

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

For hospitalisation and day case surgeries 住院治療、醫院及日症中心手術

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



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)

職業 (只適用於保柏住院現金保障計劃)

Date of Hospitalisation / Day Case Surgery: From

住院 / 日症手術日期

to

至

Mobile Number

流動電話號碼

If hospitalisation was due to illness 若因疾病而住院

1. Describe symptoms leading to hospitalisation

請列出因何不適應導致是次入院

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

建議是次入院的醫生

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 was due to accident 若因意外而住院

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

Date **Time** **Place**

日期: 時間: 地點:

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

3 a. Have you filed this claim with another Bupa contract or any other insurer / organisation? (if yes, please specify below)

您是否已透過保柏其他合約或其他保險公司 / 組織提出索償? (如是，請列明如下)

☐ Yes 是

☐ No 否

Name of Insurer

保險公司名稱:

Policy / Membership No.

保單 / 會員編號:

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，均屬真確無訛。本人並授權任何為本人/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 on the last page of this form. 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 writing to Bupa (Asia) Limited's Data Protection Officer or calling the Customer Care helpline.

本人已細閱並明白本表格最後一頁的個人資料收集聲明，並明白本人有權致函保柏(亞洲)有限公司的保障資料主任或致電客戶服務專線，以要求保柏(亞洲)有限公司停止將本人/會員的個人資料作直接市場推廣用途。

(MANDATORY 必須簽署)

X

Signature of Patient / Parent or Legal Guardian (if Patient below 18 years of age)

病人簽署 / 家長或合法監護人簽署(適用於十八歲以下之病人)

X

Name (in BLOCK letters)

姓名 (請以正楷英文書寫)

X Signed on

簽署之日期

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

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

Claims Submission Guidelines 提交賠償申請指引

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

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

Document List 文件清單

- ☐ Claim form Part I (completed by patient) 申請表第一部分 (由病人填寫)
- ☐ Claim form Part II (completed by doctor) 申請表第二部分 (由主診醫生填寫)
- ☐ Original receipts 正本收據
- ☐ Certified true copy of receipts (if original kept by other insurer) and/or claims statement advice 核實副本收據 (如正本收據已交與其他保險公司) 及/或賠償結算通知書
- ☐ Hospital Authority discharge summary / discharge slip with diagnosis, if any 醫院管理局發出的出院摘要 / 診斷結果出院紙 (如有)
- ☐ Copies of all lab test/medical reports (for Cancer case, please provide all cancer related investigation reports, e.g. blood test reports, histopathological reports or molecular test reports, etc.) 化驗 / 檢驗報告副本 (對於癌症疾病，請提供所有與癌症相關的化驗報告，例如：血液檢查，組織病理學 或分子檢查報告等)
- ☐ Pre-authorisation confirmation letter (if any) No. 初步保障審核確認信 (如有) 編號:

Reminder on common missing information 通常遺漏的資料

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

Request return of certified true copy of receipt(s). Originals will be retained by Bupa and not be returned. 要求退回收據的核實副本。保柏將保留收據正本。

☐ Yes 是

☐ No 否

Part II - 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 Date 入院日期 _____ Discharge Date 出院日期 _____
DD 日 MM 月 YY 年 DD 日 MM 月 YY 年

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
DD 日 MM 月 YY 年

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 History 住院病歷

1. Date of medical procedure / treatment / diagnostic tests 接受手術 / 治療 / 診斷掃描日期
DD 日 MM 月 YY 年

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。

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？
 If "No", please give details. 如否，請詳述之。

- (b) Could the surgery only be performed under general anaesthesia? 手術是否必須在全身麻醉下進行？
 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)

B. 5. (c) Expected higher risk at operation 預期較高手術風險

Please specify 請明確說明：

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? 如是次住院尚有其他臨床治療資料，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病，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。	

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：

9. Is it an emergency case? 這是否緊急個案？☐ Yes 是 ☐ No 否

If "Yes", please specify 如是，請明確說明：

10. Brief discharge summary 出院撮要

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

B. 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署作實)

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

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

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

X

Date 日期: DD 日 MM 月 YY 年

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

X

Date 日期: DD 日 MM 月 YY 年



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

Bupa (Asia) Limited - Claims Dept.
保柏 (亞洲) 有限公司 - 理賠部收

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



Hang Seng Bupa Members 恒生保柏會員
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

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
6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, 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索賠紀錄,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名的其他人)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
 - 保險、醫療、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。

7. 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

- 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。

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