

Waiver of Premium Claim Form

保費豁免保障賠償申請表



To be completed by Insured / Claimant 由被保人/病者或索償人填寫

Type of Waiver of Premium Claims 賠償類別 : Disability 傷殘

Termination of Employment 僱主裁員

(I) Insured's Particulars / 被保人資料

Policy No. 保單編號	Name of Insured 被保人姓名	I.D. No. 身份証編號
Sex 性別	Age 年齡	Date of Birth (DD/MM/YY) 出生日期
Mailing Address 郵寄地址	Telephone No. 聯絡電話:	
E-mail Address 電郵地址:	Mobile Phone No. 手提電話:	
Occupation 職業	Name of Employer and Address 僱主名稱及地址	

(II) Working Details 工作詳情

a) Did the condition require you to stop work entirely? 被保人目前是否完全停止工作。
b) If yes, please state date ceased work. 如是，請詳述何時開始停止工作。
c) If not, when do you expect to do so? 如否，何時可繼續工作。

(III) Accident / Medical Details 事故 / 醫療的詳情

a) If accident, please give accident details. 描述意外發生的經過。			
b) Has the Insured previously suffered from or received treatment for a similar or related illness? If yes, please give details. 被保人過往曾否患上此類疾病或相關之疾病或因該病而接受治療？如‘是’，請詳述。			
c) (i) Details of any medical practitioners who have been consulted in connection with the Insured's Illness. (Please attach the relevant patient card copy) 被保人就有關疾病之求診紀錄。(請附上有關之覆診咭副本)			
Doctor's Name 醫生姓名	Address & Telephone No. 地址及電話號碼	Patient No. 病歷編號	Date of Consultation (DD/MM/YY) 求診日期(日/月/年)
(ii) Details of any hospitalizations in connection with the Insured's illness. 有關疾病之住院紀錄。			
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)	
d) Please give the name and address of the Insured's usual medical attendant. (Please attach the patient card copy) 請提供被保人過往慣常求診之醫生名稱及地址。(請附上覆診咭副本)			

e) Has any of the Insured's blood relatives suffered from a similar or related illness? If yes, state relationship of the relative, nature of the illness and the date when the illness was first diagnosed. 被保人之直系親屬曾否患上此病或相關疾病?如有,請列明親屬與被保人之關係,疾病性質及首次診斷患上該病之日期。		
f) Does the Insured smoke cigarettes or drink alcohol? If yes, please give the details including the daily consumption and the duration of the hobby. 被保人有否吸煙或飲酒習慣?如有,請提供此習慣之詳情包括每日之數量及多久。		
g) Does the Insured have any other disability benefits or similar benefits with any other insurance company? If yes, please give the details. 被保人是否受保於其他殘疾或類似保障於其他保險公司?如是,請提供有關資料。		
Name of the Insurance Company & Address 保險公司之名稱及地址	Policy Nos. 保單號碼	Benefit & Coverage 投保種類及投保總額

(IV) Declaration and Authorization 聲明及授權

I HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions are complete, true and accurate and are given to the best of my knowledge and belief;
- Any personal data concerning myself or the Insured (if different) collected and held by the company may be used, stored, disclosed and transferred (whether within or outside Hong Kong) to such individuals/organizations associated with the Company. These include reinsurers, claims investigators and industry associations/ federations for the purposes of (i) underwriting and evaluating this application; (ii) dealing with any matters arising from any policy issued pursuant to this application; (iii) providing all services related to this application; (iv) any promotion of financial products and services by the company and its affiliated companies and (v) communicating with me or the Insured (if different) for such purposes;
- I understand that I have or the Insured (if different) has the right to request access to and, following such access, to request correction (if appropriate) of any personal information concerning myself or the Insured (if different) held by the company or be given reasons for any refusal of access. I also understand that the Company has the right to charge a reasonable fee for process of any access. [Note: Any request for access or correction can be made in writing and addressed to the head of Claims Department at 1/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong.]

本人謹此聲明並同意:

- 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;
- 由公司收集及持有本人或被保人(如有不同)的任何個人資料,可使用、儲存、透露及轉予(無論本港或海外)公司有關聯的人仕/或機構團體,包括再保公司、賠償調查員及保險業協會/聯盟,以作為(i)承保及評估本申請;(ii)處理本申請所發出的任何保單引起的任何事件;(iii)提供有關本申請的所有服務;(iv)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(v)因上述目的與本人或被保人(如有不同)聯絡。
- 本人明白,本人或被保人(如有不同)有權要求查閱及於查閱後有權要求更正(如適當時),公司所持有之有關本人或被保人(如有不同)的任何個人資料,或獲得任何拒絕查閱的理由;本人亦明白公司有權就處理任何查閱資料的要求,收取合理費用。[注意:任何查閱及更正要求可以書面方式寄往香港中環德輔道中308號富衛金融中心1樓賠償部收。]

I hereby authorize or authorize on behalf of the Insured (if different):

- any registered medical practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of my or the Insured's (if different) health and medical history or any treatment or advice or that has been or may hereafter be consulted to disclose to the Company such information as required by the Company in relation to this claim; and
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my or the Insured's health status in relation to this claim.

