

Bupa Safe Critical Illness Insurance Scheme Registration Variation Form 保柏危疾全禦保計劃更改登記申請表



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，並於適用地方加「✓」號。

To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署然後交回保柏。

Personal Details of Subscriber 投保人資料

Membership No. (16 digits) 會員號碼 (16位數字)

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Subscriber's Name of the existing Contract (same as HKID Card) 現有合約之投保人姓名 (與香港身份證相同)

Surname 姓 _____

Given Name 名 _____

Types of Changes 更改項目 (Please tick the change(s) and fill in the details as required 請選擇更改部分並填妥所需資料)

I. Application for e-Services 申請電子服務

I hereby agree to use e-Services through **myBupa**, an online and mobile platform, to view and download some of my policy-related documents. To access these e-documents*, I am required to register for a **myBupa** account and provide an email address in Section II below where I will receive email notifications when a document is ready for me to access from my **myBupa** account. I understand that I will no longer receive hard copy of these documents by post.

If you have already provided your email address to us, we will send email notifications to your email address on our record. If you want to update your email address, please provide a new email address in Section II below.

*Please refer to <https://www.bupa.com.hk/en/customer-care/mybupa/> for the latest list of e-documents available on **myBupa**. This list is subject to change.

本人現同意使用 **myBupa** 網上及手機的電子服務，以查閱及下載與本人保單相關的部分文件。要查閱這些電子文件*，本人須登記 **myBupa** 帳戶，並於以下第二部分提供電郵地址。當文件已上載於我的 **myBupa** 帳戶後，我便會收到電郵通知。本人明白將不會以郵寄方式收到這些保單文件的印刷本。

如你曾經向我們提供電郵地址，我們會根據紀錄中的電郵地址發出電郵通知。如你想更新電郵地址，請於以下第二部分提供新的電郵地址。

*有關上載於 **myBupa** 的最新電子文件清單，請參考 <https://www.bupa.com.hk/tc/customer-care/mybupa/>，此清單會不時更改。

II. Change of Correspondence Address / Telephone No. / Email Address 更改通訊地址 / 電話號碼 / 電郵地址

New Correspondence Address* 新通訊地址* (Please complete in ENGLISH and BLOCK LETTERS 請以英文正楷填寫)

Flat 單位 / Room 室 / Floor 層數 _____

Block 座 / Building 大廈 / Mansion 閣 / House 樓 / Estate 屋苑 _____

Street 街 / Road 道 _____

District 地區 _____ HK 香港 Kln 九龍 NT 新界

New Email Address 新電郵地址 _____

New Contact No. 新聯絡電話 _____ New Fax No. 新傳真號碼 _____ New Mobile No. 新流動電話號碼 _____

* P. O. Box, hotel address and overseas address are not acceptable. 郵政信箱、酒店地址及海外地址恕不接納。

For any Member who becomes a US Permanent Resident¹, please complete Section III Change of Members Details. For any change of address to US, Subscriber is also required to fill in Section III to declare for all members if they are US permanent Resident.

如任何會員成為了美國永久居民¹，請填妥第三部分之更改會員資料。如新更改的通訊地址為美國，投保人亦須為所有會員填寫第三部分以聲明他們是否美國永久居民。

Notes 注意：

¹ "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。



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III. Change of Particulars of existing Subscriber or Member 更改現有投保人或會員的資料

Subscriber 投保人

New Name of existing Subscriber (same as HKID Card)
現有投保人的新姓名 (與香港身份證相同)

Surname 姓

Given Name 名

New HKID Card No. ***
新香港身份證號碼

US Permanent Resident¹ Yes 是 No 否

*** Please submit the copy of HKID Card to Bupa. 請連同香港身份證副本交回保柏。

Member 會員

New Name of existing Member (same as HKID Card)
現有會員的新姓名 (與香港身份證相同)

Surname 姓

Given Name 名

New HKID Card No. / Birth Certificate No. ***
新香港身份證號碼/出生證明書號碼

US Permanent Resident¹ Yes 是 No 否

*** Please submit the copy of HKID Card / Birth Certificate to Bupa. 請連同香港身份證/出生證明書副本交回保柏。

Notes 注意:

¹ "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country.

「永久居民」指居於某國家並且身為該國公民或根據適用法律獲許在該國永久性居留及工作的人士。

IV. Change of benefit

For addition of optional benefit (marked with "*" below), you must complete Health Questionnaire - Section A, Section B and Section C (whenever applicable). The new benefit will be effective on the renewal date, if approved.

