



MSIG Insurance (Hong Kong) Limited  
三井住友海上火災保險（香港）有限公司  
9/F 1111 King's Road, Taikoo Shing, Hong Kong  
Tel +852 2894 0555, Fax +852 2890 5741  
msig.com.hk

A Member of MS&AD INSURANCE GROUP

## HospitalCare Proposal Form 住院現金寶投保書

H857A

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 proposer 投保人資料				
Name of Applicant: Surname: 申請人姓名：		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：			
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				
Period of insurance: 保障期：	Commence on 本保單由	(D) (日)	(M) (月)	(Y) for one year (年) 起生效，為期一年

Plans to be insured^ 投保計劃^			
<input type="checkbox"/> Plan 1 (HK\$300/day) 計劃1（每日港幣300元）	<input type="checkbox"/> Plan 2 (HK\$600/day) 計劃2（每日港幣600元）	<input type="checkbox"/> Plan 3 (HK\$900/day) 計劃3（每日港幣900元）	<input type="checkbox"/> Plan 4 (HK\$1,500/day) 計劃4（每日港幣1,500元）

Details of insured persons 受保人個人資料		
Insured person 受保人		
Full name: (same as above) 姓名：（資料同上）		
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：	
Usual country of residence: 常居地：	Height (cm): 身高（厘米）：	Weight (kg): 體重（千克）：
Occupation: 職業：		

Spouse 配偶			
Full name: Surname: 姓名: 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:	
Usual country of residence: 常居地:	Height (cm): 身高 (厘米):	Weight (kg): 體重 (千克):	
Occupation: 職業:			
Children 子女			
Full name: Surname: 姓名: 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:	
Usual country of residence: 常居地:	Height (cm): 身高 (厘米):	Weight (kg): 體重 (千克):	
Occupation: 職業:			
Children 子女			
Full name: Surname: 姓名: 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:	
Usual country of residence: 常居地:	Height (cm): 身高 (厘米):	Weight (kg): 體重 (千克):	
Occupation: 職業:			
Children 子女			
Full name: Surname: 姓名: 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:	
Usual country of residence: 常居地:	Height (cm): 身高 (厘米):	Weight (kg): 體重 (千克):	
Occupation: 職業:			

## Health Declaration 健康聲明

During the last five years 在過去的五年內：

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.)?

Yes 有  No 否

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）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 full details of medical history:

如「有」，請詳列病史：

Name of insured:

病者姓名：

Diagnosis:

病症：

Treatment/medication/investigation/operation:

治療/藥物/檢查/手術：

Date of onset:

病發日期：

Date of last consultation or treatment:

最後診治日期：

Details of your attending doctor 您就診醫生的資料：

Name:

姓名：

Tel. no.:

電話號碼：

Address:

地址：

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 other laboratory tests/investigations? (Please attach copy of related medical report if available.)

Yes 有  No 否

您或任何受保人曾否或接受或被建議接受X光、心電圖、磁力共振顯影、電腦掃描或其他化驗/檢查？（如有，請附上有關報告副本。）

If 'yes', please give full details of medical history:

如「有」，請詳列病史：

Name of insured:

病者姓名：

Diagnosis:

病症：

Treatment/medication/investigation/operation:

治療/藥物/檢查/手術：

Date of onset:

病發日期：

Date of last consultation or treatment:

最後診治日期：

Details of your attending doctor 您就診醫生的資料：

Name:

姓名：

Tel. no.:

電話號碼：

Address:

