

旅行保险合同变更/解除申请书  
Application for Endorsement/Cancellation of Travel Insurance Policy

申请日期 Application Date		保险合同号码（保险单号码） Policy No.	
投保人姓名 Name of the Policyholder		被保险人姓名 Name of the Insured Person	
联系电话 Contact Number		邮箱 Email Address	
保险期间 Policy Period	年(YYYY) 月(MM) 日(DD) 至To 年(YYYY) 月(MM) 日(DD)		
其他需要提供的信息 Other Information			
变更/解除内容 Endorsement/ Cancellation Content	<input type="checkbox"/> 变更被保险人资料 Correction of Information of the Insured Person * 仅限于姓名或证件号码的非实质性修改 Only for non-material changes to the name or ID document no. * 请提供身份证或护照复印件等有效证明文件 Please provide valid ID document such as copy of ID or passport 变更后被保险人信息 Insured Person information after the change: 姓 名 Name: <input type="text"/> 性 别 Gender: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female 证件号码 No. of Document: <input type="checkbox"/> 身份证号码 ID No.: <input type="text"/> <input type="checkbox"/> 护照号码 Passport No.: <input type="text"/> 出生日期 Date of Birth: 年(YYYY) 月(MM) 日(DD) 联系电话 Contact number: <input type="text"/> 邮箱 Email Address: <input type="text"/>		
	<input type="checkbox"/> 变更身故保险金受益人 Change of the Death Beneficiary/Beneficiaries * 须投保人与被保险人同时签署 Need to be signed simultaneously by the Policyholder and Insured Person 受益人一 Beneficiary One: 身份证号码 ID No.: <input type="text"/> 联系电话 Contact number: <input type="text"/> 与被保险人关系 Relationship to the Insured Person: <input type="text"/> 受益人二 Beneficiary Two: 身份证号码 ID No.: <input type="text"/> 联系电话 Contact number: <input type="text"/> 与被保险人关系 Relationship to the Insured Person: <input type="text"/>		
	<input type="checkbox"/> 变更投保人资料 Correction of Information of the Policyholder * 仅限于姓名或证件号码的非实质性修改 Only for non-material changes to the name or ID document no. * 请提供身份证或护照复印件等有效证明文件 Please provide valid ID document such as copy of ID or passport 变更后投保人信息 Policyholder information after the change: 姓 名 Name: <input type="text"/> 性 别 Gender: <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female 证件号码 No. of Document: <input type="checkbox"/> 身份证号码 ID No.: <input type="text"/> <input type="checkbox"/> 护照号码 Passport No.: <input type="text"/> 出生日期 Date of Birth: 年(YYYY) 月(MM) 日(DD) 联系电话 Contact number: <input type="text"/> 邮箱 Email Address: <input type="text"/>		
	<input type="checkbox"/> 合同解除 Cancellation of policy 请提供投保人/被保人亲笔签名的申请书原件及投保人身份证复印件。 Please provide this signed application and ID copy of the Policyholder. 因下列原因，申请解除保险合同 Apply for cancellation due to below reasons: <input type="checkbox"/> 使领馆拒签（请另附使领馆拒签证明和被保险人在保险合同约定满期日前的海关出入境记录） Visa Denials (please attach the visa denial notice issued by the Embassy/Consulate and Customs entry and exit records before the expiry date of this policy) <input type="checkbox"/> 出发前旅行取消（仅限境外旅行，请另附被保险人在保险合同约定满期日前的海关出入境记录） Trip cancellation before departure (For overseas travel only. Please attach Customs entry and exit records before the expiry date of this policy) <input type="checkbox"/> 投保错误（产品/计划选择错误或被保险人或投保人不符合投保条件） buyer's mistakes (Policy/plan selection mistake or ineligible insured or policy holder) <input type="checkbox"/> 保险期间届满前结束合同（请填入申请人期望的保险合同终止日期） Policy termination before policy expiry date (Please fill in policy termination date that the applicant requests.) 合同终止时间 Policy termination time 年(YYYY) 月(MM) 日(DD) 24:00:00 时 (Hrs.)		
	<input type="checkbox"/> 其他变更（请详述） Other Changes (Please provide details): <input type="text"/>		

