

Bupa MyFlexi VHIS Plan Registration Variation Form 保柏靈活配自願醫保計劃更改登記申請表



Policy Holder please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 保單持有人請以**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。

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

Name of Policy Holder (same as HKID Card) 保單持有人姓名 (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。

如您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。如您想更新電郵地址，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。

III. Nomination or Change of Successive Policy Holder 提名或更改繼任的保單持有人

Please state the (new) successive Policy Holder in case you pass away 請列明在您身故的情況下繼任的 (新) 保單持有人

Surname
姓

Given Name
名

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

Relationship with Insured Person¹
與受保人關係¹

1. Applicable to spouse/ child/ parents /parents-in-law /siblings/ spouse's siblings/ grandparents/ grandparents-in-law/ grandchild/ domestic partner/ domestic partner's child/ domestic partner's parents.
適用於配偶/子女/父母/配偶的父母/兄弟姊妹/配偶的兄弟姊妹/祖父母/配偶的祖父母/孫子女/同居伴侶/同居伴侶的子女/同居伴侶的父母



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IV. Change of Particulars of Policy Holder/Insured Person 更改保單持有人/受保人資料

Policy Holder 保單持有人

New name of Policy Holder (Same as HKID Card / Passport) 保單持有人的新姓名 (與香港身份證 / 護照相同) ***

Surname 姓 _____
 Given Name 名 _____

New HKID Card No. / Passport No.***
 新香港身份證號碼 / 護照號碼 _____

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

Insured Person 受保人

New name of Insured Person (Same as HKID Card / Passport / Birth certificate) 受保人的新姓名 (與香港身份證 / 護照 / 出生證明書相同) ***

Surname 姓 _____
 Given Name 名 _____

New HKID Card No./Passport No./Birth certificate No.***
 新香港身份證號碼/護照號碼/出生證明書號碼 _____

Place of Residence 居住地¹
 (If not in Hong Kong 如非香港) _____

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

¹ The above Place of Residence will be used to determine the validity and coverage of the Policy. Please inform Bupa immediately in writing if the Insured Person has changed the Place of Residence.

¹ 上述居住地將用於確定保單的有效性和保障範圍。如任何受保人已更改居住地，請立即以書面通知保柏。

V. Change of Benefit 更改保障

Health Declaration must be completed for plan level upgrade or addition of Clinical benefit (marked with “*”). The new benefit will be effective on the date of renewal, if approved. If there is an upgrade of plan level or addition of clinical benefit, all benefits payable for medical conditions that occurred before the effective date of variation will be subject to lower benefit condition. Please refer to the endorsement for all conditions that apply to your Policy after benefit variation.

如選擇提升選擇計劃或增加門診保障 (註有「*」號)，必須填寫健康聲明。一經批核，新保障將於續保日生效。如有計劃提升或新增自選門診保障，所有於更改申請生效日之前之已有病況可獲得的賠償將受較低保障限額所限。有關保障更改後所有適用於保單的條件，請參閱批注信件。

Please tick the NEW plan level (VHIS Certification Number in brackets) 請於新選擇計劃 (括號內數字為自願醫保認可產品編號) 之空格內加上「✓」號

<input type="checkbox"/> Deluxe 尊尚* (F00029-03-000-01)	<input type="checkbox"/> Advance 智選* (F00029-02-000-01)	<input type="checkbox"/> Standard 基本 (F00029-01-000-01)
<input type="checkbox"/> Deluxe Plus 升級尊尚* (F00029-03-001-01) • with Push the Limit Benefit 提升至升級保障 • Standard Private Room 標準私家房	<input type="checkbox"/> Advance Plus 升級智選* (F00029-02-001-01) • with Push the Limit Benefit 提升至升級保障 • Semi-private Room 半私家房	<input type="checkbox"/> Standard Plus 升級基本* (F00029-01-001-01) • with Push the Limit Benefit 提升至升級保障 • Ward Room 大房

Addition / Cancellation of Optional Benefit^ 增加或取消自選額外保障^

Clinical Benefit 門診保障 (must enrol together with Push the Limit Benefit 必須與升級保障同時投保)	<input type="checkbox"/> Add 增加*	<input type="checkbox"/> Cancel 取消
Dental Benefit Plan A 牙科保障計劃A	<input type="checkbox"/> Add 增加	<input type="checkbox"/> Cancel 取消
Dental Benefit Plan B 牙科保障計劃B	<input type="checkbox"/> Add 增加	<input type="checkbox"/> Cancel 取消
Maternity Benefit 產科保障 (Age must be between 18 - 49 years inclusive 年齡必須為18-49歲 (首尾歲數包括在內))	<input type="checkbox"/> Add 增加	<input type="checkbox"/> Cancel 取消

^ The Optional Benefits are not part of the VHIS Certified Plan and the premium paid (inclusive of Premium Loading, if any) shall not be entitled to tax deduction (if applicable).

