

AccidentCare Site Worker Insurance Application Form

建造業人士自購綜合意外保險投保書



This Personal Accident Policy gives you additional protection and security in the event of even the worst of Accidents. Our Worldwide AccidentCare Site Worker Insurance pays compensation in the case of Accidental Death or Permanent Total Disablement, and provides cover 24 hours a day, no matter whether you are on or off the site, at home, at play or while travelling.

BASIC BENEFITS

A. Accidental Death

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

B. Permanent Total Disablement

If you are injured and disabled within 12 months of the injury and the injury is the sole cause of your disablement, a sum equal to the percentage of compensation specified in the Policy is payable.

C. Accidental Hospital Confinement

In the event you are confined in a 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 10% of the sub limit up to the result C below during the period of insurance.

Benefits

Plan (HKD)	A. Accidental Death or B. Permanent Total Disablement (Maximum Limit)	C. Accidental Hospital Confinements (Per Event)
1	\$ 750,000	\$ 3,500
2	\$ 1,000,000	\$ 5,000
3	\$ 1,500,000	\$ 5,000

Major Injuries and Compensation Scale Highlights

Accidental Death	100%
Permanent Total Disablement	
1 Total and permanent disablement from engaging in or attending to employment or occupation of any and every kind	100%
2 Loss of all sight in one or both eyes	100%
3 Total loss by physical severance or total and permanent loss of use of:	
a) one or two limbs	100%
b) one or both hands	100%
c) arm above the elbow	100%
d) arm at or below the elbow	100%
e) leg above the knee	100%
f) leg at or below the knee	100%

Age limit – A minimum age of 18 to a maximum of 65 years

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.
- The Insured Person being employed or otherwise engaged in the following occupations or industries:
 - aircrew or shipcrew,
 - scaffolding worker,
 - underground worker or underwater worker in tunnel, oil rigging & mining;
 - handling of explosives materials including but not limited to explosive worker.
 - construction worker who works outside Hong Kong Territories.

Notes – 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.

無論身處於世界任何地方均獲 24 小時保障。儘管是身處建築地盤工作或下班，在家中或者到外地旅遊亦能給予因意外而導致死亡、永久完全傷殘的賠償及意外受傷的保障。

基本保障

A. 意外身故

如閣下於意外發生後 12 個月內因該宗意外受傷而身故，本公司將作出賠償。

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而永久完全傷殘，本公司將依照保單的賠償表所列之百分率計算賠償。

C. 意外住院現金津貼

如閣下因意外而需入院治療連續多於三天，由第四天起，每天住院可獲下列 C 項保障利益金額之 10% 作為現金津貼，而每保單年度總現金津貼不可超過相應 C 項金額。

保障利益

保障計劃 (港幣)	A. 意外身故 或 B. 永久完全傷殘 (最高賠償額)	C. 意外住院現金津貼 (每宗事故)
1	\$ 750,000	\$ 3,500
2	\$ 1,000,000	\$ 5,000
3	\$ 1,500,000	\$ 5,000

保障利益賠償表

意外身故	100%
永久完全傷殘而導致不能從事任何工作	
1 永久完全傷殘	100%
2 永久及完全喪失單目或雙目視力	100%
3 斷肢-因斷肢完全喪失或完全及永久喪失其功用	
a) 一肢或雙肢	100%
b) 一手或雙手	100%
c) 手肘以上之手臂	100%
d) 手肘或手肘以下之手臂	100%
e) 大腿	100%
f) 膝或小腿	100%

年齡限制 - 受保人必須為 18 至 65 歲之人仕

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。
- 受保人將從事或參與以下的職業或行業為：
 - 空勤人員或船員，
 - 搭棚工人，
 - 地底或水底之隧道、油田鑽探或採礦工程工人，
 - 處理爆炸品之工作，但不限於爆破工人，
 - 於香港境外從事建造工程之建造業工人。

注意 - 本小冊子乃保障條款及規定之摘要，僅供參考之用。有關條款及規定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。

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(I) Details of Applicant 申請人資料 Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「√」號。

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

HKID Card No. 香港身份證號碼 _____ 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 Please complete all the following fields 必須填寫以下各項

(IIA) Policy Effective Date 保單生效日期 _____ / _____ / _____ Valid for 1 year 有效期為 1 年
 DD 日 MM 月 YY 年

(IIB) The Person to be Insured 受保人資料

Name of Insured Person 受保人姓名	Relationship 關係	Date of Birth (DD/MM/YY) 出生日期 (日/月/年)	HKID Card No. 香港身份證號碼	Plan 計劃	Annual Premium (HK\$) 全年保費 (港幣)
				<input type="checkbox"/> Plan 計劃 1	5,500
				<input type="checkbox"/> Plan 計劃 2	6,300
				<input type="checkbox"/> Plan 計劃 3	8,300

(IIC) Beneficiary 受益人資料

Name of Beneficiary 受益人姓名	Relationship with Person to be Insured 與受保人關係	HKID Card No. 香港身份證號碼

