

Chubb Personal Accident Insurance Plan

安達個人意外保險計劃

CHUBB®



Introduction 簡介

Accidents can happen anytime, while you are walking on the street, having dinner with your family or shopping in a mall. To avoid or eliminate the financial strain that an accident can bring to you and your family, Chubb Personal Accident Insurance Plan helps you to protect yourself and your beloved family. You can choose either Individual or Family Plan from the Basic Plan options, and choose Large Amount Top-up Plan as a Top-up for Individual Plan only.

在日常生活中，意外隨時隨地在身邊發生，防不勝防。未雨綢繆，您需要一份安達個人意外保險計劃，以保障您及您摯愛的家庭成員。您可以選擇個人或家庭保障其中一個基本計劃，同時亦可選擇一個大額附加保障計劃作為基本計劃的附加保障。

Plan Highlights 計劃特點

- 24-hour worldwide coverage
- Additional indemnity benefits up to HKD1 million while riding on a Public Common Carrier
- Competitive and affordable premium for as low as HKD980 per year
- No medical examination required
- Broader Coverage
 - Riot and Civil Commotion
 - Full Terrorism
 - Hijacking
 - Disappearance
 - Gas, Food and Drink Poisoning
- Covers all amateur sports, including unarmed combat, bungee jumping, winter & water sports, parachuting, without extra cost
- 24-小時全球保障
- 若乘搭公共交通工具時發生意外，人身意外保障將可獲得額外賠償
- 只需低至港幣 980 元便擁有全面保障
- 毋須驗身
- 保障範圍更廣泛：
 - 暴動及民亂
 - 恐怖襲擊
 - 騎劫
 - 失蹤
 - 氣體及食物中毒
- 保障一切業餘運動包括徒手搏擊、笨豬跳、冬季運動及水上活動、跳傘等，無需額外保費

Chubb Personal Accident Insurance Plan Factsheet & Enrollment Form, Hong Kong. Published 03/2019. 安達個人意外保險計劃簡介及投保表格，香港。03/2019 編印。

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Coverage Description 保障簡介

Basic Plan 基本保障						
Benefits Items 保障項目 (港幣 HKD)	Plan I 計劃 I	Plan II 計劃 II	Plan III 計劃 III			
A. Accidental Death & Disablement 意外死亡及永久完全或部份傷殘： <ul style="list-style-type: none"> Upon death or disablement due to accident, the Company will pay the lump sum amount. 倘若受保人不幸遇上意外而引致死亡或傷殘，可根據右列保障額獲得賠償。 	500,000	750,000	1,000,000			
B. Accidental Medical Expenses 意外醫療費用 (max. per accident 每宗意外)： <ul style="list-style-type: none"> In the event that an Insured is injured due to an accident and require medical treatment on western medical or Chinese Bonesetter & Acupuncturist, the Company will reimburse the medical expenses. 倘若受保人不幸因意外受傷而需接受治療，每次意外所引致的醫療費用均可獲得賠償。 Extended to cover Including Chinese bonesetter & acupuncturist, HKD150 per visit per day. 附加意外醫療保障至中醫、跌打及針灸每天每次為港幣 150 元。 	5,000	10,000	20,000			
C. Renewal Bonus 續保紅利 <ul style="list-style-type: none"> Upon renewal, the Company will pay Insured additional benefits up to 50% of Coverage A. 於每年保單續保時，受保人可獲得保障 A 項之額外保障最高至 50%。 				10% increase per policy year on the initial amount of Coverage A, up to 50% and subject to a maximum of 500,000. 首五年每年可獲保障 A 項原本保額之 10% 增益，直至最高 50% 並以 500,000 為限		
D. Additional Indemnity in Public Common Carrier 公共交通工具上之額外賠償： <ul style="list-style-type: none"> Upon death or disablement due to accident while riding in a Public Common Carrier, the Company will pay the lump sum amount stated in addition to Coverage A. 倘若受保人於乘搭公共交通工具時，不幸遇上交通意外而引致死亡或傷殘，除可獲得保障 A 項之賠償，更可額外獲得右列保障額之賠償。 	500,000	750,000	1,000,000			
E. Burns Benefits 燒傷保障 (max. per accident 每宗意外)： <ul style="list-style-type: none"> The Company will pay a lump sum amount to an Insured who is injured on a Second Degree or Third Degree Burn caused by accident. 倘若受保人不幸遇上意外而引致二級或三級燒傷，可根據右列保障額獲得賠償。 	150,000	150,000	250,000			
F. Broken Bones Benefit 骨折保障 (max. per accident 每宗意外)： <ul style="list-style-type: none"> In the event that an Insured sustains broken bones due to an accident, the Company will pay a lump sum amount to the Insured. 倘若受保人因意外導致骨折，可根據右列保障額獲得賠償。 	20,000	20,000	30,000			
G. Funeral Expense Benefit 殮葬費用 <ul style="list-style-type: none"> In a result of accidental death or sickness of an Insured, the Company will reimburse for expenses on funeral arrangement. 賠償受保人因意外或疾病導致死亡所涉及的殮葬費用。 	20,000	20,000	20,000			
Annual Premium 全年保費 (港幣 HKD)	Plan I 計劃 I		Plan II 計劃 II		Plan III 計劃 III	
	Individual 個人	Family 家庭	Individual 個人	Family 家庭	Individual 個人	Family 家庭
Occupational Class 職業類別 1	980	2,450	1,300	3,250	1,480	3,700
Occupational Class 職業類別 2	1,100	2,750	1,380	3,375	1,780	4,450
Occupational Class 職業類別 3	1,330	3,320	2,100	5,250	3,000	7,500
Occupational Class 職業類別 4	2,050	5,130	不適用N/A	不適用N/A	不適用N/A	不適用N/A

