

## NCB Hospital Income Care Plan NCB 住院現金保障計劃

### Flexible Choice of Three Plans at Affordable Premium 三種計劃供靈活選擇 保費實惠

NCB Hospital Income Care Plan provides daily cash benefits and you can select from 3 different levels of benefits according to your protection needs. The plan also covers Surgical Expenses Benefit and Accidental Medical Expenses Benefit, so that you can concentrate on recovering with financial support. We offer protection anywhere in the world.

NCB 住院現金保障計劃提供每日現金保障，您可按照個人需要，選擇 3 種不同級別的計劃。計劃亦涵蓋手術費用及意外醫療費用等常見開支，讓您專心接受治療，無須擔心經濟開支。保障範圍更覆蓋全球，時刻為您提供保障。

### Daily Cash Benefit Gives Financial Assistance 每日現金保障 提供經濟支援

If you are hospitalised, daily cash benefit of up to HK\$1,500 for as long as 750 days<sup>†</sup>.

在您住院期間，可獲每日高達港幣1,500元的住院現金保障，保障期最長可達750天<sup>†</sup>。

### Double Benefit for Added Protection 雙倍現金保障 額外支援

If you are staying in an intensive care unit, having a major organ transplant, infectious diseases or undergoing treatment for major burns during your hospitalisation, the daily cash benefit will be doubled up for up to 100 days<sup>†</sup>.

倘若不幸入住深切治療病房、接受主要器官移植、因感染傳染病住院或因嚴重燒傷住院治療，可獲長達100<sup>†</sup>天的雙倍現金保障。

### Triple Benefit 三倍現金保障

The plan provides extra protection by tripling up the amount of daily cash benefit, if you are hospitalised due to bodily injury arising from traffic accident on board a public transport.

計劃更提供因公共交通意外受傷住院治療，提升住院現金保障至每日金額的三倍，以加強保障。

### Extended Benefit cover minor Surgical Expenses 提供小型手術費用的額外保障

To provide you with better protection, the plan also covers surgical expenses during hospitalisation and outpatient treatment due to sickness or accident, including Hospital Charges, Doctor's Fee, Surgeon Fees, Anaesthetist's Fees and Operating Theatre Fees.

不論因疾病或意外受傷需要接受手術，計劃更提升至保障住院手術及門診手術費用，包括醫療費、醫生費、外科醫生費、麻醉師費及手術室費用，讓您應付各種額外支出。

### Comprehensive Coverage of Medical Expenses Benefit 全面醫療費用保障

The plan covers outpatient medical treatment expenses incurred resulting from bodily injury caused by accident, including General or Specialist Outpatient Services, Physiotherapist or Chiropractor Treatment, Bonesetter or Acupuncturist Treatment.

若因意外導致任何身體損傷而接受必要的治療及服務，保障包括普通科及專科門診服務、物理及脊骨治療、跌打及針灸治療，令您得到更廣泛的保障。

### Wellness Rewards / No Claim Bonus 健康獎賞

30% Premium Refund on paid premium if no claim is made in 3 consecutive years.

如於連續三年內並無任何索償記錄，可獲得已繳付保費的 30%回贈。

### Value-added services Worldwide Medical Evacuation and Repatriation 增值服務 全球醫療運送保障

24-hour Worldwide Medical Evacuation and Repatriation in case of accident happened overseas.

倘若不幸在海外發生意外，可獲享 24 小時全球醫療運送保障，給您緊急支援服務。

Summary of Benefits (HK\$) 保障金額 (港幣/元)	Maximum Benefit Limit (HK\$) 最高賠償額 (港幣/元)		
	Plan 1 計劃 1	Plan 2 計劃 2	Plan 3 計劃 3
Daily Cash Benefit 每日住院現金保障	500	1,000	1,500
	Up to 750 days <sup>†</sup> 保障長達 750 日 <sup>†</sup>		
Double Benefit <sup>5</sup> (per day)	1,000	2,000	3,000

