

Arthritis and gout 關節炎及痛風

Supplementary questionnaire (to be completed by the life to be insured) 補充問卷 (由受保人填寫)

Instructions 填表指引

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

請填妥本表格以補充閣下於投保申請提供之答案。閣下提供之資料將能協助我們評估閣下的申請，以減低閣下須提供醫療報告的機會。

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information.

請以**英文大楷**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。

If there is insufficient space for any answer, please continue on a separate piece of paper and attach to this questionnaire.

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 Personal details 個人資料

Full name of the life to be insured 受保人全名

Title 稱銜 Mr. 先生 Mrs. 太太 Miss 小姐 Ms. 女士 Dr. 博士 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

Proposal number 投保申請編號

2 Supplementary questions 補充問題

Please indicate which type of arthritis (e.g. rheumatoid, osteoarthritis) or gout you suffer from.

請列出閣下患有何種關節炎(如類風濕性或骨關節炎)或痛風。

Please state the date that your gout or arthritis was diagnosed.

請列出痛風或關節炎之診斷日期。

Date 日期
Day 日 Month 月 Year 年

Please provide details and dates of any treatment you are currently receiving.

請提供閣下目前所接受治療之詳情及日期。

Please provide details and dates of any treatment you have received in the past (e.g. Brufen, Indocid).

請提供閣下曾經接受的藥物治療與有關的詳情及日期(例如: Brufen或Indocid)。

Please provide names and addresses of all doctors you have consulted for this condition.

請提供所有曾為閣下此情況診症的醫生姓名及地址。

Supplementary questions (continued) 補充問題 (續)

Have you ever been treated with steroids, (e.g. Prednesol, Betnesol), Antirheumatic drugs (e.g. gold, azathioprine, sulphasalazine, methotrexate, etc.) or anti-TNF agents (e.g. etanercept, infliximab, rituximab, etc.)?
閣下是否曾經接受類固醇類藥物的治療 (例如: Prednesol 或 Betnesol)、類風濕性關節炎藥物 (例如: gold、azathioprine、sulphasalazine 或 methotrexate 等) 或抗腫瘤壞死因子藥物 (例如: etanercept、infliximab 或 rituximab 等) ?

Yes
是

No
否

If 'Yes', please provide details of drug and dates.
如答案為「是」, 請提供藥物及治療日期等詳情。

Please confirm how many joint(s) is(are) affected by gout or arthritis.
請確認有多少個關節受關節炎或痛風所影響。

Number of joint(s)
受影響關節數目 _____

Please describe which joint(s) is(are) affected by gout or arthritis (e.g. knee, ankle, toe, etc.)
閣下哪一個關節受關節炎或痛風所影響 (例如: 膝蓋、腳踝、腳趾等) ?

Has the gout or arthritis restricted you from carrying out your day-to-day activities (especially your occupation)?
關節炎或痛風是否限制閣下進行 (特別是與工作有關的) 日常活動 ?

Yes
是

No
否

If 'Yes', please state how.
如答案為「是」, 請說明如何限制。

Has any surgery been undertaken or is any surgery planned?
閣下是否曾經接受或正在計劃進行手術 ?

Yes
是

No
否

If 'Yes', please provide details and date(s).
如答案為「是」, 請列出詳情及日期。

If you suffer from gout, please advise when your Uric Acid level was last measured and the result of the test.
如閣下患有痛風, 請列出對上一次測量的尿酸水平並提供檢驗日期。

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

Last uric acid level
上一次測量的尿酸水平 _____ mg/dl

When was your last symptoms?
對上一次何時出現病徵 ?

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

How frequent are your symptoms (e.g. twice per month, once per month)?
請提供出現病徵的頻率 (例如: 每個月兩次、每個月一次)。

Do you require a walking stick or any other mobility aid?
閣下是否需要使用拐杖或其他的行動輔助器材 ?

Yes
是

No
否

If 'Yes', how severe/restrictive are your symptoms?
如答案為「是」, 請問閣下的病徵有多嚴重以及在行動上對閣下造成多大的不便 ?

