

How to apply Cashless Facility? 如何申請無憂出院免找數服務?

Cashless Facility – Simple Steps
(Only applicable to PREMIER THE ONEcierge One Team Health Management Network Doctor)

無憂出院免找數服務 – 簡易步驟
(只適用於臻一尊貴優才醫護管理團隊之網絡醫生)

1

Please contact PREMIER THE ONEcierge One Team Health Management Hotline (852) 8120 9066 for reservation of Appointed Specialist Doctors ("Appointed Specialists") consultation.

請致電臻一優才醫護管理團隊熱線 (852) 8120 9066 預約特選專科醫生(「特選醫生」)會診。

2

Complete Part 1 of Cashless Facility for Hospitalization Application Form (the "Form") and consult the Appointed Specialist.

填妥無憂出院免找數服務申請表(「表格」)甲部, 及到特選醫生之診所求診。

3

Your Appointed Specialist will complete Part II of the Form and send us the completed Form at least 4 working days prior to the Insured's hospitalization.

您的特選醫生會填寫表格乙部, 並會於被保人入院最少四個工作天前將填妥的表格交給我們。

4

If your application is approved, our Claims Ambassador will inform you within 1 working day. If you accept the arrangement of Cashless Facility, your Appointed Specialist will explain the medical costs and the payment arrangement to you. Your Appointed Specialist will arrange hospitalization with the hospital you have chosen. Please pay the Annual Deductible Balance (if any) upon admission.

如果您的申請獲批, 我們會於一個工作天內通知您。如您接受是次出院免找數服務安排, 您的特選醫生會向您解釋醫療費用及其付款安排。您的特選醫生將會聯絡您的特選醫院安排入院, 請您於入院時繳付每年自付費餘額(如有)。

5

You will receive a claims statement after the claim has been processed. If there is any shortfall, please settle within 21 days of your receipt of the shortfall invoice.

在理賠辦妥後, 您將會收到我們發出的賠償通知書。如有差額, 請於收到差額通知書後的21天內繳付。

Notes:

- 1) We have the right to approve or reject any application for Cashless Facility and its decision in this regard shall be final.
我們保留批核或拒絕任何無憂出院免找數的申請, 並在這方面保留最終決定權。
- 2) Cashless Facility will not be provided if (1) hospitalization is due to conditions that are excluded from policy coverage; or (2) the applied treatment fee exceeds your benefit entitlement or (3) you have outstanding shortfall owed to us.
如因(1)不受保事項而引致入院; 或(2)申請之治療費用超出保障金額; 或(3)您尚有差額未向我們繳付, 您將不獲提供無憂出院免找數服務。

Cashless Facility for Hospitalization Application Form

無憂出院免找數服務申請表



Hotline 查詢熱線 (852) 3123 3123

Application no. 申請書號碼
(For internal use only 祇供內部填寫)

Please complete this form and send to FWD Life Insurance Company (Bermuda) Limited (the "Company" or "FWD") by e-mail (support@hmg.com.hk) at least 4 days prior to the hospitalization. If Efficient and Seamless Claims Resolution is successfully arranged for the Insured, FWD would provide Cashless Facility to the Insured.

請填妥此表格並於入院前最少四個工作天，以電郵方式(support@hmg.com.hk) 遞交予富衛人壽保險(百慕達)有限公司("公司"或"富衛")。如被保人獲成功安排優質高效理賠程序，富衛將為被保人提供「無憂出院免找數服務」。

Part I (To be completed by Insured / Policyowner) 甲部 (由被保人 / 保單持有人填寫)

A. Insured's Particulars 被保人資料

Policy No. 保單號碼	Name of Policyowner 保單持有人姓名	Name of Insured 被保人姓名	I.D. No. / Passport No. 身份証號碼/護照號碼
Contact Phone No. 聯絡電話號碼	E-mail Address 電郵地址		

B. Details of Hospitalization 住院詳情

For Hospitalization due to Accident, please complete questions 1 to 3 & 6 below 因意外導致住院, 請填寫以下第1至3及6題

For Hospitalization due to illness, please complete questions 4 to 6 below 因疾病導致住院, 請填寫以下第4至6題

1. When & where did the accident occur? 意外在何時及何地發生?		
2. How did the accident occur? 意外發生經過		
3. Part of body injured (e.g. Left ankle etc.) and type of injury 受傷部位 (如左足踝) 及傷勢		
4. Give a brief description of Insured's symptoms 請描述被保人之病徵及病狀		
5. How long had he/she been experiencing these symptoms prior to the first consultation? 在被保人首次就診前, 該等病徵已存在多久?		
6. Give details of consultations 請填報診治詳情	Date (DD/MM/YYYY) 日期 (日/月/年)	Name(s) & Address of Doctor / Hospital 醫生 / 醫院名稱及地址
(a) The doctor first consulted for this illness 首次診治的醫生資料	(a)	
(b) The doctor who referred the Insured to hospital 建議入院的醫生資料	(b)	
(c) All other doctors consulted during this illness / accident 曾診治此病 / 意外之其他醫生資料	(c)	
(d) Doctors seen for any similar condition in the past 過往曾診治同類病況的醫生資料	(d)	

