

# Home Insurance Proposal Form

## 家居保險投保書

H923

(Please complete in ENGLISH BLOCK LETTERS and “✓” the box(es) as appropriate 請以英文正楷填寫，並於適當的格內加上“✓”)

## Details of proposer 投保人個人資料

<b>Name of proposer:</b> 投保人姓名：		<b>Surname :</b> 姓：		<b>Given name:</b> 名：	
<b>Gender 性別：</b> M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>		<b>Date of birth (DD/MM/YYYY):</b> 出生日期（日/月/年）：		<b>Occupation:</b> 職業：	
<b>HKID/Passport no.:</b> 香港身份證/護照號碼：			<b>Email:</b> 電郵：		
<b>Contact no.:</b> 聯絡電話：		<b>Home to be insured for:</b> 投保居所的用途： <input type="checkbox"/> Self-occupied 自住 <input type="checkbox"/> Rental 出租 <input type="checkbox"/> Tenant 租客			
<b>Address of insured premises 投保物業地址：</b>					
<b>Flat/Room 室</b>		<b>Floor 樓</b>		<b>Block 座</b>	
<b>Building/Estate</b> 大廈/屋苑					
<b>Street/Road &amp; district area</b> 街道及地區 <div style="text-align: right;"><input type="checkbox"/> HK 香港    <input type="checkbox"/> KLN 九龍    <input type="checkbox"/> NT 新界</div>					
<b>Building type 樓宇類別：</b> <input type="checkbox"/> Multi-storey building 多層住宅 <input type="checkbox"/> Village house/Detached house 村屋/獨立屋 <input type="checkbox"/> Others 其他					
<b>Year of built:</b> 建築年份：		<b>Period of insurance:</b> 保障期： Commence on _____ (D) _____ (M) _____ (Y) for one year 本保單由 _____（日）_____（月）_____（年）起生效，為期一年			
<b>Correspondence address (if different from the above) 通訊地址（如與上述地址不同）：</b>					
<b>Flat/Room 室</b>		<b>Floor 樓</b>		<b>Block 座</b>	
<b>Building/Estate</b> 大廈/屋苑					
<b>Street/Road &amp; district area</b> 街道及地區 <div style="text-align: right;"><input type="checkbox"/> HK 香港    <input type="checkbox"/> KLN 九龍    <input type="checkbox"/> NT 新界</div>					

Basic cover - contents and personal liability 基本保障 - 家居財物及個人法律責任保障

<input type="checkbox"/> Gross floor area (sq. ft.) 建築面積 (平方呎)	<input type="checkbox"/> Saleable area (sq. ft.) 實用面積 (平方呎)	Annual premium table^ (HK\$) 全年保費^ (港幣/元)		
		Sliver 銀	Gold 金	Platinum 白金
Below 500 以下	Below 400 以下	<input type="checkbox"/> 780	<input type="checkbox"/> 1,240	-
501 – 700	401 – 560	<input type="checkbox"/> 1,080	<input type="checkbox"/> 1,370	-
701 – 1,000	561 – 800	-	<input type="checkbox"/> 1,530	<input type="checkbox"/> 2,340
1,001 – 1,500	801 – 1,200	-	<input type="checkbox"/> 2,280	<input type="checkbox"/> 2,600
1,501 – 2,000	1,201 – 1,600	-	-	<input type="checkbox"/> 2,890
<input type="checkbox"/> Over 2,000 以上 Please state: 請列明: _____	<input type="checkbox"/> Over 1,600 以上 Please state: 請列明: _____	Special quotation 個別報價	Special quotation 個別報價	Special quotation 個別報價

**Insurance information** (Questions 1 to 3 are applicable to all sections; question 4 is applicable to Contents & House sections.)  
**投保資料** (問題1至3適用於所有保障; 問題4適用於家居財物及樓宇建築保障。)

- |   |  |
|---|--|
| 1. Do you have any insurance of the same kind with other insurance companies?<br>您是否擁有其他保險公司的同類型保險？   | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 |
| 2. Have you ever been refused cover or have special terms and/or additional premium been imposed to you for any insurance of the same kind you are applying for?<br>在申請投保同類保險時，您曾否被拒保或被要求附加特殊條款及/或額外保費？ | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 |
| 3. Have you made any claims under any insurance related to your application within the past two years?<br>過往兩年內，您曾否就與今次申請有關的任何保險提出索賠？   | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 |
| 4. Do you have any insured home contents being kept in the open or on a rooftop?<br>您是否有任何受保之家居財物存放在露天地方或天台？  | <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 |

