

人身意外保險投保書

Personal Accident Insurance Proposal Form

甲部 投保人資料
Part A Personal Details of the Proposer

投保人姓名 Name of Proposer	中文 Chinese	英文 English	
聯絡電話 Contact No.	住宅 Home	手提 Mobile	辦公室 Office
通訊地址 Mailing Address			
電郵地址 E-mail Address	與被保險人關係 Relationship with the Insured		
保單生效日期(日/月/年) Period of Insurance (dd/mm/yy)	由 From	至 To	(起訖兩日均包括在內) (Both dates inclusive)

乙部 被保險人資料
Part B Details of the Insured

被保險人姓名 Name of Insured	中文 Chinese	英文 English	
香港身份證號碼 HKID Card No.	出生日期(日/月/年) Date of Birth (dd/mm/yy)		
聯絡電話 Contact No.	住宅 Home	手提 Mobile	辦公室 Office
通訊地址 Mailing Address			電郵地址 E-mail Address
職業 Occupation	工作性質 Nature of Works		

丙部 受益人資料
Part C Details of Beneficiary

受益人姓名 Name of Beneficiary	中文 Chinese	英文 English	
香港身份證號碼 HKID Card No.	與被保險人關係 Relationship with the Insured		

丁部 保障選擇
Part D Type of Cover Required

保障選擇 Type of Cover Required	保額 (HK\$) Amount of Coverage	保費 (HK\$) Premium
意外死亡及永久性傷殘 Accidental Death & Permanent Disablement		
意外醫療費用(每宗意外) Accidental Medical Expenses (Per accident)		
人息保障(每年) Income Protection (Per year)		
住院現金津貼(每日) Hospitalization Cash Allowance (Per day)		
每年最低保費為港幣\$500 Minimum Annual Premium is HK\$500	合計 Total	

戊部 保險記錄
Part E Insurance History

1 閣下的職務是否需要體力勞動或往室外工作? Are you involved in any manual or outdoor duties at work?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2 閣下是否現正接受醫藥治療、接受觀察、接受手術護理、或服用任何藥物? Are you receiving or contemplating any medical attention or surgical treatment or taking any medicine?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3 閣下曾否染上嚴重疾病或嚴重身體受傷? Have you ever suffered from any serious injury or illness?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4 閣下現時有否購買其他意外或醫療保險? Are you holding any insurance against accident or illness?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5 閣下曾否被其他保險公司拒絕受保、取消保單、不允續保、要求增加保費或註明特別條件? Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew your policy, required an increased rate or imposed special terms?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
閣下如在上列任何一項回答"是",請詳述。 If your answer is "Yes" in any of the above question, please give details.	

己部 付款方式
Part F Payment Method

支票付款 Cheque

劃線支票抬頭人請填寫"中國太平洋保險(香港)有限公司"

Please cross your cheque and make it payable to "CHINA PACIFIC INSURANCE CO., (H.K.) LTD."

現金付款 Cash

請親臨中國太平洋保險(香港)有限公司

地址 : 香港灣仔港灣道18號中環廣場4301室

Please pay at the office of China Pacific Insurance Co., (H.K.) Ltd. Address: Suite 4301, 43/F., Central Plaza, 18 Harbour Road, Wanchai, Hong Kong.

信用卡付款 Credit Card

VISA

MasterCard

信用卡帳戶號碼

Credit Card Account No. _____

信用卡持有人姓名

信用卡到期日

(月/年)

Name of the Card Holder _____

Credit Card Expiry Date _____

(mm/yyyy)

本人現授權中國太平洋保險(香港)有限公司從本人上述之信用卡帳戶支取有關保險之保費。

I hereby authorize the CHINA PACIFIC INSURANCE CO., (H.K.) LTD. to debit my credit card account above for the insurance premiums of this insurance policy.

