

Supplementary Form for Designation / Change / Termination of Contingent Policyholder (For Designated Plans ONLY)

委任／更改／終止第二保單持有人附加申請表 (只適用於指定計劃)

Private & Confidential 私人及機密

Name of Policyholder:

保單持有人姓名

Policy Number:

保單號碼

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Please when appropriate.

請於適當位置加上 .

Important Note 重要事項

- This Supplementary Form (the "Form") is used for designation or change of Contingent Policyholder subject to the rights and prior written consent of all irrevocable Beneficiaries (if any) on our records, our prevailing administrative rules and all applicable laws and regulations.
受制於我們記錄中的所有不可撤換的受益人(如有)的權利及其預先書面同意、我們當時的現行行政規則及所有適用的法律和規例的情況下，此附加申請表(「表格」)用作於委任或更改第二保單持有人。
- This Form is ONLY applicable to LionAchiever/LionAchiever Elite/Emerald/Pearl Insurance Plan.**
此表格只適用於啟航創富／啟航創富(卓越版)／玲瓏／駿耀保險計劃。
- Contingent Policyholder refers to the individual (i.e. a natural person) named in this Form.
第二保單持有人是指於此表格內指定的個人(即自然人)。
- Contingent Policyholder must have attained the age of 18 at the time of appointment (unless an Interim Policyholder under Policy Custodian Option is also assigned for him/her). To become the new Policyholder, the Contingent Policyholder must have attained the designated age (if applicable) upon the death or diagnosis of the Policyholder as a Mentally Incapacitated Person.
第二保單持有人於被委任時必須已年滿 18 歲(除非已透過保單托管選項為其委任臨時保單持有人)。第二保單持有人須在保單持有人身故或被診斷為精神上無行為能力的人時已達到指定歲數(如適用)，才能成為新保單持有人。
- You may designate only one Contingent Policyholder at a time. If you designate a Contingent Policyholder while there is an existing Contingent Policyholder on our records, the existing Contingent Policyholder will automatically be revoked. A transfer ownership made will automatically revoke a Contingent Policyholder.
您每次只能委任一位第二保單持有人。如您在委任第二保單持有人時，我們的記錄上已存在第二保單持有人，則現有的第二保單持有人將自動被撤銷。進行轉移所有權將自動撤銷第二保單持有人。
- If a request for a designation of Contingent Policyholder is approved by us, the designation of Contingent Policyholder will be effective as of the date of our approval whether or not the Policyholder is living or diagnosed as a Mentally Incapacitated Person when we approve that request.
如委任第二保單持有人的要求被我們批准，則不論我們批准該要求時保單持有人是否仍然生存或被診斷為精神上無行為能力的人，該指定第二保單持有人的生效日期為批准日的當日。
- If a request for a designation of Contingent Policyholder is approved by us, upon the death or diagnosis as a Mentally Incapacitated Person of policyholder, Contingent Policyholder shall prevail and become the new Policyholder, regardless of "Policy Continuation Option" applied before or after the approval of designation of Contingent Policyholder.
如委任第二保單持有人的要求被我們批准，不論「保單延續選項」在委任第二保單持有人批准之前或之後申請，於保單持有人身故或被診斷為精神上無行為能力的人時，第二保單持有人應優先並成為新的保單持有人。
- Mentally Incapacitated Person means a person who is incapable, by reason of mental incapacity, of managing and administering his/her property and affairs. The diagnosis must be confirmed by a Registered Medical Practitioner who is a psychiatric specialist. The Company reserves the right to conduct an independent evaluation whenever deemed necessary to ascertain the diagnosis.
精神上無行為能力的人意指因精神上無行為能力而無能力處理和管理其財產及事務的人。診斷必須由精神科專科註冊醫生確定。若本公司認為需要，本公司保留權利要求進行獨立鑑定以查明診斷。
- The request must be made before the Policyholder has become a Mentally Incapacitated Person. If the sign date of this form is on or after the diagnosis date upon the Policyholder becomes a Mentally Incapacitated Person, designation / change of the Contingent Policyholder will be revoked.
此要求必須於保單持有人成為精神上無行為能力的人前提出。如此表格的簽署日期是在保單持有人被診斷成為精神上無行為能力的人的當日或之後，第二保單持有人的委任／更改將自動撤銷。
- If a request for a designation of Contingent Policyholder cannot be approved by us for whatever reason, the ownership of this Policy shall vest in the Policyholder upon the death or diagnosis as a Mentally Incapacitated Person.
在任何原因下，若我們無法批准第二保單持有人的要求，則本保單的所有權利於保單持有人身故或被診斷為精神上無行為能力的人時歸於原保單持有人。
- If the Contingent Policyholder becomes the new Policyholder, the Contingent Policyholder shall assume all the obligations and be entitled to exercise all the rights belonging to the Policyholder under this Policy, and the Married Persons Status Ordinance (Cap 182) (MPSO) (if applicable).
當第二保單持有人成為新保單持有人時，其將須承擔本保單和《已婚人士身份條例》(第 182 章)(如適用)下訂明的所有義務及有權行使在保單下所有屬於保單持有人的權利。

Designation or Change of Contingent Policyholder

委任或更改第二保單持有人

Subject to our then prevailing administrative rules and any applicable laws and regulations, where the Policyholder dies or is diagnosed as a Mentally Incapacitated Person while this Policy is in force at that time, the Contingent Policyholder shall become the new Policyholder.