1. House 樓宇建築			Subtotal 小計
House 樓宇建築	Sum insured (HK\$) 投保額 (港幣/元)	x 0.09% =	

2. Worldwide all risks <sup>1</sup> 全球個人財物保障 <sup>1</sup>			Subtotal 小計
Unspecified items <sup>2</sup> 非指定受保財物 <sup>2</sup>	Sum insured (HK\$) 投保額 (港幣/元)	x 1.5% =	
Specified items <sup>3</sup> 指定受保財物 <sup>3</sup>	Sum insured (HK\$) 投保額 (港幣/元)	x 1.5% =	

## Remarks 註：

- For any property exceeding HK\$5,000 which you would like to insure, please provide invoice to prove its value.  
如欲投保任何價值超過港幣5,000元的財物，請於投保時提供收據證明。
- The sum insured of unspecified items should represent the maximum possible value of all the properties you are likely to carry away from home at any one time.  
非指定受保財物的投保額應為外出時隨身攜帶所有財物的最高總額。
- Please describe each item insured with the value in a separate sheet.  
請另紙詳述投保物品及其價值。

3. Personal accident 個人意外					Subtotal 小計
Personal accident 個人意外	Sum insured (HK\$) 投保額（港幣/元）	Occupational class 職業類別			
		Class 1 第一類	Class 2 第二類	Class 3 第三類	
Accidental death and permanent disablement (per injury) 意外身亡及永久傷殘（每宗事故）	must be multiple of HK\$10,000 須為港幣10,000元的倍數	<input type="checkbox"/> 0.094%	<input type="checkbox"/> 0.104%	<input type="checkbox"/> 0.18%	
Temporary disablement (payment per week per injury) 暫時傷殘（每宗事故的每週賠償額）	must be multiple of HK\$100 and shall not exceed 80% of weekly average earnings of the insured person 須為港幣100元的倍數及投保額不得超過受保人每週平均薪金之80%	<input type="checkbox"/> 18%	<input type="checkbox"/> 22%	<input type="checkbox"/> 31%	
Medical expenses (per injury) 醫療費用（每宗事故）	must be multiple of HK\$100 須為港幣100元的倍數	<input type="checkbox"/> 2.2%	<input type="checkbox"/> 2.8%	<input type="checkbox"/> 4.2%	
Insured details 受保人資料	Insured person 受保人*				
Name 姓名					
Age 年齡					
HKID/Birth certificate no. 香港身份證/出世紙號碼					
Date of birth (DD/MM/YYYY) 出生日期（日/月/年）					
Occupation 職業					

4. Domestic helper 家傭		Subtotal 小計
<input type="checkbox"/> Cover A 保障 A	HK\$414 x ___ helper(s) 家傭	
<input type="checkbox"/> Cover B 保障 B	HK\$750 x ___ helper(s) 家傭	
<input type="checkbox"/> Optional cover 1 <sup>1</sup> (Extension for cancer and heart disease) 自選保障一 <sup>1</sup> （自選癌症及心臟病保障）	HK\$120 x ___ helper(s) 家傭	
<input type="checkbox"/> Optional cover 2 <sup>1,2</sup> (Extension for cancer and heart disease (with top limit)) 自選保障二 <sup>1,2</sup> （自選癌症及心臟病（升級）保障）	HK\$250 x ___ helper(s) 家傭	

Remarks 註：

<sup>1</sup> Only applicable for domestic helpers aged below 45 at the time of enrollment 只適用家傭於投保時年齡為45歲以下

<sup>2</sup> Optional cover 1 & 2 are available for Cover B only 自選保障1及2只適用保障B

Insured details 受保人資料	Insured person 受保人*
Name of domestic helper 家傭姓名	
Gender 性別	M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>
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）	
Nationality 國籍	

#### Insurance information 投保資料

- Has your domestic helper been confined in a hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years? ☐ Yes 是 ☐ No 否  
過往三年內，您的家庭傭工是否曾因患病或意外受傷而需入院接受手術或治療？
- Is he/she receiving or contemplating any medical attention or surgical treatment or taking any medicine? ☐ Yes 是 ☐ No 否  
他/她是否正在或預算接受醫藥治療或觀察或手術護理或服用藥物？

