

Policy Information 保單資料

Policy No. 保單號碼	Contact No. 聯絡號碼
Name of Policyowner 保單持有人姓名	Name of Insured Person 受保人姓名

I hereby add the following information for the above insurance policy.
就上述保單，本人作出下列之補充。

Details 內容

Declaration and Authorization 聲明與授權

I/We declare that I/we have read and fully understand the implications of the contents of this Application, and that the information given in this Application is true and complete to the best of my/our knowledge. I / We agree that if I/We fail to provide any information requested in this Application, it may result in the inability of FWD Assurance to accept the application.

I/We (acting on behalf of the Insured, wherever applicable) hereby irrevocably authorize any employer, doctor, hospital, clinic, insurance company, government office or any organization, or persons who have any records, knowledge or information (whether medical or otherwise) of me/us (or the Insured, wherever applicable) to disclose, release or transfer to FWD Assurance or its representative(s) such information pertinent to this application. This authorization shall bind my/our successors and assignees and remain valid notwithstanding my/our (or the Insured, wherever applicable) death or incapacity in so far as legally feasible. This authorization shall be valid until my/our further instructions. A photocopy of this authorization shall be as valid as original.

I/We have read, understand and accept this PICS. I/We consent to the transfer of my personal data outside Hong Kong and I/We understand my/our personal data may not be protected to the same or similar level in Hong Kong.

本人 / 吾等在此聲明本人 / 吾等已閱讀及完全明白本申請所載內容及含意，就本申請所提供的資料均屬本人 / 吾等所知的事實及全部。本人 / 吾等同意若本人 / 吾等不能提供本申請所需的任何資料，可致使富衛壽險不能接受本申請。

本人 / 吾等 (代表受保人，如適用) 在此授權 (並不可撤回) 任何凡持有本人 / 吾等 (或受保人，如適用) 任何記錄、資訊或資料 (不論醫療或其他性質) 的僱主、醫生、醫院、診所、保險公司、政府部門或其他機構或人士，向富衛壽險或其代表透露、發放或轉移該等資料作本申請之用。本授權對本人 / 吾等繼承人及承讓人具約束力，不管本人 / 吾等 (或受保人，如適用) 死亡或喪失行為能力，在法律容許下依然生效，直至本人 / 吾等進一步指示。本授權書的影印本具有與正本同等的效力。

本人 / 吾等已細閱及本人 / 吾等明白及接受本收集個人資料聲明。本人 / 吾等同意把本人的個人資料轉移至香港境外，並本人 / 吾等明白本人 / 吾等的個人資料未必可以獲得與在香港相同或類似程度的保障。

(Signature must be identical with that in your Policy record) (必須與本保單記錄上之簽署相同)

Name of Policyowner 保單持有人姓名	
Identity Document No. 身份證明文件號碼	
Sign Date 簽署日期	M 月 / D 日 / Y 年
Signature of Policyowner 保單持有人簽署	
Name of Insured Person (if other than policyowner) 受保人姓名 (如非保單持有人)	
Identity Document No. 身份證明文件號碼	
Sign Date 簽署日期	M 月 / D 日 / Y 年
Signature of Insured Person (if applicable) 受保人簽署 (如適用)	