



**(II) 準受保人資料及保障計劃 (續) Details of Proposed Insured(s) and Plan Details (con't)**

(自選附加保障只適用於已投保基本保障的申請。Optional Benefits are applicable only if Basic Benefits have been enrolled.)

準受保人 Proposed Insured(s)		1		2		3		4		
基本保障 Basic Benefits	計劃級別 Plan Level	<input type="checkbox"/> 白金 Platinum US\$3M	<input type="checkbox"/> 銀 Silver US\$1.6M	<input type="checkbox"/> 白金 Platinum US\$3M	<input type="checkbox"/> 銀 Silver US\$1.6M	<input type="checkbox"/> 白金 Platinum US\$3M	<input type="checkbox"/> 銀 Silver US\$1.6M	<input type="checkbox"/> 白金 Platinum US\$3M	<input type="checkbox"/> 銀 Silver US\$1.6M	
		<input type="checkbox"/> 金 Gold US\$2.3M		<input type="checkbox"/> 金 Gold US\$2.3M		<input type="checkbox"/> 金 Gold US\$2.3M		<input type="checkbox"/> 金 Gold US\$2.3M		
	保障地域* Cover Area*	<input type="checkbox"/> 環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)	<input type="checkbox"/> 環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)	<input type="checkbox"/> 環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)	<input type="checkbox"/> 環球 Worldwide	環球 (北美除外) Worldwide (Excluding North America)	<input type="checkbox"/> 環球 Worldwide (Excluding North America)
		<input type="checkbox"/> 環球 (北美除外) Worldwide (Excluding North America)		<input type="checkbox"/> 環球 (北美除外) Worldwide (Excluding North America)		<input type="checkbox"/> 環球 (北美除外) Worldwide (Excluding North America)		<input type="checkbox"/> 環球 (北美除外) Worldwide (Excluding North America)		<input type="checkbox"/> 環球 (北美除外) Worldwide (Excluding North America)
	自付金額 Deductible Amount	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0	<input type="checkbox"/> US\$0
		<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$2,000	<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$2,000	<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$2,000	<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$2,000	<input type="checkbox"/> US\$2,000
<input type="checkbox"/> US\$8,000		<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$8,000	<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$8,000	<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$8,000	<input type="checkbox"/> US\$5,000	<input type="checkbox"/> US\$5,000	
自選附加保障 Optional Benefits	門診保障 Outpatient Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	產科保障** Maternity Benefits**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	牙科保障 Dental Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
繳費期 Payment Mode	<input type="checkbox"/> 年繳 Annual		<input type="checkbox"/> 半年繳 Semi-annual		<input type="checkbox"/> 月繳 Monthly					
<p>* 門診保障之保障地域與基本保障相同。產科保障及牙科保障只提供環球保障地域。</p> <p>** 產科保障只適用於年齡介乎18至44歲之女士投保，並必須與門診保障一併申請。</p> <p>註：如您下一個生日是在投保日期起計6個月之內，保費將以下一個生日年齡計算，否則以目前之年齡計算。如保單生效日期與投保日期不同，即以保單生效日期決定已屆年齡。本公司將根據此計劃之保費表計算應繳金額。</p> <p>如選擇每半年繳款，半年應繳金額等於年繳保費乘0.5125。如選擇按月繳款，每月應繳金額等於年繳保費乘0.0875。</p>		<p>* The Cover Area of Outpatient Benefits must be the same as Basic Benefits. Maternity Benefits and Dental Benefits only provide worldwide Cover Area.</p> <p>** Female between Age 18 and 44 is eligible to enroll in the Maternity Benefits which must be applied for together with Outpatient Benefits.</p> <p>Note: If your next birthday falls within the coming 6 months from the application date, the premium rate will be based on your next age attained. Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date. The total amount payable will be calculated according to the premium table of this plan.</p> <p>If semi-annual payment mode is chosen, the semi-annual amount payable is equal to annual premium times 0.5125. If monthly payment mode is chosen, the monthly amount payable is equal to annual premium times 0.0875.</p>								

