

CBI SUPREME PROTECTION PLAN COMPREHENSIVE PERSONAL ACCIDENT INSURANCE

 中國交銀保險有限公司
CHINA BOCOM INSURANCE CO., LTD.

主要不保事項 MAIN EXCLUSIONS

恐怖襲擊、戰爭、從事或參與軍隊、警察和任何紀律部隊、專業運動員、自殺、自傷、懷孕或生育疾病、傳染病或非因意外事故而進行內外科治療手術而引致的傷殘、打獵、攀山（指需要利用繩索或誘導繩為輔助工具者）、滑雪、跳傘、潛水、冬季運動、潛水、參加任何競賽、毆鬥、或因酒醉、服用藥物、吸毒、神經錯亂、綁架、勒索等。以上為不保事項之概略，請參閱保單內所列明之詳細內容。

Terrorism, War, Engaged in Military Forces, Police, or Disciplinary Forces, Professional Sports, Suicide, Self-injury, Pregnancy, Childbirth, Illness, infectious disease or by medical or surgical treatment (other than treatment required on account of an accident covered by this policy), hunting, mountaineering necessitating ropes or guides, skating, parachuting, water skiing, winter sports, diving, racing of any kind or fighting or insanity or being under influence of drugs, alcohol, intoxication, solvent abuse and so on. These are highlight of main exclusions. Please refer to the policy wordings for details.

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

閣下提供的資料，為本公司提供保險業務所需，並可能使用於任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、續期、索償或索償分析；及可能移轉給現存或不時成立的任何與我們有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。閣下有權要求查閱及更正由中國交銀保險有限公司持有之閣下的個人資料，如有此項要求，請與我們的個人資料主任聯絡。

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. You have the right to obtain access to and to request correction of any personal information concerning yourself held by China BOCOM Insurance Co., Ltd. Requests for such access can be made to our Compliance Officer.

本單張只作一般性簡介，有關保障內容及條款細節，應以保險單為準。

This brochure is used for reference only. Please refer to the policy for exact conditions and exclusions.

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 中國交銀保險有限公司
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ISO 9001:2000
Certificate No. :202608

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人身意外綜合保險

 中國交銀保險有限公司
CHINA BOCOM INSURANCE CO., LTD.

人身意外綜合保險 COMPREHENSIVE PERSONAL ACCIDENT INSURANCE

意外是突然其來而不可預知，造成的傷害更加無法估計。家庭任何一位成員都可能面對因意外受傷而導致龐大的經濟損失及醫療開支。中國交銀保險之人身意外綜合保險，為閣下及您的家人提供環球24小時意外綜合保障，確保閣下及您的家人能時刻獲得充分保護。

Accident happens unexpectedly, which could cause unpredictable losses. You and your family members could face substantial burden of financial losses and medical expenses in the event of an accident occurred. This Comprehensive Personal Accident Insurance offered by CHINA BOCOM INSURANCE aims to provide worldwide protection 24 hours a day 7 days a week for you and your family members against any unforeseeable accident.

保障範圍 COVERAGE

(一)基本保障 Basic Coverage

1. 乘搭公共交通工具或私家車意外保障

被保人以乘客身分，因乘搭合法的公共交通工具或乘坐私家車時遇到意外而導致死亡或永久完全傷殘，將按受傷程度賠償。

Whilst in Common Carrier or Private Car

If the Insured Person shall sustain accidental bodily injury causing death or permanent disablement whilst riding in private car or as a fare paying passenger in common carrier, this insurance shall pay the limit of indemnity according to the extent of injury.

2. 其他意外保障

被保人因其他意外引致死亡或永久完全傷殘，將按受傷程度賠償。

Other Accidents

If the Insured Person shall sustain accidental bodily injury causing death or permanent disablement due to other accidents, this insurance shall pay the limit of indemnity according to the extent of injury.

(二)優越保障(自選附加保障) Supreme Coverage (Optional Cover)

「優越保障」包括「基本保障」及以下保障：

Supreme Coverage shall include Basic Coverage and the following items:

3. 意外醫療費用

被保人因意外受傷引致的醫療費用(中醫、跌打及針灸醫療費用除外)。

Accidental Medical Expenses

This extension covers accidental medical expenses but excluding Chinese Herbalist, Bonesetting and Acupuncture medical expenses.

