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Application Form – Critical Illness Insurance

個人危疾保險計劃表格

You should tell us of all facts likely to influence the acceptance and assessment of this proposal. If you fail to do so, your policy may become inoperable or may not operate fully. If you have any doubt about what you should tell us, please contact us. Please complete this document with English Block.

閣下必須向本公司呈報一切真實資料。如果遺報者，可令閣下所投保之保險不能生效或不能完全生效。如閣下對應否向本公司呈報某些事項存有任何疑問，請與本公司查詢。請以英文正楷完成投保申請書。

Information of Policyholder 保單持有人資料

Name of Policyholder: 保單持有人名稱 _____		Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Relationship to Proposed Insured(s): 與準受保人之關係 _____	HKID/Passport No.: 香港身份證或護照號碼 _____	Occupation: 職業 _____
Nationality: 國籍 _____	Marital Status.: 婚姻狀況 _____	Telephone No.: 電話號碼 _____
Date of Birth: 出生日期 _____	Email: 電郵 _____	
Residential Address: 居住地址 _____		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Correspondence Address: 通訊地址 _____		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界

If the Policyholder is a company, please complete the fields in the below area.

如公司為保單持有人，請填寫以下所需資料。

Name of Company.: 公司名稱 _____	Business Nature: 公司業務性質 _____
Date and Place of Incorporation: 公司註冊日期及註冊地點 _____	Business Registration No.: 商業登記證號碼 _____



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

Registered Office Address (if different from address above): 公司註冊證明書地址 (如與以上地址不同須填寫)	Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界			
Names of Directors/Partner 所有董事/合夥人姓名: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____				
Details of Shareholders and beneficial owners with more than 25% shares/voting rights 持有 25%以上股份及擁有投票權之持股人及權益擁有人資料:				
Full Name 姓名	Date of Birth 出生日期	Nationality 國籍	Identity Document Type & Number 證明文件的種類和號碼	Percentage of Share Holdings 所持股票之百份比例
Choice of Coverage 保障選擇				
Policy Currency 保單貨幣:	<input type="checkbox"/> HK\$ 港元	<input type="checkbox"/> US\$ 美元		
Basic Plan 基本計劃	Sum Insured 投保額: _____			
<input type="checkbox"/> Annual Renewal 每年續保	<input type="checkbox"/> 5 Years Level Premium 每5年均衡保費	<input type="checkbox"/> 10 Years Level Premium 每10年均衡保費		
Optional Rider 附加保障	Sum Insured 投保額: _____			
<input type="checkbox"/> Total & Permanent Disablement 附加完全及永久傷殘保障				
Total Premium 總保費:	_____			



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

Particulars of Insured 受保人資料

Name of Insured: 受保人名稱		Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Date of Birth: 出生日期	HKID/Passport No.: 香港身份證或護照號碼	Age Last Birthday: 上次生日年齡
Mobile No.: 手提電話	Home Phone No.: 家居電話	Office Phone No.: 辦公室電話
Email: 電郵		
Place of Birth: 出生地點	Nationality: 國籍	Occupation: 職業
Residential Address: 居住地址		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Correspondence Address: 通訊地址		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界
Job Title: 工作職位	Exact Duties 職務範圍	Annual Earned Income 每年工作收入 <input type="checkbox"/> HK\$ 港元 <input type="checkbox"/> US\$ 美元
Name of Company: 公司名稱		Business Nature: 公司業務性質
Office Address: 公司地址		Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

Any Business Travel during past 12 months? If yes, please provide details such as frequency, duration & destination No 否 Yes 是

對上 12 個月有否到外地公幹? 如有, 請提供次數, 每次逗留時間及目的地

Frequency:
次數

Duration:
每次逗留時間

Destination:
目的地

Are you considering changing your occupation? If yes, please provide details No 否 Yes 是

是否考慮轉換工作, 若是請提供詳細資料

Details:
詳細資料

Beneficiary 受益人

Full Name 姓名	Chinese Name 中文姓名	Identity Document No. 身份證明文件號碼	Relationship 與受保人關係	Percentage 所佔比率

Personal Habits of Proposed Insured 準受保人個人習慣 (Tick ✓ as appropriate 請在適當空格內✓)

1. Have you used tobacco (cigarette, e-cigarettes including vaping, cigar, pipe, chewing tobacco) at any time? If yes, please provide the following details No 否 Yes 是

準受保人曾否使用煙草(香煙、電子煙包括電子霧化器、雪茄、煙斗或咀嚼用煙草)?

