

Proposal Form – MediLink Medical Insurance
靈利保個人醫療保險計劃表格

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	Marital Status.: 婚姻狀況
Nationality ² : 國籍 ²	Home Phone No.: 家居電話	Fax No.: 傳真
Mobile No.: 手提電話	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

²Declared 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。

[^]Please complete IF different from residential address 如與居住地址不同方需填寫

⁺Email for receiving e-claims payment advice 提供電郵可以電郵收取賠償紀錄報告



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

Place of Residence: 居住地	Occupation: 職業	Job Title: 工作職位
Name of Company.: 公司名稱		Business Nature: 公司業務性質
Company 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

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。

Business Registration No. ▲: 商業登記證號碼 ▲	Contact Person: 聯絡人
Tel No.: 電話號碼	Fax No: 傳真
Email Address 電郵地址	

▲ Please submit the copy of the Business Registration. 請遞交商業登記證副本

No Premium Refund or replacement enrolment is allowed upon member termination for the Company as Policyholder.
若公司為保單持有人，中途斷保將不被退回保費或更換新投保人。

Choice of Coverage 保障選擇

Basic Cover - Hospitalisation Benefits 基本住院保障		
Room Level 病房等級		
<input type="checkbox"/> Plan 1 計劃 1 Ward 大房	<input type="checkbox"/> Plan 2A 計劃 2A Semi Private 半私家房	<input type="checkbox"/> Plan 2 計劃 2 Semi Private 半私家房
Optional Rider 自選保障		
<input type="checkbox"/> Supplementary Major Medical Benefit 附加重症醫療保障 Must be same as basic hospital benefit 必須與基本住院保障同級		<input type="checkbox"/> Outpatient Benefit 門診保障
Total Premium 總保費		
HK\$ _____		



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

Information of the Insured Person 受保人資料

Please complete the following details for all Proposed Insured(s). Please use separate sheet(s) if the provided space is insufficient. 請填寫以下資料，如有需要請另頁詳加說明。

Self/Employee

自己/僱員

Surname/Other Name: 姓/名		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	Place of Residence: 居住地
_____	_____	_____
Height: 身高	Weight: 體重	Exact Duties: 工作範圍
_____	_____	_____

Spouse/EE's Spouse

配偶/僱員的配偶

Surname/Other Name: 姓/名		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	Place of Residence: 居住地
_____	_____	_____
Height: 身高	Weight: 體重	Exact Duties: 工作範圍
_____	_____	_____

Child/EE's Child²

子女/僱員的子女²

Surname/Other Name: 姓/名		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	Place of Residence: 居住地
_____	_____	_____
Height: 身高	Weight: 體重	Exact Duties: 工作範圍
_____	_____	_____



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

Child/EE's Child²子女/僱員的子女²

Surname/Other Name: 姓/名		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	Place of Residence: 居住地
Height: 身高	Weight: 體重	Exact Duties: 工作範圍

Please submit a copy of HKID/Passport/Birth Certificate

請遞交香港身份證/護照/出生證明書副本。

² Child means the Proposed Insured(s) is from 15 days to 18 years of age. If the Proposed Insured(s) is between 19 and 26 years old and apply with parents together, full-time education evidence will be required.

子女的參加資格為出生後 15 日至 18 歲。如子女是 19 至 26 歲須出示全日制學生證明方可一同申請。

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

1. Has (have) any Proposed Insured(s) and the Proposed Insured's natural parents, brothers or sisters died or suffered from heart disease, stroke, high blood pressure, diabetes, kidney disease, mental disorder, hepatitis (or is a hepatitis carrier), cancer or any hereditary disease, acquired physical defect or impairment? 各準受保人及其親生父母、兄弟、姐妹曾否患有或死於心臟疾病、中風、高血壓、糖尿、腎病、心智或精神功能失調、肝炎(或肝炎帶菌者)、癌病或任何遺傳病或任何先天或後天肢體缺損?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
2. Has (have) any Proposed Insured(s) ever been refused enrolment or renewal of life or medical insurance, or subject to special terms and conditions or additional premium? 各準受保人有否於投保或續保任何人壽或醫療保險時被拒或附加條件或增加保費始被接納?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
3. In the last three years , has (have) any Proposed Insured(s) had any medical investigation including routine health check or diagnostic laboratory tests, surgical operation, been confined or treated in hospital, sanatorium or other medical institution or do any of the Proposed Insured(s) know any circumstances for which hospital treatment may be necessary in the next twelve months? 在過去三年內 ，各準受保人曾否接受任何常規體檢或診斷測試、手術或曾經在醫院、療養院或其他醫療機構接受治療或可有準受保人知道在未來十二個月內需要進院接受任何治療?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
4. In the last three years , has (have) any Proposed Insured(s) ever suffered from, aware of or been treated for any injuries, any degenerative change, strain, fainting, tuberculosis, diabetes mellitus, rheumatic fever, hepatitis, respiratory or lung disorder, varicose veins, heart disease, high blood pressure, hyperlipidemia, disorder of thyroid gland, autoimmune disease,	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

