



MSIG Insurance (Hong Kong) Limited  
三井住友海上火災保險（香港）有限公司  
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A Member of **MS&AD** INSURANCE GROUP

## MediSure Plus Insurance Proposal Form 至尊萬健寶醫療保障計劃投保書

H1027

Please complete this application form in ENGLISH BLOCK LETTERS. Tick "✓" the boxes as appropriate.  
請以英文正楷填寫此申請表。在適當的方格內"✓"。

<b>Details of applicant (Applicant must be aged 18-75)</b> <b>申請人資料 (申請人必須為十八至七十五歲之人士)</b>		
Surname: 姓 : Given name: 名 :		(For office use only 本公司專用)
Gender 性別 : M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	<input type="checkbox"/> HKID no. 香港身份證號碼 : <input type="checkbox"/> Passport no. 護照號碼 :	Policy no. : _____ Effective date (DD/MM/YY): _____
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		

Name of insured person(s) 受保人姓名	Gender 性別	HKID/ Passport no. 香港身份證/ 護照號碼	Date of birth (DD/MM/YYYY) 出生日期 (日/月/年)	Height 身高 (cm厘米)	Weight 體重 (kg千克)	Usual country of residence 常居地	Business nature 業務性質	Job position 職位	Deductible amount* (HK\$) 自負額* (港幣/元)
Applicant 申請人 (same as above) (資料同上)									
Spouse 配偶									
Children 子女									

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

## Selection of plans 選擇計劃

### Core cover 基本保障

- ☐ Standard Plan 標準計劃 ☐ Excel Plan 精選計劃 ☐ Super Plan 特選計劃
- ☐ Executive Plan 智選計劃 ☐ Medical Top Up Plan 醫療增值計劃

### Optional cover 自選保障

- ☐ Outpatient Services Benefit (For executive plan only)  
門診保障（只限智選計劃）
- ☐ Supplementary Major Medical Benefit (Not applicable for medical top up plan)  
附加醫療保障（不適用於醫療增值計劃）
- ☐ 12 Critical Illness Benefit  
12種危疾保障
- ☐ 28 Critical Illness Benefit  
28種危疾保障
- ☐ Dental Benefit  
牙科保障
- ☐ 12 Critical Illness and Lady Benefit  
12種危疾及女性保障
- ☐ 28 Critical Illness and Lady Benefit  
28種危疾及女性保障
- ☐ Maternity Benefit  
產科保障

Important note: Please refer to the MediSure Plus Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.

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

## Health declaration 健康聲明

1. During the last five years, have you or any person(s) to be insured ever suffered from stroke, diabetes, kidney disease, gall bladder disorder, debility or other disorder, heart or circulation disorder, tumour or cancerous growth, anaemia/hemophilia/other disorder of blood, loss of use of limb, mental illness, jaundice/hepatitis/carrier of hepatitis/other liver disorder, impaired hearing/vision (except long or short sightedness), musculo-skeletal problem such as backache/joint or muscle pains, or any other illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.)/disability? ☐ Yes 有 ☐ No 否

在過去的五年內，您或任何受保人是否曾患上中風、糖尿病、腎病、膽囊毛病、身體虛脫、心臟或循環系統疾病、腫瘤或癌病、貧血/血友病/其他血液毛病、肢體殘缺、精神病、黃疸/肝炎/肝炎帶菌者/其他肝臟毛病、聽覺/視力受損（遠視或近視除外）、肌肉及骨路系統問題如背痛/關節及肌肉痛症、或任何其他類別的疾病（不包括小毛病如傷風、感冒、腸胃炎等）或傷殘？

If 'yes', please give details 如「有」，請詳述：

2. During the last five years, have you or any person(s) to be insured ever suffered from or required consultation, long-term medication, therapy treatment, hospitalisation, operation or any other treatments for any illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) or injury? ☐ Yes 有 ☐ No 否

