

Claim Form – Critical Illness**危疾索償申請表****To be completed by Insured Patient or Claimant**

本欄由受保人或索賠人填寫

Please complete this form with English Block, sign and return this claim form with the original copies of invoices and receipts.
請以英文正楷填妥並簽署本表，連同賬單及收據正本寄交本公司。

Name of Insured: 受保人名稱	Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Policy No.: 保單編號	HKID/Passport No. 香港身份證或護照號碼
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
Claim Status 索償狀態	<input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再次索償 <input type="checkbox"/> Review 重批/覆核

Nature of claim and related details 賠償性質及有關資料

Name the critical illness you are claiming for 申請賠償的危疾名稱
Date of first consultation 首次求診日期
Describe the symptoms from date of onset 詳述病發日起所患之一切病徵



Claim Form – Critical Illness

危疾索償申請表

The name, address and contact phone no. of the doctor you first consulted for this illness

首次就此病而求診之醫生姓名・地址及聯絡電話

How long have you been having these symptoms from the date of your first consultation?

閣下在首次求診日起・以上的病徵已存在多久？

The name, address and contact phone no. of your regular doctor

閣下慣常求診之醫生姓名・地址及聯絡電話

Record of medical consultation/hospitalisation

過往之求診及住院記錄:

Please give below the details of any doctor(s) who have been consulted in connection with this illness.

請提供曾診治此病的其他醫生或專科醫生資料。

Name 姓名	Address 地址	Date 求診日期

Please give below the details of any hospitalisation in connection with this illness.

請提供曾住院治療的詳細資料。

Name of Hospital 醫院名稱	Date of Admission 入院日期	Date of Discharge 出院日期



Claim Form – Critical Illness

危疾索償申請表

Have any of your blood relatives suffered from a similar or related illness? If “yes”, please state

直系親屬中有否曾患有相同或有關之危疾？如“有”，請填寫下欄。

Relationship of Relative 親屬關係	Nature of Illness 危疾類別	Date Illness Diagnosed 診斷日期

Are there any other illnesses/complaints treated for or suffered by you prior to this critical illness you are claiming for? If so, please give full details.

閣下在患有是次申請賠償之疾病前是否患有其他疾病？如“有”，請把有關資料詳細填報。

Are you insured for similar benefits with any other Company? If “yes”, please state.

閣下是否在其它公司投保類似危疾保障？如“有”，請填寫下欄。

Name of Insurer 投保公司名稱	Type/Amount of Benefit 投保類別/金額	Policy No. 保單號碼

Declarations & Authorisation Statements 聲明和授權聲明

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

- 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;
- 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;
- 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;
- 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.

聲明: 本人吾等在此明白及同意

- 此申請表及任何其他組成此申請表之文件(布此併稱為「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；
- 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；



Claim Form – Critical Illness

危疾索償申請表

- c. 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. 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 hereby authorise

- a. any doctor, hospital, clinic, insurance company, government office, organisation 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 authorisation shall bind my successors and assignee and remains valid notwithstanding death or incapacity. A photostatic copy of this authorisation shall be valid as the original.

授權: 本人吾等現正授權

- a. 任何擁有本人/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。

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。

Date
日期

Signature of Insured/Claimant
受保人/申請人簽署

HKID/Passport No. of Insured/Claimant
受保人/申請人香港身份證或護照號碼

Name of Insured/Claimant
受保人/申請人姓名

Date
日期

Signature of Witness
見證人簽署

HKID/Passport No. of Witness
見證人香港身份證或護照號碼

Name of Witness
見證人姓名



Claim Form – Critical Illness

危疾索償申請表

To be completed by the ATTENDING PHYSICIAN at Insured's own expense.

由主診醫生填寫，費用由受保人自付。

Name of Insured: 受保人名稱		Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Policy No.: 保單編號		HKID/Passport No.: 香港身份證或護照號碼
Date of Birth: 出生日期	Age: 年歲	

Critical Illness – Cancer 危疾 – 癌症

General Information 一般資訊

1. Are you the Insured's usual medical physician? 閣下是否受保人慣常求診醫生？ If "yes", when did the Insured first consult you? 如“是”，請問受保人首次向閣下求診之日期？ _____	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
2. When were you first consulted for this illness? 受保人首次就有關疾病向閣下求診之日期。 _____ What were the symptoms? 受保人之病徵。 _____ How long had the symptoms been present? 該病徵約存在了多久？ _____	



