



Excluding Bupa Safe Critical Illness Insurance Scheme 保柏危疾全禦保計劃除外

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)

Name of Employer (for group contract only) 僱主名稱 (只適用於團體合約)

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

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

Occupation (For Bupa Hospital cash scheme only)

Date of Hospitalisation / Day Case Surgery: From

to

職業 (只適用於保柏住院現金保障計劃)

住院 / 日症手術日期

由

DD 日

MM 月

YY 年

至

DD 日

MM 月

YY 年

 Premium Waiver (For Bupa All Together Health Insurance Scheme)  
保費豁免 (保柏家互通醫療保障計劃)

Mobile Number

流動電話號碼

**If hospitalisation / treatment was due to illness 若因疾病而住院 / 治療**

1. Describe symptoms leading to hospitalisation / treatment

請列出因何不適應導致是次入院 / 治療

Date when symptoms appeared

症狀出現日期

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 / treatment  
建議是次入院 / 治療的醫生

First consultation date 初診日期

b. Other attending doctor 其他主診醫生

First consultation date 初診日期

c. Usual medical doctor 慣常就診醫生

First consultation date 初診日期

**If hospitalisation / treatment was due to accident 若因意外而住院 / 治療**

3a. Please provide details of the accident 請提供意外詳情

Date

日期: DD 日

Time

時間: MM 月

Place

地點: YY 年

b. How did it happen? 意外如何發生?

c. Injured area, type and severity of injury 受傷部位、類別及傷勢

d. Has the accident been reported to police? 意外是否已報警?

 Yes 是 (please provide a copy of the police report 請提供有關檔案副本一份) No 否

4a. 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

Type of compensation 索賠類型:

 Medical Expenses 醫療費用 Hospital Income 住院現金 Others 其他: \_\_\_\_\_

Name of Insurer

保險公司名稱: \_\_\_\_\_

Voucher no. (if claim in Bupa)

賠償申請表編號 (如從保柏索償): \_\_\_\_\_

Policy / Membership No.

保單 / 會員編號: \_\_\_\_\_

Reimbursement amount

索賠金額 HK\$: \_\_\_\_\_

Please provide certified true copy of receipts (if original kept by other insurer) and claims statement advice

請提供核實副本收據 (如正本收據已交與其他保險公司) 及賠償結算通知書

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: \_\_\_\_\_

**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 (Asia) Limited. 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 (Asia) Limited 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 (亞洲) 有限公司。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 (亞洲) 有限公司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 ("Statement") included in this form. I have also brought the Statement to the attention of all relevant Insured Person(s) / Member(s) (or their guardians if applicable) and confirmed the understanding and agreement to it. I / We consent to the transfer of my / our personal data within or outside of Hong Kong for the purposes and to the types of transferees as set out in the Statement. I / We have understood the Statement's effect in respect of my / our personal information collected or held by Bupa (Asia) Limited, including the use, storage, processing, transfer, disclosure and / or sharing of part of or all of my / our personal information within the Group Companies in accordance with the Statement. The updated version of Statement is available for download from www.bupa.com.hk or Bupa's mobile applications. I understand that I have the right to request Bupa (Asia) limited to cease using my / the member's personal information for direct marketing purposes by emailing customercare@bupa.com.hk or calling the Customer Care helpdesk on 2517 5333.

本人已細閱並明白包含在本表格中的「個人資料收集聲明」。本人亦已促有關受保人 / 會員 (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。本人 / 我們同意就「個人資料收集聲明」所述用途提供本人 / 我們的個人資料至香港境內外予「個人資料收集聲明」所載的資料承讓人。本人 / 我們明白個人資料收集聲明對保柏 (亞洲) 有限公司收集或持有的本人 / 我們的個人資料的效力及影響, 包括按照個人資料收集聲明使用、儲存、處理、轉移、公開或分享本人的部分或全部個人資料致任何集團公司之成員。該個人資料收集聲明最新的版本可於 www.bupa.com.hk 或保柏應用程式下載。本人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。

(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

DD 日

MM 月

YY 年

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仔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)
- Full set of original receipts with invoices/statement of account 全套正本收據及發票 / 帳單
- Certified true copy of receipts (if original kept by other insurer) and claims statement advice 核實副本收據 (如正本收據已交與其他保險公司) 及賠償結算通知書
- 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 letter (if any) No. 初步保障審核確認信 (如有) 編號： \_\_\_\_\_
- For Viral Wart/Benign Skin Lesion procedures, please provide the documents mentioned in Part II of question 7 “Viral Wart/Benign Skin Lesion” item (e) 對於病毒性疣/良性皮膚損程序，請提供第二部分問題 7 “病毒性疣/良性皮膚損” 中第 (e) 項的文件  
Notice : All skin treatment without proven documents (e.g. histopathological report or photo) will be classified as skin lesion  
注意事項：所有沒有證明文件 (例如：組織病理學報告或照片) 的皮膚治療將被歸類為皮膚損

### 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
- To claim the Emergency Out-patient Benefit for Accidents, please complete question (3) on Claim from Part I  
如要素賠緊急意外門診保障，請填寫申請表第一部分問題 (3)

Request return of certified true copy of receipt(s). If fully reimbursed claims no certified true copy of receipt(s) will be returned except special condition(s).  Yes 是  No 否  
Originals will be retained by Bupa and not be returned.

