

Group Personal Protector 3.0 Proposal Form

H653A

Please complete this application form in **ENGLISH BLOCK LETTERS**. Tick "✓" the boxes as appropriate.

Details of proposer		
Name of proposer:		
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> HKID no.: <input type="checkbox"/> Passport no.:	
Email:		Contact no.:
Correspondence address:		
Flat/Room	Floor	Block
Building/Estate		
Street/Road & district area		<input type="checkbox"/> HK <input type="checkbox"/> KLN <input type="checkbox"/> NT
Nature of Business: (Please indicate products and services provided)		
Period of insurance: Commence on (D) (M) (Y) for one year		

Benefits required and staff details*						Sum insured (HK\$)		
Name	Gender	HKID/ Passport no.	Date of birth (DD/MM/YYYY)	Contact no.	Occupation	Accidental death & permanent disablement	Temporary disablement	Medical expenses

* Please provide details of beneficiary(ies) (if necessary) in a separate "Beneficiary Form"

Note

- Accidental death & permanent disablement is a compulsory benefit.
- Minimum policy premium is HK\$500. This sum is not refundable even if the policy is subsequently cancelled.
- The benefit for temporary disablement cannot exceed your staff's average weekly earnings.
- For coverage of temporary disablement, only original sick leave certificate issued by registered medical practitioner will be recognized. A written confirmation from you is required on your staff's absence from work before any compensation is payable under this benefit.
- The insurance is available to persons aged from 16 to 70.

Insurance information

1. Does the amount of weekly compensation any of your staff requires exceed his/her average weekly earnings? ☐ Yes ☐ No
If 'yes', please give details:
-
2. Has any of your staff's hearing or sight in anyway impaired, or does any of your staff have any physical defect or infirmity? ☐ Yes ☐ No
If 'yes', please give details:
-
3. Is there anything hazardous about any of your staff's occupation or pursuits? ☐ Yes ☐ No
If 'yes', please give details:

Payment instruction and authorisation

I shall arrange premium and levy payment[^] with _____ Payment mode ☐ Visa ☐ MasterCard

Credit card account number (Accept credit card in Hong Kong currency only) Expiry date

____-____-____-____

____MM ____YY

Issuing bank _____ HKID no. _____

Name of cardholder _____

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total amount of the policy to my credit card account for this insurance.



Cardholder's signature

(Signature should correspond to the specimen signature of the above credit card account.)

Date _____ (DD/MM/YYYY)

[^] 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 1st January 2018. As a result, all premium amounts shown in this proposal form are subject to levy.

Declaration

I declare that the information given above is true and correct to the best of my knowledge and believe that all material facts affecting the assessment of this application have been disclosed. I agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy and/or as modified or extended by any endorsements thereon.

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.

Important note: Please refer to the Group Personal Protector 3.0 Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.

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 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.

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.

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 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.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

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.

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 filling in the General 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.

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);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

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.

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 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)