

承諾豐沛 保障未來

Enrich & Embrace the Future



富裕人生意外保險
AccidentCare MEGA

敢 至係人生

fwd.com.hk

24小時服務熱線 3123 3123



AccidentCare MEGA

富裕人生意外保險

AccidentCare MEGA insurance provides you with protection and security in the event of even the worst of accidents. Our Worldwide coverage pays compensation in case of Accidental Death or Permanent Total Disablement, no matter whether you are on or off the job, at home, at play or while travelling. With peace of mind, we dare you to achieve more challenges for living.

富裕人生意外保險 提供一個充裕的個人意外保障額，為閣下未雨綢繆，若不幸遇上意外身故或永久完全傷殘時獲得進一步保障。儘管是上班或下班，在家中，娛樂消遣，或者到外地旅遊。讓您加倍安心，敢於承擔更多人生目標。

Basic Benefits

A. Accidental Death
If you are injured and die within 12 months of the injury and that the injury is the sole cause of the death, a capital sum insured is payable.

B. Permanent Total Disablement
If you are injured and become disabled as a result of that injury, or the injury prevents you from engaging in or attending to employment or occupation of any kind within 12 months of the injury, a sum equal to the percentage of compensation specified in the Policy is payable.

Benefits

Plan	A. Accidental Death or B. Permanent Disablement (Per Period Of Insurance / HKD)
①	\$ 6,000,000
②	\$ 10,000,000
③	\$ 15,000,000

Major Injuries and Compensation Scale Highlights

1 Accidental Death	100%	6 Total loss by physical severance or total and permanent loss of use of:	
2 Total and permanent disablement from engaging in or attending to employment or occupation of any and every kind	100%	a) thumb and four fingers of one hand	50%
3 Loss of all sight in one or both eyes	100%	b) four fingers of one hand	40%
4 Total loss by physical severance or total and permanent loss of use of:		c) thumb (both phalanges)	25%
a) one or two limbs	100%	7 Total and permanent loss of:	
b) one or both hands	100%	a) hearing in both ears	75%
c) arm above the elbow	100%	b) hearing in one ear	15%
d) arm at or below the elbow	100%	c) speech	50%
e) leg above the knee	100%	**	
f) leg at or below the knee	100%	8 Total loss by physical severance or total loss of use of thumbs, fingers, toes	
5 Total and permanent loss of		9 Third degree burns which cover more than	
a) sight in one eye	50%	a) 30% of the entire body surface	40%
(except perception of light)		b) 15% of the entire body surface	30%
b) lens of one eye	50%		

** Please refer to our policy for details of the percentage of compensation.

Extra Benefits

Accidental Hospital (HK) Confinement Allowance
In the event you are confined in a Hong Kong hospital for treatment of an injury for more than 3 consecutive days, we will pay you a daily allowance (starting from the 4th day of confinement) at HK\$1,000 daily, up to HK\$100,000 in total during the period of insurance.

Worldwide Emergency Assistance Services

In case emergency assistance is needed while traveling abroad for a period not exceeding 90 days, the Worldwide Emergency Assistance Services provides the following services:

- 24-hour hotline service
- Emergency medical evacuation and repatriation (up to US\$1,000,000)
- Remittance of Hospital Admission Guarantee Deposit up to US\$5,000
- Compassionate visit for more than 7 days of overseas hospitalization
- Return of minor children to home country or usual country of residence
- Transportation of Mortal remains (up to US\$1,000,000)
- Emergency Medical Assistance Services in China
- Travel Services Assistance a Legal Referral

Worldwide Emergency Services are arranged by International SOS Assistance (HK) Limited (Int'l SOS).

Age Limit

We will provide cover to you if you are aged between 18 and 65 years, and renewal up to you reach 70 years of age.

Occupational Classification

Administrative Non Manual Occupation - Indoor occupations with job duties which are office related only, or occupations which are mainly indoor and without the use of machinery or engines.

Those occupations not listed above will be considered on application.

