

FunTravel Insurance Plan Client Declaration

「智樂遊」旅遊保險計劃客戶聲明

1. I/We hereby apply for FunTravel 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「智樂遊」旅遊保險計劃（「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。
2. I/We authorize the Company to obtain the necessary medical information from the insured person's medical practitioner(s) and I/we agree to supply additional information relevant to the policy of this Plan at my/our own expense.
本人 / 我們授權 貴公司有權向受保人之醫生索取所需之病歷資料，本人 / 我們亦同意提供任何進一步與此計劃有關之資料並自付所需費用。
3. 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。
4. 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。
5. I/We declare that the insured person(s) is/are in good health and free from physical and mental impairment or deformity.
本人 / 我們聲明受保人現在生理 / 心理健全，並無任何殘障或缺陷。

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。