4. 意外跌打及針灸醫療費用

被保人因意外受傷引致的跌打及針灸醫療費用。

Accidental Bone setting & Acupuncture Medical Expenses

This extension covers accidental Bonesetting and Acupuncture medical expenses.

5. 嚴重燒傷

被保人因意外遭受三級程度燒傷(深入至皮下組織之損傷)且燒傷部分達身體總表面積之百分之十或以上，被保人將獲賠償。但被保人不得因遭受一次意外而同時獲得本項目及基本保障的賠償。

Major Burn injury

This extension will pay the Limit of Indemnity if the Insured Person suffers Third Degree Burns (destruction of the skin to its full depth and damage to the tissues beneath) with burn areas equal to or greater than 10% of the Insured Person's total body surface area. For one accident, the Insured Person shall not be entitled to compensation both under this extension and any item under Basic Coverage.

6. 住院現金保障

被保人因意外受傷住院連續超過7天後，每連續住院一週將獲現金津貼，以52週為限。但本項目不適用於受供養之子女。

Weekly Hospital Cash

If the Insured Person shall be necessarily confined within a Hospital for a period of 7 consecutive days or more, this extension will pay the weekly hospital cash for each week up to maximum 52 weeks. This Section is not applicable to independent children.

7. 恩恤現金

如被保人不幸過世，將獲恩恤現金，包括因疾病引致死亡。

Compassionate Death Cash

In the event of the death of Insured Person whether or not caused by accident or sickness, this benefit shall be payable to his/her Beneficiary up to the limit of indemnity.

8. 二十四小時全球緊急支援轉介服務

不管身處何地，被保人可享用24小時全球支援熱線所提供的緊急支援轉介服務、提供當地醫生、律師及傳譯員等資料，助您解決任何難題。並且，如被保人在外地意外受傷須轉院服務，該費用可在「意外醫療費用」項目中扣除。

24 Hours Worldwide Emergency Assistance Referral Services

Anywhere in the world, the Insured can enjoy 24 hour worldwide emergency hotline service, providing emergency assistance referral services, contacts of local doctors, lawyers or translators so as to assist the Insured to resolve problems. For emergency evacuation expenses, the Insured Person is entitled to claim such compensation under the limit of medical expenses of Item 3 - Accidental Medical Expenses Cover.

(三)其他自選附加保障 Other Optional Covers

✓ 中國意外急救醫療卡(可選全中國卡或廣東卡)

中國交銀保險有限公司與中國衛生部及中國人民解放軍總後勤部衛生部合作特別設計推出中國意外急救醫療保險卡。購買此卡者若在中國內地公幹或旅遊時發生意外，需要緊急醫療服務，憑卡可於國內指定的醫療單位立即獲得緊急醫治，且毋須繳付住院按金。醫療費用之每宗事故最高保障額為HK\$260,000。而中國意外急救醫療保險卡內的人身意外保障將被刪除。

China Accidental Emergency Medical Insurance (Whole China or Guangdong Province Only)

China BOCOM Insurance, The Ministry of Health P.R.China (MOH) and the Bureau of Medical Administration Health Department of the General Logistics Departments People's Liberation Army of China (PLAC) joint together providing you - China Accidental Emergency Medical Card. Simply present our medical card for emergency accidental medical treatment at MOH International Assistance Net-work Hospitals and PLAC's hospital network in Mainland China, no cash deposit is required. The limit of accidental medical expenses per event is HK\$260,000. The Personal Accident Section under Medical Card is deleted.

如選擇此項保障，除投保書外，客戶須連同支票寄回中國交銀保險有限公司。

If selecting the coverage of China Accidental Emergency Medical Insurance, Insured should complete and return the application form together with the cheque to China BOCOM Insurance Co., Ltd.

✓ 個人第三者責任保險

在香港境內，投保人因個人疏忽而導致第三者意外身體或財物損失而需負上法律責任。每宗事故及每年累積最高賠償高達HK\$1,000,000(包括法律開支)。如投保人及其家人同時投保，此個人第三者責任保險亦可保障其家人。

Personal Liability Insurance

This insurance will indemnify insured against all sums which the Insured shall become legally liable to pay for compensation in respect of accidental third party bodily injury or property damage occurring solely in his/her personal capacity anywhere within Hong Kong, up to a maximum limit of HK\$1,000,000 for any one period of insurance. This insurance also indemnifies the Insured's family members under Family Plan.

