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經紀業務適用  
For broker business

# 投保書 Proposal Form

「卓越」無憂保個人醫療保險

SmartCare Optimum Individual Health Insurance

請以英文正楷填寫，並在適當的空格內填上 ☒ Please fill in this form in English block letters and tick the boxes where appropriate ☒

\* 必須填寫項目 Mandatory fields

## 投保人資料 PROPOSER DETAILS

|                                                                                                  |                                             |                                   |                         |                         |                                                                                                                               |
|--------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| 投保人姓名 - 姓 (必須與香港身份證相同)*<br>Name of Proposer - Surname (as on HKID)                               |                                             | 名*<br>Given Name                  |                         | 性別*<br>Sex              |                                                                                                                               |
| 香港身份證號碼*<br>HKID Card No                                                                         | 出生日期 (日/月/年)*<br>Date of Birth (dd/mm/yyyy) | 國籍<br>Nationality                 | 身高 (厘米)*<br>Height (cm) | 體重 (公斤)*<br>Weight (kg) | 吸煙者**<br>Smoker<br><input type="checkbox"/> 是, 每日<br>Yes, _____<br><input type="checkbox"/> 否<br>No<br>根<br>cigarette per day |
| 通訊地址*<br>Correspondence Address                                                                  |                                             |                                   |                         |                         | <input type="checkbox"/> 香港 HK<br><input type="checkbox"/> 九龍 KLN<br><input type="checkbox"/> 新界 NT                           |
| 聯絡電話 (請填寫最少一項) Contact No (Please fill in at least one)*                                         |                                             |                                   |                         | 電郵地址<br>Email           |                                                                                                                               |
| 手提電話<br>Mobile No                                                                                | 公司電話<br>Office Tel                          | 住宅電話<br>Home Tel                  |                         |                         |                                                                                                                               |
| 婚姻狀況<br>Marital Status<br><input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married |                                             | 職業/職位*<br>Occupation/Job Position |                         | 工作性質<br>Job Nature      |                                                                                                                               |

# 在過去三年內吸食過香煙、煙斗或雪茄。 Smoked cigarette, pipe or cigar in the past 3 years.

## 公司資料 COMPANY DETAILS ## (如以公司名義作為投保人 If the proposer is a business entity/company)

|                                                                                                 |                                    |                                                                                                     |
|-------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------|
| 公司名稱 (與商業登記證相同)<br>Company Name (as on Business Registration)                                   | 商業登記號碼<br>Business Registration No | 業務性質<br>Business Type                                                                               |
| 公司地址 (如與上述通訊地址不同)<br>Company Address (if different from above mentioned correspondence address) |                                    | <input type="checkbox"/> 香港 HK<br><input type="checkbox"/> 九龍 KLN<br><input type="checkbox"/> 新界 NT |
| 手提電話<br>Mobile No                                                                               | 公司電話<br>Office Tel                 | 電郵地址<br>Email                                                                                       |

## 若以公司名義作為投保人，以上「投保人」均解作「受保人」。

In case the Proposer is a business entity/company, above "Proposer" will be interpreted as "Insured Person/Member".

## 銀行戶口資料 BANK ACCOUNT DETAILS (只作賠償之用 For claim payment purpose only)

|                                                                                                 |                     |
|-------------------------------------------------------------------------------------------------|---------------------|
| 戶口持有人 Account Holder: <input type="checkbox"/> 公司 Company <input type="checkbox"/> 投保人 Proposer |                     |
| 銀行名稱<br>Bank Name                                                                               | 戶口號碼<br>Account No. |

## 投保細則 INSURANCE COVER

所有受保人的保障計劃必須相同。 The plan(s) selected should be the same for all insured person.