信用卡持有人簽署 Signature of the Card Holder

日期 Date

Official Use Only	Agent Code	
	Client Code	
	Account Handler	
	Remark	
	Total Premium	

收集個人資料聲明

為依從《個人資料(私隱)條例》(香港法例第 486 章) (“條例”), 中國太平洋保險(香港)有限公司 (“本公司”) 特此通知閣下以下事項:

- (1) 在申請及接受本公司保險產品、服務時, 閣下有需要不時向本公司提供個人資料, 個人資料亦可能在本公司日常業務運作的過程中向閣下收集。
- (2) **個人資料收集目的:** 收集的個人資料可能會用作下列用途:
 - (i) 處理保險產品及服務的申請;
 - (ii) 為閣下提供保險產品及服務, 處理閣下就公司的保險產品及服務提出的要求, 包括但不限於要求增加、更改刪除保障項目或受保成員、付款安排、保單取消、更新或復效申請;
 - (iii) 處理、判定保險索償抗辯, 包括進行任何附帶調查, 以及行使本公司的權利, 包括但不限於代位權;
 - (iv) 執行與所提供的保險產品及服務相關的功能及活動, 如核實身份、資料核對及再保險之安排;
 - (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利, 例如身份核查、債務追收等;
 - (vi) 設計保險產品及服務以提升本公司的服務質素;
 - (vii) 製作統計數據或作會計、精算及進行研究;
 - (viii) 營銷服務、產品及其他直接促銷;
 - (ix) 符合對本公司及/或關聯方具約束力的任何本地或外地法例、規則、守則或指引的披露規定及如需要時進行核對程式;
 - (x) 遵守本公司及/或關聯方為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法的任何方案就於集團內共用資料及資訊的任何使用而指定的任何義務、要求、政策、程式、措施或安排;
 - (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人, 就擬涉的轉讓、參與或附屬參與的交易進行評估;
 - (xii) 任何與上述目的直接有關的其他目的。
- (3) **個人資料的轉移:** 存於本公司的個人資料將會保密, 但本公司可能會向以下各方透露上述提供等資料:
 - (i) 位於香港或香港以外其他地方的任何本公司關聯方、本公司任何關聯人士、任何再保險公司、閣下之保險經紀、行業協會, 以及就此方面而言, 閣下同意將閣下的資料轉移至香港境外;
 - (ii) 向本公司及/或關聯方提供服務並對個人資料負有保密義務的任何相關人士, 如公證行理賠調查員、電話促銷公司、收數公司、資料處理公司及專業顧問;
 - (iii) 本公司及/或關聯方對任何香港或香港以外其他地方的機構或個人, 為遵守任何法律規定, 或根據法律、監管、政府、稅務、執法或其他機關, 保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司及/或關聯方有約束力的要求;
 - (iv) 本公司權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人;
- (4) **在直接促銷中使用個人資料**

閣下的個人資料可能用於本公司直接促銷, 除非本公司已取得閣下的同意 (包括表示不反對), 否則本公司並不可以如此使用閣下的個人資料, 但條例所指定的豁免情況除外, 就此通知:

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷;
- (ii) 本公司可能就以下列服務、產品及促銷標的進行促銷:
 - (a) 保險、財務及相關服務及產品;
 - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品;
- (iii) 上述服務、產品及促銷可能由本公司及/或下列各方提供:
 - (a) 任何本公司關聯方;
 - (b) 協力廠商獎賞、客戶或會員、品牌合作或優惠計劃供應商; 及/或
 - (c) 本公司及/或關聯方品牌合作夥伴。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途, 閣下通知本公司行使閣下的選擇拒絕促銷。閣下可根據本聲明以下所提供的聯絡方法以書面向個人資料保護主任提出有關要求, 或於有關的申請表格內向本公司表達閣下拒絕促銷的意見 (如適用)。

(5) 查閱及改正資料權利

根據條例規定, 閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料, 並要求本公司就不準確的資料作出改正。閣下欲行使有關權利, 請以書面經以下聯絡方法向本公司的個人資料保護主任提出:

資料保護主任
中國太平洋保險(香港)有限公司
香港灣仔港灣道 18 號中環廣場 43 樓 4301 室
傳真: (852)2541 4332

根據條例, 本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 本公司只會根據上述任何用途上的合理需要或適用法例或規定的期間保存閣下的個人資料。
- (7) 本聲明不會限制客戶在條例下所享有的權利。如閣下對此聲明有任何疑問, 請與資料保護主任聯絡。
- (8) 本公司保留修改本聲明的權利。

Personal Information Collection Statement

In compliance with the Personal Data (Privacy) Ordinance (Cap. 486) (“the Ordinance”), China Pacific Insurance Co., (H.K.) Ltd. (“the Company”) would like to inform you as follows:-