^ 自選保障並不屬於自願醫保計劃的認可產品，其相關已繳付之保費(包括附加保費，如有)將不享有稅務扣減(如適用)。

VI. 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. You do not need to tell us about your history of common cold or flu or upper respiratory tract infections. Female Insured Person does not need to tell us about your history of childbirth.

如果您就任何問題的回答為「是」，您須於「健康聲明 - 乙部」提供有關疾病之詳情。您無須告知我們傷風、感冒、上呼吸道感染之病史。女性受保人也不用告知我們有關分娩的紀錄。

If you do not provide us with information required in the health declaration, we may terminate your cover or it may stop us from paying your claims.

如您在健康聲明部分沒有提供所需資料，您的保障可能會被終止或您可能不獲支付賠償。

If there is any change or update on the Insured Person's health conditions at any time after the submission of this Health Declaration and before the Policy Effective Date, you are required to notify Bupa immediately. 如在提交本健康聲明後和保單生效日之前的任何時間，受保人的健康狀況有任何改變或更新，您需要立即通知保柏。

Height 身高** m 米 cm 厘米/ ft 尺 in 吋 Weight 體重** kg 公斤/ lb 磅 Smoker 吸煙者** Yes 是 No 否

** Not required for Insured Person(s) below 18 years old. 18歲以下之受保人無需填寫。

Health Declaration – Section A 健康聲明 — 甲部

1. In the last 3 years, have you (or the Insured Person) had: 在過去三年內，您(或受保人)是否曾： a) consultation or medical investigations (e.g. scans or blood tests) for any medical condition(s) or symptoms which have continued for 2 weeks or more, and/or occurred more than once during the period; or 因任何持續兩星期或以上，以及 / 或因任何出現多於一次的病症或症狀而就診或接受醫療檢查 (如掃描及血液檢驗)；或 b) consultation or medical investigations as a result of abnormal findings from medical investigations ^{##} ; or 因醫療檢查結果異常而就診或接受醫療檢查 ^{##} ；或 c) consultation by a specialist for two times or more for the same medical condition(s)? 因同一病症接受兩次或以上的專科醫生診治？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. In the last 5 years, have you (or the Insured Person) ever taken / been advised to take any medication prescribed by a doctor regularly for a continuous period of longer than 1 month? 在過去五年內，您(或受保人)是否曾定期服用 曾被建議定期服用為期超過一個月的醫生處方藥物？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. In the last 7 years, have you (or the Insured Person) been admitted to hospital, had an operation or a procedure? 在過去七年內，您(或受保人)是否曾住院，接受手術或治療程序？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. In the last 6 months, have you (or the Insured Person) had any <u>undiagnosed</u> symptoms, or currently undergoing medical investigations or awaiting results for the said symptoms? 在過去六個月內，您(或受保人)是否曾有任何未被診斷的症狀，或現正因有關症狀進行醫療檢查或等待檢查結果？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. Have you (or the Insured Person) had a history of cancer, heart condition, stroke or joint replacement; or are there any medical devices (e.g. shunts for draining fluids from the brain, pins and plates for fixation of broken bones) currently in your body? 您(或受保人)是否曾有癌症、心臟病、中風或關節置換的病史；或現在體內有任何醫療儀器(如導引腦積水的分流器，及固定骨折的骨釘和骨板等)？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

^{##} For Insured Persons Aged 17 and below, this includes abnormalities in growth development (e.g. height and weight) 於十七歲或以下受保人，此包括生長發育異常(如身高、體重等)

Health Declaration – Section B 健康聲明 — 乙部

	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 Insured Person) have? Please include dates, type of investigations (e.g. MRI, blood test) and their results. 您(或受保人)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 Insured Person) have? Please include treatment period, type of treatment and their details (e.g. name of medication, name of procedure or surgery) 您(或受保人)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 Insured Person) made a full recovery? (Yes/No) 您(或受保人)是否已完全康復? (是/否)			

