



## HOSPITALISATION & SURGICAL CLAIM FORM 住院及手術索償申請表

Simply file claims through the 24/7 eClaims online platform at Blue Cross HK App or Super Care website within 90 days from treatment date or discharge date, which greatly shortens the processing time of claim application submitted by mail or in person. 於治療或出院後 90 天內透過 Blue Cross HK App 或 Super Care 網站 24/7 運作的電子索償平台向藍十字提交索償申請，大大縮短以郵寄或親身遞交索償申請的時間。

**Enjoy Speedy Claim Submission via eClaim in 3 simple steps**  
(Applicable to inpatient claim amount of each receipt is HK\$50,000 or below)

1. Input claim details
2. Upload the scanned copies/photos of receipt
3. Confirm

**透過電子索償平台簡單 3 步遞交索償申請**  
(只適用於每張收據不超過 HK\$50,000 之住院索償)

1. 輸入索償資料
2. 上傳收據之掃描副本 / 相片
3. 確認

Download Now  
立即下載



Blue Cross HK App

### Claim Notes

1. This form is applicable to hospitalisation and day case surgery in hospital/clinic claims.
2. You can find the Policy number and Insured number on Blue Cross Certificate of Insurance or Blue Cross Healthcare Card, you may also visit [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare) to view account information after logging in.
3. Please print this claim form on A4 size paper and send it together with the original receipts to Medical Claims Department of Blue Cross (Asia-Pacific) Insurance Limited ("The Company") within 90 days from treatment date or discharge date. The Company's Personal Information Collection Statement as accompanied with this form is for your reference and retention, please do not return it along with your claim application.
4. The Company is entitled to request for your provision of further information and documents or completion of other specific claim forms.

### Claim Instructions

1. Complete and sign this form and attach the **original** receipts issued by the doctor and/or hospital or certified true copy of receipts issued by other insurers (if applicable). Each receipt **MUST** state the following information:
  - Full name of patient
  - Date of treatment
  - Diagnosis
  - Breakdown of charges
  - Doctor's signature and official stamp
  - Name of surgery (if applicable)
2. For confinement in the general ward of government hospital, please attach the original receipts issued by the hospital together with a copy of discharge summary. If no diagnosis is provided by the doctor, the insured (patient) is required to supplement the exact diagnosis (e.g. Hypertension) on the above mentioned documents and confirm with a signatory.
3. Provide copy of claim settlement advice from other insurers, if applicable.
4. Original receipt will not be returned once submitted. Please tick the appropriate box if certified true copy of receipt is required.

### 索償注意事項

1. 此申請表適用於住院及醫院 / 門診日症手術索償。
2. 您可於藍十字保險證明書或藍十字醫療卡上查看保單號碼及受保人號碼，您亦可登入 [www.bluecross.com.hk/supercare](http://www.bluecross.com.hk/supercare) 查閱賬戶資料。
3. 請以 A4 紙打印此索償申請表，並於治療或出院後 90 天內，連同收據正本一併交回藍十字 (亞太) 保險有限公司 ("本公司") 醫療保險理賠部。隨本申請表附上的收集個人資料聲明，是供閣下參閱及保留之用，請無需於提交索償申請時退回。
4. 本公司有權要求閣下提供更多資料及文件或填寫其他專用索償表格。

### 索償申請指示

1. 填妥此申請表及簽署，並附上由醫生及 / 或醫院簽發的收據正本或由其他保險公司發出的收據核實副本 (如適用)。每張收據正本必須列明以下項目：
  - 病人姓名
  - 治療日期
  - 病症名稱
  - 收費項目說明
  - 醫生簽署及蓋章
  - 手術名稱 (如適用)
2. 若入住政府醫院普通病房，請提供由政府醫院發出的收據正本及出院摘要副本。若醫生未有註明病症名稱，受保人 (病人) 須於上述文件上補充確實的病症名稱 (例如：高血壓) 並簽署確認。
3. 如適用，請提供其他保險公司之賠償結算通知書副本。
4. 一經遞交之收據正本將不獲發還。如需索取收據之核實副本，請於適當空格內畫上「✓」號。

### Part I 甲部 - To be completed by the Insured (Patient) 由受保人 (病人) 填寫

(or his/her parent if the Insured is aged below 18 若受保人之年齡在 18 歲以下，請由其家長填寫)

**To avoid delay in processing your claim due to incomplete information, please complete all the below information in English BLOCK letters.**

