

CriticalCare 1.0 Proposal Form 危疾安心保1.0投保申請書

H462

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"✓"。

Details of applicant 申請人資料

Name of Applicant: Surname: Given name:
申請人姓名： 姓： 名：

Gender 性別： M 男 ☐ F 女 ☐

Date of birth (DD/MM/YYYY):
出生日期（日/月/年）：

Contact no.:
聯絡電話：

☐ HKID no. 香港身份證號碼：
☐ Passport no. 護照號碼：

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

Period of insurance: Commence on (D) (M) (Y) for one year
保障期： 本保單由（日）（月）（年）起生效，為期一年

Plans to be insured 投保計劃

Standard plan 標準計劃

☐ I HK\$100,000
港幣100,000元

☐ II HK\$150,000
港幣150,000元

☐ III HK\$250,000
港幣250,000元

Comprehensive plan 周全計劃

☐ I HK\$100,000
港幣100,000元

☐ II HK\$150,000
港幣150,000元

☐ III HK\$250,000
港幣250,000元

Details of insured persons 投保人個人資料

1st insured person 第一受保人

Full name: Surname: Given name:
姓名： 姓： 名：

Gender 性別： M 男 ☐ F 女 ☐

Date of birth (DD/MM/YYYY):
出生日期（日/月/年）：

Contact no.*:
聯絡電話*：

☐ HKID no. 香港身份證號碼*：
☐ Passport no. 護照號碼*：

Email:
電郵：

Marital status: Single ☐ Married ☐
婚姻狀況： 單身 已婚

Height (cm) :
身高（厘米）：

Weight (kg) :
體重（千克）：

Occupation:
職業：

Duties:
職務：

% of manual work:
涉及體力勞動百分比：

Address 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

| | | |
|--|---|---|
| 1st insured person 第一受保人 | | |
| Relationship with proposer 與投保人關係： | | |
| Details of your usual doctor 您經常就診醫生的資料： | | |
| Name: 姓名： | Tel. no.: 電話號碼： | |
| Address: 地址： | | |
| 2nd insured person 第二受保人 | | |
| Full name: 姓名： | Surname: 姓： | Given name: 名： |
| Gender 性別： M 男 <input type="checkbox"/> F 女 <input type="checkbox"/> | Date of birth (DD/MM/YYYY): 出生日期（日/月/年）： | Contact no.*: 聯絡電話*： |
| <input type="checkbox"/> HKID no. 香港身份證號碼*： <input type="checkbox"/> Passport no. 護照號碼*： | Email: 電郵： | |
| Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> 婚姻狀況： 單身 已婚 | Height (cm) : 身高（厘米）： | Weight (kg) : 體重（千克）： |
| Occupation: 職業： | Duties: 職務： | % of manual work: 涉及體力勞動百份比： |
| Address 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 |
| Relationship with proposer 與投保人關係： | | |
| Details of your usual doctor 您經常就診醫生的資料： | | |
| Name: 姓名： | Tel. no.: 電話號碼： | |
| Address: 地址： | | |

* Please complete if different from above
 * 如與以上不同，請填寫

Insurance information 投保資料

1. Have you ever suffered 您是否曾患上：

- Stroke 中風
- Diabetes 糖尿病
- Hepatitis 肝炎
- Debility or other disorder 身體虛脫
- Heart or circulation disorder 心臟或循環系統疾病
- Kidney disease 腎病
- Tumour or cancerous growth 腫瘤或癌病

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

2. Have you ever had or been treated for:

您是否曾患上或曾接受有關下列病症的治療：

- a) Anaemia, any other disorders of blood, advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?

貧血、其他血液毛病、或曾因血友病或其他原因，被禁止捐血、接受輸血或血類產品？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

- b) Jaundice, Hepatitis B carrier or any form of Hepatitis, liver disorder or gall bladder disorder?

黃疸、乙類肝炎帶菌者、任何肝炎、肝臟或膽囊毛病？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

3. Have you ever suffered from any infirmity or disability such as impaired hearing or vision (except long or short sightedness), loss of use of a limb or any musculo-skeletal problem such as backache, joint or muscle pains, or any form of mental illness?

您是否曾經患上任何類別的疾病或傷殘，如聽覺或視力受損（遠視或近視除外）、肢體殘缺、肌肉及骨骼系統問題如背痛、關節及肌肉痛症或任何精神病？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

4. Have any of your parents, brothers or sisters had or died from any of the following before the ages of 60?
您的雙親、兄弟或姊妹當中是否曾於60歲前患上或死於以下病症？

- Stroke 中風
- Diabetes 糖尿病
- Multiple sclerosis 多發性硬化
- Inherited disease 遺傳病
- Heart disease 心臟病
- Kidney disease 腎病
- Cancer 癌病

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

5. Have you had or been advised to have treatment, tests (including blood tests) or hospitalisation, specialist investigations or operations in the last 5 years or are you expecting to do so?

