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香港工程測量師學會會員號碼: _____

Received _____ Eff _____ App _____

忠意優晉醫療計劃投保書

(本公司專用 For Office Use Only)
 保單號碼 Policy Number

Generali Prestigio Health Plan Application Form

重要指示 Important Note:

- 請你確定能盡己所知於此投保書上提供所有重要資料，此重要資料將成為合約之根據。否則，所繕發之保單將告無效。重要資料指任何可能影響忠意保險有限公司香港分公司（'忠意保險'）評估及受保風險之資料。若你不清楚某事實是否為重要資料，應在投保書上披露該等資料。此投保書必須填妥及於香港特別行政區簽署。 Please ensure that you disclose all material facts in this Application Form to the best of your knowledge, which shall form the basis of contract, otherwise the issued policy may be void. A material fact is one which may influence the assessment or acceptance of the risk to be insured by Assicurazioni Generali S.p.A., Hong Kong Branch ('Generali'). If you are in doubt whether a fact is material, please disclose it on the Application Form. This Application Form must be completed and signed in the Hong Kong Special Administrative Region.
- 請使用黑色 / 藍色筆以英文正楷填寫本投保書。本投保書內任何修改應在旁加簽或重新填寫一份。不可使用塗改液。 Please complete this Application Form in **BLOCK LETTERS** in BLACK/BLUE PEN. Any corrections should be signed /initialised by the form signatory or you should complete a new form. Corrective fluid should not be used.
- 所有投保書必須經過忠意保險核保始能生效。 All applications are subject to underwriting.
- 本投保書英文及中文版本之間如有任何歧義，概以英文版本為準。 In case of discrepancies between the English and Chinese versions of this Application Form, the English version shall prevail.

請於適當空格內加 號及於 * 刪去不適用者。 Please tick the appropriate box and * delete whichever is inappropriate.

(A) 投保人 / 主準受保人 * 資料 Personal Details of Applicant/Proposed Principal Insured Person

(除非投保人是公司，否則投保人和主準受保人應為同一人。 Unless the Applicant is a Company, otherwise the Applicant and the Proposed Principal Insured Person should be the same person.)

1. 先生 / 太太 / 女士* Mr. / Mrs. / Ms.*			
姓名 (以香港身分證為準) Name (as shown in HKID Card)		姓 Surname	名 Given Name
中文姓名 Chinese Name			
2. 性別 Gender		3. 出生日期 Date of Birth	
<input type="radio"/> 男 Male <input type="radio"/> 女 Female		日 Day	月 Month 年 Year
4. 香港身分證號碼 / 護照號碼 (如非香港永久性居民或香港住戶) HKID / Passport Number (if non-permanent HKID Card holder or non-HK resident)*			
5. 國籍 Nationality		6. 居住國家 Country of Residence	
7. 婚姻狀況 Marital Status <input type="radio"/> 未婚 Single <input type="radio"/> 已婚 Married <input type="radio"/> 鰥寡 Widowed <input type="radio"/> 離婚 Divorced			
8. 英文住宅地址 Residential Address in English		9. 英文通訊地址 (若與住宅地址不同，請填寫此欄) Correspondence Address in English (Please complete if different from residential address)	
室 Room/Flat	樓 Floor	座 Block	室 Room/Flat 樓 Floor 座 Block
大廈/屋苑 Building/Estate		大廈/屋苑 Building/Estate	
街道名稱 Street/Road		街道名稱 Street/Road	
地區 District	郵政編號 Postal Code	地區 District	郵政編號 Postal Code
國家 Country		國家 Country	
10. 電郵地址 Email Address			
11. 聯絡電話號碼 Contact Telephone No.		住宅 Home	公司 Office 手提 Mobile
12. 職業 Occupation		業務性質 Business Nature	

(B) 公司資料 Company Details (如以公司名義作為申請人 If the applicant is a business entity/company)

Company Name (as on Business Registration) 公司名稱 (與商業登記證相同) _____

Business Registration Number 商業登記號碼 _____

Business Nature 業務性質 _____

Country of Incorporation 註冊國家 _____

Relationship of the company with the Proposed Principal Insured Person 公司與主準受保人關係 _____

Company Business Address 公司地址 (與商業登記證相同) _____

Office Telephone Number 公司電話 _____

Email Address 電郵地址 _____

(C) 投保及語言項目 (請選擇並在方格加 '✓') (同一保單下的所有受保人的選項相同。)
Choice of Cover and Language (All Insured Person(s) under the same policy should have the same choice of cover.)