地址：

<p>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。）</p> <p style="text-align: right;"><input type="checkbox"/> Yes 有   <input type="checkbox"/> No 否</p> <p>If 'yes', please give full details of medical history:          如「有」，請詳列病史：</p>	
<p><b>Name of insured:</b> 病者姓名：</p>	
<p><b>Diagnosis:</b> 病症：</p>	
<p><b>Treatment/medication/investigation/operation:</b> 治療/藥物/檢查/手術：</p>	
<p><b>Date of onset:</b> 病發日期：</p>	<p><b>Date of last consultation or treatment:</b> 最後診治日期：</p>
<p><b>Details of your attending doctor 您就診醫生的資料：</b></p>	
<p><b>Name:</b> 姓名：</p>	<p><b>Tel. no.:</b> 電話號碼：</p>
<p><b>Address:</b> 地址：</p>	
<p><b>Currently 現時：</b></p>	
<p>4. 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？</p> <p style="text-align: right;"><input type="checkbox"/> Yes 有   <input type="checkbox"/> No 否</p> <p>If 'yes', please give full details of medical history:          如「有」，請詳列病史：</p>	
<p><b>Name of insured:</b> 病者姓名：</p>	
<p><b>Diagnosis:</b> 病症：</p>	
<p><b>Treatment/medication/investigation/operation:</b> 治療/藥物/檢查/手術：</p>	
<p><b>Date of onset:</b> 病發日期：</p>	<p><b>Date of last consultation or treatment:</b> 最後診治日期：</p>
<p><b>Details of your attending doctor 您就診醫生的資料：</b></p>	
<p><b>Name:</b> 姓名：</p>	<p><b>Tel. no.:</b> 電話號碼：</p>
<p><b>Address:</b> 地址：</p>	

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 full details of medical history:  
如「有」，請詳列病史：

Name of insured:  
病者姓名：

Diagnosis:  
病症：

Treatment/medication/investigation/operation:  
治療/藥物/檢查/手術：

Date of onset:  
病發日期：

Date of last consultation or treatment:  
最後診治日期：

Details of your attending doctor 您就診醫生的資料：

Name:  
姓名：

Tel. no.:  
電話號碼：

Address:  
地址：

6. Have you or any person(s) to be insured had any other medical insurance plan with our company?  Yes 有  No 否  
您或任何受保人有否在本公司投保其他醫療保障計劃？

If 'yes', please give full details of medical history:  
如「有」，請詳列病史：

Name of insured:  
病者姓名：

Diagnosis:  
病症：

Treatment/medication/investigation/operation:  
治療/藥物/檢查/手術：

Date of onset:  
病發日期：

Date of last consultation or treatment:  
最後診治日期：

Details of your attending doctor 您就診醫生的資料：

Name:  
姓名：

Tel. no.:  
電話號碼：

Address:  
地址：

7. Do you or any person(s) to be insured participate in sports or pastimes normally regarded as dangerous?  Yes 有  No 否  
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？

If 'yes', please provide details 如「有」，請列明有關詳情：

## Payment instruction and authorisation 付款說明及授權書

I shall arrange premium and levy payment<sup>^</sup> with  
本人將安排保費及保費徵費<sup>^</sup>

Payment mode  Visa  MasterCard 萬事達  
付款方式

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》中公布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 & authorisation 聲明及授權

I/We declare that

1. 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 foreseeably 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 of the policy.
2. I/We authorised any doctor who has attended to me/us to release any information that maybe required by MSIG Insurance (Hong Kong) Limited ("MSIG"). A photocopy of the authorisation shall be as effective and valid as the original.
3. 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.
4. 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 commence only when the application has been accepted and the initial premium received by MSIG.
5. 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）聲明

1. 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。
2. 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（「三井住友保險」）提供資料，此授權的副本或正本同時有效。
3. 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。
4. 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。
5. 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。

### 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 HospitalCare 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「住院現金費」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 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](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 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](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.**

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)



## 附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

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。

### 私隱政策

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。

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」）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。

您的個人資料可被用於強制性或自願性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的是。

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。

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。您亦可填妥本公司網頁 [msig.com.hk](http://msig.com.hk) 的一般查詢表格 — 拒絕直銷活動。



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9樓。

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。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 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）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 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（或同類的保險公司聯會）及其會員；
- 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；
- 防欺詐組織；
- 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）；
- 警察；及
- 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）。

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。

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。

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)