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Large Amount Top-up Plan 大額附加保障		
Benefits Items 保障項目 (港幣 HKD)	Executive 主管	CEO 總裁
A. Accidental Death & Disablement 意外死亡及永久完全或部份傷殘： <ul style="list-style-type: none"> Upon death or disablement due to accident, the Company will pay the lump sum amount. 倘若不幸遇上意外而引致死亡或傷殘，可根據右列保障額獲得賠償。	5,000,000	10,000,000
Annual Premium 全年保費 (港幣 HKD)	Individual 個人	Individual 個人
Occupational Class 職業類別 1 & 2	4,500	8,000
Occupational Class 職業類別 3 & 4	不適用N/A	不適用N/A

Under the “Insurance Ordinance (Cap. 41)”, the Insurance Authority (IA) will start to collect the levy on insurance premiums from policyholders through insurance companies from 1 January 2018. For more details, please refer to IA’s official website: www.ia.org.hk/en/levy

根據《(第41章)保險業條例》，由2018年1月1日起，保險業監管局(「保監局」)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

Occupation Classification 職業分類表

- Class 類別 1:** Professions & Occupations **involving mainly indoor work and non-hazardous nature** such as: accountants, architects, clerks, indoor salesmen, executives, teachers, students, housewives, doctors and nurses.
 主要從事室內及非危險性的工作，例如：會計師、建築師、文員、室內營業員、行政人員、教師、學生、家庭主婦、醫生及護士。
- Class 類別 2:** Professions & Occupations requiring **outdoor work, occasional manual work or use of light tools or machines of non-hazardous nature** such as: frequent travellers, chauffeurs, hairdressers, outdoor salesmen, electronics factory workers, factory foremen, and waiters.
 主要從事室外、間歇性體力勞動或使用輕型工具或機械及非危險性的工作，例如：經常出門人仕、私人司機、髮型師、外勤營業員、電子廠工人、工廠管工及侍應。
- Class 類別 3:** Professions & Occupations involving **light manual works** such as: cooks, drivers, electricians and light manual works not using heavy or hazardous machinery.
 主要從事輕量體力勞動的工作，例如：廚師、司機、電工及輕量體力勞動但不需使用重型或危險性機械的工作。
- Class 類別 4:** Professions & Occupations of **extra-hazardous nature** such as: cross-border drivers, control of heavy machinery, lift & elevator technicians, etc. (excluding crew, caisson, site workers, scaffolding, blasting, aerial work, stunt works, performers, etc. but disciplinary forces will be subject to separate approval).
 主要從事危險性的工作，例如：中港司機、操作重型機械者、電梯及升降機技工等(不適合航空服務員、海員、沉箱工人、地盤工人、搭棚工人、爆炸處理、空中工作、特技人、演藝人等，紀律部隊則須作個別批核)。

