

# Hypertension supplementary questionnaire

## 高血壓補充問卷

(to be completed by the life to be insured)  
(由受保人填寫)

### Instructions 填表指引

Please complete this form to supplement the answers you have given on your application. The information you give will assist us in the assessment of your proposal and may help minimise the need for medical reports.

請填寫本表格以補充申請時填寫的資料。您提供的資料將會助我們審核您的申請並減低提供醫學報告的需要。

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

請以**英文正楷**填寫本表格。務須正確回答所有問題，並詳細披露所有相關資料。如回答任何問題時空位不足，請另紙書寫，並把附頁附於本問卷。

### 1 Details 個人資料

Name of policy owner and policy number 保單持有人姓名及保單號碼：

<b>Life to be insured 受保人</b>									
<b>Title 稱銜</b>									
<input type="checkbox"/> Mr. 先生	<input type="checkbox"/> Mrs. 太太								
<input type="checkbox"/> Miss 小姐	<input type="checkbox"/> Ms. 女士								
<input type="checkbox"/> Dr. 博士	<input type="checkbox"/> Other (please give details) 其他(請說明)								
Family name 姓									
Forename(s) 名									
Date of birth 出生日期	Day 日 Month 月 Year 年 <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

### 2 Supplementary questions 補充問題

Date when the hypertension was first diagnosed.

您何時被確診患有高血壓？

Day 日	Month 月	Year 年
D	D	M
M	Y	Y
Y	Y	Y

Do you know what the pre-treatment blood pressure readings were?

您是否知道未進行治療之前的血壓讀數？

<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
-----------------------------------	----------------------------------

If 'Yes', please state readings and dates.

如您的答案為「是」，請提供讀數及其量度日期。

Date(s) 量度日期	Reading(s) 讀數

Were you advised of any underlying cause (e.g. obesity, smoking, family history, etc.)?

您有被告知患有高血壓的原因嗎(例如肥胖、吸煙、家族歷史等等)？

<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
-----------------------------------	-----------------------------------

If 'Yes', please give detail.

如您的答案為「有」，請提供詳情。

What treatment was initially given (treatments including medication, dosage and frequency)?

您被安排的初次治療是什麼(請包括藥物、其用量及使用頻率)？

## Supplementary questions (continued) 補充問題 (續)

Is the same treatment still continuing?  
上述治療是否仍然繼續?

Yes 是  No 否

If it has changed since initial diagnosis, please provide additional details.  
如在初次診斷後已更改治療，請提供詳情。

Are you aware of any complications (such as other medical conditions)?  
您有否其他併發症 (如其他醫療狀況)?

Yes 有  No 沒有

If 'Yes', please give details.  
如您的答案為「有」，請提供詳情。

Do you smoke?  
您吸煙嗎?

Yes 是  No 否

If 'Yes', what is your daily consumption of tobacco?  
如您的答案為「是」，您每天吸食的数量是多少?

Cigarettes 香煙	Cigars 雪茄	Grammes of pipe tobacco 煙絲 (克)	Chewing tobacco 咀嚼煙
Other (Please give details) 其他 (請提供詳情)			

If you have stopped or reduced your smoking, please provide the date this change took place.  
如您已停止或減少吸煙，請列明這改變的開始日期。

Date 日期  
Day 日 Month 月 Year 年  

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please confirm your most recently recorded height and weight.  
請提供最近一次量度的身高和體重。

Date 日期  
Day 日 Month 月 Year 年  

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  

Height 身高	cm 厘米	Weight 體重	kg 公斤
-----------	-------	-----------	-------

Have you undergone any special investigations (e.g. ECG or lipid test)?  
您有否進行某些特別檢查 (如心電圖或血脂測試)?

Yes 有  No 否

If 'Yes', please give details.  
如您的答案為「有」，請提供詳情。

Do you suffer from any related problems (e.g. high cholesterol, diabetes, heart, kidney or eye problems)?  
您有否被確診其他相關疾病 (如高膽固醇、糖尿病、心臟病、腎病或眼疾)?