如選擇增加自選保障(註有"*)號), 必須填寫「健康問卷-甲部」, 及「健康問卷-乙部」及「健康問卷-丙部」(如適用)。一經批核, 新保障將於續保日生效。

A. Critical Illness Basic Benefits 危疾基本保障^①

Please tick as appropriate. 於適用地方加「✓」號

Reduction of Lifetime Benefit Amount in Aggregate 調低終生賠償總額	
<input type="checkbox"/> HK\$2,200,000 (Plan 計劃 7, 8, 9, 10, 11, 12)	
<input type="checkbox"/> HK\$1,100,000 (Plan 計劃 13, 14, 15, 16, 17, 18)	

B. Extended Major Critical Illness Benefit (Optional Benefit) 嚴重危疾延伸保障 (自選保障)^①

(Plan 計劃 2, 5, 6, 8, 11, 12, 14, 17, 18)

Please tick as appropriate. 於適用地方加「✓」號

<input type="checkbox"/> Cancel 取消

C. Cancer Treatment Reimbursement Benefit (Optional Benefit) 癌症治療賠償保障 (自選保障)^{③④⑤}

Please tick as appropriate. 於適用地方加「✓」號

Full Cover in aggregate up to \$500,000 per Contract Year 全數賠償以每合約年度總額 \$500,000 為限 (Option 選項 C1 - Plan 計劃 3, 5, 9, 11, 15, 17, 19)	<input type="checkbox"/> Add 增加*	<input type="checkbox"/> Cancel 取消
Full Cover in aggregate up to \$1,000,000 per Contract Year 全數賠償以每合約年度總額 \$1,000,000 為限 (Option 選項 C2 - Plan 計劃 4, 6, 10, 12, 16, 18, 20)	<input type="checkbox"/> Add 增加*	<input type="checkbox"/> Cancel 取消

^① If you wish to increase your lifetime benefit amount in aggregate, please complete a new application form.

如你希望提升終生賠償總額, 請填寫一份新申請表。

^② If you wish to add the Extended Major Critical Illness Benefit, please complete a new application form.

如你希望增加嚴重危疾延伸保障, 請填寫一份新申請表。

^③ If you wish to increase your aggregate limit to \$1,000,000, please complete a new application form.

如你希望提升賠償總額至 \$1,000,000, 請填寫一份新申請表。

^④ If you wish to reduce your aggregate limit to \$500,000, please cancel the original limit and add the new limit.

如你希望調低賠償總額至 \$500,000, 請取消原有總額並增加新的總額。

^⑤ Please note that you can only apply to add this benefit provided that:

請注意, 你須符合以下條件方可申請增加此保障:

- you have been continuously covered under this Contract for 2 consecutive years;
你於本合約下已連續獲得2年保障;
- no addition or upgrade of Benefits has taken effect within the previous 2 years; and
你於過去2年內未新增或提升任何保障; 及
- no claim has been submitted under this Contract previously.
你之前未在本合約下提出任何索償。

V. Change of Smoking Status 更改吸煙習慣

Smoker
吸煙者

Non-smoker
非吸煙者

When did you change your smoking status?
你何時起更改吸煙習慣

Before change 更改前

a. Average no. of cigarettes daily?
每日平均吸煙的支數

b. For how many years have you smoked?
閣下已吸煙多少年

c. What are your reasons to quit smoking?
請說明因何停止吸煙

Reason
原因

After change 更改後

a. Average no. of cigarettes daily?
每日平均吸煙的支數

b. For how many years have you smoked?
閣下已吸煙多少年

VI. Other Changes 其他更改 (Please specify the details 請詳細列明)

Health Declaration 健康聲明

Important Note 重要事項

Please Answer Yes or No to every question in Health Declaration – Section A. 請於所有「健康聲明 - 甲部」中問題回答「是」或「否」。

If you answer Yes to any of the questions, you have to provide the details of the medical conditions in Health Declaration – Section B / Section C. 如果你就任何問題的回答為「是」，你須於「健康聲明 - 乙部/丙部」提供有關疾病之詳情。

During the insurance application process, it's important that you act with utmost good faith and disclose all material facts to Bupa. If you are uncertain as to whether a fact is material, then it should be disclosed. If you fail to disclose or misrepresent a material fact and this causes Bupa to accept the risk, this will raise questions about your entitlement to insurance benefits. Consequences may include termination of your policy or reduction of entitlement to claims payments in all or part. 在保險申請過程中，務必以至高誠信向保柏披露所有重要事實。如果你不確定某個事實是否重要，則應將其披露。如你未能披露或錯誤陳述重要事實，而導致保柏承擔有關風險，這將影響你享有的保障。其結果可能包括終止你的保單；或減少全部或部分你所獲得的賠償。

You do not need to tell us about your history of common cold or flu or upper respiratory tract infections. Female proposed Member does not need to tell us about your history of childbirth. 你無須告知我們傷風、感冒、上呼吸道感染之病史。女性準會員也不用告知我們有關分娩的紀錄。