**免費週年身體健康檢查 Free Annual Health Checkup (只適用於白金及金計劃 Applicable to Platinum and Gold Plans only)**

準受保人 Proposed Insured(s)	週年身體健康檢查項目編號 P1 Annual Health Checkup Profile No. P1
<p>註：</p> <p>1. 所有健康檢查必須於健康檢查服務券所述的到期日前完成。</p> <p>2. 健康檢查服務由指定醫療服務機構提供，藍十字(亞太)保險有限公司(「本公司」)不會對服務機構提供的產品和服務之質素和供應量，及/或其提供的資料作出任何陳述或保證。本公司在任何情況下無須就有關產品、服務及/或資料引起或與其有關的事宜負上任何責任。</p> <p>Note:</p> <p>1. All checkups must be completed before the expiry date specified on the checkup coupon.</p> <p>2. The checkup service is provided by designated healthcare service provider(s). Blue Cross (Asia-Pacific) Insurance Limited ("the Company") makes no representation or guarantee as to the quality and availability of the products, services, and/or information provided by the service provider(s). The Company shall not be liable for any matters arising from or in connection with the products, services, and/or information.</p>	



#### (IV) 健康陳述 Health Statement

(所有包括在本投保申請之準受保人必須回答下列問題。 All Proposed Insured(s) included in this application must answer the following questions.)

