

MediSure Plus  
至尊萬健寶醫療保障計劃

# Application Form 投保申請書



For Agent  
& Direct  
Use Only



Insurance  
that sees  
the heart  
in everything

A Member of **MS&AD** INSURANCE GROUP

Please complete this Form, in **ENGLISH BLOCK LETTERS** and return it with initial premium to:  
請以英文正楷填妥此申請表格，連同首次保費寄回下列地址：

MSIG Insurance (Hong Kong) Limited - Healthcare Division  
9/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong

三井住友海上火災保險(香港)有限公司 - 醫療保險部  
香港太古城英皇道 1111 號太古城中心第一期 9 樓  
Tel 電話 : (852) 2894 0555 Fax 傳真 : (852) 2890 5741

Initial premium should be made by cheque payable to "MSIG Insurance (Hong Kong) Limited". All application approved will be effective on the 1<sup>st</sup> day of the following month.

首次保費請以支票繳付，抬頭「三井住友海上火災保險(香港)有限公司」。所有申請批核確認後會於下月的一號開始生效。

(For office use only 本公司專用)

Policy No. : \_\_\_\_\_

Effective Date (DD/MM/YY): \_\_\_\_\_

### Details of Applicant (Applicant must be aged 18-75) 申請人資料 (申請人必須為十八至七十五歲之人士)

\*Please delete of not appropriate. \* 請刪除不適用項目

#Compulsory field # 此欄必須填寫

Surname (Mr/Mrs/Miss)\*: 姓 (先生 / 太太 / 小姐)\* : \_\_\_\_\_ Given Name: 名 : \_\_\_\_\_

Correspondence Address: 通訊地址 : \_\_\_\_\_

HKID / Passport No.\*#: 香港身份證 / 護照號碼\*#: \_\_\_\_\_ ( ) Home Country: 原居地 : \_\_\_\_\_

Home Tel.: 住宅電話 : \_\_\_\_\_ Office Tel.: 公司電話 : \_\_\_\_\_

Mobile No.#: 手提電話 #: \_\_\_\_\_ Email#: 電郵 #: \_\_\_\_\_

### Details of Insured Person 受保人資料

Surname 姓	Given Name 名	HKID / Passport No.*# 香港身份證 / 護照號碼*#	Gender 性別	Date of Birth 出生日期 (DD 日 / MM 月 / YY 年)	Height 身高 (cm 厘米)	Weight 體重 (kg 千克)	Usual Country of Residence 常居地	Business Nature 業務性質	Job Position 職位	Deductible Amount <sup>^</sup> 自負額 <sup>^</sup>
Applicant 申請人	(same as above) (資料同上)									
Spouse 配偶										
Children 子女										

<sup>^</sup> Selection of Annual Aggregate Deductible Amount, HK\$ 10,000, HK\$ 20,000, HK\$ 40,000, HK\$ 80,000 or HK\$ 120,000 per person per year.  
可選每年自負總額，每人每年港幣 10,000、港幣 20,000、港幣 40,000、港幣 80,000 或港幣 120,000。

### Selection of Plans (Please "✓" as appropriate.)

選擇計劃 (請選擇計劃並在格內加上 "✓" 號。)

Core Cover 基本保障 : Optional Cover 自選保障 :

- |  |   |
|--|---|
| <input type="checkbox"/> Standard Plan<br>標準計劃         | <input type="checkbox"/> Outpatient Services Benefit<br>(For Executive Plan only)<br>門診保障 (只限智選計劃)                              |
| <input type="checkbox"/> Excel Plan<br>精選計劃            | <input type="checkbox"/> Supplementary Major Medical Benefit<br>(Not applicable for Medical Top Up Plan)<br>附加醫療保障 (不適用於醫療增值計劃) |
| <input type="checkbox"/> Super Plan<br>特選計劃            |   |
| <input type="checkbox"/> Executive Plan<br>智選計劃        | <input type="checkbox"/> Dental Benefit<br>牙科保障   |
| <input type="checkbox"/> Medical Top Up Plan<br>醫療增值計劃 | <input type="checkbox"/> Maternity Benefit<br>產科保障  |
|  | <input type="checkbox"/> 12 Critical Illness Benefit<br>12 種危疾保障  |
|  | <input type="checkbox"/> 28 Critical Illness Benefit<br>28 種危疾保障  |
|  | <input type="checkbox"/> 12 Critical Illness and Lady Benefit<br>12 種危疾及女性保障  |
|  | <input type="checkbox"/> 28 Critical Illness and Lady Benefit<br>28 種危疾及女性保障  |