若是, 請提供以下資料

Date last used tobacco:
最後使用煙草日期

Type:
種類

Daily Quantity:
每日數量

No. of years as a smoker:
使用煙草的年期

Reason for ceasing smoking:
停止使用煙草的原因

2. Do you drink alcohol? If yes, please provide the following details No 否 Yes 是

準受保人是否有飲用酒精類飲品? 若是, 請提供以下資料

Total Amount:
總份量

Type:
種類

Frequency:
頻密情況



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

3. Do you have a drug taking habit? If yes, please provide details No 否 Yes 是
準受保人是否有服食藥物習慣? 若是, 請提供資料

Details:
詳細資料

4. Have you participated during the past 2 years, or do you have plans in the near future, to participate in:
準受保人是否曾於過去兩年內參與或計畫將於不久將來參與:

- a) hang-gliding/sky diving/lightplane/soaring/ballooning/flying other than as a fare paying passenger No 否 Yes 是
滑翔風箏/跳傘/輕型飛機/熱氣球/非以購票乘客從事飛行活動

- b) racing of motorcycle/automobile/motorboat No 否 Yes 是
競賽運動如摩托車/汽車/快艇

- c) recreational vehicles over open terrain/trails/sand/snow/ice including dune buggles, dirt bikes and snow mobiles No 否 Yes 是
行駛野外/山徑/沙地/雪地之交通工具包括沙丘賽車、泥地電單車及雪地摩托車

- d) hazardous activity below No 否 Yes 是
以下任何危險活動

- Diving 潛水 Mountain Climbing 攀山 Water Skiing 滑水 Others (Please give details) 其他 (請註明)

If any of the above answers to 4 a) to 4 d) is "Yes" please delete whichever is inapplicable and complete the corresponding questionnaire
如以上問題 4a) 至 4d) 任何一項答是, 請刪除不適用者及填寫有關問卷

Travel history 外遊紀錄 (Tick ✓ as appropriate 請在適當空格內✓)

1. When was your last date of travel and location of travel?

準受保人最後一次的外遊日期及地點?

Last Date of Travel:

外遊日期

Location of Travel:

外遊地點

2. If your last travel was within the last 3 months, please answer the following questions:

若準受保人於最近 3 個月內曾經外遊, 請回答以下問題:

- a) In the last 3 months, have you ever tested positive for COVID-19? No 否 Yes 是
於過去三個月內, 準受保人曾否進行新型冠狀病毒檢測並得出陽性結果?

- b) In the last 1 month, have you:

最近 1 個月內, 準受保人有否:

- i. been advised to self-isolate due to COVID-19 (excluding mandatory government orders to remain at home), or No 否 Yes 是
因新型冠狀病毒而需要接受自我隔離觀察 (不包括政府強制性家居檢疫措施) 或



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

ii.	had a persistent cough, fever, raised temperature or been in contact with an individual suspected or confirmed to have COVID-19? 出現持續咳嗽、發燒、持續高於平均體溫等癥狀、或與懷疑感染或確診新型冠狀病毒人仕接觸？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
iii.	travelled to any high risk COVID-19 regions? 到訪任何新型冠狀病毒高風險地區？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是

Health Information of Proposed Insured 準受保人病歷聲明 (Tick ✓ as appropriate 請在適當空格內✓)

Height 身高	Weight 體重		
_____ cm 厘米	_____ kg 公斤		
1.	Did you have any weight gain or loss of more than 5kg in the past year? 準受保人過去一年體重有否增加或減少超個5公斤？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
2.	Have you ever suffered from lung/respiratory disorders, digestive disorders, enlarged glands or enlarged lymph nodes, or any other disease of the eyes, ears, nose, mouth or throat, tuberculosis, asthma, chronic bronchitis, diabetes, duodenal or gastric ulcer, kidney or bladder disorder, prostate problem, high blood pressure, chest pain, heart disorder, coronary artery disease, stroke, epilepsy, cancer or tumour, thyroid disorder, mental or nervous disorder, deficits in cognitive abilities, any form of hepatitis (including Hepatitis B carrier) or liver disease, blood disorder, skin disorder, musculoskeletal or joint disease, systemic lupus erythematosus, arthritis, HIV infection, AIDS, AIDS related complex or any other sexually transmitted disease, or any other physical impairment or deformity? 準受保人曾否患有肺部/氣管疾病、消化系統疾病、腺體腫大或淋巴腺結腫大、或其他眼、耳、鼻、口或喉之疾病、肺結核、哮喘、慢性支氣管炎、糖尿病、十二指腸或胃潰瘍、腎或膀胱疾病、前列腺問題、高血壓、胸口痛、心臟病、冠心動脈疾病、中風、癲癇症、癌症或腫瘤、甲狀腺疾病、精神病或神經系統病症、認知能力障礙、任何類型的肝炎(包括乙型肝炎帶菌)或肝病、血液失調、皮膚病、肌肉筋骨或關節病症、紅斑狼瘡、關節炎、人類缺乏免疫能力病毒感染、愛滋病、與愛滋病有關的併發症或其他性病或肢體殘缺？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
3.	Have you ever had any physical or health impairments not mentioned above? 準受保人有否任何上文未提及的疾病或傷殘？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
4.	Have you been advised in the past 5 years, or are you planning to or currently have any medical investigation (e.g. ECG, CT scan, blood test, biopsy or other test), medication, medical treatment or advice? 準受保人曾否於過去五年內被建議、或打算或現正接受任何檢驗(例如心電圖、掃瞄檢查、血液檢驗、活組織檢驗或其他檢驗)、治療或服用任何藥物或建議？	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
5.	Do you have any regular doctor? If yes, please provide the following details 準受保人是否有固定醫生為閣下診治病症? 如有, 請提供以下資料	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
Name of Doctor 醫生姓名		Address of Doctor 醫生地址	
_____		_____	



