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三井住友海上火災保險 (香港) 有限公司
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電話 (852) 2894 0555 傳真 (852) 2890 5741

澳門分公司
澳門南灣大馬路693號
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For more information,
please call us at
+852 3122 6922 (Hong Kong) /
+853 2892 3329 (Macau) or contact
your Insurance Representative at:
詳情請致電 (852) 3122 6922 (香港) /
(853) 2892 3329 (澳門) 或聯絡您的保險代理 / 經紀:

H741AG(CP/03-21/03-21/0K)

msig.com.hk

MSIG

OFFICE INSURANCE
辦公室綜合保險

Proposal Form
投保書

For Agent
& Direct
Use Only

MSIG
Insurance
that sees
the heart
in everything

A Member of MS&AD INSURANCE GROUP

H741AG Office Insurance Proposal Form 辦公室綜合保險投保書

Details of Proposer 投保人資料 (*Please delete if not appropriate. * 請刪除不適用項目)

^Compulsory Field 必須填寫

Name of Company / Business Entity:
公司 / 機構名稱： _____

Name of Contact Person (Mr . / Mrs. / Ms.)* : Surname 姓 _____ Given Name 名 _____
聯絡人姓名 (先生 / 太太 / 女士)* ：

Email 電郵^: _____

Tel No. : Office 電話號碼： 辦公室 _____ Mobile 手提 _____ Description of Business : 業務性質： _____

Business Registration No. 商業登記證號碼: _____
(Please provide a copy of valid Business Registration Document 請提供有效之商業登記文件之副本)

Correspondence Address : 通訊地址：
Flat / Room * 室 / 單位 * _____ Floor 樓 _____ Block 座 _____ Building 大廈 _____
No. & Street Nam e / Lot. No. * 街名及門牌 / 地段 * _____ District 地區 _____ HK / KLN / NT * 香港 / 九龍 / 新界 *

Address of Premises to be insured (if different from the above) :
投保樓宇地址 (如與上述地址不同)：
Flat / Room * 室 / 單位 * _____ Floor 樓 _____ Block 座 _____ Building 大廈 _____
No. & Street Name / Lot. No. * 街名及門牌 / 地段 * _____ District 地區 _____ HK / KLN / NT * 香港 / 九龍 / 新界 *

How long have you been established at these premises?
閣下佔用該樓宇 _____ years 年

Period of insurance required : (Please note that the cover is not in force until the application has been accepted by the Company)
閣下希望保險生效之日期：
(請注意，保險必須待至本公司接受申請後方始生效)
From 由 : _____ (D) 日 _____ (M) 月 _____ (Y) 年
To 至 : _____ (D) 日 _____ (M) 月 _____ (Y) 年

Standard Cover 標準保障

Comprising: Office Contents, Additional Expenditure, Money and Public Liability Cover
包括：樓宇內設備、額外開支、金錢損失及公眾責任保障

☑ **Office Contents 樓宇內設備：**

What is the replacement cost as new of all your office contents?
閣下寫字樓內所有設備之全新更換價值：
HK$ 港幣 _____ 元

Please list below any one item of office equipment, computer or machine included in the Sum Insured above where the value exceeds HK$100,000.
如在投保金額內有任何一件辦公室器材、電腦或機器價值超逾港幣100,000 元，請註明：

Description 說明	Value (HK$) 價值 (港幣/元)
1.	
2.	
3.	
4.	
5.	

Optional Extensions 自選保障

❑ **Loss of Gross Profit 毛利損失：**

1. Your anticipated gross profit for the next 12 months:
閣下估計未來12個月可得之毛利：
HK$ 港幣 _____ 元
2. Maximum indemnity period required:
所需最長補償期：
12/18/24* months 個月
3. Sum Insured required:
所需投保金額：
HK$ 港幣 _____ 元

Note: If your maximum indemnity period is more than 12 months, your figure for gross profit should be proportionately increased, e.g. 18 months indemnity will equal to at least 1.5 times of the annual gross profit.
註：閣下之最長補償期如超過 12 個月，毛利額應按比例增加，例如 18個月之投保額最少應為每年毛利額的 1.5 倍。

