

Part B - Health declaration 乙部 – 健康聲明

If you have answered "Yes" from questions 1 to 3, please provide full details of the medical history in Part C.
對於下列問題1至3，若回答「是」，請在丙部詳細列出病史。

In the past 5 years, have you had any medical condition(s) requiring you to be:
在過去五年中，您是否曾有任何醫療狀況需要您：

- 1) under any medication or drugs requiring ongoing medical follow-up or observations; or
服用任何需要持續覆診或醫療觀察的藥物；或 Yes 是 No 否
- 2) confined to a hospital (for any length of time); or
住院（無論時間長短）；或 Yes 是 No 否
- 3) undergone or planned to undergo any surgical operations or medical investigations as advised by a medical practitioner or specialist?
根據醫生或專科醫生的建議，接受或計劃接受任何手術或醫療檢查？ Yes 是 No 否

* Part C – Supplementary health information 丙部 – 健康資料補充

*If you have answered "Yes" from questions 1 to 3, please provide full details of the medical history in the following table.
If the space provided is insufficient, please use a separate sheet to provide further details.
對於上述問題1至3，若回答「是」，請在以下表格詳細列出病史。若空位不足，請用另頁詳加說明。

Question no. 問題號碼			
Name of insured person 受保人姓名			
1) Disease/medical condition/sign and symptom 疾病/健康狀況/病徵及症狀			
2) Date of first occurrence of sign and symptom (DD/MM/YYYY) 首次出現病徵及症狀的日期（日/月/年）			
3a) Treatment/investigations/tests/scans that have been performed 已進行的治療/檢查/測試/掃描			
3b) Date of such treatment/investigation/tests/scan (DD/MM/YYYY) 有關治療/檢查/測試/掃描日期（日/月/年）			
4) Present condition (such as whether fully recovered, follow up action/medication/next follow up date) (DD/MM/YYYY) 現況（例如是否已完全康復、有否跟進/服用跟進藥物/ 下次覆診日期（日/月/年）			
5) Date of last follow-up medical consultation/ treatment (DD/MM/YYYY) 最後覆診/治療日期（日/月/年）			
6) Name of doctor who treated the disease/sickness/ medical condition/sign and symptom# 治療有關疾病/不適/健康狀況/病徵及症狀的醫生姓名#			
7) Name of hospital, where applicable# 醫院名稱（如適用）#			

* Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.
請盡量提供齊全資料（例如在未能回憶確實日期的情況下提供年份及月份）以便作出公平核保決定。

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

Payment instruction and authorisation 付款說明及授權書

I shall arrange the premium and
levy payment[^] with
本人將安排保費及保費徵費[^]

my insurance agent/broker
支付予本人的保險代理/經紀

MSIG Insurance (Hong Kong) Limited directly
直接支付予三井住友海上火災保險(香港)有限公司

Payment mode
付款方式

Visa MasterCard 萬事達

Credit card account number (Accept credit card in Hong Kong currency only)
信用卡賬戶號(只接受港幣信用卡)

Expiry date
有效期至

□□□□-□□□□-□□□□-□□□□

□□ 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)

Important note:
重要事項:

[^]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.
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

1. I/We declare that all statements and information provided in this application form, whether made by me/us or on my/our behalf, are true, complete, and accurate to the best of my/our knowledge and belief. I/We understand that any misrepresentation, non-disclosure, or omission of material facts may result in policy cancellation, denial of claims, or nullification of coverage. I/We confirm that I/we am/are not aware of any existing medical condition or foreseeable circumstance requiring future treatment. I/We understand that benefits will not apply to treatment or expenses arising from medical conditions that originated, were known to exist, or for which treatment, medication, advice, or diagnosis was sought or received before the application date.
2. I/We authorize any doctor or medical practitioner who has attended to me/us to release any medical records, reports, or other relevant information required by MSIG Insurance (Hong Kong) Limited ("MSIG"). I/We also authorize MSIG to obtain such medical information from hospitals, clinics, or other healthcare providers if necessary for underwriting or claims assessment. A photocopy of this authorization shall be as effective and valid as the original.
3. I/We agree to cooperate fully with MSIG and provide any additional medical evidence required in support of my/our application or claims. Failure to provide the requested information may result in a delay or denial of coverage or claims.
4. I/We acknowledge that this application and declaration shall form the basis of the contract between me/us and MSIG, and that I/we agree to accept insurance coverage as specified in my/our policy. I/We also confirm that I/we have read, understood, and agree to comply with all terms, conditions, exclusions, and premium adjustment provisions stated in the policy.
5. I/We understand that insurance coverage will not commence unless the application has been accepted and the initial premium has been received by MSIG. I/We acknowledge that no benefits shall be payable for claims incurred during the grace period unless the overdue premium is fully settled before the end of the grace period. If the premium remains unpaid after the grace period, the policy will terminate automatically, and no further coverage shall be provided.
6. I/We understand that this application is subject to MSIG's approval, and that an additional premium or policy restriction may be imposed depending on the underwriting result.
7. I/We understand that if any non-health-related information of the insured person that may impact MSIG's risk assessment (including but not limited to age, sex, place of residence, or occupation) is misstated in this application or in any subsequent updates before policy issuance, MSIG reserves the right to adjust the premium for past, current, or future policy years based on the correct information. If an additional premium is required, no benefits shall be payable unless the additional premium has been paid. If the additional premium is not paid within a 30-day grace period, MSIG reserves the right to terminate the policy from the due date and refund any overpaid premium. If the correct information would have led to a rejection of the application, MSIG reserves the right to void the policy and notify me/us that no coverage shall be provided. In such cases, MSIG may demand reimbursement of any benefits previously paid and refund the premium received, subject to a reasonable administration charge.
8. I/We acknowledge that MSIG shall have the right to void the policy and notify me/us that no coverage shall be provided if any material fact related to the insured person's health, medical history or lifestyle information, which may impact MSIG's risk assessment, is incorrectly stated or omitted in the application, declaration, or subsequent information submitted before policy issuance. A material fact includes, but is not limited to, any information that, if disclosed, would have resulted in premium loading, case-based exclusions, or rejection of the application. In such cases, MSIG reserves the right to demand reimbursement of any benefits previously paid and refund the premium received, subject to a reasonable administration charge.
9. I/We acknowledge that if any application or claim submitted is fraudulent, or if a fraudulent representation is made, MSIG reserves the right to void the policy, deny coverage, and demand reimbursement of any benefits previously paid, without refunding any premium received.
10. In the event of any discrepancy or inconsistency between the English and Chinese versions of this Declaration, the English version shall prevail.

