

Bupa Wise Choice Health Insurance Scheme Conversion Form

保柏智康健醫療保障計劃轉保申請表



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

Subscriber's Name of the existing Contract 現有合約之投保人姓名

Surname 姓

Given Name 名

Subscriber's Name of the new Contract (if different from the Subscriber of the existing Contract) 新合約之投保人姓名 (如非現有合約之投保人)

Surname 姓

Given Name 名

Subscriber of the new Contract must be the Member if Member's age is 18 or above. 若會員年齡為18歲或以上，新合約之投保人必須為會員本人。

Subscriber of the new Contract must be the Parent or Legal Guardian of the Member if Member's age is below 18. 若會員年齡為18歲以下，新合約之投保人必須為會員之父母或合法監護人。

Details of Existing Bupa Group Health Insurance Scheme 現有保柏團體醫療保障計劃資料

If you are an existing member under Bupa Group Health Insurance Scheme, please provide the below information.

如您是現有保柏團體醫療保障計劃會員，請提供以下資料：

Company Name 公司名稱	Membership No. of Bupa Group Health Insurance Scheme 保柏團體醫療保障計劃會員號碼	Last Cover Date of Bupa Group membership 保柏團體會員最後受保日期		
		DD 日	MM 月	YY 年

I. Conversion Option 轉保權

I hereby apply to exercise the conversion option for the below Member under my existing Bupa Wise Choice Health Insurance Contract.
本人現申請為下列會員行使本人現有之保柏智康健醫療保障合約之轉保權。

Membership No. (16 digits) 會員編號 (16位數字)	Member's Name (Same as HKID Card) 會員姓名 (與香港身份證相同)	Country of Residence [#] (if not in HK) 居住國家 [#] (如非香港)
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[#] Unless otherwise specified by Member in writing, Inter Partner Assistance Hong Kong Limited will consider Hong Kong as the Country of Residence of all Members and repatriate relevant Members to Hong Kong when Medically Necessary. 除非會員特別以書面通知，國際救援(亞洲)有限公司將設定香港為所有會員之居住國家，於有醫療需要時送返有關會員回香港。

Child Discount (if applicable) 子女保費折扣 (如適用)

Please give details if you / your spouse is a **proposed/existing Member** of Bupa CarePro and / or your child(ren) is a **proposed/existing Member** of Bupa Care Kid. Each proposed Member needs to submit an application form individually. 如您 / 您的配偶為「保柏卓康健」的**準會員 / 現有會員**，及 / 或您的子女為「保柏童康健」的**準會員 / 現有會員**，請提供以下資料。每位準會員須各自提交申請表。

<input type="checkbox"/> Please tick if you are a proposed /existing Member 如您是 準會員 / 現有會員 ，請於空格內加上「✓」號	Please indicate your membership no. if you are an existing Member 如您是 現有會員 ，請填寫會員號碼 Membership No. 會員號碼
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Your Spouse 您的配偶

Please indicate the membership no. if your spouse is an existing Member 如您配偶是 現有會員 ，請填寫會員號碼 Membership No. 會員號碼

Spouse's Name (same as HKID Card) 配偶姓名 (與香港身份證相同)

Surname 姓

Given Name 名

HKID Card No.
香港身份證號碼

Date of Birth
出生日期

DD 日 MM 月 YYYY 年



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Child Discount (if applicable) 子女保費折扣 (如適用)

Your Child 您的子女

Please indicate the membership no. if your child is an **existing Member**

如您的子女是**現有會員**，請填寫會員號碼

Membership No. 會員號碼

Child's Name (same as HKID Card) 子女姓名 (與香港身份證相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

Your Child 您的子女

Please indicate the membership no. if your child is an **existing Member**

如您的子女是**現有會員**，請填寫會員號碼

Membership No. 會員號碼

Child's Name (same as HKID Card) 子女姓名 (與香港身份證相同)

Surname

姓

Given Name

名

HKID Card No. / Birth Certificate No.

香港身份證號碼 / 出生證明書號碼

Date of Birth

出生日期

DD 日

MM 月

YYYY 年

II. Conversion Details 轉保詳情

Choice of Scheme 計劃選擇

- Bupa CarePro Health Insurance Scheme
Hospital and Surgical Benefits (For Member aged 18 and above)
「保柏卓康健醫療保障計劃」
住院及手術保障 (適用於十八歲或以上會員)
- or 或
- Bupa Care Kid Health Insurance Scheme
Hospital and Surgical Benefit (For Member aged below 18)
「保柏童康健醫療保障計劃」
住院及手術保障 (適用於十八歲以下會員)

Choice of Cover 投保項目

Core Benefit 主要保障

- Hospital and Surgical Benefit
住院及手術保障

Benefit Level 保障等級*

- Plan 計劃 1 Private 私家房
Plan 計劃 2 Semi-private 半私家房
Plan 計劃 3 Ward 大房

*Please select the benefit level which is the same as or lower than that of your Wise Choice cover.
請按照您於「保柏卓康健醫療保障計劃」的保障等級，選擇相同或較低之等級。

III. Application for e-Service 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 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 below.

