



亞洲保險
ASIA INSURANCE

POLICY
GROUP LIFE INSURANCE

ASIA INSURANCE COMPANY, LIMITED (hereinafter called “the Company”) does hereby insure the Policyholder as stated in the Policy Schedule to this Policy, subject to the provisions, conditions, limitations, exclusions and definitions contained herein.

In consideration of the Application and the Premium, the Company will pay the benefits to the Policyholder or the Insured Person subject to the provisions, conditions, limitations, exclusions and definitions contained herein.

Executed by Asia Insurance Company, Limited on the Issue Date.

For and on behalf of
Asia Insurance Company, Limited

Authorized Signature

Issue Date

DEFINITIONS

For the purpose of this Policy and where the context so permits and requires, words importing the singular number only also include the plural and vice versa and words importing the masculine gender only shall include the feminine and vice versa, and the following words and expression shall have the following respective meanings:

1. **Actively at Work** means, for an employee being employed by the Policyholder on a full time permanent basis, actively working on a day which is one of the Policyholder's scheduled work days and is performing in the customary manner all the regular duties of his employment with the Policyholder on a full-time basis that day either at one of the Policyholder's business establishments, or at some location to which the Policyholder's business requires him to travel; provided that immediately before such day that he is not actively working because he is on holiday or it is his regular day off not due to health's reason, he was actively working with the Policyholder.

If an employee is not at work on the day prior to the date when he would otherwise become insured, the effective date of such employee's insurance shall be the date of his return to work in good health and if required by the Company, submitted evidence of insurability satisfactory to the Company. Coverage for such members shall begin upon approval and confirmation by the Company.

2. **Affiliated Company** means the subsidiary or affiliated company of the Policyholder whose members shall be insured under this Policy. The Policyholder shall act for and on behalf of any and all of such Affiliated Companies in all matters pertaining to this Policy and every act done by, agreement made with, or notice given to the Policyholder shall be binding on all such Affiliated Companies.
3. **Benefit Schedule** means the benefit schedule attached to this Policy as may be amended or renewed from time to time.
4. **Eligible Person** means Member as specified in the Policy Schedule, who, on the Eligible Day for Insurance, being not otherwise disqualified by reason of the matters set out herein, is entitled to participate in the insurance plan under this Policy.
5. **Injury** means bodily injury sustained accidentally by external means.
6. **Insured Person** means the Eligible Person, in accordance with the Provisions, is participating in the insurance plan under this Policy.
7. **Member** means the employee of the Policyholder so defined in the Eligible Class of the Policy Schedule attached hereto.
8. **Policy** means this agreement, any supplementary contracts or endorsements therein, whenever executed, any amendments thereto signed by the Company, the application attached hereto of the Policyholder, and the individual enrolment forms, if any, of the Insured Persons, which together constitute the entire contract regarding benefits, exclusions and other conditions between the parties.
9. **Policyholder** means the corporate or legal entity named in the Policy Schedule attached hereto.
10. **Policy Anniversary** means the anniversary of the Policy Effective Date or the date otherwise specified by any endorsements attached hereto.
11. **Policy Effective Date** means the date from which the coverage under this Policy becomes effective.
12. **Policy Year** means a period of twelve (12) consecutive months beginning with the Policy Effective Date and subsequent Policy Anniversaries.
13. **Physician or Surgeon** means a person, other than the Policyholder or the Insured Person, duly licensed or registered to practice western medicine in the geographical area in which his service as a physician or surgeon is provided, but excluding a Physician or Surgeon who is the spouse, lineal relative of the Insured Person or the Insured Person himself or herself.
14. **Short Period Premium** means the premium corresponding to the respective period as stated below.

<u>Period</u>	<u>Premium</u>
Not exceeding 1 week	1/4 of annual premium
Not exceeding 1 month	1/4 of annual premium
Not exceeding 2 months	2/3 of annual premium
Not exceeding 3 months	1/2 of annual premium
Not exceeding 4 months	5/6 of annual premium
Not exceeding 6 months	3/4 of annual premium
Not exceeding 8 months	7/8 of annual premium
Exceeding 8 months	Full annual premium

15. **Sickness** means a physical condition marked by a pathological deviation from the normal healthy state.

