

Please insert ✓ in the appropriate box and fill in all items. 請在合適方格內✓及填寫所有項目。

**PART 1: INSURANCE COVER 第一部份：保單資料**

If effecting Personal Accident Insurance Only, then it is not required to Fill in Parts 6 and 8.  
如只投保個人意外保險，無需填寫第6及第8部份。

Policy Currency 保單貨幣

HK\$ 港元

US\$ 美元

Please fill in the desired insurance cover and the Sum Insured: 請填寫投保的保險種類及保險金額：

Plan of Insurance 保險計劃	Face Amount 投保額	Modal Premium 每期保費
<b>Basic Plan 基本計劃</b> 1. Series Name / Plan 系列名稱 / 計劃 _____ 2. Series Name / Plan 系列名稱 / 計劃 _____		
<b>Rider 附加保險</b> 1. Series Name / Rider 系列名稱 / 附加契約 _____ 2. Series Name / Rider 系列名稱 / 附加契約 _____		
<b>Premium Total 總保費</b>		

Payment Frequency 繳款形式： Annually 年繳  Semi-Annually 半年繳  \*Quarterly \*季繳  \*Monthly \*月繳 \*Only accept payment by auto debit of credit card 只接受以信用卡繳款

Payment Method 繳款方法： By Cheque 支票 (Cheque No. 支票號碼：\_\_\_\_\_ ) (Payable to Liberty International Insurance Ltd. 抬頭請註明利寶國際保險有限公司。)  
 By Credit Card 信用卡 (Please complete Credit Card Authorization Form. 請填妥信用卡付款授權書。)

**PART 2: LIFE TO BE INSURED 第二部份：受保人資料**

1. English Name as appear on identity document (underline the surname) 英文姓名，以身份證明文件為準 (在姓氏下加橫線)	
2. Chinese Name (if applicable) 中文姓名 (如適用)	
3. Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
4. Date of Birth 出生日期	DD 日 _____ MM 月 _____ YYYY 年 _____
5. Age Last Birthday 上次生日年齡	
6. Place of Birth 出生地點	
7. Nationality 國籍	
8. HKID/Passport No 香港身份證/護照號碼	
9. Residential Address 住址	
10. Contact 聯絡資料	Mobile Phone 手機：_____ Home Telephone 住宅電話：_____ Office Telephone No 辦公室電話：_____ Fax No 傳真號碼：_____
11. E-mail address (if applicable) 電郵 (如適用)	
12. Send Correspondence to 信件寄往	<input type="checkbox"/> Residential Address 住址 <input type="checkbox"/> Office Address 辦公室地址 <input type="checkbox"/> Policyowner's Address 保單持有人地址
13. Occupation Information 職業資料	
a. Job Title 職位	
b. Nature of Business 業務性質	
c. Exact duties 職務範圍	
d. Employer's Name 僱主名稱	
e. Office Address and Telephone No. 辦公室地址及電話	
f. Annual Earned Income 每年工作收入	HK\$ / US\$
g. Any Business Travel during past 12 months? 對上12個月有否到外地公幹? (if yes, please provide details such as frequency, duration & destination) (如有，請提供次數，每次逗留時間及目的地)	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 Frequency 次數 _____ Duration 每次逗留時間 _____ Destination 目的地 _____
h. Are you considering to change your occupation? If yes, please provide details 是否考慮轉換工作，若是請提供詳細資料	<input type="checkbox"/> No 不是 <input type="checkbox"/> Yes 是 details 資料：_____

The Chinese translation of the contents of this Application is for reference only. In case of any difference between the English and Chinese versions, the English version prevails 此保險申請表之中文譯本謹作參考之用，如英文及中文內容有差別，概以英文為準。