For occupations not listed above, please contact Chubb Insurance Hong Kong Limited for details.
 個別職業未能盡錄，詳情請聯絡安達保險香港有限公司。

Note 注意事項:

- Age Limit 年齡限制:**
 - Basic Plan 基本保障**
 - Adult – age 18 to 75 years old 成人 – 受保年齡為 18 至 75 歲
 - Unmarried and unemployed child – aged between 1 to 17 years old (or up to 25 if full time student) 未婚及未就業子女 – 受保年齡為 1 至 17 歲(全日制學生至 25 歲)
 - 大額附加保障 Large Amount Top-up Plan**
 - Adult – age 18 to 70 years old 成人 – 受保年齡為 18 至 70 歲
- Family Coverage: Applicant must be one of the Insured, benefits of Spouse will be the same as the Applicant, while each depend child will get 20% of the Applicant’s sum insured.**
 家庭保障：投保人必須同時受保，其配偶保障與投保人相同，每名子女均可獲得投保人百分之二十之投保額。
- The same premium will be charged for a Standalone child enrolled by their parent, but the sum insured of the Insured Child will be 50% of the adult’s benefit.**
 父母為子女獨立投保，其投保額為成人保障額百分之五十，保費則與成人相同。

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4. Public Common Carrier shall include any bus, taxi, ferry, hovercraft, hydrofoil, ship, train, tram, cable car, underground train, fix-winged aircraft or helicopter provided and operated by a carrier duly licensed for the regular transportation of fare-paying passenger.

若因付費乘搭巴士、的士、渡輪、氣墊船、水翼船、輪船、火車、電車、地下鐵路、定翼機或直昇機時遇到交通意外而引致死亡或傷殘，將可取額外賠償。

Major Exclusions 主要不承保事項

1. Self-inflicted injury, acts of war, direct participation in strike, riot, civil commotion, service in military or disciplinary forces.
2. Professional sports.
3. Illegal acts.
4. Sickness and disease, pregnancy or treatment pertaining to infertility.
5. Traveling except as fare-paying passenger and aerial activities.

1. 自我毀傷，任何戰爭引致之疾病或受傷、直接參與暴動、內亂，服兵役或服務於紀律部隊。
2. 參與職業運動。
3. 一切違法行為引致之受傷或死亡
4. 疾病或感染、懷孕或節育。
5. 非以付費乘客身份乘搭飛機及空中活動。

This is not a complete list of exclusions. Please read your policy or certificate of insurance carefully for a full listing of exclusions. If you have any questions, please contact your insurance consultant or Chubb Insurance Hong Kong Limited.

以上不承保事項僅屬簡概，詳情請參閱你的保單或保險證書之不承保事項原文。如有疑問請向你的保險顧問或安達保險香港有限公司查詢。

Important Notes 重要事項

- **Age Limit**
 - (a) Basic Plan:
 - Adult – age 18 to 75 years old
 - Children – unmarried and unemployed child between age 1 to 17 years old (or up to 25 for full time student)
 - (b) Large Amount Top-up Plan:
 - Adult – age 18 to 70 years old
- The same premium will be charged for a Standalone child enrolled by their parent than for an individual adult, but the sum insured of the Insured Child will be 50% of the adult's benefit.
- If it is a family coverage, we will charge the premium on the higher occupation class on the Insured couple.
- Large Amount Top-up Plan only provides coverage for Individual plan.

- This literature is descriptive only. Actual coverage is subject to the language of the policies as issued.
- For policy enquiry, please contact your insurance consultant or Chubb Insurance Hong Kong Limited.
- Should any inconsistency occur within this document, the English version shall prevail.

