



Internal Use Only 只供內部使用
Claim No. 理賠編號

Critical Illness Claim Form – Part I

危疾賠償申請表 – 第一部份

Policy Number

保單號碼

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Private & Confidential 私人及機密

Important Notes 重要提示

Please ensure the following to avoid unnecessary delay in the claim process:

- This Part I is fully completed and signed by the Insured / Policyholder
- Documents required to be submitted with this form:
 - Critical Illness Claim Form – Part II to be completed by the Insured's attending physician (please note that there may be a specific claim form part II for certain illnesses)
 - Proof of Identity of the Insured and Policyholder (if not provided before)
 - Laboratory and Pathological Reports

We may require additional information from you or third parties in order to assess your claim.

請確保下列各項，以免延誤索償進度：

- 由受保人 / 保單持有人詳細填妥及簽署此申請表第一部份
- 連同此表格一併要遞交的文件：
 - 由受保人主診醫生填寫的危疾賠償申請表 – 第二部份 (請注意某類危疾或有特定的賠償申請表 - 第二部份)
 - 受保人及保單持有人的身份證明文件 (若過往並未遞交)
 - 化驗及病理報告

我們就審核是次賠償申請，或需向你或其他人士索取額外資料。

Section A – Details of the Insured and Current Claim 甲部 – 受保人及是次索償詳情

1. Name of the Insured 受保人姓名		2. HKID Card / Passport No. 香港身份證 / 護照號碼	
3. Mailing Address 通訊地址		4. Contact Phone No. 聯絡電話號碼	
		* Your policy record will NOT be automatically updated with this address 此地址不會自動更新於你的保單記錄上	
5. Name of Critical Illness to claim 申請賠償的危疾名稱			
6. If due to accident, please describe the accident in details. 若因意外導致，請詳述 意外 詳情。	Date of accident 意外日期	____ / ____ / ____ (dd/mm/yyyy) (日/月/年)	Place 地點
	Accident details, part of body injured & nature of injury 意外詳情、受傷部份及傷勢		
7. Please describe current illness in details. 請詳述疾病詳情。	Date symptoms first appeared 病徵首次出現日期	____ / ____ / ____ (dd/mm/yyyy) (日/月/年)	
	Symptoms details 病徵詳情		
	First consultation date 首次求診日期	____ / ____ / ____ (dd/mm/yyyy) (日/月/年)	
	Name and address of the hospital/physician 醫院 / 醫生名稱及地址		
8. Other hospitals / physicians consulted for current illness / injury. 曾應診現時疾病或受傷的其他醫院 / 醫生資料。	Name of hospital / physician and address 醫生 / 醫院名稱及地址	Consultation date 求診日期	
9. Have any immediate family members suffered from a similar illness? 直系親屬是否曾患有相同或類似的疾病?	<input type="checkbox"/> Yes 是 If yes, please provide details below. 若是，請於下方提供詳情 <input type="checkbox"/> No 否		
	Date of diagnosis 確診日期	____ / ____ / ____ (dd/mm/yyyy) (日/月/年)	
	Relationship with the Insured 該親屬與受保人關係		
	Nature of illness 疾病的性質		

<p>10. Apart from what have mentioned above, all other hospitals / physicians that the Insured has consulted in the past five years. 除上述已提及外，過去五年受保人曾求診的其他醫院 / 醫生資料。</p>	<p>Name of hospital / physician and address 醫生 / 醫院名稱及地址</p> <p>_____</p> <p>_____</p>	<p>Consultation date 求診日期</p> <p>_____</p>	<p>Illness / Diagnosis 病因 / 確診</p> <p>_____</p>				
<p>11. Is there any claim submitted to other insurance companies for current illness? 現時疾病是否有向其他保險公司遞交索償申請?</p>	<p><input type="checkbox"/> Yes 是 If yes, please provide details below. 若是，請於下方提供詳情 <input type="checkbox"/> No 否</p> <table border="1"> <tr> <td data-bbox="576 286 906 439"> <p>Name of insurance company 保險公司名稱</p> <p>_____</p> </td> <td data-bbox="906 286 1161 439"> <p>Policy number 保單號碼</p> <p>_____</p> </td> <td data-bbox="1161 286 1342 439"> <p>Sum Insured 保額</p> <p>_____</p> </td> <td data-bbox="1342 286 1544 439"> <p>Claim status 賠償進度</p> <p>_____</p> </td> </tr> </table>			<p>Name of insurance company 保險公司名稱</p> <p>_____</p>	<p>Policy number 保單號碼</p> <p>_____</p>	<p>Sum Insured 保額</p> <p>_____</p>	<p>Claim status 賠償進度</p> <p>_____</p>
<p>Name of insurance company 保險公司名稱</p> <p>_____</p>	<p>Policy number 保單號碼</p> <p>_____</p>	<p>Sum Insured 保額</p> <p>_____</p>	<p>Claim status 賠償進度</p> <p>_____</p>				

