

My Accident Guard Application Form

個人意外保障投保表格

- Please use English CAPITAL letters 請以英文正楷填寫

Insured Details 投保資料						
Name of Applicant 投保人資料：						
HKID No. 香港身份證：						
Date of Birth 出生日期：		(dd/mm/yy 日/月/年)				
Citizenship 國籍：						
Corresponding Address 通訊地址：						
Contact No. 聯絡電話：						
Email Address 電郵地址：						
Policy Commencement Date 保單生效日期：		(dd/mm/yy 日/月/年)				
Plan Selected 計劃選擇 (1 plan for each policy 每保單只可選單一計劃)						
Basic Plan 基本保障：		<input type="checkbox"/> Plan 1 計劃 1	<input type="checkbox"/> Plan 2 計劃 2	<input type="checkbox"/> Plan 3 計劃 3	<input type="checkbox"/> Plan 4 計劃 4	
Plan Level 保障範圍：		<input type="checkbox"/> Individual 個人	<input type="checkbox"/> Individual + Child(ren) 個人及子女		<input type="checkbox"/> Family 家庭	
Optional Top Up Benefits 自選附加保障：		<input type="checkbox"/> Temporary Disablement Benefits 暫時性傷殘 Optional Top Up Benefit shall not be eligible for Child(ren) 自選附加保障僅適用於成年受保人				
Total Annual Premium 年度保費總額：		HKD 港幣				
Details of Insured and family members 受保人及其受保家庭成員資料						
	Full Name 姓名	Date of Birth 出生日期 (日/月/年 dd/mm/yy)	HKID No. 香港身份證號碼	Gender 性別	Relationship to Applicant 與投保人關係	Occupation / Position 職業 / 職位
1.						
2.						
3.						
4.						

#Please remark if dependent has a different residential address than Applicant. 如家屬的住所地址與投保人不同，請註明。

Please answer the following questions 請回答以下問題：

1. Have you and/or the potential insured person(s) ever had a policy or application for accident insurance refused, postponed, declined, withdrawn, not invited to renew or had any special terms (including extra premium or exclusions) imposed? 您或潛在受保人可曾被拒絕申請意外保險？又或是保單遭延遲生效、拒絕、退還、拒絕續保或加入任何特別條款（包括調高保費或附加額外不保事項）？	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否
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If YES, please provide details 如是，請詳述之：

Declaration Statement 聲明

I hereby declare the following:

- I agree that Chubb Insurance Hong Kong Limited (“Chubb”) reserves its right to accept or reject my application, adjust the premium and amend the terms. I understand that the policy will only be effective when the application has been accepted and premium is received by Chubb.
- I will co-operate fully with Chubb and furnish any additional medical evidence or other information as may be required in support of my application or claims.
- I agree that this application and declaration and other information provided shall form the basis of the contract.
- I declare that all information given in this application form is true and complete to the best of my knowledge and belief and have not withheld information which is likely to influence the acceptance of this application.
- I declare that all child(ren) (if any) insured under this Policy (i) are my child(ren), who are unmarried; (ii) are residing in Hong Kong; (iii) are primarily dependent upon my maintenance and financial support; and (iv) for those child(ren) (if any) who are between the ages of 18 to under 26 years old, they are full time students.
- I declare that I understand that the benefit limits for child(ren) is only 50% of the benefit limit of an adult insured person.
- I declare that insured person(s) are in good health and free from physical impairment or deformity.
- I understand that the maximum aggregate sum insured for each insured person on all policies underwritten by Chubb is HKD7,800,000 (“Aggregate Limit”). I agree and accept that Chubb will adjust the benefit payable under this policy for accidental death and/or permanent disablement upon any claim, if the total amount payable for accidental death and/or disablement benefit exceeds the Aggregate Limit.
- I hereby authorise any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons who has any records or knowledge of myself to disclose to Chubb Insurance Hong Kong Limited or its representative any and all information about myself with reference to my health and medical history and any hospitalisation, advice, treatment, disease or ailment. A photostatic copy of this authorisation shall be as effective and valid as the original.
- I understand that levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. The payment received for such levy will be remitted to the Insurance Authority under the prescribed arrangement. For further information, please visit www.ia.org.hk/tc/levy or contact 3191 6611.
- I understand, acknowledge and agree that, as a result of purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorized insurance intermediary commission during the continuance of the policy including renewals, for arranging the said policy. I further understand that the above agreement is necessary for Chubb to proceed with the application.

本人特此聲明：

- 本人同意安達保險香港有限公司（「安達保險」）保留一切決定是否接納申請、調整保費及附加限制之權利。本人明白本申請被接納及安達保險收到有關本保單之保費後，保障才正式生效。
- 本人會於申請或索償時充分與安達保險合作、提供所需之額外健康資料或其他資料。
- 本人同意本申請書、聲明及所提供的其他資料作為合約的基礎。
- 本人在本申請書內填報的資料是根據本人所知所信及全部並完整正確無訛，沒有隱瞞任何可能影響本申請書接納與否的事實。
- 本人聲明本保單下所有的受保子女(如有) 均為 (i) 本人的未婚子女；(ii) 居於香港；(iii) 依賴本人的照顧及經濟上的支持；及 (iv) 如受保子女年齡介乎於 18 至 26 歲 (如有)，他們為全職學生
- 本人聲明本人明白子女的保障限額為成年受保人在保單所列金額的百分之五十(50%)。
- 本人現在的身體狀況良好，並無任何損傷或殘疾。
- 本人明白安達保險承保的所有保單中，每位受保人的最高保險金額為港幣 7,800,000 元（「總金額」）。如意外身亡及永久傷殘保障總額超過總金額，本人同意並接受安達保險在處理索償時調整本人所獲的賠償。
- 本人授權任何內外科醫生、診所、保險公司或任何組織及熟悉本人健康情況之人仕，均可以將本人過往之病狀、病歷詳細資料供給保險公司或其代表。此授權書之影印本亦屬有效。
- 本人明白保費徵費會以保險業監管局就相關保單所定之稅率而收取。保險業監管局將會透過保險公司向保單持有人收取保費徵費。詳情請瀏覽保監局網頁：www.ia.org.hk/tc/levy 或請與安達保險客戶服務熱線 3191 6611 查詢。
- 本人明白、確知及同意，安達保險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。本人亦明白安達保險必須取得申請人以上的同意，才可以處理其保險申請。

