

# Hospitalization / Accident Claim Form

## 住院 / 意外索償申請表



(For Accidental Medical Expenses, Hospital and Medical Benefit)  
(適用於意外醫療費、住院及醫療保障)

### Part I - To be completed by the Insured / Claimant 甲部 - 由被保人或索償人填寫

For any query while completing this form, please refer to the Completion Guideline or your adviser/intermediary.  
填寫時若有疑問，請翻閱填寫指引或與閣下之理財顧問 / 中介人聯絡。

Policy No. 保單號碼	Type of Claim 賠償類別	<input type="checkbox"/> Hospitalization Claim 住院賠償	<input type="checkbox"/> Accident Claim 意外賠償
Name of Policy Owner/Policyholder 保單權益人 / 保單持有人名稱	Contact No. * 電話號碼 *		

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

### A. Insured's Particulars 被保人資料

Name of Insured (Surname first) 被保人姓名 (先填寫姓氏)		ID Card/Passport No. 身份證 / 護照號碼
Date of Birth (DD/MM/YY) 出生日期 (日 / 月 / 年)	Sex 性別	Occupation/Position 職業 / 職位
Name of Employer and Address 僱主名稱及地址		

### B. Accident Particulars 意外詳情

Date of Accident 意外發生日期	Time 時間	Place 地點
Brief Description of Accident 描述意外發生經過		
Part(s) of Body Injured 受傷部位		

### C. Illness Particulars 疾病詳情

Brief Description of Symptoms 描述病徵及病狀
How long have these symptoms existed prior to the first consultation? 在被保人首次就診前，該等病徵已存在多久？

### D. Consultation and Hospitalization Particulars 診治及住院詳情

	Date (DD/MM/YY) 日期 (日 / 月 / 年)	Name(s) and Address of Doctor/Hospital 醫生 / 醫院名稱及地址
(1) The doctor first consulted for this illness/accident 首次診治此病 / 意外的醫生資料		
(2) The doctor who referred the Insured to hospital 建議入院的醫生資料		
(3) All other doctors consulted during this illness/accident 曾診治此病 / 意外的其他醫生資料		
(4) Doctors seen for any similar condition in the past 過往曾診治同類病況的醫生資料		
(5) Usual attending doctor's name and address 慣常就診的醫生姓名及地址	Not Applicable 不適用	
(6) If taken any home leave during this hospitalization, please state the date(s). 若於住院期間請假外出，請列明日期。		Not Applicable 不適用

**E. Other Insurance Coverage 其他保險資料**

(1) Are you making any other insurance claim as a result of this case? If "Yes", please state below details.  
有關此次個案，閣下有否申請其他保險索償？若有，請填寫以下資料。  No 沒有  Yes 有

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_ Type of Policy \_\_\_\_\_  
保險公司名稱 保單號碼 保單類別

(2) Does the Insured have any Social Welfare Benefits? If "Yes", please state below detail and provide payment detail copy to us.  
被保人曾否就是次住院 / 意外獲得任何社會保險保障？若有，請填寫以下資料及提供詳細賠償表。  No 沒有  Yes 有

Name of Social Welfare Benefits \_\_\_\_\_  
社會保險保障名稱

**F Payment Instruction 付款指示**

Remark: If the policy under which this claim is made is issued by FWD General Insurance Company Limited, please note that the below payment instruction will supersede the previously designated payment instruction and all future claims will be settled by this payment instruction  
註：如索償是根據富衛保險有限公司簽發的保單作出，請注意以下的付款指示將取代以前所指定的付款指示，而將來的所有索償將會按照此付款指示支付。

By Cheque made payable to Policy Owner/Policyholder# 以支票形式支付保單權益人 / 保單持有人#  
 H.K. Currency Cheque 港幣支票  Policy Currency Cheque 保單貨幣支票

By Direct Credit to specified bank account\*  
(Only applicable to Policy Owner's/Policyholder's bank account in Hong Kong)  
直接存入指定銀行帳戶\*  
(只適用於保單權益人 / 保單持有人之香港銀行戶口)

Bank No. \_\_\_\_\_ Branch No. \_\_\_\_\_ Account No. \_\_\_\_\_  
銀行編號 分行編號 帳戶號碼

# All claims will be settled in Hong Kong currency or policy currency only. Any request for settlement in a currency other than Hong Kong currency or policy currency will not be accepted.  
# 所有索償只會以港幣或保單貨幣支付。任何有關以港幣或保單貨幣以外的貨幣支付索償的要求將不會獲接納。  
\* A copy of bank book or bank statement MUST be provided, unless the bank account is the same as the one registered for DDA for premium payment.  
\* 除非銀行帳戶為保費自動轉帳戶，否則必須提供銀行存摺或月結單副本。

