

藍十字(亞太)保險有限公司(「藍十字」)乃東亞銀行集團成員,於香港經營保險 業務50年,致力為個人及企業客戶提供多元化的保險產品及服務,包括醫療、旅遊 及一般保險。藍十字屢獲殊榮,保險產品及服務均獲廣泛認同:

商界展關懷公司(2005-06 及 2008-18)

香港傑出企業公民獎 —「企業組別」及「義工隊組別」嘉許標誌 (2016 及 2018)

積金好僱主(2016-2018)、推動積金管理獎(2017-2018)及積金供款電子 化獎 (2018)

◆ 好僱主約章 (2018)

《晴報》Banking & Finance Awards 2018 — 傑出網上營銷旅遊 (保險) 大獎

《新城電台》香港傑出數碼品牌大獎——傑出網上旅遊保險服務 (2017) 《親子王》家庭最愛品牌選舉——家居保險大獎 (2017)

《新假期》最受歡迎旅遊保險公司大獎(2005-2017)

《社區投資共享基金》社會資本企業義工大賞 — 最具温情獎 (2015)

《資本雜誌》資本傑出企業成就獎 — 傑出醫療及一般保險 (2012-2015)

藍十字在2018年獲得金融服務業國際信用評級機構A.M. Best 授予財務實力評 級及長期發行人信用評級分別為A(優秀)及「a」級別。有關最新評級,請瀏覽 www.ambest.com °

Blue Cross (Asia-Pacific) Insurance Limited ("Blue Cross") is a member of The Bank of East Asia Group. With 50 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services including medical, travel and general insurance, which cater to the needs of both individual and corporate customers. Blue Cross' success in insurance products and services is reaffirmed by numerous awards and accolades:

◆ Caring Company (2005-06 & 2008-18)

The Corporate Citizenship Logo in the Enterprise and Volunteer Categories of The Hong Kong Corporate Citizenships Awards (2016 & 2018)

Good MPF Employer Award (2016-2018), Support for MPF Management Award (2017-2018) & e-Contribution Award (2018)

Good Employer Charter (2018)

Sky Post Banking & Finance Awards 2018 - Excellence Award for Online Marketing of Travel Insurance Product

Metro Radio Hong Kong Digital Brand Awards - Outstanding Online Travel Insurance Services (2017)

◆ Smart Parents' Choice Brand Awards — Home Insurance (2017)

Weekend Weekly The Most Favorite Travel Insurance Company Award (2005-2017)

Community Investment and Inclusion Fund Social Capital Corporate Volunteer Challenge – Most Caring Award (2015)

Capital Magazine Capital Outstanding Enterprise Awards – Medical and General Insurance (2012-2015)

In 2018, Blue Cross was assigned a financial strength rating of A (Excellent) and the long-term issuer credit rating of "a" by A.M. Best, a global full-service credit rating firm specialising in the financial service industry. For the latest rating, please access www.ambest.com.



Customer Service Hotline 3608 2988

Blue Cross (Asia-Pacific) Insurance Limited 藍十字(亞太)保險有限公司

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護齒保險計劃 **Dental Plan**



2019年1月牛效 With effect from Jan 2019

MD063/01.2019



護齒保險計劃

牙齒保健 不容忽視

牙痛慘過大病,更何況要面對日益高昂的護齒費用?「護齒保險計劃」助您及家人應付昂貴的護齒費用包括常規口腔檢查。

獨立的護齒保險計劃 全面保障您的牙齒健康

- 您可按需要選擇標準計劃或特級計劃
- 您可向任何註冊牙醫求診,並獲得保障
- 您可享有全球保障

投保簡易

▶ 投保手續簡單,無須驗牙或個別核保,您的保單更可自動續保至下 一個受保期

立即投保,盡享全面牙齒保障!

Dental Plan

Never Neglect Your Dental Care

Toothache can give you a hard time. What's worse are the escalating costs of dental care. Dental Plan covers expensive dental services costs including routine oral examinations for you and your family.

