

**Blue Cross 藍十字**

An AIA Company 友邦保險成員公司

PERSONAL ACCIDENT INSURANCE CLAIM FORM**人身意外保險賠償申請表**

Please complete and sign this Claim Form, and provide the relevant documents listed in Part IV to avoid delay in claim process.

請填妥並簽署此賠償申請表，連同第四部分所列相關文件交回，以免延誤索償進程。

The Company is entitled to request for further information or other specific claim form to be completed, and assign an insurance adjuster for investigation.

本公司有權要求索償者提供更多資料或填寫其他專用索償表格，以及委派保險理算人進行調查。

All submitted documents to the Company will not be returned.

所有遞交予本公司之文件將不獲發還。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

I. Policy and Insured's Particulars 保單及受保人資料		Claim No. (Office use) 索償編號 (本公司專用)
Policy No. 保單編號	Name of Insured 受保人姓名	Age 年齡
		Gender 性別
HKID Card / Passport No. 香港身分證 / 護照號碼	E-mail Address 電郵地址	
	Phone No. 聯絡電話	
Residential Address 居住地址	Correspondence Address (if different from Residential Address) 通訊地址 (如不同於居住地址)	
Present Occupation (if more than one, state all) 現時職業 (如多於一項，請詳細列明)	Main nature of occupational duties at time of accident 發生意外時的主要職業及職責	
Name of Employer 僱主名稱	Address of Employer 僱主地址	

II. Claimant's Particulars 申請賠償者資料

Name of Claimant 申請賠償者姓名	Relationship with the Insured 與受保人的關係	HKID Card / Passport No. 香港身分證 / 護照號碼
Residential Address 居住地址	Correspondence Address (if different from Residential Address) 通訊地址 (如不同於居住地址)	
E-mail Address 電郵地址	Phone No. 聯絡電話	

III. Circumstances of Injury 受傷詳情

Nature of Accident (state in details, how it happens) 意外原因 (詳細細節，怎樣發生)		Place of Accident 發生意外地點
		Date & time 日期和時間
Please provide details of consultations 請填報診治詳情	Consultation Date 診治日期	Name(s) and address(es) of doctor(s) 醫生姓名及地址
All doctors who have been consulted for the Injury 曾診治該傷患的醫生資料	_____	_____
	Period of Confinement 留院時間	Name(s) and address(es) of hospital(s) 醫院名稱及地址
Hospitalization (please attach discharge note) 住院 (請附出院記錄)	From 由 _____ to 至 _____	_____
	From 由 _____ to 至 _____	_____
Date on which you last worked prior to disability 不能工作前之最後工作日期	Date on which you returned to work 恢復工作日期	If after you returned to work you were not immediately able to perform all your job duties, please indicate 如已恢復工作，但工作能力未能完全恢復，請列明
Date on which you expect to return to work if you have not already done so 如現時仍不能工作，估計可於何日恢復工作	Are you insured with any other insurance for accident benefits? If so, please give full particulars 閣下是否購有其他意外保險？如有，請列明 Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>	Name of insurance company 保險公司名稱: _____ Policy No. 保單編號: _____
Amount claimed (HK\$) 索償金額 (港幣)	Breakdown (HK\$) 索償項目金額 (港幣)	

IV. Claim Documents 索償文件

This Claim Form must be submitted within 14 days after the accident, even if any of the claim documents is not readily available.

如未能即時提供任何索償文件，此賠償申請表亦必須於意外發生後 14 天內填妥並立即呈遞。

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.

閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。

Accidental Death or Permanent Disablement 意外身故或永久傷殘	Hospital and/or physician's report giving details on the nature and the extent of the Injury and the period of disablement 詳細闡述受傷的性質、程度及傷殘時段的醫院及 / 或醫生報告 If death as a result of an accident, a copy of the death certificate and coroner's report 如因意外導致死亡，則需連同死亡證及驗屍報告副本 Original police report and/or copy of statement to police (if applicable) 警方報告正本及 / 或口供記錄副本 (如適用)
Accidental Medical Expenses 意外醫療費用	Original hospital invoice and/or medical expenses receipt 醫院賬單及 / 或醫療費用收據正本 Full physician's report stating the diagnosis of the condition treated, the date, time, duration and place of such hospitalization or clinical treatment 列明接受治療的病症及受傷的日期、及入院的日期、時間、持續時間及醫院或診所地址的詳細醫生報告 Summary of the course of treatment including prescribed medicines and services rendered 治療時所使用的醫生處方藥物及服務的摘要 If laboratory and/or x-ray expenses and/or physiotherapy treatment is incurred, physician's referral letter is required (if applicable) 如牽涉化驗測試及 / 或 X 光診斷及 / 或物理治療費用，須提交認可醫生發出的轉介信副本 (如適用) For trauma counselling benefit (if applicable), additional information including physician's report/certificate certifying the diagnosis of post-trauma stress disorder 倘若涉及索償創傷輔導保障 (如適用)，須提供額外文件包括醫生報告 / 證書，以證明患上創傷後壓力症
Temporary Total Disablement/Weekly Income Protection 暫時完全喪失工作能力 / 每週入息保障	All the required documents listed in "Accidental Medical Expenses" above 以上「意外醫療費用」所列的所需文件 Physician's report/certificate certifying the disablement period 醫生報告 / 證書，以證明所指稱喪失工作能力的時段 Official document from the employer stating the duration of the relevant sick leave income proof, such as pay slip, tax return or bank statement 由僱主發出的正式文件，須列明有關的病假入息證明，如糧單、納稅申報單或銀行月結單

Employer's Confirmation of Sick Leave and Attending Physician's Statement have to be filled in only if you are claiming for Permanent Total or Temporary Total Disablement Benefit. 如非申請永久或暫時完全喪失工作能力索償，毋須填寫僱主認可休假證明書及醫生證明書。

V. Authorisation and Declaration 授權及聲明

I/We hereby authorise any hospital, physician, person, party and/or authority that has any records or is holding any information of the insured person or myself/ourselves to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to the insured person's or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

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、人士、有關人等、及/或有關當局，向藍十字(亞太)保險有限公司(「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、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

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 Claim Form does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

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索償申請之重要資料，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/我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form. 本人/我們確認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。

Signature of Claimant (with company chop if appropriate) (並公司蓋章，如適用)	:	_____	Signature of Insured Person 受保人簽署申請賠償者簽署	:	_____
Name 姓名	:	_____	Name 姓名	:	_____
Date 日期 (dd/mm/yy 日/月/年)	:	_____	Date 日期 (dd/mm/yy 日/月/年)	:	_____

The Chinese version of this Form is for reference only. In case of any discrepancy between the Chinese and English versions, the English version shall prevail. 此表格的中文譯本僅供參考之用，文義如與英文本有歧異，概以英文為準。

Employer's Confirmation of Sick Leave 僱主認可休假證明書

To be completed by the Insured's employer. 此部分由受保人的僱主填寫。

<p>This is to certify that the Insured _____ who is our employee serving the position as _____ _____ had suffered an injury of _____ occurred on _____ and as a result of the said injury he/she did not attend to work for a total of _____ days during the period from _____ to _____.</p> <p>We further confirm that his/her basic salary at the time of accident was HK\$ _____ (excluding bonus, commission, overtime and other allowance).</p> <p>茲證明受保人_____ (受保人姓名) 為本公司_____ (職位) 因於 _____ 發生之意外而致_____ 受傷由_____ 至 _____ 休假共_____ 天。</p> <p>本人/本公司證明該受保人，每月的基本薪金 (不包括花紅、佣金、超時補薪及其他津貼) 為港幣_____ 元。</p>		
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Signed by Employer 僱主簽署	Company Chop 公司蓋章	Date 日期
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To be completed by the Insured 此部分由受保人填寫