保障項目 Benefits	主要保障：住院及手術保障 Core Benefit : Hospitalisation and Surgical Benefit			
請選一項 Must Tick one	<input type="checkbox"/> 住院及手術保障 core benefit only	<input type="checkbox"/> 住院及手術 + 門診保障 core + outpatient benefit	<input type="checkbox"/> 住院及手術 + 門診 + 牙科保障 core + outpatient + dental benefit	
保障地域範圍 (請選一項) Territorial Scope of Cover (please tick one level)	<input type="checkbox"/> 環球 Worldwide	<input type="checkbox"/> 國際 (不包括美國) Worldwide (excluding USA)	<input type="checkbox"/> 亞洲 Asia	
自付額等級 (請選一項) Annual Deductible Level (please tick one level)	<input type="checkbox"/> HK\$0	<input type="checkbox"/> HK\$10,000	<input type="checkbox"/> HK\$25,000	<input type="checkbox"/> HK\$50,000 <input type="checkbox"/> HK\$80,000
保單合約語言 (請選一項) Policy Contract Language (please tick one)	<input type="checkbox"/> 只需英文 English Only	<input type="checkbox"/> 英文及繁體中文 English and Traditional Chinese	<input type="checkbox"/> 英文及簡體中文 English and Simplified Chinese	

(D) 準受保人資料 Proposed Insured Person(s) Details

	姓 Surname	名 Given Name	性別 Gender	出生日期 (日/月/年) Date of Birth (dd/mm/yy)	香港身分證 / 護照 / 出生證明號碼 HKID/Passport/ Birth Certificate No.	身高 (厘米) Height (cm)	體重 (公斤) Weight (kg)	首年年繳保費 (港幣) Initial Annual Premium (HK\$)
準主受保人 Proposed Principal Insured Person#								
配偶 Spouse #								
子女 Child ##								
子女 Child ##								
子女 Child ##								
應繳付之首年年繳保費 Total Initial Annual Premium Payable (HK\$)								

配偶年齡必須為 18 歲至 70 歲。Spouse must be aged between 18 and 70 years old.

子女年齡必須為 15 天至 17 歲或 23 歲以下未婚且在接受全日制教育。Child(ren) must be aged between 15 days and 17 years old or below 23 years old if unmarried and in full-time education.

(E) 旅遊及居住地 Travel and Residency
(根據 E 部分, '你' 是指所有準受保人。Under Section E, 'you' refers all Proposed Insured Persons.)

1.	你是否曾在任何一個年度內, 前往現時居住城市地區以外的國家或城市公幹、旅遊或居住累計超過 182 天? 如答「是」, 請在以下部份提供過去十二個月之資料。 Do you travel or reside in a different country or city from your current residence city location for a total duration of more than 182 days in any one year? If 'Yes', please provide details over the last 12 months below.	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
準受保人姓名 Proposed Insured Person's Name	到訪地區 (城市 / 國家) Location Visited (city/country)	到訪次數 Frequency of Visits	逗留時間 Duration of Visits
			到訪目的 Purpose of Visits
2.	你是否預期未來十二個月的外遊、公幹模式或居住城市地區出現重大更改? 如答「是」, 請在補充資料部分提供有關資料。 Do you anticipate any significant change in traveling pattern or residence city location within the next 12 months? If 'Yes', please provide details in the Supplementary Information Section.	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No

(F) 健康聲明 Health Declaration
(根據 F 部分, '你' 是指所有準受保人。Under Section F, 'you' refers all Proposed Insured Persons.)