1. 任何準受保人曾否患上下列疾病或就有關疾病曾接受治療？ Has (Have) any proposed insured(s) ever had or been told to have or been treated for any of the following diseases/disorders?		
(i) <b>呼吸系統疾病</b> 包括哮喘、支氣管炎、結核病、肺氣腫、鼻中隔／鼻甲骨偏側或其他呼吸系統疾病？ <b>The Respiratory Diseases</b> including asthma, bronchitis, tuberculosis, emphysema, deviated nasal septum/turbinate or other respiratory diseases?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(ii) <b>心臟血管或循環系統或血液疾病</b> 包括胸痛／心絞痛、心悸、高血壓、風濕熱、心雜音、心臟病、貧血、靜脈曲張或其他有關之疾病？ <b>The Cardiovascular or Circulatory Diseases or Blood Disorders</b> including chest pain, palpitation, hypertension, rheumatic fever, heart murmur, heart attack, anaemia, varicose veins or other related diseases/disorders?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(iii) <b>消化系統疾病</b> 包括各類型的肝炎、肝病、各類型的潰瘍症、痔瘡、疝氣、肛瘻或其他食道／腸胃及膽囊疾病？ <b>The Digestive Diseases</b> including hepatitis of any kind, liver disease, ulcer of any kind, haemorrhoid, hernia, anal fistula or other diseases/disorders of esophagus/gastrointestinal and gallbladder?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(iv) <b>泌尿系統疾病</b> 包括腎、膀胱、尿道疾病或結石或生殖器官疾病包括前列腺疾病、性病或其他有關之疾病？ <b>Genitor Urinary Diseases</b> including kidney, bladder, urinary disorders and stones or <b>any Disorder of Reproductive Organs</b> including prostate disorder, venereal disease or other related diseases/disorders?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(v) <b>內分泌系統疾病</b> 包括糖尿病、甲狀腺病或其他有關的疾病？ <b>Endocrine Diseases</b> including diabetes, thyroid disorder or other related diseases/disorders?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(vi) <b>神經系統疾病、精神失常、精神病及腦部疾病</b> 包括腦癇症、癱瘓、反覆性暈眩、中風、焦慮、抑鬱或任何有關神經系統疾病及 <b>眼或耳的損傷</b> 包括失明、視力／聽力／說話能力受損或其他有關之疾病？ <b>The Nervous Diseases, Mental Disorders or Psychiatric Problem/Diseases and Brain Diseases/Disorders</b> including epilepsy, paralysis, recurrent dizziness, stroke, anxiety, depression or any other neurological disorders and <b>impairment of the eyes or ears</b> including blindness, conditions affecting sight/hearing/speech or other related diseases/disorders?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(vii) <b>脊椎或肌肉及骨骼疾病</b> 包括類風濕關節炎、關節炎、痛風、坐骨神經痛、姆指外翻或其他有關之疾病？ <b>Spinal or Musculoskeletal Conditions/Diseases</b> including rheumatoid arthritis, arthritis, gout, sciatica, hallux valgus or other related diseases/disorders?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(viii) <b>乳房疾病</b> 包括乳腺炎、乳房脹痛、乳房腫塊、腺瘤、囊狀纖維症、乳腺纖維腺瘤、膿腫及其他有關之乳房疾病？ <b>Breast Diseases/Disorders</b> including mastitis, breast pain, breast lump or mass, adenoma, fibrocystic, fibroadenoma, abscess and other related breast diseases/disorders?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(ix) <b>皮膚問題</b> 包括持續性濕疹、風疹、皮膚角化、牛皮癬、疣或其他有關之皮膚情況？ <b>Skin Problem</b> including persistent eczema, urticaria, keratosis, psoriasis, wart or other related skin conditions?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(x) <b>癌症、腫瘤、囊腫、息肉或任何類型異常增生？</b> <b>Cancer, Tumour, Cyst, Polyp or Abnormal growth of any kind?</b>	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(xi) <b>只適用於女性：</b> <b>For Female Only:</b>		
(i) 婦科疾病包括月經失調、子宮頸塗片異常或其他有關之疾病？ Gynecological problems including menstrual disorder, abnormal smear test or any other related disease/disorder?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
(ii) 任何妊娠有關之疾病 / 情況或其併發症？ Diseases/Complications or conditions associated with pregnancy?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
2. 任何準受保人曾否在醫院或療養院內接受手術、診察或治療或上述沒有提及的任何求診、檢查、身體不適、受傷或手術？ Has (Have) any proposed insured(s) ever been in a hospital or sanatorium for surgery, observation or treatment or any consultation, checkup, illness, injury or surgery not listed above?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
3. 除了僱主或保險公司指定要求進行的醫療檢查外，任何準受保人是否計劃或現正或曾經接受診斷測試如心電圖、X光檢查、電腦掃描、超聲波或其他檢查？ Other than the medical test(s) specifically required by the employer or insurance company, is (are) any proposed insured(s) planning to attend or currently attending or have attended diagnostic tests such as electrocardiogram, X-ray, CT scan, ultrasound or others?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
4. 任何準受保人是否現正接受診察、治療或服用藥物？ Is (Are) any proposed insured(s) currently under observation or taking any treatment or medication?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
5. 任何準受保人曾否被建議接受有關愛滋病或人體免疫力缺乏病毒感染之諮詢或檢驗？ Has (Have) any proposed insured(s) ever been advised to have any counseling or investigation in connection with AIDS or HIV infection?	<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No

**(IV) 健康陳述 (續) Health Statement (con't)**

(所有包括在本投保申請之準受保人必須回答下列問題。All Proposed Insured(s) included in this application must answer the following questions.)

6. 任何準受保人曾否在投保醫療、住院、意外、人壽或危疾保險時被拒絕，或有關係單曾被取消、增加保費或附加限制？如答案為「是」者，請說明原因。  
 Has (Have) any proposed insured(s) ever had any medical, hospitalisation, accident, life or critical illness insurance application rejected or policy cancelled, rated or restricted? If "Yes", please provide the reason(s).  是  
Yes  否  
No

7. (i) 任何準受保人之家屬（包括父母、兄弟和姊妹）無論在生或已身故曾否患有心臟病、中風、腎病、糖尿病、高血壓、精神病或任何遺傳性疾病？  
 Have any of the family members (including parents, sibling(s)) of any proposed insured(s) whether dead or alive ever suffered from heart diseases, stroke, kidney disease, diabetes, hypertension, mental disorder or any hereditary disease?  是  
Yes  否  
No  
 (ii) 任何準受保人之家屬（包括父母、兄弟和姊妹）於60歲前曾否患有卵巢癌、大腸癌、乳癌或其他癌症？  
 Have any of the family members (including parents, sibling(s)) of any proposed insured(s), who before the age of 60, had ovarian, colon, breast or other types of cancer?  是  
Yes  否  
No