要求退回收據的核實副本。如全額報銷索賠，除特殊情況外，不會退回收據的核實副本。保柏將保留收據正本。



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

6/F, Tower 2, The Quayside, 77 Hoi Bun Road,  
Kwun Tong, Kowloon, Hong Kong  
香港九龍觀塘海濱道77號海濱匯第2座6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 或掃描上述QR碼免費下載



Customer Care helpdesk

客戶服務專線：

**Bupa Members 保柏會員**

Individual Scheme 個人計劃 (852) 2517 5333  
Group Scheme 團體計劃 (852) 2517 5388  
Bupa Gold 保柏尊貴寶 (852) 2517 5383



**Bupa Members 保柏會員 (enrolled via HASE 透過恒生銀行投保)**

Group Scheme 團體計劃 (852) 2517 5988  
Essential/MyBasic VHIS  
摯逸/保柏自願醫保 (852) 2517 5588  
Excel/Excel Plus/Global Supreme/Global Prestige VHIS  
摯尚/摯悅/摯卓/環球優越自願醫保計劃 (852) 2517 5688

**Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫**

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

Admission / Treatment Date 入院 / 治療日期       Discharge Date 出院日期

**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 this main symptoms / complaints 病人首次就此主要病徵或申訴的首次求診日期

3. Patient suffered from the above symptoms / complaints for 病人於首次求診前上述的主要病徵或申訴已存在  days / weeks / months / years prior to the first consultation 日 / 週 / 月 / 年

**B. Hospitalisation / Treatment History 住院 / 治療病歷**

1. Date of medical procedure / treatment / diagnostic tests 接受手術 / 治療 / 診斷掃描日期

2. Operation / procedure(s) performed 手術名稱	CPT code 目前使用醫療服務術語代碼

3. Final diagnosis 最終診斷	ICD code 國際疾病分類代碼

Was the condition due to or associated with the following 上述情況是否因以下問題所致？

<input type="checkbox"/> Accidental bodily injury 身體意外受傷	<input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酒精	<input type="checkbox"/> AIDS / HIV related illness, Venereal disease or Sexually Transmitted Disease 後天免疫力缺乏症(愛滋病) / 與人類免疫力缺陷病毒(HIV)、性病或因性接觸感染之疾病
<input type="checkbox"/> Pregnancy, infertility or sterilisation 懷孕、不育或絕育	<input type="checkbox"/> Eyesight / Eye refraction 視力矯正 / 不正常	
<input type="checkbox"/> Mental illness 精神病	<input type="checkbox"/> Treatment for cosmetic purpose 美容治療	
<input type="checkbox"/> Developmental Condition 發育異常 / <input type="checkbox"/> Congenital Condition 先天性症狀 / <input type="checkbox"/> Hereditary Condition 遺傳性疾病	<input type="checkbox"/> Self-inflicted injury 蓄意自傷身體	
<input type="checkbox"/> General check-up or vaccination 一般身體檢查或防疫注射	<input type="checkbox"/> NONE OF THE ABOVE 以上全部不是	

4. (a) Please provide details of the hospitalisation and treatment that the patient underwent. 請提供是次住院及相關治療詳情。

Treatment 治療	Investigation 檢驗	Diagnostic tests 診斷掃描

(b) Please provide details of the period of hospitalisation including reasons for number of days as in-patient. 請提供是次持續留院的日數及其原因。

(c) For other inpatient investigations/procedures/treatment (blood tests, imaging, other procedures), please provide the reason(s) for necessity, and why it was not done in an outpatient setting.  
對於其他住院檢驗 / 程序 / 治療 (驗血檢查、影像學或其他程序)，請提供必要的原因，以及為什麼不在門診進行治療。

5. (a) Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to the current diagnosis, and were they medically necessary and recommended by you?  
是次檢查、治療及住院日數(如有) 是否和上述診斷有直接關係而且是醫療所需及由醫生建議？  Yes 是  No 否  
If "No", please give details. 如否，請詳述之。

