




Travel Insurance Claim Form 旅遊保險索償表格

H455

- 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/ClaimTravel> QR : 
- 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 OR
 - Email: claimin@hk.msig-asia.com
 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 或
 - 電郵： claimin@hk.msig-asia.com
- For inquiry, please call our Claims Services Hotline at 2894 0660 or email at 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

Policyholder / Certificate Holder 保單/證書持有人資料			Policy No. / Certificate No. 保單/證書編號		
Surname in English 姓(英文)		Given Name in English 名(英文)			
Company Name (if applicable) 公司名稱(如適用)					
Your Contact Details 聯絡人資料					
Surname in English 姓(英文)		Given Name in English 名(英文)		Gender 性別	<input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Email Address 電郵			Mobile/Contact No. 手提電話/聯絡電話		
Correspondence Address 聯絡地址			HKID No. / Passport No. 香港身份證/護照號碼		()
If we need to contact you in written, which method would you prefer most? 如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？			<input type="checkbox"/> Mail 郵件 <input type="checkbox"/> Email 電子郵件		
Claimant Details (if not the above contact person) 索償人資料 (如非上述聯絡人)					
Surname in English 姓(英文)		Given Name in English 名(英文)		Gender 性別	<input type="checkbox"/> M 男 / <input type="checkbox"/> F 女
Email Address 電郵			Mobile/Contact No. 手提電話/聯絡電話		
Correspondence Address 聯絡地址			HKID No. / Passport No. 香港身份證/護照號碼		()

Travel Claim Information 旅遊索償資料				
When did your travel occur? 您於什麼時候旅遊?	From (dd/mm/yy) 由(日/月/年)	To (dd/mm/yy) 至(日/月/年)		
Are you making/ Will you make any other insurance or compensation claim as a result of this incident? 您有否或將會因此事故而作出任何其他保險或賠償要求?			<input type="checkbox"/> Yes please specify 有，請註明 <input type="checkbox"/> No 沒有	
Name of Insurer/Carrier 保險/客運公司名稱	Policy No. / Claim No. 保單號碼/索償號碼			
Note: Please send copy of the payment document if other insurance company has already paid part of the claimed amount. 注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。				

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/ Insured Person 必須與保單持有人/受保人相同)				
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	

Travel Delay/ Trip Rearrangement/ Missed Departure/ Baggage Delay							
行程延誤／行程更改／啟程誤點／行李延誤							
Please tick the box of the claim item(s) 請於方格內填上索償項目				<input type="checkbox"/> Travel Delay 行程延誤 / <input type="checkbox"/> Trip Rearrangement 行程更改 / <input type="checkbox"/> Missed Departure 啟程誤點 / <input type="checkbox"/> Baggage Delay 行李延誤 A			
Original Flight No./ Transportation Information 原定航班編號／交通工具資料							
Reason of Travel Delay/ Trip Rearrangement/ Missed Departure / Baggage Delay 行程延誤 / 行程更改 / 啟程誤點 / 行李延誤的原因				<input type="checkbox"/> Adverse weather conditions/Typhoon 惡劣天氣／颱風 <input type="checkbox"/> Hijack 騎劫 <input type="checkbox"/> Natural disaster 自然災害 <input type="checkbox"/> Riot 騷亂 <input type="checkbox"/> Mechanical and/or electrical breakdown of the public transport 該公共交通工具機械及／或電力故障 <input type="checkbox"/> Strike or Other industrial action 罷工或其他工業行動 <input type="checkbox"/> Other 其他 A A			
Travel Delay/ Trip Rearrangement/ Missed Departure/ Baggage Delay 行程延誤／行程更改／啟程誤點／行李延誤			Departure Date and Time 出發日期和時間		Arrival Date and Time 到達日期和時間		
Original scheduled itinerary (dd/mm/yy HH:MM) 原定行程 (日/月/年/時:分)							
Actual itinerary (dd/mm/yy HH:MM) 確實行程 (日/月/年/時:分)							
Total delay period 合計延誤時間		Hour 小時	Mins 分鐘	Place of departure 出發地點		Location of arrival 到達地點	
Claim Items/ Other Remarks 索償項目／其他							
Basic supporting documents required 索償所需的基本文件							
<input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票 <input type="checkbox"/> Boarding Pass 登機證 <input type="checkbox"/> Other available document 其他可向本公司提供的文件..				<input type="checkbox"/> Carrier's/ Airline's document to certify the reason and the length of delay 客運公司／航空公司發出的文件證明延誤行程原因及時間 <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18) 出世紙副本 (*適用於 18 歲以下之受保人)			