GENERAL PROVISIONS

MEMBER PARTICIPATION AND TERMINATION

A. Participation

- 1 Members already eligible on the Policy Effective Date shall be eligible for participation on the Policy Effective Date.
- 2 Members not eligible as of the Policy Effective Date and new Members shall become eligible for participation hereunder on the day following the completion of the required Waiting Period as specified in the Policy Schedule.
- 3 Members whose participation has been terminated and who re-apply for participation shall be considered as new Members.
- 4 Any Member who is not Actively at Work on the date he would otherwise become eligible for participation hereunder shall not be eligible until he has returned to Actively at Work in good health and if required by the Company, submitted evidence of insurability satisfactory to the Company. Coverage for such members shall begin upon approval and confirmation by the Company.
- 5 Every Member who fulfills the conditions necessary to participate as set forth in paragraphs 1 to 4 above must elect for participation in writing within thirty-one (31) days from the date he first becomes eligible; otherwise coverage shall only be effective on the date evidence of insurability, furnished to the Company at his own expense, is satisfactory to and accepted by the Company.
- 6 Each Eligible Person shall be insured hereunder on the first day on which he becomes eligible provided the condition set forth in paragraph 5 above has been satisfied and the duly completed enrolment form, in such form as prescribed by the Company, has been received and coverage confirmed by the Company.

B. Termination

The insurance of any Insured Person under this Policy shall be terminated on the earliest of the following dates:

- 1 The date on which the Policy is terminated.
- 2 The date the expiration of the period for which the last premium payments is made on account of the Insured Person's insurance.
- 3 The date on which the Insured Person enters full-time military, naval or air service.
- 4 The Policy Anniversary following the date which the Insured Person attains the age of the Maximum Age as specified in the Policy Schedule.
- 5 The date communicated to the Policyholder by the Company as the date the Policy ceases on account of war, or an act of war, such date being determined at the discretion of the Company.
- 6 The date on which the Insured Person shall cease to be a Member. Cessation of active work by an Insured Person (or cessation of membership in good standing in the case of associations) shall be deemed termination of membership, except that while an Insured Person is temporarily on part-time employment or is absent from work on account of Sickness or Injury, member being temporary layoff, his employment may, for the purposes of the insurance hereunder, be deemed to continue until terminated by the Policyholder, but in no case beyond the end of the insurance month next following the insurance month in which the layoff begins, or Membership shall be deemed to continue until premium payments for such Insured Person's insurance are discontinued but not for a period longer than twelve (12) months from the date of termination of active membership.

FREE COVER LIMIT

The sum insured in excess of the Free Cover Limit may be accepted subject to evidence of insurability satisfactory to the Company. In the absence of written acceptance by the Company, the sum insured shall be limited to Free Cover Limit and the premium shall be based on this amount. The Free Cover Limit is re-determined at each Policy Anniversary and the Company reserves the right to require further evidence of insurability for any increase in Insurance Amount which is in excess of the Free Cover Limit.

ENTIRE CONTRACT

This Policy is issued in consideration of the application thereof and of the payment of premiums as provided herein. This Policy, the Application, a copy of which is attached hereto, the Policy Schedule, the endorsements, if any, constitute the entire contract. No agent has authority to make or modify this contract, to accept premiums in arrears, to extend the time for payment of premiums or to waive any of the Company's rights or requirements. No change to this Policy shall be valid unless approved by the Company and evidenced by its endorsement thereon or by amendment thereto signed by the Company.

All statements relating to material facts made by the Policyholder, or by the Insured Person, shall in the absence of fraud, be deemed representations and not warranties and be conditions precedent to the enforceability of this Policy provided that no statement shall avoid the insurance, or be used in defence of a claim under it, unless it is in writing.

The rights of the Policyholder or of any Insured Person or of any beneficiary under the Policy shall not be affected by any provision other than those contained in this Policy or in the copy of the Policyholder's application attached hereto, or in the individual enrollment form of an Insured Member, or in any other document which constitutes part of the entire contract.

PAYMENT OF PREMIUMS

Premiums are due and payable by the Policyholder at the Head Office of the Company in Hong Kong or to a duly authorized agent of the Company as frequently as specified by the mode of Premium Payment in the Policy Schedule. The first premium shall be payable at the Policy Effective Date and subsequent premiums shall be due and payable on the Premium Due Dates determined by the Policy Schedule.