New email address _____

*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，請於以下提供新的電郵地址。

新電郵地址 _____

*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。

IV. Payment Method 繳付保費方法

Payment Frequency 繳付保費形式	Payment Method 繳付保費方法	Remarks 備註
<input type="checkbox"/> Yearly 年繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	<input type="checkbox"/> Autopay 自動轉賬 (From renewal payment only 續保繳費起適用)	Please attach a cheque made payable to "Bupa (Asia) Limited" for the 1st year's subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首年保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
	<input type="checkbox"/> Cheque 支票 Bank Name 銀行名稱 _____ Cheque No. 支票號碼 _____	Please attach a cheque made payable to "Bupa (Asia) Limited" 請將支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」
<input type="checkbox"/> Monthly 月繳	<input type="checkbox"/> Credit Card 信用卡	Please attach a completed Credit Card Authorisation Form 請連同填妥之信用卡付款授權書寄回
	<input type="checkbox"/> Autopay 自動轉賬	Please attach a cheque made payable to "Bupa (Asia) Limited" for the first 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請填妥直接付款授權書，連同首兩個月保費及保費徵費之支票交回本公司，支票抬頭人為「保柏(亞洲)有限公司」

If the cheque issuer is not the Subscriber, please fill in the following information. 若支票發出人並非投保人，請填寫以下資料。

Relationship with the Subscriber 與投保人關係

(Applicable to spouse, parents or children only 只適用於配偶、父母或子女)

Reason for paying subscription and levy on behalf of the Subscriber

代投保人支付保費及保費徵費的原因

Declaration and Authorisation 聲明及授權

I, on behalf of myself and / or the Member declare that, to the best of my knowledge and belief, the statements contained in this form are true and complete. I acknowledge that Bupa reserves the right to ask for submission of more details of health status or medical reports of me / the Member as listed in this Application at my own costs.

I, on behalf of myself and / or the Member as list in this Application, also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member has been observed or treated or any insurance company or organisation that has any records or health information concerning me / 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 have read and agreed to be bound by the terms and conditions of the Contract of Bupa CarePro / Bupa Care Kid Health Insurance Scheme (as appropriate) after transfer is approved by Bupa. I agree that the answers given in this form shall be the basis of the Contract between me and Bupa.

I, on behalf of myself and / or the Member, acknowledge that Bupa has discretion to appoint Registered Medical Practitioners, Hospitals, cancer centres, day case centres, diabetic centres and other service providers to provide Full Cover Benefit (if applicable) and to do all things and acts incidental to such appointment for me. I acknowledge and agree that such appointment shall be made on such terms and conditions as Bupa shall think fit at its absolute discretion. Bupa shall not be liable for any claim whatsoever which may be made against Bupa CarePro / Bupa Care Kid Appointed Service Providers by me.

I, on behalf of myself and / or the Member, understand that subject to Bupa's approval of membership transfer, eligible claims related to any sicknesses or injuries that was covered under the previous contract and commenced before the effective date of coverage under the new Contract will be payable up to the benefit items of the contract with the lower Benefit level.

本人謹此代表本人及 / 或會員，就本人所知所信，本申請表上填報之一切資料，均屬實完整。本人確認保柏有權要求提供更多有關於本申請表內所列之本人 / 會員之健康狀況及醫療報告，一切費用由本人支付。

本人謹此代表本人及 / 或會員並且授權任何為會員觀察或治療的醫生、醫院、診所，或持有本人 / 會員健康或任何資料之保險公司或機構將本人 / 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同等效力。

本人已細讀並同意於保柏已批准轉保後遵守保柏卓康健/保柏童康健醫療保障計劃(視乎情況而定)之各條款及細則，並同意以本申請表內之回答作為本人與保柏之間所訂立新合約之根據。

本人謹此代表本人及 / 或會員，確認保柏可酌情委任註冊西醫、醫院、癌症中心、日症中心、糖尿病中心及其他服務供應商以提供全數賠償保障(如適用)及有關該委任所需之服務予本人。本人確認並同意有關委任之條款及細則決定乃基於保柏以其認為合適的情況下而作出。就本人向有關保柏卓康健/保柏童康健特選服務供應商所作出之申索，保柏一概不會負責。

本人謹此代表本人及 / 或會員，明白如經保柏批核的會籍轉移，一切於合約受保及於本合約保障開始前已患有之疾病或損傷之合資格賠償，將根據前合約或新合約內所載之保障項目，以較低者為準，作出賠償。

Applicable to Application through authorised insurance broker 適用於透過獲授權保險經紀進行之申請

I, on behalf of myself and / or the Member, understand, acknowledge and agree that, as a result of me purchasing and taking up the policy to be issued by Bupa, Bupa will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. I further understand that the above agreement is necessary for Bupa to proceed with the Application.