**為免因資料不全而延遲處理閣下之索償申請，請以英文正楷填寫下列所有資料。**

Name of Policyholder/Employer 保單持有人姓名 / 僱主名稱	Policy No. 保單號碼	Staff No. (if applicable) 職員編號 (如適用)
Name of Employee in English (if applicable) 僱員之英文姓名 (如適用)	Employee's Insured No. (if applicable) 僱員之受保人號碼 (如適用)	HKID Card No. 香港身份證號碼
Name of Insured (Patient) in English 受保人 (病人) 之英文姓名	Patient's Insured No. (must be provided) 病人之受保人號碼 (必須提供)	HKID Card No. 香港身份證號碼

Original receipt will not be returned once submitted. Please put a "✓" in this box for request of certified true copy of receipt for other insurance claims.  
一經遞交之收據正本將不獲發還。如需索取收據之核實副本辦理其他保險索償，請於方格內畫上「✓」號。

1. Admission/Day Case Surgery Date 入院/日症手術日期 (DD/MM/YY 日 / 月 / 年) \_\_\_\_\_ Discharge Date 出院日期 (DD/MM/YY 日 / 月 / 年) \_\_\_\_\_
2. Have you ever had any prior treatment(s) for this diagnosis or related conditions? 閣下有否曾因同一診斷或相關病況而接受治療?  Yes 是  No 否  
Date(s) 日期 (DD/MM/YY 日 / 月 / 年) \_\_\_\_\_ Name of Doctor(s) 醫生姓名 \_\_\_\_\_ Contact No. 聯絡電話 \_\_\_\_\_
3. Have you ever made or are you going to make any other insurance claim(s) resulting from this treatment? 有關此次治療，閣下有否曾經或是否將會申請其他保險賠償?  
If yes, please provide 如是請提供  Yes 是  No 否  
(i) Name of Insurance Company 保險公司名稱 \_\_\_\_\_ (ii) Policy No. 保單號碼 \_\_\_\_\_  
(iii) Type of Insurance Product 保險產品類別 (applicable to Insured under Caring Medical Protection Plus 只適用於「摯安心精選」醫療保險計劃之受保人)  
 Group Medical Insurance 團體醫療保險  Individual Medical Insurance 個人醫療保險  Others 其他
4. Was the treatment a result of an accident? 此次治療是否由於一宗意外引致?  Yes 是  No 否  
Date 日期 (DD/MM/YY 日 / 月 / 年) \_\_\_\_\_ Time 時間 \_\_\_\_\_ Place 地點 \_\_\_\_\_  
Brief Description 經過 \_\_\_\_\_

### Declaration and Authorisation 聲明及授權書

1. I/We have obtained all necessary authorisation from my/our dependents (if applicable) to supply their information to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative if my/our dependents are parties to the claim request(s). I/We also understand that the information requested in this form is required in order for the Company to process these claims.
2. I/We hereby authorise any hospital, physician, medical practitioner, medically related service provider, insurance company, person, party and/or authority that has any records or is holding any information of the insured person or me/us to disclose to the Company or its authorised representative, any and all information with respect to the insured person's or my/our loss, disability, claim history, medical history, police statement made and the like for the purpose of assessing the insured person's or my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.
3. I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.
4. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
5. I/We agree and understand that the claims' information (including but not limited to submitted medical records) may be disclosed to the Employee's Insured.
6. 如本人 / 我們之家屬為賠償申請之一方，本人 / 我們已向家屬取得一切所需授權 (如適用)，向藍十字 (亞太) 保險有限公司 ("貴公司") 或其授權代表提供其個人資料，本人 / 我們亦明白本表內所提供的資料是讓貴公司作處理本人 / 我們索償之用。
7. 本人 / 我們謹此授權任何持有受保人或本人 / 我們之任何記錄或資料的醫院、醫生、醫學界執業人士、與醫療有關的服務供應商、保險公司、有關人士、機構、及 / 或有關當局，向貴公司或其授權代表提供任何或所有有關受保人或本人 / 我們之損失、損傷、賠償記錄、病歷、口供或任何相關資料作評估受保人或本人 / 我們的賠償申請之用途。此授權書之正本及副本皆具同等效力。
8. 本人 / 我們謹此聲明：上述所有問題的答案包括所有資料及細節均是準確無誤、真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此賠償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白發出或填寫此賠償表格並不代表貴公司確認責任或保證賠償。
9. 本人 / 我們謹此聲明：本人 / 我們已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。
10. 本人 / 我們同意並理解：索償的資料 (包括但不限於已提交的醫療記錄) 可能會提供給僱員之受保人。

Signature of Insured (Patient) 受保人 (病人) 簽署

Date 日期 (DD/MM/YY 日 / 月 / 年)