C. Declaration and Authorization 聲明及授權

I HEREBY DECLARE AND AGREE that:

- The above particulars and answers are complete and true, and this questionnaire will form part of the contract of the desired insurance on my life. I also authorize the Company to obtain, if necessary, confidential reports from any doctor/clinic/hospital that I have referred above.
- Any personal data of myself or the insured (if different) collected and held by the Company may be used, stored, disclosed and transferred (whether within or outside Hong Kong) to such individuals/organizations associated with the Company and this Cashless Facility Service (the "Service"). These include any third party service provider and its healthcare network team which is involved in providing this Service, reinsurers, claims investigators, industry associations/federations and debt collectors for the purposes of (i) assess and evaluate this application; (ii) provide all services related to this application and (iii) communicating with me or the Insured (if different) for such purpose.
- I understand that I have or the Insured (if different) has the right to request access to and to request correction (if appropriate) of any personal information concerning myself or the Insured (if different) held by the Company or be given reasons for any refusal of access. I also understand that the Company has the right to charge a reasonable fee for process of any access.
{Note: Any request for access or correction can be made in writing and addressed to the Head of Claims Department at 8/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.}

本人謹此聲明並同意:

- 我謹在此聲明及同意以上之資料是完全及正確，並就此問卷之內容成為本人保單之一部份。
本人現授權貴公司可向以上之醫生/診所/醫院在有需要之情況下提取本人之醫療紀錄。
- 由公司收集及持有本人或被保人(如有不同)的任何個人資料，可使用、儲存、透露及轉予(無論本港或海外)公司有關聯的人仕/或機構團體，包括第三方服務提供者及其醫療網絡團隊、再保公司、賠償調查員、保險業協會/聯盟及追收欠款公司，以作為(i)承保及評估本申請；(ii)提供有關本申請的所有服務；以及(iii)因上述目的與本人或被保人(如有不同)聯絡。
- 本人明白，本人或被保人(如有不同)有權要求查閱及於查閱後有權要求更正(如適當時)，公司所持有之有關本人或被保人(如有不同)的任何個人資料，或獲得任何拒絕查閱的理由；本人亦明白公司有權就處理任何查閱資料的要求，收取合理費用。
[注意：任何查閱及更正要求可以書面方式寄往香港中環德輔道中308號富衛金融中心8樓理賠部主管收。]

I HEREBY AUTHORIZE AND AUTHORIZE ON BEHALF OF THE INSURED (if different):

- Any registered practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of my or the Insured's (if different) health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to FWD Life Insurance Company (Bermuda) Limited in relation to this claim.
- The Company or any of its approved medical examiners or laboratories to perform necessary medical assessment and tests to evaluate my or the Insured's health status in relation to this claim.
- In the event that the Company has settled any charges not covered by the policy or has made any payment over my/our/the Insured's eligible benefit limit of such policy, the Company shall have the right to collect such charges or amount overpaid from me/us/the Insured. If the company cannot collect such shortfall due to any reason whatsoever, the Company shall have the right, to the extent permitted by law, to deduct or set off the shortfall amount against any benefit or amount due or payable to me/us/the Insured or any account value, credit balance or accumulations under such policy or any other insurance policy between me and the Company, including but not limited to any death benefit, dividend, bonus or return of premium (for whatever reason).

本人在此授權或代表被保人(如有不同)授權:

- 當有需要時，富衛人壽保險(百慕達)有限公司可要求持有或瞭解本人或被保人(如有不同)的健康及醫療記錄；或任何治療或忠告或曾向其求診或以後向其求診之任何註冊醫生、醫院、診所、保險公司、政府機構或其他團體透露有關被保人資料。
- 公司或公司許可的醫療人員或化驗所，就本賠償申請，進行必要的醫學評估及測試，以評估本人或被保人的健康狀況。
- 若貴公司曾為本人/我們/受保人支付任何不在受保障範圍內的費用，或支付超出有關保障限額的費用時，貴公司將有權向本人/我們/受保人收取該筆差額。若貴公司因不論任何其他原因以至未能收取該筆差額，貴公司將有權(法律允許的範圍內)把應收款項從此或任何本人於貴公司持有之其他保單的金額中抵銷扣除，包括但不限於任何身故賠償、股息、紅利或保費退還(不論何種原因)。

I ALSO UNDERSTAND that the Company may terminate or vary the terms of the Service in its sole discretion without further notice, and that the Company will not be responsible for any act, negligence or failure to act on the party of any third party service provider and its healthcare network team which is involved the provision of the Service.

本人同時明白貴公司擁有隨時終止或更改此服務條款之最終權利而不需要另行通知，並且貴公司不會就第三方服務提供者及其醫療網絡團隊任何行為、疏忽或失責承擔任何責任。

[Note: This authorization shall bind my and the Insured's successors and assigns and remain valid notwithstanding my or the Insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be as valid as the original].