**DECLARATION 聲明**

I HEREBY DECLARE AND CONFIRM that (1) the information provided above is true and complete to the best of my knowledge and belief; and (2) I have read, understood and agreed to the Personal Information Collection Statement attached to this form.  
本人在此聲明及確認 (1) 就本人所知所信，以上提供的資料均為正確無誤及完整；及 (2) 本人已閱讀、明白及同意隨附於此表格的收集個人資料聲明。

**AUTHORIZATION 授權**

I HEREBY AUTHORIZE AND AUTHORIZE ON BEHALF OF THE INSURED (if different): (1) any doctors, hospitals, clinics, insurance companies, organizations or persons that possess any medical history or records or other information of me/the insured or whom I have attended or may hereafter attend, to disclose any of my or the insured's medical information or other information to FWD Life Insurance Company (Bermuda) Limited/ FWD General Insurance Company Limited\* (as the case may be) for the purpose of assessing and processing this claim; and (2) FWD Life Insurance Company (Bermuda) Limited/ FWD General Insurance Company Limited\* (as the case may be) or any of its approved medical examiners or laboratories to perform necessary medical assessment(s) or test(s) to evaluate my or the insured's health status. This authorization shall bind my or the insured's successors and assigns and remain valid notwithstanding my or the insured's incapacity. A photocopy of this authorization shall be as valid as the original.

本人在此授權及代表被保人 (如有不同) 授權：(1) 任何持有本人 / 被保人的醫療病歷、記錄或其他資料或本人曾求診或其後將會求診的醫生、醫院、診所、保險公司、機構或人士向富衛人壽保險 (百慕達) 有限公司 / 富衛保險有限公司\* (視情況而定) 披露本人 / 被保人的任何醫療資料或其他資料，作為評估或處理此索償之用；及 (2) 富衛人壽保險 (百慕達) 有限公司 / 富衛保險有限公司\* (視情況而定) 或任何其認可的醫療人員或化驗所進行必要的醫療評估或測試，以評估本人 / 被保人的健康狀況。此授權對本人 / 被保人的承繼人及轉讓人均具有約束力，及在本人 / 被保人身故或失去行為能力時仍具效力。此授權的影印本與正本同樣有效。

\*If the policy under which this claim is made is issued by FWD Life Insurance Company (Bermuda) Limited, the authorization is given in favour of FWD Life Insurance Company (Bermuda) Limited; If the policy under which this claim is made is issued by FWD General Insurance Company Limited, the authorization is given in favour of FWD General Insurance Company Limited.

如此索償是根據富衛人壽保險 (百慕達) 有限公司發出的保單作出，則此授權是就富衛人壽保險 (百慕達) 有限公司發出的；如此索償是根據富衛保險有限公司發出的保單作出，則此授權是就富衛保險有限公司發出的。

Date (DD/MM/YY) 日期 (日 / 月 / 年)	Place 簽署地
Signature of Claimant 索償人簽署	Signature of Close Relative of Claimant (if applicable) 索償人近親簽署 (如適用)
	Relationship with Claimant 與索償人關係

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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**Part II - To be completed by the Attending Doctor/Surgeon at the Claimant's Own Expenses**

乙部 - 由主診醫生填寫, 所需費用由索償人自行承擔

Patient Name (in full) 病人姓名 (全名)	Name of Hospital 醫院名稱
Date of Admission (DD/MM/YY) 入院日期 (日 / 月 / 年)	Date of Discharge (DD/MM/YY) 出院日期 (日 / 月 / 年)
Level of Hospital Ward 病房級別 <input type="checkbox"/> Private 頭等房 <input type="checkbox"/> Semi-private 二等房 <input type="checkbox"/> Ward 三等房 <input type="checkbox"/> Clinical Surgery 門診手術	

**A Clinical History 求診記錄**

<p>(1) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久?</p> <p>(2) Date on which the patient first consulted you related to this illness/injury (DD/MM/YY) 病人就此疾病 / 受傷後, 首次向閣下求診的日期 (日 / 月 / 年)</p> <p>(3) Symptom(s)/complaint(s) of the patient relating to this hospitalization/treatment/investigation 病人就此次住院 / 治療 / 檢驗所出現的相關症狀及主訴</p>
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**B Hospitalization Details 住院詳情**