**PART 3: APPLICANT - POLICYOWNER (if different from Life To Be Insured) 第三部份：投保人－保單持有人資料 (如非受保人)**

1. English name as appear on identity document or full company name (if it is a corporation) 英文姓名，以身份證明文件為準或公司全名 (如屬機構)				
2. Chinese name or company Chinese name (if applicable) 中文姓名或公司中文名稱 (如適用)				
3. Sex (if applicable) 性別 (如適用)	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女			
4. Date of Birth (if applicable) 出生日期 (如適用)	DD 日 _____ MM 月 _____ YYYY 年 _____			
5. HKID/Passport No. / Business Registration No. 香港身份證/護照/商業登記證號碼				
6. Relationship With the Life To Be Insured 與受保人之關係	<input type="checkbox"/> Employer 僱主 <input type="checkbox"/> Creditor 債權人 <input type="checkbox"/> Partner 合夥人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Others 其他			
7. Occupation (if applicable) 行業 (如適用)				
8. Business Address 辦公室地址				
9. Contact 聯絡資料	Telephone No. 電話號碼: _____ Fax No. 傳真號碼: _____			
10. E-mail address (if applicable) 電郵 (如適用)				
<b>If the Applicant / Policyholder is a body corporate / company, please complete question 11 - 15 如投保人/保單持有人為法人團體/公司，請填寫以下問題 11 - 15</b>				
11. Registered office address (if different from the Business Address) 公司註冊證明書地址 (如與辦公室地址不同須填寫):				
12. Date and Place of Incorporation 公司註冊日期及註冊地點				
13. Registration / Incorporation No. 註冊證明編號				
14. Name of ALL Directors / Partners* 所有董事 / 合夥人姓名*				
1.	4.			
2.	5.			
3.	6.			
15. Details of Shareholders and beneficial owners with more than 25% of shares / voting right 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 所持股票之百分比

**PART 4: BENEFICIARY 第四部份：受益人**

English Name 英文姓名	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

**PART 5: LIFE TO BE INSURED'S PERSONAL HABITS 第五部份：受保人個人習慣**

- Have you used tobacco (cigarette, cigar, pipe, chewing tobacco) at any time? 閣下曾否使用煙草 (香煙、雪茄、煙斗或咀嚼用煙草)?  Yes 是  No 不是  
If yes, please provide the following details 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 \_\_\_\_\_  
How many years were you a smoker? 使用煙草的年期 \_\_\_\_\_ What was the reason you ceased smoking? 停止使用煙草的原因 \_\_\_\_\_
- Do you drink alcohol? If yes, please provide the following details: 閣下是否有飲用酒精類飲品? 若是，請列明類別，飲用份量及頻密情況:  Yes 是  No 不是  
Kind 種類 \_\_\_\_\_ Amount 份量 \_\_\_\_\_ Frequency 頻密情況 \_\_\_\_\_
- Do you have a drug taking habit? If yes, please provide details: 閣下是否有服食藥物習慣? 若是，請提供資料  Yes 是  No 不是  
\_\_\_\_\_
- Have you participated during the past 2 years, or do you have plans in the near future, to participate in:  
閣下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, or  
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; 或  Yes 是  No 不是  
b. racing of motorcycle / automobile / motorboat; or  
競賽運動如摩托車 / 汽車 / 快艇; 或  Yes 是  No 不是  
c. recreational vehicles over open terrain / trails / sand / snow / ice including dune buggles, dirt bikes and snow mobiles, or  
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; 或  Yes 是  No 不是  
d. any hazardous activity below: 以下任何危險活動:  Yes 是  No 不是  
 diving 潛水  mountain climbing 攀山  water skiing 滑水  Others 其他 (please give details) 請註明 \_\_\_\_\_

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

**PART 6: LIFE TO BE INSURED'S HEALTH INFORMATION 第六部份：受保人健康資料**

1. Please state your height and weight 請填寫閣下的身高及體重	_____ cm 厘米 _____ kg 公斤	If answer any "Yes", please provide details 如任何答案為“是”，請提供詳細情況。
2. Do you have any weight gain or loss of more than 5kg in the past year? 閣下過去一年體重有否增加或減少超個5公斤?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
3. 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? 閣下曾否患有肺部/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傳染、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"/> Yes 是 <input type="checkbox"/> No 不是	
4. Have you ever had any physical or health impairments not mentioned above? 閣下有否任何上文未提及的疾病或傷殘?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
5. 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? 閣下曾否於過去五年內被建議、或打算或現正接受任何體檢測(例如心電圖、掃瞄檢查、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"/> Yes 是 <input type="checkbox"/> No 不是	
6. Do you have any regular doctor? If yes, please give name and address. 閣下是否有固定醫生為閣下診治病症?如有，請提供醫生姓名及地址	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
7. For Female 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? 閣下是否患有、被告知患有任何子宮頸、子宮、輸卵管、陰道、卵巢或乳房之疾病/失調? 及曾否因以上情況而接受治療或準備接受治療? 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? 閣下曾否患有、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. 閣下現在是否懷孕?如是。請述已懷孕月數 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? 閣下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?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是  <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是  <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是  <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	
8. Family History 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? 閣下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、抗延頓氏舞蹈病、肌肉萎縮症或任何其他遺傳疾病，並請於下方提供的直屬家庭成員的健康狀況。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 不是	

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。

	Living - Age 健康/年齡	Age at Death 身故年齡	Cause of Death 身故原因	Health Status - Any Disease(s) and Onset Age 健康狀況，如有患病，請列詳情及病發年齡
Father 父親				
Mother 母親				
Brothers and Sisters 兄弟姐妹				
Supplementary Information 補充資料				

**PART 7: INSURANCE HISTORY 第七部份：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?  Yes 是  No 否

If yes, please provide following details. 閣下是否正持有人壽/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
1.		HK\$ / US\$	
2.		HK\$ / US\$	
3.		HK\$ / US\$	
4.		HK\$ / US\$	
5.		HK\$ / US\$	

2. Have you ever been refused insurance or been offered insurance with restricted benefits at other than standard rates. If yes, please give details.  Yes 是  No 否

閣下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。

**PART 8: REPLACEMENT DECLARATION 第八部份：轉保聲明**

a. Have you replaced (Note 1) in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?

