

HOME CARE INSURANCE CLAIM FORM

家居保險索償申請表



It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

POLICY NUMBER 保單號碼	NAME OF AGENT 保險代理人

Completed Claim Form must be given to the Company within 30 days from the date of accident giving rise to such claim
請於意外發生後三十天內填妥此申請表並交回本公司

For the following claims, you must notify the Police
以下索償必須先通知警方：
1. Theft / Robbery 盜竊或搶劫
2. Malicious Damage 遭惡意破壞
3. Loss of Personal Effect / Money 遺失個人財物 / 現金

INSURED'S INFORMATION 保戶資料

Name of Insured 保戶姓名 _____ Occupation 職業 _____
Correspondence Address# 通訊地址# _____
Tel No.# 電話號碼# _____ Fax No.# 傳真# _____ E-mail Address# 電郵地址# _____

CLAIMANT'S INFORMATION 索償人資料

SAME AS ABOVE 同上 ☐

Name of Claimant 索償人姓名 _____ Relationship with the Insured 與保戶之關係 _____
Correspondence Address# 通訊地址# _____
Tel No.# 電話號碼# _____ Fax No.# 傳真# _____ E-mail Address# 電郵地址# _____

For the use of this claim only 只限於此索償之用

PROPERTY LOSS / DAMAGE 財物損失情況

Date and time of incident 事故發生日期及時間 _____ Who discovered the incident 由誰人發現 _____
Place of incident 發生事故之地點 _____
Detailed description of the incident and its cause 事件之詳細經過及起因 _____

Have you reported the incident to the Property Management Office? YES /NO*
你有否將事故報告物業管理處？ 是 / 否*

Was another person responsible for the loss or damage? YES /NO*
是否有其他人需要為是次損失或損毀負上責任？ 是 / 否*

If "YES", please give details 若「是」，請提供資料

Name 姓名 _____ Address 地址 _____

FOR THEFT LOSS, PLEASE ALSO FILL IN BELOW QUESTIONS. 若因盜竊構成財物損失，請同時回答以下問題。

Property Owner's Name 物主姓名 _____ Relationship with the Insured 與保戶之關係 _____

How was the premises entered and exited?
竊賊如何進出屋內？

Have you reported the incident to the Police? YES /NO*
你有否將事故報告警方？ 是 / 否*

If "YES", which station? Report Date 報案日期 _____ Report No. 報案編號 _____
若有，警署名稱 _____

*Please delete whichever is inapplicable 請刪去不適用者



DETAILS OF PROPERTY LOST OR DAMAGED 損失或損壞財物詳情

(Please attach separate sheets if needed 如空位不足，請另附紙張)

Note: Please attach all the supporting documents for the damaged items 請注意，請附上有關損失項目之全部證明文件

Full description of items (including the brand name, model and serial no.) 財物的詳細資料 (包括牌子，型號及產品編號)	Date of purchase 購買日期	Purchase price 購買價值	Claimed amount (HK\$) 索償金額 / 維修費	✓ If documents attached 如附上相關文件，請✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

GENERAL QUESTIONS 一般問題

Are you the owner or the tenant of the insured premises?

你是受保樓宇的業主還是租客? _____

If you are the owner, was the insured premise leased out at the material time? If yes, please provide the Tenancy Agreement YES /NO*

若是業主，意外發生時，單位是否在出租狀況?如是，請提供租約副本。 是 / 否*

If you are the tenant, are you responsible to the landlord for the repair?

若是租客，你是否要負責業主物件之維修? _____

Were the premises unoccupied at the time of the incident?

YES /NO*

在發生事故時，該寓所是否空置?

是 / 否*

If "YES", please state when the premises were last occupied 若「是」，請提供最後入住日期 _____

Are you the sole owner of the damaged / lost property(ies)?

YES /NO*

你是否損壞 / 損失財物的唯一物主?

是 / 否*

If "NO", please give details 若「否」，請說明 _____

* Please delete whichever is inapplicable 請刪去不適用者

THIRD PARTY BODILY INJURY / PROPERTY DAMAGE 第三者身體受傷 / 財物損毀

Note: 1. Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent.

在沒有獲得本公司書面同意的情況下，不得作出任何承認、提議、承諾付款或付款。

2. Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.

對於任何第三者的通告、傳票或書面命令，請不要回覆，並立即提交本公司，以便處理。

Particulars of Third Party 第三者資料

Nature of Incident 事件性質 _____ Bodily Injury 身體受傷 ☐ Property Damage 財物損毀 ☐

Date and time of incident _____ Place of incident _____
事故發生日期及時間 _____ 發生事故之地點 _____

Detailed description of the incident and its cause
事件之詳細經過及起因 _____

Did any similar accident occur before this accident? YES /NO*
是次意外發生之前，曾否發生過其他類似意外？ 有 / 沒有*
If "YES", please give details: 若「有」，請提供資料: _____

Was another person responsible for the accident / injury? YES /NO*
是否有其他人需要為是次意外或受傷負上責任？ 是 / 否*
If "YES", please give details 若「是」，請提供資料: _____