Personal Information Collection Statement 個人資料收集聲明

The Company (“**We/Us**”) want to ensure that Our **Insured Persons** (“**You**”) are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You** (“**Personal Data**”), the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

(a) Purposes of Collection of Personal Data

We will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

(b) Direct Marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact **You** with marketing information regarding our insurance products by mail, email, phone or SMS. Tick the box below if **You** do not consent to receive such marketing information from **Us**.

(c) Transfer of Personal Data

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);

- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of **You Personal Data** outside of Hong Kong.

(d) Access and Correction of Personal Data

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer
39/F, One Taikoo Place
979 King's Road, Quarry Bay, Hong Kong
O +852 3191 6222
F +852 2519 3233
E Privacy.HK@chubb.com

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

☐ Please tick if **You** do not consent to receive marketing material from **Us**.

本公司（「我們」）竭力確保受保人（「閣下」）對我們在收集個人資料方面的信心，我們於處理任何已收集的個人資料均會採取適當的保密程度及以處理私隱手法採用資料。

本個人資料收集聲明陳述我們收集及利用由閣下提供以識別閣下個人的資料（「個人資料」）的目的、個人資料可能被公開的情況及閣下有權要求查閱及更改個人資料的詳情。

(a) 收集個人資料的目的

我們收集及使用閣下個人資料的目的，是為了向閣下提供具優勢的保險產品及服務，包括用作考慮閣下投保任何新的保險產品，及管理由我們提供的保單，安排保障，及執行和管理閣下及我們在該等保障下的權利及責任。同時，我們亦會收集及使用閣下個人資料以設計及識別能吸引閣下的產品及服務，進行市場或顧客滿意度調查，及發展、建立及管理與其他機構就宣傳推廣、行政及使用我們相應的產品及服務的聯盟及其他計劃。在閣下的同意下我們亦可能使用閣下的個人資料作其他用途。

(b) 直接促銷

只會在得到閣下的同意，我們會使用閣下的聯絡資料、人口統計資料、保單資料及繳費資料透過郵寄、電郵、電話或 SMS 短訊方式聯絡閣下以便提供有關我們的保險產品的宣傳推廣。如閣下不希望接收到我們的宣傳推廣，請於下列方格內加上「✓」。

(c) 個人資料的轉讓

個人資料將予以保密，而我們亦絕對不會將閣下的個人資料售賣給第三者。我們會對公開閣下個人資料作出限定；但在任何適用的法例條文下，閣下的個人資料可能：

- (i) 會被透露予我們相信必須達成以上第 a 及第 b 段所述目的之第三者。例如：我們把閣下的個人資料提供予我們相關的員工及承辦商、代理及其他涉及以上目的之人士，如處理數據的人士、專業人士、損失評估人員及索償調查員、醫生及其他醫療服務提供者、緊急支援服務提供者、保險局或信貸局、政府機構、分保人及分保經紀（當中可能包括在香港以外的第三方）；
- (ii) 會給我們的母公司及附屬聯營公司或安達在本地及海外的相關人員使用；
- (iii) 會提供予保險中介人，閣下可以透過指定系統查閱有關資料；
- (iv) 會給予有關人士以維持公眾安全及法紀；及

(v) 在閣下同意下提供予其他第三者。

就以上個人資料的轉移，如有適用的地方，則代表閣下亦同意該資料在香港以外地方轉移。

(d) 查閱及更改個人資料

根據個人資料(私隱)條例，閣下有權要求查閱及更改曾給予我們的資料，另除非在個人資料(私隱)條例下有適用的豁免條款賦予我們可拒絕遵從，否則我們必須按閣下的要求，給閣下查閱及更改本身的個人資料。閣下亦可向我們要求提供持有閣下個人資料的類別。

翻查或更改個人資料的要求，必須透過書面提出及郵寄致：

安達個人資料私隱主任
香港鰂魚涌英皇道 979 號
太古坊一座 39 樓
電話 +852 3191 6222
傳真 +852 2519 3233
電郵 Privacy.HK@chubb.com

在我們收到閣下查閱或更改資料的要求後，會在四十(40)天內予以回覆該項要求，我們一般將不會收取任何費用；但即使我們在提供資料時需徵收費用，它們也會在合理的水平。至於更改資料的要求，則不會收取任何費用。

☐ 如閣下不希望接收我們的宣傳推廣，請於方格內劃上「✓」。

Signature 簽署

Applicant's Signature 投保人簽署：

Date 日期 (DD/MM/YY 日/月/年)：