

Bupa Hospital & Day Surgery Claim Form 保柏住院及日症手術賠償申請表

For Bupa Safe Critical Illness Insurance Scheme only 保柏危疾全禦保計劃



Please complete in BLOCK letters and preferably in English. Patient's membership number is MANDATORY and MUST be provided. 請以英文正楷填寫。必須提供病人會員編號。

Part I - To be Completed by Patient or Parent / Legal Guardian if Patient is below 18 years of age 第一部分 - 由病人填寫。如病人未滿18歲，須由家長 / 合法監護人填寫

Membership No. of Patient 病人會員編號 (16 digits 位 MANDATORY 必須提供)

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Name of Subscriber (Surname followed by Given name, please leave a space between words) 投保人姓名 (先填姓氏，再寫名，每組字後請留一空格)

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Name of Patient (If other than Subscriber)(Surname followed by Given name, please leave a space between words) 病人姓名 (如非投保人)(先填姓氏，再寫名，每組字後請留一空格)

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Mobile Number
流動電話號碼

Date of Hospitalisation / Day Case Surgery: From
住院 / 日症手術日期

to
至

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1. Describe symptoms leading to hospitalisation 請列出因何不適應導致是次入院

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Date when symptoms appeared
症狀出現日期

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2. Past medical consultation history - Name & address of 過往就診紀錄 - 有關醫生的姓名及地址:

a. Doctor who recommended this hospitalisation 建議是次入院的醫生

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First consultation date 初診日期

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b. Other attending doctor 其他主診醫生

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First consultation date 初診日期

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c. Usual medical doctor 慣常就診醫生

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First consultation date 初診日期

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3 a. Have you filed this claim with another Bupa contract or any other insurer / organisation? (if yes, please specify below)
您是否已透過保柏其他合約或其他保險公司 / 組織提出索償? (如是，請列明如下)

Yes 是 No 否

Name of Insurer
保險公司名稱：

Policy / Membership No.
保單 / 會員編號：

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b. Will you be filing this claim with another Bupa contract or any other insurer / organisation? (If yes, please specify below)
您是否將會透過保柏其他合約或其他保險公司 / 組織提出索償? (如是，請列明如下)

Yes 是 No 否

Name of Insurer
保險公司名稱：

Policy / Membership No.
保單 / 會員編號：

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Declaration and Authorisation 聲明及授權書

I hereby declare that the above information given is true and correct. I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original. I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa to accept or process the claim.
本人謹此聲明，以上所填報之一切資料，均屬真實無訛。本人並且授權任何為本人 / 會員觀察或治療的醫生、醫院、診所，或持有本人及 / 或會員健康或任何資料之保險公司或機構將本人及 / 或會員之全部資料 (包括病歷) 呈交予保柏。本授權書之副本與正本具有同等效力。本人明白，如本人及 / 或會員未能就本賠償申請表所需提供足夠資料，可能會導致保柏不能接受或處理本賠償申請。

Personal Information Collection Statement 個人資料收集聲明

I have read and understood the Personal Information Collection Statement on the last page of this form. I understand that I have the right to request Bupa to cease using my / the member's Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer or calling the Customer Care helpdesk.
本人已細閱並明白本表格最後一頁的個人資料收集聲明，並明白本人有權致函保柏的保障資料主任或致電客戶服務專線，以要求保柏停止將本人 / 會員的個人資料作直接市場推廣用途。

(MANDATORY 必須簽署)

X

Signature of Patient / Parent or Legal Guardian (if Patient below 18 years of age)
病人簽署 / 家長或合法監護人簽署 (適用於十八歲以下之病人)

X

Name (in BLOCK letters)
姓名 (請以正楷英文書寫)

X Signed on
簽署之日期

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HKID Card No. / Passport No. 香港身份證 / 護照號碼

Remarks: before sending in this form, please read below Claims Submission Guidelines to expedite the process of your claim reimbursement. 備註：為加快處理閣下之賠償申請，請於交回此賠償申請表前細閱下面之提交賠償申請指引。

Claims Submission Guidelines 提交賠償申請指引

Please tick against the below items submitted with this claim form. Please note that no reimbursement of claims shall be made for (1) Claims submitted after 90 days from the date of discharge / treatment, (2) Claims with missing / insufficient information.