Loss of or damage to baggage/ money/ personal documents							
遺失或損毀行李／個人金錢／個人證件							
Please tick the box of the claim item(s) 請於方格內填上索償項目				<input type="checkbox"/> Loss 遺失* / <input type="checkbox"/> Damage 損毀 <input type="checkbox"/> Personal belongings 個人財物 <input type="checkbox"/> Baggage 行李 <input type="checkbox"/> Money 個人金錢 <input type="checkbox"/> Personal documents 個人證件			
Place of loss/ damage 遺失／損毀地點				Date of loss/ damage (dd/mm/yy) 遺失／損毀日期 (日/月/年)		Time of loss/ damage (HH:MM) 遺失／損毀時間 (時:分)	
Please describe how the loss/ damage happened 請詳述遺失／損毀的經過							
Did you report the loss to the local police, airline or carrier?*				<input type="checkbox"/> Yes please specify 有，請註明 <input type="checkbox"/> No 沒有 閣下是否已向警方／航空公司／客運公司報告財物遺失？			
Date of report to police (dd/mm/yy) 向警方報告財物遺失日期 (日/月/年)			Reference no. of the loss report 檔案編號				
Full Description of items (including brand name and model no.) 請詳述索償財物 (包括品牌名稱和型號)		Month & Year of Purchase 購買月份及年份		Purchase Price 購買金額		Claim Amount 索償金額	
Basic supporting documents required 索償所需的基本文件							
<input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票 <input type="checkbox"/> Photos showing the extent of damage 顯示損毀情況之相片 <input type="checkbox"/> All exchange slip/ cash withdrawal records (for loss of money) 有關遺失現金之貨幣找換或提款紀錄 <input type="checkbox"/> Loss or damage report from relevant authorities, e.g. police, airline or hotel 相關機構 (如當地警方，航空公司或酒店) 發出之遺失或損毀報告				<input type="checkbox"/> Boarding Pass 登機證 <input type="checkbox"/> Purchase/ repair/ replacement receipt 購買／維修／重置物品 收據 <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18) 出世紙副本 (*適用於 18 歲以下之受保人)			

Medical Expenses
醫療費用
1. Please tick the box of the claim item(s) 請於方格內填上索償項目
 Sickness 疾病

Where did you first experience the symptom? 您在哪裡第一次出現此症狀?	Date of symptom first appeared (dd/mm/yy) 首次出現症狀日期 (日/月/年)	Diagnosis of sickness 診斷結果

 Injury 受傷

Place of accident 受傷地點	Date of accident (dd/mm/yy) 受傷日期(日/月/年)	Diagnosis of injury 診斷結果

Please describe how the accident happened
請詳述受傷經過

2. Claim items 索償項目

Date of visit 診症日期	Place of visit 診症地點	Claim amount 索償金額

3. Was hospitalisation required overseas? 是否需要在海外住院治療?	Date of admission (dd/mm/yy) 入院日期(日/月/年)	Date of discharge (dd/mm/yy) 出院日期(日/月/年)
<input type="checkbox"/> Yes 需要 <input type="checkbox"/> No 不需要		

4. Do you need to receive further medical treatment in the future after you returned to Hong Kong?
返回香港後，您會否需要在往後日子再接受治療?

Yes 需要 No 不需要

Basic supporting documents required 索償所需的基本文件

- | | |
|--|---|
| <input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票 | <input type="checkbox"/> Boarding Pass 登機證 |
| <input type="checkbox"/> Original Medical Receipt showing the Diagnosis
附有診斷結果之正本醫療收據 | <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18)
出世紙副本 (*適用於 18 歲以下之受保人) |
| <input type="checkbox"/> Medical Report, if any 醫療報告 (如有) | |

Trip Cancellation/ Trip Curtailment
取消行程／縮短行程

Please tick the box of the claim item(s)
請於方格內填上索償項目

Trip Cancellation 取消行程 / Trip Curtailment 縮短行程

Reason of Trip Cancellation / Trip Curtailment
取消行程／縮短行程的原因

Original scheduled date of departure / Scheduled date of returning Hong Kong (dd/mm/yy)
原定出發日期 / 原定回港日期 (日/月/年)