填寫本健康聲明前, 請填妥 C 項 '準受保人資料' 部分。請注意, 任何因未經填報之健康狀況而引致之索償申請, 將不獲接納。
Please ensure you have completed all the details in Section C 'Proposed Insured Person(s) Details' before completing this Health Declaration Section. Please note that the insured person(s) will not be eligible for claims resulting from the non-disclosure of any health information.

1.	過去十二個月內, 你的體重是否曾增加或減少 10 磅 / 4.5 公斤或以上? 如答「是」, 請在補充資料部分註明原因及曾增加 / 減少磅數 / 公斤。 Did you experience any weight change in excess of 10 lbs / 4.5kg in the last 12 months? If 'Yes', please give exact amount gained/loss and reason in the Supplementary Information Section.	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
2.	你在過去十二個月內曾否吸食煙草製品? 如答「是」, 請在補充資料部分提供以下資料: Have you smoked any tobacco products within the past 12 months? If 'Yes', please state in the Supplementary Information Section the following information:	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	a) 煙草製品種類 The type of tobacco products		
	b) 每日平均數量 (單位) The average daily consumption (with unit)		
	c) 你已吸食煙草製品多少年 Number of years you have smoked		
	d) 如已停止吸食煙草製品, 請說明原因及日期。If ceased smoking, please state when and for what reason.		

3.	你是否服食任何成癮藥物、吸毒或飲酒？如答「是」，請在補充資料部分列明類別和每星期平均份量。 Do you take soft drugs, narcotics or alcohol? If 'Yes', please provide details on the type and the average weekly consumption in the Supplementary Information Section.	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
4.	你現時是否服食或注射任何藥物或需要特別飲食限制？ Are you now taking any medication, having injection or on a special diet?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
5.	你的親生父母或兄弟姊妹有否患有糖尿病、癌症、高血壓、心臟疾病、精神病、多發性硬化症、肌肉萎縮症、中風、腎病(例如：多囊腎症)或其他遺傳病？如答「是」，請在補充資料部分提供家庭病史。 Have your natural parents or siblings ever had diabetes, cancer, high blood pressure, heart problems, mental disease, multiple sclerosis, muscular dystrophy, stroke, kidney disease (e.g. polycystic kidney disease) or any other hereditary disease(s)? If 'Yes', please provide the family medical history in the Supplementary Information Section.	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
6.	就你曾否患有及 / 或接受治療及 / 或被告知患有以下任何疾病或機能失調： Have you ever had and/or been treated for and/or been told you had any of the following diseases or disturbances:		
	a) 胸痛、心悸、高血壓、風濕性熱、心雜音、心臟病、呼吸困難、血液循環不良或其他心臟疾病？ chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	b) 肺或呼吸器官疾病、鼻或喉之疾病、吐血、持久沙啞或咳嗽、支氣管炎、胸膜炎、哮喘、肺氣腫或肺結核？ lungs or respiratory disorder, disease of nose or throat, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	c) 黃膽病、乙 / 丙型肝炎帶菌、潰瘍、結腸炎、膽石、憩室炎、經常消化不良、疝氣或其他食道、胃、胰臟、腸、直腸、肛門、肝或膽的疾病？ jaundice, hepatitis B / C carrier, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion, hernia or other disorder of the esophagus, stomach, pancreas, intestines, rectum, anus, liver or gallbladder?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	d) 尿中有糖、蛋白、血或膿；腎、膀胱、前列腺或生殖器官結石或其他疾病？ sugar, albumin, blood or pus in urine; stone or other disorder of kidney, bladder, prostate or reproductive organs?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	e) 眼或耳的疾病、暈眩、痙攣、癲癇、抽搐、頭痛、語言缺陷、癱瘓或中風、精神病或神經系統疾病？ disorder of eye or ear, dizziness, convulsion, epilepsy, seizure, headaches, speech defect, paralysis or stroke; mental or nervous disorder?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	f) 糖尿、甲狀腺或其他內分泌系統(腺系統)的疾病？ diabetics, thyroid or other endocrine (glandular) disorder?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	g) 畸形、跛或斷肢、脊椎骨、背部、頸、關節、肌肉、骨、神經系統的疾病包括神經炎、坐骨神經痛或自體免疫疾病(如：各種關節炎、風濕性關節炎、痛風、全身性紅斑狼瘡或其他結締組織疾病等)？ deformity, lameness or amputation; disorder of the spine, back, neck, joints, muscles, bone, nerves including neuritis, sciatica, or autoimmune disease (e.g. any form of arthritis, rheumatoid arthritis, gout, systemic lupus erythematosus (SLE) or any other connective tissues disease etc.)?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	h) 癌症、腫瘤、囊腫或皮膚或淋巴腺的疾病？ cancer, tumour, cyst or disorder of the skin or lymph gland?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	i) 先天性的疾病、敏感、貧血、白血病或其他與血有關的疾病？ congenital disorder, allergies, anaemia; leukemia; or other disorder of blood?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	j) 性病或你是否曾接受愛滋病、與愛滋病有關之併發症或其綜合群徵的任何醫療建議、輔導或治療，及 / 或你曾否接受愛滋病毒的血液測試？ venereal disease or have you received any medical advice, counselling, treatment in connection with AIDS, AIDS related complex or condition and/or have you had any blood test for the HIV virus?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	k) 你曾否接受輸血或血液替代品？ have you ever received any blood transfusion or blood substitute?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
7.	你曾否患有上文並未提及或預期接受留院或手術的疾病、受傷、手術、醫療建議或留院治療？ Have you ever had any illness, injury, operation, medical advice or hospital treatment not mentioned above or are you expecting to be hospitalized or to undergo any surgical operation?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
8.	在過去五年，你曾否接受或預期接受或現正考慮接受調查性質及 / 或診斷檢驗如 X-光、電腦掃描、超聲波掃描、組織化驗、心電圖、遺傳基因檢驗、血液檢驗、驗尿？ In the past five years, have you ever had any investigatory and/or diagnostic test such as X-ray, CT scanning, ultrasonogram, biopsy, electrocardiogram, genetic test, blood test, urine study or are you expecting to receive or considering taking those tests?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
9.	女準受保人適用： For Female Proposed Insured Person:		
	a) 你曾否患有及 / 或接受治療及 / 或被告知患有任何乳房或生殖器官疾病包括不正常塗片檢驗或異常出血或月經不調或於懷孕或生產期間所引致之任何併發症？ Have you ever had and/or been treated for and/or been told you had any disorder of the breast or reproductive organs including abnormal smear tests or abnormal bleeding or menstrual irregularity or any complications during pregnancy or delivery?	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	b) 你現在是否懷孕？如答「是」，請在補充資料部分說明預產期 Are you now pregnant? If 'Yes', please state the expected date of delivery in the Supplementary Information Section.	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No

