

**創興樂健保醫療保障投保書**  
**Chong Hing Joy Health Plus Insurance Application Form**

| 所需之保障計劃 PLAN OF BENEFIT REQUIRED |                                  |                                  |                                  |  |  |  |  |  |  |  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--|--|--|--|--|--|--|
| 住院保障<br>Hospitalization Benefits | HS 1<br><input type="checkbox"/> | HS 2<br><input type="checkbox"/> | HS 3<br><input type="checkbox"/> |  | 附加額外住院保障 (自選)<br>Supplementary Major Medical Benefits (Optional) | HS 1<br>+ <input type="checkbox"/><br>MM 1 | HS 2<br>+ <input type="checkbox"/><br>MM 2 | HS 3<br>+ <input type="checkbox"/><br>MM 3 |  |  |

|                           |                                    |                                     |
|---------------------------|------------------------------------|-------------------------------------|
| <b>繳費模式 PAYMENT MODES</b> | <input type="checkbox"/> 年繳 Annual | <input type="checkbox"/> 月繳 Monthly |
|---------------------------|------------------------------------|-------------------------------------|

| 投保人資料 PROPOSED INSURED'S PARTICULARS                             |   |
|--|---|
| 投保人姓名 (先生 / 太太 / 女士)<br>Name of Proposed Insured (Mr / Mrs / Ms) | 職業<br>Occupation                                |
| 姓 Surname  | 名 Given Name                                    |
| 通訊地址<br>Correspondence Address                                   |   |
| 住宅電話<br>Home Tel.  | 手提電話<br>Mobile No.                              |
| 電郵地址<br>E-mail Address   |   |
| 婚姻狀況<br>Marital Status   | 保單起保日期 (日/月/年)<br>Policy Effective Date (D/M/Y) |
| <input type="checkbox"/> 已婚<br>Married                           | <input type="checkbox"/> 未婚<br>Single           |

| 受保人之個人資料 (包括投保人) PERSONS TO BE COVERED (INCLUDING THE PROPOSED INSURED)   |                             |   |  |           |                         |                         |                        |
|---|-----------------------------|---|--|-----------|-------------------------|-------------------------|------------------------|
| 如選擇家庭成員同時受保，則投保人之配偶及所有十七歲或以下之子女必須同時投保。<br>For family covers, the Proposed Insured's spouse and all children aged 17 or younger must be covered. |                             |   |  |           |                         |                         |                        |
| 姓名<br>Name  | 關係<br>Relationship          | 香港身份證/旅遊證件號碼<br>HKID Card/ Passport No. | 出生日期<br>(日/月/年)<br>Date of Birth (D/M/Y) | 性別<br>Sex | 身高<br>Height<br>(cm/厘米) | 體重<br>Weight<br>(Kg/千克) | 保費<br>Premium<br>(HKS) |
|   | 投保人<br>The Proposed Insured |   |  |           |                         |                         |                        |
|   | 配偶<br>Spouse                |   |  |           |                         |                         |                        |
|   | 第一名子女<br>Child 1            |   |  |           |                         |                         |                        |
|   | 第二名子女<br>Child 2            |   |  |           |                         |                         |                        |
|   | 第三名子女<br>Child 3            |   |  |           |                         |                         |                        |
|   | 第四名子女<br>Child 4            |   |  |           |                         |                         |                        |
| 總保費<br>Total Premium  |                             |   |  |           |                         |                         |                        |

