



Policy Amendment Request Form 更改保單內容申請書 Generali Prestigio Health Plan 忠意優晉醫療計劃

Note:

1. Please complete this Policy Amendment Request Form in **BLOCK LETTERS** in BLACK/BLUE PEN. Any corrections should be signed by the policyholder or complete a new form. Corrective fluid should not be used.
請使用黑色/藍色筆以**英文正楷**填寫本更改保單內容申請書。本申請書內任何修改應在旁加簽或重新填寫一份。不可使用塗改液。
2. This Policy Amendment Request Form has to be signed by the policyholder with signature same as recorded in the policy file, and where applicable, submit together with the relevant document proof(s) in respect to Assicurazioni Generali S.p.A., Hong Kong Branch ("**Generali**").
此申請書須由保單持有人簽名，簽名式樣須與保單上的記錄相符，如適用，請將相關證明文件一起提交忠意保險有限公司香港分公司（“忠意保險”）。
3. Please tick in the box to indicate the change(s) to apply and * delete whichever is inappropriate.
請於適當方格內加‘√’號及於 * 刪去不適用者。
4. Generali shall have the right to reject your application for change if you fail to fulfil Generali's requirements.
如閣下未能符合忠意保險的有關規定，忠意保險有權拒絕閣下的申請。
5. Except Part I, all changes, shall be effective upon next policy renewal date, unless otherwise approved by Generali.
除忠意保險特別批准外，所有更改(第一部分除外)將於下次保單續保日生效。
6. In case of discrepancies between the English and Chinese versions of this Policy Amendment Request Form, the English version shall prevail.
本更改保單內容申請書英文及中文版本之間如有任何歧義，概以英文版本為準。

Name of Policyholder 保單持有人姓名 _____

Policy Number 保單號碼 _____

I. Change of Personal Particulars 更改個人資料

Please attach relevant document proof(s) together with this application (certified true copy of Deed Poll and copy of HKID card/passport/birth certificate or other legal documents etc) for any change of information in this section.
如下列資料有所更改，請連同本申請書一併遞交相關證明文件(請附上轉名契據核實副本及香港身分證/護照/出生證書或其他法律文件副本。)

- Policyholder 保單持有人 Insured Person 受保人
- Name 姓名
Full Name in policy record 保單記錄姓名 _____
New Full Name (English) 新姓名 (英文) _____
(Chinese) (if applicable) (中文)(如適用) _____
- Nationality 國籍
Nationality in policy record 保單記錄國籍 _____
New Nationality 新國籍 _____
- Date of Birth (dd/mm/yy) 出生日期 (日/月/年) _____
- Gender 性別
 Male 男
 Female 女

- Country of Residence 居住國家
Country of Residence in policy record 保單記錄居住國家 _____
New Country of Residence 新居住國家 _____
New Residence Address (English) 新居住地址 (英文) _____
- Correspondence Address (English) 通訊地址 (英文) _____
- Contact Telephone Number (country code-area code-telephone no.) 聯絡電話號碼 (國家號碼-地區號碼-電話號碼)
 - Office 公司 _____
 - Home 住宅 _____
 - Mobile 手提 _____
- Email Address 電郵地址 _____
- Others (please specify in details) 其他 (請詳細列明)

II. Change of Policyholder 更改保單持有人

Please complete item 1 and item 2 for change in this section, and provide proof. 如下列資料有所更改, 請填妥以下的第一及第二項並提供證明。

- Principal Insured Person as the new Policyholder 主受保人為新保單持有人
- Insured Spouse as the new Policyholder and Principal Insured Person 受保配偶為新保單持有人及主受保人

1 · Reason of Change 更改原因 _____

2 · Signature of the New Policyholder 新保單持有人簽名

III. Addition of Insured Person(s) 增加受保人

Please complete the Health Declaration in Part IX, provide proof and submit the applicable premium, payable to 'Assicurazioni Generali S.p.A.' together with this Form. 請填寫第九部份的健康聲明, 提供證明並繳付相應保費與「忠意保險有限公司」。

- Insured Person(s) to be added at next policy renewal date. 於下次保單續保日增加受保人
- Insured Person(s) to be added during the policy year (newly wedded spouse and new born baby(ies) only) 於現保單年度中增加受保人 (只限新婚配偶及新生嬰兒)