10.	請填寫你慣常諮詢的醫生或過去 12 個月曾諮詢的診所或醫院資料 (如有)。 Please state the following details of your usual attending doctor or any clinic or hospital you have consulted in the last 12 months (if any).	是 <input type="checkbox"/> Yes	否 <input type="checkbox"/> No
	準受保人姓名 Proposed Insured Person Name		
	醫生 / 診所 / 醫院名稱 Name of doctor / clinic / hospital		
	地址及電話號碼 Address and telephone no.		
	最後求診日期 Date of last consultation		
	最後求診原因及結果 Reason and Result of last consultation		

如果你就 E 部分問題 2，F 部分問題 1、2、3、5 和 9b 的回答為「是」，請在以下補充資料部分列出有關詳情，並請列明問題號碼：

If your answer to question 2 in Section E; 1, 2, 3, 5 and 9b in Section F above is (are) 'Yes', please give details in the Supplementary Information Section below, stating the question number(s) :

補充資料部分 Supplementary Information Section

問題 Question No.	詳細資料 Details

如果你就 F 部分問題 4、6、7、8 及 9a 的回答為「是」，請在下方列出有關詳情，並提供相關的醫療報告副本：

If your answer to questions 4, 6, 7, 8 and 9a in Section F above is(are) 'Yes', please give details of the medical condition in the space provided below, and provide a copy of the relevant medical report(s):

