

Death Claim Form 死亡賠償申請表

To be completed by Each Claimant
每位申請人須填寫一份申請表



(I) Deceased's Particulars 死者資料

Policy No. 保單號碼	Name of Deceased 死者姓名	I. D. No. 身份證號碼 ()
Sex 性別	Age 年齡	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)
Residence Prior to Death 生前地址		
Occupation Prior to Death 生前職業	Name & Address of Employer Prior to Death 生前僱主名稱及地址	
Name and Address of the deceased's personal doctor 死者之私人醫生姓名及地址		

(II) Information of Claimant 索償人資料

Name 姓名	Sex 性別	Age 年齡	Place of Birth 出生地點	Nationality 國籍	I. D. No. 身份證號碼
Address* 聯絡地址*				Telephone No.* 電話號碼*	
				Country name 國家名稱	Telephone No. 電話號碼
*For the use of this claim only 只限於此索償之用					
Are you a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. green card holder), whether or not you reside outside of the U.S.? If you are a body corporate, do you have any beneficial owner(s) holding a 10% or more direct or indirect interest in you who is a U.S. citizen, resident or U.S. entity. 閣下是否美國人士，即美國公民、符合美國所得稅目的之美國居民、或擁有美國居民身份之外僑（即美國綠卡持有人），不論閣下是否在美國境外定居？如閣下為法人，閣下之實益擁有人中是否有美國公民、美國居民或美國機構直接或間接持有大於 10% 閣下之股權？ <input type="checkbox"/> Yes (and I hereby provide the Company with my IRS Form W-9) 是（本人在此向公司提供本人之 IRS W-9 表格） <input type="checkbox"/> No 否 (Note: For U.S. person/entity, further information or form will be required) (注意：美國人士 / 公司需提供補充資料或填寫附加表格)					
Relationship with the Deceased 與死者關係					
1. Are you one of the named beneficiaries? (if no, in what capacity or by what title do you claim this assurance?) 閣下是否所指定之受益人？（若否，閣下現以何等身份索償？） <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否					
2. Who has possession of the policy document? 保險單在誰手中？					
3. Payment Instruction: 付款指示：		Please make cheque in 支票付款請用		<input type="checkbox"/> HK Currency 香港貨幣	<input type="checkbox"/> Policy Currency 保單貨幣

(III) Particulars of the Death 死亡詳情

(For death due to accident, please complete questions 1-2 below.) (因意外死亡者，請填寫以下 1-2 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？

(For death due to sickness, please complete questions 3-5 below.) (因病死亡者, 請填寫以下 3-5 題。)

3. Give a brief description of Insured's symptoms and date of death. 請描述病徵, 病狀及死亡日期。		
4. How long had he/she been experiencing these symptoms prior to death? 在被保險人身故前, 該等病徵已存在多久?		
5. Give details of consultations. 請填報診治詳情	Date 診治日期	Name(s) and Address(es) of Doctor(s) / Hospital(s) 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		
(b) The doctor who referred the Insured to hospital 建議入院的醫生資料		
(c) All other doctors consulted during this illness 曾診治此病的其他醫生資料		
(d) Doctors seen for any similar condition in the past 過往曾診治同類病況的醫生資料		
6. Did the deceased have habit of smoking, alcohol drinking or taking drug? If yes, please give the details. 死者有否吸煙、飲酒或用藥習慣? 若有, 請詳細說明。		

(IV) Other Insurance Coverage 其他保險資料

1. Was the life of the deceased assured with other insurance company? (If yes, please state): 死者有否在其他保險公司投保? (若有, 請詳述。)			<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Name of Company and Address 保險公司名稱及地址	Policy No. 保單號碼	Amount of Assurance 保額		

(V) Declaration relating to Foreign Account Tax Compliance Act 有關《外國帳戶稅務合規法》的聲明

I/We declare that I/we have examined relevant information on this form and this section and to the best of my/our knowledge and belief it is true, correct and complete. I/We hereby declare, agree and acknowledge that
本人/吾等聲明, 本人/吾等已詳細閱讀本表格上及本部分的有關資料, 就本人/吾等所知及所信, 本表格內所填報的資料均是真實、正確和完整。本人/吾等謹此聲明、同意及承認:

1. The Company and/or its affiliates are obliged to comply with the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements").
公司及/或任何其附屬機構須遵從法律, 法規, 命令, 指引, 守則和包括《外國帳戶稅務合規法》適用規定的要求, 或任何公眾, 司法, 稅務, 政府和/或其他監管機構協定的要求, 包括美國國家稅務局 (以下簡稱「監管機構」) 在不同司法管轄區不時頒布及修訂的協定 (以下簡稱「適用規定」)。

