



### III. Application for e-Services 申請電子服務

I hereby agree to use e-Services through **myBupa**, an online and mobile platform, to view and download some of my policy-related documents. To access these e-documents\*, I am required to register for a **myBupa** account and provide an email address in Section I above where I will receive email notifications when a document is ready for me to access from my **myBupa** account. I understand that I will no longer receive hard copy of these documents by post.

If you have already provided your email address to us, we will send email notifications to your email address on our record. If you want to update your email address, please provide a new email address in Section I above.

\*Please refer to <https://www.bupa.com.hk/en/customer-care/mybupa/> for the latest list of e-documents available on **myBupa**. This list is subject to change.

本人現同意使用 **myBupa** 網上及手機的電子服務，以查閱及下載與本人保單相關的部分文件。要查閱這些電子文件\*，本人須登記 **myBupa** 帳戶，並於以上第一部分提供電郵地址。當文件已上載於我的 **myBupa** 帳戶後，我便會收到電郵通知。本人明白將不會以郵寄方式收到這些保單文件的印刷本。

如您曾經向我們提供電郵地址，我們會根據紀錄中的電郵地址發出電郵通知。如您想更新電郵地址，請於以上第一部分提供新的電郵地址。

\*有關上載於 **myBupa** 的最新電子文件清單，請參考 <https://www.bupa.com.hk/tc/customer-care/mybupa/>，此清單會不時更改。

### IV. Change of Member Details 更改會員資料

Membership No. (Must be completed) 會員編號 (必須填寫)	Surname 姓 (Same as identity document)	Given Name 名 (與身份證明文件相同)	Sex 性別	Identity Document No <sup>1</sup> 身份證明文件號碼 <sup>1</sup>	Date of Birth 出生日期 DD / MM / YY 日 / 月 / 年	Country of Residence <sup>2</sup> (if not HK) 居住國家 <sup>2</sup> (如非香港)	US Permanent Resident <sup>3</sup> 美國永久居民 <sup>3</sup>
							<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
							<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
							<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Notes 注意：

- Please submit a copy of the Member's HKID Card / Passport, or Birth Certificate (only for Members under 18 only) to Bupa. 請連同香港身份證 / 護照，或出生證明書副本 (18歲以下之會員) 交回保拍。
- Unless otherwise specified by the Member in writing, Inter Partner Assistance Hong Kong Limited will regard Hong Kong as the Country of Residence for all Members and repatriate relevant Members to Hong Kong when Medically Necessary. 除非會員特別以書面通知，國際救援 (亞洲) 有限公司將設定香港為所有會員之居住國家，於有醫療需要時送返有關會員回香港。
- "Permanent resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. US for this purpose shall include the USA and the Commonwealth of Puerto Rico. 「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。美國為此包括美國及波多黎各自由邦。

### V. Family Members in the Same Scheme, Different Contracts 於不同合約內的家庭成員

Please provide the application/Contract details of your family Members who have enrolled in the same scheme. 請提供投保相同計劃的其他家庭成員之申請參考編號 / 保單詳細資料

Name of Subscriber 投保人姓名	Scheme Name 計劃名稱	Identity Document No. 身份證明文件號碼	Application Ref. No./Contract No. 申請參考編號/合約編號	Relationship with Subscriber 與投保人關係

## VI. Addition of Member 增加會員

(Applicable for Excel Health Insurance Scheme, Excel Plus Health Insurance Scheme and Global Supreme Health Insurance Scheme only. All family members should be covered under the same insurance scheme. 只適用於「摯尚醫療保障計劃」、「摯悅醫療保障計劃」或「摯卓醫療保障計劃」。所有家庭成員須受保於同一保障計劃。) Please complete the Health Declaration in section VI. All applications are subject to underwriting approval by Bupa. 請填寫第VI部分之健康聲明。申請必須通過核保始能生效。

For Excel and Excel Plus: spouse, parents, parents-in-law or grandparents must be aged 16 to 75, and children or grandchildren must be aged 15 days and above. 摯尚和摯悅醫療保障計劃：配偶、父母、配偶之父母或(外)祖父母年齡必須介乎16至75歲。子女或孫兒年齡必須介乎出生15日或以上。