A Standalone Dental Plan to Meet Your Dental Needs

- You may choose between Standard Plan or Executive Plan according to your needs
- Your coverage extends to treatments by any registered dentists of your own choice
- You can enjoy a worldwide coverage

Easy Enrolment

 Enrolment is free from dental examination or individual underwriting and your policy will also be automatically renewed for another period of insurance

Enrol Now to Enjoy All-round Dental Plan!

1. 標準計劃 Standard Plan (STD)

除特別指明外,此計劃支付80%可償醫療費用,最高賠償額如下:

The plan covers 80% of eligible expenses up to the following maximum benefit limit, unless otherwise stated:

保	章項目 Benefit Items	最高賠償額 Maximum Benefit Limit (HK\$)
1.	牙齒服務前所需的X光測驗 X-rays required prior to performance of dental service	每張片 Per film
	a) 單片 Single film b) 附加片 Additional film	100 90
2.	膿瘡 Abscesses	每牙瘡 Per abscess
	a) 非手術治療 Non-surgical b) 手術治療 Surgical	400 800
	補牙 Fillings	每隻牙 Per tooth
	a) 齒科汞合金 Amalgam b) 合成(例如:樹脂)Composite (e.g. resin)	800 520
	c) 以酸性蝕刻 With acid etch	850
ŀ.	修復齒尖的牙冠釘 Pins for Cusp Restoration	每口釘 Per pin
	a) 第一口釘 First pin b) 同一牙齒隨後所需用的釘	280 145
	Subsequent pin for the same tooth	,
;.	齒根管的治療 Root Canal Treatment	每隻牙 Per tooth
		3,100
Ö.	脱牙 Extractions a) 手術或非手術方式拔除(項目6b 除外)	每隻牙 Per tooth
	Surgical or non-surgical extraction (except item no. 6b)	520
	b) 手術方式將阻生的智慧齒拔除 Surgical extraction of an impacted wisdom tooth	2,400
	Surgical extraction of an impacted wisdom tooth	
7.	齒根尖切除術 Apicoectomy	每隻牙 Per tooth
	前排牙齒 Anterior teeth	2,400
3.	假牙(只適用於因意外引致) Dentures (caused by accident only)	
	a) 上排整套及下排整套 Both full sets (upper and lower)	9,500
	b) 上排整套或下排整套 One full set (upper or lower)	4,800
	c) 非整套 Partial set i. 每一倒膜 Per preparation plate	4,800
	ii. 每一假牙 Per denture	330
).	牙齒治療所需之藥物 (須由牙醫處方)	每保單年度 Per policy yea
	Medication for dental treatments as prescribed by a dentist	520
0.	常規口腔檢查 Routine Oral Examination 洗牙及預防治療(每保單年度2次)	每次 Per visit
	Scale & polish and prophylaxis (twice per policy year)	520
	100%賠償 100% Reimbursement	
	呆單年度綜合最高賠償額	
Dν	erall Maximum Benefit Limit Per Policy Year	10,800

(不包括假牙所需費用 exclude cost of dentures)

2. 特級計劃 Executive Plan (EXE)

此計劃支付100%可償醫療費用,最高賠償額如下:

The plan covers 100% of eligible expenses up to the following maximum benefit limit:

最高賠償額 Maximum Benefit Limit (HK\$)								
特級計劃包括保障項目1至21,除第8項由第15項代替。 Executive Plan covers benefit items 1 to 21, except item 8 which is replaced by item 15.								
930 2,000								
680								
每隻牙 Per tooth 3,000								
每隻牙 Per tooth 2,500 3,300 4,200								
每個齒冠或齒橋 Per crown or bridge 2,300 3,300 3,000								
9,500 4,800 4,800 2,200								