- (1) It is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products, services carried out by the Company. Personal data may also be collected by the Company from you in the ordinary course of the Company's business.
- (2) **PURPOSES FOR COLLECTING PERSONAL DATA**
Your personal data we collect may be used for following purposes:
 - (i) processing applications for insurance products and services;
 - (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, process requests for payments as well as cancellation, renewal, or reinstatement of insurance policies;
 - (iii) managing, processing and defending insurance claims as well as conducting any incidental investigation, and exercise the Company's rights including but not limited to subrogation right;
 - (iv) performing functions and activities incidental to provision of insurance products and services such as identity verification, date matching and reinsurance arrangement;
 - (v) exercising the Company's right in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you,
 - (vi) designing insurance products and services with a view to improving the Company's services;
 - (vii) preparing statistics or use of accounting, actuarial and conducting research;
 - (viii) marketing services, products and direct marketing;
 - (ix) meeting the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group and conduct matching procedures where necessary;
 - (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the Group or in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
 - (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's right or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - (xii) any other purposes relating to the purposes listed above.
- (3) **TRANSFER OF PERSONAL DATA**

Personal data held by the Company relating to you will be kept confidential but the Company may provide the above mentioned data to the following parties:-

- (i) any of our affiliates, any person associated with the Company, any reinsurance company, your broker, industry association in Hong Kong or elsewhere and in this regard you agree to the transfer of your data outside of Hong Kong.

- (ii) any person or third party who provides services to the Company and/or its affiliates including but not limited to loss adjusters, telemarketing companies, debt collection agencies, data processing companies and professional advisors and who has a duty of confidentiality to the same.
- (iii) any entity or person to whom the Company or the Group is under an obligation or otherwise required to make disclosure under the local or foreign requirements of any law or rules, regulations, codes of practice, guidelines or guidance given or issued by, any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the Group;
- (iv) All such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

Your personal data may be used in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please be advised that:

- (i) The name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) The following services, products and subjects may be marketed:
 - (a) insurance, financial and related services and products;
 - (b) reward, loyalty or privileges programs and related services and products;
- (iii) products and services offered by the business partners of the Company and/or the Group;
- (iv) The above services, products and subjects may be provided by the Company and/or:
 - (a) any member of the Group;
 - (b) Third party reward, loyalty, co-branding or privileges program providers, and/or
 - (c) Business partners of the Company and/or the Group.

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Data Protection Officer of the Company at the address or fax number provided in below, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

According to the Ordinance, you have the right to access, to correct, or change of any of your own personal information held by the Company. You have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such request can be made in writing to the Data Protection Officer of the Company at the following address or fax number:

The Data Protection Officer
 China Pacific Insurance Co., (H.K.) Ltd.
 Suite 4301, 43/f., Central Plaza
 18 Harbour Rd., Wanchai, Hong Kong
 Fax : (852) 2541 4332

In accordance with the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) The Company keeps your personal data only for a period reasonably necessary for any of the above purpose or as prescribed by the applicable laws or regulations.
- (7) Nothing in this Statement shall limit the rights of the customers under the Ordinance. Should you have any query with this Statement, please do not hesitate to contact our Data Protection Officer.
- (8) The Company retains the right to change this Statement.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明（“該聲明”）。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響。綜上所述，本人/我們特此確認並同意貴公司根據該聲明使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們的個人資料提供給其他人士。

I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China Pacific Insurance (H.K.) Company Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

選擇拒絕在直接促銷中使用個人資料

中國太平洋保險（香港）有限公司（“本公司”）可能會使用閣下的個人資料作直接促銷，但在未經閣下同意的情况下，本公司不能就此目的使用閣下的個人資料。若閣下不希望本公司在直接促銷中使用閣下的個人資料，請在下列空格內劃上“√”號。

我不同意使用我的個人資料作直接促銷

以上代表閣下目前就是否希望接受本公司直接促銷的聯繫或資訊的選擇，並取代閣下在本申請前可能曾給予本公司的任何選擇。

請注意，閣下以上的選擇將適用於列在本公司的收集個人資料聲明（“該聲明”）內作直接促銷的產品、服務及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Opt-out from Use of Personal Data in Direct Marketing

China Pacific Insurance Co., (H.K.) Ltd. (the “Company”) may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick “√” in the box below if you do not wish the Company to use your personal data for direct marketing.

I do not agree to the use of my personal data for direct marketing

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in the company’s Personal Information Collection Statement (the “Statement”). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

 投保人簽署 Proposer’s Signature
 （請勿於空白投保書上簽署 DO NOT sign a blank form）

 日期 Date
 （日/月/年 dd/mm/yyyy）