雙倍現金保障 <sup>5</sup> (以每日計)	Up to 100 days <sup>†</sup> 保障長達 100 日 <sup>†</sup>		
Triple Benefit <sup>6</sup> (per day) 三倍現金保障 <sup>6</sup> (以每日計)	1,500	3,000	4,500
Surgical Expenses Benefit (per year) 手術費用保障 (每年) - In-patient 住院 - Outpatient 門診	10,000 3,000	20,000 4,000	30,000 5,000
Accidental Medical Expenses Benefit (General or Specialist Outpatient Services, Physiotherapist, Chiropractor, Bonesetter and Acupuncturist treatment expenses) 意外醫療費用保障 (包括普通科及專科門診服務、物理治療及脊醫治療、跌打及針灸治療費用) - per year 每年 - per day 每日	2,500 250	5,000 500	7,500 750
24-hour Worldwide Medical Evacuation & Repatriation 24 小時全球醫療運送	2,000,000		

<sup>†</sup>up to 30 days for hospitalisation in China. 中國住院的保障期最長為30天。

Premium Table (HK\$)* 保費表 (港幣 / 元)*						
Age Group 年齡組別	Plan 1 計劃 1		Plan 2 計劃 2		Plan 3 計劃 3	
	Monthly 月繳	Annual 年繳 <sup>^</sup>	Monthly 月繳	Annual 年繳 <sup>^</sup>	Monthly 月繳	Annual 年繳 <sup>^</sup>
15 days 日 - 6 years 歲	120	1,296	230	2,484	350	3,780
7-17 years 歲	100	1,080	200	2,160	305	3,294
18-29 years 歲	140	1,512	275	2,970	415	4,482
30-39 years 歲	175	1,890	345	3,726	520	5,616
40-49 years 歲	270	2,916	545	5,886	815	8,802
50-59 years 歲	445	4,806	890	9,612	1,330	14,364
60-69 years 歲 <sup>#</sup>	650	7,020	1,300	14,040	1,950	21,060

\* Collection of Levy on Insurance Premium - The Insurance Authority (IA) has announced the collection of levy on insurance premium under the "Insurance Ordinance" with effect from 1<sup>st</sup> January 2018. As a result, all premium amounts shown in this product factsheet are subject to levy. If the premium is paid by monthly instalment, we will adjust the rounding in the final month (if applicable) of each insurance period.

收取保費徵費之新規定 - 保險業監管局 (保監局) 已於《保險業條例》中公佈有關收取保費徵費的新規定，並將於 2018 年 1 月 1 日正式生效。因此，本產品簡介上所列明的保費金額將需附加保費徵費。如保費以月繳形式繳付，我們將於每個保險期之最終到期月 (如適用) 調整保費差額。

<sup>^</sup> Annual premium refers to 10% discount of monthly premium. 年繳保費為每月保費之 9 折。

<sup>#</sup> Age group of 60 to 69 is applicable for renewal only. 60 至 69 歲之年齡組別只適用於續保。

### Major Exclusions 主要不承保項目：

1. Pre-existing conditions 保單生效日期前所患有的疾病或損傷
2. A 30-day Waiting Period from the effective date of the insurance shall be applicable during which time claims caused by sicknesses are not covered 由保單正式生效後首30 日內因疾病引起的索償將不獲賠償
3. Confinement or Treatment for Sickness contracted or commencing within 6 months from the commencement of Policy for the following Disabilities: Tuberculosis, Anal fistulae, Gall stones, Stones of kidney, urethra or urinary bladder, Hypertension or cardiovascular disease, Gastric or duodenal ulcer, Diabetes mellitus, Tumours or malignancies, Haemorrhoids, Disorders of tonsils requiring tonsillectomy, Disorders of nasal septum, sinus or turbinates, Hyperthyroidism, Cataracts, Prolapsed intervertebral disc or disc degeneration.