### Method of Premium and Levy<sup>^</sup> Payment

(Please "✓" as appropriate.)

繳付保費及保費徵費<sup>^</sup>方式 (請選擇計劃並在格內加上 "✓" 號。)

- Annually by Cheque 以支票年繳  
Please attach cheque for premium of the 1<sup>st</sup> year.  
請連同首年保費的支票寄回。
- Monthly by Direct Debit 以自動轉賬月繳  
Please fill in the attached Direct Debit Authorisation Form and attach cheque for premium of the first 2 months. If company bank account is used, please attach a copy of the Business Registration or Certificate of Incorporation that you have used to open the company bank account.  
請填寫附表的自動轉賬授權書並連同首兩個月保費的支票寄回。如以公司銀行賬戶付款，請附上用以開立公司銀行賬戶的商業登記或公司註冊證書的副本。
- Annually by Credit Card 以信用卡年繳  
Please fill in the attached Credit Card Authorisation Form.  
請填寫附表的信用卡付款授權書。

(For office use only 本公司專用)

Total Premium for Core Cover: \$ \_\_\_\_\_

Discount Applied: \_\_\_\_\_ %

Total Premium for Optional Cover: \$ \_\_\_\_\_

**IMPORTANT NOTE : This form is not a policy of insurance. Please refer to the MediSure Plus Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.**

重要事項：本表格並非保單，有關條款細則及不承保範圍，請參閱至尊萬健寶保單 (於接納您的投保書後奉上)。

## Direct Debit Authorisation Form 直接付款授權書

Please complete and return this form to: MSIG Insurance (Hong Kong) Limited - Healthcare Division - 9/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong  
請依次填寫，並將此授權書送交：三井住友海上火災保險（香港）有限公司 - 醫療保險部 - 香港太古城英皇道 1111 號太古城中心第一期 9 樓。

Name of party to be credited (The Beneficiary)

**MSIG Insurance (Hong Kong) Limited**

收款之一方 (受益人):

**A/C: 003-447-1-662641-4**

I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instruction as my/our Bank may receive from the beneficiary from time to time.

I/We agree that my/our Bank shall not be obliged to ascertain whether or not any notice of such transfer has been given to me/us.

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which the Bank may take the usual charge and that it may cancel this authorisation at any time on one week's written notice.

This authorisation shall have effect until further notice.

I/We agree that any notice of cancellation or variation of this authorisation which I/We may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation / variation is to take effect.

本人 (等) 現授權本人 (等) 之下述銀行，(根據受益人或其往來銀行不時給予本人 (等) 銀行之指示) 自本人 (等) 之賬戶內轉賬予上述受益人。

本人 (等) 同意本人 (等) 之銀行毋須證實該等轉賬通知是否已交予本人 (等)。

如因該等轉賬而令本人 (等) 之賬戶出現透支 (或令現時之透支增加)，本人 (等) 願共同及各自承擔全部責任。

本人 (等) 同意如本人 (等) 之賬戶並無足夠款項支付該等授權轉賬，本人 (等) 之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

本授權書將繼續生效直至另行通知為止。

本人 (等) 同意，本人 (等) 取消或更改本授權書之任何通知，須於取消 / 更改生效日期最少兩個工作天之前交予本人 (等) 之銀行。

My / Our Bank Name and Branch  
本人 (等) 之銀行及分行名稱

Bank No.  
銀行編號

Branch No.  
分行編號

My/Our Account No.  
本人 (等) 之賬戶號碼

My / Our Name (as recorded on Statement/Passbook)  
本人 (等) (在結單存摺上所有記錄名稱)