|                     |                                                          |                                                                                                                                                                                                                                                    |                                              |
|---------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 計劃選擇<br>Select Plan | I) 基本保障 - 住院保障<br>Basic Cover - Hospitalization Benefits | <input type="checkbox"/> 尊貴計劃<br>Elite Plan                                                                                                                                                                                                        | <input type="checkbox"/> 豪華計劃<br>Deluxe Plan |
|                     | 自負金額<br>Deductible Options                               | <input type="checkbox"/> 無 Nil<br><input type="checkbox"/> 「卓越」無憂保 自選計劃 SmartCare Optimum Plus<br><input type="checkbox"/> \$10,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$250,000        |                                              |
|                     | II) 額外自選保障<br>Additional Optional Cover                  | <input type="checkbox"/> 1) 門診保障<br>Outpatient Benefits                                                                                                                                                                                            |                                              |
|                     |                                                          | <input type="checkbox"/> 2) 牙科保障 (請另外填寫牙科報告)<br>Dental Benefits (Please complete a separate Dental Examination Report)                                                                                                                             |                                              |
|                     |                                                          | <input type="checkbox"/> 3) 住院現金保障 - 「卓越」健樂錢 <sup>∞</sup><br>Hospital Cash Benefits - SmartCare Essential <sup>∞</sup><br><input type="checkbox"/> 金計劃 Gold Plan <input type="checkbox"/> 銀計劃 Silver Plan <input type="checkbox"/> 銅計劃 Bronze Plan |                                              |

本保單由  
Policy to commence on 日 dd/ 月 mm/ 年 yyyy

起一年內有效  
for one year.

此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。  
The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

<sup>∞</sup> 詳情請參閱「卓越」健樂錢之產品小冊子。 Please refer to product brochure of SmartCare Essential for details.

安盛保險有限公司 AXA General Insurance Hong Kong Limited

香港九龍九龍灣宏泰道23號21樓 21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

## 受保家屬資料 DETAILS OF THE DEPENDENT(S) TO BE INSURED

|                                                | 受保家屬 Insured Dependent (1)                                                                              | 受保家屬 Insured Dependent (2)                                                                              | 受保家屬 Insured Dependent (3)                                                                              |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| 1) 姓*<br>Surname                               |                                                                                                         |                                                                                                         |                                                                                                         |
| 2) 名*<br>Given Name                            |                                                                                                         |                                                                                                         |                                                                                                         |
| 3) 性別*<br>Sex                                  |                                                                                                         |                                                                                                         |                                                                                                         |
| 4) 香港身份證號碼*<br>HKID Card No                    |                                                                                                         |                                                                                                         |                                                                                                         |
| 5) 出生日期 (日/月/年)*<br>Date of Birth (dd/mm/yyyy) |                                                                                                         |                                                                                                         |                                                                                                         |
| 6) 國籍<br>Nationality                           |                                                                                                         |                                                                                                         |                                                                                                         |
| 7) 與投保人關係<br>Relationship to Proposer          |                                                                                                         |                                                                                                         |                                                                                                         |
| 8) 身高 (厘米)*<br>Height (cm)                     |                                                                                                         |                                                                                                         |                                                                                                         |
| 9) 體重 (公斤)*<br>Weight (kg)                     |                                                                                                         |                                                                                                         |                                                                                                         |
| 10) 職業/職位*<br>Occupation/Job Position          |                                                                                                         |                                                                                                         |                                                                                                         |
| 11) 工作性質<br>Job Nature                         |                                                                                                         |                                                                                                         |                                                                                                         |
| 12) 吸煙者**<br>Smokers                           | <input type="checkbox"/> 是, 每日 _____ 根<br>Yes, _____ cigarette per day<br><input type="checkbox"/> 否 No | <input type="checkbox"/> 是, 每日 _____ 根<br>Yes, _____ cigarette per day<br><input type="checkbox"/> 否 No | <input type="checkbox"/> 是, 每日 _____ 根<br>Yes, _____ cigarette per day<br><input type="checkbox"/> 否 No |

註: 若受保人的未婚子女年齡為18至22歲並是全日制學生亦可以投保本計劃, 請提供學生身份證明或有效的證明文件以作確認 (接受影印本)。

NB: Your unmarried child(ren) can be insured under this policy if they are aged 18 to 22 and are full time students. Please provide student identification document(s) or other documentation(s) for validation (photocopies are acceptable).