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

6. For Females Only 只限女性

- a) Have you ever had, or been told to have, or been treated for, or are you intended to be treated for any disease/disorder of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast? No 否 Yes 是
準受保人曾否患有、被告知患有、接受治療或準備接受治療子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病/失調？
- b) Have you ever had, or have been advised to have investigation and /or treatment of the cervix, uterus, fallopian tubes, vagina, ovaries or the breast, such as pap smear, cone biopsy, colposcopy, ultrasound, mammogram or surgery? No 否 Yes 是
準受保人曾否患有、或被建議接受檢驗和 / 或治療子宮頸、子宮、輸卵管、陰道、卵巢或乳房，例如子宮頸細胞塗片、錐形活組織化驗、陰道鏡、超聲波、乳房X光或手術？
- c) Are you now pregnant? If yes, please state number of months. No 否 Yes 是
準受保人現在是否懷孕？如是，請述已懷孕月數
Number of months into pregnancy:
已懷孕月數
_____ months
- d) Have you ever had complication during or as a result of your pregnancy such as high blood sugar, high blood pressure or other complications? No 否 Yes 是
準受保人曾否在妊娠期間或因懷孕而導致併發症，例如高血糖、高血壓或其他併發症？

If the answer to any of the Question 1 – 4 and 6 is yes, please provide the details of medical condition(s) and a copy of the relevant medical report(s). Please use separate sheet if the space is insufficient.

如以上問題 1 – 4 及 6 之答案為是，請提供該疾病的詳細資料及相關醫療報告副本。(如空位不足，請另頁書寫。)

Question No.: 問題題號	
Date of Occurrence 發生日期	
Reason and Diagnosis: 原因及診斷	
Treatment Received: 所需之治療	
Test and Results (Please attach reports if available) 檢測及結果 (如有報告請一併遞交)	
Frequency of attack with date of last attack 發病頻率與最近發病日期	
Present Condition: 現時情況	



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

Name of Attending Physician/Hospital: 主治醫生姓名或醫院名稱	
Address of Attending Physician/Hospital: 主治醫生或醫院地址	
Tel No. of Attending Physician/Hospital: 主治醫生或醫院電話	

Family history 家族病史

1. Have any of your immediate family members ever had heart disease, high blood pressure, kidney disorder (polycystic kidney disease), polyp of colon, stroke, diabetes, cancer, Huntington's Chores, Muscular Dystrophy/Atrophy or any OTHER inherited disease? If yes, please state the onset age with what disease on below table. No 否 Yes 是
- 準受保人的直屬家庭成員曾否患有心臟病、高血壓、腎病(多囊腎)、結腸息肉、中風、糖尿病、癌症、杭延頓氏舞蹈病、肌肉萎縮症或任何其他遺傳疾病? 如答案為是, 請在下表中列明病發年齡以及疾病名稱。

Please also state the health status of your immediate family members below. 請填寫直屬家庭成員健康狀況。

Family Member 家庭成員	Living (Age) 健康/年齡	Age at Death 身故年齡	Cause of Death 身故原因	Health Status (Any disease and age of onset) 健康狀況, 如有患病, 請列詳情及病發年齡
Father 父親				
Mother 母親				
Brother 兄弟				
Sister 姐妹				

Insurance History 其他人壽保險

1. Do you have any in force or are you now applying for any life insurance / critical illness/personal accident policy with any company? If yes, please provide the following details No 否 Yes 是
- 準受保人是否正持有人壽/危疾/個人意外保險單或正向任何保險公司投保? 若是, 請提供以下資料

Company Name 承保公司名稱	Type of Insurance 保險類別	Insured Amount 保險金額	Issue Date 簽發年份
		<input type="checkbox"/> HK\$/港元 <input type="checkbox"/> US\$美元	



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

Company Name 承保公司名稱	Type of Insurance 保險類別	Insured Amount 保險金額	Issue Date 簽發年份
		<input type="checkbox"/> HK\$ 港元 <input type="checkbox"/> US\$ 美元	
		<input type="checkbox"/> HK\$ 港元 <input type="checkbox"/> US\$ 美元	
		<input type="checkbox"/> HK\$ 港元 <input type="checkbox"/> US\$ 美元	

2. Have you ever been refused insurance or been offered insurance with restricted benefits at other than standard rates? If yes, please give details
準受保人曾否遭任何保險公司拒絕投保或向閣下提供有限制保障的保險或按標準收費以外的收費向閣下提供保險？若是，請提供詳情。

No 否 Yes 是

Details:
詳細資料

Replacement Declaration 轉保聲明¹

1. Have you replaced in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?²
是否於過去 12 個月內以這份投保申請書/建議書取代閣下任何現有壽保險單，或取代任何現有壽險保單內大部份的壽險成份？²

No 否 Yes 是

2. Do you intend to replace in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?³
是否打算於未來 12 個月內以這份投保申請書/建議書取代閣下任何現有壽保險單，或取代任何現有壽險保單內大部份的壽險成份？³

No 否 Yes 是

¹ Please fill up the [Customer Protection Declaration Form](#) 請填寫客戶保障聲明書

² The agent/broker must explain this Replacement Declaration to the proposer before the proposer signs it, but this Replacement Declaration does not form part of the proposal for the new life insurance policy
在投保人簽署本「轉保聲明」之前，保險代理/經紀必須向投保人解釋「轉保聲明」的內容，但本「轉保聲明」並不是新壽險保單的投保申請書的其中一部份。

³ Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insurance of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the proposer, which has/have been terminated within 12 months before or will be terminated with 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended-term insurance under the non-forfeiture provision of the existing life insurance policy(ies) "A substantial part" means "50%" or above. However converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as Replacement.
任何購買壽險的交易，如涉及(i)任何現有壽險保單或其基本壽險保障的大部份保額已被終止或將被終止，或(ii)現有壽險保單內大部份的保證現金價值已被減少/將被減少，包括：大部份的保證現金價值已被提取/將被提取作為保單借貸，均會被視為「轉保」。現有壽險保單包括在新購壽險保單生效日前後 12 個月內，投保人已經終止或將會終止的任何壽險保單，壽險保單包括所有類型的傳統壽險、年金及其他非傳統壽險保單，終止保單包括：讓保單失效、退保或根據現有壽險保單的不能作廢條款，將保單轉為減額繳清/展期保單。「大部份」指「50%或以上」，若根據現有壽險保單條款，將定期壽險保單轉為終身壽險保單(或某些形式的長期壽險保單)，則不會被視為「轉保」。



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

I realise that if I answered “No” to both questions above but indeed,

本人知道如果本人就上述兩條問題都選擇「否」，而事實上：

- a) this proposal has replaced any or a substantial part of my existing life policy(ies) in the past 12 months or
這份投保申請書/建議書卻於過去 12 個月內，取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成份或者
- b) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) in the next 12 months by this proposal,
本人現正打算於未來 12 個月內，以這份投保申請書/建議書取代本人任何現有壽險保單或任何現有壽險保單內大部份的壽險成份。

I may jeopardise my future right of redress if I find later that I have been disadvantaged because of such replacement.

即使日後發現因是次轉保導致本人蒙受損失，本人或會因此而有損日後的追討權益。

I hereby authorise the insurer of the new life insurance policy to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority (“IA”), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/implementation/execution of the Code of Practice for Life Insurance Replacement and the Minimum

本人現授權新壽險保單的保險公司向保險代理登記委員會、香港保險顧問聯會、香港專業保險經紀協會有限公司、保險業監督（「保監」）、香港保險業聯會及所有已被取代或將會被取代的現有壽險保單的保險公司(如適用者)，或為了有效管理/執行/履行《壽險轉保守則》及保監根據《保險公司條例守則》指明的適用於保險經紀的「最低限度規定」所需的其他機構，提供本「轉保聲明」的副本，以及任何有關紀錄或資料。

Date

日期

Signature of Proposer

投保人簽署

Mode of Premium Payment 保費繳交方法

Payment Mode:

付款形式

Annually 年繳

Quarterly 季繳⁴

Semi-Annually 半年繳

Monthly 月繳⁴

⁴ Only accept payment by auto debit of credit card 只接受以信用卡繳款

Cheque 支票⁵

Bank:

銀行名稱

Cheque No.:

支票號碼

Credit Card 信用卡

If you choose the Monthly Payment, please ensure your completed Proposal Form is received by Liberty at least 10 working days prior to the effective date. We will debit the initial 3 months of premium at the first monthly payment.

如選擇月繳，請確保保單在生效日期前 10 個工作天收到閣下的申請表。在第一個月份，我們會在您的信用卡扣除首 3 個月的保費。

Type of Credit Card:

信用卡類別

Name of Cardholder (as shown on card):

持卡人姓名 (信用卡上的名稱)

Mastercard 萬事達

Visa

Credit Card No.:

信用卡號碼

Expiry Date:

有效日期

Cardholder's Signature:

持咭人簽名

⁵ Please make a crossed cheque payable to “Liberty International Insurance Limited”. Post-dated cheque will not be accepted. The cheque must be issued by the Policyholder or Proposed Insured named above. 請提供劃線支票，抬頭請註明「利寶國際保險有限公司」。期票不予接受。支票簽發人必須為上述保單持有人或準受保人之一。



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

(Credit Card holder must be the Policyholder or Proposed Insured named above

信用卡持有人必須為上述保單持有人支票簽發人必須為上述保單持有人或準受保人之一)

I hereby authorise and request Liberty International Insurance Limited to debit the initial yearly premium, subsequently premium and applicable levies from my Mastercard/Visa Account for the total premium and levy stated on this application form and subsequent renewal notice. This authorisation shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.

本人茲授權並要求利寶國際保險有限公司從本人下列之 VISA/萬事達咭戶口內支付本申請表或續保通知書所註明之首年及其後應繳之保費及按規定的徵費率徵收保費徵費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效。直至另行通知。

Cancellation Right Declaration 取消保單權益

I UNDERSTAND that I have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by me and received directly by Liberty International Insurance Limited - Suites 2601-04 & 2607-16 26/F, 1111 King's Road, Taikoo Shing, Hong Kong. within 21 days after the delivery of the policy or issue of a Notice to the policyholder or the policyholder's representative, whichever is the earlier.