| 請詳閱以下問題並全部作答<br>PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY AND ANSWER IN FULL   |                                  |                                   |
|--|----------------------------------|-----------------------------------|
| 1. 過往一年內閣下或投保之家屬曾否接受過任何醫生之診治或檢查?<br>Have you or any member(s) listed been treated or examined by a doctor in the last 12 months?   | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 2. 閣下或投保之家屬之身體或四肢有無任何殘缺?<br>Do you or any member(s) listed have any impairment in physical condition?  | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 3. 閣下或投保之家屬是否現時正接受、或企圖接受任何醫藥治療、外科手術或服食任何藥物?<br>Are you or any member(s) listed now receiving or contemplating any medical attention or surgical treatment or taking any medicine?  | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 4. 閣下或投保之家屬過去五年內曾否在任何醫院、療養院或醫療機構進行外科手術或治療?<br>Have you or any member(s) listed had a surgical operation or been confined or treated in any hospital, sanatorium or other institution in the last 5 years?  | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 5. 閣下或投保之家屬曾否患有或治療過以下疾病：<br>心臟、高血壓、糖尿、癌症、腫瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、肋膜炎、結腸炎、風濕性高熱症、梅毒、或任何與腦部、中樞神經系統、生殖泌尿器、胰或腸胃肝臟等有關之疾病。<br>Have you or any member(s) listed ever been treated for or told having heart trouble, high blood pressure, diabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilepsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis, or any other disease of brain, central nervous system, genitor-urinary organs, gastro-intestinal tract, liver, pancreas, etc.? | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 6. 閣下或投保之家屬曾否投保人壽或醫療保險而被拒絕受保或擁有任何保單經額外加保費或經修改保單條款或被拒絕續保?<br>Have you or any member(s) listed ever been refused any form of life or health insurance or ever had a policy rated, modified or renewal refused?   | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 7. 閣下或投保之家屬曾否使用任何可成癮藥物、吸毒或過量喝酒或曾接受戒毒或戒酒治療?<br>Have you or any member(s) listed ever used any habit forming drugs or narcotics or alcohol excessively or been treated for alcoholism or drug habits?  | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |
| 8. 閣下之家屬中曾否有人患肺病、糖尿病、心臟病或精神病?<br>Has any of your immediate family member(s) ever had tuberculosis, diabetes, heart disease or mental disease?  | 無 No<br><input type="checkbox"/> | 有 Yes<br><input type="checkbox"/> |

若上述問題的答案為「是」者，請詳述如下：  
 如需更詳盡之填報，請另加紙張填寫。  
 If your answer is "Yes" for any of the above questions, please give full details below:  
 If you need more space, please continue on a separate sheet.

|                                |   |                             |                             |   |
|--------------------------------|---|-----------------------------|-----------------------------|---|
| 病者姓名<br>Name of Person Treated | 病症及治療詳述<br>Details of Diagnosis and Treatment | 治療期間<br>Period of Treatment | 治療結果<br>Result of Treatment | 主診醫生姓名及地址<br>Name and Address of<br>Attending Physician |
|--------------------------------|---|-----------------------------|-----------------------------|---|

本人明白及同意：(1) 此投保書內之陳述與回覆全部屬實及詳盡；(2) 該陳述與回覆及此投保書將成為簽發保單之依據及成為保單契約之一部份；(3) 保單契約之簽發、更改或貴公司之任何權利或要求之撤消，須經貴公司之總經理、經理或秘書簽署方屬有效。  
 本人授權任何內外科醫生、醫院、診所、保險公司或任何組織、及凡熟悉本人或上述投保之家屬之健康情況之人，均可以將該過往之病狀、病歷詳細資料供給創興保險有限公司或其代表。此授權書之影印本亦屬有效。  
 I IS UNDERSTOOD AND AGREED, (1) that all answers to all questions are to the best of my knowledge and belief complete and true (2) that all answers to such questions, together with this agreement, shall form the basis and become a part of any policy issued hereunder; and (3) only the Managing Director, Manager or Secretary of Chong Hing Insurance Co., Ltd. can make, modify, alter, discharge or waive any of the Company's rights or requirements. I hereby authorize any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons, that has any records or knowledge of me or any member listed above, to give to Chong Hing Insurance Co., Ltd. any such information. To facilitate rapid submission of such information, I authorize at said sources to give such records or knowledge to agent of the insurance company to collect and transmit such information. A photographic copy of this authorization shall be as valid as the original.

