

liability

i want to take care
of my helper's need



SmartHelper
comprehensive covers for
domestic helpers

責任系列

中華聯合保險顧問有限公司
China United Insurance Brokers Ltd.
Room 903, 9/F, Far East Consortium Building, 204-206 Nathan Road, Jordan, H.K.
香港 佐敦 彌敦道204-206號遠東發展大廈9字樓903室
Tel: 8222 7780 Fax: 8221 6513
Email: brokers.cui@gmail.com

我希望照顧家傭的
需要



「卓越」優傭樂
為家傭而設的全面保障

主要保障範圍

醫療費用保障

為你的家庭僱傭提供全面醫療保障，包括住院及手術費用(包括日間手術)，門診費用及緊急牙科費用。每項最高的賠償額請參閱承保範圍內所列之金額。

個人責任

保障你因家庭僱傭之疏忽或意外而導致第三者身體受傷或財物損毀所需負上的法律責任。受保期內每年之賠償總額最高為\$100,000。

遣返費用

倘若家庭僱傭因死亡、受傷或疾病而證實不能繼續工作，此計劃保障你需遣送家庭僱傭返回其原居地之費用，受保期內每年之賠償總額最高為\$20,000。

住院現金津貼

若家庭僱傭因受傷或疾病而需住院連續五天或以上，僱主可獲每日津貼金額\$200，受保期內每年之賠償總額為\$6,000。

忠誠保障

因家庭僱傭之欺詐、不忠實行為導致僱主蒙受金錢上之損失，此計劃將補償僱主之實際經濟損失，受保期內每年之賠償總額最高為\$8,000。

自選保障

附加醫療〈嚴重疾病〉保障

- 除基本醫療保障額\$30,000外，並可額外享有\$70,000之附加醫療〈嚴重疾病〉保障
- 保障你的家庭僱傭因嚴重疾病# 而需支付的治療費用，但並不包括於投保此保障前已存在之疾病

嚴重疾病包括：

- 中風
- 冠狀動脈搭橋手術
- 癌症
- 腎衰竭
- 主要器官移植
- 多發性硬化
- 主動脈手術 / 心瓣置換
- 腦炎
- 細菌感染腦膜炎
- 尿道石及膽石

多項優惠

- 此計劃不設「自負金額」及等候期，只設一般不受保項目。
- 投保兩年計劃者，可獲折扣優惠(只適用於基本保障)。
- 若投保超過一名家庭僱傭，保費更可享受九折優惠(只適用於基本保障)。
- 若你更換家庭僱傭，保障可轉換至新僱用的家傭身上(需盡快通知本公司)。

承保範圍

基本保障	每年最高賠償額
(1) 僱員補償 保障《僱員補償條例》及《普通法》下僱主的法律責任	每宗事故 \$100,000,000
(2) 住院及手術費用 a) 住院費用 b) 手術費用 c) 日間手術費用	\$30,000 每日\$350 每次\$15,000 \$7,500
(3) 門診費用 a) 門診治療 b) 跌打治療	\$4,000 每日/每次 \$200 \$500 (每日/每次 \$100)
(4) 緊急牙科費用 包括口腔手術及治療、膿腫、X光檢查、脫牙或補牙	\$2,500 (每日/每次 \$200)
(5) 人身意外 賠償在港休假期間因意外而導致死亡或身體嚴重受傷	\$100,000
(6) 個人責任 因家庭僱傭疏忽而導致第三者身體受傷及/或財物損毀的法律責任	\$100,000
(7) 遣返費用 因家庭僱傭死亡、受傷或疾病而證實不能繼續工作	\$20,000
(8) 改聘費用 因家庭僱傭死亡、受傷或疾病而證實不能繼續工作	\$10,000
(9) 住院現金津貼 因家庭僱傭受傷或疾病而需住院	\$6,000 (每日\$200)
(10) 償還貸款保障 賠償家庭僱傭因死亡、受傷或疾病而不能繼續工作導致未能償還你作出的私人財務借貸	\$10,000
(11) 忠誠保障 因家庭僱傭之欺詐、不忠實行為導致僱主蒙受金錢上的損失，包括： a) 更換大門門鎖/大閘門鎖 b) 未經許可的長途電話費用	\$8,000 \$1,000 \$3,000
自選保障	
(1) 附加醫療〈嚴重疾病〉保障 額外增加之醫療保障	\$70,000