保單生效後6個月內因下列傷病的感染或發病而引致的住院或治療：肺結核、肛門瘻管、膽石、腎石、尿道結石或膀胱結石、高血壓或心血管病、胃或十二指腸潰瘍、糖尿病、腫瘤或癌症、痔瘡、扁桃腺切除手術、鼻中隔膜、鼻竇或鼻甲骨病變、甲狀腺機能亢進、白內障、椎間盆突出或退化

4. Routine check-ups / vaccinations 例行體格檢查及預防注射
5. Cosmetic surgery 整容手術
6. Dental treatment 牙科治療
7. Convalescent care 休養治療
8. Pregnancy, childbirth or miscarriage 懷孕、生育或流產
9. Congenital and hereditary conditions 先天或遺傳性異常
10. Mental or psychiatric disorders 心理及精神問題
11. Participation of hazardous sports and pastime 參與危險的運動及興趣活動

The above is a summary of Major Exclusions only. For details please refer to policy provisions.

以上項目為主要不承保項目的撮要，詳情請參閱保單條款。

#### Important Note 重要事項：

1. Applicant must be resident of Hong Kong aged between 18 and 59.  
申請人必須為18至59歲的香港居民。
2. This Policy is eligible for Insured Person(s) aged 15 days to 59 upon enrolment and it will be renewed up to age 69 automatically.  
本保障適用於申請時年齡介乎15天至59歲的受保人，將每年續保至69歲。
3. Applicant can apply the Plan with his/her legal spouse and/or unmarried children aged between 15 days and 17 (full time students up to 23 years old). Maximum benefit limit for children is 50% of the specified adult limit (not applicable to 24-hour Worldwide Medical Evacuation & Repatriation Benefit).  
申請人可與其合法配偶及／或其年齡介乎15天至17歲之未婚子女（全日制學生至23歲）一同申請本保障計劃。子女最高賠償額為有關成人保障上限的減半（不適用於24小時全球醫療運送保障）。
4. Cover does not begin until the application has been accepted and premium received.  
保障在申請被接納及收妥保費後才正式生效。
5. Double Benefit applicable to any of the following sickness or bodily injury resulting confined in Hospital for treatment: (i) Intensive Care Unit of Hospital; (ii) Major Organ Transplant; (iii) Major Burn; (iv) Infectious Disease.  
雙倍現金保障適用於因以下疾病或身體損傷入住醫院接受治療：(i) 在醫院的深切治療部；(ii) 主要器官移植；(iii) 嚴重燒傷，或(iv) 傳染病。
6. Triple benefit applicable to Insured Person is confined for Public Transport Accident.  
三倍現金保障適用於受保人因公共交通意外住院。
7. During the period of insurance, Insured Person should not be involved in the following occupations: actors/entertainers/stunt persons, aircrew members, casinos'/other gambling establishments' staff, nightclubs'/saunas'/massage parlours' staff, police/armed forces personnel or construction workers/interior decoration workers.  
在保障期間，受保人不能從事以下職業：演員／娛樂事業表演者／特技人；空勤人員；賭場／其他賭博場所職員；夜總會／蒸氣浴室／按摩中心職員；警察／軍人或地盤／室內裝修工人。
8. Unless a written termination notice is given to MSIG by the Insured Person, this Insurance will be renewed automatically on a yearly basis upon policy expiry date and premium and the Levy will be deducted from the account provided by the Insured Person.  
本計劃將於每年保單到期日自動續保及在投保人指定之戶口內扣除保費及保費徵費，直至投保人以書面通知三井住友保險取消保障為止。
9. During the insured period, the Insured Person must inform MSIG immediately in case of any changes of Insured details such as address, otherwise MSIG reserves the right to decline any claims the Insured Person made.  
在投保期間，若投保人之資料有任何更改(如更改地址)，投保人必須即時通知三井住友保險。否則，三井住友保險保留拒絕投保人索償之權利。
10. The above insurance product is underwritten by MSIG. MSIG reserves the right of final approval and amend the above products. In case of disputes, the decision of MSIG shall be final and binding.  
以上保險產品由三井住友保險承保。三井住友保險保留最終批核及修訂以上產品的權利。如有任何爭議，三井住友保險保留最終決定權。
11. This document is not a policy of insurance and please refer to the Policy (which will be issued to you upon acceptance of your application) for the Terms, Conditions and Exclusion or the Terms and Conditions are also available upon request.  
此單張並非保單，有關條款、細則及不承保事項，請參閱保單(於接納閣下的申請書後奉上)或可向三井住友保險索取。