(注意：本授權對本人或被保人的承繼人及轉讓人均有約束力，並且如法律上可行時，不論本人或被保人死亡及失去行為能力，本授權仍然有效。本授權的影印本與正本同樣有效。)

Data Protection - The Company has appointed a Data Protection Officer to handle any enquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Co (Bermuda) Ltd Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 8/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.

資料保護- 公司已委任一位資料保護主任，處理有關閣下個人資料的任何書面查詢。如閣下對資料保護有任何查詢，請來信寄香港中環德輔道中308號富衛金融中心8樓，富衛人壽保險(百慕達)有限公司資料保護主任收。

Date (DD/MM/YYYY) 日期(日/月/年)	Place 簽署地
Signature of Policyowner 保單持有人簽署	Signature of Insured 被保人簽署

Part II (To be completed by Attending Doctor of the Insured) 乙部 (由被保人之主診醫生填寫)

Please tick [✓] where appropriate 請在適當方格內填上「✓」號

A. Diagnostic Details 診斷詳情

Name of Patient 病人姓名	Sex 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Chief Complaint of the Current Consultation 是次就診之主訴	Onset Date of Symptoms (DD/MM/YYYY) 病徵出現日期 (日 / 月 / 年)
Diagnosis 診斷	Is it chronic / recurrent illness 是否慢性 / 復發疾病 <input type="checkbox"/> Yes 是 First Onset Date (DD/MM/YYYY) 首次病徵出現日期 (日 / 月 / 年) <input type="checkbox"/> No 否
Name of Referring Doctor / Usual Doctor 轉介 / 家庭醫生之姓名 (Please enclose referral letter 請提供轉介信)	

B. Treatment Details 治療詳情

Name of Hospital 醫院名稱	Room class 病房級別 <input type="checkbox"/> Ward 普通 <input type="checkbox"/> Semi-Private 半私家 <input type="checkbox"/> Private 私家		
Estimated date of admission (DD/MM/YYYY) 預計入院日期(日/月/年)	Estimated length of stay (number of days) 預計住院日數(日)	Name of surgery 手術名稱	Anaesthesia 麻醉 <input type="checkbox"/> L.A. 局部麻醉 <input type="checkbox"/> G.A. 全身麻醉
Was the medical condition caused by or related to the followings 此病是否與下列情況有關或因其引致? <input type="checkbox"/> dental treatment or surgery 牙科治療或手術 <input type="checkbox"/> congenital, hereditary or developmental conditions 先天性, 遺傳性或發育異常 <input type="checkbox"/> abuse of drugs or alcohol 濫用藥物或酗酒 <input type="checkbox"/> pregnancy, infertility or sterilization 妊娠, 不育或絕育 <input type="checkbox"/> cosmetic or plastic surgery 美容或外科整形手術 <input type="checkbox"/> mental, psychological or psychiatric conditions 精神紊亂, 心理或精神疾病 <input type="checkbox"/> attempted suicide or self-inflicted injury 企圖自殺或自殘 <input type="checkbox"/> preventive treatment or health checks 預防性治療或健康檢查 <input type="checkbox"/> obesity or weight control 治療過度肥胖或控制體重			
If hospitalization is arranged for scans, diagnostic testing or a procedure that is normally carried out in a day case, please explain why hospital confinement is necessary. 如是次住院之目的為檢驗, 進行診斷掃描或一般日症手術, 請說明住院之原因。	Attendance Fee per day (HK\$) 每日醫生巡房費用 (港幣)	Surgeon's Fee (HK\$) 手術費用 (港幣)	Estimated Total Costs for this hospitalization (HK\$) 預計是次住院總費用 (港幣)

Doctor's Particulars and Signature 醫生資料及簽署

Name of Doctor (with qualification) 醫生姓名 (連帶資歷)	Telephone No. and Address 電話號碼及地址
Signature of Doctor 醫生簽名	Date (DD/MM/YYYY) 日期 (日 / 月 / 年)

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply FWD Life Insurance Company (Bermuda) 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 services and products 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 General Insurance Company Limited or any members of the Group and/or Our Business Partners for their use in direct marketing for 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 Life Insurance Company (Bermuda) Limited
8/F, 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人壽保險(百慕達)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定的其他人士)、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:
 - 使用本公司持有閣下的資料作不定期直接促銷用途,資料包括閣下的姓名、聯絡資料(例如:電話號碼、電郵地址、郵寄地址)、性別、於本公司的服務及產品組合、及財務背景,以及人口統計資料。此等直接促銷涵蓋本公司、本集團其他成員及/或本公司之業務夥伴(即以下服務及產品的供應商)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,及財務背景,以及人口統計資料提供予富衛保險有限公司或本集團任何成員及/或本公司之業務夥伴,讓其用於直接促銷上文第9(i)段所載的服務及產品(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:

富衛人壽保險(百慕達)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。

2021年6月

