

Bupa Wise Choice Health Insurance Scheme Registration Variation Form

保柏智康健醫療保障計劃更改登記申請表



Please complete this form in **ENGLISH AND BLOCK LETTERS**. Please tick as appropriate. 請以**英文正楷**填妥本表格，並於適用地方加「✓」號。
To protect your interest, please return this original form with your signature to Bupa. 為保障閣下的權益，請將本表格正本簽署後交回保柏。

Personal Details of Subscriber 投保人資料

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

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

Surname 姓 _____
Given Name 名 _____

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

I. Change of Benefit 更改保障 (Applicable to lower benefit level only 只適用於選擇較低之保障等級)

* Please tick the **NEW plan** 請於新計劃之空格內加上「✓」號

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

II. Change of Payment Method 更改繳付保費方法 Application must be made 3 weeks before the contract anniversary date 必須於合約週年日三星期前申請

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	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"/> 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 (Applicable to spouse, parents or children only)
與投保人關係 (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

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

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

Flat 單位 / Room 室 / Floor 層數 _____

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

Street 街 / Road 道 _____

District 地區 _____ HK 香港 Kln 九龍 NT 新界

New Email Address 新電郵地址 _____

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

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

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

如任何會員成為了美國永久居民¹，請填妥第四部分之更改會員資料。如新更改的通訊地址為美國，投保人亦須為所有會員填寫第四部分以聲明他們是否美國永久居民。

Notes 注意：

1. "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. US for this purpose shall include the USA and the 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。美國為此包括美國及波多黎各自由邦。



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IV. Change of Particulars of Subscriber / Member 更改投保人 / 會員資料

Subscriber 投保人	Membership No. 會員號碼	<input type="text"/>
New Name of Subscriber (same as HKID Card) 投保人的新姓名 (與香港身份證相同) Surname 姓	<input type="text"/>	
Given Name 名	<input type="text"/>	
HKID Card No. / Passport No. *** 香港身份證號碼 / 護照號碼	<input type="text"/>	
Country of Residence 居住國家# (If not in Hong Kong 如非香港)	<input type="text"/>	
US Permanent Resident ¹ 美國永久居民	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	*** 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。

Your Child 您的子女	Membership No. 會員號碼	<input type="text"/>
New Name of Child (same as HKID Card/Birth Certificate) 子女的新姓名 (與香港身份證/出生證明書相同) Surname 姓	<input type="text"/>	
Given Name 名	<input type="text"/>	
HKID Card No. / Birth Certificate No. *** 香港身份證號碼 / 出生證明書號碼	<input type="text"/>	
Country of Residence 居住國家# (If not in Hong Kong 如非香港)	<input type="text"/>	
US Permanent Resident ¹ 美國永久居民	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	*** Please submit the copy of HKID Card / birth certificate to Bupa. 請連同子女之香港身份證 / 出生證明書副本交回保柏。

Your Child 您的子女	Membership No. 會員號碼	<input type="text"/>
New Name of Child (same as HKID Card/Birth Certificate) 子女的新姓名 (與香港身份證/出生證明書相同) Surname 姓	<input type="text"/>	
Given Name 名	<input type="text"/>	
HKID Card No. / Birth Certificate No. *** 香港身份證號碼 / 出生證明書號碼	<input type="text"/>	
Country of Residence 居住國家# (If not in Hong Kong 如非香港)	<input type="text"/>	
US Permanent Resident ¹ 美國永久居民	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	*** Please submit the copy of HKID Card / birth certificate to Bupa. 請連同子女之香港身份證 / 出生證明書副本交回保柏。

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。

1. "Permanent Resident" shall mean a person residing in a country who is a citizen of or who is permitted under applicable laws to live and work, on a permanent basis, in that country. US for this purpose shall include the USA and the 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。美國為此包括美國及波多黎各自由邦。

V. Change of Bank Account for Reimbursement 更改支付賠償之銀行戶口

Claims payment will be reimbursed by autopay only. 賠償款項只以自動轉賬方式支付。
I hereby agree and authorise Bupa (Asia) Limited to reimburse claims payment to the account below. 本人同意及授權保柏（亞洲）有限公司轉賬賠償款項於以下戶口。

Account Holder's Name (Same as recorded on bank account statement / passbook) 戶口持有人姓名 (與銀行結單 / 存摺相同)	HKID Card No. 香港身份證號碼	
Personal Hong Kong savings / current account number (HK\$ only) 個人香港儲蓄 / 往來銀行戶口號碼 (只限港幣)		
Bank Name 銀行名稱	Bank No. 銀行編號	Account No. 戶口號碼

If the above account holder is not the Subscriber or Member, please fill in the following information. 若上述之戶口持有人並非投保人或會員，請填寫以下資料。

Relationship with the Subscriber (Applicable to spouse, parents or children only) 與投保人關係 (只適用於配偶、父母或子女)	Reason for receiving claims payment on behalf of the Subscriber 代投保人收取賠款的原因
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VI. Change of Bank Account Number for Autopay Payment 更改自動轉賬付款銀行戶口號碼