問題 Question No.	準受保人姓名 Name of Proposed Insured Person	病癥 / 疾病性質 / 受影響位置 / 診斷 Symptom/nature of disorder /infected areas/diagnosis	接受的治療 / 檢查結果 / 手術 / 藥物 Treatments/test results/ operation/ medication received	檢查日期 / 病發日期 Date of tests/ onset	痊癒日期 ; 痊癒程度 / 現況 Date of Recovery; Degree of recovery/ present condition	醫生姓名、地址及電話號碼 Name, address and telephone no. of the attending doctor

(G) 繳付保費方法 Premium Payment Method

(保險費必須由投保人 / 保單持有人繳付或受保人繳付。否則，請提供證明文件以證明繳付人與投保人 / 保單持有人之間的關係。忠意保險有權不接受由第三方繳付的保險費) (The premium must be paid by the Applicant/Policyholder or the Insured Person(s). Otherwise, please provide supporting documents to prove the relationship between the payer and the Applicant/Policyholder. Generali reserves the right not to accept the premium paid by a third party.)

港幣支票抬頭請填寫「忠意保險有限公司」HKD Cheque payable to 'Assicurazioni Generali S.p.A.'

VISA 卡

萬事達卡 Master Card

發卡銀行名稱 Name of the Card Issuer _____

信用卡號碼 Credit Card No. - - 到期日 Expiry Date /

持卡人姓名 (英文)

Cardholder's Full Name (English) _____

本人授權忠意保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費。

I hereby authorise Assicurazioni Generali S.p.A. to charge my above credit card for the insurance premiums of this insurance policy.

持卡人簽署 Cardholder's Signature

日期 (日 / 月 / 年) Date (dd/mm/yy)

(H) 賠償款項銀行資料 Claim Payment Bank Details

如未有選擇使用「醫療費用免結賬安排」，賠償款項只以自動轉賬方式存入投保人以下提供的港幣銀行賬戶。同一保單內所有賠償款項必須以同一賬戶作為自動轉賬賠償之用。投保人同意及授權忠意保險轉賬賠償款項於以下賬戶。

If the 'Medical Expenses Cashless Direct Billing Arrangement' is not selected for a claim, the claim payment will be reimbursed by autopay to the below Hong Kong Dollar bank account provided by the Applicant. All claim payments under the same policy will be paid to such bank account. The Applicant hereby agrees and authorizes Generali to reimburse claims payment to the account below.

銀行賬戶持有人姓名 Bank Account Holder Name _____

與投保人關係 Relationship with the Applicant _____

銀行名稱 Bank Name _____

銀行編號 Bank No.	分行編號 Branch No.	戶口號碼 Account No. (只有數字 numbers only)

(I) 收集個人資料聲明 Personal Information Collection Statement

- a) 閣下須要不時向忠意保險有限公司香港分行（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及／或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及／或相關產品與服務，處理經由本公司發出及／或安排的保單之下的索償事宜，及／或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途：i) 處理（包括但不限於承保）及／或審批保險及／或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及／或復效；ii) 管理經由本公司發出及／或安排的保單；iii) 處理（包括但不限於調查、分析、評估和裁定）及／或理賠經由本公司發出及／或安排的保單之下的索償事宜；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 經由本公司發出及／或安排的保單之下壽劃共同保險及／或再保險；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及／或相關產品與服務供客戶使用；xi) 推銷本公司及／或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及／或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及／或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及／或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及／或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述 (i) 至 (xiv) 直接有關的任何其他用途。
- d) 由本公司持有的個人資料將受到保密，但本公司可依據以上 (c) 段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及／或該等個人資料所涉及的任何其他有關人士：i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及／或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及／或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及／或該等協會或聯會的成員；iii) 本公司及／或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及／或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及／或關聯公司有約束力的任何法律之下，本公司及／或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及 vii) 對本公司及／或關聯公司負有保密責任的人士。
- e) 本公司可使用由相關的保險業協會或聯會及／或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- f) 根據《個人資料（私隱）條例》：i) 任何人均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 聲明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 ii) 本公司有權就處理任何有關個人資料的要求之下收取合理的費用。
- g) 如欲查閱及／或改正個人資料及／或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：個人資料保護主任 忠意保險有限公司 香港分行 香港皇后大道東 8 號忠意保險大廈 5 樓

