

## Personal Accident Claim Form 人身意外索償表格

H136

1. You can report a claim anytime, anywhere around the world, simply click on the following for online claim lodgement:-  
 您可以隨時隨地在世界各地申請索賠，只需點擊以下網址提出申請：

URL : <https://forms.msig.com.hk/Forms/ClaimPersonalAccident>

QR:



2. Otherwise, please complete and submit this Claim Form to us within 30 days from the date of accident, together with relevant supporting documents. Further information may be needed in the future.

• Post: MSIG Insurance (Hong Kong) Limited, Claims Division, 9/F 1111 King's Road, Taikoo Shing, Hong Kong

或者，請將填妥之索償表格連同有關證明文件，並於事發後30天內呈交本公司。稍後可能需要提供進一步資料。

• 郵寄地址：香港太古城英皇道1111號9樓 三井住友海上火災保險（香港）有限公司 理賠部

- 3 For inquiry, please call our Claims Services Hotline at 2894 0660 or email at [claimin@hk.msig-asia.com](mailto:claimin@hk.msig-asia.com)

如有任何查詢，請致電我們的賠償服務熱線2894 0660 或電郵[claimin@hk.msig-asia.com](mailto:claimin@hk.msig-asia.com)

### Part 1 (To be completed by Policyholder/Insured Person/Claimant)

#### 第一部份（由保單持有人/受保人/索償人填寫）

#### Policyholder details 保單持有人資料

Surname:

姓：

Given name:

名：

(in English 英文)

Policy no.:

保單號碼：

Name of company (if applicable)

公司名稱（如適用）

#### Insured Person/Patient/Claimant details 受保人/病人/索償人資料

Surname:

姓：

Given name:

名：

(in English 英文)

Gender:

性別：

M 男  F 女

HKID no. 香港身份證號碼：

Passport no. 護照號碼：

Date of birth (DD/MM/YYYY):

出生日期（日/月/年）：

Contact no.:

聯絡電話：

Email:

電郵：

Occupation:

職業：

Name of company (if applicable)

公司名稱（如適用）

Correspondence address 通訊地址：

Flat/Room 室

Floor 樓

Block 座

Building/Estate

大廈/屋苑

Street/Road & district area

街道及地區

HK 香港  KLN 九龍  NT 新界

Your contact details (If not the above Claimant) 聯絡人資料 (如非上述索償人)		
Surname: 姓:	Given name: 名:	Gender: 性別: M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>
Email: 電郵:	Contact no.: 聯絡電話:	
Correspondence address 通訊地址:		
Flat/Room 室	Floor 樓	Block 座
Building/Estate 大廈/屋苑		
Street/Road & district area 街道及地區 <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界		

If we need to contact you in written, which method would you prefer most?  Mail 郵件  Email 電子郵件  
 如本公司需要以書面聯絡您，您認為那一種聯絡方式比較適合？

Claim settlement method 賠償方法			
To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. 在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和存款戶口號碼。			
Account holder's name 戶口持有人姓名 (Must be the same as the policyholder/claimant 必須與保單持有人/索償人相同)			
Bank name 銀行名稱	Bank code 銀行編號	Branch no. 分行號碼	Bank A/C no. 銀行帳戶號碼

Accident details 意外詳情	
Date of accident (DD/MM/YYYY) 意外發生日期 (日/月/年)	Time of accident (HH:MM) 意外發生時間 (時:分)
Place of Accident 意外發生地點	
Full description of how the accident occurred, what you were/the insured was doing at the time of incident, and the injuries sustained* 請詳述意外發生經過，在意外發生時您/受保人正在做什麼，以及受傷情況*	
Diagnosis 診斷結果	
If you are claiming medical expenses/bonesetter's fee/ weekly benefit, please State whether you need to receive further medical treatment in the future? 如果您索償醫療費用/跌打費用/每週保障，請說明您是否仍需接受進一步的治療？ <input type="checkbox"/> Yes 有* <input type="checkbox"/> No 沒有	
Are you claiming/going to claim/receiving similar benefit for the same event with any other organizations including insurer, the government, employer compensation?*	
If 'yes', please provide the following information. 就這次意外，您是否與其他機構已提出索償/將要索償/將收取類同的保障（包括保險公司，政府，勞工補償）？ 如選擇「有」，請提供以下資料。 <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有	
Insurance company/Organisation 保險公司/機構名稱	Policy no./Benefit type 保單號碼/保障類別

\* Please note that no benefit shall be payable until the total amount of the benefit shall have been ascertained and agreed.  
 請注意，本公司將待至您全數保障金額確定及協定後，方會一筆整付賠償。

Has/Will the incident reported/be reported to the local police/management office/any other responsible party?