Remark 註：

\* Please provide details of beneficiary(ies) (if necessary) in a separate "Beneficiary Form".  
如需指明受益人，請填寫有關之「受益人表格」。

Total annual premium^ (HK\$)  
全年保費總額^（港幣/元）

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

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

☐ 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)

**IMPORTANT NOTE: Please refer to the Home 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「家居保險」保單（於接納您的投保書後奉上）。

<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 desire to effect the insurance specified herein and declare that I/We:

- agree that MSIG Insurance (Hong Kong) Limited ("MSIG") reserves the final right to accept or decline my application.
- agree that MSIG reserves the right to accept or reject or revise the terms of my/our application if the insured premises is aged 50 or above.
- am/are or will be by the policy commencement date, the legal owner/s or the tenant/s of the insured premises.
- warrant that the insured premises is built of and roofed with brick, stone or concrete and no household improvements made of glass, metal, plastic or the like (not applicable to non-structural indoor items).
- warrant that no illegal structure exists in the insured premises.
- warrant that the insured premises has not outbuilding items. (If not, please give full particulars in separate sheet.)
- warrant that the insured premises is solely for domestic use with no commercial purpose.
- warrant that the insured premises is not a sub-divided home or sub-let property.
- warrant that I/We must comply with all statutory obligations and take reasonable steps to prevent loss or damage; and to maintain any insured property in good condition and sound repair; I/We understand that any contravention of any regulatory requirements or rules may invalidate the coverage provided by this policy.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- 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/policies and/or as modified or extended by any endorsements thereon.

### Declarations applicable to Personal Accident Section

I/We and on behalf of each insured person (if any), herein declared that I/We:

- am/are now in good health and not suffering from any physical impairment or physical disability or mental conditions. (If not, please give full particulars in separate sheet.)
- am/are not engaging anything hazardous occupation or pursuits. (If not, please give full particulars in separate sheet.)
- warrant to inform MSIG in writing immediately in the event of any change in the employment, occupation, duties or pursuits of any insured person, or any other change which may increase the possibility of a claim under the policy and agreed MSIG reserves its right to adjust the premium as a result of any such changes.
- agree that in the event of the bodily injury results in death of the insured person(s), the benefits shall be paid to the estate of the insured person and understand I/We can submit the completed Beneficiary Form to MSIG for the designation of Beneficiary.

本人（等）特此聲明：

- 同意三井住友海上火災保險（香港）有限公司（「MSIG」）保留其接納或不受理本人（等）申請書的最後權利。
- 同意如投保物業之樓齡超過50年，MSIG會保留其接納或不受理或修訂本人（等）申請的最後權利。
- 現時或在保單生效之時是此投保物業的合法業主或住客。
- 保證投保物業及其屋頂均以磚瓦、石頭或水泥所建造及沒有任何由玻璃、金屬或塑膠建造之結構性家居改裝（非結構性室內物品則除外）。
- 保證投保物業內並無違例建築物。
- 保證投保物業並無附屬建築物。（如有，請另行詳述之。）
- 保證投保物業只作居住用途並未有任何商業用途。
- 保證投保物業並無分租或轉租。
- 本人及本人的家人保證必須遵從所有法定條例，同時採取所有合理措施以預防遺失及損壞；以及保養及保持任何受保財物的狀態良好；若違反任何法規或守則可能會使本保單的保障失效。
- 保證所填報資料及對所載問題的回答，據本人（等）確信，均為正確無訛。
- 並未隱瞞可能影響本申請書評估的事實。
- 同意本申請書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。

### 適用於個人意外保障的聲明

本人（等）並代表每名受保人（如適用）特此聲明，本人（等）：

- 現在身體健康，及並沒有任何身體傷殘或缺陷或精神不健全。（如有，請另行詳述之。）
- 並沒有從事任何危險的職業或工作。（如有，請另行詳述之。）
- 保證會在受保人的就業、職業、職責或職務變動，或獲悉其他可能提高保單索償風險的變化時立即以書面通知MSIG，並同意MSIG保留因上述變化而調整保費之權利。
- 同意倘若受保人因身體受傷而導到身亡，保障賠償將撥作受保人的遺產，並明白可透過向MSIG提交已填妥之「受益人表格」來指定受益人。

### 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。

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)