您是否曾於過去五年內被建議接受或現正等待接受治療、測試（包括驗血）、入院診治、專科診治或手術等？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

6. Have you had or been recommended for tests or counselling in connection with: HIV, sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related conditions?

您是否曾接受或曾被建議接受與人體免疫力缺乏病毒、性病、愛滋病、愛滋衍生疾病及其他病狀有關之測試或忠告？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

7. Have you any prospect of working or living abroad, or have you done so in the last 5 years, do you take part, or intend to taking part, in any hazardous activity?

在過去五年內或將來，您是否曾經或打算往外地工作或居住或進行任何危險活動？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

8. a) Do you use tobacco products or drink alcohol regularly?

If yes, please state amount typically consumed per week.

您是否有定期吸食煙草產品或飲酒，若「是」，請註明每星期之數量。

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

b) Have you ever been advised by your doctor to reduce or discontinue consumption of tobacco or alcohol?

您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」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

9. a) Has any proposal for critical disease, life or health insurance on your life ever been declined or deferred or accepted at special terms?

您是否曾就申請嚴重疾病、人壽或醫療保險而不獲接納或被拖延或附加特別條款？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

b) Is there any existing critical illness cover on your life or are you currently proposing or intending to propose, to any other company for critical illness any/or life insurance?

您是否已購買其他危疾保障或正擬向其他公司申請危疾或人壽保險？

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

10. Have you consulted any doctor in the last 5 years or are you currently intending to seek advice, or on any treatment such as medicine or tablets?

在過去五年內或目前，您是否曾向任何醫生求診、或正須尋求醫療意見、或正在接受治療（如服用藥物）？

If 'yes', please give details 如「有」，請提供詳情：

1st insured person 第一受保人

☐ Yes 有 ☐ No 否

2nd insured person 第二受保人

☐ Yes 有 ☐ No 否

Important notes 注意事項：

1. Policies on more than one insured person - please ensure that all questions are fully answered for each insured person. Each insured person must sign the declaration & consent.
多於一位受保人受保 — 請確定每一位受保人已回答所有問題並於所列出之聲明及同意下簽署。
2. At renewal, your premium rate will increase when you enter a new age range.
若於保單續保時，您的年齡遞增至下一年歲組別，您的保費將隨之而增加。
3. Premiums may be loaded for more hazardous occupations or sports.
如從事危險職業或參與危險性運動可能會被徵收附加保費。
4. Any changes to the information given before the policy comes into force must be notified in writing to the company.
任何已遞交的資料若於保單生效前有所變更，請以書面通知我們。
5. We may need to apply for a medical report from a doctor for which we need your consent. Remember, the quicker we can obtain your medical report, the quicker your application can be processed.
如有需要，保險公司會在您的同意下向您的醫生索取醫療報告，以便加快審批申請過程。

Payment instruction and authorisation 付款說明及授權書

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

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 HKID no.
發卡銀行 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: 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.

[^] 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 & consent 聲明及同意

1. I/We declare that the information given above is true and correct to the best of my/our knowledge and believe that all material facts affecting the assessment of this application have been disclosed.
2. I/We understand that this application will not become effective until this Proposal has been accepted by MSIG Insurance (Hong Kong) Limited ("MSIG") and agree that this Proposal should be the basis of the contract between me/us and the insurer.
3. I hereby give consent to MSIG seeking medical information from (i) any doctor who at any time has attended to me concerning anything which affects my physical or mental health or (ii) any insurance company to which an application for insurance on my life has been made, and I authorise the giving of such information and I agree that copy of this consent shall have the validity of the original. I understand that this authority shall continue after my death.

1. 本人（等）聲明在本投保申請書內填報的資料，根據本人（等）所知全部正確無訛，並確信已把所有足以影響風險評估的事實列出。
2. 本人（等）明白投保申請書獲三井住友海上火災保險（香港）有限公司（「三井住友保險」）接納後，保險始正式生效，並且同意本投保申請書作為本人（等）與三井住友保險的合約基礎。
3. 本人謹此同意三井住友保險向(i)曾就本人的任何身體及精神狀況作出診治之醫生及(ii)本人投保之任何保險公司查詢本人健康資料。本人並授權有關醫生及保險公司將本人的資料提供給三井住友保險。本人同意此授權書的影印本與原文有同等效力亦明白該授權於本人身故後仍然有效。

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（「三井住友保險」）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三井住友保險確認他/她已獲該法人團體授權。申請人亦明白三井住友保險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 CriticalCare 1.0 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「危疾安心保1.0」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。

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| 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）