B. 5. (b) Could the surgery only be performed under general anaesthesia? 手術是否必須在全身麻醉下進行?  Yes 是  No 否  
 For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手術在監察麻醉下進行，請註明住院原因。

(c) Please indicate the clinical risk(s) and medical reason(s) for hospitalisation. 請註明臨床風險及須留院的醫療原因：  
 Current health status (Co-morbidity) 現時健康狀況 (合併症)

Please specify 請明確說明：

(d) Expected higher risk at operation 預期較高手術風險

Please specify 請明確說明：

(e) Expected higher post-operative risk 預期較高手術後風險

Please specify 請明確說明：

6. If the patient has consulted another physician during this hospitalisation, please provide the following 如病人於住院期間曾向另一位醫生求診，請提供以下資料：

Name of Physician 醫生姓名	Reason 原因	Treatment performed 治療詳情

7. Any other relevant clinical information in this case? 如是次治療尚有其他臨床資料，請提供。

Others 其他	
If it is related to Cardiac Stent or Chemotherapy Regimen, please provide the following details. 如關於心臟支架或化療方案，請提供下列詳情。	
Cardiac Stent 心臟支架	(a) Please provide the brand and model of the stent(s) that was/were used in the operation. 請提供手術所用支架的品牌名稱及型號。
	(b) What are the clinical benefits for using this specific type(s) of stent for this patient? 請闡述使用此種支架對這病人的臨床效益。
	(c) Any other factors that indicate the use of this stent type(s) over others in this case? 於是次病例中，有否其他原因顯示必須使用此種支架而不考慮用其他支架？
Chemotherapy Regimen 化療方案	(a) Please provide the TNM (tumor-node-metastasis) staging of the current episode and any metastasis site(s) / relevant recurrent disease, if applicable. 請提供現階段腫瘤、淋巴結及轉移分期 (TNM Staging) 期數，以及轉移部位或相關復發性疾，如適用。
	(b) Is this curative or palliative? 目的是屬於治療性質還是緩解性質？ <input type="checkbox"/> Curative 治療性質 <input type="checkbox"/> Palliative 緩解性質
	(c) Is this the first course/cycle of treatment? 這是否首次治療 / 首個療程 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否  If No, any previous treatment course and reason for change? 如否，以前曾有過何種治療？為何需要改變療法？
	(d) Any special considerations for using this treatment regimen in this patient? I.e. specific genetic markers, rare cancer, failed first line therapy, etc.? 為這病人使用此治療方案，有何特別考慮因素？即如特定遺傳標記、罕見癌症、首選治療方案失敗等。

**B. 7. Any other relevant clinical information in this case? 如是次治療尚有其他臨床資料，請提供。**

If it is related to Viral Wart / Benign Skin Lesion, please provide the following details. 如關於病毒性疣/良性皮損，請提供下列詳情。

Viral Wart/ Benign Skin Lesion 病毒性疣/ 良性皮損	(a) Please specify the types, exact location, total number and size of the wart(s) / skin lesion(s). 請具體說明疣 / 皮膚損傷的種類、確切部位、總數及大小。			
	Types of wart(s) / skin lesion(s) 疣 / 皮膚損傷的種類	Exact location 確切部位	Number of wart(s) / skin lesion(s) 疣 / 皮膚損傷的數量	Size (mm/ cm) (please provide range of size if multiple) 大小(毫米或厘米)(如有 多個，請提供尺寸範圍)
(b) Please elaborate if wart(s)/skin lesion(s) had any impact on member's activities of daily living (ADL): (If yes, please specify) 請詳細說明疣/皮膚損傷是否對會員的日常生活有任何影響：(如是，請說明) <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
(c) Please outline the details of all the treatment including conservative treatments, member received so far 請概述會員目前接受的所有治療詳情，包括保守治療				
Date of treatment 治療日期		Treatment 治療		Treatment progress 治療進展
(d) Please indicate whether the procedure was done in an Operating Theatre (or equivalent): <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 請說明手術是否在手術室(或同等設施)進行： (If yes, please specify the indication for use, and whether the facility fulfils the requirements as stipulated in the Code of Practice for Day Procedure Centres, regulation pursuant to the Private Healthcare Facilities Ordinance Chapter 633, Laws of Hong Kong) 如是，請說明使用在手術室(或同等設施)的原因以及該設施是否符合《日間醫療中心實務守則》或根據香港法例第 633 章《私營醫療機構條例》制定的規例要求。				
(e) Please provide the below documents to member for claim processing. 請向會員提供以下文件以進行索賠處理。 i. All treatment records from treatment centre which related to current wart(s) / skin lesion(s) operation 來自治療中心的與當前疣 / 皮膚損傷手術相關的所有治療記錄 ii. Operation record with details including time of operation duration, medication used, body parts with no. of wart(s) / skin lesion(s) with peration done 詳細的手術記錄：包括手術時間、使用的藥物、每個身體部位的疣 / 皮膚損傷的確切數量 iii. Clinical photos of the wart(s) / skin lesion(s) (before and/or after treatment) to determine the effectiveness (if any, with member's consent). 疣 / 皮膚損傷的臨床照片(治療前和/或治療後)以確定有效性(如有，並經會員同意) iv. Pathology report (if any) 病理報告(如有) v. Charges breakdown with details 收費明細及詳情				
(f) Please specify any planning for further treatment and any more area is diagnosed with wart(s) / skin lesion(s) 請說明進一步治療的任何計劃和時程表，以及任何更多身體部位被診斷為疣/皮膚損傷。 If yes, please further elaborate the details and the clinical indication. 如是，請進一步詳細說明詳情和臨床指徵。				

**Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫**

**B. 8.** Has the patient taken any home leave during this hospitalisation? 於住院期間，病人有否請假外出?  Yes 有  No 沒有  
If "Yes", please state the date, time and reason 如有，請列明外出之日期、時間及原因：

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9. (a) Is it an emergency case? 這是否緊急個案?  Yes 是  No 否 Arranged on 安排日期     
If "Yes", please specify 如是，請明確說明：  
DD 日 MM 月 YY 年

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(b) Is it an elective admission? 這是否擇期入院  Yes 是  No 否 Arranged on 安排日期     
DD 日 MM 月 YY 年

10. Brief discharge summary 出院摘要

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11. Has the patient ever had the same or similar symptoms(s) before? 病人曾否患有同類病況?  Yes 有  No 無

If "Yes", what is the date of onset if known? 如有，何時為病發日期?     
DD 日 MM 月 YY 年

12. Had the patient been previously treated or hospitalised for this or any other disorders? 病人過去曾否就此疾病或其他病症而需接受診治或入院接受治療?  
Please provide details if known. 如知悉，請提供詳情。

Dates 日期	Disease/Disorder/Complaint 疾病/失調/申訴	Details of treatment/hospitalisation 治療/住院的詳情	Name of doctor/hospital 西醫姓名/醫院名稱

(Please use any separate paper with the doctor's signature on it if more space is needed 若需另頁填寫，每張紙都須有醫生的簽著作實)

**C. Others 其他**

1. Are you the patient's treating doctor? 閣下是否病人的主診醫生?  Yes 是  No 否  
If "No" please provide the referring doctor's contact details. 如否，請提供轉介醫生資料。

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

**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 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

**Bupa (Asia) Limited**  
**Privacy Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance")**

**1. Introduction**

- 1.1. Bupa (Asia) Limited ("Company", "we" or "us") is committed to protecting your privacy and security of your personal information. This Notice is provided to you in connection with your dealings and provision of data or information to the Company. This Notice is prepared in accordance with the Ordinance and also operates as the Personal Information Collection Statement which we will provide, or make available, to you on or before the collection of your personal information by the Company.
- 1.2. This Notice is intended to ensure that you can make informed decisions about providing your personal information to Company in accordance with this Notice. Please be aware that this Notice replaces any notice or statement of similar nature that may have been provided to you previously. When you click on "I Agree" or select any options with similar content, or log in, confirm, agree to, use or accept this Notice we provide via registration procedure or any other way, you consent to your personal information being collected, stored, used, processed, transferred, disclosed or shared in accordance with this Notice.
- 1.3. For the purposes of this Notice, "Group Company" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated (collectively, the "Group").
- 1.4. If you provide us with the personal information about other individuals, you must tell those individuals that you have provided us with their details and let them know where they can find a copy of this Notice.

**2. Personal Information We Collect**

- 2.1. From time to time, it is necessary for you, or other members/ insured persons 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.
- 2.2. 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.
- 2.3. **Failure to supply personal information requested by the Company may result in the Company being unable to process your application, request for information or services, enquiries and/or provide services or products to you, or the Member.**
- 2.4. The personal information we collect and/or hold from time to time may include your personal identification information, contact information, transaction records, financial background, medical and health records, biometric data and your location and activities when you access or browse our website(s) or use our mobile application(s) or portal(s) (including any diagnostic or health-monitoring tools thereon and the Bluetooth and/or wearable device that are used to collect data for the purposes of such tools).
- 2.5. We will always try to collect your personal information from you through the course of your relationship with us and in a range of ways. However, there may be instances where we will need to collect your personal information from third parties or sources in certain circumstances, such as a family member or someone else acting on your behalf, your employers, medical personnel, business/asset acquisition transactions of the Company, business partners, or public databases.
- 2.6. If you are under the age of 18, you should obtain consent from your parent or guardian before you provide the Company with your personal information.
- 2.7. Storage of personal information may be in various forms including, physical (paper) form, digital customer systems or applications, data management software or systems in the usual course of business practices, depending on your engagement with the Company.

