



CARD REPAYMENT PLAN CLAIM FORM 信用卡償還計劃索償書

| PE | RSONAL DETAIL | S OF THE | NSURED 投係 | 保人個 ん | 人資 | 料 | | | | | | | | |
|-----------------|--|--------------------------|-------------------------|------------------------|----------|-----------|---------|---------------------------|------|--------|---------------|------|-----------|---------|
| Full 全名 | name | | | | | Sex 性別 | |] M 男 | | F 女 | Age 年齢 | | | |
| I.D. 身份 | no. 証號碼 | | | Morto Loan 貸款則 | a/c r | 10. | | | | | Policy 保單編 | | | |
| Occ 職業 | upation | | | Positi indus 職位及 | stry | | | | | | | | | |
| Tele 電話 | phone no. Hom 住宅 | - | | | | | | lobile 提 | | | | | | |
| - | ne address 地址 | | | | | | | | | | | | | |
| Op ^r | tional items for sta 刂各項資料僅供統計分 | tistical analy 析之用,閣下 | /sis purpose o 可選擇填寫 | nly | | | | | | | | | | |
| (1) | Number of year(s) 現職/前職的任職年 | | ith present emp | oloyer(s | s)/ex- | employe | r(s) | | | | | | | |
| (2) | Educational level (教育程度(請選擇 ☐ Secondary 中學 | | | · | nivers | iity | | Others _. 其他 | | | | | | |
| (3) | Professional qualif 專業資格 (如有) | fication(s), if | any | | | | | | | | | | | |
| (4) | Do you hold a Prel 閣下是否持有滙豐縣 | mier account 卓越理財賬戶 | with HSBC? | | | Yes 是 | | No 否 | | | | | | |
| | ise complete only o 填寫下列適用的一部 | | opropriate sec | tions b | elov | v: | | | | | | | | |
| | tion 1 – Disability/P 部份 – 傷病保障/保 | | | cciden | nt | | | | | | | | | |
| | Date, time and place o 傷病發生的日期、時間 | | | | | | | | | | | | | |
| | Describe how the acci 描述意外怎樣發生及所 | | d and the injuries | sustair | ned | | | | | | | | | |
| | Describe the nature an 描述受傷的性質及程度 | | ability | | | | | | | | | | | |
| | Name(s) and address(e 任何意外目擊者的姓名 | | ess(es) of the acc | ident | | | | | | | | | | |
| | Name and address o 主診醫生的姓名和地均 | | ng doctor | | | | | | | | | | | |
| (6) | ls he/she your usual 上述醫生是否閣下慣常 | medical atte 常就醫的醫生 | ndant? ? | | Yes 是 | | No 否 | | | | | | | |
| | Have you been able t 自受傷後,閣下是否能 | | | | OCCL | upation s | ince | the comr | menc | ement | of disabilit | y? [| 】Yes 是 | No 否 |
| | f YES, please give de 如答「是」,請註明有關 | | | | | | | | | | | | | |
| | Please give details of 請詳述過去曾經遭受任 | | | ly suffe | red. | | | | | | | | | |

AXA General Insurance Hong Kong Limited 安盛保險有限公司

Mailing address: P.O. Box 91012 Tsim Sha Tsui Post Office, Kowloon, Hong Kong 郵寄地址:香港九龍尖沙咀郵政局郵政信箱 91012 號