在過去的五年內，您或任何受保人曾否因病（不包括小毛病如傷風、感冒、腸胃炎等）或損傷須由醫生診治、或須長期服食藥物、進行治療、住院、動手術或接受其他治療？

If 'yes', please give details 如「有」，請詳述：

3. During the last five years, have you or any person(s) to be insured ever had or been advised to have any X-ray, ECG, MRI, CT Scan, or tests/counseling in connection with sexually transmitted disease or hepatitis or HIV, or other laboratory tests/investigations? (If 'yes', please attach copy of related medical report.) ☐ Yes 有 ☐ No 否

在過去的五年內，您或任何受保人曾否接受或被建議接受X光、心電圖、磁力共振顯影、電腦掃描、性病或肝炎或愛滋病之測試、或其他化驗/檢查？（如「有」，請附上有關報告副本。）

4. Have any of your parents, brothers or sisters had or died from stroke, kidney disease, heart disease, diabetes, cancer, inherited disease or multiple sclerosis before the age of 60?

☐ Yes 有 ☐ No 否

您的雙親、兄弟或姊妹當中是否曾於60歲前患上或死於中風、腎病、心臟病、糖尿病、癌症、遺傳病或多發性硬化病?

If 'yes', please give details 如「有」，請詳述：

5. Are you or any person(s) to be insured under medical attention, treatment or taking medication?

☐ Yes 有 ☐ No 否

您或任何受保人是否正接受診治或服藥?

If 'yes', please give details 如「有」，請詳述：

6. Have you or any person(s) to be insured had any other medical insurance plan?

☐ Yes 有 ☐ No 否

您或任何受保人是否投保其他醫療保障計劃?

If 'yes', please give details 如「有」，請詳述：

7. Have you or any person(s) to be insured ever had any healthcare, critical illness or life insurance policy refused, rated, restricted or non-renewed? (If 'yes', please attach copy of related report.)

☐ Yes 有 ☐ No 否

您或任何受保人是否有在申請其他醫療、危疾或人壽保單時遭拒受、加價、限制或不再續保?  
(如「有」，請附上有關報告副本。)

8. i. Do you or any person(s) to be insured use tobacco products or drink alcohol regularly?

☐ Yes 有 ☐ No 否

If 'yes', please state amount typically consumed per week.

您或任何受保人是否有吸食煙草產品或飲酒之習慣? 若「是」，請註明每星期之數量：\_\_\_\_\_

ii. Have you or any person(s) to be insured ever been advised by your doctor to reduce or discontinue consumption of tobacco or alcohol?

☐ Yes 有 ☐ No 否

您或任何受保人是否曾被醫生建議減少或停止吸食煙草產品或飲酒?

If 'yes', please give details 如「有」，請詳述：

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

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

## Method of premium and levy^ payment 繳付保費及保費徵費^方式

☐ **Monthly by direct debit**  
(Please fill in the attached Direct Debit Authorisation Form and attach cheque for premium of the first 2 months. If company bank account is used, please attach a copy of the Business Registration or Certificate of Incorporation that you have used to open the company bank account.)  
以自動轉賬月繳  
(請填寫附表的自動轉賬授權書並連同首兩個月保費的支票寄回。如以公司銀行賬戶付款，請附上用以開立公司銀行賬戶的商業登記或公司註冊證書的副本。)

☐ **Annually by credit card** (Please fill in the attached Credit Card Authorisation Form)  
以信用卡年繳 (請填寫附表的信用卡付款授權書)

## Direct debit authorisation form 直接付款授權書

Please complete and return this form to: MSIG Insurance (Hong Kong) Limited - Healthcare Division - 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

請依次填寫，並將此授權書送交：三井住友海上火災保險（香港）有限公司-醫療保險部-香港太古城英皇道1111號9樓。

Name of party to be credited (The Beneficiary) : MSIG Insurance (Hong Kong) Limited  
收款之一方 (受益人) : A/C: 003-447-1-662641-4