16. 意外緊急治療 Accident Emergency Treatment a) 包括X光、短期止痛、短期填補、藥物使用、膿療切割及排放 Include X-rays, temporary pain relief, temporary fillings, medication, incision and drainage of abscess b) 非辦公時間治療服務 Non-working hours treatment	每宗意外 Per accident 680 1,600					
17. 部分軟組織阻生 Partial Soft-tissue Impaction	每宗意外/牙科狀況 Per accident/dental condition 950					
18. 整體軟組織阻生 Complete Soft-tissue Impaction	每宗意外/牙科狀況 Per accident/dental condition 2,400					
19. 牙骨阻生 Bony Impaction	每宗意外/牙科狀況 Per accident/dental condition 1,450					
20. 牙齒矯正治療 Orthodontic Treatment (影響受保人的健康狀況並由註冊醫生或牙醫建議必 要接受的治療) (necessitated by threat to the health of the insured and recommended as medically necessary by qualified physician or dentist)	每保單年度 Per policy year 8,000					
21. 全視牙照 Panoramic Film	每保單年度 Per policy year 330					
每保單年度綜合最高賠償額 Overall Maximum Benefit Limit Per Policy Year (不包括假牙所需費用 exclude cost of dentures)	21,000					
所有保障項目(除第10項)需於90天等候期後方可獲賠償(續保除外)。						

所有保障項目(除第10項)需於90天等候期後方可獲賠償(續保除外)。 All benefit items (except item 10) are subject to a waiting period of 90 days (exclude policy renewal).

年繳保費表 Annual Premium Table (HK\$)

計劃級別 Plan Level	標準計劃 Standard Plan (STD)	特級計劃 Executive Plan (EXE)
年齢 Age		
3歲或以下 3 years old or below	1,251	3,393
4至18歲 4-18 years old	2,503	6,785
18歲以上之男性 Male over 18 years old	2,503	6,785
18歳以上之女性 Female over 18 years old	2,884	8,481

註

- 年齡以最近生日日期計算。如您下一個生日是在投保日期起計6個月之內,保費將以下 一個生日年齡計算,否則以目前年齡計算。如保單生效日期與投保日期不同,即以保單 生效日期決定已屆年齡。
- 2. 藍十字保留調整保費率及其後續保保費的權利。
- 3. 保險業監管局將按照法例透過保險公司向投保人收取保費徵費。如欲得悉更多有關保險業監管局收取徵費的資料,請瀏覽藍十字網頁 http://bluecross.com.hl/document/general/levy_collection。

Remarks:

- Age refers to the nearest birthday. If your next birthday falls within the coming 6 months from
 the enrolment date, the premium rate will be charged according to your next age attained.
 Otherwise, it will be charged based on your current age. Policy effective date will be used
 to determine the age attained if it is different from the enrolment date.
- 2. Blue Cross reserves the right to adjust the premium rate and the subsequent renewal premium.
- The Insurance Authority will collect a levy on insurance premiums from policyholders through insurance companies in accordance with the law. For further information about the levy imposed by the Insurance Authority, please visit Blue Cross website at http://bluecross.com.hk/document/general/levy_collection.

一經投保後・您可隨時登入www.bluecross.com.hk/supercare 查閱您的保單資料。
 Once enrolled, you can check your policy information anytime via www.bluecross.com.hk/supercare.

主要不保事項

- 1. 除續保或特別指明外,在保單生效後首90天內的護齒治療。
- 根據任何法例、牙科計劃或其他保單,可向任何政府、公司、其他保險公司或任何 第三者追討的任何損失或費用。
- 3. 受保人蓄意自我造成的疾病或受傷(不論其精神情況正常與否)。
- 4. 飲用酒精或服用藥物而引致之情況或受傷。
- 5. 在受保期屆滿後或在保單持有人將受保人從保單中刪除之日後出現之情況或疾病。
- 6. 任何並非於持牌之牙科診所、醫療設施或以進行牙科程序為主之相類似設施進行的 牙科程序。
- 7. 戰爭(不論宣戰與否)、內戰、侵略、外敵行動、敵對行動、叛亂、革命、起義或 軍事政變或奪權;或因參與陸軍、空軍、海軍及其他紀律性服務。
- 8. 參與任何性質之競賽(賽跑除外);非於鋪有路面或未鋪有路面之道路上駕駛或乘坐電單車;航空旅行(除非受保人以付費乘客身份乘坐由妥善持牌的航空公司所經營的航機);跳傘;水肺潛水;爬山;或蓄意令自己處於極度危險的情況(試圖拯救他人生命則除外)而引致之情況或受傷。
- 非牙科服務,包括但不限於影印費、牙科報告費、牙齒護理用品(例如牙刷、牙膏及牙線)之費用、税項及相類似項目。