Office address: 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

辦公地址:香港黃竹坑黃竹坑道38號安盛匯5樓

| (9) | insurance company a | where? If yes, give the name on nd the amount you are entitl 公司投保?如有,請詳述每間 金額。 | ed to claim. | | | | | | | | |
|-----------|--|---|------------------------------------|---------------|------------------|--------|----------|-----------------|------------|-----------|---------------|
| 醫 To | | Doctor in BLOCK CAPITAL 楷大寫填寫 (填寫本表格的費 | | | | leting | this fo | rm is the | responsi | bility of | the Insured). |
| No 註 | : 投保人可能須涼 | ay be required to attend med 优任何索償申請接受醫療檢驗, the medical certificate. 聚證明。 | ical examina 有關費用由 ² | tion a 本公司 | t the ex]支付。 | pense | of the (| Company i | n connec | tion with | n any claim. |
| (1) | Claimant's full name: 索償人全名: | | | | | | | | | | |
| (2) | Please describe the nathe injuries sustained. 請描述所遭受損傷的性 | | | | | | | | | | |
| (3) | Please advise the date 請註明意外發生的日期 | of the accident | | | | | | | | | |
| (4) | incapacitated as a resu | on which the claimant becar Ilt of this disability. 病而喪失工作能力的日期。 | ne | | | | | | | | |
| (5) | that time? 自該次後,閣下是否持 If NO, for what period certificate and why? | edical certificates continuous 續發出醫療證明? have you not provided medi 提供醫療證明的時間及原因。 | | | Yes 是 | | No 否 | | | | |
| (6) | issued: | covered by latest medical ce 醫療證明所涵蓋的期間: | rtificate | Fro 由 | m | | | to 至 | | | |
| (7) | whether the injury for solely due to the accident | 閣下求診,請註明閣下現時治 | laimant is | | | | | | | | |
| (8) | Is the disability related 有關傷病情況是否與超過 | to more than one complaint? 過一項病症有關? | | | Yes 是 | | No 否 | | | | |
| | indicate the main cause | the nature of the order comple e of the present incapacity. 病症的性質,及註明現時喪失二 | | | | | | | | | |
| (9) | his/her usual business | nable to fully resume or parti or occupation? 有的工作能力或恢復原有的部分 | | | Fully 完全 | | | Partially 部分 | |] No 否 | |
| | If YES, from what date 如能夠,請註明其恢復 | e was he/she able to do so? 工作能力的日期 | | | | | | | | | |
| (10 | recovery in any way? | ther factors which may be like 素,可能以任何方式妨礙傷者很 | | | Yes 是 | | No 否 | | | | |
| | If YES, please give deta 如答「是」,請詳述有關 | ils 情況 | | | | | | | | | |
| (11 | | ate the probable date of return 工作崗位的時間 (如可以) | to work | | | | | | | | |
| (12 |)General remarks 一般備註 | | | | | | | | | | |
| Sig 簽署 | nature | | Practice star 蓋印 | mp | | | | | Date 日期 | | |
| Qu 咨原 | alifications | | | | | | | | | | |

| | ction 2 – Unemployment 二部份 – 失業保障 | | | | | | | | |
|-----|---|------------------------|--|----------------------------|-----------------|-----------------|----------|------------------|----------|
| • | You should ask your previous employer to counter sign a 閣下的前僱主必須在本表格的最後部分加簽。 Please attach letter of redundancy of employment. You a respect of your unemployment. 請附上有關的解僱信。閣下亦須就失業索償每月向我們遞交一份For self employed, please attach a letter from your accoubusiness and you could not find enough work to meet all 如屬自僱人士,請附上閣下會計師的函件,註明閣下的業務並無法 | re als 聲明。 Intan | so requi , t stating r reasor | ired to g that nable | o subn there | are no furthe | er funds | s coming ses. | into the |
| (1) | Was your employment full or part-time or self employment? 閣下是全職、兼職還是自僱人士? | | Full tin 全職 | ne | | Part-time 兼職 | | Self empl 自僱 | oyed |
| (2) | Please state if the nature of the contract you were employed under was Permanent, Fixed Term, Short Term or Temporary. Please give details of contract (including number of hours employed). 請註明閣下是按長期合約、定期合約、短期合約或臨時合約受僱,及提供有關合約的詳情(包括受僱時數)。 | | | | | | | | |
| (3) | How many hours per week did you work? 閣下每星期工作多少小時? | | | | | | | | |
| (4) | Please give date when you first became aware that unemployment was imminent. 請註明閣下首次知悉即將不獲僱用的日期。 | | | | | | | | |
| (5) | Have you been given any prior written notice of impending termination of employment? 閣下是否事先獲任何書面通知即將終止受僱? | | Yes 是 | | No 否 | | | | |
| | If YES, please give date of notice. 如答「是」,請註明有關通知的日期。 | | | | | | | | |
| (6) | Have you been offered payment in lieu of notice? 閣下是否獲發代通知金? | | Yes 是 | | No 否 | | | | |
| | If YES, please state period of notice involved. 如答「是」,請註明所涉及的通知期間。 | | | | | | | | |
| (7) | If self-employed: 如屬自僱人士: | | | | | | | | |
| | (a) please give date you first became aware your business was no longer viable. 請註明閣下首次知悉業務不能繼續經營的日期。 | | | | | | | | |
| | (b) how long were you continuously working before becoming unemployed? 在失業前,閣下已持續工作的時間有多久? | | | | | | | | |
| (8) | How long were you employed by the above employer? 閣下受僱於上述僱主的時間有多久? | | | | | | | | |
| (9) | Were you unemployment (a) voluntary? 閣下失業是 出於自願? | | Yes 是 | | No 否 | | | | |
| | (b) caused by redundancy? 由於被裁員? | | Yes 是 | | No 否 | | | | |
| | Please give details surrounding loss of employment or self- employment. 請詳述失業或未能自僱所造成的損失。 | | | | | | | | |
| (10 |)Please state the date employment actually ceased. 請註明終止受僱的確實日期。 | | | | | | | | |
| (11 |)Was your employment terminated due to misconduct? 閣下是否由於行為不當而終止受僱? | | Yes 是 | | No 否 | | | | |
| (12 |)Have you been given any prior verbal or written warnings? 閣下曾否事先被口頭或書面警告? | | Yes 是 | | No 否 | | | | |
| (13 |)Is there a relative relationship between you and your previous employer? 閣下與前僱主是否具有親屬關係? | | Yes 是 | | No 否 | | | | |
| | If YES, please state the relationship. 如答「是」,請註明有關親屬關係。 | | | | | | | | |