1. 本人/我們聲明，本申請表中所提供的所有陳述和信息，不論是由本人/我們或代表本人/我們所作，均屬真實、完整和準確，並且是本人/我們所知所信的最佳表述。本人/我們明白，任何虛假陳述、未披露或遺漏重要事實，可能導致保單取消、索賠被拒或取消保障。本人/我們確認，本人/我們並不知悉任何現有的疾病或可預見的情況可能需要將來接受治療。本人/我們明白，保障不適用於在申請日期之前已存在、已知存在或已尋求或接受治療、藥物、建議或診斷的醫療狀況所引起的治療或費用。
2. 本人/我們授權任何曾為本人/我們診治的醫生或醫療從業者向三井住友海上火災保險（香港）有限公司（「MSIG」）提供任何醫療記錄、報告或其他相關資料。本人/我們亦授權MSIG在需要時，從醫院、診所或其他醫療機構獲取此類醫療信息，以便進行核保或索賠評估。本授權書的影印本與正本具有同等效力。
3. 本人/我們同意全力配合MSIG，並提供任何額外的醫療證明，以支持本人/我們的申請或索賠。未能提供所要求的信息，可能導致延遲或拒絕保障或索賠。
4. 本人/我們確認，本申請及聲明將構成本人/我們與MSIG之間合同的基礎，並且本人/我們同意按照保單所載條款接受保險保障。本人/我們亦確認已閱讀、理解並同意遵守保單中列明的所有條款、條件、除外責任及保費調整條款。
5. 本人/我們明白，保險保障將不會生效，除非本申請已獲MSIG接納，並且已收到首期保費。本人/我們確認，如未能於寬限期內繳清逾期保費，寬限期內發生的索賠將不獲賠償。如果保費在寬限期後仍未支付，保單將自動終止，並且不再提供任何保障。
6. 本人/我們明白，本申請需經MSIG批准，並且根據核保結果，可能會增加保費或施加保單限制。
7. 本人/我們明白，如果本申請或在保單簽發前的任何後續更新中，受保人的任何非健康相關資料（包括但不限於年齡、性別、居住地或職業）被錯誤陳述，並且該等資料可能影響MSIG的風險評估，MSIG保留根據正確資料調整過去、現在或未來保單年度保費的權利。如果需要額外保費，除非已支付額外保費，否則不會支付任何賠償。如果在30天寬限期內未支付額外保費，MSIG保留從到期日起終止保單並退還任何多付保費的權利。如果正確資料會導致申請被拒絕，MSIG保留取消保單並通知本人/我們不提供保障的權利。在此情況下，MSIG可能要求退還已支付的任何賠償並退還已收取的保費，並收取合理的行政費用。
8. 本人/我們確認，如果在申請、聲明或在保單簽發前提交的後續信息中，與受保人健康、病歷或生活方式相關的任何重要事實被錯誤陳述或遺漏，MSIG保留取消保單並通知本人/我們不提供保障的權利。重要事實包括但不限於任何如果披露會導致保費增加、個案排除或申請被拒絕的信息。在此情況下，MSIG保留要求退還已支付的任何賠償並退還已收取的保費，並收取合理的行政費用。
9. 本人/我們確認，如提交的申請或索賠屬虛假，或提供任何虛假陳述，MSIG保留取消保單、拒絕提供保障及要求退還已支付賠償的權利，而已繳保費將不予退還。
10. 如本聲明的英文版本與中文版之間出現任何差異或不一致，應以英文版本為準。

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 authorized 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 CarePlus Hospital Cash 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「CarePlus 住院現金保險」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. 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 _____ (日/月/年)