Full Name of Insured person 受保人姓名		Relationship with Policyholder/Principal Insured Person [#] 與保單持有人/主受保人關係 [#]	Gender 性別	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	HKID Card/ Passport/Birth Certificate No. * 香港身分證/護照 /出生證書號碼*	Country of Residence 居住國家	Height (cm) 身高 (厘米)	Weight (kg) 體重 (公斤)
English 英文	Chinese (if applicable) 中文 (如適用)							

[#] If the policyholder is a company. 如保單持有人是公司。

IV. Deletion of Insured Person(s) 減少受保人

- Insured Person(s) to be deleted at next policy renewal date 於下次保單續保日減少受保人
- Insured Person(s) to be deleted during the policy year [#] (death of the insured person to be deleted only) (please provide proof) 於現保單年度中減少受保人[#] (只限去世的受保人) (請提供證明)

Full Name of Insured person 受保人姓名		Relationship with the Policyholder/Principal Insured Person [#] 與保單持有人/主受保人關係 ^{##}
English 英文	Chinese (if applicable) 中文 (如適用)	

[#] No premium refund will be made if claims is paid or payable. 如曾有理賠記錄則保險費將不獲退還。

^{##} If the policyholder is a company. 如保單持有人是公司。

V. Change of Coverage 更改保障

Same coverage change(s) shall apply to all Insured Person(s) under the same policy. For changes that result in additional premium chargeable (except 'Change of Territorial Scope'), please complete the Health Declaration in Part IX. For any change(s) in this section, please pay the applicable premium payment to 'Assicurazioni Generali S.p.A.' together with this Form.

同一保單下所有受保人的保障更改必須一致。如在本欄內的更改導致保費增加 (更改保障地域範圍除外), 請提供證明並繳付相應保費與「忠意保險有限公司」。

- Change of Territorial Scope 更改保障地域範圍
 - Worldwide 環球
 - Worldwide excluding USA 國際 (不包括美國)
 - Asia 亞洲
- Change of Annual Deductible Level 更改自負額等級
(If your current policy has optional 'Out-patient Benefit', respective change in the coinsurance level applies automatically.) (如閣下現有的保單包含自選 '門診保障', 其共保等級亦會相應更改。)
 - HK\$0 港幣 0
 - HK\$10,000 港幣 10,000
 - HK\$25,000 港幣 25,000
 - HK\$50,000 港幣 50,000
 - HK\$80,000 港幣 80,000
- Addition of Optional Benefits 更加自選保障
 - Out-patient 門診
 - Out-patient plus Dental 門診及牙科
- Deletion of Optional Benefits 減除自選保障
 - Out-patient 門診
 - Out-patient plus Dental 門診及牙科

VI. Change of Premium Payment Method 更改保費繳付方法

'You' in this Part refers to all Insured Person(s) in this policy. Please note that the Insured Person(s) will not be eligible for claims resulting from the non-disclosure of any health information.