Major Exclusions

- Any death, disablement or injury caused by pre-existing physical or mental defect or infirmity, effects of alcohol or drugs, war, riot, strike, civil commotion, suicide or intentional self-injury, pregnancy or childbirth.
- Flying except as a passenger in a fully licensed passenger carrying aircraft, motor cycling (as driver or passenger), winter sports (other than skating), mountaineering or rock climbing, parachuting, hang gliding, underwater activities necessitating the use of breathing apparatus, any kind of racing (other than on foot or swimming), trial of speed or reliability or any sports in a professional capacity.
- Act of terrorism.

Notes 注意

This brochure gives only an outline of the terms and conditions of the insurance cover and any information in this brochure is subject to the terms and conditions of our Policy, a copy of which can be provided to you on request.

本小冊子乃保障條款及規定之摘要，僅供參考之用。有關條款規定及不保事項一概以保單內容為準。如閣下需要保單樣本，請向本公司索取。

基本保障

A. 意外身故

如閣下於意外發生後12個月內唯因該宗意外受傷而身故，將作出投保額賠償。

B. 永久完全傷殘

如閣下於意外發生後12個月內因該宗意外受傷之殘障，或永久完全傷殘導致其不能從事任何工作，本公司將依照保單的賠償表所列之百分率計算賠償。

保障利益

保障計劃	A. 意外身故或 B. 永久完全傷殘 (每保單年度 / 港幣)
①	\$ 6,000,000
②	\$ 10,000,000
③	\$ 15,000,000

主要保障利益賠償表 (摘要)

1 意外身故	100%	6 因斷肢完全喪失或完全及永久喪失其功用	
2 永久完全傷殘而導致不能從事任何工作	100%	a) 其中一手之所有手指	50%
3 永久及完全喪失單目或雙目視力	100%	b) 其中一手之四指	40%
4 斷肢-因斷肢完全喪失或完全及永久喪失其功用		c) 拇指之兩個關節	25%
a) 一肢或雙肢	100%	7 完全及永久喪失	
b) 一手或雙手	100%	a) 雙耳聽覺	75%
c) 手肘以上之手臂	100%	b) 單耳聽覺	15%
d) 手肘或手肘以下之手臂	100%	c) 語言能力	50%
e) 大腿	100%	8 因斷肢完全喪失拇指、手指及腳趾或完全喪失其功用	**
f) 膝或小腿	100%	9 三級程度燒傷	
5 失明-完全及永久喪失		a) 燒傷部份達身體總表面面積百分之三十以上	40%
a) 其一目之視力 (對光線感應除外)	50%	b) 燒傷部份達身體總表面面積百分之十五以上	30%
b) 其一晶狀體	50%		

** 有關詳細的賠償百分率請參照保單。

額外保障

意外住院 (香港) 現金津貼

如閣下因意外而需於香港入院治療連續多於三天，由第四天起，每天住院可獲現金津貼港幣\$1,000作為現金津貼，而每保單年度之最高賠償額為港幣\$100,000。

全球緊急支援服務

若閣下出外旅遊時遇上意外緊急事故，而旅程期間不超過90天，緊急支援可提供以下服務：

- 24小時電話諮詢服務
- 緊急醫療撤離及遣返(最高\$1,000,000美元)
- 提供匯寄入院保證按金服務上限為\$5,000美元 (最高\$1,000,000美元)
- 如在外地住院超過7天，可安排一位親屬前往探望
- 可安排未成年子女返國或原居地
- 運送遺體返國或原居地 (最高\$1,000,000美元)
- 中國緊急醫療支援服務
- 旅遊支援服務及法律團體轉介

全球緊急支援服務由國際思奧思援助(香港)有限公司(國際SOS)提供。

年齡限制

閣下年齡須介乎18歲至65歲，閣下可續保至年齡達70歲。

職業類別

非體力勞動之文職工作 - 文職工作相關之室內職業，或主要於室內工作而無須使用機械之職業。

上述沒有列舉的職業，本公司須按個別情況決定承保與否。

主要不保事項

- 受保前已存在之身體或精神上之殘缺、精神病或衰弱、酗酒、濫用藥物、戰爭、暴亂、罷工、內亂、自殺或自我傷害行為、懷孕或分娩引致之死亡、傷殘及損傷。
- 飛行(以乘客身份乘搭持牌民航機除外)、駕駛或乘坐電單車、冬季運動(溜冰除外)、攀山或攀岩、跳傘、懸掛式滑翔飛行、水肺潛水、非徒步或游泳之競賽及速度或可靠性測試，及一切職業體育運動。
- 恐怖主義活動。