If you (or the Insured Person) have any medical reports or reports of investigations, please enclose them and put a tick in the box.
如您(或受保人)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

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

Declaration and Authorisation 聲明及授權

I declare that, to the best of my knowledge and belief, the statements contained in this Variation Form ("variation") are true and complete.
本人聲明，就本人所知所信，本更改申請表上(「更改申請」)填報之一切資料，均屬真實完整。

Coverage and Pre-existing Conditions 保障及已有病症

I declare that, to the best of my knowledge and belief the information provided in this Variation or in support of this Variation application (including to any Bupa appointed Medical Examiner) ("Information") is true, accurate and complete. I understand that (1) all Information forms the basis and becomes a part of the Policy; (2) failure to provide Bupa with full, complete and accurate Information may result in Bupa having the right to treat the Policy as if it had not existed, or refusing to pay all or part of a claim; and (3) failure to provide full, complete and accurate Information in respect of the Insured Person may affect the cover for that Insured Person.

If I am making this Variation on behalf of the Insured Person under the Age of 18, all Information disclosed on behalf of the Insured Person has been verified by me as true and correct. I acknowledge that the knowledge of Insured Person is imputed to my knowledge.

I acknowledge that benefit is not payable under the Plan for any costs of treatment arising from any existing illnesses, injuries or other conditions which has been treated or diagnosed or manifested with signs and symptoms that should be reasonably aware before the Policy Effective Date of the Plan (or, if applicable, the date as referred in the Endorsement Letter if there is a plan level upgrade or addition of clinical benefit) unless complete details are fully disclosed in this Variation and accepted by Bupa.

I understand that I am required to notify Bupa immediately if the health condition of the Insured Person has changed at any time after the submission of this Variation and before the effective date of Variation.

In respect of the Eligible Expenses arising from unknown pre-existing illness, injuries or other conditions that the Insured Person was not aware and would not reasonably have been aware before the Policy Effective Date of the Plan (or, if applicable, the date as referred in the Endorsement Letter if there is a plan level upgrade or addition of clinical benefit), I acknowledge that the benefits (if payable) under this Plan will be subject to the waiting period and reimbursement percentage as stated in the Policy.

In the event the pre-existing medical conditions have been disclosed in the Variation and accepted by Bupa, Bupa may apply a Premium Loading to cover that specific condition(s) and the percentage of Premium Loading shall be notified to me in writing. Bupa may apply Case-based Exclusion(s) due to a pre-existing condition or any other factor that may affect the insurability of the Insured Person.

I acknowledge that Bupa may terminate the cover for the Insured Person with immediate effect if the law of the country in which the Insured Person is located, or the Insured Person's Place of Residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Policy, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. I further declare that the Insured Person is not US permanent residents. I understand that I am obliged to immediately notify Bupa in writing if the Insured Person becomes a permanent resident of USA during the Policy Year. For the above purpose, '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.

本人聲明，就本人所知所信，本更改申請表上(包括向任何保柏委託的醫護人士)提供或予以支持有關申請的一切資料(「資料」)，均屬真實、準確及完整。本人明白(1)所有資料將成為簽發保單的基礎並成為保單一部分；(2)如未有向保柏提供真實、準確及完整的資料，保柏有權將本人的保單視為不存在或拒絕支付全部或部分的索償；及(3)如未有為受保人提供真實、準確及完整的資料，將會影響該受保人之保障。

如本人代表年齡未滿18歲的受保人提出此更改申請，所有代表受保人透露的所有資料已經本人核實為真實及正確。本人確認受保人所知之事被視為本人所知之事。

本人確認凡在保單生效日(或因計劃提升或新增自選保障的批注信件中列明之日期，如適用)前因已接受治療或被確診或已察覺或理應察覺病徵或症狀的已有病症、損傷或其他病況而引致之醫療費用，除非本人在本更改申請內已詳細列出並獲得保柏接納，有關費用一律不予賠償。本人明白如在提交本更改申請後和更改申請生效日之前的任何時間，受保人的健康狀況有任何改變，本人需要立即通知保柏。