The Company shall have the right to change the rate at which the premiums shall be calculated, (a) on any Policy Anniversary, or (b) on any Premium Due Date provided the rate that is then being charged has been in effect for at least twelve (12) months, or (c) when the risks being insured against under the Policy have increased, or (d) when there is substantial changes to membership on which premium is based and provided further that the Company notifies the Policyholder at least thirty-one (31) days in advance of such Premium Due Date.

Premium adjustments involving return of unearned premiums to the Policyholder shall be limited to the period starting with the latest Policy Anniversary preceding the date of receipt by the Company of evidence that such adjustments should be made.

GRACE PERIOD, TERMINATION, CANCELLATION, REINSTATEMENT AND RENEWAL OF POLICY

- 1 A grace period of thirty-one (31) days will be granted for payment of any premium after the first, during which grace period the Policy shall continue in force. If any premium is still unpaid at the expiration of the grace period, this Policy shall terminate with effect from the due date for payment of such premium. The Policyholder shall be liable to the Company for the premium for the time the Policy was in force during the grace period.
- 2 The Company reserves the right to terminate this Policy on any Premium Due Date when fewer than the total number of Members then eligible for insurance are insured hereunder, if the insurance plan is non-contributory; or less than seventy-five percent (75%) of the total number of Members then eligible are insured hereunder, if the insurance plan is contributory.
- 3 This Policy may be terminated at any time before the end of the Period of Insurance by the Policyholder by mailing written notice of termination to the Company not less than thirty-one (31) days before the date of termination. A premium in accordance with the Short Period Premium corresponding to the period of insurance from the current Policy Anniversary up to the date of termination shall be paid by the Policyholder to the Company. In the event of cancellation by the policyholder, if claims have been paid or are payable under this Policy during the current policy year, full year of premium needs to be collected.
- 4 This Policy may be cancelled at any time before the end of the Period of Insurance by the Company by mailing written notice of cancellation to the Policyholder not less than thirty-one (31) days before the date of cancellation. A refund of the unearned premium corresponding to the period of insurance from the date of cancellation up to the end of the Period of Insurance shall be paid by the Company to the Policyholder. Cancellation shall be without prejudice to any claim arising prior to the date of cancellation.
- 5 After termination of the Policy, the Policyholder may apply for reinstatement which shall be subject to the consent of the Company and to the terms and conditions which the Company may impose including the payment of any premium due and not paid together with interest at a rate to be decided upon by the Company.
- 6 This Policy shall be terminated by the Company, by written notice to the Policyholder, due to the Policyholder's violation of participation rules or material violation of the terms of the Policy.
- 7 In the circumstances described in item 6 and 8, the Company has the right to rescind this Policy retroactively to the Policy Effective Date, and collect compensation from the Policyholder for all claims reimbursed under this Policy, plus administrative fees.
- 8 This Policy shall be terminated by the Company due to fraud or misrepresentation by the Policyholder, or because the Insured Person knowingly provided the Company with false material information, including, but not limited to, false information relating to another person's eligibility for coverage. The Company has the right to rescind coverage back to the effective date.
- 9 This Policy is issued for the term of one year and at the end of each Policy Year shall be renewed subject to the consent of the Company, at such premium rates and terms as may be determined by the Company and the premium due on the following Policy Anniversary is paid by the Policyholder and is received by the Company within the Grace Period, and that the Company issues an official receipt for the payment of the premium due on the following Policy Anniversary.

SANCTION AND ANTI MONEY LAUNDERING LIMITATION AND EXCLUSION

In addition to the General Conditions, the paragraphs below shall apply to this policy:

The Company shall not be deemed to provide any cover and shall not be liable to pay any claim or provide any benefit to the Insured Person or beneficiary or policyholder, if such that exposes the Company to breach of :

1. sanction, prohibition or restriction under United Nations resolutions, or
2. the trade or economic sanctions, laws or regulations of the European Union, or
3. sanctions of the United States of America (provided that these do not violate the then current European Union and / or German law), or
4. the Anti-Money Laundering Ordinance, or
5. any other locally applicable laws or regulations.

