TRAVEL INSURANCE CLAIM FORM
旅遊意外索償申請表

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

CERTIFICATE / POLICY NUMBER 保單號碼	NAME OF AGENT 保險代理人

CERTIFICATE HOLDER'S / INSURED'S INFORMATION 證書持有人 / 保户資料

Full Name 姓名 _____

Correspondence Address# 通訊地址# _____

Tel No.# 電話號碼# _____ Email# 電郵# _____

INSURED PERSON'S INFORMATION 受保人資料

SAME AS ABOVE 同上 ☐

Full Name 姓名 _____ Occupation 職業 _____

Correspondence Address# 通訊地址# _____

Tel No.# 電話號碼# _____ Email# 電郵# _____

 # For the use of this claim only 只限於此索償之用

MEDICAL EXPENSES 醫療費用

Date, time and place of incident 意外或病症發生之日期、時間及地點

_____

For injury case, please state how the incident occurred. For sickness case, please state the symptom(s) and when the symptom(s) first appeared 如屬受傷個案，請詳述意外發生經過 / 如屬疾病個案，請說明病徵及首次出現病徵的時間

_____

Amount claimed 索償金額 _____

Are you still receiving medical treatment? 閣下是否仍在接受治療？ ☐ YES/NO* ☐ 是 / 否*

Remarks: Please attach the relevant medical report and original medical expenses receipts to certify the expenses.
備註：請附交有關之醫療報告及收條正本以證明索償金額。

TRAVEL DELAY 旅程延誤

	Date / Time 日期 / 時間	From 由	To 至	Flight No. 航班號碼
Original Schedule 原本行程				
Delay Schedule 延誤行程				

Reason for Delay 延誤原因		Hours Delayed 延誤時數	

*Remarks: Please attach the relevant supporting documents to certify the hours delayed and reason for delay (e.g. copy of boarding pass and/or air ticket, confirmation from Airlines / Travel Agents, etc.)
備註：請附交有關文件以證明延誤時間及原因，例如登機證及 / 或機票影印本，航空公司或旅行社證明信等。

**Please delete whichever is inapplicable 請刪去不適用者*

FWD General Insurance Company Limited
9/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong
富衛保險有限公司
香港中環德輔道中 308 號富衛金融中心 9 樓
Tel 電話: (852) 3123 3123 Fax 傳真: (852)2850 3005
Email 電郵: claims.gi.hk@fwd.com

CANCELLATION / CURTAILMENT 取消旅程 / 提早結束旅程

Causes of claims 索償原因 _____

Amount claimed 索償金額 _____

Name, address, phone no. and contact person of Travel Agents 旅行社名稱、地址、電話號碼及聯絡人姓名

_____

Remarks: Please attach the relevant supporting documents to certify the expenses incurred and cause of incident (e.g. medical report, death certificate, original receipts of amount claimed, etc.)

備註： 請附交有關文件以證明不能退還之款項及意外之起因，如醫療報告、死亡證、收條正本等。

LOSS OF BAGGAGE & PERSONAL EFFECTS / DELAYED BAGGAGE / LOSS OF MONEY & DOCUMENT / OTHER LOSS
遺失行李及私人財物 / 行李延誤 / 遺失現金及證件 / 其他損失

Date, time and place of incident 意外發生之日期、時間及地點 _____

State how the incident occurred 意外發生之詳細經過

_____

_____

_____

Amount claimed 索償金額

_____

Please state the property lost or damaged 請詳列遺失或損壞之財物資料：

Describe the property lost or damaged and the extent of the damage 描述遺失或損壞之財物及損壞程度	Date of Purchase 購買日期	Purchase Price 購買時之價值	Amount of claim 索償金額

Have you lodged a claim or complaint against any carrier / airline or other authority for the loss or damage to your property? ☐YES/☐ NO*
閣下有否就財物之遺失或損壞而向航空公司或其他有關機構索償或投訴？ 有 / 沒有*

If YES, please give details and attach copies of correspondence.
如是，請列詳情及附上書函副本。

Name of Airline/relevant authority 航空公司 / 有關機構名稱 _____ Claim Number 索償號碼 _____

Were particulars taken by or reported to the police? ☐YES/☐NO*
事件細節有否被當場的警員記錄或向警署報告? 有 / 沒有*

If YES, please advise which police station was reported to and attach a copy of the police report.
如有，請註明有關警署及附上警方報告。

Name and address of police station 警署名稱及地址

_____

Police report no. 警方報案號碼

_____

Remarks: Please attach the original supporting documents to certify the expenses / losses and incident and items of claim (e.g. Airlines Irregularity Report, Police Report, Receipts of the items claimed, etc.)

備註：請附交有關證明事件經過，損失/開支，及索償項目之文件，如航空公司遺失 / 損害報告、警方報告及失物收據等之正本文件。

**Please delete whichever is inapplicable 請刪去不適用者*

PERSONAL ACCIDENT 人身意外

Name of Claimant(s)索償人姓名

_____

Date, time and place of incident 意外發生之日期、時間及地點

_____

State how the incident occurred 意外發生之經過

_____

Amount claimed 索償金額_____

Remarks: Please submit your claim with the supporting documents (e.g. Accident Report, Police Report, Death Certificate and/or any relevant documents.) If the next of kin(s) is/are minors (persons who are under the age of 18), please give particulars of the Official Administrator(s) and provide copies of the documentation authorising that person to act in this capacity.