For Global Supreme: spouse, parents, parents-in-law or grandparents must be aged 16 to 80, and children or grandchildren can be added to the scheme from birth. 摯卓醫療保障計劃：配偶、父母、配偶之父母或(外)祖父母年齡必須介乎16至80歲。子女或孫兒由出生日便可新增於保障計劃。

Information 資料	Proposed Member 準會員 1			Proposed Member 準會員 2			Proposed Member 準會員 3		
Surname 姓									
Given Name 名									
Sex 性別									
Identity Document No. <sup>1</sup> 身份證明文件號碼 <sup>1</sup>									
Date of Birth 出生日期	DD 日	MM 月	YY 年	DD 日	MM 月	YY 年	DD 日	MM 月	YY 年
Relationship with Subscriber 與投保人關係	<input type="checkbox"/> Spouse 配偶 / Domestic Partner 同居伴侶 <sup>^</sup> <input type="checkbox"/> Child 子女 <input type="checkbox"/> Subscriber's father 投保人之父親 <input type="checkbox"/> Subscriber's mother 投保人之母親 <input type="checkbox"/> Subscriber's father-in-law 投保人配偶之父親 <input type="checkbox"/> Subscriber's mother-in-law 投保人配偶之母親			<input type="checkbox"/> Spouse 配偶 / Domestic Partner 同居伴侶 <sup>^</sup> <input type="checkbox"/> Child 子女 <input type="checkbox"/> Subscriber's father 投保人之父親 <input type="checkbox"/> Subscriber's mother 投保人之母親 <input type="checkbox"/> Subscriber's father-in-law 投保人配偶之父親 <input type="checkbox"/> Subscriber's mother-in-law 投保人配偶之母親			<input type="checkbox"/> Spouse 配偶 / Domestic Partner 同居伴侶 <sup>^</sup> <input type="checkbox"/> Child 子女 <input type="checkbox"/> Subscriber's father 投保人之父親 <input type="checkbox"/> Subscriber's mother 投保人之母親 <input type="checkbox"/> Subscriber's father-in-law 投保人配偶之父親 <input type="checkbox"/> Subscriber's mother-in-law 投保人配偶之母親		
Country of Residence <sup>2</sup> (If not Hong Kong) 居住國家 <sup>2</sup> (如非香港)									
US Permanent Resident <sup>3,4</sup> 美國永久居民 <sup>3,4</sup>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
<input type="checkbox"/> <b>Excel Health Insurance Scheme</b> <b>摯尚醫療保障計劃</b>									
Deductible Options 墊底費選擇	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000			<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000			<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000		
Clinical Benefit 門診保障	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Maternity Benefit <sup>5</sup> 產科保障 <sup>5</sup>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Dental Benefit 牙科保障	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/> <b>Excel Plus Health Insurance Scheme</b> <b>摯悅醫療保障計劃</b>									
Deductible Options 墊底費選擇	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000			<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000			<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000		
Clinical Benefit 門診保障	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Maternity Benefit <sup>5</sup> 產科保障 <sup>5</sup>	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Dental Benefit 牙科保障	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/> <b>Global Supreme Health Insurance Scheme</b> <b>摯卓醫療保障計劃</b>									
Deductible Options 墊底費選擇	<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 80,000			<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 80,000			<input type="checkbox"/> 0 <input type="checkbox"/> 12,000 <input type="checkbox"/> 40,000 <input type="checkbox"/> 80,000		
Clinical Benefit 門診保障	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		
Dental and Optical Benefit (Available only if enrolled together with Clinical Benefit) 牙科及視力保障(須與門診保障一同投保)	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>		

