Blue Cross 藍十字
An AIA Company 友邦保險成員公司

收集個人資料聲明
Personal Information Collection Statement

「火險」申請表格 Fire Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant （如投保人為個人 — 投保人必須年滿18歲或以上。If Applicant is an individual - The Applicant must be aged 18 or above.）

1. 投保人姓名（公司／個人）Name of Applicant (Corporate/Individual) ☐ 先生 Mr. ☐ 小姐 Miss ☐ 太太 Mrs. ☐ 女士 Ms.

2. 香港身份證／商業登記證號碼 HKID Card/BR Certificate No.

3. 香港通訊地址 Correspondence Address in Hong Kong

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

屋苑 Estate _____ 期 Phase _____

街道號數 Street No. _____ 街道名稱／地段 Street Name/Lot _____

地區 District _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界／離島 NT/Outlying Islands

4. 電話號碼 Contact Telephone No. 住宅 Home 公司 Office 手提 Mobile
（請提供至少1個電話號碼 Please provide at least one telephone no.）

5. 傳真號碼 Fax No.

6. 電郵地址 Email Address

(II) 投保詳情 Policy Particulars

保單生效日期 Policy Effective Date _____ 日 DD _____ 月 MM _____ 年 YY

有效期為1年 Valid for 1 year （承保日期以藍十字審核為準。）(Policy effective date is subject to the Company's underwriting acceptance.)

(II A) 受保物業資料 Details of Insured Premises

1. 受保物業（如與通訊地址不同）Insured Premises (if different from Correspondence Address)

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

屋苑 Estate _____ 期 Phase _____

街道號數 Street No. _____ 街道名稱／地段 Street Name/Lot _____

地區 District _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界／離島 NT/Outlying Islands

2. 受抵押人／受託人／銀主名稱（如有）Mortgagee / Assignee / Lien Holder (if any)

3. 用途 Occupied as ☐ 住宅 Dwelling ☐ 倉庫 Godown ☐ 工業 Industrial ☐ 公司 Office ☐ 商店 Shop ☐ 其他，請列明 Others, Please specify _____

(II B) 投保項目 Insured Particulars

投保下列各項（請選擇適當的空格加「✓」號）Interest to be insured (please mark with a "✓")	投保額 Sum Insured (HK$)
1. ☐ 樓宇（不包括地基及水渠）On the Building (excluding foundation and drainage)	
2. ☐ 租項收益之損失（不超過 _____ 個月）Loss of rental (not exceeding _____ months)	
3. ☐ 貨物 On Stock	
4. ☐ 機器及用具 On Machinery, Utensils and Tools of Trade	
5. ☐ 傢具及裝修 On Furniture, Fixtures and Fittings	
6. ☐ 衣物及個人產品（珠寶除外）On Clothing and Personal Effect (Jewellery excepted)	
7. ☐ 其他，請列明 Others, please specify :	
總投保額 Total Sum Insured (HK$)	

(II C) 附加保障項目 Additional Coverage

如須附加下列保障，請在下列空格內填上「✓」號 Mark with a "✓" if you wish to apply for the following coverage

1. ☐ 飛機及其墜下之物件 Aircraft Damage
2. ☐ 地震（火災、震盪及洪水） Earthquake (Fire, Shock and Flood)
3. ☐ 爆炸 Explosion
4. ☐ 車輛碰撞樓宇 Impact by Road Vehicles, etc.
5. ☐ 暴動及罷工 Riot & Strike
6. ☐ 惡意破壞 Malicious Damage
7. ☐ 自動消防系統滲漏 Sprinkler Leakage
8. ☐ 水箱、水管爆裂 Bursting or Overflowing of Water Tanks, Apparatus & Pipes
9. ☐ 颱風、暴風包括洪水 Typhoon, Windstorm including Flood
10. ☐ 山泥傾瀉阪地陷 Landslip and Subsidence

(III) 其他資料 General Information

1. 閣下以前或現在是否有投保其他保險公司？若然，請列明受保保險公司名稱及保單編號。
Have you previously been or are you now insured with any other insurance company? If so, please state the name of the company and the policy number. ☐是 Yes ☐否 No

2. 閣下替上述物業或其他物業投保時曾否被拒投保、拒絕續保，或續保時被附加特別條款？
Have you ever been declined, refused to renew or renewed but subject to special terms or conditions on the above or other premises for insurance? ☐是 Yes ☐否 No

如上述問題的答案為「是」者，請於另紙詳加說明，並附以簽署及日期。
If you answered "Yes" to any of the above questions, please provide full details on a separate sheet which should be signed and dated.

(IV) 付款指示及授權書 Payment Instruction and Authorisation

1. ☐ 支票 Cheque
支票號碼 Cheque No. _____
（劃線支票抬頭人請填寫「**藍十字（亞太）保險有限公司**」）
(Cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**")

2. ☐ 現金 Cash

3. ☐ 信用卡授權 Credit Card Authorisation

本人茲授權藍十字（亞太）保險有限公司從本人下列的信用卡賬戶扣除保單的應繳總額包括保險業監管局徵費。
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the grand total due including levy to the Insurance Authority from my credit card account specified below for the insurance policy.

☐ VISA ☐ Mastercard

持卡人姓名 Name of Cardholder _____	到期日（月／年） Expiry Date (MM/YY) _____	持卡人簽署 Signature of Cardholder _____
信用卡號碼 Credit Card No. _____	發卡銀行 Issuing Bank _____	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

(V) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. **使用個人資料直接促銷**（除接收續保資訊外）
   ☐ 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
2. **接收續保資訊**
   ☐ 我不同意接收此保單的續保資訊。
3. **把個人資料提供聯盟計劃合作夥伴**
   ☐ 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷(例如通過向我提供最新消息、優惠及推廣活動的資訊)，不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. **Use of Personal Data in Direct Marketing** (except receiving renewal information)
   ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
2. **Receiving Renewal Information**
   ☐ I do not agree to receive renewal information of this policy.
3. **Provision of Personal Data in Direct Marketing to Alliance Program Partners**
   ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(VI) 聲明 Declaration

本人／我們，謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 根據本人／我們所知及確信，上述受保單位於過往3年內從未因火警或其他原因引致任何損失。
4. **本人／我們明白及確認藍十字會就本人／我們購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。**
5. 本人／我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
6. 適用於個人客戶
   #在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）
   適用於公司客戶
   投保人乃#根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體／#根據《商業登記條例》（香港法例第310章）登記的法人團體、合顆業務、獨資業務或會社，或其分行。（#請刪去不適用者）

I/WE, HEREBY DECLARE AND AGREE THAT:

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. To the best of my/our knowledge, the insured premises have never suffered any fire damage or other loss in the past 3 years.
4. **I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.**
5. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
6. For individual customer
   #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
   For entity customer
   The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

(VII) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日／月／年） Date (DD/MM/YY)

藍十字專用 For Office Use Only

中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.