**3. Purposes of Collection**

- 3.1. Your personal information collected may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes from time to time:
  - (a). processing, assessing and determining any applications for insurance products and services;
  - (b). 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;
  - (c). registering you, or the Member, as a user or a member of services or information provided or to be provided by us on the website(s), mobile application(s) or portal(s) managed and/or operated by us;
  - (d). coordinating your care, or the Members', within Group Companies to achieve better health management outcomes;
  - (e). 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;
  - (f). 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, data analytics, statistical analysis, and reinsurance arrangements;
  - (g). providing you with personalised health information and information about our services or products, and personalised website, mobile application or portal interface;
  - (h). providing you with appropriate health, insurance administration, wellness or other related services (including, without limitation, e-ticketing, appointment booking and clinic / medical professional search and service and product redemption functions on the website(s), mobile application(s) or portal(s) managed and/or operated by us) or products;
  - (i). communicating with you regarding the administration, features and renewal of the insurance policy that you subscribe to;
  - (j). operating, maintaining, evaluating, improving, troubleshooting problems, and understanding your preference(s) with our website(s), mobile application(s) or portal(s);
  - (k). provision and design of products and services of the Company;
  - (l). exercising the Company's rights in connection with provision of any 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;
  - (m). 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 Notice;
  - (n). with your consent, marketing services, products and other subjects by us, any member and/or brand of the Group Companies (such as Horizon Health and Care Limited and/or Quality HealthCare Group, our affiliates) and/or other third parties (please see further details in paragraph 5 below);
  - (o). managing our relationship with you, our business and organisations who work with us in relation to providing our products or services to you, or the Member (including, with limitation, futures changes to this Notice);
  - (p). 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;
  - (q). making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company; and
  - (r). fulfilling any other purposes directly related to (a) to (q) above.

**4. Transfer of Personal Information**

- 4.1. 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 of the People's Republic of China, for the purposes specified in paragraph 3 to the following classes of transferees:
  - (a). any member and/or brand of the Group Companies;
  - (b). any insurance adjusters, agents and brokers;
  - (c). any re-insurance companies authorised by the Company;
  - (d). employers (for members of corporate policy only);
  - (e). healthcare professionals and hospitals;
  - (f). any third parties engaged in connection with a member of the Group Company's business who provides medical, health, insurance, wellness or other related services or products;
  - (g). any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing, storage of analytics, printing, research, advertising, distribution 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);
  - (h). with your consent, third parties (within or outside the Group Companies) in relation to direct marketing (please see further details in paragraph 5 below);
  - (i). third party reward, loyalty, co-branding and privileges programme providers and co-branding partners of a member of the Group Companies;
  - (j). financial institutions engaged by the Company or you for billing and payment purposes;
  - (k). any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
  - (l). 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.
- 4.2. We will only disclose personal information limited to that which is necessary to the above parties for the relevant purposes, who may process (including, without limitation, by recording, organising, structuring, storing, adapting, altering, retrieving, using, aligning, combining or erasing) your personal information for the relevant purposes set out in paragraph 3 above.
- 4.3. In the event that we complete the acquisition of a new business or brand, we shall communicate with you through the communication channels you provided to us, and any personal information shall be treated in accordance with this Notice if it is practicable and permissible to do so.

**5. Use of Personal Information Direct Marketing**

- 5.1. Only with your consent (which includes an indication of no objection), the Company, any member and/or brand of the Group Companies and/or the third parties stated under paragraphs 3.1 (n) and 5.2 (b) to (e) may use your personal information collected from time to time to provide you with marketing communications (including by email, SMS, mobile application, social media, instant messenger or other means that become available from time to time) relating to the following products and services:
  - (a). insurance, medical, dental, healthcare, wellness, personal development, beauty, sporting activities and membership, lifestyle, entertainment, financial, and related services and products;
  - (b). rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products;
  - (c). services and products offered by the Company's co-branding partners; and
  - (d). donations and contributions for charitable and/or non-profit making purposes.
- 5.2. The above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
  - (a). any member and/or brand of the Group Companies;
  - (b). third party service providers;
  - (c). third party reward, loyalty, co-branding or privileges programme providers;
  - (d). co-branding partners of a member of the Group Companies; and
  - (e). charitable or non-profit making organisations.

