

Pet Insurance Claim Form 寵物保險索償表格

H1087

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/ClaimGeneralInsurance> Or 或 QR:



2. Otherwise, please complete and submit this Claim Form to us within 30 days from the date of treatment, 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
- Email: claimin@hk.msig-asia.com

或者，請將填妥之索償表格連同有關證明文件，並於治療後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
- 電郵：claimin@hk.msig-asia.com

3. For inquiry, please call our Claims Services Hotline at +852 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+852 2894 0660或電郵claimin@hk.msig-asia.com

Part 1 (To be completed by Insured (Pet's Parent)/Claimant) 第一部份（由受保人（寵物家長）/索償人填寫）

Insured (Pet's parent)/Claimant details 受保人（寵物家長）/索償人資料

Surname: 姓：		Given name: 名：	Policy no.: 保單號碼：
☐ HKID no. 香港身份證號碼：	☐ Passport no. 護照號碼：		Gender: 性別： M 男 ☐ F 女 ☐
Occupation: 職業：		Contact no.: 聯絡電話：	
Email: 電郵：			
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	

Pet's details 寵物資料

Name: 名稱：	Type of pet: 寵物種類： ☐ Dog 狗 ☐ Cat 貓	Date of birth (DD/MM/YYYY): 出生日期（日/月/年）：
Breed type*: 品種*：	Gender 性別： M 男 ☐ F 女 ☐	Microchip number: 晶片號碼：

If no microchip number can be provided, please state the general appearance of your pet# (e.g. colour, characteristics etc):
 如未能提供晶片號碼，請描述您的寵物之整體外觀#（例如：顏色、特徵等）：

Reside in the same premises with Insured: 與受保人居住於相同地址：
☐ Yes 是 ☐ No 否

Claim type selection 選擇索償類別

- ☐ Medical expenses – Surgical benefit/Chemotherapy benefit
醫療費用 – 手術保障/化療保障
- ☐ Medical expenses – Outpatient non-surgical cover*
醫療費用 – 非手術門診保障*
- ☐ Final expenses benefit#
壽終費用#
- ☐ Emergency sitting*
緊急託管保障*
- ☐ Third party liability benefit
第三者法律責任保障

* Not applicable for Happy Tails® Pet Insurance 不適用於「至寵愛」寵物保險

Only applicable for Happy Tails® Pet Insurance 只適用於「至寵愛」寵物保險

Accidental injury 意外受傷

Date (DD/MM/YYYY):

日期 (日/月/年) :

Time (HH:MM):

時間 (時:分) :

Place:

地點 :

State fully what happened/nature and extent of injury sustained:

請說明意外詳情/受傷性質及程度 :

Has your Pet previously suffered from an injury to the same part?

您的寵物過往曾否於同一部位受過傷 ?

☐ Yes 是 ☐ No 否

Are there any more medical bills to be submitted?

您是否有其他醫療單據需要提交 ?

☐ Yes 是 ☐ No 否

Sickness (if applicable) 疾病 (如適用)

Date first began

初次出現日期

(DD/MM/YYYY)

(日/月/年)

Date first treated

初次求診日期

(DD/MM/YYYY)

(日/月/年)

1. Has the sickness been treated previously?

之前曾否就該疾病求診 ?

☐ Yes 是 ☐ No 否

If 'yes', please state the name and address of the Veterinarian:

如「是」, 請列明獸醫診所的名稱和地址 :

Name of veterinary:

獸醫姓名 :

Address of veterinary:

獸醫院地址 :

Date of previous treatment:

過去診症日期 :

(DD/MM/YYYY)

(日/月/年)

2. Is the sickness caused by breeding, spaying or neutering?

該疾病是否因繁殖、絕育或結紮所引致 ?

☐ Yes 是 ☐ No 否

If 'yes', please specify condition:

如「是」, 請說明詳情 :

Final expenses benefit 壽終費用		
Cause of death: 死亡原因：		
Reason for euthanasia (if applicable): 人道毀滅原因（如適用）：		
Third party liability benefit 第三者法律責任保障		
Date and time of accident: 發生事故之日期及時間：		
Exact place of accident: 發生事故之地點：		
Name(s), telephone number(s) of witness(es) of incident (if any): 目擊證人之姓名及電話號碼（如有）：		
Description of incident: 事故發生之情況：		
Details of third party (complete this section if a person was injured or a property was damaged) 第三者資料（假若意外中有人受傷或財物受損，請填妥此部份）		
A. Injured party 傷者資料		
Surname: 姓：		Given name: 名：
		Gender: 性別： M 男 ☐ F 女 ☐
Age: 年齡：	Contact no.: 聯絡電話：	Nature and extent of injury: 受傷部位及程度：
Was the injured person sent to hospital? 傷者是否被送院？		☐ Yes 是 ☐ No 否
Relationship between you and the injured: 您與傷者之關係：		
B. Damaged property (not belonging to Insured Person) 財物損毀資料（受保人財物除外）		
The owner of the property: 受損財物物主：		Damaged property: 受損財物：
The owner's address 物主地址： 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
Nature and extent of damage: 損毀程度：		
Estimate cost of repair: 預計修理費：		

Claim documents 索償文件

Claim documents to be submitted to MSIG must include (but not limited to) the following documents. MSIG may reasonably further request you to provide supplementary information or evidence. For details of the claims conditions, please refer to the terms and conditions of the Policy.