*** Please delete if not appropriate.**
*** 請刪除不適用項目。**

Employees' Compensation 僱員賠償

If you wish to arrange Employees' Compensation Insurance, please provide the following information. 閣下如選擇安排僱員賠償保險，請提供以下資料。

Employer's Details 僱主資料

Name of employer in full 僱主全名
(if different from Name of Proposer above 如與上述投保人姓名不同)

_____

Business Registration No. 商業登記證號碼: _____

(Please provide a copy of valid Business Registration Document 請提供有效之商業登記文件之副本)

Place of employment 僱用工作地點 (if different from Correspondence Address above 如與上述通訊地址不同)

_____

Details of Employer's Business Activities / Profession
僱主之業務/行業資料

1. Please provide a general description of employer's business activities / profession.
   請詳細說明僱主之業務活動/職業提供。

   _____

2. How long has the business been established?
   業務成立年期? _____ Year(s) 年

3. Does any of the work carry out by the employers involve:
   僱主所從事的工作是否涉及:
   a) any work on ships, chemical works, off-shore structures, oil or gas refineries? ☐ Yes 是 ☐ No 否
      任何於船舶、化學廠、離岸建築物、石油或天然氣精煉廠進行的工作?
      If yes, please give nature of work and no. of employee(s) involves.
      如是，請說明有關工作性質和所涉及的員工人數。

      _____

   b) any work outside Hong Kong? ☐ Yes 是 ☐ No 否
      任何在香港以外的地方工作?
      If yes, please give nature of work and no. of employee(s) involved.
      如是，請說明有關工作性質和所涉及的員工人數。

      _____

   c) work at height above 10 meters or underground? ☐ Yes 是 ☐ No 否
      在高度10米以上或於地底進行的工作?
      If yes, please give nature of work and no. of employee(s) involved.
      如是，請說明有關工作性質和所涉及的員工人數。

      _____

   d) use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos, radioactive substance? ☐ Yes 是 ☐ No 否
      使用、處理、貯存或運送任何危險物資，如有毒化學品、爆炸性物質、氣體、石棉、放射性物質?
      If yes, please give nature of work and no. of employee(s) involved. 如是，請說明有關工作性質和所涉及的員工人數。

      _____

4. Does the employer 僱主有否
   a) hire any self-employed persons for their business? ☐ Yes 是 ☐ No 否
      為其業務聘用任何自僱人士?
   b) hire any contractor for their business? ☐ Yes 是 ☐ No 否
      為其業務聘用任何承判商?
   c) hire any part-time employees? ☐ Yes 是 ☐ No 否
      聘用任何兼職員工?
   d) plan to increase the no. of the employees substantially or add different occupations in a short period of time? ☐ Yes 是 ☐ No 否
      計劃在短時間內大幅增聘員工或增設不同職務?

Employee's Details 僱員資料

1 *[Please provide a copy of latest wageroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s)]:*
[請提供最近期的僱員薪酬記錄副本，(例如:最近期的強積金供款記錄、財務報表、報稅表或其他有關文件)]:
(If any section does not allow enough space for all information, please add on a separate sheet. 如不敷應用，請另備紙張填寫)

Occupation of Employee(s) by Categories 僱員職務類別	Number of Employee(s) 僱員人數	Estimated Total Annual Earnings* 估計全年總收入	For Office Use Only 只供內部使用			
			Classification	Warranty	Rate Percent	Premium
Occupation of Employee(s) by Categories 僱員職務類別	**Number of Part Time Employee(s) 兼職僱員人數**	**Estimated Total Annual Earnings* 估計全年總收入**				
Total 總計:						

Declaration 聲明

I/We, being the owner/authorized person/representative of the proposed business, warrant the above estimated total annual earnings made by me/us or on my/our behalf are true and complete for all employees within the scope of the Employees' Compensation Ordinance (Chapter 282). Failure to disclose all material facts or under declaration on the total annual earnings may invalidate the insurance.