「你」在本部分是指本保單所有受保人。請注意，任何因未經填報之健康狀況而引致之索償申請，將不獲接納。

		Yes 是	No 否
1.	Did you experience any weight change in excess of 10 lbs / 4.5kg in the last 12 months? If 'Yes', please give exact amount gained/loss and reason in the Supplementary Information Section. 過去十二個月內，你的體重是否曾增加或減少 10 磅/4.5 公斤或以上？如答「是」，請在補充資料部分註明原因及曾增加/減少磅數/公斤。	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have you smoked any tobacco products within the past 12 months? If 'Yes', please state in the Supplementary Information Section the following information: 你在過去十二個月內曾否吸食煙草製品？如答「是」，請在補充資料部分提供以下資料：	<input type="checkbox"/>	<input type="checkbox"/>
(a)	The type of tobacco products 煙草製品種類		
(b)	The average daily consumption (with unit) 每日平均數量(單位)		
(c)	Number of years you have smoked 你已吸食煙草製品多少年		
(d)	If ceased smoking, please state when and for what reason 如已停止吸食煙草製品，請說明原因及日期。		
3.	Do you take soft drugs, narcotics or alcohol? If "Yes", please provide details on the type and the average weekly consumption in the Supplementary Information Section. 你是否服食任何成癮藥物、吸毒或飲酒？如答「是」，請在補充資料部分列明類別和每星期平均份量。	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you now taking any medication, having injection or on a special diet? 你現時是否服食或注射任何藥物或需要特別飲食限制？	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have your natural parents or siblings ever had diabetes, cancer, high blood pressure, heart problems, mental disease, multiple sclerosis, muscular dystrophy, stroke, kidney disease (e.g. polycystic kidney disease) or any other hereditary disease(s)? If "Yes", please provide the family medical history in the Supplementary Information Session. 你的親生父母或兄弟姊妹有否患有糖尿病、癌症、高血壓、心臟疾病、精神病、多發性硬化症、肌肉萎縮症、中風、腎病(例如：多囊腎症)或其他遺傳病？如答「是」，請在補充資料部分提供家庭病史。	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever had and/or been treated for and/or been told you had any of the following diseases or disturbances: 就你曾否患有及/或接受治療及/或被告知患有以下任何疾病或機能失調：		
(a)	chest pain, palpitation, high blood pressure, rheumatic fever, heart murmur, heart attack, shortness of breath, poor circulation or other disorder of the heart? 胸痛、心悸、高血壓、風濕性熱、心雜音、心臟病、呼吸困難、血液循環不良或其他心臟疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(b)	lungs or respiratory disorder, disease of nose or throat, blood spitting, persistent hoarseness or cough, bronchitis, pleurisy, asthma, emphysema or tuberculosis? 肺或呼吸器官疾病、鼻或喉之疾病、吐血、持久沙啞或咳嗽、支氣管炎、胸膈炎、哮喘、肺氣腫或肺結核？	<input type="checkbox"/>	<input type="checkbox"/>
(c)	jaundice, hepatitis B / C carrier, ulcer, colitis, gallstones, diverticulitis, recurrent indigestion, hernia or other disorder of the esophagus, stomach, pancreas, intestines, rectum, anus, liver or gallbladder? 黃膽病、乙 / 丙型肝炎帶菌、潰瘍、結腸炎、膽石、憩室炎、經常消化不良、疝氣或其他食道、胃、胰臟、腸、直腸、肛門、肝或膽的疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(d)	sugar, albumin, blood or pus in urine; stone or other disorder of kidney, bladder, prostate or reproductive organs? 尿中有糖、蛋白、血或膿；腎、膀胱、前列腺或生殖器官結石或其他疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(e)	disorder of eye or ear, dizziness, convulsion, epilepsy, seizure, headaches, speech defect, paralysis or stroke; mental or nervous disorder? 眼或耳的疾病、暈眩、痙攣、癲癇、抽搐、頭痛、語言缺陷、癱瘓或中風、精神病或神經系統疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(f)	diabetics, thyroid or other endocrine (glandular) disorder? 糖尿、甲狀腺或其他內分泌系統(腺系統)的疾病？	<input type="checkbox"/>	<input type="checkbox"/>
(g)	deformity, lameness or amputation; disorder of the spine, back, neck, joints, muscles, bone, nerves including neuritis, sciatica, or autoimmune disease (e.g. any form of	<input type="checkbox"/>	<input type="checkbox"/>