閣下是否於過去12個月內以這份投保申請書/建議書取代閣下任何現有壽險保單, 或取代任何現有壽險保單內大部份的壽險成份?

Yes 是 (please complete a Customer Protection Declaration Form 請填寫<<客戶保障聲明書>>)

No 否 (please answer question b below 請回答下列問題b)

b. Do you intend to replace (Note 2) in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application/proposal?

閣下是否打算於未來12個月內以這份投保申請書/建議書取代閣下任何現有壽險保單, 或取代任何現有壽險保單內大部份的壽險成份?

Yes 是 (please complete a Customer Protection Declaration Form 請填寫<<客戶保障聲明書>>)

No 否 (please read below Declaration carefully and sign 請詳閱下列聲明及簽署)

I realize if I answer "No" to both questions above but indeed,

i) this application/proposal has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months; or

ii) 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 application/proposal,

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

本人知道如果本人就上述兩條問題都選擇「否」, 而事實上:

i) 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

ii) 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,

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 authorize 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 Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information.

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。

Signature of the Applicant / Proposer 申請人 / 投保人簽署

Date (dd/mm/yyyy) 簽署日期 (日/月/年)

Notes:

Note 1: The agent/broker must explain this Replacement Declaration to the applicant/proposer before the latter signs it, but this Replacement Declaration does not form part of the application/proposal for the new life insurance policy. 在申請人/投保人簽署本「轉保聲明」之前, 保險代理/經紀必須向申請人/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/建議書的其中一部份。

Note 2: 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 insured 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 applicant/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, 申請人/投保人已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」。

## PART 9: PERSONAL INFORMATION COLLECTION STATEMENT 第九部份：個人資料收集聲明

Liberty International Insurance Limited (referred to hereinafter as the “Company”) recognizes 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”).

### Purpose

The personal information of customer (include policy owners, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes necessary in providing services to customers:-

- (1) Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
- (2) Processing requests for payment and for direct debit authorization;
- (3) Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation right;
- (4) Compiling statistics or using for accounting purpose;
- (5) Conducting research, insurance survey and analysis for the purpose of product design and development;
- (6) Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”);
- (7) 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;
- (8) Facilitating Company's authorized service providers to provide services to the Company and/or the customers for the above purposes;
- (9) Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
- (10) Conducting identity and/or credit checks and/or debt collection; and
- (11) Conducting medical or health reference checks for relevant insurance products

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

### Direct Marketing

Certain personal information of policy owners 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 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 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 and/or other financial services providers. In the absence of any “opt-out” request from a policy owner, 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 information for this voluntary marketing purpose. If you do not wish to receive direct marketing information or materials, please notify the Company's Personal Data Privacy Officer at:

13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

Please tick if you do not wish to receive marketing communications from the Company

### Transfer of personal data

Your personal information held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong for obligatory purposes:-

- (1) Any related company, or any other company carrying on insurance or reinsurance related business, or an intermediary;
- (2) Any 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;
- (3) Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
- (4) Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
- (5) 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;
- (6) Any person pursuant to any order of a court of competent jurisdiction;
- (7) 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
- (8) Companies within the Liberty Mutual Group of Companies; and
- (9) Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening

The Company may provide certain personal information, in particular, name and contact information such as telephone number, email address and postal address of a policy owner to the parties within or outside Hong Kong for voluntary purposes:-

- (1) Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (2) Third party marketing service providers and insurance intermediaries

### Access and correction of personal data

According to the Ordinance, all policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

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。

### 目的

本公司所收集或持有的客戶個人資料（包括保單持有人，受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各項目作為履行提供客戶服務之責任：-

- (1) 處理和確定保險申請書、理賠，及持續提供保險服務；
- (2) 處理付款事宜和直接付款授權書；
- (3) 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；
- (4) 從事統計資料或用於會計事務；
- (5) 從事研究、保險調查及開發產品和設計之分析；
- (6) 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；
- (7) 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的合法要求；
- (8) 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；
- (9) 協助本公司的實質或建議受讓人評估有關之轉讓交易；
- (10) 從事核實身份和/或信貸審查和/或追收債務；
- (11) 為相關保險產品進行具參考用途之醫療或健康調查；