## 保險有關資料 INSURANCE INFORMATION\*

†「受保人」均解作「受保人」及/或「受保家屬」。「The person(s) to be insured」will be interpreted as “Insured Person/Member” and/or “Insured Dependent(s)”.

1. 受保人†的家庭醫生全名、地址及電話號碼。(必須填寫)

Full name, address and telephone number of the usual Physician for the person(s) to be insured (Please complete).

| 醫生全名 Physician's Full Name | 地址 Address | 電話號碼 Tel No |
|----------------------------|------------|-------------|
|                            |            |             |
|                            |            |             |
|                            |            |             |
|                            |            |             |

受保人†在過去六個月內曾求診的醫生全名、地址及電話號碼。(必須填寫)

Full name, address and telephone number of any other Physician(s) that the person(s) to be insured have visited in the last 6 months (Please complete).

| 醫生全名 Physician's Full Name | 地址及電話號碼 Address & Tel No | 該次診斷結果 Diagnosis | 現時狀況 Current Condition |
|----------------------------|--------------------------|------------------|------------------------|
|                            |                          |                  |                        |
|                            |                          |                  |                        |
|                            |                          |                  |                        |
|                            |                          |                  |                        |

2. 受保人†是否曾經在投保人壽或醫療保險時被保險公司拒絕, 被延期, 在特別條款和情況下被接受, 或被拒絕續保? 是 Yes ☐ 否 No ☐  
Has any person to be insured ever been rejected, postponed, accepted under special terms and conditions for a Life or Health application by an insurance company, or its renewal been refused?

3. 受保人†是否持有仍然生效的人壽或醫療保單? ☐ ☐  
Does any person to be insured have any Life or Health insurance policy currently in force?

如以上任何問題答「是」, 請列明詳細資料 (包括保險公司名稱及受保期)

If the answer to any of the above questions is “Yes”, please provide details below. (including Name of the Insurance Company & Period of Insurance)

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若空位不敷應用, 請另加紙張填寫。Should there be insufficient space, please continue on a separate sheet.