本人(等)作為投保業務的擁有人/獲授權人士/代表，謹此保證本人(等)或代本人(等)對上述全部僱員所申報之估計全年總收入均根據《僱員補償條例》(第282章)並屬真確及完整。倘未披露所有重要事實或少報全年總收入，可能導致保險作廢。

_____

Authorized Signature (with Company Chop)
獲授權簽署 (連公司圖章)

Name 姓名: _____

Position 職位: _____

Date 日期 _____ 日 _____ 月 _____ 年

*Earnings include salaries, commissions, bonus, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282).
*根據《僱員補償條例》(第282章)，收入包括:薪金、佣金、花紅、超時工作補薪、津貼等。

2 Please advise the working experience/qualification/certificate that the employer or employee(s) possesses in relation to the business.
請提供僱主或僱員所擁有的業務相關之工作經驗/認可資格/證書。

_____

Insurance History 投保歷史

Have you or any principal in the business:(If Yes, please give details in separate sheet)
閣下或貴公司主要成員曾否：(如有者請另以紙張詳述)

1. Ever been refused insurance , renewal, increased premium rate or had any special terms or conditions imposed by any insurer?
被拒絕投保、續保、被任何保險公司提高保費率附加任何特別條款或條件？
❑ Yes 有 ❑ No 沒有

2. Ever been convicted of or is involved in any prosecution pending for any offence involving dishonesty of any kind (e.g. involving fire, fraud, theft etc)?
曾被判罪名成立或正等待由任何不誠實行為所引致的起訴之審判（例如涉及火警、詐騙、盜竊等）？
❑ Yes 有 ❑ No 沒有

3. Have an interest which has been declared bankrupt, been the subject of bankruptcy proceedings or made any arrangement with creditors?
擁有任何曾宣佈破產、正進行破產程序或與債權人協議任何安排的權益？
❑ Yes 有 ❑ No 沒有

4. Are you insured at present or have you ever proposed for insurance which provides similar coverage?
閣下現時是否已投保或曾否申請投保提供類似保障之保險？
❑ Yes 有 ❑ No 沒有

Please answer question 5 for Employees' Compensation application.
如申請投保僱員賠償，請作答問題5。
❑ Yes 有 ❑ No 沒有

5. Is the employer's at present insured, or has the employer ever proposed for an insurance in respect of employer's liability to its employees?
僱主目前是否已投保或曾投保對僱員之責任保險?
If yes, please state the name of insurance company.
如是，請列出保險公司名稱

Claims and Related Details 索償及相關資料

(Please note items 2&3 only applicable to Employee Compensation section. 請注意項目2及3只適用於僱員補償部分。)

1. During the last three years, have you or any principal in the business sustained any loss, whether insured or otherwise, in connection with any of the covers for which Insurance has been requested? (If Yes, please give details. For Employees' Compensation specific, please complete items 2&3 below.)
   過去三年，閣下或貴公司主要成員曾否蒙受任何與現申請投保之保障有關之損失(不論已投保與否)？
   （如有，請詳述。如有關僱員賠償請填寫以下項目2&3）　☐ Yes是　☐ No否

2. Please proved the claim history for the past 3 years 請提供過去3年之索償記錄:
   [Note: Employer shall make request on the previous insurers for providing written evidence of such records.]
   [註: 僱主需向曾投保的保險公司索取書面形式的索償記錄。]

Accident Year 意外發生年份	Paid Claim(s) (including partial claim payment) 已支付索償 (包括部分索償償付)		Outstanding Claim(s) 未支付索償		Total of the year 全年總計	
	No. of Case 賠案數目	Amount (HK$) 金額(港幣)	No. of Case 賠案數目	Amount (HK$) 金額(港幣)	No. of Case 賠案數目	Amount (HK$) 金額(港幣)

3. Details of any claim with amount over HK$50,000. 任何索償金額超過港幣50,000元的個案詳情。

Accident Year 意外發生年份	Brief details of each accident (including cause of loss, degree of injury, current status, etc.) 概括每宗意外的經過 (包括受傷原因、受傷程度、現況等等)		Claim Amount (HK$) 索償金額 (港幣)		
			Paid 已支付	Outstanding 未支付	Variation Date 修訂日期