Section B – Settlement Options 乙部 – 賠償選擇

<p>1. Payment Option 賠款選擇</p>	<p>Cheque 支票: <input type="checkbox"/> Policy Currency 保單貨幣 <input type="checkbox"/> HKD 港幣</p> <p>Other 其他: <input type="checkbox"/> Telegraphic Transfer 電匯 (Foreign Account only 只供海外帳戶) <input type="checkbox"/> Benefit Accumulation Account (If applicable) 保障累積戶口 (如適用)</p> <p>Note 請注意</p> <ol style="list-style-type: none"> The HKD equivalent will be based on the currency exchange rate provided by Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (whenever applicable) at the time of cheque issuance and it can be changed from time to time. 相等之港幣將以忠意人壽 (香港) 有限公司忠意保險有限公司香港分行 (如適用) 於簽發支票時所釐定之貨幣兌換率計算，而有關之貨幣兌換率將不時轉變。 If not specified, claim cheque will be made in HKD. 如沒有選擇，賠款支票將以港幣發出。 If Telegraphic Transfer is required, please provide the bank proof with SWIFT code; bank and account holder details. The charge of Telegraphic Transfer will be at client's own cost 如選擇電匯方式，需提供有關銀行證明包括銀行代碼；銀行及戶口持有人詳細資料。電匯費用會由客戶支付。 Benefit Accumulation Account only apply for specific products, please refer provision for details. 保障累積戶口只適用於指定產品，詳情請參閱保單條款。
<p>2. Cheque Delivery Option 支票遞送選擇</p>	<p><input type="checkbox"/> By Mail (to the mailing address stated in this claim form) 郵寄 (至本賠償申請表上填寫的郵寄地址)</p> <p><input type="checkbox"/> Through insurance intermediary 透過中介人遞送</p>

Section C – Foreign Account Tax Compliance Act Statement 丙部 – 海外帳戶稅收合規法案聲明

Under the U.S. Foreign Account Tax Compliance Act ("FATCA"), a foreign financial institution ("FFI") is required to report to the U.S. Internal Revenue Service ("IRS") certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS ("FFI Agreement") in respect of FATCA and/or who is not otherwise exempt from doing so (referred to as a "nonparticipating FFI") will face a 30% withholding tax ("FATCA Withholding Tax") on all "withholdable payments" (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments). 在美國的《海外帳戶稅收合規法案》(《合規法案》) 下，海外金融機構須就美國人於海外金融機構之非美國境內之帳戶，向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議(即《海外金融機構協議》)有關之要求，及/或未獲得相關豁免遵守相關要求(以上海外金融機構統稱為《不參與合規法案之海外金融機構》)，其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅(《合規法案預扣稅》)(初步包括紅利、利息及一些衍生款項)。

The U.S. and Hong Kong have agreed an inter-governmental agreement ("IGA") to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS. 美國政府與香港政府已簽訂(《跨政府協議》)促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

FATCA applies to Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A Hong Kong Branch (wherever applicable) (hereinafter "Generali"), and this Policy. Generali is a participating FFI and committed to complying with FATCA. To do so, Generali requires you to:

合規法案適用於忠意人壽 (香港) 有限公司 / 忠意保險有限公司香港分行 (如適合) (下稱"忠意") 及此保單。忠意是一間參與合規法案之海外金融機構，及致力遵守合規法案。因此，忠意需要閣下：

- provide to Generali certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
提供相關資料予忠意，如適用，包括閣下的美國身份證明資料 (如姓名、地址、美國聯邦納稅人識別號碼等)；及
- consent to Generali reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.
同意忠意向美國國稅局匯報此資料及閣下之帳戶資料 (如帳戶結存、利息、紅利收入及提款)。

If you fail to comply with these obligations (being a "Non-Compliant Accountholder"), Generali is required to report "aggregate information" of account balances, payment amounts and number of non-consenting U.S. accounts to IRS.