本人謹此代表本人及 / 或會員，明白、確知及同意，保柏會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。本人亦明白保柏必須取得本人以上的同意，才可以處理其保險申請。

Personal Information Collection Statement 個人資料收集聲明

(i) I have read and understood the Personal Information Collection Statement included in this application form.

本人已細閱並明白本申請表所述的「個人資料收集聲明」；及

(ii) I consent to Bupa using my personal data, including my name, contact details, gender, health and family status, to send me marketing communications (including by email, SMS or instant messenger) as described in the Personal Information Collection Statement, including in relation to insurance (such as subscription discounts), wellness, rewards, loyalty or privileges programmes and related products and services. I understand that I have the right to request Bupa to cease using my personal data for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Bupa Customer Care helpdesk on 2517 5333.

本人同意保柏使用本人之個人資料，包括本人的姓名、聯絡方法、性別、健康及家庭狀況，向本人傳送根據「個人資料收集聲明」所述包括保險(例如保費折扣)、健康、獎賞、會員忠誠或優惠計劃及其相關的產品及服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊)，並明白本人有權透過聯絡保柏的客戶服務專線(電郵至customercare@bupa.com.hk或致電2517 5333)，要求保柏停止將本人的個人資料用作直接市場推廣用途。

If you do not agree with the statement in (ii) above, please tick the box below: 如您不同意上述聲明第(ii)項，請剔取以下方格：

I understand that by ticking this box, I am opting-out from receiving marketing communications from Bupa and Bupa will not be able to provide me with information on subscription discounts in relation to my insurance policy and other marketing offers.

本人明白剔取此項後，本人拒絕接收由保柏提供的市場推廣資訊，而保柏將無法提供與本人保單相關的保費折扣資訊及其他推廣優惠。

Declaration of residency 居民身份聲明

By ticking this box, I solemnly declare myself (the "Applicant") and other proposed Member(s) listed in this Application are **NOT** US permanent resident*. I further acknowledge that Bupa may terminate the cover of relevant Members with immediate effect if the law of the country in which any of the proposed Member is located, or the Member's country of residence or nationality, including but not limited to USA and Japan, or any other law which applies to Bupa or the Contract, prohibits the provision of healthcare cover by Bupa to local nationals, residents or citizens. Equivalently, I understand that I am obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of USA during the Contract Year.

本人確認剔取此項即代表本人聲明本人(投保人)及列於此申請表的其他準會員並非美國永久居民*。本人明白如準會員的所在國家或準會員的原居國或國籍所屬國家的法律(包括但不限於美國和日本)或任何其他對保柏或本合約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，保柏可終止相關會員的保障並立即生效。本人明白如本人如於合約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。

* 'Permanent resident' 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. US for this purpose shall include USA, United States Minor Outlying Islands, Virgin Islands, U.S. and Commonwealth of Puerto Rico.

「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。美國為此包括美國本土、美國本土外小島嶼、美屬維京群島及波多黎各自由邦。

I, as the Subscriber, understand that I declare and sign on behalf of the dependant(s) listed in this Application under this Scheme who is / are under the age of 18.

本人作為投保人，明白本人代表此計劃申請表內列出之18歲以下受供養人作出聲明及簽署。

I understand that no cover will be payable under the Contract unless this Application is approved and subscription is received in full by Bupa (Asia) Limited ("Bupa").

本人明白此申請表被保柏(亞洲)有限公司(「保柏」)批核及保費全額收妥後，保柏方按合約支付保障。

Subscriber's Signature of the existing Contract 現有合約之投保人簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年	Subscriber's Signature of the new Contract (if different from the subscriber of the existing Contract) 新合約之投保人簽署(如非現有合約之投保人) X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年
Agent's / Broker's / Telesales' Name (if applicable and must be completed by Subscriber) 代理人 / 經紀 / 營業代表姓名 (如適用及必須由投保人填寫)		Agent's / Broker's / Telesales' Code 代理人 / 經紀 / 營業代表編號	
		Agent's / Broker's / Telesales' Contact Tel. No. 代理人 / 經紀 / 營業代表聯絡電話號碼	

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; any 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,本公司特意通知閣下以下事項:

- 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、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、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;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、康健、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。
- 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。