If there is any change or update on the proposed Member's health conditions at any time after the submission of this Application and before the Critical Illness Benefit Coverage Commencement Date or issue date of the Contract, whichever is the later, you are required to notify Bupa immediately. 如在提交本申請後和危疾保障開始日或合約簽發日(以較後日期為準)之前的任何時間，準會員的健康狀況有任何改變或更新，你需要立即通知保柏。

Height 身高	m 米	cm 厘米/	ft 尺	in 吋	Do you (or the proposed Member) smoke [#] or have you (or the proposed Member) smoked [#] in the last one year? 你(或準會員)有沒有吸煙 [#] 或在過去一年內曾否吸煙 [#] ? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Weight 體重	kg 公斤/			lb 磅	

[#] Not required for proposed Member below 18 years old. For the purpose of this question, the meaning of "smoking" includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e-cigarettes). 18歲以下之準會員無需填寫。「吸煙」在此問題的含義包括但不限於香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。

Health Declaration – Section A 健康聲明 – 甲部

1. Have you (or the proposed Member) ever been diagnosed with any of the following diseases or medical conditions? 你(或準會員)是否曾被確診下列疾病或健康狀況? - Cancer, carcinoma in situ (pre-cancer), stroke or mini-stroke, heart disease, carotid artery disease, diabetes or impaired glucose tolerance, hypertension, disorder of brain or nervous system, HIV related conditions, AIDS? - 癌症、原位癌(癌症前期)、中風或短暫性腦缺血(俗稱「小中風」、心臟病、頸動脈疾病、糖尿病或葡萄糖耐量異常、高血壓、腦或神經系統疾病、人類免疫力缺乏病毒(HIV)有關的疾病、愛滋病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Do you (or the proposed Member) have two or more natural parents or siblings with heart disease, stroke, diabetes, cancer before age 50? 你(或準會員)曾否有兩個或以上親生父母或兄弟姐妹於50歲前患有心臟病、中風、糖尿病或癌症?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Apart from those you (or the proposed Member) have already disclosed in the above Questions, do you (or the proposed Member) currently have any 你(除你(或準會員)於上述已經披露之健康狀況外，你(或準會員)現在是否有下列情況： - Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year 在過去一年內，體重無故地減少了5公斤(11磅)以上 - Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month, or not normal bleeding (例如陰道出血、便血、流鼻血或咳血) 至少一個月，或 - Any medical condition, disability or symptoms that you (or the proposed Member) intend to seek advice, currently undergoing or due to attend at hospital, clinic or doctor for treatment, medical investigation(s) or test(s) (other than routine body check), such as blood tests, electrocardiogram, ultrasonogram, endoscopy, biopsy or X-ray? 因任何健康狀況、失能或症狀而正在或打算尋求醫療意見；或現在正或將會接受住院，門診或醫生的治療、醫療檢查或檢測(恆常身體檢查除外) 如血液檢驗，心電圖，超聲檢查，內窺鏡檢查，活檢或X光?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. Have you (or the proposed Member) ever been declined, postponed or accepted on modified terms for life, critical illness, medical health or accident insurance? 你(或準會員)是否曾被因投保任何人壽、危疾、醫療或意外保險時被拒絕，延遲或修改條款接納?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Only applicable if opts for Extended Major Critical Illness Benefit 只適用於投保嚴重危疾延伸保障	
5. Have you (or the proposed Member) ever been diagnosed with any of the following diseases or medical conditions? 你(或準會員)是否曾被確診下列疾病或健康狀況? - liver disease, kidney disease, lung disease (other than cold or flu), disorder of blood? - 肝臟疾病、腎病、肺部疾病(傷風或感冒除外)、血液疾病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Do you (or the proposed Member) have one or more natural parents or siblings with haemochromatosis, Huntington Disease (Huntington's Chorea), polycystic kidney disease or any other hereditary disease(s)? 你(或準會員)曾否有一個或以上親生父母或兄弟姐妹患有鐵質沉著症、亨丁頓舞蹈症、多囊性腎病或任何其他遺傳病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Health Declaration (Cont.) 健康聲明 (續)

Health Declaration - Section B 健康聲明 - 乙部

If you answer Yes to question 1, 3 and 5 in Health Declaration - Section A, you have to provide the details of the medical conditions in Health Declaration - Section B below. 如果你就「健康聲明 - 甲部」問題 1、3 及 5 的回答為「是」，你須於下列「健康聲明 - 乙部」提供有關疾病之詳情。

