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Generali Health Plan 忠意健康保險

HOSPITALIZATION & SURGICAL CLAIM FORM 住院及手術賠償申請表

(This Form is applicable to both in-patient and day/out-patient surgical claims 本申請表適用於住院及日間/門診手術賠償)

Note:

1. Please complete this Form in BLOCK letters. 請以英文正楷填寫本賠償申請表。
2. Please refer to the 'Instructions for Claiming' when filing a claim and the claim documents required for this claim. 遞交賠償申請前和有關索償所需的文件，請參閱索償指引。
3. In case of discrepancies between the English and Chinese versions of this Claim Form, the English version shall prevail. 本賠償申請表英文版本及中文版本之間如有任何歧義，概以英文版為主。

PART I – TO BE COMPLETED BY THE PATIENT/POLICYHOLDER 第一部份 – 由病者/保單持有人填寫

Policy No. 保單號碼:	Policyholder's Name 保單持有人姓名:
Certificate No. 被保人編號:	

Name of Patient (Insured Person) 病者(受保人)姓名:		HKID/ Passport No. 香港身份證 / 護照號碼： (please attach copy 請附上副本)	
Occupation 職業：	Date of Birth 出生日期： (DD / MM / YYYY 日/月/年)	Sex 性別：	☐ M 男 ☐ F 女
Relationship to Policyholder 與保單持有人關係：	☐ Self 本人 ☐ Spouse 配偶	☐ Child 子女	☐ Staff 僱員
Day Time Contact Telephone No. 日間聯絡電話:		Email address 電子郵件地址:	

Date of Hospitalization / Surgery 住院/門診手術日期
From 由(DD / MM / YYYY 日/月/年) _____ to 至 (DD / MM / YYYY 日/月/年) _____

Hospitalization/surgery was due to illness 住院/手術因疾病引致:

1. Describe the symptoms and abnormalities which led to the hospitalization/surgery 描述導致此次住院的症狀和異常: _____
2. When did these symptoms first appear 有關症狀何時首次出現? _____
3. Name, address and telephone no. of doctor / hospital the patient first consulted for the illness 就此病症首次求診醫生/醫院名稱、地址及電話:
4. Date of the first consultation 首次求診日期(DD / MM / YYYY 日/月/年):
5. Has the patient ever received treatment by other doctor(s) or been admitted to hospital in the past for similar or related illnesses? 病者過去有否就此病症，类似或相關疾病接受其他醫生診治或入院治療?
   ☐ Yes 有 ☐ No 否 If yes, please specify 如有，請提供:
   Treatment Date 治療日期(DD / MM / YYYY 日/月/年): _____
   Name, address and telephone no. of the doctor(s) / hospital(s 醫生/醫院名稱、地址及電話: _____

Hospitalization/ surgery was due to accident 住院/手術因意外引致:

1. Nature of the accident 意外性質:
   ☐ Non-work related 與工作無關 ☐ Work related 與工作有關
2. When did it happen 發生時間?
   Date 日期(DD / MM / YYYY 日/月/年): _____ Time 時間 : _____
3. Where and how did it happen 地點及如何發生? _____
4. Injured area, type and severity of the injury 受傷的部位，類型和嚴重程度:
   Was the accident reported to the police 病者有否報警?
   ☐ Yes 有 ☐ No 否
   If yes, please send us a copy of the police report 如有，請提供警察報告
5. Was there any concurrent / predisposing illness at the time of accident 意外發生時，有否並發/誘發疾病同時出現? ☐ Yes 有 ☐ No 否
   If yes, please provide details 如有，請提供詳情: _____

Other Insurance or Compensation Claims 其他保險金或補償金申請

Are you also filing any other insurance or compensation claims as a result of the same hospitalization/surgery ? 閣下會否就此次住院/手術申請其他保險金或補償金? ☐ Yes 會 ☐ No 不會 If yes, please provide 如會，請提供: Name of the insurance company 保險公司名稱: _____

Policy no. 保單號碼:_____ Type of insurance 保險種類: _____

☐ All original bill(s) and receipt(s) will not be returned. Please make your own copies as required. If you need the certified true copy of the bill(s) and receipt(s), please check the box and provide a brief reason for the request. 所有正本收據及收條將不獲發還，請自行影印副本。如需取回收據的核實副本, 請於方格內填上'✓'號，並請提供簡單原因：