Name 姓名 _____ Address 地址 _____

Name of Claimant _____ Age _____ Sex _____ Occupation _____
索償人姓名 _____ 年齡 _____ 性別 _____ 職業 _____

Address _____ Tel. No. / Mobile Phone _____
地址 _____ 電話號碼 / 手機號碼 _____

Description of property and extent of damage _____ Photo provided: YES /NO*
財物的資料及受損程度 _____ 相片提供: 是 / 否*

Place where the injured was delivered 傷者被送往的地方 _____

Nature and extent of injury _____
受傷之性質及情況 _____

Have you received any claim from third party? YES /NO*
你是否已收到第三者索償要求？ 是 / 否*
If "YES", what is the amount? 若「是」，要求賠償金額為多少？ _____

Particulars of Eye Witness 目擊證人資料

Name _____ Tel. No. _____ Address _____
姓名 _____ 電話號碼 _____ 地址 _____

Name _____ Tel. No. _____ Address _____
姓名 _____ 電話號碼 _____ 地址 _____

* Please delete whichever is inapplicable 請刪去不適用者

OTHER INSURANCE OR COMPENSATION 其他保險或賠償

Is/Are any other insurance policy(ies) covering the expenses involved? YES /NO*

上述項目是否受保於其他保險合約? 是 / 否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司名稱 _____

Class of Insurance 保險種類 _____ Policy No. 保單號碼 _____

Amount claimed 索償金額 _____ Currency 貨幣 _____

Have you ever sustained other losses of similar nature? YES /NO*

你曾否遭受同樣性質的損失? 有 / 沒有*

If "YES", please give details 若「有」，請詳述 _____

** Please delete whichever is inapplicable 請刪去不適用者*

CLAIM PAYMENT METHOD 賠償款項方式

Subject to the terms and conditions of your policy, the Claimant may select to receive the claim payable amount by way of direct credit or cheque. If you do not provide payment preference as below, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。如閣下沒有提供以下銀行轉帳資料作收取賠償款項方式，而索償案件申請被核准後，將視作選擇以支票收取賠償款項。

Option (1) 選擇(一)☐

By Direct Credit 銀行轉賬 – for HKD only 只限港幣

Important Notes for Direct Credit 銀行轉賬重要事項

- a. The claim payment shall be credited to the bank account in the name of Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。
- b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and any other extra banking handling charges regardless of whether the claim payment can be recovered.
如閣下提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司將相關賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Please provide the Insured Person's bank account details. A copy of bank book or bank statement showing the name and bank account number of the Insured Person MUST be provided. 請提供受保人的銀行資料，並必須提供顯示受保人的姓名及銀行賬戶口號碼的銀行存摺或月結單副本。

Bank Account Information 銀行賬戶資料

銀行名稱 Bank Name	銀行編號 Bank Code	銀行分行編號 Branch Code	銀行賬戶口號碼 Bank A/C No.
賬戶持有人姓名 (英文及大楷寫) Name Of Account Holder (In English & Block Letter)			

Option (2) 選擇(二)

☐

Hong Kong Dollar Cheque 港幣支票

Option (3) 選擇(三)

* Subject to the terms and conditions below

* 受以下條款及細則約束

☐

Collect at designated 7-Eleven stores – for HKD only

於指定 7-Eleven 商舖收取賠償款項- 只限港幣

A QR code for collecting claims payment will be sent to the claimant via SMS. Please provide a valid Hong Kong mobile phone number of the claimant 富衛會發出短訊提供 QR 碼以用作收取賠償款項之用途，請提供索償人之有效香港流動電話號碼：

Claimant's mobile phone number in Hong Kong 索償人香港流動電話號碼：_____

Terms and Conditions 條款及細則：

- i. This option is **NOT** applicable to: 此選項不適用於：
 - (a) Approved claims amount over HK\$3,000 獲批核的賠償金額高於港幣三千元；
 - (b) Claims under life insurance policy purchased through **FULL** online application or direct marketing 透過全網上申請或直銷購買的人壽保單的索償；及
 - (c) Claims under individual medical insurance plan underwritten by FWD General Insurance Company Limited. 任何由富衛保險有限公司承保之個人醫療保險計劃的索償。
- ii. Any approved claim will be rounded up to the nearest whole number. 獲批核的賠償金額會被調整至整數。
- iii. Collection is only available at 7-Eleven stores located in MTR station. In the event that the claim payment via 7-Eleven is not successful, the claims benefit will be paid by cheque. 收取款項只適用於地鐵沿線之 7-Eleven。如未能於 7-Eleven 收取款項，賠償金將以支票形式支付。
- iv. FWD shall not be liable for any of the Claimant's loss if a wrong/invalid mobile phone number has been provided or the Claimant has lost his mobile phone or the Claimant forward the QR code to any third party. 富衛不會就索償人提供不正確流動電話號碼、遺失流動電話或轉發此 QR 碼與第三方而蒙受之損失承擔任何法律責任。

DECLARATION 聲明

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"), by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited ("FWD") (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organizations within or outside of Hong Kong in accordance with the terms set out in the Personal Information Collection Statement below and the provisions of the Ordinance.