	arthritis, rheumatoid arthritis, gout, systemic lupus erythematosus (SLE) or any other connective tissues disease etc.)? 畸形、跛或斷肢、脊椎骨、背部、頸、關節、肌肉、骨、神經系統的疾病包括神經炎、坐骨神經痛或自體免疫疾病(如：各種關節炎、風濕性關節炎、痛風、全身性紅斑狼瘡或其他結締組織疾病等)?		
(h)	cancer, tumour, cyst or disorder of the skin or lymph gland? 癌症、腫瘤、囊腫或皮膚或淋巴腺的疾病?	<input type="checkbox"/>	<input type="checkbox"/>
(i)	congenital disorder, allergies, anaemia; leukemia; or other disorder of blood? 先天性的疾病、敏感、貧血、白血病或其他與血有關的疾病?	<input type="checkbox"/>	<input type="checkbox"/>
(j)	venereal disease or have you received any medical advice, counselling, treatment in connection with AIDS, AIDS related complex or condition and/or have you had any blood test for the HIV virus? 性病或你是否曾接受愛滋病、與愛滋病有關之併發症或其綜合群徵的任何醫療建議、輔導或治療，及/或你曾否接受愛滋病毒的血液測試?	<input type="checkbox"/>	<input type="checkbox"/>
(k)	have you ever received any blood transfusion or blood substitute? 你曾否接受輸血或血液代替品?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had any illness, injury, operation, medical advice or hospital treatment not mentioned above or are you expecting to be hospitalized or to undergo any surgical operation? 你曾否患有上文並未提及或預期接受留院或手術的疾病、受傷、手術、醫療建議或留院治療?	<input type="checkbox"/>	<input type="checkbox"/>
8.	In the past five years, have you ever had any investigatory and/or diagnostic test such as X-ray, CT scanning, ultrasonogram, biopsy, electrocardiogram, genetic test, blood test, urine study or are you expecting to receive or considering taking those tests? 在過去五年，你曾否接受或預期接受或現正考慮接受調查性質及/或診斷檢驗如 X-光、電腦掃描、超聲波掃描、組織化驗、心電圖、遺傳基因檢驗、血液檢驗、驗尿?	<input type="checkbox"/>	<input type="checkbox"/>
9.	For Female Proposed Insured Person: 女準受保人適用:		
(a)	Have you ever had and/or been treated for and/or been told you had any disorder of the breast or reproductive organs including abnormal smear tests or abnormal bleeding or menstrual irregularity or any complications during pregnancy or delivery? 你曾否患有及/或接受治療及/或被告知患有任何乳房或生殖器官疾病包括不正常塗片檢驗或異常出血或月經不調或於懷孕或生產期間所引致之任何併發症?	<input type="checkbox"/>	<input type="checkbox"/>
(b)	Are you now pregnant? If "Yes", please state the expected date of delivery in the Supplementary Information Section. 你現在是否懷孕? 如答「是」，請在補充資料部分說明預產期。	<input type="checkbox"/>	<input type="checkbox"/>
10.	Please state the following details of your usual attending doctor or any clinic or hospital you have consulted in the last 12 months (if any). 請填寫你慣常諮詢的醫生或過去12個月曾諮詢的診所或醫院資料(如有)。		
	Proposed Insured Person Name 準受保人姓名		
	Name of doctor / clinic / hospital 醫生/診所/醫院名稱		
	Address and telephone no. 地址及電話號碼		
	Date of last consultation 最後求診日期		
	Reason and Result of last consultation 最後求診原因及結果		

If your answer to Section IX Question 1, 2, 3, 5 and 9b above is(are) 'Yes', please give details in the Supplementary Information Section below, stating the question number(s) :

如果你就IX部分問題1、2、3、5和9b的回答為「是」，請在以下補充資料部分列出有關詳情，並請列明問題號碼：

Supplementary Information Section 補充資料部分	
Question	Details 詳細資料

No. 問題	

If your answer to Section IX Question 4, 6, 7, 8 and 9a above is(are) 'Yes', please give details of the medical condition in the space provided below, and provide a copy of the relevant medical report(s):

如果你就IX部分問題4、6、7、8及9a 的回答為「是」，請在下方列出有關詳情，並提供相關的醫療報告副本：

Question No. 問題	Name of Proposed Insured Person 準受保人姓名	Symptom/nature of disorder /infected areas/diagnosis 病癥/疾病性質/受影響位置/診斷	Treatments/test results/operation/ medication received 接受的治療/檢查/手術/藥物	Date of tests/onset 檢查日期/病發日期	Date of Recovery; Degree of recovery/present condition 痊癒日期; 痊癒程度/現況	Name, address and telephone no. of the attending doctor 醫生姓名、地址及電話號碼

X. Personal Information Collection Statement 收集個人資料聲明

- 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 the 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.*

Use and Provision of Personal Data in Direct Marketing

(This section forms part of the Personal Information Collection Statement.)

