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Health Declaration Form

健康聲明書

You should tell us of all facts likely to influence the acceptance and assessment of this health declaration. 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。請以英文正楷完成健康聲明書。

General Information 個人資料

Name of Policyholder: 保單持有人姓名		Policy No.: 保單號碼
Name of Proposed Insured: 準受保人名稱		Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
HKID/Passport No.: 香港身份證或護照號碼	Date of Birth.: 出生日期	Nationality ¹ : 國籍 ¹
Marital Status.: 婚姻狀況	Occupation: 職業	Major Duties: 工作職務詳情
Monthly Salary (Applicable for Life only): 月薪(壽險適用) HK\$ _____	Height: 身高 _____ cm 厘米	Weight: 體重 _____ kg 公斤
Significant weight change in Past Year (+/- 10%) and Reason for the change: 過去兩年體重是否有改變 (+/- 10%)及體重改變原因		
Name of Your Physician: 常診醫生姓名		Tel. of Your Physician: 常診醫生電話
Address of Your Physician 常診醫生地址		

¹ Declared Nationality will be used to establish the Nationality of the Proposed Insured and his dependents. Please declare in accordance to the Nationality stated in your Passport.

所填寫的國籍將會用作界定準受保人及其家屬的國籍。請根據護照上之國籍填寫。



Family History 家族病史

1. Have any of your parents or family ever had cardiovascular diseases, kidney disease, diabetes, stroke, cancer, hereditary diseases or mental disorder? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If yes, please complete below health status table for ALL family members. 閣下雙親或家庭中曾否患有心臟病、腎病、糖尿病、中風、癌症、遺傳病或精神疾病？如“是”，請填寫以下所有家庭成員的健康狀況。		
Living 健在	Age 年齡	Health Status (if history of disease, please state onset age) 健康狀況 (如有病史，請說明病發年齡)
Father 父親		
Mother 母親		
Brother(s) 兄弟		
Sister(s) 姊妹		
Deceased 身故	Age of death 身故年齡	Cause of death 身故原因
Father 父親		
Mother 母親		
Brother(s) 兄弟		
Sister(s) 姊妹		

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 smoked any cigarette, e-cigarettes including vaping, cigar, pipe or chewing tobacco within the past 12 months? If yes, please state the average number of sticks per day. <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 在過往十二個月閣下曾否吸用香煙、電子煙包括電子霧化器、雪茄、煙斗或咀嚼用煙草？如“是”，請說明每日平均吸煙的數量。 Details詳情: _____						
2. Do you consume alcohol on a regular basis? 閣下是否有飲酒習慣？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If yes, please advise further details: 如“是”，請說明詳情: <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Type of alcohol 酒的種類</td> <td style="width: 70%;">Average weekly consumption 每星期平均飲酒量</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>			Type of alcohol 酒的種類	Average weekly consumption 每星期平均飲酒量	_____	_____
Type of alcohol 酒的種類	Average weekly consumption 每星期平均飲酒量					
_____	_____					
3. Do you participate in, or do you intend to participate in any private flying, any hazardous sports, or races? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 閣下曾否參與或意圖參與私人性質飛行或危險性運動、競技？ Activity in detail活動詳情: _____						



Personal and Medical Details 個人及健康詳情

1. Have you ever had, or been told you had or been treated for: 閣下曾否接受過下列疾病之治療或被告知患下列疾病:		
a. Asthma, emphysema, tuberculosis or other lung diseases? 哮喘·氣腫·結核病或其他肺病?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
b. Diseases of heart and blood vessels such as high blood pressure, chest pain? 心臟病·血管問題如高血壓或胸部不適?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
c. Hepatitis or hepatitis carrier, ulcer or bowel, liver or gall bladder disease? 肝炎或肝炎帶菌者·腸胃潰瘍·肝或膽囊疾病?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
d. Renal stone or any disorder of the genito-urinary disorders? 腎石或其他生殖泌尿系統不正常?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
e. Epilepsy, stroke, mental or nervous disorders? 癲癇·中風·精神不正常或神經疾患?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
f. Diabetes, venereal disease, cancer, tumour, or any blood diseases? 糖尿病·性病·癌症·腫瘤或其他血液疾病?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
g. Severe injury, gout, back pain, or other musculoskeletal disorders? 嚴重損傷·痛風·背痛或其他肌骨問題?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
2. In the past five years, have you had any or you are planning to undergo: 在過往五年·閣下曾否接受或籌劃任何治療:		
a. tests such as X-ray, electro-cardiogram, urinalysis, blood study or other _____? 診斷測驗如 X 光·心電圖·尿分析·驗血或其他測試 _____?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
b. illness, operation, medical advice, hospital treatment not mentioned above? 曾患病·做手術·醫療指導·臨床治療·而在上述問題並沒有提出過的?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
3. Are you currently being treated or taking medication for any reason? 閣下現在是否因為任何原因正接受醫療或服用藥物?		
4. Have you ever had an application for any form of insurance declined, postponed, modified or rated up? 閣下曾否投保任何保險計劃時被拒、延遲、更改保險條款或增加保費?		
5. Below Questions are for Female only 若是女性·請回答下列問題:		
a. Are you pregnant now? 閣下是否現正懷孕?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
b. Any abnormal findings in prenatal check up? If yes, please state the details: 閣下是否在產前檢查中有不正常現象? 如“是”·請詳細說明。	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
c. Have you ever had any disorder of the breast or reproductive organs including abnormal pap smear and abnormal haemorrhage? 閣下曾否有乳房或婦科病症或不正常柏氏塗片測試或出血現象?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是



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If any of the answers from question 1 to 5 is "yes", please give full details below, noting the question(s) number(s). Please also provide related medical reports for underwriting assessment. If more space is required, please use a separate sheet for declaration and endorsed with signature and date.