Have you taken any time off from work in view of your condition?
閣下是否曾因相關病徵而需要休假 ?

Yes
是

No
否

If 'Yes', please state dates and duration.
如答案為「是」, 請提供相關日期以及持續多久。

Do you drink alcohol?
閣下喝酒嗎 ?

Yes
是

No
否

If 'Yes', please state the number of units consumed per week.
如答案為「是」, 請說明每星期喝酒的單位份量。

每周 _____ per week

Note: 'social' or 'occasional' are not acceptable answers.
備註: 我們不接受「僅於社交場合」或「間中」等答案。

(One unit = single measure of spirits or one 125ml glass of wine or 250ml beer)
(一個單位 = 一份烈酒或一杯 125 毫升的葡萄酒或 250 毫升啤酒)

Have you ever habitually drunk more in the past?
閣下過往慣常的喝酒量是否較多 ?

Yes
是

No
否

If 'Yes', please provide details.
如答案為「是」, 請說明詳情。

每周 _____ per week

Please provide us with any additional information about your condition that will help us assess your proposal (e.g. dates, names and addresses of doctors/hospitals/clinics).
請提供任何有關的額外資料以協助我們評估閣下的申請。(例如: 求診日期、醫生/醫院/診所姓名及地址)。

Thank you for completing this questionnaire. Please return it to us in a sealed envelope.

感謝閣下填妥此問卷。請將此表格以密封信封方式送回給我們。

3 Declaration 聲明

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，據本人所知及相信，本人在本表格提供的資料，不論是否本人親筆書寫，均屬真實及完整。本人並同意，本表格將構成本人投保申請的一部分，若本人隱瞞任何本人已知的重大事實，將有可能導致索償申請被拒或保險合約失效。

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

本人明白及接受，本人的醫療/健康資料將被蘇黎世國際人壽保險有限公司(「本公司」、「貴公司」)視為高度機密資料，並會被 貴公司或相關第三方服務機構(例如：再保公司、健康專業人士等)用於主要投保表格/問卷中，個人資料私隱聲明部分所列出的用途。

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

如在本投保申請中隱瞞任何重大事實，所簽發之保單將無效。如閣下不確定有關資料是否屬重大事實，我們建議閣下披露有關資料。這些資料亦包括閣下已向代理人提供但並未在本投保申請內披露的資料。請檢查並確保閣下完全滿意閣下在本投保申請中填報的資料。

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

The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** may be used by the Company for the **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).

由蘇黎世保險有限公司(「本公司」)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)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。



Consent for Direct Marketing – Voluntary:

就市場推廣之同意 – 自願性：

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, **only upon having such policy owners' or insured persons' consent or indication of no objection**, for the following purposes relating to direct marketing:

- (1) to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of 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 Zurich Insurance Group's development of services and insurance products.

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，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作以下市場推廣之有關用途：

- (1) 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/或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；
- (2) 進行客戶研究分析及分層；及
- (3) 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。

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, **only upon having such policy owner's and insured person's written consent**, to the following parties, within or outside of Hong Kong, for the above purposes relating to direct marketing:

- (1) companies within Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party marketing service providers and insurance intermediaries.

於獲保單持有人及受保人書面同意後，本公司方可就上述市場推廣之有關用途，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) 蘇黎世保險集團成員公司；
- (2) 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) 第三方市場推廣服務供應商及保險中介人。

I understand that I can withdraw any consent provided for direct marketing purposes anytime by notice to the Company.

本人明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

I wish to opt out of the above direct marketing purposes.

本人欲選擇退出上列之市場推廣用途。

I understand that the Company will only communicate with me using the contact details that I have supplied. Where I 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.

本人明白 貴公司只會以本人提供的聯絡資料與本人通訊。若本人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 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.

本人知道 貴公司或會將本人的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提升服務質素之用。

Declaration (continued) 聲明 (續)

I understand that my 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.

本人明白本人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的個人資料受到同等程度的保障。

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

本人謹此同意 貴公司可收集本人的個人資料及作上述用途。

Signature of life to be insured
受保人簽署

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

Zurich International Life Limited 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.

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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。

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