如閣下未能遵從以上要求(即為 "《不遵從合規法案之戶口持有人》")，忠意須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

Generali could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in Generali may be required to do so are:

忠意，在某些情況下，可能被要求在向閣下保單付款中徵收合規法案預扣稅。現時忠意只會在以下情況徵收合規法案預扣稅：

- if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case Generali may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
若香港稅務局未能與美國國稅局就跨政府協議(及有關香港與美國之間的稅務資料交換協定)交換資料，忠意可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局；及

(ii) if you are (or any other account holder is) a nonparticipating FFI, in which case Generali may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.
如閣下(或任何一位帳戶持有人)是不參與合規法案之金融機構，忠意可能需要從閣下保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。

You should seek independent professional advice on the impact FATCA may have on you or your Policy.
有關合規法案對閣下及閣下保單之影響，請諮詢獨立的專業意見。

Declaration 聲明

Please declare whether you are a U.S. resident for tax purposes* or not by ticking below check box.
請閣下在下方加上「√」號以聲明閣下是否美國稅務居民*。

- I/We declare that I am not a U.S. resident for tax purposes* at the time of signing this claim form.
本人/我們聲明於簽署本賠償申請表時並非美國稅務居民*。
- I/We declare that I am a U.S. resident for tax purposes* at the time of signing this claim form.
本人/我們聲明於簽署本賠償申請表時是美國稅務居民*。

I/We acknowledge that Generali may transfer any required information to the Tax Authorities in or outside Hong Kong to comply with FATCA obligations and waive all rights I/we have, if any, to prohibit or restrict such disclosure.

本人/我們確認忠意可將所需資料轉移到香港境內及境外地區之稅務機關以遵守合規法案的責任，如適用時，本人/我們願意放棄所有禁止或限制該披露之權利。

U.S. Taxpayer Identification Number (TIN):

美國納稅人識別號碼：

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* A U.S. resident for tax purposes includes but is not limited to:

美國稅務居民包括但不限於：

- i. Any individual who is a U.S. citizen or U.S. resident alien;
美國公民或美國定居之外國人；
- ii. Any partnership, corporation, company or association created or organized in the U.S. or under the laws of the U.S. ;
在美國或根據美國法律設立或組成的合夥、企業、公司或法團；
- iii. Any U.S. estate (other than a foreign estate); or
美國遺產(外國遺產除外)；或
- iv. Any U.S. trust
美國信託

Note: In case of discrepancies between the English and Chinese versions of this Section, the English version shall prevail

附註：本部分之英文及中文版本之間如有任何歧義，概以英文版本為準。

Section D – PEP Self-declaration 丁部 - 政治人物自我聲明 (Compulsory to complete 必須填寫)

Are you or any relevant parties^{#1} of this policy a politically exposed person ("PEP"^{#2}), PEP family member or PEP close associate?

閣下或本保單相關各方人士^{#1} 是否政治人物「PEP^{#2}」、其家庭成員或與政治人物有關係密切的人？

No 否 Yes 是, please provide 請提供

a. Name of this "PEP" : _____ Position : _____
政治人物的姓名 職位

b. Name of the relevant party(ies) of this policy : _____
本保單相關人士的姓名

c. Relationship with this "PEP" : _____
與此政治人物的關係

^{#1} Relevant parties include but not limited to the policyholder, insured, beneficiary(ies), person acting on behalf of the policyholder, beneficial owner(s) etc.

相關各方人士包括但不限於保單持有人、受保人、受益人、代表保單持有人行事的人、實益擁有人等。

^{#2} A politically exposed person (PEP) is an individual who is or has been entrusted with a prominent public function in Hong Kong / a place outside Hong Kong/ by an international organization

政治人物被界定為在香港 / 香港以外地方 / 國際組織擔任或曾擔任重要公職的個人。

Section E – Declaration and Authorization 戊部 – 聲明及授權

1. I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the “**Statement**”) issued by Generali Life (Hong Kong) Limited/ Assicurazioni Generali S.p.A. Hong Kong Branch (whenever applicable) (hereinafter “**Generali**”). I/We confirm that I/we have read and understood the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process personal data of me/us in accordance with the terms of the Statement.