- 5.3. We may not use your personal information for direct marketing purposes unless we have received your consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from you shall override any previous instruction given to the Company in this regard in relation to all of your personal information collected or held by the Company from time to time.
- 5.4. If you choose to personalise your services where such options are available, we will use personal information that we collect so that we can offer you those personalised services or communications. If you do not wish to accept those personalised services or communications, you can unsubscribe from those services at any time and we will cease to offer such services to you.
- 5.5. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 5, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

**6. Security and Retention**

- 6.1. The Company retains your personal information for as long as necessary for the purposes set out in this Notice, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law.
- 6.2. Where the Company no longer requires your personal information for the purposes under this Notice, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.
- 6.3. We will take reasonable steps to securely store your personal information. This includes implementing a range of digital and physical security measures. In addition, we will restrict access to your personal information to those properly authorised to have access.
- 6.4. When you use our sites, we and third-party companies collect information by using cookies and other technologies such as pixel tags (for simplicity we refer to all such technologies as "cookies"). The updated version of the Cookies Policy is available for download from our website: [www.bupa.com.hk](http://www.bupa.com.hk) and is available upon request.
- 6.5. Our websites, mobile applications or portals may provide the links to other external websites over which we do not have control. You are advised to refer to the privacy policies of these websites for more information.

**7. Data Access and Correction**

- 7.1. Under and in accordance with the terms of the Ordinance, you have the following rights to:
- (a) check whether the Company holds personal information relating to you or the Member and to access such personal information;
  - (b) require the Company to correct any personal information relating to you or the Member which is inaccurate;
  - (c) ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company;
  - (d) request the Company to cease using your personal information for direct marketing purposes; and
  - (e) change your preference in respect of our use of your personal information.
- 7.2. Requests can be made in writing to the Company's Data Protection Officer at the following address:  
Data Privacy Officer/ Customer Service Manager  
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong  
Or, by email:  
[customer-care@bupa.com.hk](mailto:customer-care@bupa.com.hk)
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 Notice, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
10. Nothing in this Notice shall limit the rights of customers under the Ordinance.
11. In case of discrepancies between the English and Chinese versions of this Notice, the English version shall prevail. This Notice maybe amended by the Company from time to time.