使用及提供個人資料作直接促銷

(本節條文是組成「收集個人資料聲明」的一部分。)

- 1) 個人資料，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為、財務背景及人口統計資料可被用作於直接促銷：i) 本公司及關聯公司的保險及／或其他相關產品與服務；ii) 本公司跟聯名品牌夥伴的保險及／或其他相關產品與服務（聯名品牌夥伴之名稱將載於相關產品及服務的申請表、建議書、宣傳小冊子及／或廣告單張／海報，以適用者為準）及／或本公司所選定的第三方；iii) 本公司，關聯公司及聯名品牌夥伴的獎賞、忠誠及／或優惠項目／計劃。
- 2) 就以上 (1) 段所述的用途，個人資料亦可被提供予本公司的關聯公司，聯名品牌夥伴及本公司所選定的第三方服務提供商，包括但不限於，客戶服務中心。
- 3) 本公司須獲閣下允許（包括表示不反對）本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。

如閣下不同意個人資料用作下列直接促銷用途，請在以下方格內加上號數（“√”）：

本人／我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。

本人／我們不允許貴公司使用個人資料作直接促銷用途。

(若閣下沒有在方格內加上號數但簽署本表格／文件，閣下會被視之為不反對（即閣下允許）本公司使用或向第三方提供個人資料作直接促銷用途。)

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ves), policy/holder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the Personal Data may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the Company; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the Company; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the Company; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time; xiii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related: i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the Company and/ or its Affiliated Companies; iv) persons to whom the Company and/ or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/ or its Affiliated Companies; vi) lawful successors or assigns of the Company; and vii) persons who owe a duty of confidentiality to the Company and/ or its Affiliated Companies.

- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance: i) any individual has the right to: A) check whether the **Company** holds data about him/ her and, if so, obtain a copy of such data; B) require the **Company** to correct any data relating to him/ her that is inaccurate; and C) ascertain the **Company's** policies and practices in relation to data and to be informed of the kind of data held by the **Company**; and ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 5/F, Generali Tower, 8 Queen's Road East, Hong Kong.

Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

- The Personal Data, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing: i) insurance and/ or other related products and services of the Company and its Affiliated Companies; ii) insurance and/ or other related products and services of the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the Company; iii) reward, loyalty and/ or privileges programs/ plans of the Company, its Affiliated Companies and co-branding partners.
- The Personal Data may also be provided to the Company's Affiliated Companies, co-branding partners and third party service providers selected by the Company for the purpose set out in paragraph (1) above, including, without limitation, call centres.
- The Company requires your consent (which includes an indication of no objection) to the use of Personal Data for the purpose set out in this section. If you do not wish the Company to use or provide to other parties the Personal Data for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the Company at any time thereafter.

Please tick ("√") the boxes below if you do not agree with the following use(s) of the Personal Data in direct marketing.

- I/ We do not consent to the provision of the Personal Data to the third parties as described herein for the purpose of direct marketing.
- I/ We do not consent to the use of the Personal Data by the Company for the purpose of direct marketing.