1. 受保人<sup>†</sup>是否慣常飲用酒精類飲品/服用藥物？  
Does any person to be insured take alcohol/medication? 是 Yes 否 No  
1. ☐ ☐
2. 受保人<sup>†</sup>是否曾經入住醫院或接受任何手術、醫療輔助、治療或檢驗包括X光/掃描/心電圖/磁力共振掃描/實驗室化驗等？  
(如「是」，請提供有關醫療報告副本)  
Has any person to be insured been admitted to a hospital or received any surgery, medical advice, treatment or examination including X-ray/imaging/ECG/MRI/laboratory test, etc.? [If "Yes", please provide a copy of the original medical report(s)] 2. ☐ ☐
3. 受保人<sup>†</sup>是否患有或曾患有以下疾病？  
Has any person to be insured suffer, or have ever suffered from any of the disorders, deformations or symptoms described below?
- a) 內分泌系統 Endocrine System  
甲狀腺、腎上腺、垂體疾病、糖尿病、肥胖症等；  
thyroid, adrenal, pituitary, diabetes, obesity, etc. 3a) ☐ ☐
- b) 神經系統 Nervous System  
神經炎、中風、癱瘓、震傷、癲癇、痙攣等；  
neuritis, stroke, paralysis, concussion, epilepsy, spastic disorders, etc. 3b) ☐ ☐
- c) 眼睛 Eyes  
眼疾、斜視、弱視或其他眼疾；  
eye diseases, squinting, amblyopia, other disorders 3c) ☐ ☐
- d) 耳 Ears  
耳疾、失聰、弱聽等；  
ear disorders, deafness or partial deafness, hard of hearing, etc. 3d) ☐ ☐
- e) 支氣管 Bronchial Tubes  
鼻腔發炎、支氣管炎、哮喘、肺炎、胸膜炎、肺結核等；  
inflammation of nasal cavity, bronchitis, asthma, pneumonia, pleuritis, tuberculosis, etc. 3e) ☐ ☐
- f) 心臟及血管系統 Heart and Vascular System  
心臟病、心臟（瓣膜）疾病、靜脈曲張、高血壓、膽固醇過高等；  
heart attack, heart (valve) disorder, varicose veins, high blood pressure, high cholesterol level, etc. 3f) ☐ ☐
- g) 血液及/或淋巴系統、白血血等 Blood and/or Lymphatic System, Leukemia, etc. 3g) ☐ ☐
- h) 女性生殖器官及乳房 Female Genital Organs and Breast  
內臟器官疾病、月經失調及乳房手術/乳房檢查  
disease of the internal organs, menstrual disorders and breast operation/breast tests, etc. 3h) ☐ ☐
- i) 消化系統 Digestive System  
食道、胃、腸、肝、痔瘡、膽囊、腹股溝等毛病；  
gullet, stomach, intestines, liver, hemorrhoids, gall-bladder, groin, etc. 3i) ☐ ☐
- j) 腎及泌尿系統 Kidney and Urinary System  
腎石、膀胱炎、遺尿、前列腺疾病等；  
stones, inflammation of the bladder, bed wetting, prostate, etc. 3j) ☐ ☐
- k) 男性生殖器官 Male Genital Organs  
包皮緊縮、睪丸未降、發炎等；  
prepuce narrowing, undescended testicles, inflammations, etc. 3k) ☐ ☐
- l) 骨骼及肌肉系統 Bone and Musculo-skeletal System  
背部及/或股骨不適、風濕、（手、腳）折斷、肌肉系統疾病、曾接受切除手術等；  
back and/or hip disorders, rheumatism, fractures (arm, leg), muscular system, amputations, etc. 3l) ☐ ☐
- m) 皮膚及四肢 Skin and Limbs  
慢性皮膚病、如牛皮癬、曾接受整形外科手術、外形、面積及位置偏差等；  
chronic skin diseases, e.g. psoriasis, plastic surgery, shape, size and positional deviations, etc. 3m) ☐ ☐
- n) 精神病治療 Psychiatry  
精神病、長期頭痛、過份緊張、精神分裂症等；  
psychological disorders, prolonged headaches, overstrains, schizophrenia, etc. 3n) ☐ ☐
- o) 敏感 Allergies 3o) ☐ ☐
4. 受保人<sup>†</sup>曾否患有以上未有提及的疾病？  
Has any person to be insured suffer from any disease not mentioned above? 4. ☐ ☐
5. 上述情況是否因懷孕所致？  
Was the above mentioned condition due to or associated with pregnancy? 5. ☐ ☐
6. 受保人<sup>†</sup>的直系親屬當中是否曾經患有心臟病、中風、高血壓、糖尿病、癌症或其他遺傳性疾病？  
Has any direct relatives of the person to be insured suffered from heart disease, stroke, high blood pressure, diabetes, cancer or other hereditary disease? 6. ☐ ☐
7. 如以上任何問題答「是」，請確保在以下填妥有關的詳盡資料？  
If you have answered "Yes" to any of the above questions, please give full details:

| 問題編號<br>Question No | 受保人 <sup>†</sup> 全名<br>Name (in Full) | 與受保人關係<br>Relationship with Insured | 疾病性質<br>Nature of Complaint | 診斷結果<br>Diagnosis | 所接受的治療<br>Treatment Received | 治療日期(月/年)<br>Date (mm/yyyy) |    | 現時的健康狀況<br>Current Situation | 醫生姓名、地址及電話號碼<br>Name, Address & Telephone No of Attending Physician |
|---------------------|---------------------------------------|-------------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|----|------------------------------|---------------------------------------------------------------------|
|                     |                                       |                                     |                             |                   |                              | From                        | To |                              |                                                                     |
|                     |                                       |                                     |                             |                   |                              |                             |    |                              |                                                                     |
|                     |                                       |                                     |                             |                   |                              |                             |    |                              |                                                                     |
|                     |                                       |                                     |                             |                   |                              |                             |    |                              |                                                                     |
|                     |                                       |                                     |                             |                   |                              |                             |    |                              |                                                                     |

若空位不敷應用，請另加紙張填寫。 Should there be insufficient space, please continue on a separate sheet.