- 1) The **Personal Data**, including but not limited to, name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information may be used for the purpose of direct marketing:
 - i) insurance and/ or other related products and services of the **Company** and its **Affiliated Companies**;
 - ii) insurance and/ or other related products and services of the **Company's** co-branding partners (the names of such co-branding partners can be found in the application form(s), proposals, brochures and/ or advertising leaflet(s)/ poster(s) for the relevant products and services, as appropriate) and/ or third parties selected by the **Company**;
 - iii) reward, loyalty and/ or privileges programs/ plans of the **Company**, its **Affiliated Companies** and co-branding partners.
- 2) The **Personal Data** may also be provided to the **Company's Affiliated Companies**, co-branding partners and third party service providers selected by the **Company** for the purpose set out in paragraph (1) above, including, without limitation, call centres.
- 3) The **Company** requires your consent (which includes an indication of no objection) to the use of **Personal Data** for the purpose set out in this section. If you do not wish the **Company** to use or provide to other parties the **Personal Data** for the purpose of direct marketing, you may exercise the opt-out right below or by notifying the **Company** at any time thereafter.

Please tick ("✓") the boxes below if you do not agree with the following use(s) of the **Personal Data** in direct marketing.

- I/ We do not consent to the provision of the **Personal Data** to the third parties as described herein for the purpose of direct marketing.
- I/ We do not consent to the use of the **Personal Data** by the **Company** for the purpose of direct marketing.

(If you do not tick the boxes but sign the Form/ document, you will be regarded as having indicated you have no objection (i.e. you consent) to the use or transfer to third parties of the Personal Data for the purpose of direct marketing by the Company.)

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

- 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：
- 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；
 - 管理經由**本公司**發出及／或安排的保單；
 - 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；
 - 如適用的話，行使代位權；
 - 向客戶追收尚欠金額（如有）；
 - 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；
 - 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；
 - 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；
 - 進行資料核對程序；
 - 設計保險及／或相關產品與服務供客戶使用；
 - 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；
 - 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；
 - 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；
 - 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
 - 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：
- 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；
 - 相關的保險業協會或聯會，及／或該等協會或聯會的成員；
 - 本公司**及／或**關聯公司**的海外辦事處或分行，以適用者為準；
 - 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；
 - 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）；
 - 本公司**的合法繼承人或受讓人；及
 - 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》：
- 任何人士均有權：
 - 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；
 - 要求**本公司**改正其任何不正確的個人資料；及
 - 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
 - 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

使用及提供個人資料作直接促銷

（本節條文是組成「**收集個人資料聲明**」的一部分。）

- 4) **個人資料**，包括但不限於，姓名、聯絡的詳細資料、其他產品及服務組合資料、交易模式及行為，財務背景及人口統計資料可被用作於直接促銷：
- 本公司**及**關聯公司**的保險及／或其他相關產品與服務；

- v) 本公司跟聯名品牌夥伴的保險及／或其他相關產品與服務（聯名品牌夥伴之名稱將載於相關產品及服務的申請表、建議書、宣傳小冊子及／或廣告單張／海報，以適用者為準）及／或本公司所選定的第三方；
- vi) 本公司，關聯公司及聯名品牌夥伴的獎賞、忠誠及／或優惠項目／計劃。
- 5) 就以上（1）段所述的用途，個人資料亦可被提供予本公司的關聯公司，聯名品牌夥伴及本公司所選定的第三方服務提供商，包括但不限於，客戶服務中心。
- 6) 本公司須獲閣下允許（包括表示不反對）本公司可按照本節條文所述的用途使用個人資料。若閣下不希望本公司使用或向第三方提供個人資料作直接促銷用途，閣下可於下方行使退出權利或於日後任何時間知會本公司。