digestive disease, disorder of esophagus, gastrointestinal, liver or gall bladder, kidney, genito-urinary system or venereal disease, cancer or tumor, lump or fibroid, epilepsy, mental or psychiatric disorder, bone, joint, ligament, muscle, skin, hernia or gynecological disorder?

在過去三年內，各準受保人曾否患有、已知道存在或曾經因為任何受傷、退化、勞損、昏厥、肺結核、糖尿、風濕性熱、肝炎、呼吸及肺功能不正常、靜脈曲張、心臟疾病、高血壓、高血脂、甲狀腺不正常、自體免疫性疾病、消化系統疾病、食道、腸胃、肝臟或膽囊、腎臟、生殖泌尿功能失調、性病、癌症或腫瘤、腫塊或纖維瘤、癲癇、心智或精神功能失調、骨骼、關節、韌帶、肌肉、皮膚、疝氣或婦科病而接受治療？

5. Is (are) any Proposed Insured(s) now pregnant? If YES, please state the stage of pregnancy in terms of months or weeks and declared if there is any complication such as high blood sugar, high blood pressure or other pregnancy related complications. No 否 Yes 是

準受保人是否正在懷孕中？如是，請提供該準受保人的懷孕月數或周數。如該準受保人有任何妊娠併發症如高血糖、高血壓或其他因懷孕而導致的併發症，請詳述。

If the answer to any of the Question 1 – 5 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 – 5 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	
Name of Proposed Insured 準受保人姓名	
Name of Diagnosis: 病症名稱	
Medical History/Date of Occurrence: 過往病歷紀錄/發生日期	
Treatment Received: 所需之治療	
Present Condition: 現時情況	
Name of Family Physician: 家庭常診醫生姓名	
Address of Family Physician: 家庭常診醫生地址	
Tel. of Family Physician: 家庭常診醫生電話	



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

Mode of Premium Payment 保費繳交方法

Yearly by Cheque¹ 以支票年繳

Bank:

銀行名稱 _____

Cheque No.:

支票號碼 _____

Yearly by Credit Card 以信用卡年繳

Monthly by Credit Card 以信用卡月繳

If 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，請確保利寶在生效日期前 10 個工作天收到閣下的申請表。在第一個月供期，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

MasterCard 萬事達

Visa

Name of Cardholder (as shown on card):

持卡人姓名 (信用卡上的名稱) _____

Expiry Date:

有效日期 _____

Credit Card No.:

信用卡號碼 _____

Cardholder's Signature:

持咭人簽名 _____

¹Please 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。

(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。

Declarations & Authorisation Statements 聲明和授權聲明

- Declaration:** I/we hereby apply to be enrolled in the Plan together with the Proposed Insured(s) listed overleaf. I/we declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/we acknowledge and agree that benefits will not apply to treatment arising from any existing diseases, injuries, ailments or conditions which have required medical treatment, including drugs, or knew about, or were aware existed or had symptoms of, prior to the first day of this insurance. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Policyholder, Proposed Insured(s) and the Insurer. I/we have read and agreed to be bound by the Policy and I/we accept them to be part of the contract of insurance issued as a result of this Application. I/We have read and agreed to be bound by the Policy and I/we accept them to be part of the contract of insurance issued as a result of this application. I/we understand this insurance is unavailable to



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

permanent residents outside Hong Kong. Purchase of this insurance by permanent residents outside Hong Kong will render the policy null and void.