Yes 有  No 沒有

您是否已向/將會向警方/管理公司/其他人仕報告此宗事故?

If 'yes', please specify 如「有」, 請註明:

Local police 警方

Which Police Station was the incident reported to

該意外已向那一所警署報案 \_\_\_\_\_

Date of report (DD/MM/YYYY)

事故報告日期 (日/月/年) \_\_\_\_\_

Management office 管理公司

Others 其他: \_\_\_\_\_

Reference no. of the loss/damage report (Please provide us a copy of the above report.)

損失/損毀檔案編號 (請提供上述之檔案副本。)

### Claim type selection 選擇索償類別 (And basic supporting documents required 及索償所需的基本文件)

Medical expenses 醫療費用

- ✓ Claim form Part 1 and Part 2 索償表格第一及第二部份
- ✓ Original medical receipt 醫療費用之單據正本
- ✓ Original doctor's referral letter 醫生轉介信正本
- ✓ Physiotherapy progress report copy of each visit 每次物理治療進度報告副本

Claim amount 索償金額 \_\_\_\_\_

Bonesetter's fees 跌打費用

- ✓ Claim form Part 1 索償表格第一部份
- ✓ Original bonesetter's receipt 醫療費用之單據正本

Claim amount 索償金額 \_\_\_\_\_

Temporary total disablement 暫時完全喪失活動能力

- ✓ Claim form Part 1, Part 2 and Part 3 索償表格第一、第二及第三部份
- ✓ Medical certificate copy showing the period of sick-leave 醫生發出之病假證明書副本
- ✓ Physiotherapy progress report copy of each visit 每次物理治療進度報告副本

Death/Permanent disablement 身故/永久傷殘

- ✓ Claim form Part 1 and Part 2 索償表格第一及第二部份
- ✓ Medical report 醫療報告
- ✓ Physiotherapy progress report copy of each visit 每次物理治療進度報告副本
- ✓ Death certificate, if applicable 死亡證書, 如適用

Others, please specify 其他, 請提供詳情

## Declaration & authorisation 聲明及授權書

- I/ We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;**  
本人（等）就此聲明，以上所述事項均根據本人（等）所知及所信的情況下提供，並且為正確及並無遺漏；
- It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and**  
若三井住友海上火災保險（香港）有限公司提出有關要求，本人（等）將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
- I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my claimed loss/damage a photostat copy of this authorisation shall be as effective and valid as the original.**  
本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切有關本人於上述索償項目中申報的財物損失的資料記錄。本授權書之影印本的法律效力等同正本。
- I hereby declare and agree that any hospital, clinic, physician, insurance company, organisation or any person that has any records or knowledge of my health, or that of the above named patient, to furnish such information to MSIG Insurance (Hong Kong) Limited. A photocopy of this authorisation shall be considered as effective and valid as the original.**  
本人謹此聲明並同意任何擁有本人或上述病者之健康資料和記錄之醫院、診所、醫生、保險公司或任何機構之人士向三井住友海上火災保險（香港）有限公司提供有關資料。此授權書之影印本與正本具有同等之效力。
- I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/the policyholder/the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/the policyholders/insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.**  
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人/保單持有人/受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人/保單持有人/受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Policyowner  
保單持有人簽署

Signature of Insured Person  
受保人簽署

Signature of Claimant  
索償人簽署

Name of Policyowner  
保單持有人姓名

Name of Insured Person  
受保人姓名

Name of Claimant  
索償人姓名

Identity document number of Policyowner  
保單持有人身份證明文件號碼

Identity document number of Insured Person  
受保人身份證明文件號碼

Identity document number of Claimant  
索償人身份證明文件號碼

Date signed (DD/MM/YYYY)  
簽署日期（日/月/年）

Date signed (DD/MM/YYYY)  
簽署日期（日/月/年）

Date signed (DD/MM/YYYY)  
簽署日期（日/月/年）

**Part 2 (To be completed by the attending physician at the expense of the Policyholder/Insured Person or Claimants)**  
**第二部份 (由主診醫生填寫，所需費用由保單持有人/受保人或索償人自行承擔)**

Name of patient (in full):  
病人姓名：

Identity document number:  
身份證明文件號碼：

Age:  
年齡：

Gender: M 男  F 女

Occupation and duties:  
職業及職責：

Are you the patient's usual physician?  
您是否病人慣常求診的醫生？

Yes 是  No 否

If 'yes', medical records traceable to (DD/MM/YYYY)  
如「是」，醫療紀錄可追溯至 (日/月/年)