### Notes 注意：

- Please submit a copy of the proposed Member's HKID Card / Passport, Birth Certificate (only for members under 18) to Bupa. Please also submit a copy of marriage certificate for addition of newlywed spouse. 請連同香港身份證/護照或出生證明書副本(18歲以下會員)交回保柏。如加入新增之新婚配偶，請連同結婚證書副本交回。
- Unless otherwise specified by the Member in writing, Inter Partner Assistance Hong Kong Limited will regard Hong Kong as the Country of Residence for all Members and repatriate relevant Members to Hong Kong when Medically Necessary. 除非會員特別以書面通知，國際救援(亞洲)有限公司將設定香港為所有會員之居住國家，於有醫療需要時送返有關會員回香港。
- "Permanent resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. US for this purpose shall include the USA and the Commonwealth of Puerto Rico. 「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。美國為此包括美國及波多黎各自由邦。
- Application for addition of member is not allowed if the proposed Member's Country of Residence is USA, United States Minor Outlying Islands, Virgin Islands, U.S. OR Commonwealth of Puerto Rico. This restriction is applicable if the member coverage effective date is on or after 1 Oct 2016. 如準會員居住國家是美國、美國本土外小島嶼、美屬維爾京群島或波多黎各自由邦，增加會員的申請將不獲接納。此限制只適用於會員的保障生效日期為2016年10月1日或以後。
- Only available for female proposed Members aged 18-49. 適用於18-49歲之女性準會員。

<sup>^</sup> Domestic partner shall mean civil partner, or the person (of same or different sex), with whom the Subscriber lives with in a continuous, committed, exclusive relationship during which period neither the Subscriber nor that person was or is married to or partnered with any other person. 同居伴侶指民事結合的伴侶或與投保人共同生活，並保持持續、忠誠以及唯一的關係的人士(不論同性或異性)，而期間投保人或該人士並沒有和其他人士結婚或結合。

**VII. Health Declaration 健康聲明**

**Important notes 重要事項:**

- Any non-disclosure of health information may disqualify your claim(s) from assessment or reimbursement and/or result in your Contract being void.  
請注意，任何未經披露之健康狀況均有可能導致您的合約無效及 / 或令索償不獲審核及 / 或賠償。
- This Health Declaration is to be completed and signed by the proposed Member. If the proposed Member is aged below 18 years, this form should be completed by the Subscriber.  
此健康聲明須由準會員填寫。如準會員未滿18歲，此表格須由投保人填寫。
- If "YES" is answered for any question listed below, please complete the Supplementary Health Declaration Form for the corresponding proposed Member.  
如就以下任何問題的回答為「是」，請填寫「補充健康聲明表格」。

Name of proposed Member 準會員姓名	Proposed Member 準會員 1		Proposed Member 準會員 2		Proposed Member 準會員 3	
Height 身高	cm公分 /	ft尺	cm公分 /	ft尺	cm公分 /	ft尺
Weight 體重	kg公斤 /	lb磅	kg公斤 /	lb磅	kg公斤 /	lb磅
Smoker 吸煙者	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
1 In the last 3 years, have you (or the proposed member) had: 在過去三年內，您（或準會員）是否曾： a) consultation or medical investigations (eg scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more and/or occurred more than once during the period; 因任何持續兩星期或以上及/或出現多於一次的病症或症狀就診或接受醫療檢查（如掃描及血液檢驗）； b) consultation or medical investigations as a result of abnormal findings from medical investigations; or 因醫療檢查結果異常而就診或接受醫療檢查；或 c) consultation by a specialist for two times or more for the same medical condition(s). 因同一病症接受兩次或以上的專科醫生診治？	Yes 是	No 否	Yes 是	No 否	Yes 是	No 否
2 In the last 5 years, have you (or the proposed member) ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month? 在過去五年內，您（或準會員）是否曾定期服用/曾被建議定期服用為期超過一個月的醫生處方藥物？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 In the last 7 years, have you (or the proposed member) been admitted to hospital, had an operation or a procedure? 在過去七年內，您（或準會員）是否曾住院，接受手術或治療程序？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 In the last 6 months, have you (or the proposed member) had any undiagnosed symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms? 在過去六個月內，您（或準會員）是否曾有任何未被診斷的症狀，或現正因有關症狀進行醫療檢查或等待檢查結果？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you (or the proposed member) had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (eg shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body? 您（或準會員）是否曾有癌症、心臟病、中風或關節置換的病史；或現在體內有任可醫療儀器（如導引腦積水的分流器，及固定骨折的骨釘和骨板等）？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable to proposed Member aged 15 days to 24 months only 此問題只適用於年齡介乎15日至24個月的準會員：						
6 Was the proposed member born before 37 weeks or after 42 weeks of pregnancy? 準會員是否於懷孕37周前或42周後出生？	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Supplementary Health Declaration Form completed and enclosed? (If applicable, refer to Important Note 3) 請問是否已填寫並附上「補充健康聲明表格」？（如適用，請留意「重要事項」第三項）	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VIII. Other Changes 其他更改 (Please specify the details 請詳細列明)**