保柏（亞洲）有限公司有關個人資料（私隱）條例（「條例」）之私隱通知

1. 簡介
  - 1.1. 保柏（亞洲）有限公司（「本公司」或「我們」）致力保障您的個人資料的私隱及安全。本私隱通知是就您與我們進行交易及提供資料或資訊而向您提供的。本私隱通知按照條例所編製及作為收集個人資料聲明，我們將在收集您的個人資料時或之前向您提供或可供查閱。
  - 1.2. 本私隱通知旨在確保您能夠根據本私隱通知，就向我們提供您的個人資料時作出知情的決定。請注意，本私隱通知將取代之前可能已提供給您的任何類似性質的私隱通知或私隱通知。當您點擊「同意」或選擇任何類似內容的選項，或登錄、確認、同意、使用或接受我們通過登記程序或其他任何方式提供的本私隱通知時，即表示您同意您的個人資料根據本私隱通知收集、存儲、使用、處理、傳輸、披露或分享。
  - 1.3. 就本私隱通知而言，「集團公司」是指本公司及其母公司、分行、子公司、代表處及關聯公司，無論其位於何處，以及其中的任何一家。關聯公司包括母公司的分行、子公司、代表處及關聯公司，無論其位於何處（統稱為「本集團」）。
  - 1.4. 如果您向我們提供其他人的個人資料，您必須通知並告知他們本私隱通知。
2. 我們收集的個人資料
  - 2.1. 在您或受保於您保單的其他會員/受保人（每位「會員」）向本公司申請保險或金融產品及服務，或當您更改保單或續保時，必須不時向本公司提供您或會員的個人資料（包括信用資料和以往申索紀錄，如適用）。
  - 2.2. 本公司亦可能會在日常業務運作的過程中向您或會員收集更多個人資料，例如當您為您或代會員向本公司提出保險索償時。
  - 2.3. 如您未能提供本公司所要求的個人資料，本公司可能無法處理您的申請及/或向您或會員提供保險產品、服務或其他相關服務。
  - 2.4. 我們不時收集及/或持有的個人資料可能包括您的個人身份證明資料、聯絡資料、交易記錄、財務背景、醫療及健康記錄、生物辨識資料及您在訪問或瀏覽我們的網站或使用我們的流動應用程式或門戶平台時的位置及活動（包括其上的任何診斷或健康監測工具及此類工具用於收集數據的藍牙及/或可穿戴設備）。
  - 2.5. 在您與我們的互動關係過程中，我們可通過多種方式從您那裡收集您的個人資料。但是，在某些情況下，我們可能需要從第三方或來源收集您的個人資料，例如代表您的家庭成員或其他人、您的僱主、醫務人員、本公司的業務/資產收購交易、業務合作夥伴或公共數據庫。
  - 2.6. 如您未滿18歲，您向本公司提供您的個人資料前，應徵得您父母或監護人的同意。
  - 2.7. 根據您與我們的互動關係，個人資料的存儲可以採用不同形式，包括實體（紙張）形式、數碼化客戶系統或應用程式、日常業務實踐過程中的數據管理軟件或系統等。
3. 收集個人資料之目的
  - 3.1. 本公司將就以下目的不時使用、儲存、處理、轉移、公開或分享您的個人資料：
    - (a). 處理、評估、決定任何保險產品及服務之申請；
    - (b). 為您或會員提供保險產品及服務及處理您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；
    - (c). 登記您成為由我們管理及/或營運之網站、流動應用程式或門戶平台的用戶或其提供或將提供的資訊或服務的會員；
    - (d). 在本集團公司旗下協調您或會員的護理，實現更好的健康管理結果；
    - (e). 任何有關您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；
    - (f). 執行與本公司提供的服務或產品有關的任何功能及活動，包括但不限於審計、匯報、市場研究、一般服務、在線及其他服務的維護、身份核實、資料核對、研究、數據分析、統計分析及再保險之安排；
    - (g). 向您提供個人化的健康資訊及有關我們的產品或服務的資訊，及個人化的網站、流動應用程式或門戶平台介紹；
    - (h). 向您提供適合的健康、保險管理、保健或其他相關服務（包括但不限於電子票務、預約及診所/醫療專業人員搜索，以及我們管理及/或營運之網站、流動應用程式或門戶平台上的服務及產品兌換功能）或產品；
    - (i). 就您的保險產品計劃的管理、保障及續保事項與您溝通；
    - (j). 就我們的網站、流動應用程式或門戶平台進行營運、維護、評估、改善、問題排解，以及瞭解您的偏好；
    - (k). 提供及設計本公司的產品及服務；
    - (l). 行使本公司向您或會員提供保險和服務時有關的權利，例如釐定您拖欠的任何款項的金額，及向您或任何已為您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；
    - (m). 就本私隱通知中所述的任何用途與您或會員（或與代表會員的您）聯絡；
    - (n). 在您同意的情况下促銷我們、任何集團公司成員及/或旗下品牌（例如我們的關聯公司 - Horizon Health & Care Limited 及/或卓健集團）及/或第三方的服務、產品及其他主題（詳情請參閱下文第5段）；
    - (o). 管理我們與您、我們的業務及與我們合作向您或會員提供產品或服務的組織之關係（包括但不限於通知本私隱通知的未來變更）；
    - (p). 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；
    - (q). 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；及
    - (r). 達到與上述 (a) 至 (q) 直接有關的其他目的。
4. 個人資料的轉移
  - 4.1. 本公司所收集或持有與您或會員有關的個人資料將會保密，但本公司可在中華人民共和國香港特別行政區境內或境外，為上文第3段規定的目的，將這些個人資料轉移予下列類別的承轉人：
    - (a). 本公司的集團公司成員及旗下品牌；
    - (b). 任何由本公司授權的保險理算人、代理及經紀；
    - (c). 任何由本公司授權的再保險公司；
    - (d). 僱主（只適用於團體保單之會員）；
    - (e). 醫護專業人員及醫院；