Claim Form – Critical Illness

危疾索償申請表

3.	Has the Insured previously suffered from this illness or any related conditions? 受保人是否有同類之病史?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
If “yes”, please give dates of consultations and the resulting diagnosis. 如 “有” , 請提供求診日期及診斷詳細結果。			
<hr/>			
4.	On which date was the diagnosis made? 有關疾病之診斷是何時首次確認?		
<hr/>			
5.	On which date was the Insured first made aware of it? 受保人何時首次知悉有關疾病之診斷?		
<hr/>			
6.	Is there anything in the Insured’s family history which would have increased the risk of this illness? 受保人之家族病史是否增加受保人患上此病之機會?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
7.	Is the Insured a smoker? 受保人是否吸煙人士?	<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
Daily smoking amount 每日吸煙數量		For how many years? 吸食年數	
<hr/>			
Details of “Yes” answers. (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities). 如答 “是” , 請提供診斷結果、日期、病徵持續時期及主診醫生姓名、醫療機構名稱及地址等資料。			
<hr/>			

Other/Additional Information 其他/附加資料

Please provide names, addresses and dates of doctors and hospitals which the Insured was referred and/or admitted to.
請提供受保人曾經就診之所有醫生姓名或醫院名稱及地址

Doctor name 醫生姓名	Hospital Name and Address 醫院名稱及地址	Date 日期



Claim Form – Critical Illness

危疾索償申請表

Doctor name 醫生姓名	Hospital Name and Address 醫院名稱及地址	Date 日期

Details of the Insured's Illness 受保人病況之詳情

1. Please provide full and exact details of the diagnosis, the site involved and the precise histology of the tumour.
請提供受保人之所有及確定的診斷詳情，包括該腫瘤之確定的位置及細胞組織分析。

1. What is the TNM staging of the tumor?
該癌症屬於哪一階段?

☐ Carcinoma-in-situ
原位癌

☐ Completely localized
完全局限性

☐ Distant metastasis
遠距離轉移

☐ Pre-malignant tumour
癌前惡性腫瘤

☐ Resection margin / node
involvement
涉及切除邊緣/淋巴結組織

Secondary site 繼發位置:

2. What is the nature of treatment?
受保人接受哪一種治療?

☐ Chemotherapy
化學治療

☐ Hormonal treatment
荷爾蒙療法

☐ Palliative
姑息治療

☐ Radiotherapy
放射性治療

☐ Surgical
外科手術

☐ Others: please specify
其他, 請註明:

Please provide details of procedure(s):
請提供治療之詳情

3. Investigations 檢驗:

Was a biopsy of the tumour performed?
有否進行細胞組織分析?

☐ No 否

☐ Yes 是

Date of biopsy
細胞組織分析日期

Biopsy performed by
進行細胞組織分析之醫生/醫院



Claim Form – Critical Illness

危疾索償申請表

Details of “Yes” answers. (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities).

如答 “是” ，請提供診斷結果、日期、病徵持續時期及主診醫生姓名、醫療機構名稱及地址等資料。

Reason for not examining if no biopsy was done?

若未有進行分析, 原因為何?

Please enclose copies of all reports including biopsy records, cytology reports, X-rays, CT scans, other imaging studies, laboratory evidence, surgical report, etc, and any relevant hospital reports that are available. 請

提供所有診斷報告, 如活體檢視紀錄, 細胞分析報告, X 光檢查, 電腦掃描, 超聲波, 驗血, 心電圖, 及其他化驗報告等, 或任何有關的醫院報告。

4. Please state if the Insured has suffered/been treated for any other illness(es)/complaints other than this Critical Illness.

除此危疾外, 請列明受保人曾患的其他疾病或徵狀。

5. Is there any further information, which in your opinion will assist us in assessing this claim?

請提供其他有助審核本索償個案之資料。

Doctor's signature and official chop

醫生簽署及蓋印

Date

日期

Name of doctor and qualification

醫生姓名及醫學資格

Address and telephone number of Doctor

醫生聯絡地址及電話



Claim Form – Critical Illness

危疾索償申請表

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:

- a) relating directly or indirectly to a living individual
- b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- c) 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:

- a) 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
- b) Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services
- c) Processing requests for payment and for direct debit authorisation including evaluating your financial needs
- d) 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
- 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



Claim Form – Critical Illness

危疾索償申請表

- 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.

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 fulfil 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,



Claim Form – Critical Illness

危疾索償申請表

such as accountants, auditors, lawyers and other outside professional advisors; call centre 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 Centre of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilize third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centres and/or servers are/may be 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 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



Claim Form – Critical Illness

危疾索償申請表

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 & 2613-16, 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：

- a) 直接或間接與一名在世人士有關的
- 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



Claim Form – Critical Illness

危疾索償申請表

- 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)。



Claim Form – Critical Illness

危疾索償申請表

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定的其他人士）；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



Claim Form – Critical Illness

危疾索償申請表

- 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) 提供獲其他公司授權的服務供應商，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

香港太古城英皇道1111號26樓2601-04及13-16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。