## NCB Hospital Income Care Plan Application Form

### NCB 住院現金保障計劃申請書

Please complete this application form in **ENGLISH BLOCK LETTERS**. Tick "✓" the boxes as appropriate and fax this application form to 2969 4663 or by mail to MSIG Insurance (Hong Kong) Limited at 9/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

請以**英文正楷**填寫此申請表。在適當的方格內填上「✓」號並傳真至 2969 4663 或寄回香港太古城英皇道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。

**Details of Applicant (Applicant must be aged 18-59)**
**申請人資料 (申請人必須為十八至五十九歲之人士)**

Surname (Mr. / Mrs. / Ms.) 姓 (先生/太太/女士)	Given Name 名
Correspondence Address 通訊地址	
Home Tel. No. 住宅電話號碼	Mobile Phone No. 手提電話號碼

**Details of Insured Person(s)**
**受保人資料**

	申請人 Applicant	配偶 Spouse	子女 1 Child 1	子女 2 Child 2
Surname Given Name 姓 名	Same as the above 與上述相同			
Gender 性別				
Date of Birth (DD/MM/YY) 出生日期 (日/月/年)				
HKID Card No. 香港身份證號碼				
Height (cm) 身高 (厘米)				
Weight (kg) 體重 (千克)				
Usual Country of Residence 常居地				
Occupation 職業/職務				
Industry 行業				

(Please use a separate sheet if space provided is insufficient. 如空位不敷應用, 請另頁書寫。)

**Selection of Plans**
**選擇計劃**

Plan 計劃	<input type="checkbox"/> Plan 1 計劃 1 (HK\$500/day 每日港幣 500 元) <input type="checkbox"/> Plan 2 計劃 2 (HK\$1,000/day 每日港幣 1,000 元) <input type="checkbox"/> Plan 3 計劃 3 (HK\$1,500/day 每日港幣 1,500 元)
Total Amount (Incl. levy) * 總金額 (包括保費徵費) *	<input type="checkbox"/> Monthly 每月 <input type="checkbox"/> Annual 每年 HK\$ 港幣 _____

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\* 收取保費徵費之新規定 - 保險業監管局 (保監局) 已於《保險業條例》中公佈有關收取保費徵費的新規定, 並將於 2018 年 1 月 1 日正式生效。因此, 本產品簡介上所列明的保費金額將需附加保費徵費。如保費以月繳形式繳付, 我們將於每個保險期之最終到期月 (如適用) 調整保費差額。

**Payment Authorisation**
**付款授權書**

NCB Hospital Income Care Plan will be renewed automatically on a yearly basis until a written termination notice is served to MSIG Insurance (Hong Kong) Limited. NCB 住院現金保障計劃將於每年保單到期日自動續保, 直至受保人以書面通知三井住友海上火災保險(香港)有限公司取消保障為止。

 **Credit Card Authorisation** 信用卡付款授權書



I/We hereby authorise and request MSIG Insurance (Hong Kong) Limited to charge my/our Visa / MasterCard Credit Card Account listed below for the premium including unpaid premium (if any) with the Levy on insurance premium on behalf of IA of the above policy and any subsequent renewals thereof, until further notice has been received from me / us.