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

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

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

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

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

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

本人(等)同意本人(等)之銀行毋須證實該等轉賬通知是否已交予本人(等)。  
如因該等轉賬而令本人(等)之賬戶出現透支(或令現時之透支增加),本人(等)願共同及各自承擔全部責任。  
本人(等)同意如本人(等)之賬戶並無足夠款項支付該等授權轉賬,本人(等)之銀行有權不予轉賬,且銀行有權收取慣常之收費,並可隨時以一星期書面通知取消本授權書。本授權書將繼續生效直至另行通知為止。  
本人(等)同意,本人(等)取消或更改本授權書之任何通知,須於取消/更改生效日期最少兩個工作天之前交予本人(等)之銀行。

<p><b>My bank name and branch</b>          本人之銀行及分行名稱</p>	<p><b>Bank no.</b>   <b>Branch no.</b>   <b>My/Our account no.</b>          銀行編號   分行編號   本人（等）之賬戶號碼</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<p><b>My name (as recorded on statement/passbook)</b>          本人名稱（在結單存摺上所有記錄名稱）</p>	<p><input type="checkbox"/> <b>HKID no.</b> 香港身份證號碼：  <input type="checkbox"/> <b>Passport no.</b> 護照號碼：</p>

<b>My address</b> 本人之地址		
<b>Name of debtor (if other than account holder)</b> 債務人之姓名（若非賬戶持有人）	<b>Debtor's reference</b> (i.e. Policy Number - to be completed by MSIG Insurance (Hong Kong) Limited) 債務人備註（即保單號碼 - 由三井住友海上火災保險（香港）有限公司填寫）	
<b>My signature</b> 本人之簽名 (Please ensure that you sign the form in the usual way that you would sign on your Bank Account) （請保證貴戶在此授權書之簽名與銀行賬戶所簽者完全相同）	<b>Date of completion (DD/MM/YY)</b> 日期（日/月/年）	<b>Signature verified (Bank use only)</b> 以下由銀行填寫

## Credit card authorisation form 信用卡付款授權書

Payment mode ☐ Visa ☐ MasterCard 萬事達  
付款方式

Credit card account number (Accept credit card in Hong Kong currency only) Expiry date  
信用卡賬戶號 (只接受港幣信用卡) 有效日期至

\_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_ MM (月) \_\_\_\_ YY (年)

Issuing bank  
發卡銀行

HKID no.  
香港身份證號碼

Name of cardholder  
持卡人姓名

\_\_\_\_-\_\_\_\_-\_\_\_\_ (\_\_\_\_)

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total amount of the policy to my credit card account for this insurance.  
本人謹此授權三井住友海上火災保險 (香港) 有限公司從本人信用卡賬戶中扣除本保險的總費用。

### Cardholder's signature

持卡人簽署

(Signature should correspond to the specimen signature of the above credit card account.  
簽署必須與上述信用卡戶口式樣相同。)

Date

日期 \_\_\_\_\_ (DD日/MM月/YYYY年)

<sup>^</sup> Important note: 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 proposal form are subject to levy.

<sup>^</sup> 重要事項：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，並於2018年1月1日正式生效。因此，本投保書上所列明的保費金額將附加保費徵費。

## Declaration 聲明

I/We hereby declare that:

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

本人（等）特此聲明：

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

**Declaration of broker commission (if applicable):**

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

**經紀佣金聲明（如適用）：**

申請人明白、確知及同意，三井住友海上火災保險（香港）有限公司（「MSIG」）會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向MSIG確認他/她已獲該法人團體授權。申請人亦明白MSIG必須取得申請人以上的同意，才可以處理其保險申請。

**Important note: Please refer to the MediSure Plus Insurance Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.**

注意事項：有關條款細則及不承保範圍，請參閱「至尊萬健寶醫療保障計劃」保單（於接納您的投保書後奉上）。



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）