NOTICE AND PROOF OF CLAIM

Written notice of claim must be given to the Company within thirty days after the accident causing any loss covered by this Section. Notice given by or on behalf of the claimant to the Company at its Home Office or to any authorized agent of the Company with information sufficient to identify the Insured Person whose loss is the basis of claim shall be deemed notice to the Company. The Company, upon receipt of such notice, will furnish forms for filing proof of loss. If such forms are not furnished within fifteen days after the receipt of such notice, the claimant shall be deemed to have complied with the requirements of this Section as to proof of loss upon submitting written proof of such loss in accordance with the provisions of the next succeeding paragraph.

Written proof covering the occurrence, character and extent of the loss for which claim is made must be given to the Company within ninety days after the date of such loss. Failure to furnish notice or proof within the time fixed in this Section will not invalidate or reduce any claim if it shall be shown that it was not reasonably possible to furnish such notice or proof on time and that it was furnished as soon as was reasonably possible, but in no event, except in the absence of legal capacity, later than one year from the time such notice or proof is otherwise required.

PAYMENT OF CLAIM

1. Payment of all benefits under this Policy shall be made to the order of the Insured Persons or his designated beneficiary subject to the provisions, conditions, limitations, exclusions and definitions contained herein provided that the Company may, at the written request of the Policyholder for reason(s) which is acceptable to the Company, pay the benefits to the order of the Policyholder.
2. Payment of all benefits made by the Company as provided by this Section shall be a good discharge to the Company and shall release the Company of all claims and demands whatsoever in respect thereto.
3. Settlement of any death proceeds shall be after Probate or Letter of Administration or Estate Duty Certificate has been submitted to the Company and when the Company is permitted under the applicable laws in the place of issue to make payment of the death proceeds.

RECORDS OF INSURED PERSONS

The Policyholder shall maintain a record with respect to each Insured Person under this Policy, showing the Insured Person's name, sex, age or date of birth, amount of insurance, the date insurance became effective, the date insurance terminated, changes, with dates noted, of classification, beneficiary designation and other pertinent information as may be necessary to carry out the terms of this Policy.

The Policyholder shall furnish the Company with all information and proof which the Company may reasonably require with regard to any matters pertaining to the Policy. All documents furnished to the Policyholder by any Insured Person in connection with the insurance and other records as may have a bearing on the insurance under this Policy, shall be open for inspection and copying at the Policyholder's expense by the Company at all reasonable times.

Neither clerical error in keeping any records pertaining to insurance under this Policy, nor delays in making entries thereon, shall invalidate insurance otherwise validly in force or continue insurance otherwise validly terminated, but upon the discovery of such error or delay, an equitable adjustment of premiums shall be made.

It shall be the responsibility of the Policyholder to ensure that the personal information provided to the Company is accurate. The Policyholder shall indemnify and keep indemnified the Company against any and all losses, costs, expenses, actions, proceedings suffered by the Company as a result of the Policyholder's failure to carry out the aforesaid.

MISSTATEMENT

If the age or date of birth or other relevant facts relating to an Insured Person shall be found to have been misstated and if such misstatement affects the amount of benefits or relates to the terms and conditions of the Policy, the true age and acts shall be used in determining whether insurance is in force under the terms of this Policy and the benefits payable in respect therefrom, and equitable adjustment of premiums shall be made at the absolute discretion of the Company.

Where a misstatement of age or other relevant facts has caused an Insured Person to be insured hereunder when he is otherwise ineligible for any insurance, or where such misstatement has caused an Insured Person to remain insured when he would otherwise have been disqualified in accordance with the terms and limitations of this Policy, his entire insurance shall be void and there shall be a return of any premium in respect of the Insured Person paid by the Policyholder without interest, provided always that where there is fraud on the part of the Policyholder or the Insured Person, no premiums paid are to be returned.

ENROLMENT

The Policyholder shall furnish to the Company enrolment for each Insured Person in a form prescribed by the Company.

APPLICABLE LAW

This Policy, and all rights, obligations and liabilities arising hereunder, shall be construed and determined and may be enforced with the law of Hong Kong Special Administrative Region.

ACTION AGAINST THE COMPANY

No action at law or in equity shall be brought to recover on the Policy prior to the expiration of sixty (60) days after proof of claim has been filed in accordance with the requirements stated in the Policy, nor shall such action be brought at all unless brought within two (2) years from the expiration of the time within which proof of claim is required.