投保須知 IMPORTANT NOTES

1. 本保險不適用於一年內在香港居住不足180日之人士。
This insurance is not applicable for any person residing in Hong Kong less than 180 days within 1 year.

2. 本保險不限一年內之外遊次數，但每次外遊之保障期最長為90天。
This insurance does not limit the number of trips outside Hong Kong but is subject to maximum period of 90 days per trip.

3. 被保人可選擇投保個人計劃或家庭計劃。如選擇家庭計劃，將包括其配偶及所有受供養之子女。被保人須在投保時提供配偶及所有受供養子女之資料，保障才可生效。
The Insured can choose Individual Plan or Family Plan. If Family Plan is chosen, this insurance will cover Insured's spouse and all dependent children, provided that the details of spouse and all dependent children are declared prior to the effective date.

4. 被保人或其投保配偶職業必須符合下列職業類別1或2。若被保人配偶之職業類別與被保人不同，保費將按高者計算(職業類別2)。如起保後職業類別有所更改，被保人須立即通知保險公司處理，否則可影響索償。
The occupation of the Insured and his/her spouse must fall within the definition of the Occupation Class 1 or 2 as defined herein. If the Occupation Classes for the couple are different, the occupation class with higher premium rate will be charged (i.e. Occupation Class 2). In case of any change in occupation, the Insured must notify us immediately for handling, otherwise it may prejudice the rights to claim.

5. 被保人或其投保配偶之實際年齡必須介乎18歲至70歲(續保最高可至75歲)。受供養子女年齡必須介乎1歲至17歲或不超過25歲之未婚全日制學生。
The aged of Insured and his/her spouse must be between 18 and 70, with renewal up to age of 75. Dependent children must be between 1 and 17 years of age but up to 25 years old for unmarried full time student.

6. 凡被保人年齡少於18歲或超過65歲，只獲原定計劃各項保障金額之20%賠償。
Any Insured Person whose age is less than 18 years old or over 65 years old can only entitle 20% of original benefits.

7. 每份保單最低保費為HK\$400。
Minimum premium per policy is HK\$400.

職業類別 CLASS OF OCCUPATION

類別 1

Class 1 Occupation

專業人士、行政管理人員、文職及在辦公室從事非體力勞動工作人仕。例如會計、行政人員、商業主管、文員、牙醫、室內銷售員、律師、醫生、藥劑師、股票經紀人、老師、診所護士等。

Professionals, administrative, managerial, clerical duties with non-manual work mainly working in offices such as accountants, administrators, business executives, clerks, dentists, indoor sales, lawyers, medical practitioners, pharmacists, stockbrokers, teachers, clinic nurses etc.

類別 2

Class 2 Occupation

從事非體力勞動之戶外工作或純屬監管性質工作(不使用機械、不涉及地盤工作或高空危險工序)。例如外勤推銷員、信差、私家車司機、商務旅客、理髮師、店員(非推銷)、醫院內之護士、製造業生產管工、餐廳侍應等。

Outdoor non-manual work or pure supervisory work (exclude using tools or machinery, working in construction site and working at height) such as outdoor sales, messengers, private car chauffeurs, commercial travelers, hairdressers, shop attendant, hospital nurses, factory foremen or waiters/waitresses etc.

上文沒有列舉的職業，須申報本公司，按個別情況決定是否承保及釐定保費。

If Insured Person's occupation is not shown above, please refer to the Company for discretion.



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中國交銀保險有限公司
CHINA BOCOM INSURANCE CO., LTD.