(III) General Information 其他資料

1. Are you or the person to be insured normally residing in Hong Kong? 閣下或受保人是否經常居於香港?	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
2. Are you or the person to be insured's employed or engaged in the following occupations or industries : 閣下或受保人是否從事或需參與以下之職業或行業 :		
a. aircrew or shipcrew 空勤人員或船員	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
b. scaffolding worker 搭棚工人	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
c. underground worker or underwater worker in tunnel, oil rigging & mining 地底或水底之隧道、油田鑽探或採礦工程工人	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
d. handling of explosives materials 處理爆炸品之工作, 但不限於爆破工人	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
e. construction site outside Hong Kong Territories 於香港境外從事建造工程之建造業工人	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

(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 the Insured does not want to renew the Policy, or any details of the designated credit card account change, please contact FWD General Insurance Company Limited 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保險有限公司聯絡。

Declaration 聲明
 I/WE HEREBY DECLARE AND AGREE THAT:

1. The information and particulars provided on this application form 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 accept that this application and declaration shall form the basis of the contract between FWD General Insurance Company Limited (the "Company") and me/us. I/We 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.

2. 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.

3. (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.

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 FWD General Insurance Company Limited, FWD General Insurance Company Limited 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 FWD General Insurance Company Limited that I/We am authorized to do so.

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

(V) Payment Method 付款方法
 (by Credit Card only 只接受信用卡付款)

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 YYYY 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。

Signature of Applicant 申請人簽署 _____ Date 日期 _____

Name of Agent / Broker 代理人 / 經紀 _____ Account Code 賬戶號碼 _____

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

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

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FWD General Insurance Company Limited

Personal Information Collection Statement

- From time to time, it is necessary for you to supply FWD General Insurance Company Limited (the "Company") with personal information and particulars in connection with the provision, continuation and administration of insurance or other financial services and products by the Company. 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 information about you. Personal information and particulars provided by you and all information generated and compiled by the Company about you from time to time is collectively referred to as "Your Personal Data".
- The purposes for which Your Personal Data may be used are as follows:
 - offering and providing services and products to you, and administering, implementing, maintaining, managing and operating such services and products which may include, without limitation, insurance, financial and wealth management services and products;
 - processing, assessing and determining any applications or requests made by you in connection with the Company's services or products, issuing or arranging insurance contracts and maintaining your account with the Company;
 - designing insurance and other financial services and products for customers;
 - marketing services and products to you (please see further details in paragraphs 5 to 8 below);
 - operating, maintaining and providing subsequent services in relation to the applications for services and/or products;
 - creating and maintaining the credit and risk related models of the Company;
 - processing and implementing payment instructions;
 - determining any amount of indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or undertaking for your liabilities;
 - exercising any rights that the Company may have in connection with the services and/or products provided to you;
 - verifying and conducting any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with provision of services or products;
 - any purposes in connection with any claims made by or against or otherwise involving you in respect of any services and/or products provided by the Company, including, without limitation, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
 - performing policy review and needs analysis (whether or not on a regular basis);
 - meeting disclosure obligations or requirements imposed by or for the purposes of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any of its subsidiaries, holding companies, associated or affiliated companies of, or companies controlled by, or under common control with the Company (collectively, "the Group") including, without limitation, making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers;
 - meeting any present or future contractual or other commitment with any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers in Hong Kong or any other jurisdictions that is assumed by or imposed on the Company or any member of the Group by reason of its financial, commercial, business or other interests or activities in or related to the relevant jurisdiction;
 - complying with any obligations, requirements, policies, procedures, measures or arrangement for sharing data and information within the Group and/or other use of data and information in accordance with any group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities; and
 - fulfilling any other purposes directly related to (i) to (xv) above.
- To facilitate the purposes set out in paragraph 3 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following parties (whether within or outside Hong Kong) and Your Personal Data may be transferred outside Hong Kong:
 - members of the Group;
 - any person or company which is acting for or on behalf of the Company, or jointly with the Company, in respect of a purpose or a directly related purpose for which Your Personal Data was provided;
 - any person or company which is under a duty of confidentiality to the Company and has undertaken to keep such information confidential, provided that such person or company has a legitimate right to access such information (e.g. professional advisors of the Company);
 - 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 adjustors, risk intelligence providers, claim investigation companies, administrators or other professional advisors which are engaged by the Company in connection with the Company's business;
 - any business partners of the Company ("Our Partners");
 - any agents, contractors or service providers which provide administrative, credit reference, debt collection, telecommunications, computer, payment, printing, redemption or other services in relation to the operation of businesses of the Company; and/or

- any person or company to whom the Company or the Group is under an obligation or otherwise required or expected to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) including, without limitation, any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers.
- The Company is allowed to (i) use Your Personal Data in direct marketing only if you consent or do not object, or (ii) provide Your Personal Data to another person or company for its use in direct marketing only if you 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 Partners from time to time:
 - insurance services and products;
 - wealth management services and products;
 - financial services and products;
 - reward, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes.
 - to provide Your Personal Data described in paragraph 6(i) above to any members of the Group and/or Our Partners for their use in direct marketing the classes of services and products described in paragraph 6(ii) above.