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

### 直接營銷

本公司所收集或持有的保單持有人個人資料，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，推廣或銷售本公司或聯營公司有關保險或財務或投資產品或服務）。如保單持有人沒有“選擇退出”的要求，其保險申請書及於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。如果你不想收到直銷信息或材料，請通知本公司之個人資料私隱主任：地址為香港鰂魚涌華蘭路25號栢克大廈13樓。

如果你不想收取到本公司發送的市場銷售訊息，請在方格內填上別號

### 個人資料之轉移

本公司所持有的個人資料將予以保密，但基於履行責任之目的，可能會與以下香港境內或境外人士分享有關個人資料：-

- (1) 任何附屬公司，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；
- (2) 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
- (3) 第三方服務供應商包括法律顧問、緊急支援服務機構、醫療網絡集團、醫療意見顧問、調查員、公証行、再保險公司、醫療和康復顧問、測量師、專家、維修、會計師和數據處理員；
- (4) 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；
- (5) 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；



- (6) 根據有司法管轄權的法院命令受權之任何人士；
- (7) 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；
- (8) 利寶互助保險集團公司旗下的公司；
- (9) 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；

在自願情況下，本公司可向香港或香港以外的人士提供某些個人資料，特別是姓名和聯繫資料，如保單持有人的電話號碼、電郵地址和郵政地址：-

- (1) 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；
- (2) 第三方營銷服務供應商和保險中介機構

#### 查閱及更正個人資料

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料：

香港鯉魚涌華蘭路25號栢克大廈13樓

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。

中文版本只供參考，一切以英文版本為準

#### PART 10: CANCELLATION RIGHT DECLARATION 第十部份：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 -13/F, Berkshire House, 25 Westlands Road, Quarry Bay, HK. 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 - 香港鯉魚涌華蘭路25號栢克大廈13樓，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。

#### PART 11: COMMISSION DISCLOSURE DECLARATION 第十一部分：佣金披露聲明

I/We understand(s), acknowledge(s) and agree(s) that, as a result of the Applicant / Policyholder purchasing and taking up the policy to be issued by Liberty International Insurance Limited, Liberty will pay the authorized insurance Broker commission during the continuance of the Policy including renewals, for arranging the said Policy. Where the Applicant / Policyholder is a body corporate, the Authorized Person who signs on behalf of the Applicant / Policyholder further confirms to Liberty that he or she is authorized to do so. The Applicant / Policyholder further understands that the above agreement is necessary for Liberty to proceed with the application.

投保人/投保公司明白、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。假如投保人/保單持有人為法人團體，代表申請人簽署的獲授權人員須向保險公司確認他/她已獲法人團體授權簽署。投保人/保單持有人亦明白保險公司必須取得申請人以上的同意，才可以處理有關申請。

- Yes, the Applicant / Policyholder has read and understood the above arrangement.  
是，投保人/保單持有人已閱讀及明白上述有關佣金之安排

#### PART 12: DECLARATION AND AUTHORIZATION 第十二部份：聲明及授權

##### I hereby declare and agree that

- (1) 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;
- (2) all material facts, being facts which might influence the assessment of this Application, have been disclosed in this Applications, it is being understood that failure to make such disclosure renders the contract voidable;
- (3) 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;
- (4) 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.

##### 本人吾等在此明白及同意

- (1) 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；
- (2) 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；
- (3) 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；
- (4) 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。

##### I hereby authorize

- (a) any doctor, hospital, clinic, insurance company, government office, organization or persons who has any records, knowledge or information about me (whether medical or otherwise) to disclose, release or transfer to Liberty International Insurance Ltd. ("the Company") or its representative such records, knowledge or information pertinent to this Application for insurance, reinsurance and any claims arising therefrom; and
- (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 in relation to this Application for insurance, reinstatement and any claim arising therefrom. This authorization shall bind my successors and assignee and remains valid notwithstanding death or incapacity.

A photostatic copy of this authorization shall be valid as the original.

##### 本人吾等現正授權

- (a) 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) 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/吾等身故或喪失能力後仍然有效。

此授權書的正本及影印本同屬有效。

Signature of Life To Be Insured  
受保人簽署

Signature of Applicant (if different from  
the Life To Be Insured) 投保人簽署(如非受保人)

Place  
簽署地

Date (dd/mm/yyyy)  
簽署日期(日/月/年)

#### Producer information

Agent/Broker code	Agent/Broker Name	Agent/Broker Signature & Company chop (if applicable)