本人(等)茲授權並要求三井住友海上火災保險(香港)有限公司從本人(等)下列之 VISA / MasterCard 信用卡戶口內, 支付上述保單及往後續保之保費, 包括尚未支付的保費(如有)及保監局之附加保費徵費, 除非本人再有進一步通知。

VISA

MasterCard

Issuing Bank 發卡銀行

Credit Card Account Number 信用卡戶口號碼  -  -  -  Expiry Date 有效期至  M  Y  
月 年

Credit Card Holder Name(s) 信用卡持有人姓名

Signature of Credit Card Holder(s)  
信用卡持有人簽署

HKID Card No. 香港身份證號碼

## Declaration and Authorisation

### 聲明及授權

I/We hereby declare that  
本人(等)在此聲明:

- I/We have not had, during the last four years, any illness, injury, ailment or condition requiring in-patient treatment or consultation with a specialist. **(If you had, please fill in the separate "Health Declaration")**  
本人(等)在過去四年內, 未曾因患上疾病、受傷、生理失調或任何情況而需要入院治療或接受專科診治。(如「有」, 請另行填寫「健康聲明」)
- I/We do not have any foreseeable need for treatment or consultation with any medical practitioner. **(If you have, please fill in the separate "Health Declaration")**  
本人(等)在可見的未來沒有需要接受治療或醫生診治。(如「有」, 請另行填寫「健康聲明」)
- I/We understand that NCB Hospital Income Care Plan ("The Plan") applicant must be resident of Hong Kong aged between 18 and 59.  
本人(等)明白NCB住院現金保障計劃(「計劃」)申請人必須為18至59歲的香港居民。
- I/We understand that this Plan is eligible for Insured Person aged 15 days to 59 (child(ren) is/are aged between 15 days and 17 years old) upon and it will be renewed up to age 69 automatically.  
本人(等)明白本計劃適用於申請時年齡介乎15天至59歲(子女為15天至17歲), 將每年續保至69歲。
- I/We am/are not actors/entertainers/stunt persons, aircrew members, casinos'/other gambling establishments' staff, nightclubs'/saunas'/massage parlours' staff, police/armed forces personnel or construction workers/interior decoration workers.  
本人(等)並非演員/娛樂事業表演者/特技人、空勤人員、賭場/其他賭博場所職員、夜總會/蒸氣浴室/按摩中心職員、警察/軍人或地盤/室內裝修工人。
- 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 medical condition or circumstance foreseeable requiring hospitalisation 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 Plan.  
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)並未發現在任何身體上的問題而導致將來需要住院, 並明白本保障不包括診治任何已知疾病的費用。
- 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 Insurance (Hong Kong) Limited ("MSIG").  
本人(等)同意接受本人(等)的保單所列明的保障, 並同意本投保申請書及本聲明作為與三井住友海上火災保險(香港)有限公司(「三井住友保險」)合約的一部分及根據。
- I/We authorise any doctor who has attended to me/us to release any information that may be required by MSIG. A photocopy of the authorisation shall be as effective and valid as the original.  
本人(等)授權任何曾診治本人(等)的醫生向三井住友保險提供資料, 此授權的副本或正本同樣有效。
- I/We understand that the insurance cover will commence only when 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.  
本人(等)明白直至本投保申請被接納及三井住友保險收到有關之首次保費, 保障才開始生效。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。
- I/We understand that the premium will increase upon entering each higher age group in premium table.  
本人(等)明白保費將隨保費表中每一年齡組別而增加。
- I/We understand that there are certain exclusions applied which have been listed out in the policy.



本人(等)明白本保障亦設有一般保障豁免事項，而有關細節亦詳列於保單內。

12. 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.