AccidentCare MEGA Application Form

富裕人生意外保險投保書

Please complete all the following fields in BLOCK LETTERS and Tick [√] where appropriate. 請以英文正楷填寫以下各項並於適當空格內加上「√」號。

(I) Details of Applicant / Insured Person 申請人 / 受保人資料

Full Name of Applicant / Insured Person 申請人 / 受保人姓名:
(Applicant must be aged 18 or above 申請人必須為18歲或以上) _____ Mrs. 太太 Ms. 女士 Mr. 先生 Miss 小姐

Date of Birth (DD/MM/YY)
出生日期(日/月/年)

HKID Card Number
香港身份證號碼

Administrative Occupation (please attach business card, if appropriate)
文職工作/職業:(請附上名片,如適合)

Contact No.
聯絡電話

Email Address
電郵地址

Correspondence Address
通訊地址

(II) Policy Particulars 投保詳情

(IIA) Policy Effective Date 保單生效日期

_____ DD日 _____ MM月 _____ YY年
Valid for 1 year 有效期為1年

The policy shall take effect upon acceptance of this Application and the effective date shall be approved by FWD General Insurance Company Limited ("FWD"). 保單將於富衛保險有限公司(「富衛」)接納此申請及生效日期由富衛批核後才正式生效。

(IIB) Mode of Payment 保費繳付方式

Individual Annual Premium (HK\$)
個人全年保費(港幣)

(IIC) Beneficiary 受益人資料

Yearly 年繳 12-months Installment
12期月繳

Name of Beneficiary
受益人姓名

Relationship with Applicant / Insured
與受保人關係

HKID Card Number
香港身份證號碼

Plan 計劃 1

\$ 5,300

\$ 478

Plan 計劃 2

\$ 8,300

\$ 748

Plan 計劃 3

\$ 12,300

\$ 1,108

(III) Underwriting Information 核保資料

1. Are you, the insured normally residing in Hong Kong? 閣下(即受保人)是否經常居於香港? Yes 是 No 否

2. Are you at present holding any Life, Accident or Medical Insurance effected with FWD or other insurers? 閣下現在是否已與本公司或其他公司購有任何人壽、意外或醫療保險? Yes 是 No 否

3. In respect of Life, Accident or Medical Insurance, has any insurer ever declined to insured you or refused to renew your insurance or imposed special terms on your insurance or cancelled your insurance? 閣下有否在投保人壽、意外或醫療保險時被拒絕投保或拒絕續保或附加特別條款或取消保單? Yes 是 No 否

4. In respect of Life, Accident or Medical insurance, have you ever made any in-patient claims against any insurers during the last 5 years? 閣下曾在過去五年內因任何疾病或身體損傷而向保險公司要求住院相關賠償? Yes 是 No 否

5. Do you engage or intend to engage hazardous pursuits (such as racing or scuba diving etc) or fly other than as a fare-paying passenger? 閣下是否有或計劃參與任何危險活動(如賽車或配備水肺潛水等)或非以購買乘客身份從事飛行活動? Yes 是 No 否

If the answer to any of the questions no 2 to 5 (inclusive) above is "Yes", please provide details.
如以上2至5之問題中,所選的答案為"是",請詳細說明。 _____

6. Amount of your average annual income (HK\$) in the past 2 years? 在過去兩年裡,閣下之平均全年總收入之總值(港幣)為? _____

\$500,000 below 以下 \$500,001 - \$1,000,000 \$1,000,001 above 以上

If you choose to purchase Plan 3, you need to declare your total net assets amount for underwriting purposes. 如閣下投保計劃3,閣下須申報之其淨資產總值作此保單核保之用。