請於提交賠償申請表時於下列項目加上✓號。請注意根據以下情況，賠償申請將不獲辦理 - (1) 賠償申請表於治療日90天後遞交，(2) 所需資料不足。

Document List 文件清單

- Claim form Part I (completed by patient) 申請表第一部分 (由病人填寫)
- Claim form Part II (completed by doctor) 申請表第二部分 (由主診醫生填寫)
- Original receipts 正本收據
- Certified true copy of receipts (if original kept by other insurer) and/or claims statement advice 核實副本收據 (如正本收據已交與其他保險公司) 及/或賠償結算通知書
- Hospital Authority discharge summary / discharge slip with diagnosis, if any 醫院管理局發出的出院摘要 / 診斷結果出院紙 (如有)
- Copies of all lab test/medical reports (for Cancer case, please provide all cancer related investigation reports, e.g. blood test reports, histopathological reports or molecular test reports, etc.) 化驗 / 檢驗報告副本 (對於癌症疾病，請提供所有與癌症相關的化驗報告，例如：血液檢查、組織病理學 或分子檢查報告等)
- Pre-authorisation confirmation, if any 初步保障審核確認 (如有)

Reminder on common missing information 通常遺漏的資料

- Membership number 會員編號
- Patient signature on Claim form Part I 病人於申請表第一部分簽署
- Doctor has filled in Claim form Part II 醫生已填妥的申請表第二部分
- Doctor signature and chop on Claim form Part II 醫生簽署及蓋印於申請表第二部分

Request return of certified true copy of receipt(s). Originals will be retained by Bupa and not be returned. 要求退回收據的核實副本。保柏將保留收據正本。 Yes 是 No 否

Part II - Attending Physician Statement 第二部分 - 主診醫生聲明

Critical Illness - Cancer / Carcinoma in Situ Questionnaire (To be completed by attending doctor at the patient's expenses)
危疾—癌症 / 原位癌問卷 (由主診醫生填寫，費用由病人承擔)

Name of Patient 病人姓名 _____ HKID Card No. / Passport No. 香港身份證號碼 / 護照號碼: _____

A. Clinical History 門診病歷

1. Patient's main symptoms / complaints during the first consultation 病人首次求診時的主要病徵 / 申訴

2. Date of first consultation for these main symptoms / complaints 病人首次就此主要病徵或申訴的首次求診日期
_____ DD 日 MM 月 YY 年
3. Patient suffered from the above symptoms / complaints for _____ days / weeks / months / years prior to the first consultation
病人於首次求診前上述的主要病徵或申訴已存在 日 / 週 / 月 / 年
4. Did any doctor refer the patient to you? Yes 是 No 否
病人是否由其他醫生向您轉介?
Name and address of the referring doctor 轉介醫生的姓名和地址 _____
5. Please give details of the patient's habits in relation to alcohol, drugs and smoking.
請說明病人飲酒、用藥及吸煙方面的習慣。

B. Hospitalisation History 住院病歷

1. Please provide details of the period of hospitalisation including reasons for number of days as in-patient
請提供住院期間詳情，包括持續留院的日數及其原因

Admission Date 入院日期 _____ Discharge Date 出院日期 _____
DD 日 MM 月 YY 年 DD 日 MM 月 YY 年

Medical need for in-patient stay 住院的醫療需要：

2. Please state surgery and/or treatments and investigations performed for this admission, with dates and treating doctor's name (if it's not done by you).
請說明病人本次入院後進行的手術及/或治療和檢查，並隨附日期和主治醫生的姓名 (若並非由您主治)。

Date 日期	Treating doctor 主治醫生	Treatment 治療	Result 結果 / response 效果

C. Illness Details 疾病詳情

1. When was the diagnosis first made? 請說明首次診斷的日期
_____ DD 日 MM 月 YY 年
2. Please provide full and exact details of the diagnosis, subtype and the site(s) involved and the precise histology and or genetic information of the tumour.
請提供完整及準確的診斷詳情、癌症分類及涉及之部位，以及腫瘤的準確組織檢查及/或遺傳資訊。

3. Is the diagnosis confirmed with histological examination? 是否經組織檢查後確認診斷結果？

Yes. Please provide details and attach copies of all pathological reports
是。請說明詳情並隨附所有病理報告副本