本人在此授權或代表被保人(如有不同)授權:

- 當公司有需要時,公司可要求持有或瞭解本人或被保人(如有不同)的健康及醫療記錄;或任何治療或忠告或曾向其求診或以後向其求診之任何註冊醫生,醫院,診所,保險公司,政府機構或其它團體透露有關被保人資料。
- 公司或公司許可的醫療人員或化驗所,就本賠償申請,進行必要的醫學評估及測試,以評估本人或被保人的健康狀況。

(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.)

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

Data Protection - The Company has appointed a Data Protection Officer to handle any enquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance 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。

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 Insured (if applicable) 被保人近親簽署
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Please make sure that the above signature of Insured is consistent with that in policy application. In the event of the Insured being unable to sign the form, it should be completed and signed by a close relative or other responsible person in charge of the Insured during his disability.

被保人請確保以上簽名與保單申請書上之簽名一致。倘若被保人不能親自簽署表格,可由其近親或其他受委託之可靠人士在被保人失去能力期間代為填報及簽署。

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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FWD Life Insurance Company (Bermuda) Limited

Personal Information Collection Statement

1. From time to time, it is necessary for you to supply FWD Life Insurance Company (Bermuda) 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.
2. 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".
3. The purposes for which Your Personal Data may be used are as follows:
 - (i) 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;
 - (ii) 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;
 - (iii) designing insurance and other financial services and products for customers;
 - (iv) marketing services and products to you (please see further details in paragraphs 5 to 8 below);
 - (v) operating, maintaining and providing subsequent services in relation to the applications for services and/or products;
 - (vi) creating and maintaining the credit and risk related models of the Company;
 - (vii) processing and implementing payment instructions;
 - (viii) 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;
 - (ix) exercising any rights that the Company may have in connection with the services and/or products provided to you;
 - (x) verifying and conducting any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with provision of services or products;
 - (xi) 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;
 - (xii) performing policy review and needs analysis (whether or not on a regular basis);
 - (xiii) 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;
 - (xiv) 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;
 - (xv) 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
 - (xvi) fulfilling any other purposes directly related to (i) to (xv) above.
4. 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:
 - (i) members of the Group;
 - (ii) 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;
 - (iii) 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);
 - (iv) 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;
 - (v) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claim investigation companies, administrators or other professional advisors which are engaged by the Company in connection with the Company's business;
 - (vi) any business partners of the Company ("Our Partners");
 - (vii) 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
 - (viii) 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.
5. 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.
6. 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;
 - (ii) 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:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. financial services and products;
 - d. reward, loyalty or privileges programmes and related services and products; and
 - e. donations and contributions for charitable and/or non-profit making purposes.
 - (iii) 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.
7. **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, you may write to the Company at the address below to opt out from direct marketing at any time.**
8. Under the Personal Data (Privacy) Ordinance:
 - (i) 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
 - (ii) the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
9. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer
FWD Life Insurance Company (Bermuda) 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.
10. In case of discrepancies between the English and Chinese versions, the English version shall apply and prevail.

收集個人資料聲明

1. 在富衛人壽保險(百慕達)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。
2. 本公司亦可製作及匯編與閣下有關於閣下提供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」。
3. 閣下的個人資料可能用於以下用途:
 - (i) 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;
 - (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;發出或安排保險合約,以及維持閣下在本公司的賬戶;
 - (iii) 為客戶設計保險及其他金融服務及產品;
 - (iv) 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);
 - (v) 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;
 - (vi) 建立及維持本公司的信貸及風險相關模型;
 - (vii) 處理及執行付款指示;
 - (viii) 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;
 - (ix) 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;
 - (x) 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;
 - (xi) 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;
 - (xii) 進行保單審閱及需求分析(不論是否定期進行);
 - (xiii) 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;
 - (xiv) 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;
 - (xv) 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
 - (xvi) 履行與上文第(i)至(xv)段直接有關的其他用途。
4. 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:
 - (i) 本集團的成員機構;
 - (ii) 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;
 - (iii) 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);
 - (iv) 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;
 - (v) 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;
 - (vi) 任何本公司的業務夥伴(「本公司之夥伴」);
 - (vii) 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
 - (viii) 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)。
5. 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。
6. 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;
 - (ii) 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:
 - a. 保險服務及產品;
 - b. 財富管理服務及產品;
 - c. 金融服務及產品;
 - d. 獎賞、客戶忠誠或優惠計劃及相關服務及產品;及
 - e. 為慈善及/或非牟利用途的捐款及捐贈。
 - (iii) 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。
7. 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,閣下可於任何時間致函本公司以下地址,藉以拒絕直接促銷。
8. 根據《個人資料(私隱)條例》:
 - (i) 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
 - (ii) 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。
9. 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
富衛人壽保險(百慕達)有限公司
香港中環德輔道中 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。

10. 中英文本如有歧異,概以英文本為準。