## 投保人聲明 DECLARATION

請細閱下列各項條文及投保人須知，然後在指定空位內簽署。

Please read the following statements and Important Notes to Proposer carefully and sign in the space provided.

本人聲明 I declare that

- 本投保書內所載問題的陳述及答覆，均為全部正確無訛。本人並特此同意，此等陳述及答覆均會成為保單的基礎及其中一部份<sup>△</sup>。  
All statements and answers to all questions stated in this proposal are to the best of my knowledge and belief complete and true and I hereby agree that these statements and answers shall form the basis and become a part of any policy issued hereunder<sup>△</sup>.
- 本人特此授權任何擁有本人或上述任何成員的任何記錄或資料的註冊醫生、醫院、診所或保險公司，可向安盛保險有限公司提供上述有關資料。  
I hereby authorize any licensed physician, hospital, clinic or insurance company that has any records or knowledge of me or any members listed above to give any such information to AXA General Insurance Hong Kong Limited.
- 本人明白在保單內的信用設備包括安盛醫療卡及醫院費用代繳服務均為保障保障範圍內作門診及住院接受治療之用。如在某種情況或某些原因下醫療費用不屬保單賠償範圍之內，本人將承擔此不屬保單賠償範圍內的費用並於繳款通知書發出兩星期內支付安盛保險有限公司。  
I also understand that any credit facility including AXA medical card or hospital credit offered for the Policy are to be used for clinical visits or admission to hospitals for treatments falling under the scope of the Policy. In the event the charges incurred which are in excess of my benefits entitlement or any ineligible benefit not provided under the Policy, I shall undertake to pay AXA General Insurance Hong Kong Limited within two weeks from the date of the Debit Note.
- 本人已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人所訂合約的根據，並以保單各條款為準則<sup>△</sup>。  
I have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself<sup>△</sup>.
- 就此投保申請，本人已取得所有家屬同意及授權透過本人向貴公司提供有關資料；倘若本人及其所有家屬未能提供所須資料，貴公司可能因此不能處理此投保申請。本人之家屬均同意該等資料可供貴公司使用，致使貴公司之業務得以順利運作。  
I have obtained all necessary consent from my dependents to supply their information and data to the Company by myself otherwise if they fail to provide any such information requested, it may result in the Company's inability to process and deal with this application. My dependents agree that these information and data can be used by the Company to carry on its businesses.

## 收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

安盛保險有限公司（下稱「本公司」）明白其就《個人資料（私隱）條例》（香港法例第486章）（「條例」）收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（「有關目的」）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

- (1) 向閣下推介、提供和營銷本公司、安盛集團的其他公司（「安盛關聯方」）或本公司的商業合作夥伴（參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份）之產品/服務，以及提供、維持、管理和操作該等產品/服務；
- (2) 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
- (3) 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
- (4) 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
- (5) 評估閣下的財務需求；
- (6) 為客戶設計產品/服務；
- (7) 為統計或其他目的進行市場研究；
- (8) 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
- (9) 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
- (10) 進行身份和/或信用核查和/或債務追收；
- (11) 遵守任何適用的司法管轄區的法律；
- (12) 開展與本公司業務經營有關的其他服務；及
- (13) 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

- (1) 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
- (2) 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
- (3) 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
- (4) 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
- (5) 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
- (6) 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文「在直接促銷中使用及將其個人資料提供予其他人士」部份。

閣下的個人資料將僅為上文所規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

- (1) 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
- (2) 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：
  - (a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
  - (b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
- (3) 以上服務及產品將會由本公司及/或以下機構提供：
  - (a) 任何安盛關聯方；
  - (b) 第三方金融機構；
  - (c) 提供上文2.所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
  - (d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
- (4) 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文「個人資料的查閱和更正」部份所列的地址通知本公司。本公司會在不再收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港九龍灣宏泰道23號21樓  
安盛保險有限公司  
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

- (1) offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
- (2) processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- (3) providing subsequent services to you, including but not limited to administering the policies issued;