No. Please help to specify the reason
否。請說明原因

Date of Test 檢測日期	Type of Test 檢測類型	Result 結果

C. 4. Histological result 組織檢查結果：

(a) Is the histological result carcinoma-in-situ? 組織檢查的結果是否原位癌？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
(b) Is there uncontrolled growth of malignant cells? 是否有不受控制的惡性腫瘤生長？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
(c) Is there any clear stromal invasion of malignant cell? 是否有明顯的惡性腫瘤基質入侵？	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
(d) What is the staging of the cancer according to the TNM classification system? (For Chronic Lymphocytic Leukemia, please state the RAI Stage.) 根據TNM分類系統，癌症屬於哪一個階段？(對於慢性淋巴細胞白血病，請說明RAI階段。) Please specify 請說明		
(e) Is there any distant metastasis? If yes, please provide the identified secondary site. 是否發生遠端轉移？如果是，請說明確定的繼發部位。 If yes, please specify 若為是，請說明。	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

5. Is current claim for a recurrent cancer of patient's condition? Yes 是 No 否
當前索償是否涉及病人病況的復發性癌症？

If yes, please help to provide the date on when the cancer/tumour was completely removed/eradicated?
如果是，請提供癌症/腫瘤被完全切除/根除的日期。

/ /
DD 日 MM 月 YY 年

D. Treatment Details 治療詳情

1. If the treatment is chemotherapy/ hormonal therapy/ targeted therapy/ immunotherapy, please help to provide more information.
若治療為化療/ 荷爾蒙治療/ 標靶治療/ 免疫治療，請提供更多資訊。

Is this the first course/cycle of treatment 此次是否為首次/ 第一階段週期的治療？ Yes 是 No 否

If No, please provide the previous regimens, date and response and reason for change.
若為否，請說明之前的治療方案、日期、效果以及改變治療方案的理由。

Date 日期	Regimen 治療方案	Response 效果	Reason for change 改變治療方案的理由

2. If this is out of standard guidelines (e.g. NCCN/FDA drug labelling), any special considerations for using this treatment regimen in this patient?
i.e. specific genetic markers, rare cancer, less toxicity for patient's condition etc.?
若方案並不遵循標準指引 (例如NCCN/FDA)，對該病人使用該治療方案時是否有特殊考慮？即特定的遺傳標記、罕見癌症、對病人病況產生毒性較低效果等等？

3. Please help to outline up-coming treatment plan (e.g. type, frequency and duration of treatment, etc.).
請概述後續治療計劃 (例如治療的類型、頻率和持續時間等)

4. What is the prognosis of the patient and the intention of the current treatment (curative/palliative)?
預期病人後來病況如何以及當前治療的意圖是什麼 (治療性/ 緩和性)？

5. Please provide the date and details of last active treatment for patient.
請提供病人最後一次積極治療的日期及詳情。

Date 日期 / / Treatment 治療

E. Others 其他

1. Has the patient ever been treated for the same/related conditions or for any serious disorders? If yes, please state the dates and names of the hospital(s) and/or doctor(s) attended.
病人是否曾就相同/相關病況或更嚴重的疾病接受治療？如有，請說明日期以及醫院及/或主診醫生的姓名。

2. If there is any further information which in your opinion will assist us in assessing this claim, please furnish below.
如您認為有任何進一步的資訊可幫助我們評估此索償，請在下面提供。

Treating doctor's particulars 主診醫生資料

I hereby certify that I have personally examined the patient and attended to his/her illness or injury, and that the information about his/her current condition as stated above is true and to the best of my knowledge and belief.

本人謹此證明，本人已親自對病人進行檢查並主診其疾病或傷病，以及據本人所知所信，以上所述有關病人的當前病況的資訊均為屬實。

Name of Doctor 醫生姓名	Telephone No. 聯絡電話	Email Address 電郵地址	Address 地址

Signature and Chop of treating doctor 主診醫生簽署及蓋章

X

Date 日期： DD 日 MM 月 YY 年

Authorised Signature and Chop of Hospital 醫院授權簽署及蓋章

X

Date 日期： DD 日 MM 月 YY 年



Send the completed form & supporting documents to
填妥之賠償申請表及相關文件請交回：

Bupa (Asia) Limited - Claims Dept.
保柏 (亞洲) 有限公司 - 理賠部收
18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
香港鰂魚涌華蘭路25號栢克大廈18樓

Submit and track your claim status through myBupa
透過 myBupa 於網上遞交你的索償及查閱賠償進度

Visit 登入 <https://mybupa.bupa.com.hk>
or scan the QR code for free download 或掃描QR碼免費下載



Customer Care helpdesk
客戶服務專線：
2517 5333

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
18/F, Berkshire House
25 Westlands Road, Quarry Bay, 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,本公司特此通知閣下以下事項:

- 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,就涉及之轉讓、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供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;
 - 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、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的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:

香港鰗魚涌華蘭路25號栢克大廈18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。