(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

(J) 聲明及授權 Declaration and Authorization

- a) 本人/ 我們確認，本人/ 我們已獲提供一份由忠意保險發出的收集個人資料聲明(「該聲明」)。本人/ 我們確認已經閱讀並且明白該聲明。本人/ 我們同意忠意保險可依照該聲明的條款收集、使用、儲存、批露、轉移及以其他方式處理本人/ 我們的個人資料。本人/ 我們進一步確認，本人/ 我們已獲得準受保人和任何其他有關人士(如適用的話)的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給忠意保險，並允許忠意保險可按照該聲明的條款收集、使用、儲存、批露、轉移及以其他方式處理該等個人資料。
- b) 本人/ 我們，並代表所有準受保人，在此聲明及同意，此投保書內所提供之一切陳述及資料，就本人/ 我們所知所信，均為事實之全部並確實無訛，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部分，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人/ 我們在此聲明，並無隱瞞任何足以影響忠意保險衡量應否接受此投保書的事實(不論是否已包括在此投保書的問題內)及假如未能確定某些資料是否重要，則應將有關事實予以披露。
- c) 本人/ 我們授權/ 並代表所有準受保人授權忠意保險或任何其他委任之體檢醫生或化驗所，替本人/ 我們進行所需之醫療評估及測試，並對本人/ 我們之健康狀況進行審核及評估，作為處理本申請及其後與之有關的索償事宜。如本人/ 我們不能提供任何此申請表所需的資料，忠意保險可能因此不能處理此投保申請。本人/ 我們謹此授權任何註冊西醫、醫院、診所、保險公司及其他機構、組織或人士，凡知道或擁有有關本人/ 我們或本人/ 我們健康狀況之資料者，均可將該等資料提供給忠意保險或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。此授權文件之傳真或影印本皆與正本同樣有效。
- d) 本授權對繼承人和我的受讓人/ 所有準受保人均有約束力和保持有效即使死亡或喪失行為能力。此授權文件之影印本皆與正本同樣有效。
- e) 本人/ 我們明白、確知及同意，忠意保險會就投保人購買及接受其簽發的保單。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。假如投保人為法人團體，代表投保人簽署的獲授權人員須向忠意保險確認他/ 她已獲該法人團體授權。
- f) 本人/ 我們明白此保單不會生效，除非此保單已發出及忠意保險已收受所需的首次保費。
- g) 本人(投保人)亦明白忠意保險必須取得本人的同意，才可以處理其保險申請。
- h) 我/ 我們明白我/ 我們有權在沒有理賠前提下以書面通知要求取消此份保單及發還任何已付保費。有關通知必須由我(投保人)簽署並於保單發出後的21天內送達忠意保險。
- a) I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/We confirm that I/we have read and understood the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the Proposed Insured Person(s) and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.
- b) I/We, and on behalf of all Proposed Insured Persons, hereby declare and agree that all statements and information provided in this Application Form are to the best of my/our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I/We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Generali's assessment and acceptance of this application has been withheld and understand that if I/We am/are uncertain as to whether or not a particular information is material, the information should be disclosed.
- c) I/We hereby authorise/and on behalf of all Proposed Insured Persons hereby authorise Generali or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves in relation to this application and any claim arising therefrom. If I/We fail to provide any information requested in this Application Form, it may result in Generali's inability to process this application. I/We authorize any medical attendant, hospital, clinic, insurance company or other organisation, institution or person, who/which has any records or knowledge of me/us, our health, to divulge to Generali or its authorised representatives or any reinsurers or any tribunal any information he or she or it may have any regard to me/us for the purpose of evaluating this application and any claim arising from the policy. A faxed of photographic copy of this authorisation shall be as valid as the original.
- d) This authorization shall bind the successors and assignees of me/all Proposed Insured Persons* and remains valid notwithstanding death or incapacity. A photographic copy of this authorization shall be as valid as the original.
- e) I/We understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.
- f) I/We understand that no insurance shall be in force until this policy is issued and the initial premium is paid in full.
- g) I/We further understand that the above agreement is necessary for Generali to proceed with the application.
- h) I/We understand that I/We have the right to cancel and obtain a refund of any premium(s) paid by giving written notice provided no claims have been paid or payable. Such notice must be signed by me (the Applicant) and received by Generali within twenty-one (21) days after the delivery of the policy.

投保人簽署 Applicant's Signature

日期(日/月/年) Date (dd/mm/yyyy)

香港特別行政區 Hong Kong S.A.R.

簽署地 Signed at

Strategic Insurance Brokers Alliance Limited

LD000218

2815 2388

代理人/顧問姓名(如適用)
Agent/Broker Name (if applicable)

代理人/顧問編號
Agent/Broker Code

代理人/顧問電話號碼
Agent/Broker Contact Tel No.

(本公司專用 For Office Use Only)

公司專用 For Office Use Only	
Approved by:	Date:
L: Y/N	E: Y/N