<input type="checkbox"/> Yearly by Autopay 以自動轉賬年繳	please attach a cheque made payable to "Bupa (Asia) Limited" for this year's subscription and levy with a completed Direct Debit Authorisation Form 請連同本年之保費及徵費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏（亞洲）有限公司」
Bank Name 銀行名稱	Cheque No. 支票號碼
<input type="checkbox"/> Monthly by Autopay 以自動轉賬月繳	please attach a cheque made payable to "Bupa (Asia) Limited" for 2 months' subscription and levy with a completed Direct Debit Authorisation Form 請連同兩個月之保費及徵費支票及填妥之直接付款授權書寄回，支票抬頭人為「保柏（亞洲）有限公司」
Bank Name 銀行名稱	Cheque No. 支票號碼

VII. Change of Account Number for Credit Card 更改信用卡戶口號碼 (Credit Card Authorisation Form must be completed) (請填寫信用卡付款授權書)

Yearly by Credit Card 以信用卡年繳 please attach a newly completed Credit Card Authorisation Form 請連同新填妥之信用卡付款授權書寄回

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

Declaration and Authorisation 聲明及授權

I, on behalf of myself / the proposed Member as listed in this Application, apply as a Member of Bupa Wise Choice Health Insurance Scheme ("Scheme") and I acknowledge that Benefit is not payable under this Scheme being applied for any costs of treatment arising from any existing illnesses, injuries or other conditions presented before the Coverage Commencement Date unless complete details are fully disclosed by me in this Application and accepted by Bupa (Asia) Limited ("Bupa").

I declare that, I am / the proposed Member is covered under Hospital and Surgical Benefit of a group medical indemnity insurance scheme. I understand that if I am / the proposed Member is not covered under such group policy on the effective date of this Contract, the cover under this Contract will be invalid.

I, on behalf of myself / the proposed Member, also declare that, to the best of my knowledge and belief and the statements contained in this Application 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 or the proposed Member as listed in this Application at my own cost.

I also authorise any medical practitioner, hospital, clinic, by whom or where I / the proposed Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me / the proposed 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 this Scheme and I agree that this Health Declaration and the answers given in this Application shall be the basis of the Contract between me and Bupa.

I/We 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 US 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. I/We further declare that I/We are not US permanent residents. I/We understand that I/We am/are obliged to immediately notify Bupa in writing if any of the Members become a permanent resident of US during the Contract Year.

本人謹此代表本人 / 本申請表列出之準會員，申請成為保柏智康健康醫療保障計劃（「計劃」）之會員及本人確認根據申請之計劃規定，凡在保障開始日前因已患之疾病、損傷或其他病況而引致之醫療費用，一律不予賠償，除非本人在本申請表內已詳細列出並獲得保柏（亞洲）有限公司（「保柏」）接納。

本人聲明，本人 / 準會員現時持有實報實銷的團體醫療保障計劃，當中包括住院及手術保障。本人明白本人 / 準會員於此合約生效日期時並非受保於該團體保單，此合約的保障將失效。

本人亦謹此代表本人 / 準會員聲明，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本人或於本申請表內所列之準會員之健康狀況及醫療報告，一切費用由本人支付。

本人並且授權任何為本人 / 準會員觀察或治療的醫生、醫院、診所，或持有本人 / 準會員健康或任何資料之保險公司或機構將本人 / 準會員之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人已細讀並同意遵守此計劃之各條款及細則，並同意本申請表內之健康聲明及回答作為本人與保柏之間所訂合約之根據。

本人/吾等確認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/吾等此外聲明本人/吾等並非美國永久居民。本人/吾等明白如任何會員如於合約年度期間成為美國永久居民，本人/吾等有責任立即以書面通知保柏。

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 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.

本人明白、確知及同意，保柏會就本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。

I, as the Subscriber, understand that I declare and sign on behalf of the Member listed in this Application under this Scheme who is 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歲以下會員作出聲明及簽署。

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 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	Member's Signature (Aged 18 or above) 年滿18歲或以上之會員簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年
Member's Signature (Aged 18 or above) 年滿18歲或以上之會員簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年	Member's Signature (Aged 18 or above) 年滿18歲或以上之會員簽署 X (Full Name 姓名)	Signed in Hong Kong on 於香港簽署之日期 DD 日 MM 月 YYYY 年

Agent's / Broker's / Telesales' Name (If applicable and must be completed by the 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;
 - 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.

7. 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

8. 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.

9. For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.

10. Nothing in this Statement shall limit the rights of customers under the Ordinance.

11. 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:

- 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、參與人及次參與人,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交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、參與人及次參與人;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、實守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
 - 保險、醫療、健康、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
 - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
 - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下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。

7. 根據有關條例中的條款,閣下有權:

- 查核本公司是否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

8. 根據有關條例之條款,本公司有權就任何處理個人資料查詢或更改的要求收取合理費用。

9. 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。

10. 本聲明不會限制客戶在條例下所享有之權利。

11. 中英文本如有歧義,概以英文為準。