本人明白本人有權以書面通知要求取消保單及取回所有已繳保費。但是本人必須簽署該通知，並確保利寶國際保險有限公司 - 香港太古城英皇道1111號26樓2601-04及07-16室，於以下時段內直接收到該通知：保單交付本人或本人的代表後或《通知書》發予本人或本人的代表後，起計的 21 天，以較先者為準。

Declarations & Authorisation Statements 聲明和授權聲明

1. **Declaration:** I/we hereby declare and agree that:

聲明：本人吾等在此明白及同意：

- a) the answers and statements made in this Application and in any other documents forming part of this Application (collectively, this Application) are complete and true (and will be complete and true at the time of payment of the initial premium) and will be the basis of my contract that may arise
此申請表及任何其他組成此申請表之文件 (在此併稱為「此申請表」) 中所作之答案及陳述均為完全及屬實 (並於繳付首次/供款/保費時及屬完全及屬實) 並將成為任何由此產生的合約之依據
- b) all material facts, being facts which might influence the assessment of this Application, have been disclosed in this Application, as it is being understood that failure to make such disclosure renders the contract voidable
所有重要事實，此及指可影響評估此申請之事實均已於此申請表中披露。若任何重要事實未能披露則可使合約無效
- c) the Company will not incur any liability pursuant to this Application unless the Company has approved the issue of a policy and then only if the initial premium therefore had been paid in full
除非貴公司已核准簽發保單而該保單之首次保費亦全數繳付，否則貴公司不會根據此申請表承擔任何責任
- d) no person (including any agents or brokers) has the authority to make or modify the Company's policies or waive any of the Company's rights or requirements
任何人士 (包括顧問) 無權更改貴公司之保單或豁免任何貴公司之權利或規定

2. **Authorisation:** I/we hereby authorise that:

授權：本人吾等現正授權：

- a) any doctor, hospital, clinic, insurance company, government office, organisation or persons who has any records, knowledge or information about me/us (whether medical or otherwise) to disclose, release or transfer to Liberty International Insured Ltd ("the Company") or its representative such records, knowledge or information pertinent to this Application for insurance, reinsurance and any claims arising therefrom and
任何擁有任何本人/吾等之紀錄、詳情或資料 (醫療或其他資料) 之醫生、醫院、診所、保險公司、政府部門、機構或人士就有關此投保申請、復保申請及由此所引起之任何索償向利寶國際保險有限公司 (「貴公司」) 或其代表披露、透露或轉移此等紀錄、詳情或資料及
- b) the Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/us in relation to this Application for insurance, reinstatement and any claim arising therefrom. This authorisation shall bind my successors and assignee and remains valid notwithstanding death or incapacity



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

貴公司或貴公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗。以評估與此投保申請、復保申請及由此所引起之任何索償有關之本人吾等的健康情況。此授權書對本人/吾等之繼承人及受讓人有約束力，並於本人/吾等身故得或喪失能力後仍然有效。

A photostatic copy of this authorisation shall be valid as the original

此授權書的正本及影印本同屬有效。

3. **Personal Data Collection Statement:** I/we have read and understand the Personal Data Collection Statement on the last page of this Application Form. I/we understand that I/we have the right to request Liberty to cease using my Personal Data for direct marketing purposes.

個人資料收集聲明：申請人及受保人已細閱並明白申請表最後一頁的**個人資料收集聲明**，亦明白有權要求利寶停止使用此申請表所列的申請人及受保人的個人資料作直接市場推廣用途。

- Please TICK the box if you do not consent to receive any marketing communications. **(Important) Please be reminded that it may affect the communication of our renewal invitation, including e-renewal communication.**

如申請人及受保成員不同意接受任何直銷的通訊，請標上✓ 號。**(重要) 請注意，這可能會影響我們續保邀請的傳達，包括電子續保通訊。**

4. **Collection of Levy by the Insurance Authority (“IA”):** Levy collected by the Insurance Authority have been imposed on relevant policy at the applicable rate. For further information, please visit

<https://www.libertyinsurance.com.hk/premium-levy/> or contact us at (852) 28923888 or email to enquiry@libertymutual.com.hk

保險業監管局（「保監局」）徵收徵費：保險業監管局已向相關的保單按規定的徵費率徵收保費徵費。詳情請瀏覽

<https://www.libertyinsurance.com.hk/zh/premium-levy/> 或者聯繫我們 (852) 28923888 或電郵至 enquiry@libertymutual.com.hk

5. **Commission Disclosure Statement:** ONLY applicable to Application through authorised insurance broker - The Policyholder understand, acknowledge and agree that, as a result of the Policyholder purchasing and taking up the policy to be issued by Liberty International Insurance Limited (“Liberty”), Liberty will pay the authorised insurance Broker Commission during the continuance of the Policy including renewals, for arranging the said Policy. Where the Policyholder is a body corporate, the Authorized Person who signs on behalf of the Policyholder further confirms to Liberty that he or she is authorized to do so. The Policyholder further understands that the above agreement is necessary for Liberty to proceed with the Application.