Major Exclusions

- 1. Except for policy renewal or otherwise specified, all dental treatments within the first 90 days after the policy is in effect.
- Losses or expenses which are recoverable under any law, dental program, or other insurance policy provided by any government, company, other insurers or any other third party.
- 3. Self-inflicted disease or injury whether the Insured is sane or insane.
- 4. Conditions or injury arising from the use or consumption of alcohol or drugs.
- Condition or disease which become manifested to an Insured after the expiry of the period of insurance or after the date of deletion of the Insured by the policyholder from this policy.
- Any dental procedure not performed in a licensed dental clinic, medical facility, or similar facility the primary function of which is to perform dental procedures.
- 7. War (declared or undeclared), civil war, invasion, acts of foreign enemies, hostilities, rebellion, revolution, insurrection or military or usurped power; resulting from taking part in military, air force, naval and other disciplinary services.
- 8. Condition or injury arising from racing of any kind (except foot racing); motorcycling not on paved or unpaved roads, air travel other than as a fare paying passenger on a duly licensed commercial aircraft; sky diving; scuba diving; mountain climbing; or deliberate exposure to exceptional danger except in attempt to save human life.
- Non-dental services, including but not limited to photocopying charges, dental report charges, costs for dental products such as toothbrushes, paste and floss, taxes and the like.

注意

- 此單張只供參考之用,中英文版本如有差異,以英文版本為準。有關詳盡條款及細則及所有不保之事項,概以保單為準。如有查詢或欲索取保單條款及細則,請致電藍十字客戶服務熟線3608 2988。
- 此單張僅在香港派發。派發此單張並不構成亦不應被詮釋為在香港境外出售、游說顧客購買或提供任何保險產品。
- ■「護齒保險計劃」由香港獲授權之保險商 藍十字(亞太)保險有限公司承保。
- 藍十字(亞太)保險有限公司乃東亞銀行有限公司之子公司及東亞銀行集團成員,與 Blue Cross and Blue Shield Association及其任何相關聯機構或許可證持有人並無任何關係。

Notes

- This leaflet is for reference only. Should there be any discrepancy between the English and the Chinese versions of this leaflet, the English version shall apply and prevail. Please refer to the policy for the exact terms and conditions and the full list of policy exclusions. For more information or a copy of the policy terms and conditions, please call Blue Cross Customer Service Hotline on 3608 2988.
- This leaflet is for distribution in Hong Kong only. The distribution of this leaflet is not and shall
 not be construed as an offer to sell or a solicitation to buy or a provision of any insurance
 product outside Hong Kong.
- Dental Plan is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
- Blue Cross (Asia-Pacific) Insurance Limited is a subsidiary of The Bank of East Asia, Limited and a member of the BEA Group. It is not affiliated with or related in any way to Blue Cross and Blue Shield Association or any of its affiliates or licensees.



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電話 Tel: 3608 2988

傳真 Fax: 3608 2938

www.bluecross.com.hk

護齒保險計劃投保書

Dental Plan Application Form

請以英文正楷填寫此份投保書,並連同抬頭為「**藍十字(亞太)保險有限公司」**之劃線支票寄回(如適用)或填寫第七部分的付款方法。Please complete this form in BLOCK letters and if applicable, return it together with a crossed cheque payable to **Blue Cross (Asia-Pacific) Insurance Limited** or complete the Payment Method in part (VII).