年齡限制

- (a) 基本保障:
 - 成人 – 受保年齡為 18 至 75 歲
 - 子女 – 受保年齡為 1 至 17 歲，須為未婚及未就業（全日制學生至 25 歲）
- (b) 大額附加保障:
 - 成人 – 受保年齡為 18 至 70 歲

- 父母為子女獨立投保，其投保額為成人保障額百份之五十，保費則與成人相同。
- 倘若選擇家庭保障，保費將以受保成員中職業類別較高者計算保費。
- 大額附加保障只提供予個人計劃。
- 此單張為計劃的撮要而非保險合約。詳情及細則以保單內的條款為準。
- 如有任何查詢，請聯絡您的保險顧問或安達保險香港有限公司。
- 中文譯本，乃供參考之用，如有異議，均以英文原本說明為準。

How to Make a Claim 索償手續

Any occurrence or loss which may give rise to a claim should be reported in writing immediately but in any event **not later than 30 days after the incident to:**

Chubb Insurance Hong Kong Limited
39/F, One Taikoo Place
979 King's Road
Quarry Bay, Hong Kong
O +852 3191 6222
F +852 2519 3233

如發生任何可引致索償的意外事故或損傷，請於**意外發生後 30 天內以書面通知本公司：**

安達保險香港有限公司
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

Enrolment 投保申請

If you are interested to apply for Chubb Personal Accident Insurance Plan, please complete the attached “Chubb Personal Accident Insurance Plan Application Form” and return to Chubb Insurance Hong Kong Limited.

如閣下有興趣投保安達個人意外保險計劃，請填寫附件之「個人意外保險計劃投保表格」及交回安達保險香港有限公司。

About Chubb in Hong Kong 關於安達香港

Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include Property, Casualty, Marine, as well as Accident & Health programs for large corporates, mid-sized commercial and small business customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at www.chubb.com/hk

安達為全球最大的財產及責任保險公開上市公司。安達經營一般保險及人壽保險業務，透過收購其前身公司，已立足香港超過 90 年。安達香港的一般保險業務（安達保險香港有限公司）為大型及中小企業客戶提供注重在特定領域的保險產品，包括財產、責任、水險和意外及醫療保險服務。多年來，公司憑著其雄厚實力，在具有市場領導地位上致力於開創新產品，提供優質服務，並且建立穩健的客戶關係，與時並進。

如欲獲取更多資料可瀏覽 www.chubb.com/hk

Chubb Personal Accident Insurance Plan Application Form 個人意外保險計劃投保表格

- Please use English CAPITAL letters 請以英文正楷填寫
- Proposer should be aged 18 to 75 years old 投保人年齡必須為 18 至 75 歲

Insured Details 投保資料	
Name of Applicant 投保人資料:	
HK ID No. 香港身份證:	
Date of Birth 出生日期:	(dd/mm/yy 日/月/年)
Occupations/Exact Job Duties 職業/實際職務:	
Corresponding Address 通訊地址:	
Residential Address 居住地址: (if different from above 如與通訊地址不同)	
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)

Specify other Chubb Personal Accident Policy (if any), please provide policy No.:

如閣下現在擁有任何本公司之個人意外保險保單，請提供保單號碼:

Plan Selected 保障選擇			
Basic Plan 基本保障:	<input type="checkbox"/> Plan I 計劃 I	<input type="checkbox"/> Plan II 計劃 II	<input type="checkbox"/> Plan III 計劃 III
Plan Level 保障範圍:	<input type="checkbox"/> Individual 個人	<input type="checkbox"/> Family 家庭	<input type="checkbox"/> Children Only 子女
Large Amount Top-up Plan 大額附加保障:	<input type="checkbox"/> Executive 主管	<input type="checkbox"/> CEO 總裁	
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 / Passport No. 香港身份證 / 護照號碼	Occupation / Position 職業 / 職位
1.				
2.				
3.				
4.				
5.				