EXAMINATION

The Company shall have the right and opportunity to have a physician it designates examines the Insured Person whose loss is the basis of claim when and so often as it may reasonably require during the pendency of claim hereunder.

INCONTESTABILITY

Notwithstanding anything to the contrary stated heretofore in this Policy, this Policy shall be incontestable except for non-payment of premium or for fraud, after it has been in force one year from its Date of Issue or date of any reinstatement whichever is later. The original coverage on any Insured Person and any subsequent additional coverage shall be incontestable except for non-payment of premium or for fraud after such Insured Person's and any subsequent additional coverage has been in force hereunder for one year during his lifetime from the effective date of the original coverage and the effective date of any subsequent additional coverage respectively.

ADMINISTRATIVE SERVICES

The services necessary to administer this Policy and the coverage provided under it shall be provided in accordance with the Company's standard administrative procedures. If the Policyholder requests that such administrative services be provided in a manner other than that in accordance with these standard procedures, including requests for non-standard reports, the Company shall reserve the right to request the Policyholder to pay for such services or reports at the Company's then-current charges for such services or report.

NOTICE

Written notice given by the Company to an authorized representative of the Policyholder is deemed notice to all affected Insured Persons in the administration of this Policy, including termination of this Policy. The Policyholder is responsible for giving notice to Insured Persons.

ASSIGNMENT

No part of the benefits available under this Policy shall be subject to assignment or encumbrance by any Insured Person or his nominees or to garnishment or attachment by his or their creditors.

POLICY NON-PARTICIPATING

This Policy shall not participate in any surplus distribution by the Company.

CURRENCY AND PLACE OF PAYMENT

All amounts payable either to or by the Company shall be payable at the Head Office of the Company in Hong Kong and in the Currency shown in the Policy Schedule.

BENEFICIARIES

Each Insured Person shall designate in writing a beneficiary or beneficiaries to whom the benefits under this Policy shall be payable in the event of death and such designation shall be filed with the Policyholder. If at the death of the Insured Member there be no designated beneficiary or beneficiaries filed with the Policyholder, or if such beneficiary or beneficiaries predecease such Insured Member, the benefits shall be payable to the estate of the Insured Person or to his legal representative as may be required in accordance with the law of the Hong Kong Special Administrative Region.

During the Insured Person's lifetime, he shall be entitled to change the beneficiary by written notice to the Policyholder. Such change shall take effect on receipt of such notice by the Policyholder. In the event of death of the Insured Member, the Policyholder will provide to the Company the name(s) of the beneficiary or beneficiaries to whom the benefits shall be payable. Payment of the benefits to such beneficiary or beneficiaries shall release the Company of all liabilities for further claims and demands in respect thereto.

BENEFITS PROVISIONS

INSURANCE AMOUNT

Immediately upon due proof of the death of any Insured Person in a form satisfactory to the Company, an amount determined subject to the Benefit Schedule shall be payable to the designated beneficiary in the manner herein provided.

In no event shall the benefit payable under this basic Policy exceed 100% of the Insurance Amount. Upon payment of 100% of the Insurance Amount, all coverage and benefits under this basic Policy shall be ceased.

DISMEMBERMENT BENEFIT (if applicable)

One of the following benefits shall be payable if any Insured Person sustains Sickness or Injury which shall not result in death but shall, within 180 days from the date of inception of Sickness or Injury, cause:

	Percentage of Insured Amount
1. Loss of two or more Limbs by amputation at or above Wrists or Ankles.....	100%
2. Total and irrecoverable loss of all sight in both Eyes.....	100%
3. Total and irrecoverable loss of all sight in one Eye and loss of one Limb by amputation at or above Wrist or Ankle.....	100%

In the event that an advance payment has been pay either under the Simplified Critical Illness Benefit or the Terminal Illness Benefit, the Company shall pay the Insurance Amount, less the advanced payment paid.

Upon payment of the Insurance Amount under this Dismemberment Benefit, the insured person insurance under this policy shall immediately be terminated.

TOTAL DISABILITY EXTENDED DEATH BENEFIT (if applicable)

If, on the date an Insured Person's insurance was terminated, he suffered from disability which prevented him from engaging in any and every gainful occupation as a result of Sickness or Injury, and if the Insured Person remained continuously under such disability until his death, and that such death occurred.