2. The answer below is true and accurate. 以下回答乃真確無誤:
If you are an individual, are you, or are you acting for and on behalf of, a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. green card holder), whether or not you reside outside of the U.S.? If you are a body corporate#, (a) are you a partnership or corporation organized in the United States or under the laws of the United States or any State, or (b) do you have any beneficial owner(s) holding a 10% or more direct or indirect interest in you who is a U.S. citizen, resident or U.S. entity?
如閣下為個人, 閣下是否美國人士, 即美國公民、符合美國所得稅目的之美國居民、或擁有美國居民身份之外僑 (即美國綠卡持有人), 不論閣下是否在美國境外定居 (或閣下是否代表上述美國人士行事)? 如閣下為法人#, (a) 閣下是否於美國組織, 或根據美國或任何美國州份的法律而組織的合夥企業或實體, 或 (b) 閣下之實益擁有人中有否美國公民、美國居民或美國機構直接或間接持有大於 10% 閣下之股權?
 Yes (and I/we hereby provide the Company with my/our IRS Form W-9) 是 (本人/吾等在此向公司提供本人/吾等之 IRS W-9 表格)
 No 否

If you are a trust, (a) would a court within the United States have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (b) do one or more U.S. persons have the authority to control all substantial decisions of the trust or an estate of a decedent that is a citizen or resident of the United States? I/we agree that the Company may disclose my/our particulars or any information to any Authority (in or outside Hong Kong) in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between the Company and myself/ourselves, I/we may need to provide the Company with further information and within such time as may be required for disclosure to any Authority. I/We also agree to provide the Company with such assistance as may be necessary to enable the Company to comply with its obligations under all Applicable Requirements concerning myself/ourselves or the death claims under relevant policy(ies).
如閣下為信託, (a) 美國境內的法院是否有權根據適用法律就有關信託管理的絕大部分問題下達命令或判決, 及 (b) 有否一個或多個美國人士有權控制信託或死者為美國公民或美國居民的遺產的所有重大決定?

(VI) Declaration relating to Automatic Exchange of Financial Account Information

有關自動交換財務帳戶資料的聲明

1. I/We acknowledge that pursuant to the legal provisions for exchange of financial account information under the Inland Revenue Ordinance (Cap. 112), the Company and/or its affiliates are required to collect information concerning my/our tax residency* and, if applicable, to furnish such information to the Inland Revenue Department of the Hong Kong Special Administrative Region.
2. I/We declare that my/our answers to the questions below are true and accurate:
- For INDIVIDUAL Applicant Only**
Are you a tax resident* in other jurisdiction(s) (except Hong Kong and U.S.)?
(If "YES", please provide the Company with a completed "Self-Certification Form for Individual")
 Yes No
- For ENTITY Applicant Only**
All entity applicants are required to fill in and return the "Self-Certification Form for Entity", and if applicable, the "Self-Certification Form for Controlling Person" as well (Please refer to Part 3 of the "Self-Certification Form for Entity" to see if it is necessary to submit the "Self-Certification for Controlling Person").
- *An individual or entity may be a tax resident of more than one jurisdiction. If you have any questions about your tax residency in any jurisdiction(s), please consult your tax advisors.
3. I/We agree to notify the Company in writing within 30 days if there is any change of the above information provided to the Company, whether at time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become tax resident in other country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) declarations or forms.
1. 本人 / 吾等確認，根據《稅務條例》(第 112 章)有關交換財務帳戶資料的法律條文，公司及 / 或其附屬公司須收集有關本人 / 吾等的稅務居民身分的資料及在適用的情況下，向香港特別行政區的稅務局提供有關資料。
2. 本人 / 吾等聲明本人 / 吾等就以下問題作出的答案均為真確無誤：
只適用於個人投保人
閣下是否為其他司法管轄區 (除香港及美國以外) 的稅務居民？
(如答案為 "是"，請向公司提供已填妥的 "個人自我證明表格")
 是 否
只適用於實體投保人
所有實體投保人均須填寫及交回 "實體自我證明表格" 及 (如適用) "控權人自我證明表格" (欲知是否需要提交 "控權人自我證明表格"，請參閱 "實體自我證明表格" 的第 3 部分)
- * 個人或實體可為多於一個司法管轄區的稅務居民。如對稅務居民司法管轄區有任何疑問，請諮詢閣下 / 貴公司的稅務顧問。
3. 就本人 / 吾等向公司提供的以上任何資料如在申請時或其他任何時間有任何變動，本人 / 吾等同意在三十天內書面通知公司有關之變動，尤其是本人 / 吾等的國籍 / 註冊地，稅務狀況或稅籍所在地的變動，或若本人 / 吾等成為其他國家的稅務居民。如任何這些變更，或任何其他信息顯示有相關變更，公司可能要求本人 / 吾等提供某些文件或資料，包括已填妥及簽署 (並且如有需要，由公證人作出公證) 的聲明或表格。