在不抵觸當時的現行行政規則及任何適用的法律及規例的情況下，當保單持有人於本保單仍然生效時身故或被診斷為精神上無行為能力的人，第二保單持有人將成為新保單持有人。

For the policy which the Insured is under age of eighteen (18), if the Policyholder wishes the Insured become the new Policyholder irrespective of whether a Contingent Policyholder has been designated by the Policyholder according to the following condition, please tick (“√”) the box below.

如保單的受保人未滿十八（18）歲，不論保單持有人有否已委任第二保單持有人，保單持有人欲受保人根據以下條件成為新保單持有人，請在以下方格加上剔號（“√”）。

On the date of death or diagnosis as a Mentally Incapacitated Person of the Policyholder, if the Insured has attained the age of eighteen (18) or above, the Insured shall become the new Policyholder irrespective of whether a Contingent Policyholder has been designated by the Policyholder.

如於保單持有人身故或被診斷為精神上無行為能力的人時，受保人年齡已滿十八（18）歲或以上，不論保單持有人有否已委任第二保單持有人，受保人將成為新保單持有人。

If either one of the following events occurs:

如以下任何一件事件發生：

- a. the Contingent Policyholder is unable or unwilling to take the ownership of this Policy; or
第二保單持有人不能或不願意承接本保單的擁有權；或
- b. the Contingent Policyholder is not alive or does not appear at the Policyholder's death or diagnosis as a Mentally Incapacitated Person; or
第二保單持有人在保單持有人身故或被診斷為精神上無行為能力的人時不在世或沒有出現；或
- c. the Contingent Policyholder is unable to satisfy the customer due diligence requirements and / or any other applicable laws and regulations applicable to the Company; or
第二保單持有人未能通過客戶盡職審查要求及 / 或未能符合適用於本公司的任何其他適用法律及規例時；或
- d. if no Contingent Policyholder is designated by the Policyholder.
如保單持有人並沒有委任第二保單持有人。

then the ownership of this Policy shall vest in the Policyholder's estate if the Policyholder dies; or the ownership of this Policy shall remain unchanged if the Policyholder is diagnosed as a Mentally Incapacitated Person.

則如保單持有人身故，本保單的擁有權將歸屬於保單持有人遺產之中；或如保單持有人被診斷為精神上無行為能力的人，本保單的擁有權將維持不變。

Termination of Contingent Policyholder

終止第二保單持有人

Personal Details of Contingent Policyholder 第二保單持有人個人資料		
<p>Note : If Contingent Policyholder is under age 18, please also submit the "Supplementary Form for Policy Custodian Option" together with this form 備註：如第二保單持有人未滿十八歲，請連同「保單托管選項附加申請表」一併提交</p>		
1. Name in English and Chinese 英文及中文姓名 (as shown on I.D. card / Passport 以身份證 / 護照為準)	Surname	Given Name 姓 名
2. Gender 性別	<input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女
3. Date of Birth (Age at Last Birthday) 出生日期 (上次生日年齡)	DD 日 /	MM 月 / YYY 年 (Age 年齡 _____)
4. Country of Birth 出生國家		
5. I.D. Card No. / Passport No. 身份證 / 護照號碼	_____ (Please attach certified true copy 請附上核實副本) * If non-permanent HKID Card Holder, please provide certified true copy of HKID Card and Passport 如非香港永久性居民，請提供香港身份證及護照的核實副本。	
6. Nationality 國籍		
7. Marital Status 婚姻狀況	<input type="checkbox"/> Single 未婚	<input type="checkbox"/> Married 已婚
8. Relationship with Insured 與受保人關係		
9. Residential Address in English 英文住宅地址 (Please provide certified true copy of Address Proof) (請提供住址證明的核實副本)		
10. Correspondence Address in English 英文通訊地址 (If differ from Residential address) (如與住宅地址不同)		
11. Contact Telephone No. 聯絡電話號碼	(1) Home 住宅 Name of Country / City 國家 / 城市名稱 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ _____ Country Code Area Code Phone No. 國家代碼 地區代碼 電話號碼	(2) Mobile 流動電話 Name of Country / City 國家 / 城市名稱 <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others 其他 _____ _____ Country Code Area Code Phone No. 國家代碼 地區代碼 電話號碼
12. E-mail Address 電郵地址	_____@_____ Note: Providing an email address will mean you have chosen to receive policy correspondences and notices through email (instead of paper version through postal delivery) once we have processed your request, unless you indicate to us otherwise by ticking the box below. 備註：提供電郵地址即表示當您的申請獲得處理後，您選擇以電子郵件方式接收保單信函及通知書(而非紙本郵遞)，除非您勾選以下方格向我們另作指示。 <input type="checkbox"/> I / We would like to keep receiving policy correspondences and notices in paper format by post. I / We understand I / we will have to give you further notice if I / we change my/our mind in the future. 我 / 我們希望繼續以紙本郵寄方式接收保單信函及通知書。我 / 我們明白，如我 / 我們將來改變主意，我 / 我們將需要進一步通知公司。	
PEP Self-declaration 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？		
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是, please provide 請提供		
a. Name of this "PEP": 此政治人物的姓名:		Position: 職位:
_____		_____
b. Name of the relevant party(ies) of this policy 本保單相關人士的姓名:		Relationship with this "PEP": 與此政治人物的關係:
_____		_____
^{#1} Relevant parties include but not limited to the 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。		

