

Name of Insured: \_\_\_\_\_  
 Policyholder: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Middle Name: \_\_\_\_\_  
 Date of Birth (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender (M/F): \_\_\_\_ Height (cm): \_\_\_\_ Weight (kg): \_\_\_\_  
 Date of Discharge from Hospital (dd/mm/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## New Born Details

1. Was your new born discharged from Hospital in a healthy state and does not suffer from any birth defects or congenital condition(s)?  
 No (please explain)       Yes  
 \_\_\_\_\_
2. Is your new born under treatment for any illness, injury, or medical condition?  
 No       Yes (please explain)  
 \_\_\_\_\_
3. Have you been advised to have your new born undergo any test, treatment, procedure, or hospitalisation?  
 No       Yes (please explain)  
 \_\_\_\_\_

## Notice to Customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life 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 authorisation;
  - (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 authorised 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 (re: UniversalHealth 100) — GPO Box 1489, 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.

## Declaration for Commission Disclosure

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by **Zurich Life Insurance Company Ltd**, Zurich Life Insurance Company Ltd will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Zurich Life Insurance Company Ltd that he or she is authorised to do so. I/We further understand that the above consent is necessary for Zurich Life Insurance Company Ltd to proceed with the application.

By signing below, I hereby declare that all answers to the questions listed under New Born Details are correctly recorded, and that they are full, complete and true; and I confirm my understanding and agreement to the above "Notice to Customers relating to the Personal Data (Privacy) Ordinance" and "Declaration for Commission Disclosure" in this form.

\_\_\_\_\_  
Signature of the Insured / Main Applicant  
(Signature by Policyholder if the Insured Person is a Minor)

\_\_\_\_\_  
Date