**Consultation details for this accident 就是次意外之求診資料**

First consultation date for this accident (DD/MM/YYYY)  
病人首次就此意外向你求診之日期 (日/月/年)

Date of accident (DD/MM/YYYY)  
意外發生日期 (日/月/年)

Cause of injury  
意外受傷的原因

Parts of body injured  
受傷部位

Any visible wound?  
有否可見傷痕？

Yes 有  No 沒有

If 'yes', please tick where it is appropriate and provide details  
如「有」，請在適當位置劃上"✓"號及提供詳情

Wound 傷痕

Details 詳情

Bruises 瘀痕

Swelling 腫脹

Contusion 挫傷

Laceration/abrasion/wound  
割傷/擦傷/傷口

Others, please specify  
其他，請註明

Nature and degree of injury  
傷勢的性質及程度

Was hospitalisation required? If 'yes', please provide below information  
是否需要住院？如「是」，請提供以下資料

Yes 是  No 否

Hospitalised from \_\_\_\_\_ (DD/MM/YYYY) To \_\_\_\_\_ (DD/MM/YYYY)  
住院日期由 \_\_\_\_\_ (日/月/年) 至 \_\_\_\_\_ (日/月/年)

Hospital name  
醫院名稱

Please state the investigations/treatments administered (e.g. X-ray, physiotherapy, etc.) and results for this accidental injury  
請列明因這次意外受傷而接受之檢查或治療項目 (例如X光、物理治療等) 結果

Date (DD/MM/YYYY)  
日期 (日/月/年)

Investigations/Treatments  
檢查/治療

Result/Progress  
結果/進度

Remarks: Please attach copies of X-ray report/physiotherapy report/operation summary, etc..  
註：請連同X-光報告/物理治療報告/手術摘要等副本一併交回。

## Consultation details for this accident 就是次意外之求診資料

Subsequent consultation date (DD/MM/YYYY)

隨後的診治日期 (日/月/年)

Subsequent treatment details

隨後的治療詳情

Present condition of Injury/degree of recovery

現時受傷的情況/康復程度

Describe the current range of motion of the injured area

請詳述受傷部位現時之活動程度

Describe the progress of recovery

請詳述康復進度

## Recovery progress and Impact details 康復進度及影響資料

Is recovery progress complicated by other factors? If 'yes', please provide information

Yes 有  No 否

有否其他因素影響康復進度? 如「有」, 請提供所需資料

Reason 原因

Treatment given 治療詳情

Is the patient now, or was he/she at the time of this accident suffering/suffered from any illness, disease or infirmity? If 'yes', please details

Yes 有  No 否

病人現在或發生意外當時, 有否已患上任何疾病或缺陷?  
如「有」, 請提供有關詳情

To the best of your knowledge, was such accident due to or aggravated by the following(s)?

Yes 有  No 沒有

根據您所知, 意外是否因下列情況而導致或加劇?

If 'yes', please tick where it is appropriate and provide details

如「有」, 請在適當位置劃上"✓"號及提供詳情

Details 詳情

Alcohol/narcotics/drug abuse

飲用酒精飲料/毒品/濫用藥物

Hazardous sport/activity

參與危險性運動/活動

Degenerative changes/congenital abnormalities

退化/先天性異常

Self-inflicted injury

自我傷害

Past injury/illness

過往的傷患/疾病

AIDS/AIDS related complex diseases

後天免疫力缺乏症/後天免疫力缺乏症相關的綜合症

Pregnancy/childbirth/complications arising from pregnancy

懷孕/分娩/懷孕引起的併發症

Others, please specify

其他, 請註明

Bearing in mind the declared occupation of this patient, please indicate the effect of the accident/disablement:  
以病人的職業而論，請詳述此意外/傷勢對其的影響：

Describe on how the injury, disablement affect the patient's daily job activity(ies)  
請詳述此意外/傷勢對其日常工作的影響

Severity of disability 傷殘嚴重程度

- Cannot perform **his/her own** duties and occupation 不能從事其**本身**之工作或職業  
 Cannot perform **any** kind of work and duties 不能從事**任何**工作或職業

Duration of disability 傷殘持續時間

- Period which patient is not able to perform some of his duties  
喪失部分工作能力的時間

From \_\_\_\_\_ (DD/MM/YYYY) To \_\_\_\_\_ (DD/MM/YYYY)  
由 \_\_\_\_\_ (日/月/年) 至 \_\_\_\_\_ (日/月/年)