Declarations and Authorization**聲明及授權**

IT IS DECLARED, UNDERSTOOD AND AGREED that (1) I / We have read and fully understood the contents of this Form; (2) the answers and information provided in this Form together with this declaration and authorization are complete and true to the best of my/our knowledge and form the basis of the Policy issued/ to be issued; (3) the Company shall be entitled not to accept this request upon my/our failure to disclose any material facts or information which may influence or which the Company would regard as likely to influence the assessment and acceptance of this Form. In the event of doubt as to whether a fact or information is material, it should be disclosed in this Form; (4) I, the Policyholder, confirm that I have informed the Contingent Policyholder of this appointment/change/termination of Contingent Policyholder (whichever is applicable) and hereby agree that all my rights and obligations under the Policy shall be transferred to the Contingent Policyholder (including the obligation to pay premiums) ; (5) Where applicable, I confirm that the Contingent Policyholder shall be appointed as the Statutory Trustee for the purposes of the Married Persons Status Ordinance (Cap 182), with such appointment taking effect upon the date of my death or diagnosis as a Mentally Incapacitated Person; (6) I, the Policyholder, agree to inform the Company immediately in writing of any change in (a) my personal information provided on this Form; (b) the personal particulars of any of the persons mentioned in this Form; and/or (c) the other information provided by me in this Form or any other documents, including but not limited to any change of the person(s) who has/have any legal or beneficial interest in the policy directly or indirectly. (7) I / We hereby agree and confirm to indemnify the Company against any losses, liabilities, claims, actions, damages, costs and expenses which the Company may suffer or incur arising out of or in connection with administering the Policy in a manner consistent with this form.

謹此聲明清楚明白及同意下列各項：(1) 本人 / 我們已細閱並完全明白本表格之內容；(2) 填報於本表格內之資料連同此聲明及授權均為本人 / 我們所知之全部及真實無訛，並為日後簽發/ 已簽發保單之基礎；(3) 如本人 / 我們未有披露任何重要事實或資料，而該等重要事實或資料足以影響貴公司評估及接受本表格，貴公司有權拒絕此申請。假如未能確定事實或資料的重要性，則須於本表格披露該等事實或資料；(4) 本人，保單持有人，確認已通知第二保單持有人有關保單持有人的委任/更改/終止（視何者適用）；並特此同意，本人在保單下之所有權利和義務應轉移至第二保單持有人（包括支付保費之義務）；(5) 在適用的情況下，本人確認以《已婚人士身份條例》（第182章）為目的，委任第二保單持有人為法定受託人，該委任自本人離世日或被診斷為精神上無行為能力的人時起生效；(6) 本人，保單持有人，茲同意（a）本人於本表格的個人資料；（b）本表格內所提及任何人士的個人資料；及／或（c）本人於本表格或任何其他文件提供的資料如有任何變動（包括但不限於直接或間接於保單擁有任何法定或實益權益的人士有所更改），本人將即時以書面通知貴公司；(7) 本人 / 我們特此向貴公司保證，會賠償貴公司因按照與此表格以一致的方式執行本保單而可能使貴公司遭受或蒙受的任何損失，負債，索賠，訴訟，損害，成本和費用。

I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by the Company. I / We confirm that I / we have read and understood the Statement. 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，本人 / 我們已獲提供一份由貴公司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 agree that this Supplementary Form (the "Form") shall be incorporated into and form part of the general provisions of the policy. I / We acknowledge that by signing this Form, I / we accept and understand the terms set forth in both the Form and the general provisions.

本人 / 我們同意本附加申請表（「表格」）將納入保單一般條款並構成其一部分。本人 / 我們確認，透過簽署本表格，本人 / 我們接受並明白本表格及一般條款中規定的條款。

The Parties below hereby consent to the transfer of rights and obligations as set out herein and further declare that the information given and statements made in this form are, to the best of their knowledge and belief, true, correct and complete.

以下各方特此同意轉移此處所述之權利和義務，本人進一步聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

***** Please DO NOT sign on BLANK form 請勿在空白表格上簽署 *****

X

Signature of Policyholder
保單持有人簽署

X

Signature of Contingent Policyholder
(if age 18 or above)
第二保單持有人簽署 (如十八歲或以上)

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

Assignee hereby consents to the above request(s)
for change applied by the Policyholder.
承讓人特此同意保單持有人以上之變更請求之申請。

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:)

Personal Information Collection Statement

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) 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:

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：

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.

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。