

# PERSONAL ACCIDENT CLAIM FORM

## 個人意外索償申請表

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

**INSURED 保戶**  
Full Name 姓名 \_\_\_\_\_  
Correspondence Address# 通訊地址# \_\_\_\_\_  
Tel No.# 電話號碼# \_\_\_\_\_ Email# 電郵# \_\_\_\_\_

**INSURED PERSON 受保人** **SAME AS ABOVE 同上** ☐  
Full Name 姓名 \_\_\_\_\_ Occupation 職業 \_\_\_\_\_  
Correspondence Address# 通訊地址# \_\_\_\_\_  
Tel No.# 電話號碼# \_\_\_\_\_ Email# 電郵# \_\_\_\_\_

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

### ACCIDENT 意外情況

Date and time of accident 意外發生日期及時間 \_\_\_\_\_  
Place of accident 意外發生地點 \_\_\_\_\_  
State how the accident occurred 意外發生經過 \_\_\_\_\_  
Nature of claim 索償項目 (please put a V in the appropriate box 請在格內用V選擇適合項目)  
☐ Medical expenses 醫療費用 ☐ Chinese bonesetter / acupuncturist treatment expenses 中國跌打/ 針灸費用  
☐ Temporary total disablement 暫時性完全喪失工作能力 ☐ Hospital allowance 住院現金津貼  
☐ Accidental death 意外身故 ☐ Permanent disablement 永久傷殘 ☐ Others 其他 \_\_\_\_\_  
Total amount claimed 索償總額 \_\_\_\_\_

### INJURY 受傷情形

Nature of injury 受傷之性質 \_\_\_\_\_  
Part(s) of body injured 受傷部位 \_\_\_\_\_  
Has he / she previously suffered from injury to the same part? YES/NO\*  
傷者是否曾經在同一個部位受傷? 是 / 否\*  
If YES, please give details 若有，請詳述: \_\_\_\_\_  
How long has he/she been totally disabled from engaging in or attending to his/her usual employment or occupations as the result of the injury?  
傷者因受傷而完全喪失工作能力的期間為多久?  
From 由 \_\_\_\_\_ to 至 \_\_\_\_\_  
Name and address of the Doctor attending the injured person 應診醫生姓名及地址 \_\_\_\_\_  
Is he / she the injured person's usual doctor? YES/NO\*  
該醫生是否傷者慣常求診之醫生? 是 / 否\*  
Date of Hospitalization (if applicable) 住院日期(如適用): From 由 \_\_\_\_\_ Time 時間 \_\_\_\_\_  
To 由 \_\_\_\_\_ Time 時間 \_\_\_\_\_  
Name and address of the Hospital 醫院名稱及地址: \_\_\_\_\_  
Has the insured person fully recovered? YES/NO\*  
受保人是否已完全康復? 是 / 否\*  
If NO, please give details 若否，請詳述: \_\_\_\_\_



### OTHER INSURANCE OR COMPENSATION 其他保險及賠償

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 \_\_\_\_\_

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

### CLAIM ACKNOWLEDGEMENT AND PAYMENT STATUS NOTIFICATION

#### 接收「索償申請收達通知」及「賠款狀況通知」方式

Claim Acknowledgement and Payment Status Notification in relation to this claim form will be sent to the Claimant in the form of SMS and/or email using the telephone number/email address given above. If the Claimant wishes to receive these messages, please tick the box below (you may tick both boxes):

如索償人同意透過以上提供的電話或/及電郵收取「索償申請收達通知」及「賠款狀況通知」之手機短訊及/或電子郵件，請於以下方格填上剔號 (✓) (可全選):

☐ SMS 手機短訊.

☐ Email 電子郵件

### 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

- 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。
- 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)	
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**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；and 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, 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 for the purpose of administration of claim or analysis of it.

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 / 我們簽署，並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處理索償或任何分析之用途。

此外，本人 / 我們現授權富衛由現存或不時成立的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，並明白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承認責任或保證賠償。

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。

Claimant's Signature

索償人簽名

H.K.I.D. Card No.