1. with a period after such termination of insurance not longer than 12 months
2. while this Policy was in full force and effect, and,
3. before the member attained his 65th birthday,

Then, upon receipt within 90 days after the Member's death of due proof in writing satisfactory to the Company, of such disability and death, the Company shall pay to the member's beneficiary the Insurance Amount for which the Member was last insured under this Policy.

In the event that an advance payment has been pay either under the Simplified Critical Illness Benefit or the Terminal Illness Benefit, the Company shall pay the Insurance Amount, less the advanced payment paid.

Upon payment of the Insurance Amount under this Total Disability Extended Death Benefit, the insured person insurance under this policy shall immediately be terminated.

TERMINAL ILLNESS BENEFIT (if applicable)

If an Insured Person is suffering from a condition, which in the opinion of an appropriate medical consultant is highly likely to lead to death within 6 months, the Company shall make an advanced payment up to 50% of the Insurance Amount, subject to a maximum of HKD 300,000, to the Insured Person immediately upon receipt of due proof of such Terminal Illness.

No advanced payment shall be made hereunder if the Simplified Critical Illness Benefit as mentioned in the Policy has been paid.

Upon death of the Insured Person, while his coverage under this Policy is in force, the balance of his Insurance Amount, if any, after deducting the advanced payment paid under the Terminal Illness Benefit here, shall be payable. Payment will be made to the designated beneficiary or party entitled to the proceeds upon due proof of such death.

SIMPLIFIED CRITICAL ILLNESS BENEFIT (if applicable)

A Simplified Critical Illness Benefit shall be added subject to the terms and conditions set forth below:

If an Insured Person is diagnosed by a Physician to have one or more of the following Critical Illnesses, the Company shall make an advanced payment up to 50% of the Insurance Amount, subject to a maximum of HKD 300,000, to the Insured Person immediately upon receipt of due proof of such Critical Illness. Only one such advanced payment shall be made in respect of each Insured Person.

1. Kidney Failure – End stage failure, which presents as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.
2. Paralysis – The complete and permanent loss of use of both arms or both legs, or one arm and one leg, through paralysis caused by illness or injury, except when such injury is self-inflicted.
3. Coma – A state of unconsciousness with no reaction or response to external stimuli or internal needs persisting continuously with the use of a life support system which must include the use of a respirator for a period of at least 96 hours. Permanent neurological deficit must be present. The coma must not be as a result of alcohol or drug abuse.

No advanced payment shall be made hereunder if the Terminal Illness Benefit as mentioned in the Policy has been paid.

Upon death of the Insured Person, while his coverage under the Policy is in force the balance of his Insurance Amount, if any, after deducting the advanced payment paid under the Simplified Critical Illness Benefit here, shall be payable. Payment will be made to the designated beneficiary or party entitled to the proceeds upon receipt of due proof of such death.

Critical Illness means one of the illnesses as mentioned above, the symptoms of which commenced more than 60 days following the effective date of coverage of the respective Insured Person. Such illness shall not be a result of i) self-destruction or intentional self-inflicted Injuries or any attempt thereat while sane or insane; or ii) a condition which was diagnosed prior to the effective date of coverage of the Insured Person, or for which the Insured Person sought medical advice or treatment for symptoms which, in the opinion of the Company, had contributed directly or indirectly to such illness prior to the effective date of coverage.

ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The Company may use the personal data the Company collect about you for the following purposes:
 - (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
 - (b) administering your insurance policy and providing services in relation to your insurance policy;
 - (c) investigating, analyzing, processing and paying claims made under your insurance policy;
 - (d) exercising any right under the insurance policy including right of subrogation, if applicable;
 - (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (f) developing insurance and other financial services and products;
 - (g) developing and maintaining credit and risk related models;
 - (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
 - (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
 - (k) contacting you for any of the above purposes;
 - (l) other ancillary purposes which are directly related to the above purposes.
6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
 - (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
 - (b) organisations that consolidate claims and underwriting information for the insurance industry;
 - (c) fraud prevention organisations;
 - (d) 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;
 - (e) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
 - (f) any members of the Federation by the Federation for any of the above or related purposes;
 - (g) regulators;
 - (h) lawyers;
 - (i) accountants, financial advisors, auditors;
 - (j) other members of the Group;
 - (k) any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.
7. If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.
8. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.
9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

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