- Period which patient is not able to perform all of his duties  
喪失全部工作能力的時間

From \_\_\_\_\_ (DD/MM/YYYY) To \_\_\_\_\_ (DD/MM/YYYY)  
由 \_\_\_\_\_ (日/月/年) 至 \_\_\_\_\_ (日/月/年)

- Please explain the reason why the patient cannot return to work earlier  
請詳述病人未能提早復工之原因

Please evaluate patient's ability on the following activities of daily living (for Insured Person claiming Total and Permanent Disablement Benefit only)

請評估病人就下列日常生活活動之能力（只適用於受保人需索償完全永久傷殘保障）

Washing - the ability to wash in bath or shower or to wash satisfactorily by other means  
洗澡—於浴缸洗澡或淋浴（包括進出浴缸或淋浴室）的能力或以其他方式滿意及合理地完成梳洗

- No help is required 不需要協助  
 Some help or supervision are required 偶爾需要協助或指導  
 Need someone to help most of the time 大部分時間都需要協助  
 Not able to do oneself at all 完全無法自行完成

Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances  
更換/穿著衣服—穿上、脫下、繫緊或鬆開各種衣服或任何適當的支架、義肢或其他外科器具的能力。

- No help is required 不需要協助  
 Some help or supervision are required 偶爾需要協助或指導  
 Need someone to help most of the time 大部分時間都需要協助  
 Not able to do oneself at all 完全無法自行完成

Feeding - the ability to feed oneself once food has been prepared and made available  
進食—當食物準備好時，自己進食的能力。

- No help is required 不需要協助  
 Some help or supervision are required 偶爾需要協助或指導  
 Need someone to help most of the time 大部分時間都需要協助  
 Not able to do oneself at all 完全無法自行完成

Toileting - the ability to use the lavatory or otherwise manage bowel and bladder function as to maintain a satisfactory level of personal hygiene  
如廁—使用洗手間或控制大小便，以保持滿意的個人衛生的能力。

- No help is required 不需要協助  
 Some help or supervision are required 偶爾需要協助或指導  
 Need someone to help most of the time 大部分時間都需要協助  
 Not able to do oneself at all 完全無法自行完成

Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa  
移動能力—從床移動到直背椅子或輪椅上的能力，及從椅子或輪椅移動到床的能力。

- No help is required 不需要協助  
 Some help or supervision are required 偶爾需要協助或指導  
 Need someone to help most of the time 大部分時間都需要協助  
 Not able to do oneself at all 完全無法自行完成

## Other related information 其他相關資料

Did you refer the patient to another physician/hospital?

您有否轉介病人往其他醫生或醫院？

Yes 有  No 否

If 'yes', please provide information

如「有」，請提供所需資料

Name of the physician/hospital

醫生/醫院名稱

Address of the physician/hospital

醫生/醫院地址

Details for the referral reason

詳述轉介原因

Had other physicians treated the patient for the same accident?

病人曾否就此次意外向其他醫生求診？

Yes 有  No 否

If 'yes', please provide information

如「有」，請提供所需資料

Consultation Date

求診日期

(DD/MM/YYYY)

(日/月/年)

Name of the physician

醫生名稱

Address of the physician

醫生地址

## Physician details 醫生資料

Name of attending physician

主診醫生姓名

Qualification

資歷

Hospital name (if applicable)

醫院名稱 (如適用)

Telephone no.

聯絡電話

Address

地址

Signature & hospital/physician's chop

醫院/醫生簽署及蓋印

Date

日期

(DD/MM/YYYY)

(日/月/年)

**Part 3 - Confirmation of sick leave**

(To be completed by Insured Person's Employer and not applicable for self-employed individual)

**第三部份－確認病假證明書** (由受保人僱主填寫及不適用於自僱人士)

Name of employee:

僱員姓名：

Date of employment:

受聘日期：

From

由

(DD/MM/YYYY)

(日/月/年)

To

至

(DD/MM/YYYY)

(日/月/年)

Basis of employment:

受聘形式：

- Permanent 全職
- Part-time 兼職
- Casual 散工
- Contract 合約
- Seasonal 季工

This is to certify that 在此為證明：

Name of employee:

僱員姓名：

Present position:

現時職位：

Reason of sick leave:

病假原因：

Date of accident:

意外日期：

(DD/MM/YYYY)

(日/月/年)

Period of sick leave:

病假：

From

由

(DD/MM/YYYY)

(日/月/年)

To

至

(DD/MM/YYYY)

(日/月/年)