X \_\_\_\_\_ / /  
 投保人簽名 Signature of Proposed Insured 日期 Date on

| 付款授權書 PAYMENT AUTHORISATION  |   |         |                |
|--|---|---------|----------------|
| 本人選擇以下列方式繳交保費 I wish to pay my premium by<br><input type="checkbox"/> 現金 Cash <input type="checkbox"/> 支票 Cheque (抬頭請填「創興保險有限公司」payable to Chong Hing Insurance Company Limited)<br><input type="checkbox"/> 由創興銀行戶口 / 信用卡直接轉賬支付保費 Direct Debit from Chong Hing Bank Account / Credit Card Account<br>(如選擇月繳，首兩個月之保費請用現金或支票附上。If you select the monthly payment, please settle the first two months premium by cash or cheque) |   |         |                |
| 創興銀行戶口 / 信用卡號碼<br>(Chong Hing Bank Account / Credit Card No)   | 發給銀行<br>Credit Card Issuing Bank  | /       |                |
| 創興銀行戶口 / 信用卡持有人姓名<br>Account Holder / Cardholder's Name  | 信用卡有效日期<br>Credit Card Expiry Date  | 月 mm    | 年 yy           |
| 本人授權創興保險有限公司從本人上述之賬戶支取有關保險保單之保費，包括本人同意續保的各期保費。<br>I hereby authorize Chong Hing Insurance Company Limited, until further written notice from me, to charge my above account for the premium due of this insurance policy, including payment(s) for the subsequent years upon my acceptance on renewal of this insurance policy.  |   |         |                |
| X _____  | _____   | /       | /              |
| *戶口 / 信用卡持有人簽署<br>Account Holder/Cardholder's Signature  | *簽名必須與創興銀行戶口 / 信用卡簽署相同<br>Signature should correspond to the specimen<br>Signature of your Bank/Credit Card Account | 日期 Date | 日 dd 月 mm 年 yy |

**申請人注意事項 Important Notes to the Proposed Insured**

- 最低投保期為一年 (以每年計)，如投保期為少於一年，短期保費將生效，欲知詳情，可與本公司聯絡。
- 閣下必須盡己所知提供所有可能影響創興保險於接納或釐定此保單條文的資料，對資料是否透露若有任何疑問，請即查詢創興保險或閣下的保險代理/經紀。閣下應如實呈報有關資料，否則此保險將可能無法提供閣下所需的保障，甚至可能導致此保單無效。
- 本公司致力發展及改良產品的質素，務求滿足閣下個人保險上的需要。作為本公司的寶貴客戶，我們會時刻為閣下提供新產品及服務的最新消息。倘若閣下日後不希望收到此等資料，請來信通知本公司。
- 本人/吾等明白所有保障範圍、不承保事項、條款及細則概以創興保險保單為準。  
 1. The Minimum Period of Insurance is One Year. For cover of less than one year, the Short Period Rates shall be applied. Please refer to the Company for details.  
 2. Any other facts known to you which are likely to affect acceptance or assessment of this insurance cover must be disclosed. If you have any doubt about what you should disclose, do not hesitate to check with the Company or your insurance agent/broker. Failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
- Our Company is committed to developing products to meet your personal insurance requirements. As you are a valued customer of our Company, we will keep you informed of new products and services when they become available. If you do not want to receive this information either now or in the future, please write and tell us.
- I/We understand that I shall refer to the policy for details of the insurance coverage, exclusion clauses and terms and conditions.

\*此保單提供的保險，必須在本公司確定接納投保後，才能正式生效。  
 The liability of the Company does not commence until this proposal has been accepted by the Company.

|                    |                          |                                    |
|--------------------|--------------------------|------------------------------------|
| 代理印章 Agent's Stamp | 公司專用 FOR OFFICE USE ONLY |                                    |
|                    | 分行代號 Branch Code         | 職員號碼 Staff No.                     |
|                    | 日期 Date                  | 保險代理登記號碼 Insurance Agent Reg. No.: |
|                    | 註 Remark:                |                                    |

## 收集個人資料的聲明

創興保險有限公司（下稱“**本公司**”）明白其就《個人資料（私隱）條例》（香港法例第486章）（“**條例**”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

**目的：**本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“**有關目的**”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、廖創興集團的其他公司（“**創興關聯方**”）或本公司的商業合作夥伴（參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份）之產品／服務，以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及創興關聯方所提供之產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
4. 與就本公司和／或創興關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品／服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