The SME Protection Bundle 中小企精選保障組合

I would like to purchase the following product 本人欲投保以下產品：

❑ **Annual TravelSurance 3.0 全年旅遊保險3.0**

Payment Instruction 付款說明

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

Please make your cheque payable to "MSIG Insurance (Hong Kong) Limited"
支票抬頭請填寫「三井住友海上火災保險(香港)有限公司」

^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。

Please refer to the policy terms and conditions of Office Insurance which will be issued to you upon acceptance of your proposal.
有關保單將於接納您的投保申請後奉上，屆時請參閱辦公室綜合保險保單中的條款及條件。

Declaration 聲明

I/We, the undersigned, desire to effect the insurance specified herein and declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves its right to reject my application.
- 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.

本人(等)(下列簽署人)特此聲明:

- 同意三井住友海上火災保險(香港)有限公司保留其不受理本人投保的權利。
- 保證所填報資料及對所載問題的回答，據本人確信，均為正確無訛。
- 並未隱瞞可能影響本投保書評估的事實。
- 同意本投保書、聲明及所提供的其他資料作為合約基礎，並同意接受本保單所載及/或其任何修訂。
- 修訂或擴充的條款、限制、不承保事項、條件、條文及保證。

Declarations applicable to Employees' Compensation Section
適用於僱員補償申請的聲明

I/We, the undersigned, desire to effect the insurance as abovestated in the terms of the Policy to be issued by MSIG Insurance (Hong Kong) Limited ("the Company"). I/We agree to keep a proper salaries and wages actually paid and to pay premium on any salaries and wages paid in excess of the amount estimated above, I/We or mis-stated any material fact, that I/We have fairly estimated my/our total salaries, wages and expenditure, and I/We agree that this declaration shall be the basis of the contract made between me/us and the Company.

本人(等)(下列簽署人)同意向三井住友海上火災保險(香港)有限公司(“貴公司”)根據上述之保險條款投保，本人(等)同意妥善保留有關的薪金及工資記錄並於每個保險期屆滿時遵照貴公司所要求之報表格式並申報實際支付之工資並繳付超過上面所估計之薪金及工資數額之保險費用。本人(等)特此聲明本人(等)已閱讀及審查上列之所有陳述及報表詳情均屬實正確，本人(等)並沒有隱藏、虛報、歪曲任何重要事實，本人(等)亦公平地估計本人(等)之總薪金、工資及支出，並同意以本項聲明作為本人(等)與貴公司訂立之合約基礎。

Disclosure: Any facts known to you which are likely to affect acceptance or assessment of the risks proposed for insurance must be disclosed. Should you have any doubt about what you should disclose, please do not hesitate to tell us or your broker / insurance adviser. We recommend you keeping a record (including copies of letters) for your future reference, of any additional information given. Making sure we are informed is for your own protection, as failure to disclose may mean that your policy will not provide you with the cover you require, or perhaps may invalidate the policy altogether.

資料提供：投保人必須提供可能影響本公司接受或評估與本保險計劃的風險有關之所有事實。閣下倘對應提供甚麼資料存疑，請諮詢本公司或閣下的保險經紀/保險顧問。本公司建議閣下記存所有提供予本公司的額外資料之記錄（包括函件副本），以作參考。為保障閣下，請確保向本公司提供所有有關資料，否則本公司將無法為閣下提供所需保障，或甚至可能導致保單失效。

Please refer to the Office Insurance Policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusion.

有關條款細則及不承保範圍，請參閱店舖綜合保險計劃保單（於接納您的投保書後奉上）。

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。

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。

_____

獲授權簽署 (連公司圖章)

姓名: _____

職位: _____

日期 _____ 日 _____ 月 _____ 年

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.

_____

Authorized Signature (with Company Chop)

Name: _____

Position: _____

Date _____ **(D)** _____ **(M)**_____ **(Y)**