佣金支付聲明：只適用於透過獲授權保險經紀進行之申請：保單持有人明白、確知及同意，利寶國際保險有限公司會就其購買及接受保險公司簽發的保單，於保單有效期內(包括續保期)，向負責安排有關保單的獲授權保險顧問公司支付佣金。假如保單持有人為法人團體，代表保單持有人簽署的獲授權人員須向利寶國際保險有限公司確認他/她已獲法人團體授權簽署。保單持有人亦明白利寶國際保險有限公司必須取得保單持有人的同意，才可以處理有關申請。

- Yes, the Policyholder and proposed Insured Member(s) have read and understood the above arrangement. 是，保單持有人及各準受保人已閱讀及明白上述有關佣金之安排。

Name of Policyholder

保單持有人姓名

Signature of Policyholder

保單持有人簽署

The place of signing

簽署時所在地

Date

日期



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

Name of Proposed Insured
(if different from Policyholder)
準受保人姓名 (如非保單持有人)

Signature of Proposed Insured
(if different from Policyholder)
準受保人簽署 (如非保單持有人)

The place of signing
簽署時所在地

Date
日期

Agent/Broker name
保險代理/經紀姓名

Signature of Agent/Broker &
Company Stamp (if applicable)
保險代理/經紀簽署及公司蓋印(如適用)

Agent/Broker code
保險代理/經紀編號

Date
日期

PERSONAL INFORMATION COLLECTION STATEMENT

Liberty International Insurance 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) (the “**Ordinance**”). The Company will take all practicable steps to ensure security of the Personal Data and to avoid unauthorised or accidental access, erasure or other use.

For the purpose of this Statement, “Personal Data” means any data:

- relating directly or indirectly to a living individual
- from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- in a form in which access to or processing of the data is practicable

The Company’s products and services are intended for persons residing in Hong Kong and all payments are made in Hong Kong Dollars. The Company does not intend to or knowingly collect, hold, process, use or transfer Personal Data of any individual living within the European Union (“EU”) or monitor the behaviour of any EU-based individuals.

PURPOSE

From time to time it is necessary for the Company to collect, or be provided by your agents and/or representatives, your Personal Data (including personal information such as but not limited to your credit, motor and health records and insurance claims history) such as Personal Data of our customers (including but not limited to our online account holders, policy owners, insureds, trustees, policy assignees, claimants and beneficiaries) collected, transferred to or held by the Company which may be used, stored, processed, transferred or disclosed or shared by us for the following obligatory and other purposes (“Purposes”), such as:

- offering, providing and marketing to you the products/services of the Company, including related companies of the Company (“our affiliates”) or our business partners (see “Direct Marketing” below), and administering, supporting, maintaining, managing and operating such products/services including policies and handling your mobile and internet accounts
- Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services
- Processing requests for payment and for direct debit authorisation including evaluating your financial needs
- Managing, investigating and analysing any claim, action and/or proceedings made by or against or otherwise involving you, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights
- Compiling statistics or using for accounting purposes
- Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

- Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
- g) Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies
 - h) Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment
 - i) Conducting identity and/or credit checks and/or debt collection
 - j) Conducting medical or health reference checks for relevant insurance products
 - k) For management of IT environment and business operation
 - l) Ensuring security of our IT environment
 - m) Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing (whether such detecting and investigating is in relation to an application or insurance policy of the Company)
 - n) Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence) or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere
 - o) For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards
 - p) Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we use to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes
 - q) Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies
 - r) assisting financial institutions with interests related to you and/or the products/services you have with the Company including enable an actual or proposed assignee/mortgagee to evaluate the transactions you have with the Company intended to be the subject of the assignment/mortgage
 - s) to facilitate authorised service providers to provide services to the Company and/or the customers for the above Purposes
 - t) Providing third party administration services and carrying out other services in connection with the operation of the Company’s business
 - u) Facilitating the Company’s authorised service providers to provide services to the Company and/or customers for the above purposes
 - v) Other purposes directly relating to any of the above; and
 - w) Any other purposes we notify you at the time of obtaining your consent

Please note that if you do not provide us with your Personal Data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

Please also ensure that you provide complete and accurate Personal Data to us and keep us updated on any changes to your Personal Data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

DIRECT MARKETING

Your Personal Data collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers.

This may include the use of 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 and to conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes of products and services that the Company, our affiliates, Liberty Mutual Group of Companies, our co-branding partners and our business partners may offer.

If you do not consent to receive such marketing communications, you may at any time withdraw your consent to the use and provision of your Personal Data for direct marketing by downloading the form below.

https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf

In the absence of any “opt-out” request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company’s use of such Personal Data for this voluntary marketing purpose.



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

TRANSFER OF PERSONAL DATA

Your Personal Data will be kept confidential and may be held or stored locally, regionally or globally, whether in Hong Kong or out of Hong Kong.

Subject to the provisions of any applicable law, we may need to disclose your Personal Data to third parties, whether located within or outside Hong Kong for one or more of the above Purposes.