人身意外綜合保險 COMPREHENSIVE PERSONAL ACCIDENT INSURANCE

死亡或永久完全傷殘賠償表

Compensation Table For Death And Permanent Disablement

保額賠償百分率 (% of Principal Sum Insured)

1	意外死亡 Accidental death	100%
2	永久完全殘廢 Total Permanent Disablement	100%
3	喪失雙肢；或永久完全喪失雙眼視力；或喪失一肢及永久完全喪失一眼視力 Loss of two limbs, or total and irrecoverable loss of sight of both eyes, or loss of one limb and total and irrecoverable loss of sight of one eye	100%
4	喪失一肢；或永久完全喪失一眼視力 Loss of either one limb or sight of either one eye	50%
5	喪失手指或腳趾 (每一手或腳) Loss of Fingers or Toes (on each hand or foot)	
	(a) 喪失四隻手指功能 Loss of four fingers	40%
	(b) 喪失拇指(兩個指關節) Loss of thumb (both phalanges)	25%
	(c) 喪失拇指(一個指關節)；或食指(三個指關節) Loss of thumb (1 phalanx) or index finger (3 phalanges)	10%
	(d) 喪失食指(一或兩個指關節)；或中指(三個指關節) Loss of index finger (1 or 2 phalanges), or middle finger (3 phalanges)	6%
	(e) 喪失中指(一或兩個指關節)；或無名指(三個指關節)；或尾指(三個指關節) Loss of middle finger (1 or 2 phalanges), or ring finger (3 phalanges), or little finger (3 phalanges)	3%
	(f) 喪失無名指(一或兩個指關節)；或尾指(一或兩個指關節) Loss of ring finger (1 or 2 phalanges), or little finger (1 or 2 phalanges)	1%
	(g) 喪失所有腳趾 Loss of toes - all	15%
	(h) 喪失腳趾 - 大腳趾(兩關節) Loss of toe - great (both phalanges)	5%
	(i) 喪失腳趾 - 大腳趾(一關節)；或其他腳趾(兩關節) Loss of toe - great (1 phalanx) or any other toes (two phalanges)	2%
	(j) 喪失腳趾 - 其他腳趾(一關節) Loss of toe - any other than great (1 phalanx)	1%
6	失聰，骨折 Deafness, Fracture of Bones *** 由合資格醫生確定，按比率計算 *** To be assessed by legally qualified and registered doctor	***

承保表

Schedule of Benefits

項目 Item	承保範圍 Coverage	最高保障金額 Max. Coverage Limit (港幣 HKD)		
		A	B	C
1	乘搭公共交通工具/私家車時意外死亡或永久完全傷殘 Personal Accident Whilst in Public Common Carrier or Private Car Causing Death or Total Permanent Disablement	\$1,000,000	\$2,000,000	\$3,000,000
2	其他意外死亡或永久完全傷殘 Other Accidents Causing Death or Total Permanent Disablement	\$500,000	\$1,000,000	\$2,000,000
3	意外醫療費用 (門診每天一次最高賠償額HK\$150) Accidental Medical Expense (Outpatient Limit \$150/visit/day)	\$15,000	\$30,000	\$50,000
4	跌打及針灸醫療費用(每天一次最高賠償額HK\$100) Accidental Bone setting & Acupuncture Medical Expense (Limit \$100/visit/day)	\$2,000	\$3,000	\$4,000
5	嚴重燒傷 Major Burn Injury	\$150,000	\$300,000	\$500,000
6	住院現金保障，最長可達52週 每週 Per Week Weekly Hospital Cash (Max. 52 weeks) 最高賠償 Max Amt	\$500 \$26,000	\$1,000 \$52,000	\$1,500 \$78,000
7	恩恤現金 Compassionate Death Cash	\$5,000	\$8,000	\$10,000
8	二十四小時全球緊急支援轉介服務 24 Hour Worldwide Emergency Assistance Referral Services	轉院服務費用可從項目3 - 意外醫療費用中扣除 Emergency Evacuation Expenses can be deducted from item 3		

基本保障：保障包括承保表項目1至2
Basic Plan: Coverage Including Item Nos. 1 and 2 under Schedule of Benefits

優越保障：保障包括承保表項目1至8
Supreme Plan: Coverage Including Item Nos. 1 to 8 under Schedule of Benefits



「交通銀行(香港)有限公司客戶專用」

人身意外綜合保險投保書 COMPREHENSIVE PERSONAL ACCIDENT INSURANCE PROPOSAL

投保申請人資料 PROPOSER DETAILS

#投保申請人姓名 - (必須與香港身份證相同) Name of Proposer/Applicant - (as on HKID)		姓 Surname	名 Given Name	性別 Sex
通訊地址 Correspondence Address				<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
手提電話號碼 Mobile No.	公司電話號碼 Office Tel. No.	住宅電話號碼 Home Tel No.	電郵地址 Email Address	職業及職位 Occupation & Job Position

#投保人必須年滿18歲的香港居民。若投保人不是被保險人本人，他必須是被保險人的父母或合法監護人。 Insured/Proposer must be 18 years old or above Hong Kong Resident. If the Insured is not the Insured Person, the Insured/Proposer must be either parent or legal guardian of the Insured Person.