) 投保人資料 Details of Applicant 投保人姓名 (以香港身份證/護照為準) (姓/名) Name of Applicant (as shown on HKID Card/Passport) (Surname/First Name)								香港身份證/護照號碼 HKID Card/Passport No.		
	E日期(日/月/年)		公司 Office		住宅 Home	住宅 Home		個人電郵地址 Personal Email Address		
通訊地址 Corres	spondence Address(郵政信	L 箱及酒店地址恕不接納 P.O. Box and	d hotel address	are not acceptab	ole)					
幸 Flat L	↓ 樓 Floor L L L A	☑ Block 大廈 Building								
星苑 Estate ∟								期 Phase		
封道號數 Street	No.	街道名稱/地段 Street Name/Lot ┗								
也區 District L					□香港ト	IK 口九	龍 KLN □]新界/離島 NT/Outlying Islan		
Delivery of Policy	Documents and Renewal Inforr	直接或經由東亞銀行分行向藍十字投保的 nation (applicable only to policyholders	who make applic					a, Limited to the Company)		
	□郵寄 by post(如無指明,電動	耶(如有提供)將被指定為接收之途徑 I						07- 24		
限行戶口號碼* Bank Account♪	No.*			行戶口持有人始 of Bank Accoun		銀行名稱 分行名稱 Branch Name				
【 銀行編號 Bank Code		月日 月日 月日 月日 月日 月日 月日 日 日 日 日 日 日 日 日 日								
有關所有受保。 designated ban	人的合資格醫療賠償將會存入出 k account: only bank account v	指定銀行戶口;只接受15位數字或以T /ith 15 digits or below is acceptable.	下之銀行戶口。El	igible medical cla	aims payment rel	evant to a	II Insured(s) \	will be credited to this		
	Details of Insured									
			香港身份證/		出生日	期				
	受保人姓名(姓 Name of Insu (Surname/First	/名) red(s)	護照號碼 HKID Card/ Passport No.	性別 Sex	(日/月/ Date of E (dd/mm	/年) Birth		投保人之關係* Relationship with the Applicant*		
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只接受投保人	戶 For individual customer: 之直屬家庭成員。直屬家庭成員 nily Member shall mean spouse	指投保人之配偶、子女、父母、兄弟姊, children, parents, brothers or sisters, gr	i妹、祖父母、孫 randparents, grand	、法定監護人或配 Ichildren, legal gu	偶的父母。Only uardian or parents	Immediate	Family Mem the applicant	nber of the applicant is acceptable		
<u>適用於公司客</u> 只接受投保人	<u>F For entity customer:</u> 之僱員及其配偶與子女。Only e	employee of the applicant and his/her sp	oouse and child(re	n) are acceptable.						
I) 保障計劃	Plan Details									
受保人 isured(s)	標準計劃 Standard Plan (STD)				特級計劃 Executive Plan (EXE)			XE)		
1	Standard Hair (STD)									
2										
3										
4										

註: 如您下一個生日是在投保日期起計6個月之內,保費將以下一個生日年齡 計算,否則以目前年齡計算。如保單生效日期與投保日期不同,即以保單 生效日期決定已屆年齡。本公司將根據此計劃之保費表計算應繳金額。 Note: If your next birthday falls within the coming 6 months from the application date, the premium rate will be based on your next age attained.

Otherwise, it will be based on your current age. Policy effective date will be used to determine the age attained if it is different from the application date. The total amount payable will be calculated according to the premium table of this plan.

(IV) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

藍十字(亞太)保險有限公司(「本公司」)可能會使用您的個人資料作直接促銷,但在未經您同意的情況下,本公司不能就此目的使用您的個人資料。若您不希望本公 司在直接促銷中使用您的個人資料,請在下列空格內劃上「✓」號。

□ 我不同意使用我的個人資料作直接促銷

以上代表您目前就是否希望接受本公司直接促銷的聯繫或資訊的選擇,並取代您在本申請前可能曾給予本公司的任何選擇。

請注意,您以上的選擇將適用於列在本公司的「收集個人資料聲明」(「該聲明」)內作直接促銷的產品、服務及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的 個人資料種類。

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick "" in the box below if you do not wish the Company to use your personal data for direct marketing.