如問題一至五填上「是」的話，請說明題目及詳情，並盡量提供詳細資料。請提供相關醫療報告，以作核保用途。如有需要，請自行附加白紙，並加以簽署及申報日期。

Question No. 題目		
Date of Occurrence 發生日期		
Reason and Diagnosis 原因及斷症		
Details of Treatment 治療的詳細資料		
Details of check up/test and results (Kindly attach reports if available) 檢查的項目及結果 (請提供報告副本)		
Frequency of attack with date of last attack 發病頻率，請提供最後一次發病日期		
Current status 現時情況		
Name and address of Physician or hospital 醫生或醫院的名稱及地址		



Declarations & Authorisation Statements 聲明和授權聲明

- 1. Declaration:** I declare that the above statements and answers made by me are true and complete to the best of my knowledge.
本人聲明上述一切陳述及問題所提供之答案均為本人所知所信之全部，並確實無訛。
- 2. Authorisation:** I hereby authorise any employer, physician, hospital, insurance company or other organisation or person who has any record or knowledge with reference to the accident, or the health and medical history of the patient, to give such information to Liberty International Insurance Limited. A photocopy of this authorisation will be as valid as the original.
本人謹此授權任何僱主、註冊醫生/醫師、醫院、保險公司、或其他組織、機構或人士，凡知道或持有任何有關與病者相關的意外、或/及健康及醫療紀錄者，均可將該等資料提供給利寶國際保險有限公司。本授權書的影印本與正本均有同等效力。
- 3. Personal Information Collection Statement:** I/We confirm that I/we have read and agree to all sections in this form, including the Personal Information Collection Statement (PICS) printed on this form and the Privacy Policy available at <https://www.libertyinternational.com/hk-en/footer/privacy-policy>.
本人 / 吾等確認已閱讀並同意本表格內的所有部分，包括本表格所列印之個人資料收集聲明，以及可於 <https://www.libertyinternational.com/hk-zh/footer/privacy-policy> 查閱之私隱政策。

 - I/We understand that I/we have the right to request Liberty to cease using my/our personal data for direct marketing purposes.
本人 / 吾等明白有權要求利寶停止使用本人 / 吾等的個人資料作直接促銷用途。
 - Please tick the box if I/we do not wish Liberty to use my/our personal data for direct marketing purposes.
如本人 / 吾等不同意利寶將本人 / 吾等的個人資料用於直接促銷，請別選此方格。

Date
日期

Signature of Proposed Insured
準受保人簽名



PERSONAL INFORMATION COLLECTION STATEMENT

Liberty International Insurance Limited ("Liberty") recognises its responsibilities under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance"). We take all practicable steps to protect your Personal Data. Personal Data means any data relating directly or indirectly to a living individual from the identity of the individual can be directly or indirectly ascertained in a form in which access to or processing of the data is practicable.

Purposes for which we collect and use your Personal Data

We collect, hold, process, use, transfer and/or disclose your Personal Data (including credit, motor, health records and insurance claims history) for the following purposes:

- Offering, underwriting, issuing, administering and servicing insurance policies and claims;
- Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services;
- Processing requests for payment and for direct debit authorization including evaluating your financial needs;
- Managing, investigating and analyzing claims, actions and/or proceedings, including exercising our legal rights (such as subrogation);
- Complying with legal, regulatory, court or governmental requirements (local or overseas), including those of the Insurance Authority and Hong Kong Federation of Insurers;
- Conducting identity and/or credit checks, medical or health reference, anti-money laundering, fraud prevention and due diligence checks;
- Direct marketing of insurance and financial products and services (see Direct Marketing section below);
- Research, surveys, product development, statistical analysis, legitimate business purposes and business operations;
- IT systems management, security, infrastructure and fraud/illegal activity detection and investigation;
- Facilitating transfers to actual or proposed assignees, reinsurers, mortgagees or purchasers of our business;
- Disclosing to authorized service providers and third parties to enable them to provide services to Liberty or to you;
- Other purposes directly relating to any of the above; and
- 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 keep your Personal Data accurate and up to date.

Transfer of Personal Data

Your Personal Data may be transferred within or outside Hong Kong to Liberty, its parent and affiliated companies ("Liberty Mutual Group of Companies"), reinsurers, brokers, agents, service providers, regulators, courts, fraud prevention organisations and other third parties with legitimate interests. We take reasonable steps to ensure your Personal Data is protected.