申请人声明  
Declaration of  
the Applicant

1. 本人兹申请苏黎世财产保险（中国）有限公司（以下简称“苏黎世中国”）的上述旅行保险合同变更/解除，并声明以上陈述及各项细节均真实无误。本人明白所述旅行保险合同变更/解除经苏黎世中国审核同意后方可生效。  
I/We hereby apply for abovementioned application for endorsement/cancellation of the Policy and declare that the information provided is true and correct. I/We fully understand that the endorsement/cancellation of the Policy shall not be in force until approved by Zurich General Insurance Company (China) Limited. (Hereinafter referred to as the “Company”)
2. 本人同意并明白，若保险合同是获得“申根协定”缔约国签证的必要条件，根据与相关使领馆的协议，苏黎世中国在同意合同解除申请并签署批单后，有权将合同解除情况通知相关使领馆，告知该保险合同已失效。  
I/We hereby understand that if the policy is required for the Schengen visa, according to the agreement with the relevant Embassy/Consulate, the Company is authorized to inform the relevant Embassy/Consulate the termination of the policy after the Company has agreed to and completed cancellation of the policy.
3. 本人特此确认并同意：如果申请解除保险合同，截至保险合同解除前，保险合同项下未发生过任何保险事故或可能导致苏黎世中国承担保险责任的任何事故。合同解除生效后发生的任何事故，苏黎世中国均不承担任何责任。  
I/we hereby confirm and agree that: in the event of cancellation of the Policy, no insured event has been arising under the Policy nor any event that may result in the Company's liability up to the cancellation. The Company shall not be liable for any loss occurred after the effective date of policy cancellation.
4. 个人信息保护 Personal Information Protection  
(1) 本人同意，且将告知各被保险人并征得其同意，苏黎世中国为本保险及保险服务的目的收集或持有本人的资料及有关各被保险人的个人资料(该资料不论是从保险产品投保过程中或其他地方所获取)并授权可由苏黎世中国、任何与苏黎世中国有关的机构或其他人士（包括苏黎世中国的母公司和/或关联公司和/或合作机构，不论在中国或海外地方）持有、转告，及用于(a)处理及审核本产品投保申请或其他保险事宜；(b)提供与保险有关之服务，包括售后服务、理赔服务、再保险分入和分出、紧急救援等；及(c)与本人或保单相关被保险人联络的用途。  
(2) 本人知晓苏黎世中国因向本人提供保险服务的需要，将向位于中华人民共和国境外的机构或人士（包括苏黎世中国的母公司和/或关联公司和/或合作机构）提供本人在保险过程中所提供的投保、理赔（如有）、保全等信息，包括投保人、被保险人及受益人等与保险合同相关联的个人信息。本人同意并承诺提供的个人信息如涉及被保险人或其他任何自然人的个人信息，本人系严格按照相关法律法规处理个人信息、告知个人信息出境情况（包括保险人境外接收方的名称、联系方式、处理目的、处理方式、个人信息的种类以及个人向境外接收方行使个人信息保护相关法律规定权利的方式和程序等事项），并已取得保险合同关联个人的单独有效同意，向苏黎世中国提供的保险业务中所需的个人信息合法合规。本人了解保险人苏黎世中国处理该个人信息乃为实现投保之目的并更好地向投保人/被保险人提供服务，如苏黎世中国因投保人违法违规处理个人信息而遭受损失，由本人承担赔偿责任。  
(3) 更多关于个人信息的处理方式、处理的个人信息种类、保存期限、合作机构等信息见于苏黎世中国登载于保险人官网的个人信息保护声明，访问地址为 <https://www.zurich.com.cn/statement.html>，本人已经阅读并理解。  
(1) I/we agree and will obtain valid consent (including separate consent) from the Insured Person by informing the insured persons that the Company will collect or hold our personal information (i.e. of myself and all insured persons and beneficiaries), and authorize the Company to hold and transfer to any associated institution or person (including the Company's parent company and/or affiliates/or cooperative institutions, whether in China or overseas), for the purposes of (a) Processing and reviewing application for this product or other insurance matters; (b) Providing insurance-related services, including post-sales service, claims settlement services, reinsurance, emergency rescue, etc. (c) Contacting me or the Insured Person related to the policy.  
(2) I/we understand that the Company will provide information on underwriting, claims (if any), preservation and other information from me during the insurance process, including personal information of myself and all insured persons and beneficiaries and any personal information related to the Policy, to institutions or persons located outside the People's Republic of China (including the Company's parent company and/or affiliates/or cooperative institutions). I agree and confirm that if the personal information provided involves the personal information of the insured person or any other natural person, I will handle the personal information in strict accordance with relevant laws and regulations, inform the transfer of personal information (including the name, contact information, purpose of processing, processing method, type of personal information, and the methods and procedures for individuals to exercise their rights stipulated in related laws to the overseas recipient of the insurer, etc.), and have obtained the separate and valid consent of the individuals associated with the insurance contract. The personal information provided to the Company is legal and compliant. I understand that the Company processes personal information for the purpose of insurance and providing better services to the me/insured persons.  
(3) I/we hereby confirm that: I/we have read and understood the personal information protection statement on the Company's official website (<https://www.zurich.com.cn/statement.html>), including more information on processed methods of personal information, types of personal information processed, the retention period, the cooperative organization.

投保人/被保险人签名: \_\_\_\_\_  
Signature of Policyholder/Insured Person