HKID / Passport No.  
香港身份證 / 護照號碼

My / Our Address  
本人 (等) 之地址

Name of Debtor (if other than account holder)  
債務人之姓名 (若非賬戶持有人)

Debtor's Reference  
(i.e. Policy Number - to be completed by MSIG Insurance (Hong Kong) Limited)  
債務人備註  
(即保單號碼 - 由三井住友海上火災保險 (香港) 有限公司填寫)

My / Our Signature (Please ensure that you sign the form in the usual way that you would sign on your Bank Account)  
本人 (等) 之簽名  
(請保證貴戶在此授權書之簽名與銀行賬戶所簽者完全相同。)

Date of Completion (DD/MM/YY)  
日期 (日 / 月 / 年)

Signature Verified (Bank Use Only)  
以下由銀行填寫

## Credit Card Authorisation Form (Only applicable for the annual premium payment) 信用咭付款授權書 (只適用於繳付保險年費之用)

Please complete and return this form to: MSIG Insurance (Hong Kong) Limited - Healthcare Division - 9/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong  
請依次填寫，並將此授權書送交：三井住友海上火災保險（香港）有限公司 - 醫療保險部 - 香港太古城英皇道 1111 號太古城中心第一期 9 樓

Visa  Master card

For office use only  
本公司專用

Policy & Member No.:

Premium Amount: HK\$

Authorised Code:

Date (DD/MM/YY):

Cardholder's Name  
持咭人姓名

HKID No.  
香港身份證號碼

Expiry Date (MM/YY)  
信用咭到期日 (月 / 年)

Credit Card Account No.  
信用咭賬戶號碼

— — — — — — — — — — — — — — — — —

I hereby authorise MSIG to debit the annual premium from the above account. 本人茲授權三井住友保險從本人的信用咭賬戶支付應繳之保險年費。

Cardholder's Signature 持咭人簽署

Date 日期 (DD 日 / MM 月 / YY 年)