**個人資料的轉移：**個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何創興關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和／或創興關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. 在香港或香港以外其他地方向本公司和／或創興關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

### **在直接促銷中使用及將其個人資料提供予其他人士**

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司、創興關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：
  - a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
  - b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及／或以下機構提供：
  - a) 任何創興關聯方；
  - b) 第三方金融機構；
  - c) 提供上文 2. 所列之服務及產品之本公司及／或創興關聯方的商業合作夥伴或合作品牌夥伴；
  - d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文 1. 段部份所述的資料提供予上文 3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

**個人資料的查閱和更正：**根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港中環德輔道中二十四號創興銀行中心五樓  
創興保險有限公司  
個人資料保護主任

電話：852 3768 9288 / 傳真熱線：852 3768 9292 / 電郵：hq@chins.com.hk

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

（如本中文本與英文本在文義上有歧異者，概以英文本為準。）

## Personal Information Collection Statement

Chong Hing Insurance Company Limited (referred to hereinafter as the “Company”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the Liu Chong Hing Group (“our affiliates”) or our business partners (see “Use and provision of personal data in direct marketing” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company’s business; and
13. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below “Use and provision of personal data in direct marketing”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

### Use and provision of personal data in direct marketing:

The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
  - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
  - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
  - a) any of our affiliates;
  - b) third party financial institutions;
  - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2. above;
  - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1. above to all or any of the persons described in 3. above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “Access and correction of personal data”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
Chong Hing Insurance Company Limited  
5/F., Chong Hing Bank Centre, 24 Des Voeux Central, Hong Kong

Hotline : 852 3768 9288 / Direct Fax : 852 3768 9292 / Email : hq@chins.com.hk

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

使用個人資料 USE OF PERSONAL DATA

《個人資料〈私穩〉條例》新增的 VIA 條訂條例部份已於 2013 年 4 月 1 日起生效。〈就針對使用個人資料作直接促銷用途加入控制性要求〉根據新修訂的條例，本公司需獲取閣下同意才可繼續使用所收集的個人資料用作直接促銷活動。

本公司在此通知閣下本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與閣下聯絡，提供金融及保險產品。本公司亦可能提供閣下的聯繫資料、閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。

若閣下不欲接收有關直接促銷通訊，請在以下回條的方格內填上及填妥有關資料並盡快以傳真或郵遞方式送回本公司辦理

如有任何問題，歡迎向本公司查詢。〈熱線電話：852 3768 9288 / 電郵：[hq@chins.com.hk](mailto:hq@chins.com.hk)〉

The new Part VI A under the Personal Data (Privacy) (Amendment) Ordinance 2012 is taking effect from 1 April 2013. According to these new legislative requirements, we are required to procure your consent for continuing to use your personal data collected in direct marketing activities.

We hereby inform you that we may use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, telephone or mobile message and we may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message.

Please tick the box  and provide relevant information below and returning the reply slip to us as soon as possible either by mail or fax if you do not consent to receive such direct marketing communications.

Please feel free to contact us if you have any question at(Hotline: 852 3768 9288 / Email: [hq@chins.com.hk](mailto:hq@chins.com.hk))

**回條 REPLY SLIP (傳真熱線 Fax Direct : 852 3768 9292)**

請在以下方格內填上去確認選擇 Please  to confirm your selection

本人反對接收貴公司的直接促銷通訊。I do not consent to receive marketing communication from the Company.

本人反對接收貴公司關連公司的直接促銷通訊。I do not consent to receive marketing communication from the related companies of the Company.

如閣下遞交此聲明書而沒有在以上方格內以顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies.

投保人姓名 Insured Name : \_\_\_\_\_  
客戶編號 Client Code : \_\_\_\_\_  
保單編號 Policy No. : \_\_\_\_\_  
聯絡號碼 Contact No. : \_\_\_\_\_  
電郵地址 Email Address : \_\_\_\_\_

\_\_\_\_\_  
投保人簽署 Insured's Signature

\_\_\_\_\_  
日期 Date