(1) Final Diagnosis 最後診斷 _____	Date of Operation (DD/MM/YY) 手術日期 (日 / 月 / 年) _____
(2) Name of Procedure 手術名稱 _____	Nature 性質 _____
(3) If the patient has consulted other doctors during this hospitalization, please provide below details; 如病人於住院期間曾向其他醫生求診, 請提供以下資料:	
Name of Doctor Consulted 醫生姓名 _____	Reason 原因 _____
Treatment Performed 治療詳情 _____	
(4) Brief Discharge Summary (including treatments, investigation procedures, results; and/or any complications and follow up plan.) 出院撮要 (包括治療、診查程序、結果; 及 / 或併發症及跟進計劃。)	
(5) Please state if this type of cases can be managed on day care/out-patient basis. If yes, please provide reasons for hospitalization. 請述明此次病症是否能在日間護理 / 診所內進行治療。若是, 請提供住院原因。 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	

**C Professional Comment 專業意見**

(1) In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis.  
If “yes”, please provide the date of the first episode and details.  
就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴/診斷有關？若答案為“是”，請提供首次發病日期及詳情。

(2) Was the condition due to or associated with the following? (Please tick the appropriate boxes)  
上述情況是否出於或與以下問題關連（請在適當空格填上✓號）

<input type="checkbox"/> Accidental bodily injury 意外身體受傷	<input type="checkbox"/> Pregnancy 懷孕	<input type="checkbox"/> Congenital condition 先天性疾病 / 異常
<input type="checkbox"/> Self-inflicted injury 自我傷害	<input type="checkbox"/> Infertility or sterilization 不育或絕育	<input type="checkbox"/> Developmental condition 發育問題
<input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酒精	<input type="checkbox"/> Contraception 避孕	<input type="checkbox"/> Hereditary condition 遺傳性問題
<input type="checkbox"/> Mental disorder 精神紊亂	<input type="checkbox"/> Treatment for cosmetic purpose 美容性質的治療	<input type="checkbox"/> General check-up 一般身體檢查
<input type="checkbox"/> Refractive error 屈光不正	<input type="checkbox"/> Vaccination 疫苗接種	
<input type="checkbox"/> Venereal disease, sexually transmitted disease or AIDS/HIV related illness 性病，性傳播疾病或愛滋病 / 愛滋病毒有關的疾病		

**D Others 其它**

(1) Is the patient referred by another doctor?  
病人是否經其他醫生轉介？  No 不是  Yes 是

Name and address of the referral doctor  
轉介醫生的姓名和地址 \_\_\_\_\_

(2) Are you the patient's usual doctor?  
閣下是否該病人的慣常醫生？  No 不是  Yes 是

I hereby certify that all information given above is accurate and true to the best of my knowledge.  
本人特此聲明，就本人所知，上述所有資料均準確無誤。

Signature and Chop of Attending Doctor/Surgeon 主診醫生 / 外科醫生簽名及蓋章	Address and Telephone No. 地址及電話號碼
Name of Attending Doctor/Surgeon & Qualifications 主診醫生 / 外科醫生姓名及資歷	Date (DD/MM/YY) 日期 (日 / 月 / 年)

### Part III - Claims Document Checklist

#### 丙部 - 索償文件清單

To avoid the delay of process, please follow this checklist and ensure that all required documents are attached.  
為免賠償延誤，煩請依據本部指引，提交所需之理賠文件。

Please ✓ as appropriate: 請在適當空格填上 ✓ 號：	
<input type="checkbox"/> Claim Form 索償申請表格	<ul style="list-style-type: none"><li>Claim Form Part I completed by Insured/Claimant 索償申請表格甲部 - 由被保人或索償人填寫</li><li>Claim Form Part II completed by attending doctor 索償申請表格乙部 - 由主診醫生填寫</li></ul>
<input type="checkbox"/> ID card copy of Insured and Policy Owner/Policyholder 被保人及保單權益人 / 保單持有人的身份證副本	
<input type="checkbox"/> Original Receipts 收據正本	<ul style="list-style-type: none"><li>Original receipts (including medical receipt, deposit receipt) 收據正本 (包括醫療收據，按金收據)</li><li>Statement of Charges, etc. 收費詳情等</li></ul>
<input type="checkbox"/> Laboratory test/ X-ray/Ultra-sound/ECG/ Diagnostic Imaging (MRI/ CT Scan /PET) 化驗 / X光 / 超聲波 / 心電圖 / 影像 / 放射診斷 (磁力共振造影 / 電腦掃描 / 正電子電腦掃描)	<ul style="list-style-type: none"><li>All report(s) 所有報告</li></ul>
<input type="checkbox"/> Other Insurance Cover 其他保險資料	<ul style="list-style-type: none"><li>Compensation breakdown from other insurer/party 其他保險公司或機構之賠償細算表</li></ul>
<input type="checkbox"/> Confinement in Hospital Authority's Hospital in Hong Kong 入住香港醫院管理局醫院	<ul style="list-style-type: none"><li>Discharge summary 出院紙</li><li>Sick leave certificate with exact diagnosis 列明診斷結果的病假證書</li></ul>
<input type="checkbox"/> Confinement in Hospital in Mainland China 入住中國內地醫院	<ul style="list-style-type: none"><li>First page of medical record 病案首頁</li><li>Admission record slip 入院紀錄</li><li>Discharge summary 出院小結</li><li>Outpatient booklet 門診病歷</li></ul>
<input type="checkbox"/> Others 其他	<ul style="list-style-type: none"><li>Please specify: 請列明：</li></ul>
<input type="checkbox"/> Request for Return of Original Documents (For record keeping, please take your own copy before submission) 要求退還正本文件 (請於提交前自行複印文件以作記錄)	