## Health Declaration 健康聲明

1. During the last five years, have you or any person(s) to be insured ever suffered from stroke, diabetes, kidney disease, gall bladder disorder, debility or other disorder, heart or circulation disorder, tumour or cancerous growth, anaemia / hemophilia / other disorder of blood, loss of use of limb, mental illness, jaundice / hepatitis / carrier of hepatitis / other liver disorder, impaired hearing / vision (except long or short sightedness), musculo-skeletal problem such as backache / joint or muscle pains, or any other illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) / disability?  
在過去的五個年內，您或任何受保人是否曾患上中風、糖尿病、腎病、膽囊毛病、身體虛脫、心臟或循環系統疾病、腫瘤或癌病、貧血 / 血友病 / 其他血液毛病、肢體殘缺、精神病、黃疸 / 肝炎 / 肝炎帶菌者 / 其他肝臟毛病、聽覺 / 視力受損（遠視或近視除外）、肌肉及骨路系統問題如背痛 / 關節及肌肉痛症、或任何其他類別的疾病（不包括小毛病如傷風、感冒、腸胃炎等）或傷殘？  
 Yes 是  No 否 If 'yes', please give details 如「有」，請詳述。 \_\_\_\_\_
2. During the last five years, have you or any person(s) to be insured ever suffered from or required consultation, long-term medication, therapy treatment, hospitalisation, operation or any other treatments for any illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) or injury?  
在過去的五個年內，您或任何受保人曾否因病（不包括小毛病如傷風、感冒、腸胃炎等）或損傷須由醫生診治、或須長期服食藥物、進行治療、住院、動手術或接受其他治療？  
 Yes 是  No 否 If 'yes', please give details 如「有」，請詳述。 \_\_\_\_\_
3. During the last five years, have you or any person(s) to be insured ever had or been advised to have any X-ray, ECG, MRI, CT Scan, or tests / counseling in connection with sexually transmitted disease or hepatitis or HI V, or other laboratory tests / investigations? (If "Yes", please attach copy of related medical report.)  
在過去的五個年內，您或任何受保人曾否接受或被建議接受X光、心電圖、磁力共振顯影、電腦掃描、性病或肝炎或愛滋病之測試、或其他化驗 / 檢查？（如「有」，請附上有關報告副本。）  
 Yes 是  No 否
4. Have any of your parents, brothers or sisters had or died from stroke, kidney disease, heart disease, diabetes, cancer, inherited disease or multiple sclerosis before the age of 60?  
您的雙親、兄弟或姊妹當中是否曾於 60 歲前患上或死於中風、腎病、心臟病、糖尿病、癌症、遺傳病或多發性硬化病？  
 Yes 是  No 否 If 'yes', please give details 如「有」，請詳述。 \_\_\_\_\_
5. Are you or any person(s) to be insured under medical attention, treatment or taking medication?  
您或任何受保人是否正接受診治或服藥？  
 Yes 是  No 否 If 'yes', please give details 如「有」，請詳述。 \_\_\_\_\_
6. Have you or any person(s) to be insured had any other medical insurance plan?  
您或任何受保人是否投保其他醫療保障計劃？  
 Yes 是  No 否 If 'yes', please give details 如「有」，請詳述。 \_\_\_\_\_
7. Have you or any person(s) to be insured ever had any healthcare, critical illness or life insurance policy refused, rated, restricted or non-renewed? (If "Yes", please attach copy of related report.)  
您或任何受保人是否有在申請其他醫療、危疾或人壽保單時遭拒受、加價、限制或不再續保？（如「有」，請附上有關報告副本。）  
 Yes 是  No 否
8. i. Do you or any person(s) to be insured use tobacco products or drink alcohol regularly? If yes, please state amount typically consumed per week. \_\_\_\_\_  
您或任何受保人是否有吸食煙草產品或飲酒之習慣，若「是」，請註明每星期之數量？ \_\_\_\_\_  
 Yes 是  No 否  
ii. Have you or any person(s) to be insured ever been advised by your doctor to reduce or discontinue consumption of tobacco or alcohol?  
您或任何受保人是否曾被醫生建議減少或停止吸食煙草產品或飲酒？  
 Yes 是  No 否 If 'yes', please give details 如「有」，請詳述。 \_\_\_\_\_

If you have answered "Yes" to any of the questions, please give full details of medical history including name of insured person, diagnosis, treatment / medication / investigation / operation, date of onset, date of last consultation or treatment, name, address and telephone number of attending doctor, etc. (Please use a separate sheet if space provided is insufficient.)

對於任何一條問題，若回答「是 / 有」，請詳列病史，包括病者姓名、病症、治療 / 藥物 / 檢查 / 手術、病發日期、最後診治日期、醫生姓名、地址及電話等。（如空位不敷應用，請另頁書寫。）