☐ I do not agree to the use of my personal data for direct marketing

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in the Company's Personal Information Collection Statement (the "Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

(V) 聲明及授權 Declaration and Authorisation

本人/我們,謹此聲明並同意:

- 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同意此投保書之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認,如未能提供真實及準確無誤之資料或通知藍十字(亞太)保險有限公司(「貴公司」) 任何有關此保險申請之重要資料,將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
- 2. 一概保險賠償必須在本申請獲接納後並已將首次應付保費繳交予貴公司後始可生效。
- 3. 投保人將有權就一切有關於受保人的索償或按本申請所簽發之保單的相關事宜,與貴公司進行交涉,並向其接收或索取與受保人有關之資料。本人/我們並同意所 有由貴公司給予保單持有人或受保人之賠償款項將會存入本投保書第一部分所指定之戶口內或於該戶口不存在時以支票支付,並完全解除貴公司就該些委備之一切 承保責任。
- 4. 本人/我們明白及確認貴公司會就本人/我們購買及接受貴公司簽發的保單及其後續保該保單,向負責安排有關保單的獲授權保險經紀(如有)支付佣金。本人/我們 若在此代表法人團體簽署,即同時確認本人/我們已獲該法人團體授權。本人/我們亦明白貴公司必須取得上述的同意,才可以處理有關保險申請事宜。
- 5. 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。
- 6. 適用於個人客戶

[#]在投保此計劃時,投保人正身處香港。([#]如不適用,請刪除)

適用於公司客戶

. 投保人乃"根據《公司條例》(香港法例第32章或第622章)成立或註冊的法人團體/"根據《商業登記條例》(香港法例第310章)登記的法人團體、合顆業務、獨資 業務或會社,或其分行。(#請刪去不適用者)

I/WE, HEREBY DECLARE AND AGREE THAT:

- 1. The answers to all the above questions including all 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 accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited ("the Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
- 2. The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
- 3. The Applicant shall have the authority to deal with, receive or request for information from the Company concerning the Insured(s) in relation to any claims or matters arising from the policy issued pursuant to this application. I/We further agree that payment of any benefits hereunder to the Policyholder or Insured(s) by the Company in relation to all medical claims shall be credited to the bank account as specified in part (I) of this application or made by cheque in the absence of such an account, which shall constitute a full discharge on the part of the Company in relation to such claims.
- 4. I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
- 5. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
- 6. For individual customer

The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)

For entity customer

The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

日期(日/月/年) Date at Hong Kong (dd/mm/yy)	投保人簽署 Signature of Applicant	所有受保人簽署 Signature of all Insured(s)
	•	1
		2
		3
		4
		5
* 本投保書的中文譯本衹供參考之用,如	0有爭議,應以英文原義為準。	

The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail.