您須提交（包括但不限於）以下列明的索償文件予MSIG。MSIG可能會在合理的情況下要求您提供補充資料及證明。有關詳細索償條件，請參閱保單條款及細則。

Medical expenses – Surgical benefit/Chemotherapy benefit 醫療費用 – 手術保障/化療保障

- ✓ Claim form Part 1 and Part 2 索償表格第一及第二部份
- ✓ Original vet clinic receipt (the document shall include date of symptoms appeared, diagnosis, fee breakdown and your pet's name or microchip number)
獸醫診所之單據正本（文件內必須註明病徵出現日期、診斷結果、各項醫療項目收費及寵物名字或晶片號碼）
- ✓ Medical investigation report copy 醫療檢驗報告副本

Medical expenses – Outpatient non-surgical cover* 醫療費用 – 非手術之門診保障*

- ✓ Claim form Part 1 索償表格第一部份
- ✓ Original vet clinic receipt (the document shall include date of symptoms appeared, diagnosis, fee breakdown and your pet's name or microchip number)
獸醫診所之單據正本（文件內必須註明病徵出現日期、診斷結果、各項醫療項目收費及寵物名字或晶片號碼）
- ✓ Medical investigation report copy 醫療檢驗報告副本

Final expenses benefit# 壽終費用#

- ✓ Claim form Part 1 索償表格第一部份
- ✓ Original receipt for the expenses of cremation, funeral service and/or handling charges from the veterinarian or funeral provider
進行安樂死的費用、火化、殯葬服務費及/或獸醫或殯葬服務提供商收取之寵物遺體的處理費收據正本

Emergency sitting* 緊急託管保障*

- ✓ Claim form Part 1 索償表格第一部份
- ✓ Hospital invoice and discharge report of the Insured (Pet's parent) 受保人（寵物父母）住院賬單及出院報告
- ✓ Original invoice and receipt for pet sitting expenses 寵物托管費用賬單及收據正本

Third party liability benefit 第三者法律責任保障

- ✓ Claim form Part 1 索償表格第一部份
- ✓ Police report or copy of statement to police (if any), and letter of claim from third parties
警方報告或警方口供記錄副本 (如有)及第三者索償文件
- ✓ Please do not make any admission, offer or promise of payment or payment without MSIG's prior written consent
在沒有獲得MSIG書面同意的情况下，不得作出任何承認、提議、承諾付款或付款
- ✓ Any third party correspondence, summons or writs should be forwarded to MSIG immediately unanswered
對於任何第三者的通告、傳票及書面命令，請不要回覆，並立即提交MSIG，以便處理

* Not applicable for Happy Tails® Pet Insurance 不適用於「至寵愛」寵物保險

Only applicable for Happy Tails® Pet Insurance 只適用於「至寵愛」寵物保險

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。如您選擇此項服務，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 Insured (Pet's parent) 必須與受保人(寵物父母)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

Did/Will you apply for compensation from other insurer(s)/organisation(s) for the same event?

☐ Yes 是 ☐ No 否

If 'yes', please provide the following information.

您是否就此事曾/將會向其他保險公司/機構申請理賠？

如「是」，請提供以下資料。

Insurance company/Organisation
保險公司/機構名稱

Type of cover
保障類別

Policy no./Reference no.
保單號碼/相關號碼

Note: Please send copy of the payment document if other insurance company has already paid part of the medical expenses.

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。

Declaration & authorisation 聲明及授權書

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；
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 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
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 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。
4. I hereby authorise any veterinarian or other person who has attended or examined my pet to furnish to the Insurer or its representative any and all information on my illness, injury, medical history, consultations, prescriptions or treatment, with copies of all hospital or medical records. A photocopy of this authorisation shall be considered as effective and valid as the original.
本人謹此授權任何獸醫診所或任何曾經主診或檢查本人寵物的人士向承保方或其代表提供任何及所有有關本人寵物之疾病、傷患、病歷、診症、處方或治療的資料，以及所有住院或病歷紀錄影印本。本授權書之影印本與正本皆具同等效力。
5. 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 Insured (Pet's parent)
受保人（寵物家長）簽署

Signature of Claimant
索償人簽署

Name of Insured (Pet's parent)
受保人（寵物家長）姓名

Name of Claimant
索償人姓名

Identity document number of Insured (Pet's parent)
受保人（寵物家長）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）

Part 2 - Veterinarian certificate

The Insured must obtain at his/her own expense the medical report from his/her veterinarian.

To be completed by an attending veterinarian

Name of pet:		Pet owner's name:	
Breed type:		Microchip number:	
Final diagnosis:			
Nature and extent of injury/sickness:			
Date when symptom first started (DD/MM/YYYY)	Approximate date of discovery of the injury/sickness (DD/MM/YYYY)	When did the pet first consult you for this condition? (DD/MM/YYYY)	
Details of presented symptoms, nature and date of treatment rendered:		With respect to the Insured pet, how long has this pet owner been a client of your clinic? ☐ Less than 6 months ☐ More than 6 months	
Have any conditions or symptoms occurred previously which are related to the above illness/injury/death of the Insured pet?		☐ Yes ☐ No	
If 'yes', please provide dates: _____ (DD/MM/YYYY)			
Is the treatment received by the Insured pet likely to be ongoing?		☐ Yes ☐ No	
Is any condition specified above of a congenital or hereditary nature?		☐ Yes ☐ No	
Veterinarian previously consulted by the Insured pet for the above condition:		☐ Yes ☐ No	
Name of veterinarian	Date (DD/MM/YYYY)	Name of clinic/hospital	Address

Declaration of the veterinarian

I hereby declare the information and particulars stated as above to be true, correct, accurate and to the best of my knowledge and belief.

Signature of Veterinarian
(with Company Chop of the Veterinary Facility)

Name/Designation

Date (DD/MM/YYYY)

Name and address of clinic/hospital

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:	(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 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 _____