### Declaration: I/We hereby declare that:

- the information given in this application form is true and complete to the best of my/our knowledge and belief. I/We am/are unaware of the existence of any other medical condition or circumstance foreseeably requiring treatment in the future, and understand that the benefits will not apply to treatment or expenses arising from medical conditions which originated or were known to exist or for which treatment, medication, advice or diagnosis was sought or received prior to my/our application to the policy.
- I/We authorised any doctor who has attended to me/us to release any information that maybe required by MSIG Insurance (Hong Kong) Limited (hereunder called "MSIG"). A photocopy of the authorisation shall be as effective and valid as the original.
- I/We will co-operate fully with MSIG and furnish any additional medical evidence as may be required in support of my/our application/claims.
- I/We agree to accept insurance as specified in my/our policy and that this application and declaration shall be the basis and a part of the contract between me/us and MSIG.
- I/We understand that the insurance cover will not commence unless the application has been accepted and the initial premium received by MSIG.
- I/We understand this application will be subject to approval and acceptance by MSIG and an additional premium or restriction may be imposed depending upon underwriting result.
- I/We understand that if the non-health related information of the insured person that may impact the risk assessment by MSIG (including but not limited to age, sex, smoking habit, place of residence or occupation) is misstated in the application or in any subsequent information or document submitted to MSIG for the purpose of the application, including any updates of and changes to such requisite information after submission of the application and before the effective or issuance of the policy, MSIG may adjust the premium, for the past, current or future policy years, on the basis of the correct information. I/We notice that if additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional required premium is not paid within a grace period of 30 days after the due date as notified by MSIG to me/us, MSIG shall have the right to terminate the policy with effect from such due date and refund the overpaid premium, if any. I/We also understand that if based on the correct information of the insured person, MSIG consider that the application of the insured person should have been rejected, MSIG shall have the right to void the policy and notify me/us that no cover shall be provided for the insured person. In such circumstances, MSIG shall have the right to demand refund of the benefits previously paid and MSIG will refund the premium received, subject to a reasonable administration charge payable to MSIG.
- I/We understand that MSIG shall have the right to void the policy and notify me/us that no cover shall be provided for the insured person if any material fact relating to the health related information of the insured person which may impact the risk assessment by MSIG is incorrectly stated in, or omitted from, the application or any statement or declaration made for or by the insured person in the application or in any subsequent

information or document submitted to MSIG for the purpose of the application, including any updates of and changes to such requisite information after submission of the application and before the effective or issuance of the policy. The circumstances that a fact shall be considered "material" include, but not limited to, the situation where the disclosure of such fact as required by MSIG would have affected the underwriting decision, such that MSIG would have imposed premium loading, included case-based exclusion(s), or rejected the application. In such case, MSIG shall have the right to demand refund of the benefits previously paid and MSIG will refund the premium received, subject to a reasonable administration charge payable to MSIG.

- I/We understand that any application or claim submitted is fraudulent or where a fraudulent representation is made, MSIG shall have the right to void the policy and notify me/us that no cover shall be provided for the insured person, MSIG shall have the right to demand refund of the benefits previously paid and not to refund the premium received.

聲明：本人（等）特此聲明：

- 在本申請表內填報的資料，根據本人（等）所知全部正確無訛。本人（等）並未發現任何其他身體上的問題而導致將來需要診治，並明白本保障不包括診治任何已知疾病的費用。
- 本人（等）授權任何曾診治本人（等）的醫生向三井住友海上火災保險（香港）有限公司（以下簡稱「三井住友保險」）提供資料，此授權的副本或正本同時有效。
- 本人（等）於投保 / 索償時會充分與三井住友保險合作，提供所需要之額外健康資料。
- 本人（等）同意接受本人（等）的保單所列明的保障，並同意本投保申請表及本聲明作為合約的一部份及根據。
- 本人（等）明白保障在本投保申請被接納及三井住友保險收到有關之首次保費之前不會生效。
- 本人（等）明白三井住友保險有權決定是否接納投保申請，調整保費或附加限制。
- 本人（等）明白若在投保申請文件或任何其後相關申請（包括相關必需資料在遞交投保申請文件後至保單簽發或生效前的任何更新及改動），提交予三井住友保險的資料或文件中錯誤申報受保人的非健康相關資料（包括但不限於年齡、性別、吸煙習慣、常居地或職業），將可能影響三井住友保險作出的風險評估，三井住友保險可按正確資料調整過去、現在或未來保單年度的保費。本人（等）知道到若因此需補交額外保費，三井住友保險不會在本人補交額外保費前支付任何賠償。若本人（等）在三井住友保險通知的保費到期日後 30 日的寬限期內仍未補交保費，三井住友保險有權行使自保費到期日起終止保單的權利。三井住友保險須予以退還多繳保費，如適用。本人（等）亦明白若按受保人的正確資料，三井住友保險認為受保人的投保申請應當被拒絕時，三井住友保險有權廢止保單並通知本人本保單不會再為受保人提供保障，在這種情況下，三井住友保險有權追討已支付的賠償及會退還已繳交的保費，三井住友保險亦有權收取合理的行政費用。
- 本人（等）明白若在投保申請文件，或在投保申請文件或任何其後就相關申請提交予三井住友保險的資料或文件，所作出的陳述或聲明中，就受保人健康狀況的重要事實作出失實聲明或遺漏資料（包括相關必需資料在遞交投保申請文件後至保單簽發或生效前的任何更新及改動），三井住友保險有權廢止保單並通知本人（等）本保單不會再為受保人提供保障。「重要事實」包括但不限於由三井住友保險要求提供或會影響三井住友保險對受保人的核保決定之事實。若披露該事實三井住友保險有可能因而徵收附加保費，增加個別不保項目或拒絕投保申請。在此情況下，三井住友保險有權追討已支付的賠償及會退還已繳交的保費，三井住友保險亦有權收取合理的行政費用。
- 本人（等）亦明白若在投保申請文件中或索償時作出欺詐或有欺詐成分的申述，三井住友保險有權廢止保單並通知本人（等）本保單不會再為受保人提供保障，三井住友保險有權追討已支付的賠償及不退還已繳交的保費。

