

Customer Declaration (Applicable to Travel insurance plan(s) sold by Travel Agencies)

客戶聲明 (適用於經旅行社銷售之旅遊保險計劃)

- I/We hereby apply for Travel Insurance Plan (“this Plan”) provided to me/us by Zurich Insurance Company Ltd (“the Company”). I/We declare that to the best of my/our knowledge and belief the information given is true and complete in every respect and all information disclosed has been verified by me/us as true and correct, and that no person listed hereon is travelling against the advice of any medical practitioner or for the purpose of obtaining medical treatment. I/We declare that I/we have full and complete authority from my spouse, relative(s), friend(s) to disclose any personal information being requested to assess the insurance application. I/We agree that this declaration together with the policy of this plan shall form the basis of the contract between me/us and the Company.

本人 / 我們現投保由蘇黎世保險有限公司 (「貴公司」) 向本人 / 我們提供之旅遊保險計劃 (「此計劃」)。本人 / 我們謹此聲明所列全部資料乃就本人 / 我們所知一切據實填報，並經本人 / 我們核實正確無誤，上述受保人是次出外旅遊並未違背專業醫生勸告或以尋求醫療為目的。本人 / 我們聲明本人 / 我們已獲得配偶、親屬、朋友授予全權提供任何個人資料作評核此項申請之用。本人 / 我們明白本聲明連同此計劃將構成本人 / 我們 貴公司之間的合約依據。
- I/We understand that this Plan is a product solely provided by the Company. Travel agencies and their affiliates have no duty to verify or make inquiries into any aspect of this Plan and make no warranty or representation howsoever to this Plan. I/We expressly agree that travel agencies and their affiliates disclaim any responsibility whatsoever for any issues in relation to, arising from and/or caused by/under this Plan or the Company.

本人 / 我們明白此計劃乃由 貴公司獨自提供之產品。旅行社及其相關機構無責任對此計劃之任何方面進行核實或查詢，亦不對此計劃作出任何保證或陳述。本人 / 我們明確同意旅行社及其相關機構不對與此計劃或 貴公司有關、由此引起及 / 或造成的任何問題承擔任何責任。
- 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 this Plan at my/our own expense.

本人 / 我們明白本人 / 我們必須填妥授權 貴公司有權向本人 / 我們之醫生索取有關病歷資料，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。
- I/We understand that I/We shall refer to the Certificate of Insurance 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、條款及細則概以此保險計劃之保險證書為準。
- I/We understand I/we must provide all information requested, failing which the Company cannot process my/our application for the Policy.

本人 / 我們明白本人 / 我們必須提供所有資料， 貴公司將不會受理本人 / 我們資料不全之保單申請。