	Medical condition 病症	Medical condition 病症	Medical condition 病症
Please specify as accurately as possible the name of the illness or medical problem. Where applicable, please state the area of the body affected (e.g. right knee, left eye). 請盡可能準確註明患上何種疾病或病患。如適用，請說明受影響的身體部位 (例如右膝，左眼)。			
When did the symptoms start? 何時開始出現徵狀?			
What investigations did you (or the proposed Member) have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 你(或準會員)曾接受何種檢查? 請註明日期、檢查種類 (如磁力共振、驗血) 及其結果。			
What treatment did you (or the proposed Member) have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 你(或準會員)曾接受何種治療? 請註明接受治療時期、治療種類及其詳情 (如藥物名稱、治療程序及手術名稱)			
When was the treatment completed? 何時完成治療?			
Have you (or the proposed Member) made a full recovery? (Yes/No) 你(或準會員)是否已完全康復? (是/否)			

If you have any medical reports or reports of investigations, please enclose them and put a tick in the box.
如果你有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment
另有附頁

Health Declaration - Section C 健康聲明 - 丙部

If you answer Yes to question 2 and 6 in Health Declaration - Section A, you have to provide the details of the medical conditions in Health Declaration - Section C below. 如果你就「健康聲明 - 甲部」問題 2 及 6 的回答為「是」，你須於下列「健康聲明 - 丙部」提供有關疾病之詳情。

	Medical condition 病症	Medical condition 病症	Medical condition 病症
a. Which family member(s)? 哪個親屬?			
b. Which disease? 哪個疾病?			
c. Onset age of the disease? 病發年齡?			

If you answer Yes to question 4 in Health Declaration - Section A, you have to provide the details of the medical conditions in Health Declaration - Section C below. 如果你就「健康聲明 - 甲部」問題 4 回答為「是」，你須於下列「健康聲明 - 丙部」提供有關疾病之詳情。

Reason(s) of being declined, postponed or accepted with modified terms for life, critical illness, medical health or accident insurance
因投保任何人壽、危疾、醫療或意外保險時被拒絕，延遲或修改條款接納的原因：

If you (or the proposed Member) have any medical reports or reports of investigations, please enclose them and put a tick in the box.
如你(或準會員)有任何醫療報告或醫療檢查報告，請隨此表格同時附上，並請於空格加「✓」號。

With attachment
另有附頁

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.**
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
 - processing, assessing and determining any Applications for insurance products and services;
 - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
 - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - provision and design of products and services of the Company;
 - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
 - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
 - the Company's group companies ("Group Company");
 - any insurance adjusters, agents and brokers;
 - any re-insurance companies authorised by the Company;
 - employers (for members of corporate policy only);
 - healthcare professionals and hospitals;
 - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
 - insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
 - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
 - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
 - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
 - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
 - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:
Data Protection Officer
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong
- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏 (亞洲) 有限公司 (「本公司」)

有關個人資料 (私隱) 條例 (「條例」) 之個人資料收集聲明 (「本聲明」)

遵照條例, 本公司特通知閣下以下事項:

- 在閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務, 或當閣下更改保單或續保時, 必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄, 如適用)。
- 如閣下未能提供本公司所要求的個人資料, 本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務。**
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料, 例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:**
 - 處理、評估、決定任何保險產品及服務之申請;
 - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求, 包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
 - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償, 包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)、處理、評估、決定、解決或回應該等索償;
 - 執行與本公司所提供的保險產品及/或服務相關的功能及活動, 包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
 - 提供及設計本公司的產品及服務;
 - 行使本公司向閣下或會員提供保險和服務時有關的權利, 例如釐定閣下拖欠的任何款項的金額, 及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士, 追收和收回拖欠的任何款項;
 - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
 - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人, 就涉及的轉讓、出讓、參與或次參與的交易進行評估; 及
 - 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引, 而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密, 但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:**
 - 本公司的集團公司(「集團公司」);
 - 任何由本公司授權的保險理算人、代理及經紀;
 - 任何由本公司授權的再保險公司;
 - 僱主(只適用於團體保單之會員);
 - 醫護專業人員及醫院;
 - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、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定的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提出的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人; 及
 - 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引, 而作出披露, 包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院, 及在其他情況下, 法律規定本公司必向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下, 使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況, 向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
 - 保險、醫療、健康、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
 - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品; 及
 - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下之個人資料向第三方透露, 用作他們的市場推廣用途。為避免有疑慮, 不論閣下是否同意接收以上第六點所述的市場推廣資訊類別, 本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款, 閣下有權:**
 - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
 - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
 - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類; 及
 - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任, 地址如下:
香港九龍觀塘海濱道77號海濱匯2座6樓
保柏 (亞洲) 有限公司 保障資料主任
- 根據有關條例之條款, 本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢, 請隨時致電本公司的客戶服務專線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義, 概以英文為準。