Your Personal Data may be made available to:

- a) Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Data in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes
- b) Our Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary
- c) Our Service Providers: External third-party service providers such as but not limited to agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business and Liberty Mutual affiliates in a service provider role, such as accountants, auditors, lawyers and other outside professional advisors; call center service providers; IT systems and management, IT support and security service providers; cloud providers, research and analytics service providers; claim investigators and adjusters; and similar third-party service providers that assist us in carrying out business activities
- d) Other Third Parties Service Providers including brokers; employers; healthcare professionals; hospitals; 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 others named herein), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants, financial institutions, and data processors including any interested parties with legitimate legal and/or beneficial interests in your policies, the subject matter of your policies, and/or the products/services you have with the Company
- e) Other Third Parties: To a third party in the event of any reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies
- f) Credit reference agencies, financial institutions, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services
- g) Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply
- h) Any person pursuant to any order of a court of competent jurisdiction
- i) Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners
- j) Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilise third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time
- k) Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening
- l) Other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided
- m) Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided
- n) Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies
- o) Supplied to an organisation involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems
- p) Provided to your representatives including your legal advisers
- q) Made available to anyone to whom you have given your consent
- r) Made available to other Company's authorised service providers to provide services to you for the above purposes for which the Personal Data are to be used
- s) As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain

Data Processing Outside Hong Kong

We may share Personal Data with one or more of our affiliated Liberty Mutual Group Companies, service providers or with third parties for the Purposes described above. Some of these affiliated companies, service providers and third parties may be based in other countries and may not be subject to the laws of Hong Kong.

By sharing personal information with the Company, you consent to the collection, use, processing and transfer of such information in accordance with our Privacy Policy to the United States (where the Company's headquarter is located) or other countries. We will take all steps reasonably necessary to ensure that your Personal Data is treated securely and in accordance with our Privacy Policy. However, you should note that where your Personal Data is disclosed to or accessed by parties located outside of Hong Kong as provided above, your personal information may not be afforded the same protections as it is under Hong Kong law.

Access and Correction of Personal Data

According to the Ordinance, you have the right to ascertain whether the Company holds your Personal Data, to access, obtain, correct and/or change any of your Personal Data held by the Company by contacting the Company's Personal Data Privacy Officer. 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
Liberty International Insurance Limited
Suites 2601-04 & 2607-16, 26/F
1111 King's Road, Taikoo Shing
Hong Kong

using the Data Access Request Form found at:
<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>

In accordance with the Ordinance, a reasonable fee may be charged by the Company to offset the Company's administrative and actual costs incurred in complying with your data access requests.

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

個人資料收集聲明

利寶國際保險有限公司 (以下簡稱『本公司』) 根據『個人資料 (私隱) 條例』 (香港法例第 486 章) (以下簡稱『條例』) 就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。本公司將採取一切可行措施以確保個人資料安全，避免未經授權或意外存取、刪除或其他用途。

就本聲明而言，「個人資料」是指符合以下說明的任何資料：

- 直接或間接與一名在世人士有關的
- 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- 該資料的存在形式令予以查閱及處理均是切實可行

本公司產品及服務擬向居於香港者提供，且所有款項均以港元支付。本公司不擬亦不會明知而收集、持有、處理、使用或傳輸任何居於歐盟人士的個人資料或監察任何歐盟個人的行為。

目的

本公司不時有必要收集由你或你的代理和/或代表而得來的個人資料 (包括但不限於你的信貸、汽車和健康紀錄和索償紀錄)，例如，本公司可能就以下強制或其他目的 (「目的」) 使用、儲存、處理、傳輸、披露或分享所收集或持有的客戶 (包括但不限於網上帳戶持有人、保單擁有人、受保人、受託人、保單承讓人、索償人及受益人) 個人資料，例如：

- 向你建議、提供及推銷本公司 (包括本公司相關公司 (「本公司聯屬公司」) 或商業夥伴) 產品/服務 (請參閱下文「直接營銷」)、行政管理、支援、維持、管理及經營該等產品/服務 (包括保單)、處理你的流動及互聯網帳戶



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

- b) 處理和確定任何保險申請書、要求、保險索償及持續提供保險服務
- c) 處理付款事宜和直接付款授權書
- d) 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權
- e) 從事統計資料或用於會計事務
- f) 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求
- g) 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求
- h) 協助本公司的實質或建議承讓人能夠評核擬進行涉及有關轉讓的交易
- i) 從事核實身份和/或信貸審查和/或追收債務
- j) 為相關保險產品進行具參考用途之醫療或健康調查
- k) 資訊科技管理及商業營運
- l) 保障資訊科技的安全
- m) 偵察及調查非法活動，包括欺詐、洗黑錢及與恐怖主義有關的經濟活動（不論該偵察及調查是否與本公司的申請或保單有關）
- n) 遵從法定、監管以及其他良好管治義務，包括回應由公營及政府機構的要求（包括你居住以外的國家），或協助香港或其他地方的警察或其他政府或監管機構為執法而調查
- o) 協助本公司和利寶互助保險集團之公司政策及其標準監察及評估違規事宜
- p) 實現其他合法的商業目的，例如開展保險調查、研究和分析，包括分析本公司的客戶群和其他個人資料，分析他們的行為、偏好和興趣，開發新產品，改進本公司的服務，識別客戶使用趨勢，了解本公司客戶的利益，計劃和執行商業交易（包括合資企業和業務銷售）以及其他合法商業目的
- q) 建立、行使或維護任何利寶互助保險集團公司成員的法律權利
- r) 協助擁有與你相關權益及/或於你所持本公司產品/服務中擁有權益的金融機構，包括於你與本公司之間交易擬用作轉讓/按揭標的時，使實際或擬定承讓人/承按人得以評估該等交易
- s) 促使獲授權服務供應商就上述目的向本公司及/或客戶提供服務
- t) 提供第三方管理服務，並執行其他與本公司經營業務有關的服務
- u) 促進協助利寶互助保險公司的全球性配合、溝通和團隊合作
- v) 直接涉及任何上述的其他目的；及
- w) 當獲得閣下同意時提及的任何其他目的