本人/我們確認，本人/我們已獲提供一份由忠意人壽(香港)有限公司 / 忠意保險有限公司香港分行(如適用) (下稱「**忠意**」) 發出的收集個人資料聲明(「**該聲明**」)。本人/我們確認已經閱讀並且明白該聲明。本人/我們同意忠意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。

2. I/We acknowledge that I/we have been provided with a copy of the notice on Foreign Account Tax Compliance Act (“**FATCA**”) issued by Generali. I/We confirm that I/we have read and understood the notice on FATCA. I/We understand that a false statement or misrepresentation of tax status by a U.S. resident for tax purposes (as defined in Section C) may result in penalty under relevant law and regulations. I/We agree with the terms and conditions as stated in the FATCA Statement, including but not limited to Generali reporting of my/our Personal Data and account information and imposing FATCA Withholding Tax on the policy payment in accordance with the terms of the Statement. I/We agree that I/we will notify Generali in writing within thirty (30) days when I/we become a U.S. resident for tax purposes or there is any change in my/our tax status.

本人/我們確認，本人/我們已獲提供一份由忠意發出有關《海外帳戶稅收合規法案》(“《合規法案》”)的通知。本人/我們確認已經閱讀並且明白該《合規法案》通知。本人/我們明白，根據有關的法律，任何美國稅務居民(定義於丙部)就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。本人/我們同意合規法案聲明所列之條款及條件，包括但不限於忠意可依照該聲明的條款匯報本人/我們的個人資料及賬戶資料，並從保單付款中徵收合規法案預扣稅。本人/我們同意，在本人/我們成為美國稅務居民時，或當本人/我們的稅務狀況有所更改，本人/我們會於三十日內以書面形式知會忠意。

3. I/We declare and agree on behalf of myself/the Insured and other person referred to this form that all statements and answers to all questions, whether or not written by my/our own hand, are to the best of my/our knowledge and belief complete and true.

本人/我們謹此代表本人/受保人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，不論是否本人/我們親手所寫，就本人/我們所知所信，均為事實全部並確實無訛。

4. I/We hereby authorize on behalf of myself/the Insured (i) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Insured to disclose such information to Generali or its representatives any and all information with respect to the my/the Insured’s health, medical history, hospitalization, advice, treatment, disease, investigatory result, employment record, accident report or statement (including but not limited to completing claim form – part II of Generali); (ii) Generali or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Insured in relation to this claim. This authorization shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this declaration and authorization shall be considered as effective and valid as the original.

本人/我們謹此代表本人/受保人同意及授權(i)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人/受保人健康、病歷、住院、治療、疾病、調查結果、受僱記錄、意外報告或其他資料之紀錄者，均可將該等資料(包括但不限於填寫忠意的賠償申請表格 – 第二部份)提供給忠意或其指定的代表人士；(ii)忠意或任何其指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人/我們之繼承人及承讓人員具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權及同意書的影印本與正本均有同等效力。

5. I/We declare and agree that I/we have the full authority from and consent of the Insured to make the above authorizations.

本人/我們聲明及同意已獲受保人授權及同意本人/我們作出上述授權。

Signature of the Insured (Aged 18 or above)
受保人簽署 (十八歲或以上)

Name in block letters and ID / Passport No. of Insured
受保人姓名(正楷書寫) 及身份證 / 護照號碼

Sign Date (dd / mm / yyyy)
簽署日期 (日 / 月 / 年)

Signature of the Policyholder
保單持有人簽署

Name in block letters and ID / Passport No. of Policyholder
保單持有人姓名(正楷書寫) 及身份證 / 護照號碼

Sign Date (dd / mm / yyyy)
簽署日期 (日 / 月 / 年)

Personal Information Collection 收集個人資料聲明

- a. From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the **Company**, and/or the processing of any or all other requests, enquiries and complaints from you.

閣下須要不時向忠意人壽(香港)有限公司/忠意保險有限公司香港分行(如適用)(「**本公司**」)提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料(「**個人資料**」),以讓**本公司**為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

- b. Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.