_____

Instructions For Claiming 賠償指引

1. The policyholder or the patient should complete Part I of the Claim Form, while Part II should be completed by the attending physician.
2. All original bills and receipts must be attached showing the date of treatment, patient's name, diagnosis, breakdown of charges and the attending physician's stamp and signature.
3. Claim form must be sent to the Generali Assistance Centre within **90 days** from the date of discharge / treatment.
4. If the hospitalization and/or out-patient surgery was made outside Hong Kong Special Administrative Region, please provide claim supporting documents in English or Chinese.
5. If the hospitalization was made in a Hong Kong Special Administrative Region Hospital Authority's Hospital, please attach the Discharge Summary for provision of diagnosis and surgery information.
6. Please ensure that all fields in Part I and Part II of this Claim Form are completed and that all required claim documents are submitted. Incomplete forms or omissions may cause processing delays. Additional information related to this claim may be requested.
7. If the submitted claim is approved, the claim payment (in Hong Kong Dollars) will be reimbursed by autopay to the bank account most recently specified by the policyholder and recorded with Generali.

1. 此賠償申請表之第一部份須由保單持有人或病者填報，而第二部份則須由主診醫生填報。
2. 必須附上所有正本單據及收據，單據及收據須包括診治日期，病者姓名，病症，分項收費以及由主診醫生蓋章及簽署。
3. 賠償申請必須在出院/治療後**90日**內交回忠意保險支援中心。
4. 如在香港特別行政區以外地區住院及/或進行門診手術，請提供以英文或中文版本之賠償文件。
5. 如入住香港特別行政區的政府醫院，請提供由醫院簽發的出院摘要，以便提供病症及手術資料。
6. 請確保此賠償申請表的第一及第二部份已填妥,並遞交所需索償文件。若此賠償申請表未完全填妥或未有提供足夠理賠資料，賠償處理將被延誤。保單持有人/索賠人可能會被要求就此項索賠提供額外資料。
7. 當賠償獲批准後，賠款 (港幣) 會以自動轉帳方式存入保單持有人存於忠意保險記錄中的指定銀行賬戶內。

Declaration & Authorization 聲明及授權書

I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the **"Statement"**) issued by Assicurazioni Generali S.p.A., Hong Kong Branch (**"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 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 Insured Person and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

I/We hereby declare and agree that all statements and information provided herein together with any subsequent alternations or supplements of it are collected to enable Generali to carry on insurance business and may be transferred to and/or used by Generali (including its subsidiaries, affiliated companies and associated companies, whether they are located or registered in Hong Kong or outside of Hong Kong) and any service providers as set out in paragraph d (i) of the Personal Information Collection Statement (whether they are located or registered in Hong Kong or outside of Hong Kong) for the purpose of adjudicating this insurance or related claims thereof, approving and underwriting the application, administering and reinsuring the policy, and/or preventing money laundering and/or terrorist financing activities. Supply of information under this Form is a condition precedent to claim for the relevant benefit(s) available under the policy.

I/We also hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution, or individual that has any record or knowledge of my/the Insured Person's health and medical history of any treatment or advice and that has been or may hereafter be consulted to disclose to Generali such information. This authorization shall bind my/the Insured Person's successors and assigns and remain valid notwithstanding my/the Insured Person's death or incapacity in so far as legally possible.

A faxed or photographic copy of this authorization shall be as valid as the original.

本人 / 我們確認，本人 / 我們已獲提供一份由忠意保險有限公司香港分行(「忠意保險」) 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 / 我們同意忠意保險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 (如適用的話) 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忠意保險，並允許忠意保險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。

本人 / 我們在此聲明及同意，所提供之所有資料與任何日後作出之修訂或補充，目的在於確保忠意之保險業務得以順利運作，而該等資料可供忠意保險 (包括其附屬分公司，關聯公司及聯繫公司，不論其位於或註冊於香港或香港境外) 及在收集個人資料聲明中第d (1)項註明的任何服務供應商 (不論其位於或註冊於香港或香港境外) 轉移及/或用以處理有關之保險或索償申請、批准此申請、管理此保單並安排分保及/或防止洗黑錢及/或恐怖分子融資活動，於本申請表內提供之資料作為索取保單所列明之賠償的先決條件。