- If you do NOT wish the Company to use Your Personal Data in direct marketing or provide Your Personal Data to other persons or companies for their use in direct marketing, please tick (✓) the appropriate box(es) below to exercise your opt-out right.

Please do not send direct marketing information to me.

Please do not provide my personal data to other persons or companies for their use in direct marketing.

- You may also write to the Company at the address below to opt out from direct marketing at any time.
- 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:

Corporate Data Protection Officer
FWD General Insurance Company Limited
1st Floor, FWD Financial Centre
308 Des Voeux Road Central
Hong Kong

Should you have any queries, please do not hesitate to call our Customer Service Hotline 3123 3123.

- In case of discrepancies between the English and Chinese versions, the English version shall apply and prevail.

I have read and I understand and accept this Personal Information Collection Statement.

Signature: _____

Name: _____
(Name of applicant/individual to whom this Statement is given)

HKID/Passport number: _____

富衛保險有限公司

收集個人資料聲明

- 在富衛保險有限公司（「本公司」）提供、延續及管理保險或其他金融服務及產品時，閣下需要不時向本公司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。
- 本公司亦可製作及匯編與閣下有關於閣下的個人資料及詳情以及本公司不時製作及匯編與閣下有關於閣下的所有資料，以下統稱為「閣下的個人資料」。
- 閣下的個人資料可能用於以下用途：
 - 向閣下要約及提供服務及產品，管理、執行、維持、處理及運作有關服務及產品，包括但不限於保險、金融及財富管理服務及產品；
 - 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；發出或安排保險合約，以及維持閣下在本公司的賬戶；
 - 為客戶設計保險及其他金融服務及產品；
 - 向閣下提供服務及產品銷售（有關詳情，請參閱下文第 5 至 8 段）；
 - 運作、維持有關申請之服務及／或產品及提供相關之後續服務；
 - 建立及維持本公司的信貸及風險相關模型；
 - 處理及執行付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債金額，及向閣下或任何為閣下的債務提供擔保或承諾的人士收取及追討欠款；
 - 行使本公司就向閣下提供服務及／或產品而可能享有的任何權利；
 - 就提供之服務或產品作出及進行資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司提供的產品及／或服務而由閣下提出或本公司對閣下提出的申索，包括但不限於作出、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）；
 - 本公司或其任何附屬公司、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」）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，包括但不限於向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 履行任何本公司或本集團任何成員機構現有或將來之合約義務或與其他在香港或其他區域的法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體（如保險業聯會或協會等），因其相關之金融、商業、業務或其他利益或活動而承擔之義務；
 - 遵守任何於本集團內進行的數據及資料共享及／或其他數據及資料用途的責任、要求、政策、程序、措施或安排以符合任何制裁、防止或偵查洗黑錢、恐怖分子資金籌集或其他非法活動；及
 - 履行與上文第(i)至(xv)段直接有關的其他用途。
- 為達成上文第 3 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（不論在香港境內或境外者）共同使用，而閣下的個人資料有可能被轉移往香港境外：
 - 本集團的成員機構；
 - 任何人士或公司受本公司指示或代表本公司或與本公司共同處理閣下提供的個人資料以達到提供有關資料之目的或直接相關之目的；
 - 對本公司負有保密責任並承諾將有關資料保密的任何人士或公司，而此人士或公司須有合法權利查閱有關資料（例如：本公司的專業顧問）；
 - 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、索賠調查公司、行政管理人士或其他專業顧問；
 - 任何本公司的業務夥伴（「本公司之夥伴」）；
 - 向本公司之經營業務提供行政、信貸資料庫、債務追討、電訊、電腦、付款、印刷、贖回或其他服務的任何代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團負有責任或須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）作出披露的人士或公司，包括但不限於任何法律機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體（如保險業聯會或協會等）。

- 容許本公司 (i) 在閣下同意或不反對的情況下，使用閣下的個人資料作直接促銷用途，或 (ii) 在閣下以書面方式同意或不反對的情況下，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、本集團其他成員機構及／或本公司之夥伴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；
 - 金融服務及產品；
 - 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。
 - 將上文第 6(i)段所載閣下的個人資料提供予本集團成員機構及／或本公司之夥伴，讓其用於直接促銷上文第 6(ii)段所載的服務或產品。
- 若閣下不希望本公司使用閣下的個人資料，或將閣下的個人資料提供予其他人士或公司作直接促銷用途，請在以下有關方格內加上剔(✓)號，藉以行使閣下不同意此項安排的權利。
請不要將直接促銷資料發給本人。
請不要將本人的個人資料提供予其他人士或公司作其直接促銷用途
- 閣下亦可於任何時間致函本公司以下地址，藉以拒絕直接促銷。
- 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，應以書面形式向下列人士提出：

資料保護主任
富衛保險有限公司
香港德輔道中 308 號富衛金融中心 1 樓

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。

本人已細閱及本人明白及接受本收集個人資料聲明。

簽名：_____

姓名：_____
(申請人／獲發本聲明人士姓名)

香港身份證／護照編號：_____