Moreover, I/we hereby authorize FWD to obtain access to and/or to verify any of my/our data with the information collected by any association, federation or similar organization of insurance companies that exists or is formed from time to time (the "Federation") from the insurance industry.

根據香港個人資料(私隱)條例，本人 / 我們等簽署如下，同意富衛保險有限公司「富衛」得到或持有之本人個人資料 (該等資料可能在此表格提供或從其他途徑得到) 可透露予本港或海外之個人或組織機構以作為處理索償任何分析之用途。

此外，本人 / 我們現授權富衛由現存或不時成立之任何保險公司的協會或聯會或類同組織(以下簡稱「聯會」) 從保險業內收集的資料中查閱及/或核對本人 / 我們之任何資料。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform FWD of all material information may render FWD unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of FWD.

本人 / 我們謹此聲明，上述所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知富衛任何有關此賠償申請之重要資料，將可能導致富衛不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表富衛確認責任或保證賠償。

I/We confirm having read and understood FWD's Personal Information Collection Statement as accompanied with this form.

本人 / 我們確認已閱讀及明白隨本表格附上有關富衛的收集個人資料聲明。

Insured's Signature (& Company Chop, if applicable)

保戶簽名 (及公司蓋章, 如適用)

HKID Card No. / B.R. No.

香港身份證號碼 / 商業登記號碼

Date

日期

Claimant's Signature (& Company Chop, if applicable)

索償人簽名 (及公司蓋章, 如適用)

HKID Card No. / B.R. No.

香港身份證號碼 / 商業登記號碼

Date

日期

The following document should be submitted (if applicable) 請呈交以下文件 (如適用):

1. Previous Decoration Invoice / Purchase Invoice / Official Receipt of any property to be claimed.
索償財物於事發前的室內裝修發票 / 購買發票 / 正式單據。
2. Incident report from the building management or authority showing the date, circumstances of Incident and its cause of loss or damage.
管業處或有關當局有關財物之遺失或損毀的事發日期、事件經過及其成因之事件報告。
3. Photos showing the extent of damage to any property to be claimed.
顯示有關索償財物損毀程度之相片。
4. Original Repair or replacement Quotation / Invoice / Receipt.
維修或重置報價單 / 發票 / 收據正本。
5. Original Police Loss Memo / Copy of Police Statement.
警方報告正本 / 警方所錄的口供副本。
6. Documentary proof on Relationship and Residence between the Policyholder and the owner of the property to be claimed.
保單持有人與索償財物物主之關係及住址證明文件。
7. Please do not commence any repair work or dispose of any salvage items without FWD's prior written consent.
如未有富衛預先的書面同意, 請不要開始任何維修工程或丟棄任何殘餘物件。

This Claim Form must be submitted immediately, even if any of the claim documents is not readily available.

如未能即時提供任何索償文件, 此賠償申請表亦必須立即呈遞。

Notes 注意:

1. Submission of this form does not constitute admission of any liability by FWD. 呈上此表格並不代表富衛承認相關責任。
2. Completed claim form together with supporting documents should be forwarded to FWD within the time stipulated in the insurance policy. 請將已填妥之表格及有關證明文件, 在保單指定日期內呈上富衛。
3. Claims will not be processed unless declaration is signed by the claimant. 富衛只接受已簽署之索償申請表。
4. If you are claiming for reimbursement of medical or other expenses, full details and documentary evidence must be provided. 若要申索醫療或其他費用的賠償, 必須提供詳細資料及證明文件。

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
 2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
 3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
 4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
 5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
 6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
 7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
- The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:**
- Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
 11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
 13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
 14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

1. 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
5. 閣下的個人資料可能用於以下用途：
 - (i) 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - (ii) 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - (iii) 發展保險及其他金融服務及產品；
 - (iv) 發展及維持本公司信貸及風險之相關模型；
 - (v) 處理付款指示；
 - (vi) 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - (vii) 行使與本公司的服務及／或產品有關的任何權利；
 - (viii) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - (ix) 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以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；
 - (x) 進行保單審閱及需求分析（不論是否定期進行）；
 - (xi) 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - (xii) 作本公司或本集團的任何成員的統計或精算研究；及
 - (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
6. 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - (i) 本集團的其他成員；
 - (ii) 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - (iii) 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、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、和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）、法律顧問及／或其他專業顧問；
 - (iv) 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - (v) 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
7. 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。

8. 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
9. 就直接促銷而言，本公司擬：
 - (i) 使用本公司不時持有的閣下姓名、聯絡資料 (例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - a. 保險服務及產品；
 - b. 財富管理服務及產品；
 - c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - d. 健康檢查及健康服務及產品；
 - e. 媒體、娛樂及電信服務；
 - f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - g. 為慈善及／或非牟利用途的捐款及捐贈。
 - (ii) 將閣下的姓名及聯絡資料 (例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛保險有限公司
香港德輔道中 308 號
富衛金融中心 8 樓

10. 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
11. 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
12. 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
13. 中英文本如有歧異，概以英文本為準。
14. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。