(For Trip Cancellation) Date of travel arrangement made (dd/mm/yy)
(For Trip Curtailment) Actual date of returning to Hong Kong (dd/mm/yy)
訂妥行程日期 (如屬取消行程) / 確實回港日期 (如屬縮短行程) (日/月/年)

Claim items & other remarks 索償項目／其他

Basic supporting documents required 索償所需的基本文件

- | | |
|--|--|
| <input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票 | <input type="checkbox"/> Boarding Pass (For Trip Curtailment) 登機證 (如縮短行程) |
| <input type="checkbox"/> Travel deposit payment receipt 旅費按金收據 | <input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18)
出世紙副本 (*適用於 18 歲以下之受保人) |
| <input type="checkbox"/> Carrier's/ airline's/ travel agent's/ hotel's document to certify reason of cancellation and amount of non-refundable deposits
由旅行社/航空公司/酒店發出之有關閣下取消或未能成行，及不予退回旅費的書面證明 | <input type="checkbox"/> Written confirmation from the attending doctor to certify the Insured person being unfit to travel, if applicable
由醫生發出之書面文件，證明受保人不宜外遊 (如適用) |

Personal Liability/ Rental Vehicle Excess Cover / Death / Permanent Disablement			
個人責任／租車自負金額保障／身故／永久傷殘			
Please tick the box of the claim item(s) 請於方格內填上索償項目		<input type="checkbox"/> Rental Vehicle Excess Cover 租車自負金額保障	<input type="checkbox"/> Personal Liability 個人責任
		<input type="checkbox"/> Permanent Disablement 永久傷殘	<input type="checkbox"/> Death 身故
Place of incident 事故發生地點		Date of incident (dd/mm/yy) 事故發生日期 (日 / 月 / 年)	Claim amount 索償金額
Full description of incident and the extent of the damage/ loss 請詳述事故發生的經過及損失程度			
For Personal Liability claim 個人責任索償 *IMPORTANT - Please send us all correspondence directly relating to any third party claim, and do not admit any liability to the third party. 重要事項 — 如收到第三者的索償信件，請勿私下作出回覆。閣下必須將該等信件交予本公司。			
Basic supporting documents required 索償所需的基本文件			
<input type="checkbox"/> Traveling Schedule and Air ticket 行程表及機票		<input type="checkbox"/> Boarding Pass 登機證	
<input type="checkbox"/> Birth Certificate (*applicable if Insured Person is below age 18) 出世紙副本 (*適用於 18 歲以下之受保人)		<input type="checkbox"/> Other available document 其他可向本公司提供的文件	
For Rental Vehicle Excess Cover (if applicable) 租車自負金額保障 (如適用) :			
<input type="checkbox"/> Rental vehicle receipt 租車收據		<input type="checkbox"/> Rental vehicle agreement/ contract 租車協議／合約	
<input type="checkbox"/> International driving permit 國際駕駛許可證		<input type="checkbox"/> Police report/ incident report 警署報告／事件報告	
<input type="checkbox"/> Excess payment receipt 自負金額收據		<input type="checkbox"/> Photos showing the extent of damage 顯示損毀情況之相片	
For Death/ Permanent Disablement (if applicable) 身故／永久傷殘 (如適用) :			
<input type="checkbox"/> Medical certificate/ medical report 醫療報告		<input type="checkbox"/> Death Certificate (if applicable) 死亡證書 (如適用)	

Declaration & Authorisation 聲明及授權	
<p>1. 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)就此作出聲明，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；</p> <p>2. 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 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正確的法定聲明；及</p> <p>3. 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 medical history regarding illness or injuries and my claimed loss/ damage under the above Section(s). 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本人患病、受傷和財物損失／損毀的資料記錄。本授權書之影印本的法律效力等同正本。</p> <p>4. 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。</p>	
Signature of Certificate Holder 保險證書持有人簽署 (with company chop if applicable 如屬公司請蓋章) HKID No. 香港身份證號碼 () Date 日期	Signature of Claimant 索償人簽署 (with company chop if applicable 如屬公司請蓋章) HKID No. 香港身份證號碼 () Date 日期

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. 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. 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:	<i>(for identification purpose)</i>
Policy/Certificate/Acknowledgement number	<i>(if you have one):</i>
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 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 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)