關於受保人在保單生效日(或因計劃提升或新增門診保障的批注信件中列明之日期，如適用)之前未能察覺及理應不察覺的已有病症、損傷或其他病況而引致之合資格費用，本人確認此計劃下的保障將受限於保單列明的等候期及賠償百分比。

如已有病症已於本更改申請內披露並獲保柏接納承保，保柏會徵收附加保費以保障有關個別病況，將徵收的附加保費率將會以書面通知本人。保柏亦可按已有病症或任何其他影響受保人可保性的因素而加設的個別不保項目。

本人確認如受保人的所身處的國家或其原居地或國籍所屬的法律(包括但不限於美國和日本)或任何其他對保柏或本保單適用的法律禁止保柏向當地國民、居民或公民提供醫療保障，保柏可終止相關受保人的保障並立即生效。本人此外聲明受保人並非美國永久居民。本人明白如受保人如於保單年度期間成為美國永久居民，本人有責任立即以書面通知保柏。「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。

Policy and Eligibility for Tax Deduction 保單及稅務扣減的資格

I agree to be bound by the terms and conditions of the Policy of this Plan after this Variation is approved.

I acknowledge that the premium paid under this Plan shall not be automatically entitled to tax deduction even this Variation is approved by Bupa. I understand that I am required to fulfil the conditions and assessment criteria imposed by the Inland Revenue Department and any applicable laws (which may amend from time to time), which include but not limited to allowable relationship for dependant, age/disability/full-time education requirement, date and amount of qualifying premium paid, in order to enjoy any tax deduction.

Policies purchased for grandchild, domestic partner (i.e. civil partner, or the person with whom the Policy Holder lives in a continuous, committed, exclusive relationship during which period neither the Policy Holder or that person were or are married to or partnered with any other person) and domestic partner's child/parents are not eligible for tax deductions.

於此更改申請獲接納後，本人同意遵守計劃保單之各條款及細則。

本人明白即使此更改申請已獲保柏接納，本計劃下已繳付的保費並不會自動享有稅務扣減。本人明白本人須符合稅務局及任何適用的法律(可不時修改)所規定的條件及評估標準方可享有稅務扣減，包括但不限於認可的受供養人、年齡/殘疾/全日制學生資格，以及支付合資格保費的金額及日期。

本人為孫子女、同居伴侶(同居伴侶指民事結合的伴侶或與保單持有人共同生活，並保持持續、忠誠以及唯一的關係的人士，而期間保單持有人或該人士並沒有和其他人士成婚或結合)和同居伴侶的子女/父母所購買的保單並不符合稅務扣減的資格。

I have read and understood the Personal Information Collection Statement included in this Variation Form. If applicable, I have also brought the Personal Information Collection Statement to the attention of the Insured Person (or the guardian if applicable) and confirm the understanding and agreement to it.

本人已閱並明白本更改申請表所述的「個人資料收集聲明」。如適用，本人亦已促使受保人(或其監護人，如適用)留意「個人資料收集聲明」並確認明白及同意有關內容。

I, as the Policy Holder, understand that I declare and sign on behalf of the Insured Person listed in this Variation Form under this Plan who is under the Age of 18.
本人作為保單持有人，明白本人代表此更改申請表內列出之18歲以下受保人作出聲明及簽署。

<p>Policy Holder's Signature 保單持有人簽署</p> <p>X</p> <p>(Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YYYY 年</p>	<p>Insured Person's Signature (Age 18 years old or above) 受保人簽署 (18歲或以上)</p> <p>X</p> <p>(Full Name 姓名)</p>	<p>Signed in Hong Kong on 於香港簽署之日期</p> <p>DD 日 MM 月 YYYY 年</p>
<p>Agent's / Broker's / Telesales' Name (If applicable and must be completed by the Policy Holder) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由保單持有人填寫)</p>		<p>Agent's / Broker's / Telesales' Contact Tel No. 代理人 / 經紀 / 營業代表聯絡電話號碼</p>	
<p>Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號</p>		<p>Agent's / Broker's / Telesales' Email Address 代理人 / 經紀 / 營業代表電郵地址</p>	

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
 - 為遵守任何法律之要求,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、須知或指引,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、核數調查員、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名的其他人士)、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;及
 - 為遵守任何法律之要求,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;
 - 查閱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:
香港鰂魚涌華蘭路25號柏克大廈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。
- 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。