本人 / 我們亦謹此授權任何知悉或擁有本人 / 受保人之健康狀況及病歷或任何治療或諮詢記錄及曾為或將本人 / 受保人診治之機構、組織或人士，向忠意保險透露有關資料，不得撤回。即使本人 / 受保人死亡或喪失能力，此授權書仍然存有法律效力，而本人 / 受保人之繼承人及轉讓人亦會受此授權書約束。

此授權文件之傳真或影印本皆與正本同樣有效。

Date signed (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)	Signature of Patient (if Aged 18 or above) 病人簽署 (如十八歲或以上)	Signature of Policyholder 保單持有人簽署

Please send the completed Claim Form with required documents to
請將填妥的賠償申請表連同所需文件寄到以下地址

21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong 香港英皇道
1111號太古城中心一期21樓

If you have any enquiries about your claim, please contact Generali Customer Services Department : +852 3187-6187
請聯絡忠意保險客戶服務部熱線查詢索賠事宜：+852 3187-6187

PART II – TO BE COMPLETED BY THE SURGEON / ATTENDING PHYSICIAN 第二部份 – 由主診醫生填寫

(At the claimant's own expenses 所需費用有索償人自行承擔)

Name of Patient 病者姓名:	HKID/ Passport No. 香港身份證 / 護照號碼：
Date of Birth 出生日期 (DD / MM / YYYY 日/月/年)：	Date of Admission 入院日期(DD / MM / YYYY 日/月/年):
Name of Hospital/Clinic 醫院/診所名稱：	Date of Discharge 出院日期(DD / MM / YYYY 日/月/年):
Level of Hospital Ward 病房級別： ☐ Private 頭等房 ☐ Semi-private 二等房 ☐ Ward 三等房 ☐ day/out-patient surgery 日間/門診手術	
Day Time Contact Telephone. No.日間聯絡電話:	Email address 電子郵件地址:

1. Consultation History 求診記錄

a) Date on which the patient first consulted you in relation to this illness/ injury 病者就此疾病/受傷後，首次向閣下求診的日期 (DD日/MM月/YY年): _____

b) Date on which the patient last consulted you before admission 病者入院前最後向閣下求診的日期 (DD日/MM月/YY年): _____

c) Symptom(s)/ complaint(s) of the patient relating to this hospitalization/ treatment/ investigation 病者就此次住院 / 治療 / 檢驗所出現的相關症狀及不適:

_____

_____

d) How long had the patient been experiencing these symptoms before the first consultation? 這些症狀於病者首次求診前已持續了多久？

_____

2. Hospitalization / Day / Out-patient Surgery Details 住院/日間/ 門診手術詳情

a) Country of hospitalization / day/ out-patient surgery performed 住院/日間/門診手術的所在國家:

_____

b) Final Diagnosis 最後的診斷結果: _____ Date of Operation 手術日期 (DD日/MM月/YY年) _____

c) Treatments/Operation procedure(s) performed 治療/手術的名稱: _____

_____

d) If the patient has consulted other physicians during this hospitalization, please provide the following 如病者於住院期間曾向其他醫生求診，請提供以下資料：

Name of physician consulted醫生姓名:_____ Reason 原因: _____

What treatments had the physician performed 治療詳情: _____

e) Please give a brief discharge summary (including onset and duration of signs and symptoms/ disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院撮要（包括發病時的病徵 / 症狀,持續多久;病因、主要檢查項目及結果、治療、併發症及跟進治療的詳情）

_____

_____

f) Please provide reason(s) for hospitalization if this type of cases can be managed on day care/ out-patient basis. 若此次病症能在日間醫療中心 / 診所內進行治療，請提供需要住院的原因。

_____

_____

3. Professional Comment 專業意見

a) 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 date of the first episode and details.就閣下意見，病者是次住院治療是否因復發性或慢性疾病所引致或與以往的不適 / 病症有關? 若答案為 "是"，請提供首次發病日期及其詳情。

_____

_____

b) Was the condition due to or associated with the following? (Please tick the appropriate boxes)就是次住院/手術是否出於或與以下所列的情況有關（請在適當空格填上'✓'號）

☐ Pregnancy or Complications of pregnancy, please state conception date based on the last menstruation period 懷孕或妊娠並發症, 請註明受孕日期以最後經期日(DD日/MM月/YY年): _____

