

海外家傭綜合保險

為您設想

您的家傭每天都在替您料理各樣室內外之家務，例如：煮飯、清潔及購物。但意外可能隨時會發生。根據僱員補償條例，您必須為您的家傭購買有效的僱員保險，確保您的家傭因工作受傷時能獲得應有之賠償。『交銀保險』之海外家傭綜合保險會為您提供一系列的綜合保障，令您及您的家傭倍感安心。

靈活選項

為滿足您不同的需要，『交銀保險』之海外家傭綜合保險為您提供兩個選擇，分別為：

計劃 A：基本計劃

當您的家傭於受僱期間因工作意外受傷或死亡，計劃A將根據僱員補償條例作出賠償，包括法定賠償及僱主法律責任之賠償，最高賠償額可達HK\$100,000,000。

計劃 B：綜合計劃

除了計劃A的保障外，我們還為您附加了下列保障，詳情請參閱以下之保障簡介表。

- 24小時人身意外
- 遣返費用
- 門診費用
- 補聘家傭費用
- 住院及手術費
- 臨時家傭費用
- 牙科費用

折扣優惠

為了節省您的寶貴時間與金錢，我們誠意為您提供購買兩年保險之折扣優惠選擇。

年齡限制

家傭年齡必須為：

- 計劃 A：18 - 60
- 計劃 B：18 - 50

等候期

由保單開始起十五天內為等候期。等候期適用於第三至第八項保障，在等候期內投保人所支付之任何有關以上項目的費用將不會獲得賠償。如客戶能證明受保期前已投保家傭保險（須附有醫療保障），將可豁免十五天之等候期。

主要不保事項

戰爭、肺塵病、噪音所致失聰、在香港以外地方發生之傷病或意外、恐怖主義活動、自殺、自我傷害行為、懷孕或有關事項、酗酒或濫用藥物、愛滋病、例行醫療檢查、精神病、性病、心臟疾病、癌症、受保前已存在之傷病。

以上為不保事項之概略，詳細內容請參閱保單。

賠償服務

當有事故發生時，我們將以快捷、公平及誠懇的態度處理賠償事宜。

申請手續

請填妥投保書後寄回本公司辦理，如有查詢請致電本公司熱線。

收集個人資料聲明

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，請與我們的資料保護主任聯絡。

以上資料只供參考，詳情請參閱有關保單之條款及不保事項。

本中文譯本謹供參考之用，一切條款均以英文原版為準。

用心服務 交銀保險 稱心之選



Foreign Domestic Helper Insurance



WE CARE YOUR NEEDS

Your domestic helper will perform the daily chores duties, ranging from indoor work to outdoor work such as cooking, cleaning and shopping. However, accident may happen to your domestic helper at any time. Under the Employees' Compensation Ordinance, you are legally required to effect a valid employees' package insurance for your domestic helper. Our Foreign Domestic Helper Comprehensive Insurance will provide you with a comprehensive insurance coverage to protect you and your domestic helper in case of any unpredictable accidents happened to your domestic helper.

FLEXIBLE COVERAGE OPTIONS

To meet with your different needs, Our Foreign Domestic Helper Package Insurance will offer you the following plans at your choice :

Plan A: Standard Plan

In the event if your domestic helper shall sustain bodily injury or death by accident or disease arising out of and in the course of employment, Plan A will indemnify you against your legal liability in respect of such bodily injury or death under the Employees' Compensation Ordinance, with maximum limit up to HK\$100,000,000.

Plan B: Package Plan

In addition to the coverage provided under Plan A, we will provide you with the following additional coverage subject to the limits stated in the Table of Benefits:

- 24 Hours Personal Accident
- Clinical Expenses
- Surgical & Hospitalization Expenses
- Dental Expenses
- Repatriation Expenses
- Replacement Expenses
- Temporary Helper Expenses

DISCOUNTED PRICE (For 2 year Policy)

In order to save your valuable time and money, we offer you an option to purchase a two-year period at a discounted price. Please see the Table of Benefits for details.

AGE LIMIT

The domestic helper must be aged:

- Plan A Between 18 to 60
- Plan B Between 18 to 50

WAITING PERIOD

A 15 days waiting period from the inception date of this insurance shall be applicable under Sections 3 to 8. No benefits shall be payable under these Sections during the waiting period. If the insured has proved that a valid insurance with medical cover was affected immediately before this insurance, the 15-day waiting period can be waived.