(VII) Declaration and Authorization 聲明及授權

I HEREBY DECLARE AND AGREE THAT:

1. The answers to all the above questions are complete, true and are given to the best of knowledge & belief.
2. Any personal data of the late _____ ("the deceased" below) 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. These include reinsurers, claims investigators and industry associations/federations for the purposes of (i) assess and evaluate this claim; (ii) provide all services related to this claim; (iii) any promotion of service by the Company and its affiliated companies and (iv) communicating with me for such purposes.
3. I understand that I have the right to request access to and to request correction (if appropriate) of any personal information concerning the deceased 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 for any access. (Note: Any request for access or correction can be made in writing and addressed to the head of Claims Department at 32/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon.)
- 本人謹此聲明並同意：
1. 上述所有問題的答案均是完整，真實及準確，並且是盡本人所知及所信而作答的；
2. 由公司收集及持有死者 _____ 的任何個人資料，可使用、儲存、透露及轉予 (無論本港或海外) 公司有關聯的人士 / 或機構團體，以作為 (i) 處理本申請所發出的任何保單引起的任何事件；(ii) 提供有關本申請的所有服務；(iii) 任何公司及其附屬公司之財經計劃商品及服務之推廣活動；以及 (iv) 因上述目的與本人聯絡。
3. 本人明白，本人有權要求查閱及查閱後有權要求更正 (如適當時)，公司所持有之有關死者的任何個人資料，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九龍觀塘觀塘道388號創紀之城1期第一座32樓賠償部。)

I HEREBY AUTHORIZE:

Any registered practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of the deceased's 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. (Note: This authorization shall bind my or 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.)

本人在此授權：

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死者的健康及醫療紀錄；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死者資料。
(注意：本授權對本人或被保的繼承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 Company (Bermuda) Limited Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 1/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 1 樓，富衛人壽保險 (百慕達) 有限公司資料保護主任收。

(本申請書之中文譯本祇供參考之用，如有爭議，應以英文原義為準。)

Date 日期	Place 簽署地	Signature of Claimant 索償人簽署	Name of Claimant & ID No. 索償人姓名及身份證號碼
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For Adviser's Use Only 理財顧問專用

Adviser Name 理財顧問姓名	Adviser Code & Location 理財顧問編號及地區
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Check List

文件清單

	Yes 是	No 否
<input type="checkbox"/> A Copy of the Identity Card of the Insured 死者身份証副本	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Copy of Identity Card of the Beneficiary 受益人身份証副本	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> The Original of the Death Certificate 死亡証正本	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> The original Policy Document 提交保單正本	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> The enclosed 'Death Claim Form', fully completed by Beneficiary 死亡賠償申請表格由受益人填寫	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> The enclosed "Death Claim – Attending Physician's Report", duly completed by the deceased's last attending doctor 死亡賠償申請-醫生報告書	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ceremony information 出殯資料證明, 必須由公証署確認文件	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Notarial Certificate 公證書正本, 必須由公証署確認文件	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cancellation of HKID card proof 香港身份証註銷證明	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cancellation of Original Household Booklets 註銷居民戶口文件正本	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Death Certificate issued by Hospital 由醫院發出之死亡證明書	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Details of usual doctor including doctor's full name, address, telephone no. and patient card copy 私家醫生的詳細資料包括醫生的全名; 地址; 電話號碼; 病歷記錄卡 / 覆診卡	<input type="checkbox"/>	<input type="checkbox"/>

Completion Guideline

填寫指引

- 1 Please read the questions carefully before answer. All the answers provided on this claim form must be true, complete and accurate.
表上所有提供之資料必須真實, 完全及準確。
- 2 All the payment of claim are payable by cheque in Policy Currency to Policyowner/Beneficiary.
所有賠償以保單貨幣支票支付予保單持有人或受益人。
- 3 This Claim Form with other required documents MUST be sent to the Company within 90 days from the date of incident. Any Claim Form submitted after the above 90 days period is deemed as "Late Submission" and explanation MUST be provided. Otherwise, the Company is obligated to refuse the claim application.
賠償申請表連同有關文件必須在死亡發生後 90 日內送交本公司, 任何在 90 日後提交的申請須以書面解釋延遲提交的原因。否則本公司有權拒絕有關申請。

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 paragraph), 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

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, 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 to 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 Life Insurance Company (Bermuda) Limited
1st 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.

- (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or

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、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提供予本集團任何成員及/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1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。