☐ Congenital condition 先天性疾病 / 異常 ☐ Hereditary condition 遺傳性問題 ☐ Self-inflicted injury 自我傷害

☐ Infertility or sterilization 不育或絕育 ☐ Contraception 避孕 ☐ Developmental condition 發育問題異常

☐ Abuse of drugs or alcohol 濫用藥物或酒精 ☐ Mental disorder 精神紊亂 ☐ Treatment for cosmetic purpose 美容性質的治療

☐ General check-up 一般身體檢查 ☐ Refractive error 屈光不正 ☐ Vaccination 疫苗接種

☐ 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

☐ NONE OF THE ABOVE 以上答案都不是

4. Others 其它

a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病者由其他醫生轉介，請提供轉介醫生的姓名和地址。

_____

b) Are you the patient's usual physician? 閣下是否該病者的慣常醫生？ ☐ Yes 是 ☐ No 否

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 of Attending Physician/Surgeon 主診醫生 / 外科醫生簽名 Title and Chop資歷及蓋章

_____ _____

Name of Attending Physician/Surgeon 主診醫生/ 外科醫生姓名 Date signed (DD/MM/YYYY) 簽署日期（日 / 月 / 年）

_____

_____

Address and Telephone No. 地址及電話號碼

In case of discrepancies between the English and Chinese versions of this Claim Form, the English version shall prevail. 本索償表英文及中文版本之間如有任何歧義，概以英文版本為準。

Personal Information Collection Statement

a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (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.

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.

c) The purposes for which the **Personal Data** may be used are as follows:
   i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services;
   ii) administering insurance policies issued and/ or arranged by the **Company**;
   iii) 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**;
   iv) exercising rights of subrogation, if applicable;
   v) collection of amounts outstanding (if any) from customers;
   vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the **Company**;
   vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;
   viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities;
   ix) conducting data matching procedures;
   x) designing insurance and/ or related products and services for customers' use;
   xi) 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 such affiliated companies are collectively referred to as the "**Affiliated Companies**"));
   xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time;
   xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority;
   xiv) 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 **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and
   xv) fulfilling any other purposes directly relating to (i) to (xiv) above.

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) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, 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 **Affiliated Companies**;
   iv) persons to whom the **Company** and/ or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/ or its **Affiliated Companies** are expected to comply with;
   v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/ or its **Affiliated Companies**;
   vi) lawful successors or assigns of the **Company**; and
   vii) persons who owe a duty of confidentiality to the **Company** and/ or its **Affiliated Companies**.

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.

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

g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows:

Personal Data Protection Officer,
Assicurazioni Generali S.p.A., Hong Kong Branch,
21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong

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

收集個人資料聲明

a) 閣下須要不時向忠意保險有限公司香港分行（「**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) 閣下是自願向**本公司**提供**個人資料**的。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及/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) **個人資料**可被用於以下用途：
   i) 處理（包括但不限於承保）及/或審批保險及/或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效；
   ii) 管理經由**本公司**發出及/或安排的保單；
   iii) 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；
   iv) 如適用的話，行使代位權；
   v) 向客戶追收尚欠金額（如有）；
   vi) 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；
   vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
   viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；
   ix) 進行資料核對程序；
   x) 設計保險及/或相關產品與服務供客戶使用；
   xi) 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（該等關聯公司在下文合稱為「**關聯公司**」））的保險及/或其他相關產品與服務；
   xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；
   xiii) **本公司**、**關聯公司**、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究；
   xiv) 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，以及**本公司**及/或**關聯公司**應要遵守的任何其他有關規定，包括但不限於披露有關資料；及
   xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。

d) 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) 就**本公司**的業務營運向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、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/或任何其他有關各方，以適用者為準；
   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**關聯公司**的海外辦事處或分行，以適用者為準；
   iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，**本公司**及/或**關聯公司**負有義務須向其作出披露的人士；
   v) 根據對**本公司**及/或**關聯公司**有約束力的任何法律之下，**本公司**及/或**關聯公司**須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；
   vi) **本公司**的合法繼承人或受讓人；及
   vii) 對**本公司**及/或**關聯公司**負有保密責任的人士。

e) **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) 根據《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) 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
   忠意保險有限公司香港分行
   香港英皇道 1111 號 太古城中心一期 21 樓

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。