備註: 請附交有關資料如意外報告、警方報告、死亡證及有關文件等，如受益人為未成年人士，請提供其代理人之資料，以及有關之授權代理證明文件。

PERSONAL LIABILITY 個人責任

Date, time and place of incident 意外發生之日期、時間及地點

_____

State how the incident occurred 意外發生之經過

_____

_____

State details of the damaged property / the injured person 詳細描述損毀財物 / 傷者情況

_____

_____

Name and address of the owner of the damaged property/ the injured person 損毀財物物主 / 傷者之姓名及地址

_____

_____

Is the injured person or the owner of the damaged property under your employment, or a relative to you? ☐YES/☐NO*

傷者或損毀財物物主是否閣下之僱員或親屬? 是 / 否*

If YES, please give full details 如是，請列詳情。

_____

_____

Has any claim been made upon you? 閣下有否收到索償要求？ ☐YES/☐NO* 是 / 否*

If YES, please state the details and attach with this form **ALL COMMUNICATIONS**.

如是，請列詳情及附上所有往來文書。

_____

_____

ANY COMMUNICATION THAT YOU RECEIVE ABOUT THE ACCIDENT SHOULD NOT BE ANSWERED BUT SENT TO THE COMPANY IMMEDIATELY.

如接獲任何函件請勿作答，必須先呈上本公司以便採取適當行動。

OTHER INSURANCE OR COMPENSATION 其他保險或賠償

Is/Are any other insurance policy(ies) covering the expenses involved? ☐YES/ ☐NO*

上述項目是否受保於其他保險合約? 是 / 否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司名稱_____

Class of Insurance 保險種類 _____ Policy No. 保單號碼 _____

Amount claimed 索償金額 _____ Currency 貨幣 _____

** Please delete whichever is inapplicable 請刪去不適用者*

CLAIM PAYMENT METHOD 賠償款項方式

Subject to the terms and conditions of your policy, the Claimant may select to receive the claim payable amount by way of direct credit or cheque. If you do not provide payment preference below, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。如閣下沒有提供以下銀行轉帳資料作收取賠償款項方式，而索償案件申請被核准後，將視作選擇以支票收取賠償款項。

Option (1) 選擇(一)

☐ By Direct Credit 銀行轉賬 – for HKD account only 只限港幣戶口

Important Notes for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the sole name of Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
有關之賠款將按其保單條款，存入該受保人個人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and any other extra banking handling charges regardless of whether the claim payment can be recovered.
如閣下提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司將相關賠款存至第三者戶口，無論有關賠款能否取回，本 公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

Please provide the Insured Persons bank account details. A copy of bank book or bank statement showing the name and bank account number of the Insured Person MUST be provided.
請提供受保人的銀行資料，並必須提供顯示受保人的姓名及銀行賬戶口號碼的銀行存摺或月結單副本。
If the bank account is not solely held by the Insured Person or if we do not receive the required document(s) as mentioned above, the payment will be made by cheque payable to the Insured Person.
如指定銀行賬户並非受保人之個人銀行賬戶或閣下沒有提供上述所需文件，賠款將以支票形式給予受保人。

Bank Account Information 銀行賬戶資料

銀行名稱 Bank Name	銀行編號 Bank Code	銀行分行編號 Branch Code	銀行賬戶口號碼 Bank A/C No.
賬戶持有人姓名 (英文及大楷寫) Name Of Account Holder (In English & Block Letter)			

Option (2) 選擇(二)

☐ Hong Kong Dollar Cheque 港幣支票

Option (3) 選擇(三) (*subject to the terms and conditions as below 受以下條款及細則約束)

☐ Collect at designated 7-Eleven Stores – for HKD only 於指定 7-Eleven 商舖收取賠償款項- 只限港幣

A QR code for collecting claims payment will be sent to the claimant via SMS. Please provide a valid Hong Kong mobile phone number of the claimant 富衛會發出短訊提供 QR 碼以用作收取賠償款項之用途，請提供索償人之有效**香港**流動電話號碼:

Claimant's mobile phone number in Hong Kong 索償人香港流動電話號碼: _____

The Option(3) is subject to the terms and conditions as below 選擇(三)受以下條款及細則約束:

i. This option is **NOT** applicable to: 此選項不適用於:
(a) Approved claims amount over HK$3,000 獲批核的賠償金額高於港幣三千元；
(b) Claims under life insurance policy purchased through **FULL** online application or direct marketing 透過全網上申請或直銷購買的人壽保單的索償；and 及

ii. Any approved claim will be rounded up to the nearest whole number. 獲批核的賠償金額會被調整至整數。

iii. Collection is only available at 7-Eleven stores located in MTR station. In the event that the claim payment via 7-Eleven is not successful, the claims benefit will be paid by cheque. 收取款項只適用於地鐵沿線之7-Eleven。如未能於7-Eleven收取款項，賠償金將以支票形式支付。

iv. FWD shall not be liable for any of the Claimant's loss if a wrong/invalid mobile phone number has been provided or the Claimant has lost his mobile phone or the Claimant forward the QR code to any third party. 富衛不會就索償人提供不正確流動電話號碼、遺失流動電話或轉發此QR碼與第三方而蒙受之損失承擔任何法律責任。