聲明：保單持有人及各準受保人現向 貴公司投購醫療保險。保單持有人及各準受保人謹此聲明已就實情完整地將資料填報於申請表內。準受保人明白及同意，現在患有或在保單生效日前曾接受治療、已知道、已察覺到、或已出現相關病徵之疾病和損傷而引起的醫療開支，一律不在保障範圍內。保單持有人及各準受保人已細讀並同意遵守本計劃之各項條款，亦同意這份聲明及申請表將被用作投保/受保雙方合約的基礎，及同意長期在香港以外居留之人仕，均不獲接受投購醫療計劃，上述人仕在本港購買後如需離港定居海外，此單即屬無效。

2. **Authorisation:** I/we authorise Liberty International Insurance Ltd to provide and collect information about me/us in connection with this Application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this Application from other organisations, institutions or other persons, including other insurance companies/medical service provider, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests (including declining this application). This authorisation shall survive me/us and shall be irrevocable and photocopy of this authorisation shall be as valid as original. I/we understand that the effective date shall be the date when this Application is accepted by Liberty International Insurance Ltd.

授權：申請人及受保人授權利寶國際保險有限公司向 / 從其他組織、人士或機構 (包括其他保險公司/醫療提供者) 收集關於投保時所需的必須資料及其後索償申請之資料並與申請人或受保人的個人資料作出比較，並利用比較結果採取任何行動，包括不符合申請人或受保人的利益 (包括不接納此申請)；此授權不能推翻。即使申請人或受保人去世，此授權仍然有效。此授權書之影印本與正本具同等效力。申請人及受保人明白生效日期須為利寶國際保險有限公司接受此申請之日期。

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 the marketing communications.

如申請人及受保人不同意接受有關直銷的通訊，請標上 ✓ 號。

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

Name of Policyholder*

保單持有人姓名*

Signature of Policyholder*

保單持有人簽署*

Note: If Company, Authorised Signature with Company chop is required

註：如公司為保單持有人，需要公司授權人簽署加公司蓋章

Date

日期

* The Policyholder shall declare and sign on behalf of all Proposed Insured(s) at age below 18.

保單持有人需代表所有 18 歲以下之申請人同意以上聲明及簽署。



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

Name of Proposed Insured (1)

準受保人(1)姓名

Signature of Proposed Insured (1)

準受保人(1)簽署

Date

日期

Name of Proposed Insured (2)

準受保人(2)姓名

Signature of Proposed Insured (2)

準受保人(2)簽署

Date

日期

For the Proposed Insured (3) - (5), if the age is 18 to 23, please sign below.

如準受保人(3)- (5)年齡為 18 歲至 23 歲，請在以下簽署。

Name of Proposed Insured (3)

準受保人(3)姓名

Signature of Proposed Insured (3)

準受保人(3)簽署

Date

日期

Name of Proposed Insured (4)

準受保人(4)姓名

Signature of Proposed Insured (4)

準受保人(4)簽署

Date

日期



Proposal Form – MediLink Medical Insurance**靈利保個人醫療保險計劃表格**

Name of Proposed Insured (5)

準受保人(5)姓名

Signature of Proposed Insured (5)

準受保人(5)簽署

Date

日期

Name of Agent

保險代理人名稱

Signature of Agent with Company chop

保險代理人簽署及公司蓋章

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



Proposal Form – MediLink Medical Insurance**靈利保個人醫療保險計劃表格**

- limited to subrogation rights
- e) Compiling statistics or using for accounting purposes
 - f) 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”)
 - 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 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.



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

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.

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 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



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

- 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 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
 13/F Berkshire House,
 25 Westlands Road,
 Quarry Bay, 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：

- a) 直接或間接與一名在世人士有關的



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

- b) 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
- c) 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：

- a) 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
- 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



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

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）。

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：

- 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
- 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
- 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、承包人、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、電話客戶中心服務、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
- 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）
- 其他第三方：對於任何重組、合併、出售、合資、委託、轉讓或其他處置的全部或任何部分的情況下之第三方業務、資產或股票（包括任何破產或類似訴訟）；再保險公司
- 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
- 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



Proposal Form – MediLink Medical Insurance

靈利保個人醫療保險計劃表格

- 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
- 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

香港鰂魚涌華蘭路 25 號栢克大廈 13 樓

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。