本人(等)於投保 / 索償時會充分與三井住友保險合作，提供所需之額外健康資料。

13. I/We have read and agreed to the MSIG's Privacy Policy and Personal Information Collection Statement attached below.

本人(等)已閱讀並同意於以下附件的三井住友保險的私隱政策及個人資料收集聲明。

Health Declaration 健康聲明		
	Yes 是/有	No 否
<b>During the last three years 在過去的三年內：</b>		
1. 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? (e.g., occupational therapy, speech therapy, rehabilitation, etc.) 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? (例如職業治療、言語治療、復康治療等)	<input type="checkbox"/>	<input type="checkbox"/>
2. 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 HIV, or other laboratory tests / investigations? (If "Yes", please attach copy of related medical report.) 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。)	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you or any person(s) to be insured ever had any healthcare or life insurance policy refused, rated, restricted or non-renewed? (Please attach copy of related document if available.) 您或任何受保人曾否在申請其他醫療或人壽保單時遭受拒受、加價、限制或不再續保? (如「有」，請附上有關文件副本。)	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you or any person(s) to be insured had any other medical insurance plan with our company? 您或任何受保人有否在本公司投保其他醫療保障計劃?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Currently 現時：</b>		
5. Have you or any person(s) to be insured had any physical or mental defects? 您或任何受保人有否任何身體或精神上的問題?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you or any person(s) to be insured under medical attention, treatment or taking medication? (Other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) 您或任何受保人是否正接受診治或服藥? (不包括小毛病如傷風、感冒、腸胃炎等)	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you or any person(s) to be insured participate in sports or pastimes normally regarded as dangerous? If "Yes", please provide details. 您或任何受保人有否參與一般被認為屬於危險的運動或嗜好活動? 如有，請列明有關詳情。	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered "Yes" to any of the above questions, please give full details of medical history including name of insured, diagnosis, treatment/ medication/ investigation/ operation, date of onset, date of last consultation or treatment name, address and telephone number of attending doctor, etc. on separate sheet. 對於上述任何一條問題，若回答「是/有」，請另頁詳列病史，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。		

**Details of Applicant 申請人資料**

Name 姓名：\_\_\_\_\_ Date 日期 (DD 日/MM 月/YY 年)：\_\_\_\_\_

Health Declaration 健康聲明	
1.	
2.	



3.
4.
5.
6.
7.

#### Details of Applicant 申請人資料

Name 姓名：\_\_\_\_\_ Date 日 (DD 日/MM 月/YY 年)：\_\_\_\_\_

#### PRIVACY POLICY

##### 私隱政策

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.

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。

##### PRIVACY POLICY 私隱政策

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. 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。

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.

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。

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. 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。

#### 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.

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。

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.

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。

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

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”。

<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, 1111 King's Road, Taikoo Shing, Hong Kong. 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。</b>	
<b>Full Name 姓名:</b>	
<b>Contact Number 聯絡電話:</b>	
<b>HKID Number 香港身份證號碼:</b>	<b>(for identification purpose)(作識別之用)</b>
<b>Policy / Certificate / Acknowledgement Number (if you have one) 保單號碼 / 證書編號 / 確認編號 (如適用):</b>	
<b>NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG. 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。</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); 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）；
- in the event of a claim, loss adjudicators, claims investigators and medical advisors; 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- reinsurers and reinsurance brokers; 再保公司及再保經紀；
- your insurance broker; 您的保險經紀；
- our legal and professional advisors; 我們的法律及專業業務顧問；
- our related companies as defined in the Companies Ordinance; 我們的關連公司（以《公司條例》內的定義為準）；
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; 香港保險業聯會（或同類的保險公司聯會）及其會員；
- the Insurance Complaints Bureau and similar industry bodies; 保險投訴局及同類的保險業機構；
- government agencies and authorities as required or permitted by law;





- 法例要求或許可的政府機關；
- **fraud prevention organizations;**  
防欺詐組織；
  - **other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);**  
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）；
  - **the police; and**  
警察；及
  - **databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.**  
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)。

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.

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。

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, 1111 King's Road, Taikoo Shing, Hong Kong.

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。If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

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。

\_\_\_\_\_  
Signature of Applicant  
申請人簽署

\_\_\_\_\_  
Name of Applicant  
申請人姓名

\_\_\_\_\_  
Application Date (D/M/Y)  
申請日期(日/月/年)

**MSIG Insurance Hotline 三井住友保險熱線：3122 6922**

**FAX No. 傳真熱線：2969 4663**

Service Hours 服務時間：Mon-Fri 星期一至五 9:00am-5:30pm  
(Except Public Holidays 公眾假期除外)