被保人資料 INSURED PERSON DETAILS

# 被保人姓名 - (必須與香港身份證相同) Name of Insured Person (as on HKID)		姓 Surname	名 Given Name	性別 Sex
職業及職位 Occupation & Job Position	職業類別 Class of Occupation:	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	香港身份證/護照號碼 HKID / Passport No.	*回鄉卡號碼 * China Re-entry Card No.

* 回鄉卡號碼 (只供投保中國意外急救醫療卡填寫) China Re-entry Card No. (For Application of China Accidental Emergency Medical Card Only)

只供投保其他家庭成員填寫 FILL IN BELOW INFORMATION FOR INSURED FAMILY

被保人配偶資料 PROPOSER'S SPOUSE DETAILS

# 被保人配偶姓名 - (必須與香港身份證相同) Name of Proposer's Spouse (as on HKID)		姓 Surname	名 Given Name	性別 Sex
職業及職位 Occupation & Job Position	職業類別 Class of Occupation:	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	香港身份證/護照號碼 HKID / Passport No.	*回鄉卡號碼 * China Re-entry Card No.

* 回鄉卡號碼 (只供投保中國意外急救醫療卡填寫) China Re-entry Card No. (For Application of China Accidental Emergency Medical Card Only)

被保人子女資料 PROPOSER'S SPOUSE DETAILS

被保人子女姓名 Insured Person's Children	性別 Sex	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	香港身份證/護照號碼 HKID / Passport No.	*回鄉卡號碼 * China Re-entry Card No.

* 回鄉卡號碼 (只供投保中國意外急救醫療卡填寫) China Re-entry Card No. (For Application of China Accidental Emergency Medical Card Only)

保險期 由 年 月 日 至 年 月 日
Period of Insurance: FROM Year Month Date TO Year Month Date

繳付保費方法 PREMIUM PAYMENT METHOD

請選擇下列方法繳付保費 Please select the premium payment method below :

☐ 現金 Cash ☐ 轉賬[△] Transfer[△] ☐ 支票^{*} Cheque^{*}

[△] 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
交通銀行(香港)有限公司 Bank of Communications (Hong Kong) Limited	382-532-1-051102-7

如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。^{}If paid by cheque, it should be made payable to "China BOCOM Insurance Co., Ltd."

投保申請人特別須知:

由 2018 年 1 月 1 日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA's website at www.ia.org.hk.

承保表**SCHEDULE OF BENEFITS**

基本保障 : 保障包括承保表項目 1 至 2

Basic Plan Coverage Including Item Nos. 1 and 2 under Schedule of Benefits

優越保障 : 保障包括承保表項目 1 至 8

Supreme Plan Coverage Including Item Nos. 1 to 8 under Schedule of Benefits

保費表**PREMIUM TABLE**

個人計劃 INDIVIDUAL PLAN						
職業類別 Class of Occupation	1			2		
保障金額 Coverage Limit	A	B	C	A	B	C
基本保障 Basic Plan	<input type="checkbox"/> \$ 400	<input type="checkbox"/> \$ 700	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$ 600	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,900
優越保障 Supreme Plan	<input type="checkbox"/> \$ 800	<input type="checkbox"/> \$1,400	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$1,100	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,800

家庭計劃 FAMILY PLAN						
職業類別 Class of Occupation	1			2		
保障金額 Coverage Limit	A	B	C	A	B	C
基本保障 Basic Plan	<input type="checkbox"/> \$ 750	<input type="checkbox"/> \$1,300	<input type="checkbox"/> \$2,400	<input type="checkbox"/> \$ 950	<input type="checkbox"/> \$1,600	<input type="checkbox"/> \$3,000
優越保障 Supreme Plan	<input type="checkbox"/> \$1,500	<input type="checkbox"/> \$2,600	<input type="checkbox"/> \$4,800	<input type="checkbox"/> \$1,800	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$6,000

其他自選附加保障 Other Optional Cover	最低保費 Min. Premium	
<input type="checkbox"/> 中國意外急救醫療保險 - 全中國卡 China Accidental Emergency Medical Insurance - Whole China	\$510	每人計 Each Person
<input type="checkbox"/> 中國意外急救醫療保險 - 廣東卡 China Accidental Emergency Medical Insurance - Guangdong Province	\$298	每人計 Each Person
<input type="checkbox"/> 個人第三者責任 Personal Liability Insurance	\$300	

*全年總保費 *Total Annual Premium	:	
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*上述保費並不包括保險業監管局保費徵費

*The above premium does not include IA Levy

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant.

PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called "the Company") may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- (i) processing and evaluating your insurance application and any future insurance application you may make;
- (ii) administering your insurance policy and providing services in relation to your insurance policy;
- (iii) investigating, processing and paying claims made under your insurance policy;
- (iv) invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- (v) executing the Direct Debit Payment Authorization for premium payment;
- (vi) designing products/services for customers;
- (vii) conducting market research for statistical or other purposes;
- (viii) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (ix) conducting identity and/or credit checks and/or debt collection;
- (x) carrying out other services in connection with the operation of the Company's business;
- (xi) promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- (xii) contacting you for any of the above purposes;
- (xiii) other ancillary purposes which are directly related to the above purposes; and
- (xiv) complying with applicable laws, regulations or any industry codes or guidelines.

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 unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box ☒ below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box ☒ below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

☐ I/We do not consent to receive marketing communications from the Company.

☐ I/We do not consent to receive marketing communications from the related companies of the Company.

If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies

In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) You may in future withdraw your consent to the use and provision of your personal data for direct marketing. If you wish to withdraw your consent, please inform us in writing to the address in the section on "ACCESS AND CORRECTION OF PERSONAL DATA". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("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 data held by it. 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 of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理

收集個人資料的聲明

部分1: 收集及使用個人資料

中國交銀保險有限公司（下稱“本公司”）可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途：

- (i) 處理及審批 閣下的保險申請或 閣下將來提交的保險申請；
- (ii) 執行 閣下保單的行政工作及提供與 閣下保單相關的服務；
- (iii) 調查、處理及支付 閣下保單有關的索償；
- (iv) 發出繳交保費通知及向 閣下收取保費、自負額及欠款；
- (v) 執行直接付款方式授權繳付保費；
- (vi) 為客戶設計產品及/或服務；
- (vii) 為統計或其他目的進行市場研究；
- (viii) 不時就本條款所列的任何目的核對所持有的與 閣下有關係的任何資料；
- (ix) 進行身份和／或信用核查和／或債務追收；
- (x) 開展與本公司業務經營有關的其他服務；
- (xi) 向 閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊；
- (xii) 就以上用途聯絡 閣下；
- (xiii) 其它與上述用途有直接關係的附帶用途；及
- (xiv) 遵循適用法律，條例及業內守則及指引。

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。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀（若有）；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司；
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
- (j) 保險索償投訴局及同類的保險業機構；
- (k) 法例要求或許可的政府機關。

經 閣下同意，本公司可能會以其它方式使用及披露 閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

部分2: 直銷促銷

經 閣下同意，本公司可能使用 閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與 閣下聯絡，提供金融及保險產品的直接促銷通訊。若 閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☐。

經 閣下同意，本公司亦可能提供 閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與 閣下聯絡，提供金融及保險產品的直接促銷通訊。若 閣下反對本公司將 閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☑。

☐ 若 閣下反對接收本公司的直接促銷通訊，請在方格內填上☑

☐ 若 閣下反對接收關連公司的直接促銷通訊，請在方格內填上☑。

如閣下遞交此聲明書而沒有在以上方格內以☑ 顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。

若 閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我司將停止提供 閣下的個人資料給予本公司的關連公司，但這並不代表 閣下反對本公司的關連公司使用由其公司原本擁有 閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得 閣下之個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- (1) 敬請注意，如果 閣下不向本公司提供 閣下的個人資料，本公司可能無法提供 閣下所需的資料、產品或服務，或無法處理閣下的要求。
- (2) 以上部分2代表 閣下現在接收直銷推廣資料的選擇，這亦取代任何 閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 閣下如欲撤回 閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將 閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用 閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

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：**中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。**

投保人聲明 DECLARATION

- 1. 本人/本公司謹就本人/本公司所知及所聲明，上述資料全部屬實無訛。 I / We declare that the information given above is true and complete to the best of my / our knowledge and belief.
- 2. 本人/本公司謹此聲明，所有被保人現在身體健康良好，並無任何殘疾。 I/We declare that all the Insured Person(s) am/are now in good health and free from physical impairment or deformity.