如上述7(i)及/或7(ii)問題的答案為「是」者，請於下列空格內提供全部詳情。  
 If the answer to the above questions 7(i) and/or 7(ii) is 'Yes', please provide full details in the following table.

親屬關係 Relationship	病發年齡 Onset Age	疾病名稱 Name of Disease/Disorder	現在健康狀況 Present Health Condition	若不幸身故，請具體說明身故年齡及原因 In the unfortunate case of death, please specify the age and cause of death
父親 Father				
母親 Mother				
兄弟 / 姊妹 Sibling(s)				

如上述1至5項任何一項問題的答案為「是」者，請於下列空格內提供全部詳情。（如位置不足，請使用另頁。）及呈遞有關之檢驗報告（如有）If the answer to any of the above questions 1 to 5 is "Yes", please provide full details in the following table. (If the space provided is insufficient, please use a separate sheet.) and furnish the relevant medical report (if any).

問題 Question	準受保人姓名 Name of proposed insured(s)	病歷 / 發生日期及持續時間 / 檢查日期 Medical History / Date of Occurrence & Duration / Examination Date	診斷 Diagnosis	所接受之護理、檢查及治療 Care, Examination and Treatment Received	檢查結果 / 現在的情況 Examination Result / Present Conditions	最後一次求診日期 / 主診醫生姓名及地址 Date of Last Consultation / Name and Address of attending doctor

## (V) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

藍十字（亞太）保險有限公司（「本公司」）可能會使用您的個人資料作直接促銷，但在未經您同意的情况下，本公司不能就此目的使用您的個人資料。若您不希望本公司在直接促銷中使用您的個人資料，請在下列空格內劃上「✓」號。

我不同意使用我的個人資料作直接促銷

以上代表您目前是否希望接受本公司直接促銷的聯繫或資訊的選擇，並取代您在本申請前可能曾給予本公司的任何選擇。

請注意，您以上的選擇將適用於列在本公司的「收集個人資料聲明」（「該聲明」）內作直接促銷的產品、服務及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish the Company to use your personal data for direct marketing.

I do not agree to the use of my personal data for direct marketing

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in the Company's Personal Information Collection Statement (the "Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

## (VI) 聲明及授權 Declaration and Authorisation

本人／我們，謹此聲明並同意：

- 上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此投保書之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「貴公司」）任何有關此保險申請之重要資料，將可能導致貴公司不能接受或處理此保險申請或令本保單失效。在本人／我們簽署本申請書後直至收到保單前，本人／我們必須向貴公司披露有關本人／我們（包括準受保人）的健康狀況的任何改變。
- 本人／我們確認貴公司有權要求本人／我們提供更多有關本人／我們的健康狀況，一切費用由本人／我們支付。本人／我們現授權任何知悉或持有本人／我們健康情況資料之註冊醫生、醫療從業員、醫院、診所或其他與醫療有關的機構、保險公司、組織、機構或人士提供本人／我們的健康或個人資料予貴公司及其授權代表／再保險公司，作為審核此投保書或處理根據此投保書所簽發之保單的相關索償之用。此授權書不可撤銷。本授權書之副本與正本具同等效力。
- 一概保險賠償必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始可生效。
- 投保人將有權就一切有關於受保人的索償或按本申請所簽發之保單的相關事宜，與貴公司進行交涉，並向其接收或索取與受保人有關之資料。本人／我們並同意所有由貴公司給予保單持有人或受保人之賠償款項將會存入本投保書第一部份所指定之戶口內或於該戶口不存在時以支票支付，並完全解除貴公司就該些索償之一切承保責任。
- 接受貴公司醫療卡之條款，並於要求下即時償還任何不在承保範圍內的醫療費用及超出保障之外的醫療費用（賠償差額）。
- 本人／我們明白及確認貴公司會就本人／我們購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人／我們若在此代表法人團體簽署，即同時確認本人／我們已獲該法人團體授權。本人／我們亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。
- 本人／我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。
- 適用於個人客戶  
\*在投保此計劃時，投保人正身處香港。（\*如不適用，請刪除）  
適用於公司客戶  
投保人乃\*根據《公司條例》（香港法例第32章或第622章）成立或註冊的法人團體／\*根據《商業登記條例》（香港法例第310章）登記的法人團體、合類業務、獨資業務或會社，或其分行。（\*請刪去不適用者）