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

<p>1. Have you/your family member(s) ever made an application for accident, sickness, disability, hospital or life insurance which has/have been declined, postponed or withdrawn; or has any policy or certificate of such insurance issued to them been modified, rated up, cancelled or renewal refused?</p> <p>閣下/閣下的家庭成員曾否投保意外、疾病、傷殘、醫療或人壽保險而被拒保、延擱或撤銷？或曾持有該種保險之保單或證書，而於事後曾被修正、增加保費、取銷、或被拒絕續保？</p>	<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:

<p>2. Have you/your family member(s) ever made any claims for accident, sickness, disability, hospital, or life insurance in the last 3 years, and in what amount were the claims settled?</p> <p>在過去 3 年內閣下/閣下的家庭成員曾否在意外、疾病、傷殘、醫療或人壽保險申請任何賠償及所獲賠償金額？</p>	<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:

<p>3. Do you/your family have any physical defects, impairment, deformities and/or conditions affecting mobility, sight and/or hearing?</p> <p>閣下/閣下的家庭成員有否身體損傷、殘廢、缺陷及/或其他狀況而影響行動、視覺及/或聽覺？</p>	<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:

For choosing Large Amount Top-up Plan, please answer the following questions 如投保大額附加保障，請回答以下問題:

<p>A. Purpose of Insurance 投保大額附加保障之目的</p>	<input type="checkbox"/> Loan Protection 貸款保障	<input type="checkbox"/> Family Protection 家庭保障
	<input type="checkbox"/> Business Contribution 為營商收益	<input type="checkbox"/> Mortgage Redemption 歸還按揭貸款
	<input type="checkbox"/> Others, please state 其他，請詳列:	

B. Income Particulars 入息詳情

	Estimate this year 本年評估	Last Year 去年	Two Years Ago 兩年前
Annual Salary 全年薪金:			
Other Income 其他入息:			
Total Income 入息總額:			

<p>C. How Long Have You Been Employed in Your Present Place of Work 請問閣下現職在任多久？</p>	<input type="checkbox"/> under 1 year 少於 1 年 <input type="checkbox"/> over 3 years – 6 years 多於 3 年至 6 年	<input type="checkbox"/> 1-3 years 1 至 3 年 <input type="checkbox"/> over 6 years 多於 6 年
	Name of Employer 僱主名稱:	

<p>D. Do you/your family member(s) now carry any life, accidental death, disability or hospital insurance or have they applied for?</p> <p>閣下/閣下的家庭成員有否已投保或現正申請投保人壽、意外身故、傷殘、或醫療保險？</p>	<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

- It is understood and agreed that all answers to all questions are to the best of my/our knowledge and belief complete and true. Although the signing of this proposal does not bind to effect insurance, I/We agree that all answers to such questions, together with this agreement, shall form the basis of any policy issued hereunder; that no insurance will be effected until the policy is issued.
- I/We 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/ourselves to disclose to Chubb Insurance Hong Kong Limited or its representative any and all information about myself/ourselves with reference to my/our 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/We understand, acknowledge and agree that, as a result of I/We purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited, Chubb Insurance Hong Kong Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where I am/We are a body corporate, the authorized who signs on behalf of myself/ourselves further confirms to Chubb Insurance Hong Kong Limited that I am/We are authorized to do so.
- I/We further understand that the above agreement is necessary for Chubb Insurance Hong Kong Limited to proceed with myself/ourselves.
- 本人/吾等明白及同意此投保書之陳述與回答全部屬實及詳盡，該陳述與回答及此投保書將成為簽發保單之依據，保單簽發後保險方始生效。
- 本人/吾等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/吾等健康情況之人仕，均可以將本人/吾等過往之病狀、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/吾等明白、確知及同意，安達保險香港有限公司會就本人/吾等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。假如本人/吾等為法人團體，代表本人/吾等簽署的獲授權人員須向安達保險香港有限公司確認本人/吾等已獲該法人團體授權。
- 本人/吾等亦明白安達保險香港有限公司必須取得本人/吾等以上的同意，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:

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

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **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
香港鯉魚涌英皇道 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):