| Section 3 – Unauthorised use of card 第二部份 – 未經授權使用信用卡 | |
|---|---|
| (1) Date, time and place of loss . 遺失信用卡的日期、時間和地點。 | |
| (2) How did the loss occur ? 如何遺失信用卡? | |
| (3) The amount of unauthorised transaction involved (unauthorised cash advances excepted) before you reported the loss of HSBC's Credit Cards 24-Hour Service Centre. 閣下向滙豐的信用卡二十四小時客戶服務中心報失前,所涉及未經授權進行的交易金額(不包括未經授權的現金墊款)。 | |
| (4) Date and time you reported the loss to HSBC's credit Cards 24-Hour Service Centre. 向滙豐的信用卡二十四小時客戶服務中心報失的日期和時間。 | |
| (5) Date and time you reported the loss to the police. 向警方報失的日期和時間。 | |
| (6) Name of the police station and police report number. 有關警署名稱及警察報案號碼 | |
| For unemployment claim only: statement of previous employ只供失業保障索償使用:前僱主報告 | yer |
| | confirm that the information given in Section 2 is in all |
| respect true and complete to the best of my/our knowledge and | |
| | |
| 料均屬真實無訛,唯 | |
| Signature & stamp | Date |
| Signature & stamp | 日期 |
| Name of signatory 簽署人姓名 | |
| Name of the company 公司名稱 | Telephone no: 電話號碼 |
| Business address 業務地址 | |

CLAIM PAYMENT METHOD 賠償支付方式

- 1. If the claim payment method "Autopay to bank account" is chosen,
- (a) please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
- (b) For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by AXA General Insurance Hong Kong Limited ("AXA").
- (c) For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial banking saving/current accounts will be accepted by AXA.
- (d) AXA will only pay/transfer Hong Kong Dollars to the designated bank account.
- (e) If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
- 2. If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by AXA from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
- 3. AXA reserves the right to determine the claim payment method at its absolute discretion.
- 1. 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項,
- (a) 請同時提交印有投保人/受保人/合資格人士/索償人士全名及銀行戶口號碼之戶口證明(如銀行存摺或自動櫃員機卡或銀行月結單副本 等)。
- (b) 投保人/受保人/合資格人士/索償人士是個人客戶·安盛保險有限公司(「AXA 安盛」)只接受個人銀行儲蓄/支票戶口。
- (c) 投保人/受保人/合資格人士/索償人士是公司客戶,AXA 安盛只接受公司銀行儲蓄/支票戶口。
- (d) AXA 安盛將支付 / 轉賬港元到指定的銀行賬戶。
- (e) 如銀行轉賬被拒絕或不成功,款項將以支票形式寄予投保人/受保人/合資格人士/索償人士於索償書上所提供的地址,而恕不另行通知。
- 2. 如索償款項的貨幣不是保單貨幣,該款項可能會受 AXA 安盛不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動,您可能因匯率之波動而損失部分的利益價值。
- 3. AXA 安盛保留權利自行決定其索償款項的付款方式。

CLAIM PAYMENT METHOD (CONT') 賠償支付方式 (續)

| the following payment me | authorise AXA General Insurance Hong Kong Limited tethods (Please"✔" the appropriate box to indicate your 虚 保險有限公司用以下方式支付索償款項(請以 "✔" 作出 | choice): |
|--|---|----------|
| ☐ Cheque (to be drawn 支票(以港元結算支付 | | |
| ☐ Autopay* to bank acc 自動轉賬*至銀行戶口 (J * Please fill in the part below | • | |
| Bank Account Inform | nation 銀行戶口資料 | |
| Name of Bank 銀行名稱 | | |
| Full Name in English of Account Holder(s) 銀行戶口持有人的 英文姓名 | (1) | (2) |
| Bank Account No. | | |
| 銀行戶口號碼 | Bank Code 銀行編號 Branch Code 分行編號 Account No. 戶口號碼 | |