DECLARATION 聲明

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"), by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited ("FWD") (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organizations within or outside of Hong Kong in accordance with the terms set out in the Personal Information Collection Statement below and the provisions of the Ordinance.
Moreover, I/we hereby authorize FWD to obtain access to and/or to verify any of my/our data with the information collected by any association, federation or similar organization of insurance companies that exists or is formed from time to time (the "Federation") from the insurance industry.
根據香港個人資料(私隱)條例，本人 / 我們等簽署如下，同意富衛保險有限公司「富衛」得到或持有之本人個人資料 (該等資料可能在此表格提供或從其他途徑得到) 可透露予本港或海外之個人或組織機構以作為處理索償任何分析之用途。
此外，本人 / 我們現授權富衛由現存或不時成立的任何保險公司的協會或聯會或類同組織(以下簡稱「聯會」) 從保險業內收集的資料中查閱及/或核對本人 / 我們之任何資料。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform FWD of all material information may render FWD unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of FWD.
本人 / 我們謹此聲明，上述所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知富衛任何有關此賠償申請之重要資料，將可能導致富衛不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表富衛確認責任或保證賠償。

I/We confirm having read and understood FWD's Personal Information Collection Statement as accompanied with this form.
本人 / 我們確認已閱讀及明白隨本表格附上有關富衛的收集個人資料聲明。

Certificate holder's / Insured's Signature (& Company Chop, if applicable) 證書持有人/ 保户簽名 (及公司蓋章，如適用)	H.K.I.D. Card No. / B.R. No. 香港身份證號碼 / 商業登記號碼	Date 日期
Claimant's Signature 索償人簽名	H.K.I.D. Card No. 香港身份證號碼	Date 日期

Notes 注意:

1. Submission of this form does not constitute admission of any liability by FWD. 呈上此表格並不代表富衛承認相關責任。
2. Completed claim form together with supporting documents should be forwarded to FWD within the time stipulated in the insurance policy. 請將已填妥之表格及有關證明文件，在保單指定日期內呈上富衛。
3. Claims will not be processed unless declaration is signed by the claimant. 富衛只接受已簽署之索償申請表。
4. If you are claiming for reimbursement of medical or other expenses, full details and documentary evidence must be provided. 若要申索醫療或其他費用的賠償，閣下必須提供詳細資料及證明文件。

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
   (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
   (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
   (iii) developing insurance and other financial services and products;
   (iv) developing and maintaining credit and risk related models;
   (v) processing payment instructions;
   (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
   (vii) exercising any rights that the Company may have in connection with our services and/or products;
   (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
   (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
   (x) performing policy reviews and needs analysis (whether or not on a regular basis);
   (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
   (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
   (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
   (i) other members of the Group;
   (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
   (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;
   (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
   (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
   (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
      a. insurance services and products;
      b. wealth management services and products;
      c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
      d. health-check and wellness services and products;
      e. media, entertainment and telecommunications services;
      f. reward, loyalty or privileges programmes and related services and products; and
      g. donations and contributions for charitable and/or non-profit making purposes; and
   (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

Jan 2017

收集個人資料聲明

1. 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
5. 閣下的個人資料可能用於以下用途：
   (i) 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
   (ii) 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
   (iii) 發展保險及其他金融服務及產品；
   (iv) 發展及維持本公司信貸及風險之相關模型；
   (v) 處理付款指示；
   (vi) 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
   (vii) 行使與本公司的服務及／或產品有關的任何權利；
   (viii) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
   (ix) 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索；
   (x) 進行保單審閱及需求分析（不論是否定期進行）；
   (xi) 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
   (xii) 作本公司或本集團的任何成員的統計或精算研究；及
   (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
6. 閣下的個人資料將被保密但為達成上文第 5 段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
   (i) 本集團的其他成員；
   (ii) 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
   (iii) 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、法律顧問及/或其他專業顧問；
   (iv) 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
   (v) 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
7. 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
8. 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。

9. 就直接促銷而言，本公司擬：
   (i) 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
      a. 保險服務及產品；
      b. 財富管理服務及產品；
      c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
      d. 健康檢查及健康服務及產品；
      e. 媒體、娛樂及電信服務；
      f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品; 及
      g. 為慈善及/或非牟利用途的捐款及捐贈。
   (ii) 將閣下的姓名及聯絡資料提供予本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第 9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第 8 及第 9 段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利:

富衛保險有限公司
香港德輔道中 308 號
富衛金融中心 1 樓

10. 為達成上文第 5 及第 9 段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第 6 及第 9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
11. 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
12. 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
13. 中英文本如有歧異，概以英文本為準。
14. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

2017 年 1 月