In the event of the patient aged below 18, this form should be signed by his/her parent. 倘若病人之年齡在 18 歲以下，本申請表須由其家長簽署。

**Part II – To be completed by the attending physician/surgeon at the claimant's own expenses**  
**乙部 – 由主診醫生 / 外科醫生填寫，所需費用由索償人自行承擔**

Full Name of Patient (please fill in English BLOCK letters) 病人全名 (請以英文正楷填寫) : \_\_\_\_\_

Date of Admission 入院日期 ( DD/MM/YY 日 / 月 / 年 ) : \_\_\_\_\_ Date of Discharge 出院日期 ( DD/MM/YY 日 / 月 / 年 ) : \_\_\_\_\_

Name of Hospital 醫院名稱 : \_\_\_\_\_

Level of hospital ward 病房級別 :  Private 私家房  Semi-private 半私家房  Ward 普通房  Clinical Surgery 門診小手術

**1. Clinical History 求診記錄**

a) When did the patient first consult you related to this illness/injury 病人就此疾病 / 受傷後，首次向閣下求診的日期 ( DD/MM/YY 日 / 月 / 年 ) : \_\_\_\_\_

b) Symptom(s)/complaint(s) of the patient relating to this hospitalisation/treatment/investigation 病人就此次住院 / 治療 / 檢驗所出現的相關症狀及主訴 :  
\_\_\_\_\_

c) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久? \_\_\_\_\_

d) When did you refer the patient for hospitalisation? 閣下轉介病人入院的日期 ( DD/MM/YY 日 / 月 / 年 ) : \_\_\_\_\_

**2. Details of Hospitalisation 住院詳情**

a) Final Diagnosis 最後的診斷 : \_\_\_\_\_

b) Etiology of disease 病因 : \_\_\_\_\_ c) Date of Operation 手術日期 ( DD/MM/YY 日 / 月 / 年 ) : \_\_\_\_\_

d) Operation procedure(s) performed 手術名稱 : \_\_\_\_\_

e) If the patient had consulted other physician(s) during this hospitalisation, please provide the following 如病人於住院期間曾向其他醫生求診，請提供以下資料：

Name of physician consulted 醫生姓名 : \_\_\_\_\_ Reason 原因 : \_\_\_\_\_

What treatment had the physician performed 治療詳情 : \_\_\_\_\_

f) Had the patient taken any home leave during the hospitalisation? 病人住院期間有否請假外出?  Yes 有  No 沒有

If yes, please state the date, time and reason for home leave 如有，請列明外出的日期、時間及原因 \_\_\_\_\_

g) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要 (包括開始時及持續出現的徵兆 / 症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情) :  
\_\_\_\_\_

h) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/outpatient basis 若此次病症能在日間護理 / 診所內進行治療，請提供住院原因：  
\_\_\_\_\_

**3. Professional Comment 專業意見**

a) In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint/diagnosis. 就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴 / 診斷有關?  Yes 是  No 否

If "yes", please provide date of the first episode and details. 若答案為「是」者，請提供首次發病日期及詳情： \_\_\_\_\_

b) Was the condition due to or associated with the following? 上述情況是否出於或與以下問題關連?  Yes 是  No 否

If "yes", please tick the appropriate boxes 若答案為「是」者，請在適當空格填上✓號

Accidental bodily injury 意外身體受傷  Pregnancy 懷孕  Congenital condition 先天性疾病 / 異常

Self-inflicted injury 自我傷害  Infertility or sterilization 不育或絕育  Developmental condition 發育問題

Abuse of drugs or alcohol 濫用藥物或酒精  Contraception 避孕  Hereditary condition 遺傳性問題

Mental disorder 精神紊亂  Treatment for cosmetic purpose 美容性質的治療  General checkup 一般身體檢查

Refractive error 屈光不正  Vaccination 疫苗接種

Venereal disease, sexually transmitted disease or AIDS/HIV related illness 性病、性傳播疾病或愛滋病 / 愛滋病毒有關的疾病

Others 其他 : \_\_\_\_\_

**4. Others 其他**

a) If the patient was referred by another doctor, please provide the name and address of the referring doctor. 如病人由其他醫生轉介，請提供轉介醫生的姓名和地址：  
\_\_\_\_\_

b) Are you the patient's usual physician? 閣下是否此病人的慣常醫生?  Yes 是  No 否

I hereby certify that all information given above is accurate, true and complete and are given to the best of my knowledge.