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## Declaration 聲明

I/We acknowledge that Benefit is not payable under the health insurance scheme being applied for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date unless complete details are fully disclosed by me/us in this Application and accepted by Bupa (Asia) Limited ("Bupa"). I/We declare that, to the best of my/our knowledge and belief and, if applicable, based on information provided by the legal guardian of the Member, the statements contained in this Application are true and complete.

I/We acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me/us and the Members as listed in this Application at my/our own cost. I/We have read and agreed to be bound by the terms and conditions of the Contract of this Scheme and I/We agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me/us and Bupa.

I/We acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, Qualified Nurses, cancer centres, day-case centres, diabetic centres, wellness centres and other service providers to provide health and care services, credit facilities for eligible medical expenses and to do all things and acts incidental to such appointment for the Member(s). I/We acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against any such service provider appointed by Bupa by the Member(s).

I/We acknowledge that Bupa may terminate the cover of relevant Members with immediate effect if the law of the country in which any of the proposed Member is located, or the Member's country of residence or nationality, including but not limited to US and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I/We further declare that I/We are not US permanent residents. I/We understand that I/We am/are obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of US during the Contract Year.

本人/吾等確認根據申請之醫療保障計劃（「計劃」）規定，凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用，一律不予賠償，除非本人/吾等在本申請表內已詳細列出並獲得保柏接納。

本人/吾等聲明，就本人/吾等所知所信以及根據會員合法監護人提供的資料（如適用），本申請表上填報之一切資料，均屬實完整。本人/吾等確認保柏（亞洲）有限公司（「保柏」）有權要求提供更多有關本人/吾等及於本申請表內所列之會員之健康狀況及醫療報告，一切費用由本人/吾等支付。本人/吾等並且授權任何為本人/會員觀察或治療的醫生、醫院、診所，或持有本人及/或會員健康或任何資料之保險公司或機構將本人及/或會員之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人/吾等已細讀並同意遵守此計劃之各條款及細則，並同意本申請表內之健康聲明及回答作為本人/吾等與保柏之間所訂合約之根據。

本人/吾等確認保柏可酌情委任註冊西醫、醫院、合資格護士、癌症中心、日症中心、糖尿病中心、保健中心及其他服務供應商以提供醫療服務、合資格醫療費用之墊支服務及有關該委任所需之服務予會員。本人/吾等確認並同意有關此委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就會員向有關保柏所委任的服務供應商所作出之申索，保柏一概不會負責。

本人/吾等確認如準會員的所在國家或準會員的原居國或國籍所屬國家的法律（包括但不限於美國和日本）或任何其他對保柏或本合約適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關會員的保障並立即生效。本人/吾等此外聲明本人/吾等並非美國永久居民。本人/吾等明白如何會員如於合約年度期間成為美國永久居民，本人/吾等有責任立即以書面通知保柏。

I, as the Subscriber, understand that I declare and sign on behalf of the Member(s) listed in this Application under this Scheme.