Please give us feedback via the Customer Feedback Form at the MSIG corporate website. Everything you tell us will be handled in complete confidence. 我們歡迎您對此產品提出任何意見，如有任何意見反映，請填寫於三井住友保險網頁內之客戶意見表，您提供的所有資料將會絕對保密。

Signature of Applicant 申請人簽署

Date 日期 (DD 日 / MM 月 / YY 年)

**For Office use only (To be completed by Broker) 只供內部使用（保險經紀專用）**

Broker's Name  
保險經紀姓名

Broker's Code  
保險經紀編號

Broker's Tel  
保險經紀電話

**Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance (“the Ordinance”)**

MSIG Insurance (Hong Kong) Limited (“MSIG”, “we” or “us”) would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

**PRIVACY POLICY**

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the ‘Privacy Policy’ link on our website homepage at [msig.com.hk](http://msig.com.hk). You should check the Privacy Policy regularly for changes.

**Personal Information Collection Statement**

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products (“the Product”) that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

**If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by sending an email to ‘[dpo@hk.msig-asia.com](mailto:dpo@hk.msig-asia.com)’.**

**In your notification, you must supply the same required information as listed below.**

<b>To enable us to process your opt-out request, please provide us below information and send to: The Data Protection Officer at 9/F, Cityplaza One, 1 1 1 1 King’s Road, Taikoo Shing, Hong Kong.</b>
<b>Full Name:</b>
<b>Contact Number:</b>
<b>HKID Number: (for identification purpose)</b>
<b>Policy / Certificate / Acknowledgement Number (if you have one):</b>
<b>NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.</b>

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1 1 1 1 King’s Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 31 22 6922.

Applicant’s Signature \_\_\_\_\_

Date \_\_\_\_\_ (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Y)

## 附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

### 私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 [msig.com.hk](http://msig.com.hk) 下載。您應定期查閱此範本所修改的內容。

### 個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性**用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的用途。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲  三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“[dpo@hk.msig-asia.com](mailto:dpo@hk.msig-asia.com)”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料並寄至三井住友海上火災保險（香港）有限公司的資料保護主任：香港太古城英皇道1111號太古城中心第一期9樓。

姓名：

聯絡電話：

香港身份證號碼：  
(作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852) 3122 6922與我們聯絡。

投保人簽署

日期 \_\_\_\_\_ 日 \_\_\_\_\_ 月 \_\_\_\_\_ 年

MSIG Insurance (Hong Kong) Limited  
9/F Cityplaza One, 1111 King's Road,  
Taikoo Shing, Hong Kong  
Tel +852 2894 0555 Fax +852 2890 5741

三井住友海上火災保險(香港)有限公司  
香港太古城英皇道1111號  
太古城中心第一期9樓  
電話(852) 2894 0555 傳真(852) 2890 5741

「 For more information,  
please call us at  
**+852 3122 6922:**  
詳情請致電 (852) 3122 6922:

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[msig.com.hk](http://msig.com.hk)