香港身份證號碼

Date

日期

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

保戶簽名 (及公司蓋章，如適用)

H.K.I.D. 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) 請呈交以下相關文件:

1. Please attach the relevant medical report, original medical expenses receipt, sick leave certificate and Doctor's referral letter to certify the expenses. 請附交有關之醫療報告、收條正本、病假證明及醫生轉介信等以證明索償金額。
2. For accidental death, please submit your claim with the supporting documents (e.g. Accident Report, Police Report, Death Certificate and/or any relevant documents.) If the next of kin(s) is/are minors (persons not yet 18 years of age) please give particulars of the Official Administrator(s) and provide copies of the documentation authorizing that person to act in this capacity. 若為意外身亡索償，請附交有關資料如意外報告、警方報告、死亡證及有關文件等，如受益人為未成年人士，請提供其代理人之資料，以及有關之授權代理證明文件。
3. For compensation relating to Temporary Total Disablement, please provide the relevant income statement stating gross income for previous 12 months. 若是有關暫時性完全喪失工作能力索償，請附上列明最近 12 個月總收入的文件。

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，請提供詳細資料及證明文件。

It is important that the Certificate of Medical Attendant be completed by a fully qualified and registered medical practitioner at the expense of the Insured.  
 醫生證明書必須由政府註冊及批准執業之醫師填寫, 所需費用由受保人承擔。

CERTIFICATE OF MEDICAL ATTENDANT 醫生證明書			
1.Name of Patient		ID Card No.	Age
2.Date of accident			
3.Cause of injury			
4.Diagnosis			
5. When did you first consult for these injuries?			
6.Treatment given (e.g. suturing, physiotherapy, type of dressing, etc)			
Date:			
Treatment:			
7.Other medical treatment or examination required (if yes, please give details)			
(a) Hospitalization? .....	YES/NO*	Date admitted _____	
(b) X-rays? .....	YES/NO*	Date discharged _____	
(c) Special diagnostic procedures? .....	YES/NO*	Please specify	
(d) Surgery? .....	YES/NO*	Please specify	
8. How long has the Patient been totally disabled from engaging in or attending to his usual employment or occupation as a result of these injuries or illnesses?			
		From _____ to _____	
9. How long do you think such disability will last?			
		From _____ to _____	
10. Does the Patient have any other disease or physical defect?			
If YES, (a) What is the nature? .....		YES/NO*	
(b) To what extent may recovery be affected thereby? .....		(a)	
		(b)	
Signature:		Qualifications:	
Address:		Date	

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

If compensation is related to Temporary Total Disablement, the Employer's Confirmation of Sick Leave must be filled by the Injured Person's employer.  
若是有關暫時性完全喪失工作能力索償，僱主認可休假證明書必須由傷者僱主填寫

**EMPLOYER'S CONFIRMATION OF SICK LEAVE 僱主認可休假證明書**

To be completed by injured person's employer 由傷者僱主填寫

This is to certify that the injured \_\_\_\_\_ who is our employee serving the position currently as \_\_\_\_\_ has  
Suffered an injury of \_\_\_\_\_ occurred on \_\_\_\_\_ and as a result of the said injury he/she did  
not attend to work for a total of \_\_\_\_\_ days during the period from \_\_\_\_\_ to \_\_\_\_\_.

We further confirm that his/her basic monthly salary during the twelve months prior to the accident was HK\$ \_\_\_\_\_.

茲證明 \_\_\_\_\_ (傷者姓名)，為本公司 \_\_\_\_\_ (職位)，因發生於 \_\_\_\_\_ 之意外而致  
\_\_\_\_\_ 受傷，由 \_\_\_\_\_ 至 \_\_\_\_\_ 休假共 \_\_\_\_\_ 天。

本人/本公司證明該傷者在意外前 12 個月的每月基本薪金 (不包括花紅、佣金、超時補薪及其他津貼) 為港幣 \_\_\_\_\_。

\_\_\_\_\_  
Employer's Signature & Company Chop  
僱主簽名及公司蓋章

\_\_\_\_\_  
Date  
日期

\_\_\_\_\_  
Injured Person's Signature  
傷者簽名

\_\_\_\_\_  
Date  
日期

## **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  
8<sup>th</sup> 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

- 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。
- 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」。
- 「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。
- 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。
- 閣下的個人資料可能用於以下用途：
  - 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；
  - 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；
  - 發展保險及其他金融服務及產品；
  - 發展及維持本公司信貸及風險之相關模型；
  - 處理付款指示；
  - 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；
  - 行使與本公司的服務及／或產品有關的任何權利；
  - 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；
  - 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；
  - 進行保單審閱及需求分析（不論是否定期進行）；
  - 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；
  - 作本公司或本集團的任何成員的統計或精算研究；及
  - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 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：
  - 本集團的其他成員；
  - 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；
  - 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；
  - 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
  - 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）。
- 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。

- 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。
- 就直接促銷而言，本公司擬：
  - 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：
    - 保險服務及產品；
    - 財富管理服務及產品；
    - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
    - 健康檢查及健康服務及產品；
    - 媒體、娛樂及電信服務；
    - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
    - 為慈善及／或非牟利用途的捐款及捐贈。
  - 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

- 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。
- 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。
- 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。
- 中英文本如有歧異，概以英文本為準。
- 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。