### Part IV - Completion Guideline

#### 丁部 - 填寫指引

- Please read the questions carefully before answer. All the answers provided on this claim form must be true, complete and accurate.  
請在作答前小心細閱有關問題，於索償申請表上所提供之資料必須真實，完全及準確。
- This Claim Form should be signed by a close relative of the claimant if the claimant is unable to sign and in such case, proof of relationship shall be submitted together with this form. The Company shall have the right, at its sole discretion, to accept or reject the form signed by a close relative of the claimant.  
若索償人未能簽署，此申請表應由索償人之近親簽署並提供關係證明。本公司有權全權酌情決定接受或拒絕由索償人的近親簽署的表格。
- This Claim Form with all required documents MUST be sent to the Company within 90 days from the date of incident. Any Claim Form submitted after the said 90-day period is deemed as "Late Submission" and written explanation MUST be provided. Otherwise, the Company is entitled to reject the claim application.  
索償申請表連同一切所需文件必須在事故之日起計 90 日內送交本公司，任何在 90 日後遞交的申請均會被視為“逾期提交”，而索償人必須提供書面解釋，否則本公司有權拒絕有關索償申請。
- Please send the completed claim form together with all required documents to 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.  
請將填妥的索償申請表及一切所需文件寄回香港中環德輔道中 308 號富衛金融中心 1 樓

**FWD Life Insurance Company (Bermuda) Limited & FWD General Insurance Company Limited (collectively the “Company”)**

**Personal Information Collection Statement (“PICS”)**

1. From time to time, it is necessary for you to supply 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;
  - (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, 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, 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).

**If you do NOT wish the Company to use Your Personal Data in direct marketing or provide Your Personal Data to other members of the Group and/or Our Business Partners for their use in direct marketing, (in paragraph 9 above) 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 &  
FWD General Insurance Company 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.

**富衛人壽保險 (百慕達) 有限公司及  
富衛保險有限公司 (統稱「本公司」)**

**收集個人資料聲明**

1. 閣下需要不時向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。
2. 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」。
3. 「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。
4. 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。
5. 閣下的個人資料可能用於以下用途：
  - (i) 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；
  - (ii) 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；
  - (iii) 發展保險及其他金融服務及產品；
  - (iv) 發展及維持本公司信貸及風險之相關模型；
  - (v) 處理付款指示；
  - (vi) 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；
  - (vii) 行使與本公司的服務及/或產品有關的任何權利；
  - (viii) 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；
  - (ix) 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、解決和和解有關申索；
  - (x) 進行保單審閱及需求分析（不論是否定期進行）；
  - (xi) 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；
  - (xii) 作本公司或本集團的任何成員的統計或精算研究；及
  - (xiii) 履行與上文第 (i) 至 (xii) 段直接有關的其他用途。
6. 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：
  - (i) 本集團的其他成員；
  - (ii) 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；
  - (iii) 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；
  - (iv) 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
  - (v) 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）。
7. 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。
8. 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。

9. 就直接促銷而言，本公司擬：

- (i) 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：
  - a. 保險服務及產品；
  - b. 財富管理服務及產品；
  - c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
  - d. 健康檢查及健康服務及產品；
  - e. 媒體、娛樂及電信服務；
  - f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
  - g. 為慈善及/或非牟利用途的捐款及捐贈。
- (ii) 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）。

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本集團的其他成員及/或本公司的業務夥伴作直接促銷用途（上文第 9 段），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，藉以拒絕直接促銷：

富衛人壽保險 (百慕達) 有限公司及  
富衛保險有限公司  
香港德輔道中 308 號  
富衛金融中心 1 樓

10. 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。
11. 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。
12. 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。
13. 中英文本如有歧異，概以英文本為準。
14. 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。