本人作為投保人明白本人代表此計劃所有會員作出聲明及簽署。

Subscriber's Signature 投保人簽署		Signed in Hong Kong on 於香港簽署之日期	
X _____ (Full Name 姓名 )		____/____/____ DD 日 MM 月 YYYY 年	
Proposed Member's Signature (Aged 18 or above) 年滿18歲或以上之準會員簽署	Signed in Hong Kong on 於香港簽署之日期	Proposed Member's Signature (Aged 18 or above) 年滿18歲或以上之準會員簽署	Signed in Hong Kong on 於香港簽署之日期
X _____ (Full Name 姓名 )	____/____/____ DD 日 MM 月 YYYY 年	X _____ (Full Name 姓名 )	____/____/____ DD 日 MM 月 YYYY 年

Transaction Branch Code	Referral Staff ID	Transaction Agent Code

# Personal Information Collection Statement 個人資料收集聲明

## Bupa (Asia) Limited (the "Company")

### Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy;
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- Personal information relating to you, or the Member, may be used for the following purposes:**
  - processing, assessing and determining any Applications for insurance products and services;
  - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
  - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, processing, assessing, determining or responding to such claims;
  - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
  - provision and design of products and services of the Company;
  - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
  - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
  - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
  - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may provide such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
  - the Company's group companies ("Group Company");
  - any insurance intermediaries authorised by the Company;
  - any re-insurance companies authorised by the Company;
  - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business (including without limitation insurers, banks, lawyers, accountants, claims investigators, debt collection agencies, data processing companies, research agencies and professional advisors);
  - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business;
  - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
  - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
  - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
  - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.  
For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:
  - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
  - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer  
18/F, Berkshire House  
25 Westlands Road, Quarry Bay, Hong Kong

- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5588.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

## 保柏 (亞洲) 有限公司 (「本公司」)

### 有關個人資料 (私隱) 條例 (「條例」) 之個人資料收集聲明 (「本聲明」)

遵照條例, 本公司特意通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員 (每位「會員」) 向本公司申請保險或金融產品及服務, 或當閣下更改保單或續保時, 必須不時向本公司提供閣下或會員的個人資料;
- 如閣下未能提供本公司所要求的個人資料, 本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務;
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料, 例如當閣下為本人或代會員向本公司提出保險索償時。
- 閣下或會員的個人資料可能會用作下列用途:
  - 處理、評估、決定任何保險產品及服務之申請;
  - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求, 包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
  - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償, 包括但不限於賠償、辯護、分析、調查、處理、評估、決定或回應該等索償;
  - 執行與本公司所提供的保險產品及/或服務相關的功能及活動, 包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
  - 提供及設計本公司的產品及服務;
  - 行使本公司向閣下或會員提供保險和服務時有關的權利, 例如釐定閣下拖欠的任何款項的金額, 及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士, 追收和收回拖欠的任何款項;
  - 就任何本聲明中所述的用途與閣下或會員 (或與代表會員的閣下) 聯絡;
  - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人, 就涉及的轉讓、出讓、參與或次參與的交易進行評估; 及
  - 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引, 而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密, 但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人提供該等個人資料作第(4)及第(6)段列出的用途:
  - 本公司的集團公司(「集團公司」);
  - 任何由本公司授權的保險代理人;
  - 任何由本公司授權的再保險公司;
  - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商 (包括但不限於保險公司、銀行、律師、會計師、理賠調查員、收數公司、資料處理公司、研究服務機構及專業顧問);
  - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;
  - 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引, 而作出披露, 包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院, 及在其他情況下, 法律規定本公司必向其披露的人士或機構。
- 本公司只會得到閣下同意或表示不反對的情況下, 使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況, 向閣下提供有關以下產品和服務的市場推廣資訊 (包括以電郵、手機短訊或即時通訊):
  - 保險、醫療、康健、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品; 及
  - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品; 及
  - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下的個人資料向第三方透露, 用作他們的市場推廣用途。  
為避免有疑慮, 不論閣下是否同意接收以上第六點所述的市場推廣資訊類別, 本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款, 閣下有權:
  - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
  - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
  - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類; 及
  - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任, 地址如下:  
香港鰂魚涌華蘭路25號栢克大廈18樓  
保柏 (亞洲) 有限公司  
保障資料主任
- 根據有關條例之條款, 本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢, 請隨時致電本公司的客戶服務專線 2517 5588。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義, 概以英文為準。