(VI) 代理人/經紀專用 For Agent/Broker Use Only



代理人/經紀編號 Agent/Broker Code 代理人/經紀電話 Agent/Broker Tel

代理人/經紀傳真 Agent/Broker Fax

(VII) 付款方法 Payment Method

(VII) 的歌方法 Fayillelit Method									
請選擇付款方法並且填寫適當部分。Please s □ 支票付款(劃線支票抬頭「藍十字(亞z By cheque (please make your crossed ch □ 信用卡付款(請填寫以下(a)部分)By ch □ 銀行戶口自動轉賬(請填寫以下(b)部分	<mark>た)保險有限公司」</mark>) neque payable to Blue Cros redit card (please complete	ss (Asia-Pacific) section (a) belo	nsurance Limited)						
(a) 信用卡付款指示及授權書 Cre (建議使用投保人之信用卡。只接受港	dit Card Payment Ins 元信用卡戶口。Payment b	struction and y the Applicant's	Authorisation credit card is recomm	mended. Accept cre	edit card in HI	< currency only.	.)		
☐ Visa ☐ MasterCard	信田士								
持卡人姓名(姓/名) Name of Cardholder (Surname/First Name)		月卡到期日(月/ iry Date (mm/yy							
聲明: (一) 本人現授權貴公司從本人所指定之信戶、保險業監管局徵費及賠償差額(如該書面通知為止。 (二) 本人明白本人可隨時通知貴公司取消」 改本授權書通知,須於取消/更改生於	適用),直至本人另行發出 此授權,並同意該取消或更	charge bac further vii 2. I understar cancellatio	thouse the Company to k (if a so cable) from the transfer ce is given by n or variation of this east 1 month prior to the	e Credit Card Accoune. to cancel this authorisation shall	unt specified he orisation at any I be given to	rewith for the inso y time and agree the Company ar	urance policy, untile that any notice of		
公司及/或信用卡中心。 (三)本人確認已閱讀及明白隨本表格附上 聲明。	与關貴公司的收集個人資料	3. I confirm	naving read and under ed with this form.				ction Statement as		
持卡人簽署 Signature of Cardholder			日期(日/月 Date (dd/mm						
* 直屬家庭成員指投保人的父母、配偶或子女。Imr		nean parent(s), spou	l se or child(ren) of the App	plicant.					
(b) 直接付款授權書 Direct Debit	Authorisation		10/2/201	2/-/		4->-C-01-FF			
收款人名稱 Name of Party to be credited Blue Cross (Asia-Pacif	ic) Insurance Limited	d	銀行編號 Bank Code 0 1 5	分行編號 Branch Code 5 2 1	Acc	貸方戶口號碌 count No. to be o 0 5 0			
聲明:		Doclaration		J 2 1	7 0	0 3 0	1 2 7		
(一)本人/我們現授權下述銀行,由本人/ 費及保險業監管局徵費予貴公司(根據 們銀行之指示),直至本人/我們另 (二)本人/我們同意本人/我們之銀行毋	Insurance Authority from my/our account to the Company (in accordance with such instructions as my/our Bank may receive from the Company from time to time) for the policy, until further written notice is given by me/us.								
已交予本人/我們。 (三)如因該等轉賬而令本人/我們之戶口出		transfer ha 3. I/We join	2. I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing						
(四) 本人/我們同意如本人/我們之戶口立 轉賬,本人/我們之銀行將有權不予劇	增加),本人/我們願共同及個別承擔全部責任。 (四)本人/我們同意如本人/我們之戶口並無足夠款項支付該等授權轉賬,本人/我們之銀行將有權不予轉賬,且銀行可收取慣常之			overdraft) on my/our account which may arise as a result of any such transfer(s). 4. I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby					
收費。 (五)本人/我們明白本人/我們可隨時通知 意該取消或更改本授權書之通知,須 個工作天之前交予貴公司及/或本人/									
(六) 本人/我們確認已閱讀及明白隨木表析 人資料聲明。	各附上有關貴公司的收集個	6. I/We con	firm having read an as accompanied with	d understood the					
銀行名稱 Bank Name	分行名稱 Branch Name		銀行編號 Bank Code	分行編號 Branch Code I I		戶口號碼 Account No	i.		
戶口持有人姓名 Name of Account Holder(s)	戶口持有人身份證號碼 HKID Card No. of Accou	ınt Holder(s)	如戶口持有人立	近非投保人或任何S	受保人,請説明 a the Applican	月與投保人之關f	係。		
戶口持有人簽署 Signature of Account Holder(s)	日期(日/月/年) Date (dd/mm/yy)			e the relationship to ny of the Insured(s).		t il account poic	ier is not the		
請注意:		Please note:							
(一) 所有款項均以港元作出扣除。如須貸 亞銀行以該自動轉賬日所釐訂之兑換	 All debits will be made in Hong Kong dollars. If currency conversion is required, the exchange rate will be determined by The Bank of East Asia, Limited as at the date of processing the direct debit transaction. 								
(二)此授權書內之簽名必須與閣下銀行戶[(三)設定直接付款授權指示需時,請以畫年之保費及保險業監管局徵費。	2. Please ensure that your signature(s) on this form is/are the same as the specimen signature(s) or your Bank Account.3. To allow sufficient time for the set-up of the direct debit authorisation, please arrange fo submission of the annual premium and levy to the Insurance Authority in advance by crossed cheque.								
扣賬資料 (本公司專用) Debtor Reference (For Office Use Only) 1. 2.			由銀行填寫 For Bank Use Only						
3. 4.									
本公司專用 For Office Use Only									
Policy No		Agent Code							
Reason of Submission New Business	☐ Replacement ☐ C	Others							