閣下向**本公司**提供的**個人資料**全屬自願。然而,若閣下未能提供**個人資料**,可能導致**本公司**不能為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

- c. The purposes for which the **Personal Data** may be used are as follows: (i) administering your insurance application, arranging and executing insurance contracts and/or related products and services, and managing your account with the **Company**;(ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the **Company**;(iii) exercising rights of subrogation(if applicable);(iv) collection of amounts outstanding (if any) from customers;(v) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**;(vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;(vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities;(viii) conducting data matching procedures;(ix) designing insurance and/or related products and services for customers' use;(x) marketing insurance and/or other related products and services of the **Company** and/or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company) (hereinafter referred to as the **Group Entities**"); (xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies;(xii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and(xiii) fulfilling any other purposes directly relating to (i) to (xii) above.

個人資料可被用於以下用途:(i)處理閣下的保險申請,安排並執行保險合約或相關產品與服務,並管理閣下在**本公司**的賬戶;(ii)處理(包括但不限於調查、分析、評估和裁定)及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜;(iii)行使代位權(如適用);(iv)向客戶追收尚欠金額(如有);(v)經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險;(vi)透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡;(vii)提供客戶服務(包括但不限於處理查詢和投訴)及其他相關活動;(viii)進行資料核對程序;(ix)設計保險及/或相關產品與服務供客戶使用;(x)推銷**本公司**及/或**本公司**的關聯公司(包括但不限於本集團的公司、母公司、本母公司的信託公司)(下文合稱為「**集團實體**」)的保險及/或其他相關產品與服務;(xi)**本公司**、**集團實體**、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究;(xii)為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,或**本公司**及/或**集團實體**應要遵守的任何其他有關規定,包括但不限於對客戶進行盡職審查及披露有關資料;及(xiii)實現與上述(i)至(xii)直接有關的任何其他用途。

- d. The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related:(i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business;(ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;(iii) overseas locations or branches, as appropriate, of the **Company** and/or its **Group Entities**;(iv) persons to whom the **Company** and/or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c)(xii);(v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and/or its **Group Entities**;(vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and/or its **Group Entities**.

由**本公司**持有的**個人資料**將受到保密,但**本公司**可依據以上(c)段所列的用途向以下各方(不論在香港特別行政區境內還是境外)提供**個人資料**,事前無須知會閣下及/或該等**個人資料**所涉及的任何其他有關人士:(i)中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方;(ii)相關的保險業協會或聯會,及/或該等協會或聯會的成員;(iii)**本公司**及/或以適用的**集團實體**海外辦事處或分行;(iv)根據上述(c)(xii)的規定,**本公司**及/或**集團實體**負有義務須向其作出披露的人士;(v)任何根據法律約束之下,**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構(包括但不限於稅務局、保險業監管局等);(vi)**本公司**的合法繼承人或受讓人;及(vii)對**本公司**及/或**集團實體**負有保密責任的人士。

- e. The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.

本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料,來核實任何或所有**個人資料**。

- f. In accordance with the Personal Data (Privacy) Ordinance (Cap 486): (i)any individual has the right to: (A) check whether the **Company** holds **Personal Data** about him/her and, if so, obtain a copy of such data;(B) require the **Company** to correct any **Personal Data** relating to him/her that is inaccurate; and (C) ascertain the **Company's** policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.

根據第 486 章《個人資料(私隱)條例》:(i)任何人士均有權:(A)查詢**本公司**有沒有持有其**個人資料**,如有的話,可取得一份該等資料;(B)要求**本公司**改正其任何不正確的**個人資料**;及(C)查明關於**本公司**的**個人資料**政策和處事常規,並可獲通知有關**本公司**所持**個人資料**的種類;及(ii)**本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。

- g. The person to whom requests for access to **Personal Data** and/or correction of **Personal Data** and/or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable),21/F, 1111 King's Road, Taikoo Shing, Hong Kong.

如欲查閱及/或改正**個人資料**及/或查詢關於**本公司**的政策和處事常規及所持**個人資料**的種類,請向以下人員提出要求:

個人資料保護主任忠意人壽(香港)有限公司或忠意保險有限公司香港分行(如適用)香港太古城英皇道1111號21樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

附註:本收集個人資料聲明的英文及中文版本之間如有任何歧義,概以英文版本為準。