**Employer information 僱主資料**

Name of company

公司名稱

Company address

公司地址

Signature of authorised person and company chop

授權人簽署及公司蓋章

Date

日期

(DD/MM/YYYY)

(日/月/年)

Name of authorised person

授權人姓名

Title of authorised person

授權人職銜

Contact details of authorised person

授權人聯絡資料

Email:

電郵：

Contact no.:

聯絡電話：

## 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 without your consent. 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 agents, contractors or third parties 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 customer, 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 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.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above purposes;
- conducting matching procedures (as defined under the Ordinance);
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Hong Kong, or may process or store your personal data outside of Hong Kong):

- third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing 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);
- loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar insurance industry association or federation);
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- the police and fraud investigation or prevention organizations;
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

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

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

**If you do not wish MSIG to use your personal data for direct marketing as 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 filling in the "Enquiry form – Opt-out from direct marketing activities" on our website at [msig.com.hk](http://msig.com.hk). In your notification, you must supply the same required information as listed below.**

**To enable us to process your opt-out request, please provide us below information and send to:  
The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.**

**Full name:**

**Contact number:**

**HKID number:** *(for identification purpose)*

**Policy/Certificate/Acknowledgement number**  
*(if you have one):*

**Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.**

Under the Ordinance, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 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 3122 6922.

Proposer's signature

Date \_\_\_\_\_ (DD/MM/YYYY)

## 附錄：關於《個人資料（私隱）條例》（「條例」）的客戶通知

三井住友海上火災保險（香港）有限公司（下稱「MSIG」、「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

MSIG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。MSIG採取切實可行的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，除非得到您的同意，我們均不會出售您的個人資料給任何人。MSIG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。此外，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。

我們只會在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「保單產品」）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。

如您未能向我們提供您的個人資料，我們可能無法提供您所需的產品或處理您的請求。

我們可能將您的個人資料用於以下用途：

- 處理和評估您的保險申請及任何保單產品的變更或續保；
- 管理與保單產品相關的服務和設施；
- 進行身份和/或信用審查；
- 發出賬單、處理付款指示及向您收取保費和未結清款項；
- 評估及處理與產品相關的索償；
- 進行統計或精算研究和/或分析；
- 風險評估和索償管理的自動化決策過程，包括分析；
- 與上述目的直接相關的其他輔助用途；
- 進行配對程序 或相關活動（如有關係例中所定義）；
- 遵守適用的法律、法規或任何行業守則或指引；及
- 偵測、調查和防止欺詐及/或其他非法活動（無論是否與本申請下所發出的保單產品有關）。

在以上任何目的下，我們收集的個人資料可能會被披露或轉移至以下人士和/或實體（他們可能位於香港境內或境外，或可能在香港境外處理或儲存您的個人資料）：

- 向我們提供行政、通訊、電腦、數據處理和儲存、支付、保安、資訊科技、營銷或其他協助我們實現上述目的的服務的第三方代理、承包商、服務供應商及顧問（包括但不限於追討欠款機構、信用調查局或呼叫中心，以及醫療服務供應商、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；

- 再保險公司及再保險經紀；
- 您的保險中介人；
- 我們的法律及專業顧問；
- 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（或同類的保險行業協會或聯會）；
- 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；
- 警方及防止或調查欺詐的組織；
- 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）；及
- 在我們將全部或大部分業務轉讓給其他公司時，該業務的受讓人可繼續使用您的個人資料來執行該業務。

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。

MSIG亦擬不時使用您的姓名、地址、電話號碼及電郵地址提供產品的市場推廣及直接促銷（包括但不限於推廣、營銷及銷售）。

如您不欲MSIG將您的個人資料用作直接促銷用途，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直接促銷活動所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 [msig.com.hk](http://msig.com.hk) 的「查詢表格—拒絕直銷活動」通知我們。在您的通知中，您必須於提供以下列出的相同所需資料。



為讓我們能夠處理您以上提出的拒絕直接促銷活動之請求，請提供以下資料並寄至：香港太古城英皇道1111號9樓，資料保護主任收。

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：此拒絕直接促銷活動要求將會取代您先前給予MSIG一切關於直接促銷的指示。

根據條例，您有權：(a) 知悉我們所持有的個人資料種類；(b) 知悉我們所持有的個人資料的主要用途；(c) 查閱我們所持有的您的個人資料；(d) 更正我們所持有的您的個人資料；及 (e) 查詢我們有關個人資料的政策和實務。如您希望行使這些權利，請致函香港太古城英皇道1111號9樓，我們的資料保護主任收。

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）