A. State your Basic Salary (HK\$) [excluding bonus, commission, overtime and other allowance]. 請列明閣下的基本薪金 (港幣\$)[不包括花紅、佣金、超時補薪及其他津貼] or	HK\$ 港幣\$
B. If you are self- employed: State gross income for previous 12 months (HK\$) [after deduction of all operating expenses of your business] 如果閣下是自僱者: 請列明最近 12 個月的總收入[扣除所有營業支出後]	HK\$ 港幣\$
Signature of Insured (Signed to confirm the above statements are true and correct) 受保人簽署 (證明以上資料真實無誤)	Date 日期

Attending Physician's Statement 醫生證明書

To be completed by the Insured's attending physician at the Claimant's cost. 此部分由受保人的主診醫生填寫，有關費用須由申請賠償者支付。

Patient's name 病人姓名	HKID Card/Passport No. 香港身分證/護照號碼	Sex 性別	Age 年齡
Date of Accident 意外日期	Describe and locate cause, character and extent of injury 描述傷患位置、起因、徵狀及程度		
Is there any external and visible evidence of injury at the 1. consultation 首次診症時，傷患是否由外在及可見因素引致			
Severity of the injury and the present condition 傷患的嚴重程度及現況			
Where did you see him/her after the accident 外發生後，閣下在那診治病人 日期	Treatment administrated (as numbered of stitches, dressing, etc.) 傷勢處理(如多少縫針、包紮傷口等) Time (am/pm) 時間 Date Treatment 治療手法		
Did injury require (if any, please give details) 傷勢是否需要 (如是，請提供詳情)			
(a) Hospitalization 住院 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Date admitted 入院日期	Date discharged 出院日期	
(b) X-rays X光 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>			
(c) Special diagnostic procedure Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Please specify 詳情特別診斷的程序		
(d) Surgery 手術 Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>	Please specify 詳情		
Was healing complicated 癒合情況是否複雜 If so, state what special treatment was given? 如是，請列明特別治療方法	Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Date 日期	Details 詳情	
Yes 會 <input type="checkbox"/> No 不會 <input type="checkbox"/> 依據閣下的意見			
If "Yes" and an absence from work of more than 3 days was necessary, please describe the reasons why you feel the patient could not return to work earlier. 如“會”及病人必須休假 3 日或以上，請提供閣下認為病人不能早日返回工作之原因。			
Given details of any circumstances, such as intoxication, physical defects or medical history which may have contributed to the accident and/or lengthen the period of disability. 請詳述任何可能引致上述意外及/或令傷殘康復期延長之因素，如醉酒、身體缺陷或病歷。			
In your opinion how long was he/she disabled from performing any kind of duty pertaining to his/her occupation. 依據閣下的意見，病人將於下列期間不能從事其正常職業。 Total disablement 完全不能從事其正常職業 _____ days 日 from 由 _____ to 至 _____			
In your opinion how long was he/she disabled from performing one or more important daily duties performing to his/her occupation. 依據閣下的意見，病人將於下列期間不能從事其慣常職務中 1 項或多項日常工作。 Partial disablement 暫時無法復工 _____ days 日 from 由 _____ to 至 _____			
Name(s) and Address(es) of other Physicians who treated the Patient for the same injury 其他有參與治療病人是次傷患的醫生姓名及地址			
Approximate Date 大約日期	Name 醫生姓名	Address 地址	
Date of first consultation or treatment 第一次診斷及治療日期	Date of last consultation or treatment 最近一次診斷及治療日期		

I hereby certify that I have examined and treated the above Patient for the above injuries and that the fact as given above present my opinion of his/her condition 本人謹此證明以上病人之傷患是經本人診斷及治療並以他/她的實況來表達本人上述之意見。

Signature 簽署	Name of physician & chop 醫生姓名及蓋章	Date 日期
Qualification 資格	Address 地址	Phone No. 電話號碼



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)