Generali Life (Hong Kong) Limited
Assicurazioni Generali S.p.A.
Hong Kong Branch

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忠意人壽 (香港) 有限公司
忠意保險有限公司
香港分行

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Supplementary Form (Policy Servicing)
補充表格 (保單服務)

Private & Confidential 私人及機密

Policy Number
保單號碼 | | | | | | | | |

Name of Policyholder 保單持有人姓名	Name of Insured 受保人姓名

I / We confirm that I / we have accessed, read and understood the Personal Information Collection Statement (the "Statement") of Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (the "Company"), which is available on the Company's website: https://www.generali.com.hk/EN_US/personal_information. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process my / our personal data in accordance with the terms of the Statement. I / We further confirm that I / we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

本人 / 我們確認已經查閱並且明白由忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行（如適用）（「貴公司」）的收集個人資料聲明（「該聲明」），該聲明可於貴公司網站查閱：https://www.generali.com.hk/ZH_HK/personal_information; 本人 / 我們同意貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我 們已獲得受保人和任何其他有關人士（如適用）的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給貴公司，並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。

I / We hereby declare and agree that the following particulars are to the best of my / our knowledge and belief complete and true. I / We further declare that there has been no change in my / our occupation and health condition, and that I / we have not received any medical attention, consultation or examination since the date of the above said policy service application was completed.

本人 / 我們在此聲明及同意此補充表格內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛。本人 / 我們聲明自填寫保單服務申請表至今，本人 / 我們之職業及健康狀況均維持不變，且本人 / 我們沒有接受任何治療、診治或檢查。

X _____
Signature of Policyholder
保單持有人簽署

X _____
Signature of Insured
受保人簽署

_____
Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

X _____
Signature of Assignee (if any)
承讓人簽署 (如適用)
If signed by company authorized signatory(ies), please indicate his/her title with Company Chop
如由公司獲授權簽署人士簽署，
請列明其職銜及加上公司蓋印

X _____
Signature of Irrevocable Beneficiary (if any)
不可撤換受益人簽署 (如適用)

X _____
Signature of Witness
見證人簽署

(Name 姓名 :)