    - (f). 任何就集團公司的業務被聘用提供醫療、健康、保險、保健或其他相關服務或產品的第三方；
    - (g). 任何代理人、承包商或其他就本公司之業務運作，向本公司提供行政、電訊、電腦、付款、資料處理、數據儲存及分析、印刷、廣告、研究、分銷或其他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）；
    - (h). 在您的同意下，任何參與直接促銷的第三方（無論在集團公司內或外）（詳情請參閱下文第5段）；
    - (i). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；及集團公司成員；
    - (j). 本公司或您為處理帳單及付款之目的而聘用的金融機構；
    - (k). 任何本公司全部或重要部分權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
    - (l). 為遵守任何對本公司有約束力的法律、規則、規例、實務守則、指引資料或指引而有義務向其作出披露的任何人士，包括但不限於任何適用的監管機構、政府部門、受認證的行業組織、法院或其他法律規定的機構。
  - 4.2. 我們只會向上述各方披露僅限於該相關目的必需的個人資料，他們可按上文第3段所述的相關目的處理（包括但不限於記錄、組織、構建、儲存、調整、修改、檢索、使用、達到一致、合併或刪除）您的個人資料。
  - 4.3. 假若我們完成收購新公司或品牌的業務，我們會透過您提供給我們的通訊渠道向您溝通，而任何我們在得到您同意下獲取的個人資料將會在可行或許可的情況下根據本私隱通知被處理。
5. 在直接促銷中使用個人資料
  - 5.1. 只有在您的同意下(包括不反對的表示)，本公司、任何集團公司成員、旗下品牌及/或第3.1 (n) 項及第5.2 (b) 至 (e) 項所述的第三方可使用不時向您收集的個人資料，為您提供與下列服務或產品有關的促銷信息（包括通過電郵、短訊、流動應用程式通知、社交媒體、即時通訊工具、或其他隨時可用的聯絡方法）：
    - (a). 保險、醫療、牙科、康復、健康、個人發展、美容、體育運動及會員服務、生活時尚、娛樂、金融及相關服務及產品；
    - (b). 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；
    - (c). 本公司的品牌合作夥伴提供的服務及產品；及
    - (d). 為慈善及/或非牟利用途的捐款及捐贈。
  - 5.2. 上述服務、產品及主題可能由本公司及/或下列人士提供或（在捐款及捐贈的情況下）徵集：
    - (a). 任何集團公司成員及/或旗下品牌；
    - (b). 第三方服務供應商；
    - (c). 獎賞、會員忠誠、品牌合作或優惠計劃之第三方供應商；
    - (d). 集團公司成員的品牌合作夥伴；及
    - (e). 慈善或非牟利機構。
  - 5.3. 除非我們已取得您的同意，否則本公司不可以使用您的個人資料作直接促銷用途。為免疑問，就本公司不時收集或持有的所有您的個人資料，本公司將會以從您收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）為準。
  - 5.4. 如果您有提供服務個人化的選項時，而您選擇將您的服務個人化，我們將使用向您收集的個人資料為您提供該些個人化的服務或通訊。如果您不希望接受這些個人化的服務或通訊，您可以隨時取消訂閱這些服務，我們將停止向您提供這些服務。
  - 5.5. 為避免有疑慮，不論您是否同意接收以上第五段所述的市場推廣資訊類別，本公司仍然可能就您保單相關的行政、保障及續保事宜與您聯絡。
6. 個人資料的安全及保留
  - 6.1. 除非相關法律另有要求或批准，本公司會保留您的個人資料至達到本私隱通知所列所需的目的為止，或根據您與我們的另行協定保留您的個人資料。
  - 6.2. 如果本公司不再需要您的個人資料以用於本私隱通知規定的目的，或法律規定的其他目的，我們將採取適當的步驟，安全地刪除或銷毀您的個人資料。
  - 6.3. 本公司會採取合理措施安全存儲您的個人資料。這包括實施一系列安全措施。此外，我們將會對您的個人資料的訪問權限，限制為獲得適當授權的人員。
  - 6.4. 當您瀏覽我們的網站時，我們和我們合作的第三方公司通過使用 cookies 和其他技術（如像素標籤 - pixel tag）收集信息（為簡單起見，我們將所有此類技術稱為“cookies”）。Cookies 政策的更新版本可從我們的網站 [www.bupa.com.hk](http://www.bupa.com.hk) 下載，並應要求提供。
  - 6.5. 我們的網站、流動應用程式或門戶平台可能載有第三方網站的連結，我們對該等其他網站並無控制權。我們建議細閱該等網站的私隱聲明。
7. 查閱及更改個人資料
  - 7.1. 根據有關條例中的條款，您有權：
    - (a). 查詢本公司是否持有與您或會員相關的個人資料，並查閱該等資料；
    - (b). 要求本公司更正任何有關您或會員的不準確的個人資料；
    - (c). 查明本公司對於個人資料的政策及處理方法及獲告知本公司持有的個人資料類別；
    - (d). 要求本公司停止將您的個人資料作直接市場推廣用途；及
    - (e). 更改您對我們使用您的個人資料的偏好。
  - 7.2. 如您需行使上述權利，請以書面形式將您的要求：
 

郵寄：香港九龍觀塘海濱道77號海濱匯第2座6樓  
保柏（亞洲）有限公司  
保障資料主任/客戶服務經理  
或電郵：  
[customer@bupa.com.hk](mailto:customer@bupa.com.hk)
8. 根據有關條例之條款，本公司有權就處理您的查閱或更改的資料要求收取合理費用。
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. 本私隱通知不會限制您在條例下所享有的權利。
11. 如本私隱通知的英文版本與中文版本存有差異時，將以英文版本為準。本私隱通知會被本公司不時修訂。