如閣下不同意個人資料用作下列直接促銷用途，請在以下方格內加上剔號（“✓”）：

- 本人／我們不允許貴公司向本文所述的第三方提供個人資料作直接促銷用途。
- 本人／我們不允許貴公司使用個人資料作直接促銷用途。

（若閣下沒有在方格內加上剔號但簽署本表格／文件，閣下會被視之為不反對（即閣下允許）本公司使用或向第三方提供個人資料作直接促銷用途。）

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。

XI. Declaration and Authorisation 聲明及授權書

- a) 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(s) 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.
- b) I/We, and on behalf of all Insured Persons, hereby declare and agree that all statements and information provided in this Application Form are to the best of my/our knowledge and belief complete and true, and all such statements and information shall form the basis and become a part of the policy and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I/We hereby declare that no information (whether or not it is covered by the questions in this application) which may influence Generali’s assessment and acceptance of this application has been withheld and understand that if I/We am/are uncertain as to whether or not a particular information is material, the information should be disclosed.
- c) I/We hereby authorise/and on behalf of all Insured Persons hereby authorise 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/ourselves in relation to this application and any claim arising therefrom. If I / We fail to provide any information requested in this Application Form, it may result in Generali’s inability to process this application. I / We authorize any medical attendant, hospital, clinic, insurance company or other organisation, institution or person, who/which has any records or knowledge of me/us, our health, to divulge to Generali or its authorised representatives or any reinsurers or any tribunal any information he or she or it may have any regard to me/us for the purpose of evaluating this application and any claim arising from the policy. A faxed or photographic copy of this authorisation shall be as valid as the original.
- d) This authorization shall bind the successors and assignees of me/all Insured Persons* and remains valid notwithstanding death or incapacity. A photographic copy of this authorization shall be as valid as the original.
- e) I/We understand, acknowledge and agree that, as a result of the applicant purchasing and taking up the policy to be issued by Generali, Generali will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Generali that he or she is authorized to do so.
- f) I/We understand that no insurance shall be in force until this policy is issued and the initial premium is paid in full.
- g) I/We further understand that the above agreement is necessary for Generali to proceed with the application.
- h) I/We understand that I/We have the right to cancel and obtain a refund of any premium(s) paid by giving written notice provided no claims have been paid or payable. Such notice must be signed by me (the Applicant) and received by Generali within twenty (21) days after the delivery of the policy.**
- a) 本人／我們確認，本人／我們已獲提供一份由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、批露、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，並允許忠意保險可按照該聲明的條款收集、使用、儲存、批露、轉移及以其他方式處理該等個人資料。
- b) 本人／我們，並代表所有受保人，在此聲明及同意，此投保書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，及一切該等陳述及資料，將成為發出保單的根據，並作為保單一部分，並且明白若資料錯誤或不詳盡，可能導致保單之保障無效。本人／我們在此聲明，並無隱瞞任何足以影響忠意保險衡量應否接受此投保書的事實（不論是否已包括在此投保書的問題內）及假如未能確定某些資料是否重要，則應將有關事實予以披露。

- c) 本人 / 我們授權/並代表所有受保人授權忠意保險或任何其他委任之體檢醫生或化驗所，替本人 / 我們進行所需之醫療評估及測試，並對本人 / 我們之健康狀況進行審核及評估，作為處理本申請及其後與之有關的索償事宜。如本人 / 我們不能提供任何此申請表所需的資料，忠意保險可能因此不能處理此投保申請。本人 / 我們謹此授權任何註冊西醫、醫院、診所、保險公司及其他機構、組織或人士，凡知道或擁有有關本人 / 我們或本人 / 我們健康狀況之資料者，均可將該等資料提供給忠意保險或其授權代表或再保險公司或仲裁機構以作評核本保險申請及其後與保單有關的賠償事宜之用。此授權文件之傳真或影印本皆與正本同樣有效。
- d) 本授權對繼承人和我的受讓人/所有受保人均有約束力和保持有效即使死亡或喪失行為能力。此授權文件之影印本皆與正本同樣有效。
- e) 本人/我們明白、確知及同意，忠意保險會就投保人購買及接受其簽發的保單。於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向忠意保險確認他/她已獲該法人團體授權。
- f) 本人 / 我們明白此保單不會生效，除非此保單已發出及忠意保險已收妥所需的首次保費。
- g) 本人(投保人)亦明白忠意保險必須取得本人的同意，才可以處理其保險申請。
- h) 我/我們明白我/我們有權在沒有理賠前提下以書面通知要求取消此份保單及發還任何已付保費。有關通知必須由我(投保人)簽署並於保單發出後的21天內送達本公司。

Policyholder's Signature

保單持有人簽名

Date (dd/mm/yy) 日期 (日

/月/年)

Agent/Broker Name (if applicable)

代理人/顧問姓名(如適用)

Agent/Broker Code

代理人/顧問編號

Agent/Broker Contact Tel. No.

代理人/顧問電話號碼

(For Office Use Only 本公司專用)

Approved by:	Date:
L: Y/N	E: Y/N