### I/WE, HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions including all information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void. I/We shall disclose to the Company any change in my/our/the proposed Insured Person's health after signing this application until I/we receive the policy.
- I/We acknowledge that the Company reserves the right to ask for submission of more details of health status of me/us at my/our own cost. I/We hereby authorise any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company or other organisation, institution or person, that has any records, knowledge or health information of me/us, to give to the Company, its authorised representatives/reinsurers any such information for the purpose of assessment of this application or subsequent assessment of any insurance claim under the insurance policy that may be issued pursuant to this application, such authorisation shall be irrevocable. A photographic copy of this authorisation shall be as valid as the original.
- The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
- The Applicant shall have the authority to deal with, receive or request for information from the Company concerning the Insured(s) in relation to any claims or matters arising from the policy issued pursuant to this application. I/We further agree that payment of any benefits hereunder to the policyholder or insured(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
- To accept the terms and conditions for the usage of the medical card and reimburse the Company for non-eligible medical expenses or expenses exceeding the benefit limit (claim charge back) immediately upon demand.
- I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
- For individual customer  
\*The applicant is physically present in Hong Kong as at the date of this application. (\*delete if not applicable)  
For entity customer  
The applicant is \*a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ \*a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (\*delete as appropriate)

日期（香港）（日／月／年） Date (Hong Kong) (dd/mm/yy)	投保人簽署及公司蓋印（如適用） Signature of Applicant with company chop (if applicable)	所有準受保人簽署 Signature of all Proposed Insured(s)  1. _____  2. _____  3. _____  4. _____
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\* 本投保書的中文譯本只供參考之用，如有爭議，應以英文原義為準。  
The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail.

## (VII) 代理人／經紀專用 For Agent/Broker Use Only

代理人／經紀姓名 Agent/Broker Name	代理人／經紀編號 Agent/Broker Code	代理人／經紀電話 Agent/Broker Tel	代理人／經紀傳真 Agent/Broker Fax
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(VIII) 付款方法 Payment Method

請選擇付款方法並填寫適當部份。Please select a payment method and complete the appropriate section accordingly.

- 支票付款 (劃線支票抬頭「藍十字(亞太)保險有限公司」) (不適用於月繳)
By cheque (please make your crossed cheque payable to Blue Cross (Asia-Pacific) Insurance Limited) (Not applicable to monthly payment)
信用卡付款 (請填寫以下(a)部份) By credit card (please complete section (a) below)
銀行戶口自動轉賬 (請填寫以下(b)部份) By bank account auto-transfer (please complete section (b) below)

(a) 信用卡付款指示及授權書 Credit Card Payment Instruction and Authorisation

(建議使用投保人信用卡。只接受港幣信用卡戶口。Payment by the Applicant's credit card is recommended. Accept credit card in HK currency only.)

Form for Credit Card Payment Instruction and Authorisation. Includes fields for Visa/MasterCard, Cardholder Name, Expiry Date, Relationship, Signature, and Date. Contains a declaration section in both Chinese and English.

\* 直屬家庭成員指投保人的配偶、子女、父母、兄弟姊妹、祖父母、孫、法定監護人或配偶的父母。
Immediate Family Member shall mean spouse, children, parents, brothers or sisters, grandparents, grandchildren, legal guardian or parents-in-law of the Applicant.