Direct Marketing

Your name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data may be used by Liberty and/or the Liberty Mutual Group of Companies in direct marketing of insurance and/or financial products and services of Liberty, the Liberty Mutual Group of Companies and/or other financial services providers. Such direct marketing include promoting, marketing or selling of Liberty, Liberty Mutual Group of Companies or co-branded insurance or financial or investment-related products or services and providing reward, loyalty or privileges programmes of products and services that Liberty, our affiliates, Liberty Mutual Group of Companies, our co-branding partners and our business partners may offer. We may not so use your Personal Data unless we receive your consent or indication of no objection. If you do not wish us to use your Personal Data in direct marketing as described above, you may at any time exercise your opt-out right by submitting to us the opt-out reply at the link below. <https://www.libertyinternational.com/get-document/17055179-b1a3-4656-a161-dc376e19c67f>

Rights of Access and Correction

You have the right to access or correct your Personal Data. Please contact:

Privacy Officer

Liberty International Insurance Limited

Suites 2601-04 & 2607-16, 26/F, 1111 King's Road, Taikoo Shing, Hong Kong

Email: privacy.officer.ap@libertymutual.com

In accordance with the Ordinance, a reasonable fee may be charged by Liberty to offset Liberty's administrative and actual costs incurred in complying with your data access requests. For our complete privacy practices, please read our Privacy Policy at <https://www.libertyinternational.com/hk-en/footer/privacy-policy>.

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(「利寶」) 確認其在《個人資料(私隱)條例》(第 486 章)(「該條例」) 下的責任。我們採取一切切實可行的措施保護閣下的個人資料。

「個人資料」指與一名在世個人直接或間接有關、並可從該等資料直接或間接確定該個人身分，且以可切實可行查閱或處理的形式存在的任何資料。

我們收集及使用閣下個人資料的目的

我們收集、持有、處理、使用、轉移及 / 或披露閣下的個人資料 (包括信貸、車輛、健康記錄及保險索償歷史) · 作以下用途：

- 提供、承保、簽發、管理及提供保單與索償相關服務;
- 處理及決定任何保險申請、要求及保險索償，並提供持續的保險服務;
- 處理付款要求及直接扣賬授權 (包括評估閣下的財務需要);
- 管理、調查及分析索償、訴訟及 / 或法律程序，包括行使我們的法律權利 (例如代位權);
- 遵守法律、監管、法院或政府的規定 (本地或海外)，包括保險業監管局及香港保險業聯會的規定;
- 進行身分及 / 或信貸審查、醫療或健康查詢、反洗錢、防止欺詐及盡職審查;
- 保險及金融產品和服務的直接促銷 (見下文「直接促銷」部分);
- 研究、調查、產品開發、統計分析、合法業務目的及業務營運;
- 資訊科技系統管理、保安、基礎設施，以及欺詐 / 非法活動偵測與調查;
- 促進向實際或建議的受讓人、再保險公司、承按人或我們業務的購買者作出轉移;
- 向獲授權的服務提供者及第三方披露，以使其能向利寶或閣下提供服務;
- 與上述任何一項直接相關的其他目的;及
- 我們在取得閣下同意時通知閣下的任何其他目的。

請注意，如閣下不向我們提供閣下的個人資料，我們可能無法簽發閣下的保單、處理索償，或向閣下提供保險產品或服務，或處理閣下的要求。請確保閣下的個人資料準確及最新。

直接促銷

利寶及 / 或利寶關聯公司 (『利寶互助保險集團公司』) 可使用閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據，以直接促銷利寶、利寶互助集團公司及 / 或其他金融服務提供者的保險及 / 或金融產品和服務。該等直接促銷包括推廣、營銷或銷售利寶、利寶互助集團公司或聯合品牌的保險或金融或投資相關產品或服務，以及提供利寶、我們的聯屬公司、利寶互助集團公司、我們的聯合品牌合作夥伴及我們的業務夥伴可能提供的產品和服務的獎賞、忠誠或優惠計劃。

除非我們獲得閣下的同意或表示不反對，否則我們不會如此使用閣下的個人資料。如閣下不希望我們如上所述在直接促銷中使用閣下的個人資料，閣下可隨時透過提交以下連結的選擇退出回覆

行使閣下的選擇退出權利：<https://www.libertyinternational.com/get-document/17055179-b1a3-4656-a161-dc376e19c67f>

轉移個人資料

閣下的個人資料可能在香港境內或境外轉移至利寶互助集團公司、再保險公司、經紀、代理、服務提供者、監管機構、法院、防止欺詐組織及其他具有合法權益的第三方。我們採取合理措施以確保閣下的個人資料受到保護。

查閱及改正權利

閣下有權查閱或改正閣下的個人資料。請聯絡：

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 2607-16 室



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電郵: privacy.officer.ap@libertymutual.com

根據該條例，利寶可收取合理費用，以抵銷利寶在遵從閣下的查閱資料要求時所產生的行政及實際成本。有關我們完整的私隱慣例，請閱讀我們於 <https://www.libertyinternational.com/hk-zh/footer/privacy-policy> 的私隱政策。

如本通知的英文版本與中文版本有任何差異或不一致，概以英文版本為準。

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。