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

請確保你向本公司提供完整準確的個人資料，並隨時更新你個人資料的任何變更。請注意，如果你在需要時不向本公司提供完整和準確的個人資料，可能會對你造成不良後果。

直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷、推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。

此或包括使用你的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及本公司所持有的人口資料作直接營銷及執行直接營銷（包括但不限於本公司、本公司聯屬公司、利寶互助保險集團的公司、合作品牌夥伴及業務夥伴所提供產品及服務的回贈、長期客戶或專享計劃）。



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

若你不同意收取上述營銷通訊，可隨時透過下載以下表格撤回對使用、提供你個人資料作直接營銷之用的同意。或者你可以在 https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf 下載「拒絕接受直銷推廣表格」。

如保客戶沒有“選擇退出”的要求，本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

個人資料的轉移

本公司所持有的個人資料將予以保密，並可能會本地、區域或全球性地保留或存儲。

根據任何適用的法律條例，本公司可能根據一種或多種上述的目的需要向香港境內或境外的第三方透露閣下提供/披露的個人資料。

你的個人資料可能會提供給：

- a) 其他利寶互助公司：其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料，以實現上述一項或多項目的
- b) 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人
- c) 我們的服務供應商：任何向本公司提供行政、電訊、電腦、付款、銀行或其他與業務運作有關服務，包括但不限於向本公司的代理人、承包商、銀行家及第三方服務供應商，與本公司業務營運及利寶互助附屬公司提供服務的角色，例如會計師、審計師、律師及其他外部專業顧問、電話客務中心服務、電腦系統和管理、電腦技術支援和保安服務、雲端、研究和分析服務供應商、辦理索償理賠或調查服務和公証行，以及協助我們展開商業活動的第三方服務 提供商
- d) 其他第三方服務供應商包括保險經紀；僱主；醫護專業人士；醫院；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）；法律顧問、調查員、損失理算師、再保險公司、醫療及康復顧問、緊急援助公司、網絡醫生集團、醫療諮詢顧問、測計員、專家、維修人員、會計師、金融機構及數據處理員（包括任何於你保單、保單標的及/或所持本公司產品/服務中擁有合法法定及/或實益權益者）
- e) 其他第三方：對於任何重組、合併、出售、合資、委托、轉讓或其他處置的全部或任何部分的情況下的第三方業務、資產或股票（包括任何破產或類似訴訟）；再保險公司
- f) 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司
- g) 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士
- h) 根據有司法管轄權的法院命令受權之任何人士
- i) 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人
- j) 提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器，或者可以利用利寶互助保險集團公司將成為處理、存儲和/或備份的控制器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡、亞洲其他地區、美國、歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區
- k) 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商
- l) 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途
- m) 第三方營銷服務供應商和保險中介機構作為直銷通訊用途
- n) 任何實際或建議購買者提供給公司業務，在合併、收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份
- o) 提供給參與維護、審查和開發本公司的業務系統、程序和基礎設施的組織，包括測試或電腦升級系統
- p) 提供你的代表，包括你的法律顧問
- q) 提供給已獲得你同意的人
- r) 提供獲其他公司受權的服務供應商，在需使用個人資料向你提供有關上述項目之服務



Application Form – Critical Illness Insurance

個人危疾保險計劃表格

- s) 本公司認為必要或適當的: 遵守法律程序, 回應公共和政府機構 (包括居住國以外的公共和政府機構) 的要求, 執行我們的細則及條款, 保護本公司的業務營運, 及保護本公司的權利, 私隱, 安全或財產, 以及/ 或你或他人的; 偵察和防止欺詐行為; 並允許本公司補救措施或限制本公司可能遭受的損害

香港以外的資料處理

本公司可能會與本公司的一家或多家聯屬利寶互助保險集團公司, 服務供應商或第三方共享個人資料, 以達到本公司隱私政策中所述的目的。其中一些附屬公司, 服務供應商和可能位於其他國家的第三方, 可能不受香港法律的約束。

通過與公司分享個人資料, 你同意根據我們的隱私政策向美國 (公司總部所在地) 或其他國家收集, 使用, 處理和轉讓此類資料。我們將採取一切合理必要的措施, 確保你的個人資料得到安全處理, 並符合我們的私隱政策。請注意如果你的個人資料於香港以外的單位取得或使用, 你的個人資料可能不會獲得與香港法律相等的保護。

查閱及更正個人資料

根據條例, 你有權聯絡本公司個人資料私隱主任, 以查證本公司是否持有你的個人資料, 存取、獲得、更正及/或修改本公司所持有關於你的個人資料。如要求查閱、更正資料或索取有關本公司政策及慣例、所持資料類別的資訊, 應以書面方式向以下收件人提出:

資料私隱主任

利寶國際保險有限公司

香港太古城英皇道1111號26樓2601-04及07-16室

你可在以下網址下載查閱資料要求表格:

https://www.pcpd.org.hk/tc_chi/resources_centre/publications/forms/files/Dformc.pdf

根據條例的規定, 本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如中、英文版本有任何歧義或不相符之處, 概以英文版本為準。