In the event that the insured person is covered by more than one AccidentCare MEGA policy issued by the FWD General Insurance Company Limited ("FWD") for the same incident, the maximum FWD will pay for that incident will be based on the policy of insurance which provides the highest amount of benefit for that incident. 若就同一意外有多於一份富衛保險有限公司("富衛")所簽發的富裕人生意外保險保單保障受保人,富衛只會根據提供最高保障額的一份保單就該意外作出賠償。

(IV) Renewal Arrangement 續保安排

The Policy will be automatically renewed on an annual basis on the same terms or with any changes that may be specified in the renewal notice. The renewal notice will be issued before the expiry of the current period of the insurance policy, and will specify the amount of the premium for the renewal term. This premium will be charged to the designated credit card account. If you do not want to renew the Policy, or any details of the designated credit card account change, please contact FWD in writing at least 14 days before the expiry of the current period of the insurance policy.

保單每年將按照同樣的條款或按照在續保通知書上所述之更改而被自動續保。續保通知書將於保單到期日之前被發出。保費通知書將列出續保所需之保費而此保費將會在投保人的指定信用卡戶口內扣除。如投保人不欲續保或投保人指定信用卡的戶口資料已被更改,請於保單到期日十四日前以書面形式跟富衛聯絡。

(V) Payment Method 付款方式**

Type of Credit Card 信用卡種類 Visa MasterCard

Credit Card No. 信用卡號碼

Cardholder's Name

持卡人姓名

Card Expiry Date 信用卡有效期至

_____ MM月 / YYYYY 年

I hereby authorize FWD General Insurance Company Limited to charge and debit subsequent premiums from my Credit card account specified for this insurance and renewal. 本人茲授權富衛保險有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費及其後的續保費用。

Cardholder's Signature 持卡人簽署 _____ Date 日期 _____

** The payer and the policyholder must be the same person. No third party payment is accepted.
付款人及保單持有人必須為同一人。第三者付款將不獲接納。

Personal Information Collection Statement ("PICS")

收集個人資料聲明

- 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.
- 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".
- "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.
- 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")
- The purposes for which Your Personal Data may be used are as follows:
 - providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - 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;
 - developing insurance and other financial services and products;
 - developing and maintaining credit and risk related models;
 - processing payment instructions;
 - 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;
 - exercising any rights that the Company may have in connection with our services and/or products;
 - carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - 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;
 - performing policy reviews and needs analysis (whether or not on a regular basis);
 - 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;
 - for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - fulfilling any other purposes directly related to (i) to (xii) above.
- 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:
 - other members of the Group;
 - 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;
 - any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - 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
 - 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).
- 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.
- 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.
- In connection with direct marketing, the Company intends:
 - 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:
 - insurance services and products;
 - wealth management services and products;
 - pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - health-check and wellness services and products;
 - media, entertainment and telecommunications services;
 - reward, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes; and
 - 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 General Insurance Company Limited
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

- 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(i) 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.
- 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.
- 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.
- In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
- The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know FWD General Insurance Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure you are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響富衛保險有限公司(「本公司」)接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Personal Information Collection Statement ("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/或身份核證；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；
 - 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、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：

富衛保險有限公司
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。

Declaration

聲明

I/WE HEREBY DECLARE AND AGREE THAT:

- The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between the Company and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/We have paid the required premium.
- (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the Personal Data (Privacy) Ordinance.
- I/We have read, understood and accepted the PICS.
The Company intends to send you marketing communications or materials and use your Personal Data in accordance with paragraphs 8 & 9 of the PICS. If you do not agree to receive such marketing communications or the Company's intended use of your Personal Data, please tick below to exercise your right to opt-out.

Opt-out marketing communications or materials and the Company's intended use of my personal data

Where the Applicant(s) has/have an Insurance Broker:

I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so.

I/We understand that the above agreement is necessary for the Company to proceed with the application.

