plan for West Island School 西港島中學 - 手提電腦綜合保險計劃



Please complete this form in BLOCK LETTERS. 請用英文正楷填寫。

(Please tick the appropriate box and * delete wherever is inappropriate. 請 √ 適用方格及 * 刪去不適用者)

Summary of the Plan 保障概要

Coverage: In the event of the accidental loss of or damage to the insured laptop computer during the period of insurance, you will be indemnified for the cost of replacement or repair of the insured laptop computer, subject to the amount of the sum insured.
保障範圍 如受保的手提電腦於保險期間意外遺失或損毀，受保人可獲賠償重新購買或維修該手提電腦的費用，惟不超過保障額之限。

Sum insured & Annual premium: 保障額及全年保費	Insured item 保障物件	Sum Insured (HK\$) 保障額 (港幣/元)	Annual Premium (HK\$) 全年保費 (港幣/元)
	HP Laptop Computer - HP Probook 4230s	5,670	240

Major Conditions: The insured laptop computer must be purchased through West Island School (WIS).
主要條款 受保的手提電腦必須經由西港島中學購買。

Excess: The first of HK\$1,000 in respect of each and every adjusted loss shall be borne by the insured for loss or damage to the insured's interest.
自負額 受保人須自負每宗賠償之首港幣 1,000 元。

Major exclusions: Any software-related loss, wear and tear, any loss resulting from mechanical or electrical derangement, scratching or denting, breakage of lenses or glass, mysterious disappearance or unexplained loss, and any loss directly or indirectly caused by the insured item being left unattended.
主要不承保事項 一切有關電腦軟件、程式之損失，自然損耗，因電腦內在的機械或電力故障而引致的損失，刮花或凹陷，鏡片或玻璃破裂，神秘消失或任何原因未明之遺失及受保物件在無人看管的情況下而引致的損失。

Geographical limit: Anywhere in Hong Kong.
地域限制 香港境內。

Period of insurance application: This insurance must be applied for and effected within 3 weeks upon the proposer's receipt of the brand new item to be insured.
投保期限 投保人須於收取全新投保物件後 3 星期內投保此保險，而保單亦須於此時限內生效。

Application procedure: Complete this application form and fax to 2903 9340 with a copy of delivery note.
投保程序 請填妥此表格，連同送貨單副本傳真至 2903 9340 投保。

Note: The above summary is for reference only. For full terms and conditions, please refer to the policy document.
備註 以上簡介僅供參考。所有條款及細則均以保單上所載為準。

I. Proposer's information 投保人資料 (Proposer must be aged 18 years or above 投保人必須年滿十八歲或以上)

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

HKID card no.: _____ Date of Birth (D/M/Y)
香港身份證號碼 () 出生日期: (日/月/年)

WIS student no. of proposer's child: _____ WIS student name of proposer's child:
投保人子女之西港島中學學生證號碼 投保人子女之姓名

Occupation & position: _____ E-mail address:
職業及職位 電郵地址

Mobile phone no.: _____ Home tel. no.: _____ Fax no.: _____
手提電話號碼 住宅電話號碼 傳真號碼

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

Estate name/no. & street name/lot no.* _____ District _____ HK/KLN/NT*
屋苑名稱/街名及門牌/地段* 地區 香港/九龍/新界*

II. Insurance information 保障詳情

Effective date of the insurance cover 保險生效日期: _____ / _____ / _____ (DD 日 / MM 月 / YY 年)

Insured item 保障物件	Serial no. of insured item 保障物件之生產編號	Sum Insured (HK\$) 保障額 (港幣/元)	Annual Premium (HK\$) 全年保費 (港幣/元)
HP Laptop Computer - HP Probook 4230s		5,670	240

III. Premium payment 繳付保費

I hereby authorize Zurich Insurance Company Limited to charge my credit card account below for the above selected West Island School – Laptop Computer All Risks Insurance Plan full yearly premium payment.

本人授權蘇黎世保險從本人下述之信用卡賬戶支取以上投保的「西港島中學 – 手提電腦綜合保險計劃」之全年保費。

VISA (VISA 卡) MasterCard (萬事達卡) American Express (美國運通信用卡) Diners Club International (大來用信証)

Credit card no.: _____ - _____ - _____ - _____ Credit card expiry date: _____ M _____ Y
信用卡號碼 信用卡有效期至 月 年

Name of cardholder: _____ Relationship with proposer: _____
持卡人姓名 與投保人關係

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

IV. Declaration 聲明

- I/We* 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 all information disclosed have been verified by me as true and correct. I/We* agree that this enrolment form and declaration shall form the basis of the contract between me/us* and Zurich Insurance Company Limited ("the Company").
- I/We* understand 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 assess and service this application (ii) to authorize direct debit or credit card payment (iii) to provide marketing material of the Company or its associated companies and (iv) to conduct insurance claims or analysis. I/We* understand that I/we* may contact the Company's Personal Data Privacy Officer at Levels 24-27, One Island East, 18 Westlands Road, Island East, Hong Kong for any request to access to and/or correct any information supplied to the Company.
- 本人/吾等*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，並經本人核實正確無誤。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（「貴公司」）之間的合約依據。
- 本人/吾等*明白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) 評核此項申請，(ii) 辦理自動轉賬或信用卡付款，(iii) 提供貴公司及關連機構的推廣資料，(iv) 處理保險的索償或有關之分析。本人/吾等*明白本人/吾等*有權查閱及要求更改由本公司所持有有關他們的任何個人資料。任何關於個人資料查閱或更改之要求，可向本公司之個人資料私隱主任提出，地址為香港港島東華蘭路 18 號港島東中心 24-27 樓。

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。

Signature of proposer _____ Date _____ (DD/MM/YY)
投保人簽署 期 (日/月/年)

**Please complete this form and fax to us with a copy of delivery note.
For any enquiries, please call our insurance hotline.
請填妥此表格，連同送貨單副本傳真至本公司投保。如有任何查詢，請致電保險熱線。**

**Insurance Hotline 保險熱線: 2903 9300
Enrolment Fax 投保傳真: 2903 9340**

Zurich Insurance Company Limited (a company incorporated in Switzerland with limited liability)
24-27/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Customer Services Hotline: (852) 2903 9400 Fax: (852) 2903 9340 <http://www.zurich.com.hk>

蘇黎世保險有限公司（於瑞士註冊成立之公司）
香港港島東華蘭路 18 號港島東中心 24-27 樓
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