MAJOR EXCLUSIONS

War, Pneumoconiosis, Noise-Induced Deafness, accident or disease sustained outside Hong Kong, Act of Terrorism, suicide, self inflicted injuries, pregnancy or its complications, drugs addiction, HIV/AIDS, routine check-up, mental disease, venereal disease, heart disease, cancer, any pre-existing conditions.

The above is only summary of the major exclusions. Please refer to the policy for details.

CLAIMS SERVICE

In the event of any claim under the policy, we strive to provide you with prompt, fair and courteous claims service.

APPLICATION PROCEDURE

To apply, please complete and return the proposal form or call our enquiry hotline for more details.

PERSONAL INFORMATION COLLECTION

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 Data Protection Officer.

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





FOREIGN DOMESTIC HELPER PACKAGE INSURANCE

COVERAGE SUMMARY		
Insured Items and Coverage	Maximum Indemnity	
	Plan A (HK\$)	Plan B (HK\$)
1. Employers' Liability Indemnify against liabilities under the Employees' Compensation Ordinance if the domestic helper suffers accidental injury arising out of and in the course of employment	\$100,000,000	\$100,000,000
2. 24 Hours Personal Accident Cover domestic helper against accidental death or permanent total disablement in the course of employment		\$150,000
3. Clinical Expenses Reimburse the clinical expenses for medical treatment resulting from sickness or accidental injury (limit 1 visit per day) Per Visit Per Period of Insurance		\$150 \$3,000
4. Surgical and Hospitalization Expenses Cover domestic helper against the surgical and hospitalization expenses due to sickness and accidental injury Room & Board Surgical Fees (per disability) Anesthesia Fees Operation Theatre Charges Per Period of Insurance		\$300/day \$10,000 \$2,500 \$1,500 \$25,000
5. Dental Expenses Reimburse dental expenses incurred from oral surgery, treatment of abscess, X-rays, extractions or fillings (except scaling) resulting from accident or sickness (limit 1 visit per day) excluding scaling, oral exam etc. Per Period of Insurance (80% Reimbursement - accident) (70% Reimbursement - sickness)		\$1,500
6. Repatriation Expenses Against costs of returning the remains of or repatriating the domestic helper back to the country of origin due to death, injury or medically unfit to continue employment resulting from serious sickness and/or injury Medically unfit to work resulting from serious sickness and/or injury Death		\$10,000 \$20,000
7. Replacement Expenses Reimburse the replacement expenses incurred for employing new domestic helper because current domestic helper has to be repatriated due to death or medically unfit to work resulting from serious sickness and/or injury Per Period of Insurance		\$5,000
8. Temporary Helper Expenses Reimburse the expenses incurred to employ a temporary helper if the domestic helper is hospitalized for more than 5 days or death or proven that medically unfit to work & has terminated contract of service Per Day Per Period of Insurance		\$200 \$5,000
One-Year Premium	\$500	\$680
Two-Year Premium	\$900	\$1,150



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

海外家傭綜合保險

保障簡介表		
保障項目及承保範圍	最高賠償額	
	保障計劃 A (HK\$)	保障計劃 B (HK\$)
1. 僱主的補償責任 當家傭在受僱期間因工作遭遇意外而傷亡，將依據香港僱員補償條例規定給予賠償	\$100,000,000	\$100,000,000
2. 24小時個人意外 保障家傭在受僱期間因意外而引致死亡或永久性完全傷殘		\$150,000
3. 門診費用 因生病或意外引致身體受傷而需接受診治之門診費用 每次最高賠償額（每天祇限一次） 受保期內之最高賠償額		\$150 \$3,000
4. 外科手術及住院費用 保障家傭因生病或意外受傷而需入院接受治療或手術之費用 住院費 外科手術費（每一次傷病） 麻醉師費用 手術室費用 受保期內之最高賠償額		\$300/每日 \$10,000 \$2,500 \$1,500 \$25,000
5. 牙科治療費用 因意外或疾病需接受口腔手術，治療膿腫，X-光檢查，脫牙或補牙（洗牙或口腔檢查等除外） 受保期內之最高賠償額 （自負額為20% - 意外事故） （自負額為30% - 疾病）		\$1,500
6. 遣返費用 因家傭死亡，受傷或嚴重疾病而不能繼續工作，需運送該家傭返回原居地之費用 因受傷或嚴重疾病不宜繼續工作死亡		\$10,000 \$20,000
7. 補聘家傭費用 家傭由於死亡或因嚴重疾病或受傷需入院治療而不能繼續工作及需運返回原居地；導致僱主需聘請新家傭之費用 受保期內之最高賠償額		\$5,000
8. 臨時家傭費用 家傭因需長期（不少於五天）入院接受治療、或因死亡或家傭因病或意外受傷經由醫生診斷認為不適合工作而被解僱以致僱主需聘請臨時家傭之費用。 每日最高津貼 受保期內之最高賠償額		\$200 \$5,000
一年保費 兩年保費	\$500 \$900	\$680 \$1,150

