

Enrollment Form

Policyholder Details

Company Name:		
Address:		
Business Nature:		
Business Registration Number: (Please provide a copy of the BR Certificate)		
Plan Selected:	Benefit Plan* <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3	
Covered Insured Persons :	<input type="checkbox"/> All Employees; OR <input type="checkbox"/> Senior Management Staff Only**	
Number of Covered Insured Persons under the policy at Policy inception:		
Period of Insurance: (DD/MM/YY)	From:	To:
Annual Premium (HKD)***:	HKD:	

Remarks:

**Only 1 Benefit Plan is allowed for the whole policy*

*** Senior Management Staff refers to any managing director, chairman, chief executive officer, president or senior vice president of the Policyholder.*

****All premiums exclude levy. Levy collected by the Insurance Authority will be imposed on 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 (852) 3191-6611.*

This policy is subject to a minimum Premium of HKD 3,000 (excluding Levy).

Declaration

The Policyholder hereby acknowledges and agrees that:

- The answers/information given to Chubb Insurance Hong Kong Limited ("Chubb") in this Enrollment Form in every aspect is full, complete and true and this Enrollment Form shall be the basis of the Policy between the Policyholder and Chubb. Chubb reserves the right to decline any claim if any declaration is found to be incorrect or missed in this Enrollment Form.
- No insurance is in force until this Enrollment Form is accepted by Chubb and a Policy is issued pursuant thereon.

Personal Information Collection Statement

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 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 6800
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.

Commission disclosure

The Applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb Insurance Hong Kong Limited (Chubb), Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to Chubb that he or she is authorised to do so.

The Applicant further understands that the above agreement is necessary for Chubb to proceed with the application. The above disclosure statement is only applicable in situations where an insurance broker is used to purchase / place a policy. The undersigned, on behalf of the Named Insured and all of its subsidiaries.

Signature

Applicant's Signature (with company chop):

Producer Name:

Date (DD/MM/YY):

Account Handler & Contact Phone Number:

About Chubb in Hong Kong SAR

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 SAR for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong SAR (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include property, casualty, marine, financial lines and consumer lines designed for large corporates, midsized commercial & small business enterprises as well as retail customers. Over the years, it has established strong client relationships by being consistent and responsive, by offering market leading claims services and innovative products, and providing market leadership built on financial strength.

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

Contact Us

Chubb Insurance Hong Kong Limited
39/F, One Taikoo Place,
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