Yes 有  No 否

If 'Yes', please give details.  
如您的答案為「有」，請提供詳情。

Please provide the name, address and contact details of the doctor now treating you for hypertension.  
請提供為您治療高血壓的醫生名稱、地址及聯絡方法。

Please state how often you visit your doctor to have your blood pressure checked.  
請提供您向醫生求診，並檢查血壓的頻率。

Please provide the date on which you last saw your doctor to have your blood pressure monitored.  
請提供您最近一次檢查血壓的日期。

Date 日期  
Day 日 Month 月 Year 年  

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please provide what the blood pressure reading was.  
請提供最近一次血壓讀數。

Please provide details of any family history of heart disease or diabetes below.  
請於以下提供心臟病或糖尿病家族歷史詳情。

	Age now/Age at death 現時年齡/死亡年齡	Age at diagnosis 確診年齡	Illness 疾病
Father 父親			
Mother 母親			
Brother(s) 兄弟			
Sisters(s) 姊妹			

**Thank you for completing this form. Please return it to us with your proposal, or if you prefer, in a sealed envelope.**  
多謝您填寫問卷。請與您的申請 (如有需要，可放置於密封信封) 一併交回。

### 3 Declaration 聲明

#### Declaration for data protection 個人資料保障聲明

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 International Life Limited (“Company”, “Zurich”)** 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):

由蘇黎世國際人壽保險有限公司(「本公司」,「蘇黎世」)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) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;  
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) to process requests for payment, and for direct debit authorization;  
辦理付款要求及直接付款授權;
- (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;  
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) to compile statistics or use for accounting and actuarial purposes;  
編撰統計數字,或作會計及精算用途;
- (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;  
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) 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;  
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) to collect debts;  
債務追討;
- (8) to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and  
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) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.  
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. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-

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) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;  
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) 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;  
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) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;  
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) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;  
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) 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;  
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) any person pursuant to any order of a court of competent jurisdiction;  
根據主管司法權區的法院的任何頒令的任何人士;及
- (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.  
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. *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**:*

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) 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;  
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) to perform customer analysis, profiling and segmentation; and  
進行客戶研究分析及分層;及
- (3) to conduct market research and insurance surveys for the Zurich Insurance Group’s development of services and insurance products.  
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。

## Declaration (continued) 聲明 (續)

### Declaration for data protection 個人資料保障聲明

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. 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. 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**:-

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) companies within the Zurich Insurance Group;

蘇黎世保險集團成員公司；

- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;

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) third party marketing service providers and financial professional.

第三方市場推廣服務供應商及理財顧問。

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.

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. 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.

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。

Personal Data Privacy Officer

26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

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. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.

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. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

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 understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

本人/本人等明白 貴公司只會以本人/本人等提供的聯絡資料與本人/本人等通訊。若本人/本人等提供多過一種聯絡資料，貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I/We note that my telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

本人/本人等知道 貴公司或會將本人/本人等的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提昇服務質素之用。

I/We understand that my/our personal information may be passed outside Hong Kong to countries that do not have equivalent levels of data protection, however the Company would be responsible for ensuring that equivalent levels of protection are maintained.

本人/本人等明白本人/本人等的個人資料可能被傳送至香港以外的國家，而這些國家並沒有同等程度的個人資料保障，但 貴公司有責任確保本人/本人等的個人資料受到同等程度的保障。

I/We confirm that I agree to my/our personal data being collected and used as set out above

本人/本人等謹此同意 貴公司可收集本人的個人資料及作上述用途。

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief. I agree that this form will constitute part of my proposal and that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

本人現聲明在本表格所提供的資料，據本人所知及相信，不論是否本人親筆書寫，均屬真實及完整，並構成本人的建議書的一部份。本人明白如本人隱瞞任何重大事實，會導致索償失效及合約受到拒絕。

I understand and accept that my medical/health information is classed as highly confidential by the Company and will be used by the Company and relevant third party service providers (e.g. reinsurers or health professionals) as outlined in the data protection declaration in the main proposal/questionnaire.

本人明白及接受本人之醫療及健康狀況資料，據主要建議書及問卷之個人資料保障聲明所述，將被 貴公司界定為高度機密，供 貴公司及相關第三方服務供應商（例如再保公司或醫學專家）使用。

Signature of life to be insured

受保人簽署

Print name

姓名

Day 日 Month 月 Year 年

Date

日期

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorized by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1EF, British Isles  
Telephone: +44 1624 662266 Telefax: +44 1624 662038

Hong Kong office: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong  
Telephone: +852 3405 7150 Telefax: +852 3405 7268

[www.zurich.com.hk](http://www.zurich.com.hk)

蘇黎世國際人壽保險是蘇黎世國際人壽保險有限公司的商業名稱。蘇黎世國際人壽保險有限公司為人島 Financial Services Authority所認可，提供人壽保險、投資及保障產品。

於人島的註冊號碼為20126C。

註冊辦事處：43-51 Athol Street, Douglas, Isle of Man, IM99 1EF, British Isles  
電話：+44 1624 662266 傳真：+44 1624 662038

香港辦事處：香港港島東華蘭路18號港島東中心25-26樓  
電話：+852 3405 7150 傳真：+852 3405 7268

[www.zurich.com.hk](http://www.zurich.com.hk)