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」)乃東亞銀行有限公司的全資附屬公 司。在本聲明內,東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東 亞銀行集團」。

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

閣下的個人資料可能會用作下列用途:

- (i) 處理保險產品及服務的申請;
- 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、判定保險索償及就索償抗辯,包括進行任何附帶調查;
- (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;
- 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/或東亞銀行集團具有約束力或適用或期望 其遵守的就披露及使用資料的義務、規定及/或安排:
 - 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;
 - 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、税務、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;或
 - 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監 管、政府、税務、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、税務、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) 遵守東亞銀行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東亞銀行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;
- 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:

- 任何代理人、承包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者(如公證 行、理賠調查員、收數公司、資料處理公司及專業顧問);
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士,包括承諾保 密該等資料的東亞銀行集團任何成員公司;
- (jii) 與本公司有或將有商業往來的再保險公司;
- 本公司或東亞銀行集團為遵守任何法律規定,或根據法律、監管、政 府、税務、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東亞銀行集團具有約束力或

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 公司或東亞銀行集團向本地或外地的法律、監管、政府、税務、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/或東亞銀行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);及
- (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)。

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:

- 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;
- 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
 - 本公司及/或東亞銀行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:
 - 東亞銀行集團任何成員公司;
 - (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
 - 本公司及/或東亞銀行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)。

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),並要求本公司就不進確的資料作出改 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

傳直: (852) 3608 2938

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。

- 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。
- 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。

2013年4月

由東亞銀行集團成員-藍十字(亞太)保險有限公司發出

Blue Cross (Asia-Pacific) Insurance Limited 藍十字(亞太)保險有限公司

29/F, BEA Tower, Millennium City 5, 418 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong 香港九龍觀塘道 418 號創紀之城 5期東亞銀行中心 29樓 Tel電話: 3608 2888 Fax 傳真: 3608 2938 www.bluecross.com.hk



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 The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the "BEA Group".

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

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.

PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you may be used for the following purposes:
(i) processing applications for insurance products and services;

- 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;
- processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
- performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- 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;
- designing insurance products and services with a view to improving the Company's
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
 - any law binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future;
 - any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory of industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
 - 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 BEA 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 selfregulatory or industry bodies or associations;
- complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA 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;
- 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.

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:-

- 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 loss adjusters, claim investigators, debt collection agencies, data processing companies and professional
- any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- reinsurance companies with whom the Company has or proposes to have dealings;
- any person or entity to whom the Company or the BEA 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 BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA 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;

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

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

- 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;
- the following services, products and subjects may be marketed:

 - insurance, financial, banking and related services and products; reward, loyalty or privileges programs and related services and products; and services and products offered by the co-branding partners of the Company and/or any member of the BEA 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);

 (a) any member of the BEA Group;

 (b) third party reward, loyalty, co-branding or privileges program providers; and/or co-branding partners of the Company and/or any member of the BEA 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 or fax number 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 or fax number:

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 Fax: (852) 3608 2938

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

- You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number 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
- 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.
- Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at $3608\ 2988$.
- Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

April 2013

Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group