- (4) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
- (5) evaluating your financial needs;
- (6) designing products/services for customers;
- (7) conducting market research for statistical or other purposes;
- (8) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (9) making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- (10) conducting identity and/or credit checks and/or debt collection;
- (11) complying with the laws of any applicable jurisdiction;
- (12) carrying out other services in connection with the operation of the Company's business; and
- (13) other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- (1) any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
- (2) any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- (3) any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- (4) credit reference agencies or, in the event of default, debt collection agencies;
- (5) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
- (6) any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Use and provision of personal data in direct marketing:** The Company intends to:

- (1) use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- (2) conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
  - (a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
  - (b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- (3) the above products and services may be provided by the Company and/or:
  - (a) any of our affiliates;
  - (b) third party financial institutions;
  - (c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
  - (d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
- (4) in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "**Access and correction of personal data**". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
AXA General Insurance Hong Kong Limited  
21/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明(「該聲明」)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明,而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述,本人/我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人/我們的個人資料,包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

[重要通知:如閣下不同意根據「收集個人資料的聲明」使用和轉移閣下的個人資料作直接促銷用途(參閱「在直接促銷中使用及將其個人資料提供予其他人士」部份),請在下列方格內口加上號(「✓」),本公司將不會使用閣下的個人資料作為直接促銷用途。]

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.]

☐ 本人/我們不同意貴公司根據「收集個人資料的聲明」使用和轉移本人/我們的個人資料作直接促銷用途(參閱「在直接促銷中使用及將其個人資料提供予其他人士」部份)及並不願意接收任何貴公司的推廣及直接促銷的材料。

I/ we do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

## 佣金披露聲明 COMMISSION DISCLOSURE DECLARATION

本人/我們明白、確知及同意安盛保險有限公司(「貴公司」)會就本人/我們購買及接受貴公司簽發的保單,於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體,代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲法人團體授權簽署。

本人/我們亦明白貴公司必須取得本人/我們以上的同意,才可以處理有關申請。

**I/We understand, acknowledge and agree that, as a result of the my/Our purchasing and taking up the policy to be issued by the Company, the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I/We am/are a body corporate, the authorized person who signs on my/Our behalf further confirms to the Company that he or she is authorized to do so.**

**I/We further understand that the above agreement is necessary for the Company to proceed with the application.**

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

**I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorizations.**

投保人簽署/公司印章及授權簽署(如以公司名義作投保人)  
Proposer's Signature/Company Chop and Authorized Signature  
(if the proposer is a business entity)  
(請勿於空白投保書上簽署 Do not sign a blank form)

日期(日/月/年) Date (dd/mm/yyyy)

**NAVIGATOR**  
Insurance Brokers Ltd.  
Unit 9E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong  
Tel: +852 2530 2530 | Fax: +852 2530 2535  
Email: crew@navigator-insurance.com | www.navigator-insurance.com

<sup>△</sup> 如投保人或其授權人於申請有關保險或索償時,有意提供虛假資料或聲明,本公司有權拒絕賠償有關保單亦等同無效。

If you or anyone acting on your behalf applies for this insurance or makes a claim knowing that the information supplied is untrue, we will not pay any claim and this policy shall be void.

## 付款方法 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣  
I wish to pay my premium HK\$

元正  
by

☐ 支票抬頭請填「安盛保險有限公司」Cheque payable to **AXA General Insurance Hong Kong Limited**

☐ VISA 咭

☐ 萬事達咭 MasterCard

信用咭號碼 Credit Card No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

信用咭有效期至 Credit Card Expiry Date \_\_\_\_\_ 月mm \_\_\_\_\_ 年yyyy

持咭人姓名 Cardholder's Name \_\_\_\_\_

本人授權安盛保險有限公司從本人上述的信用咭賬戶支取有關保險保單的保費。

I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.

\_\_\_\_\_  
持咭人簽署 Cardholder's Signature

\_\_\_\_\_  
日期 (日/月/年) Date (dd/mm/yyyy)

### 投保人須知 Important Notes to Proposer

- 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理 / 經紀查詢。我們建議閣下將有關的資料作記錄 (包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。  
Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。  
Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.

「註：本中文簡譯，概以英文原文為準」

**NAVIGATOR**  
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