本人/我們，謹此聲明並同意：

- 於此申請表格內所提供的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同意此申請表格之內容及聲明將成為本公司及本人/我們之保險合約之承保根據。本人/我們在作此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
- 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
- (如適用) 本人/我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
- 本人/我們已閱讀、明白及接受收集個人資料聲明。
本公司有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第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，請在以下有關方格內加上劃(√)號。

拒絕接收推廣訊息或資料及本公司擬對本人的個人資料的使用

如申請人有保險經紀：

本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。（如適用）假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the PICS is given
申請人/獲發收集個人資料聲明人士簽署 _____

Date
日期 _____

Name of Agent / Broker/ Technical Representative
代理人/經紀/業務代表 _____

Account Code
賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail. 本申請表格的中文版本如有差異，以英文版本為準。

About FWD Hong Kong & Macau

Corporate Overview

FWD spans Hong Kong & Macau, Thailand, Indonesia, the Philippines, Singapore, Vietnam and Japan. In Hong Kong, FWD offers life and medical insurance, general insurance, employee benefits, pensions, and financial planning.

FWD is focused on creating fresh customer experiences, with easy-to-understand products, supported by digital technology. Through this customer-led approach, FWD aims to become a leading pan-Asian insurer that changes the way people feel about insurance.

Established in Asia in 2013, FWD is the insurance business of investment group, Pacific Century Group.

Our Operations

Life Insurance	Respectively for Hong Kong and Macau, FWD Life Insurance Company (Bermuda) Limited and FWD Life Insurance Company (Macau) Limited offer customers a quality suite of life insurance products tailored to meet their evolving needs at different life stages. Products range from individual and group life insurance products, medical and critical illness protection plans, education reserves for children, retirement plans, investments, savings, and more.
General Insurance [#]	FWD General Insurance Company Limited offers a wide spectrum of general insurance products to individual and corporate customers, covering travel, working holiday, overseas studies, individual and group medical, personal accident, property, household, marine, motor vehicles and more.
Employee Benefits [#]	FWD Pension Trust Limited is dedicated to contributing its expertise to providing quality pension trust services (MPF and ORSO) to corporate and individual customers.
Financial Planning [#]	FWD Financial Planning Limited is committed to setting the standard as a market leader in Independent Financial Advice, attracting the best financial advisers in the industry to deliver quality financial planning advice to clients. The customer-centric focus of the company ensures that clients receive the most suitable solutions from advisers to meet their financial needs.

[#] operates in Hong Kong only

關於富衛香港及澳門

企業概覽

富衛業務遍佈香港、澳門、泰國、印尼、菲律賓、新加坡、越南及日本。在香港，富衛提供人壽及醫療保險、一般保險、僱員福利、退休金信託及財務策劃。

富衛專注為客戶創造嶄新體驗，利用數碼科技，提供簡單易明的產品。富衛秉持以客為先的服務理念及方針，矢志成為泛亞洲區領先的保險公司，創造保險新體驗。

富衛於2013年在亞洲成立，是投資集團「盈科拓展集團」的保險業務公司。

業務運作

人壽保險	分別設於香港及澳門的富衛人壽保險（百慕達）有限公司及富衛人壽保險（澳門）股份有限公司致力為客戶提供全面及優質的人壽保險產品和服務。我們的多元化保險產品包括個人或團體人壽、醫療及危疾保險、子女教育儲備、退休計劃、投資產品以及儲蓄計劃等，充分照顧客戶於人生各階段的不同需要。
一般保險 [#]	富衛保險有限公司致力為本港個人及企業客戶提供多元化保險產品和優質服務，產品包括旅遊、工作假期、海外升學、個人及團體醫療、個人意外、財產、家居、貨運、汽車等等。
僱員福利 [#]	富衛退休金信託有限公司致力為企業及個人客戶提供優質的退休金計劃信託服務（強積金及公積金）。
財務策劃 [#]	富衛財務策劃有限公司致力建構獨立理財建議的行業領導者標準，以及吸納行業中最優秀的理財顧問，為客戶提供專業的財務意見。我們秉承「以客為先」的服務理念，確保客戶獲得最適切的理財方案。

[#]僅於香港提供

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