



redefining / standards

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牙科檢查報告

DENTAL EXAMINATION REPORT

(必須由註冊牙醫填寫，有關費用由受保人負責)

(To be completed by Registered Dentist at Person to be insured's expense)

本表格只適用於牙科保障及每位受保人必須填寫。This form is applicable to Dental Benefits only and should be filled in for each person to be insured. 如需更多表格填寫，請自行影印。Should you need additional forms, photocopies are acceptable.

請在適當的空格內填上 ☒ Please tick the boxes where appropriate ☐.

受保人資料 DETAILS OF THE PERSON TO BE INSURED

受保人姓名 (英文正楷)

Name of Person to be Insured (English Block Letter) _____

年齡 Age _____ 性別 Sex ☐ 男 Male ☐ 女 Female 香港身份證號碼 HKID Card No _____

醫療問卷 MEDICAL QUESTIONNAIRE

1 這次檢查中有否拍攝牙科 X 光作檢查？ 有 Yes ☐ 否 No ☐

Have any dental x-rays been taken during this examination?

若「有」，請描述 X 光性質及拍攝原因

If "Yes", please describe nature of x-rays and reason for taking

2 請描述受保人的假牙狀況(若適用)及你認為受保人的假牙狀況是否保持良好及受保人是否正確護理自己的假牙？
Please describe general condition of dentures (if any) and do you think the person to be Insured's denture is in good condition and well taken care of?

3 就受保人現時的牙齒狀態，是否出現口腔內顎骨結構異常(包括先天性、遺傳性或後天意外所致)一般代謝性病變、發炎性病變及內分泌病變等，而此等病變會對受保人的牙齒構成已知的損害？ 是 Yes ☐ 否 No ☐

Is there any pre-existing pathology which could cause a worsening of the person to be insured's dentition are included as pre-existing pathologies the maxilla deformation (congenital, hereditary or accidental) and also but not limited to all general metabolic, infections and endocrine pathologies having an incidence on dental status?

若「是」，請詳述

If "Yes", please give details below

4 現時是否有徵狀顯示牙肉有問題，包括已顯示或未曾顯示在牙齒的健康上？ 是 Yes ☐ 否 No ☐

Is there any sign of gum problem with or without incidence on the health of the teeth?

若「是」，請詳述

If "Yes", please give details below

5 受保人對上一次接受牙齒或牙肉診治於何時及接受何種治療？
When was the person to be insured last treated for dental or gum problems and what was the treatment provided?

AXA General Insurance Hong Kong Limited

21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

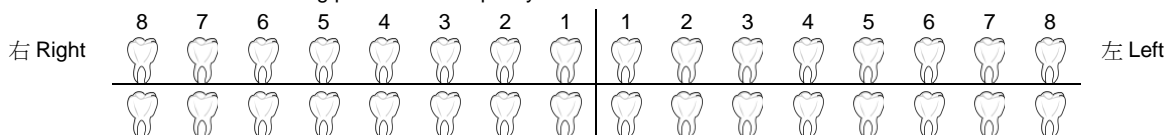
安盛保險有限公司

香港九龍九龍灣宏泰道23號21樓

醫療問卷 MEDICAL QUESTIONNAIRE

- 6 請描述其他有關的不正常狀況或觀察
Please state other abnormalities or observations

- 7 請在下圖圈出發現已有問題的牙齒及詳述有關狀況
Please circle the teeth with existing problems and specify the conditions



聲明 DECLARATION

A 受保人填寫 TO BE COMPLETED BY THE PERSON TO BE INSURED

本人聲明及同意本人已填報一切重要的有關資料，就本人所知所信全部正確無訛，並無任何保留。

I hereby declare and agree that all information provided is to the best of my knowledge and belief complete and true and that I have not withheld any material facts.

本人授權任何有關的註冊牙科醫生，向安盛保險有限公司提供任何有關本人的牙科健康狀況的有關資料。本授權書的影印本將與正本具有同等效力。

I hereby authorize any licensed dentist to release any information of my dental status to AXA General Insurance Hong Kong Limited may require. A photocopy of this authorization shall be as valid as the original.

收集個人資料的聲明

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、使用及／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。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

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。

PERSONAL INFORMATION COLLECTION STATEMENT

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, 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 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.

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

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。

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.

受保人簽署
Signature of Person to be insured

日期 Date
(日/月/年) (dd/mm/yyyy)

B 註冊牙醫填寫 TO BE COMPLETED BY REGISTERED DENTIST

本人証明就本人所知所信全部正確無訛。本人接受及取得投保人的同意，向安盛保險有限公司提供本聲明內容的有關資料及於將來 12 個月內就受保人的實際牙科健康狀況所發現的任何有關差異。

I certify to the best of my medical knowledge that all the information provided is exact. I accept to release, with the consent of the Person to be insured all the necessary information to AXA General Insurance Hong Kong Limited, should within the next twelve months any discrepancy arise between any statement and the actual evolution of the Person to be insured's dental condition.

註冊牙醫姓名(英文正楷)

Name of Registered Dentist (English Block Letter) _____

註冊牙醫簽署
Signature of Registered Dentist

日期 Date
(日/月/年) (dd/mm/yyyy)

註冊牙醫資料 INFORMATION OF REGISTERED DENTIST

資歷 Qualification _____

地址 Address _____

電話號碼 Tel No _____

傳真號碼 Fax No _____