本人謹此聲明，就本人所知，上述所提供的資料均是準確無誤、真實及為事實之全部。

Signature and official stamp of attending physician/surgeon 主診醫生 / 外科醫生簽署及蓋章

Address and Telephone No. 地址及電話號碼

Name of attending physician/surgeon and qualifications 主診醫生 / 外科醫生姓名及資歷

Date 日期 ( DD/MM/YY 日 / 月 / 年 )

Note: Part II of this claim form is drafted by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers, and subsequently revised by Blue Cross (Asia-Pacific) Insurance Limited.

備註：本索償申請表乙部由香港醫學會及香港保險業聯會屬下醫療保險協會提供初稿，後經藍十字 ( 亞太 ) 保險有限公司修訂。



## 個人資料（私隱）條例 — 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃友邦保險控股有限公司的全資附屬公司。在本聲明內，友邦保險控股有限公司連同其附屬公司及聯營公司將統稱為「友邦保險集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

### (2) 個人資料收集目的

本公司所存下或收集的關於閣下的個人資料（包括但不限於信用資料和以往申索紀錄）可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定、結清保險索償及就索償抗辯，包括進行任何附帶調查，偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或友邦保險集團具有約束力或適用或期望其遵守的就被披露及使用資料的義務、規定及／或安排：
  - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律（例如稅務條例及當中的條款，包括與自動交換財務帳戶資料相關的條款）；或
  - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導（例如稅務局作出或發出的指引或指導，包括與自動交換財務帳戶資料相關的指引或指導）；或
  - (c) 本公司或友邦保險集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守友邦保險集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於友邦保險集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

### (3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承辦人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應商（如保險理算人、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或友邦保險集團負有保密責任的其他人士，包括承諾保密該等資料的友邦保險集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或友邦保險集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或友邦保險集團具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或友邦保險集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或

金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；
- (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
- (vii) 本公司及／或友邦保險集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）；及
- (ix) 為履行任何本聲明第(2)(i)-(2)(iii)段所列明的用途的以下人士：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；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）。

該等資料可能被轉移至香港境外。

### (4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
  - (a) 保險、財務、銀行及相關服務及產品；
  - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
  - (c) 本公司及／或友邦保險集團任何成員公司的品牌合作夥伴提供之服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
  - (a) 友邦保險集團任何成員公司；
  - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
  - (c) 本公司及／或友邦保險集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

### (5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓  
藍十字（亞太）保險有限公司  
個人資料保障主任

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

由藍十字（亞太）保險有限公司發出  
(20220801)





**Blue Cross 藍十字**

An AIA Company 友邦保險成員公司

## The Personal Data (Privacy) Ordinance – Personal Information Collection Statement (the “Statement”)

Blue Cross (Asia-Pacific) Insurance Limited (the “Company”) is a wholly owned subsidiary of AIA Group Limited. AIA Group Limited, together with its subsidiaries and affiliates are collectively referred to in this Statement as the “AIA Group”.

In compliance with the Personal Data (Privacy) Ordinance (the “Ordinance”), the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company’s business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

### (2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you held or collected by the Company (including but not limited to credit information and claims history) may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating, settling and defending insurance claims as well as conducting any incidental investigation, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company’s rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company’s service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the AIA Group or that it is expected to comply according to:
  - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region (“Hong Kong”) existing currently and in the future (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information);
  - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future (e.g. guidelines or guidance given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information); or
  - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the AIA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the AIA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xii) any other purposes relating to the purposes listed above.

### (3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as insurance adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the AIA Group including a member of the AIA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the AIA Group is under an obligation or otherwise required to make disclosure under the requirements of any law or

rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the AIA Group or with which the Company or the AIA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the AIA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the AIA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement; and
- (ix) the following persons who carry out any of the purposes described in paragraphs (2)(i)-(2)(iii) of this Statement: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, 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 other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Such information may be transferred to a place outside Hong Kong.

### (4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
  - (a) insurance, financial, banking and related services and products;
  - (b) reward, loyalty or privileges programs and related services and products; and
  - (c) services and products offered by the co-branding partners of the Company and/or any member of the AIA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
  - (a) any member of the AIA Group;
  - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
  - (c) co-branding partners of the Company and/or any member of the AIA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

**If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).**

### (5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address:

The Corporate Data Protection Officer  
Blue Cross (Asia-Pacific) Insurance Limited  
29th Floor, BEA Tower, Millennium City 5,  
418 Kwun Tong Road,  
Kwun Tong, Kowloon  
Hong Kong

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company’s Corporate Data Protection Officer at the address provided in paragraph (5) of this Statement, to request for the Company’s policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

Issued by Blue Cross (Asia-Pacific) Insurance Limited  
(20220801)