生效日期: 2014年1月1日。如有任何更改，恕不另行通知。



「交通銀行(香港)有限公司客戶專用」

海外家傭綜合保險投保書
FOREIGN DOMESTIC HELPER COMPREHENSIVE INSURANCE PROPOSAL FORM

*投保申請人名稱

*Name of Proposer/Applicant: _____

(*投保人必須為僱主 Insured must be the employer)

僱用地點

Place of Employment: _____

通訊地址 (如與投保僱用地點不同者)

Correspondence Address (If different from Place of Employment): _____

投保申請人職業

Proposer's Occupation: _____

保險期 由 _____ 年 _____ 月 _____ 日 至 _____ 年 _____ 月 _____ 日

Period of Insurance: FROM _____ Year _____ Month _____ Date TO _____ Year _____ Month _____ Date

被保人資料 INSURED PERSON INFORMATION:

海外家傭姓名

Name of Domestic Helper: _____

香港身份證/護照號碼

HKID No./Passport No.: _____

出生日期

Date of Birth: _____ (dd/mm/yyyy)

性別

Sex: _____

國籍

Nationality: _____

所選計劃及保險期(請在適當空格內填上√)

Plan and Period of Insurance Selected (Please "√" the appropriate box)

保險期 Period of Insurance	保障計劃 Plan A - *保費 *Premium	保障計劃 Plan B - *保費 *Premium
一年保期 1 Year	<input type="checkbox"/> HK\$500	<input type="checkbox"/> HK\$680
兩年保期 2 Years	<input type="checkbox"/> HK\$900	<input type="checkbox"/> HK\$1,150

*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

如選擇計劃 B 者, 請回答下列有關您的家傭健康狀況之問題:

If you select Plan B, please complete the following about the health condition of your domestic helper.

- 您是否知道上述家傭可能因某種病症而需要接受治療或手術? ☐ 是 Yes ☐ 否 No
Are you aware of any condition for which your domestic helper may require medical or surgical treatment?
- 您的家傭曾被拒保意外或醫療保險, 或需附加特別項目或條件才受保? ☐ 是 Yes ☐ 否 No
Has the domestic helper ever been rejected or subject to special terms and conditions when applying for accident or illness insurance?

以上任何一項回答“是”者, 請詳細說明: _____

If any the above answer is “yes”, please give details.

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^{*}
- ☐ 直接付款[△] (由 VISA 信用卡/交通銀行銀聯卡/交通銀行(香港)有限公司賬戶直接付款) Direct Debit[△] (Direct debit from VISA credit card or Bank of Communications UnionPay Card or Bank of Communications (Hong Kong) Limited bank account)

[△] 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, 支票抬頭須填寫「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.”

[△] 如選擇直接付款, 請留意下列事項: If you select Direct Debit payment, please take note to below:

- 在投保申請過程必須填寫及遞交「直接付款方式授權書」至本公司辦理。You are required to complete and return the “Direct Debit Payment Authorization Form” to us during the insurance application.

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.

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. (effective from 1st April, 2013)

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(2013年4月1日起生效)

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的任何資料;
- (ix) 進行身份及/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。本公司會在收取任何費用的情況下確保不會將閣下納入日後直接促銷活動中。
- (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。**

PRO-DIP-07-201712BS

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香港中環紅棉路8號東昌大廈18樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
Tel: (852) 2591 2938 Fax: (852) 2831 9192 Website: www.cbic.hk

「交銀」一間用心去做的保險公司



聲明 Declaration

1. 本人/本公司謹此聲明，根據本人/本公司所知及所信，上述所有資料均屬實無訛且事實之全部，並所有能影響是項申請評估的事實因素均已呈報。I/We declare that the information given above is true and complete to the best of my knowledge and belief. I/We further declare that all materials affecting the assessment of this application have been disclosed.
2. 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 COMPANY LIMITED and agreed that this Proposal and Declaration shall be the basis of the contract between me/us and CHINA BOCOM INSURANCE COMPANY LIMITED.
3. 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.

投保申請人簽署

Signature of Insurance Proposer/ Applicant : _____

日期

Date: _____

If the proposer/applicant is a corporation, company's chop is required 若投保申請人是公司，必須在投保申請人簽署部分蓋上公司印章。

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	