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

- offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates; providing subsequent services to you, including but not limited to administering the policies issued;
- 4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
- 5.
- evaluating your financial needs;
- designing products/services for customers;
- conducting market research for statistical or other purposes;
- matching any data held which relates to you from time to time for any of the purposes listed herein;
- 10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere; conducting identity and/or credit checks and/or debt collection;
- complying with the laws of any applicable jurisdiction;
- carrying out other services in connection with the operation of the Company's business; and
- other purposes directly relating to any of the above

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you 1.
- consent to the transfer of your data outside of Hong Kong;
 *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the Purposes and for the following additional bank 2 related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations:
- 3 any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; credit reference agencies or, in the event of default, debt collection agencies;
- any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA General Insurance Hong Kong Limited 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

安盛保險有限公司(下稱 "**本公司**")明白其就《個人資料(私隱)條例》(香港法例第 486 章)("**條例**")收集、持有、處理、使用和/或轉移個人資料 所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取 一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意・如果閣下不向本公司提供閣下的個人資料・我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

目的:本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄),並可能因下列各項目的("有關目的")而供本公司使用、存儲、處理、 轉移、披露或共享該等個人資料:

- 向閣下推介、提供和營銷本公司、安盛集團的其他公司("安盛關聯方")或本公司的商業合作夥伴之產品/服務,以及提供、維持、管理和操 作該等產品/服務;
- 2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;
- 3. 向閣下提供後續服務,包括但不限於執行/管理已發出的保單;
- 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的,包括索賠調查; 4.
- 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關); 5
- 6. 評估閣下的財務需求;
- 為客戶設計產品/服務; 7
- 8 為統計或其他目的進行市場研究;
- 9 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
- 10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行 調查;
- 11. 進行身份和/或信用核查和/或債務追收;
- 12. 遵守任何適用的司法管轄區的法律;
- 13. 開展與本公司業務經營有關的其他服務;及
- 14. 與上述任何目的直接有關的其他目的。

個人資料的轉移:個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

- 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或 聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;
- *就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司("滙豐"):確保客戶信貸信譽度持續良好,建立和維持信 2 貸及風險的相關模型,為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料,確定尚欠客戶的債務或客戶所欠債務 的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項;
- 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探); 3.
- 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政,技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方;
- 5 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司;
- 6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者;
- 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關;及 7
- 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下,以下人士:保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、 財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他 人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正:根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以 要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

安盛保險有限公司

個人資料保護主任

本公司可能會向關下收取合理的費用,以抵銷本公司為執行關下的資料查閱要求而引致的行政和實際費用。

* 此僅適用於閣下透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求 的情況。如果閣下並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出 要求,閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

DECLARATION AND AUTHORIZATION 聲明及授權書

- 1. I/WE HEREBY DECLARE AND AGREE that (1) 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; (2) AXA General Insurance Hong Kong Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
- 2. I/WE, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Company (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
- 3. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.
- 1. 本人/我們謹此聲明及同意(1)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:(2)本人/我們對任何人所作出的任何聲明,如沒有在此申請書上填寫或印出,安盛保險有限公司(「貴公司」)不須受其約束。
- 2. 本人/我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知 道或持有任何本人/我們之紀錄者·均可將該等資料提供給貴公司:(2)貴公司或任何其指定之醫生或化驗所·可就此賠償申請替本人/我們進 行所需之醫療評估及測試,作為審核本人/我們之索償。此授權對本人/我們之繼承人具有約束力;即使本人/我們身故或無行為能力時,此授 權仍具效力。本授權書的影印本與正本均有同等效力。
- 3. 本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明《**該聲明**》。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》,而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述,本人/我們特此確認並同意貴公司根據《該聲明》使用及轉移本人/我們的個人資料。

Important Notes 重要事項:

The above policy is underwritten by AXA General Insurance Hong Kong Limited ("AXA"), which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. 以上保單由安盛保險有限公司(「AXA 安盛」)承保,AXA 安盛已獲香港保險業監管局授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司乃根據保險業條例(香港法例第 41 章)註冊為 AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail. 如中英文版本的條款有任何分歧,以英文版本為準。