(b) 直接付款授權書 Direct Debit Authorisation

Form for Direct Debit Authorisation. Includes fields for收款人名稱 (Name of Party to be credited) and 銀行編號 (Bank Code).

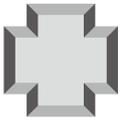
Declaration section for Direct Debit Authorisation. Includes Chinese and English text regarding authorization of the bank for premium and levy payments.

Form for Direct Debit Authorisation. Includes fields for 銀行名稱 (Bank Name), 分行名稱 (Branch Name), 戶口號碼 (Account No.), 戶口持有人姓名 (Name of Account Holder(s)), and 戶口持有人簽署 (Signature of Account Holder(s)).

Please note section for Direct Debit Authorisation. Includes Chinese and English text regarding currency conversion, signature requirements, and submission timing.

Debtor Reference (For Office Use Only) section. Includes fields for 1., 2., 3., and 4. and a field for 由銀行填寫 (For Bank Use Only).

本公司專用 (For Office Use Only) section. Includes fields for Policy No., Policyholder, Agent Code, and Reason of Submission (New Business, Replacement, Others).



## 個人資料（私隱）條例 — 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／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收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

### (2) 個人資料收集目的

本公司所存下或收集的關於閣下的個人資料（包括但不限於信用資料和以往申索紀錄）可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定、結清保險索償及就索償抗辯，包括進行任何附帶調查，偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就被披露及使用資料的義務、規定及／或安排：
  - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律（例如稅務條例及當中的條款，包括與自動交換財務帳戶資料相關的條款）；或
  - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導（例如稅務局作出或發出的指引或指導，包括與自動交換財務帳戶資料相關的指引或指導）；或
  - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於東亞銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

### (3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承辦人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應商（如保險理算人、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或

金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的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；
- (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
- (vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）；及
- (ix) 為履行任何本聲明第(2)(i)-(2)(iii)段所列明的用途的以下人士：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；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）；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

該等資料可能被轉移至香港境外。

### (4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
  - (a) 保險、財務、銀行及相關服務及產品；
  - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
  - (c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供之服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
  - (a) 東亞銀行集團任何成員公司；
  - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
  - (c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

### (5) 查閱及改正資料權利

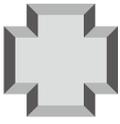
根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓  
藍十字（亞太）保險有限公司  
個人資料保障主任  
傳真：(852) 3608 2938

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

由東亞銀行集團成員—藍十字（亞太）保險有限公司發出  
(201906)



## The Personal Data (Privacy) Ordinance – Personal Information Collection Statement (the “Statement”)

Blue Cross (Asia-Pacific) Insurance Limited (the “Company”) is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the “BEA Group”.

In compliance with the Personal Data (Privacy) Ordinance (the “Ordinance”), the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company’s business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

### (2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you held or collected by the Company (including but not limited to credit information and claims history) may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating, settling and defending insurance claims as well as conducting any incidental investigation, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company’s rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company’s service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
  - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region (“Hong Kong”) existing currently and in the future (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information);
  - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information); or
  - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant 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
- (xii) any other purposes relating to the purposes listed above.

### (3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as insurance adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement; and
- (ix) the following persons who carry out any of the purposes described in paragraphs (2)(i)-(2)(iii) of this Statement: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Such information may be transferred to a place outside Hong Kong.

### (4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
  - (a) insurance, financial, banking and related services and products;
  - (b) reward, loyalty or privileges programs and related services and products; and
  - (c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
  - (a) any member of the BEA Group;
  - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
  - (c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

**If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).**

### (5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer  
Blue Cross (Asia-Pacific) Insurance Limited  
29th Floor, BEA Tower, Millennium City 5,  
418 Kwun Tong Road,  
Kwun Tong, Kowloon  
Hong Kong  
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company’s Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company’s policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group (201906)