3. 本人/本公司謹此聲明，所有被保人過去未曾於申請任何個人意外保險計劃時被拒絕或要求附加任何條件。所有被保人於過去三年內，未曾就任何個人意外保險計劃提出索償申請。 I/We declare that all the Insured Person(s) have ever been refused and/or required special terms for any personal accident . All the Insured Person(s) have not made any claims under personal accident insurance within the past three years.
4. 本人/本公司明白本投保書被中國交銀保險有限公司接受後保障才正式生效，及同意該投保書和聲明將被用作雙方合約之根據。 I / We understand that this application will not become effective until this proposal has been accepted by China BOCOM Insurance Co., Ltd. and agree that this Proposal and Declaration shall be the basis of the contract between me / us and China BOCOM Insurance Co., Ltd.
5. 本人/本公司確認已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與中國交銀保險有限公司和本人/本公司所訂合約之根據，並以保單上各條款為準則。 I/WE confirm that I/WE have not withheld any material information and accept that this application and declaration shall be the basis of, and be incorporated in the contract between China BOCOM Insurance Co., Ltd. and myself or my company.
6. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴公司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。 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 the insurance proposal/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 China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

投保人簽署

Signature of Insurance Proposer/ Applicant : _____

日期

Date: _____

投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理／經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。 Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- (2) 以上一般保險保單/計劃由中國交銀保險有限公司(「交銀保險」)承保。交銀保險是獲保險業監管局授權在香港特別行政區經營的保險公司。交通銀行(香港)有限公司乃根據保險公司條例(香港法例第41章)註冊為交銀保險於香港特別行政區分銷一般保險產品之授權保險代理商。所有保單/計劃內之保障包括但不限於客戶服務、處理索償服務等將由交銀保險負責。以上一般保險保單/計劃乃交銀保險之產品而非交通銀行(香港)有限公司之產品。 The above general insurance policy/plan is underwritten by China BOCOM Insurance Co., Ltd. ("CBIC"). CBIC is the authorized insurer in Hong Kong SAR approved by the Insurance Authority. Bank of Communications (Hong Kong) Limited is registered in accordance with the Insurance Companies Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of CBIC for distribution of general insurance products of CBIC in the Hong Kong SAR. All insurance coverage in the policy/plan including but not limited to customer services & claim handling services within the insurance policy/plan is supplied by CBIC. The above general insurance policy/plan is the product of CBIC but not Bank of Communications (Hong Kong) Limited.
- (3) 對於交通銀行(香港)有限公司與投保人之間因銷售過程或處理有關交易而產生的合資格爭議（定義見金融糾紛調解計劃的金融糾紛調解中心職權範圍），交通銀行(香港)有限公司須與投保人進行金融糾紛調解計劃程序；而有關產品的合約條款有任何爭議，應由交銀保險與投保人按照保單/計劃條款及細則直接解決。 In respect of an eligible dispute (as defined in the Terms of Reference for the Financial Dispute Resolution Centre in relation to the Financial Dispute Resolution Scheme) arising between Bank of Communications (Hong Kong) Limited and the proposer out of the selling process or processing of the related transaction, Bank of Communications (Hong Kong) Limited is required to enter into a Financial Dispute Resolution Scheme process with the proposer; however any dispute over the contractual terms of the product should be resolved directly between CBIC and the proposer according to terms and conditions of the insurance policy/plan.
- (4) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。 The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (5) 若本中英文譯本有不同，概以英文為準。 If there is any difference between the Chinese and the English version, English version shall prevail.

此部份只供內部使用 INTERNAL USE ONLY

【交通銀行(香港)有限公司客戶專用】

(必須填寫所有欄位)

單位編號		保險中介人姓名	
投保人 CI 號： <input type="checkbox"/> 沒有 <input type="checkbox"/> 有		保險中介人員工編號	
CM / RD		保險中介人簽署及日期	
備註 (若適用):		主管簽署及日期	