保費表

(此保費由2009年8月1日生效，直至另行通知為止。)

基本保障

投保期	一名海外家庭僱傭	兩名或以上海外家庭僱傭
1年	\$680	每名僱傭 \$630
2年	\$1,200	每名僱傭 \$1,080

自選保障

附加醫療(嚴重疾病)保障

年齡	每名海外家庭僱傭 / 每年
18 - 45	\$438
46 - 64 (只限續保)	\$625

- 註：
- 徵款已包括在保費之內。
 - 保費只適用於負責一般家務(不包括任何駕駛職務)的家庭僱傭。
 - 每名本地家庭僱傭的全年保費為\$300。
 - 每份保單的最低收費為\$500。

保障期

可選擇投保一年或兩年的計劃。

受保年齡

基本保障：家庭僱傭首次投保此計劃之年齡須為18至60歲，可續保至64歲。

自選保障：家庭僱傭首次投保附加醫療(嚴重疾病)保障之年齡須為18至45歲，可續保至64歲。

投保條件

- 此計劃適用於根據人民入境條例(第一一五章)所訂條款之合約制海外家庭僱傭。
- 本地家庭僱傭只獲提供「僱員補償」保障。

主要不受保項目

本計劃的不受保項目包括：

- 自殺或蓄意自殘
- 性病、精神錯亂或愛滋病
- 懷孕或分娩
- 行為受酒精或藥物影響
- 罷工、暴亂或民事騷亂
- 因戰爭、核子、輻射或恐怖襲擊導致受傷
- 違法行為
- 受保前已存在的疾病

註：所有金額均以港元計算。
一切條款以保單為準，如有需要，可向本公司索取保單樣本以作參考。
本中文簡譯，概以英文原文為準。

SDP-B-1111

安盛集團：經濟保障 世界翹楚

安盛集團(2010年)

- 全年總收入達910億歐元
- 管理資產總值達11,040億歐元
- 全球聘用214,000名僱員，竭誠為客戶提供所需的方案及最優質的服務
- 獲全球逾95,000,000位客戶信賴
 - 保障他們的財物(汽車、家居、器材)
 - 為他們的家人或僱員提供醫療及個人保險
 - 為他們管理個人或企業的財產
- 標準普爾評級：AA-

安盛保險有限公司

- 全港最大一般保險公司之一，尤以車險具領先地位
- 擁有逾170年亞洲經營經驗
- 聘用超過220名專業及訓練有素的僱員，竭誠為客戶提供所需的方案及最優質的服務
- 「卓越」保險系列專為個人及中小企業提供周全的保障

汽車系列

財物系列

消閒及旅遊系列

醫療系列

個人意外系列

綜合商業系列

責任系列

貨物水險系列

有意投保人士或欲進一步了解本保險計劃的內容，歡迎致電貴保險代理、經紀或致電向本公司查詢。

2523 3061

www.axa-insurance.com.hk

安盛保險有限公司
香港九龍九龍灣宏泰道23號21樓
電話：2523 3061 傳真：2810 0706

引領 / 新標準



major product feature

medical expenses coverage

Provides comprehensive coverage of hospitalization & surgical (include day surgery), out-patient, and emergency dental expenses incurred by your domestic helper up to the limit specified in the summary of benefits.

personal liability

Protect you against the legal liability arises from your domestic helper in respect of accidental bodily injury to third party or accidental loss of or damage to their property. We will pay up to \$100,000 per year.

repatriation expenses

If your domestic helper becomes medically unfit to continue employment or in the event of death in service, a benefit up to \$20,000 will be provided to cover the cost of repatriating him/her to the country of origin.

hospital cash subsidy

If your domestic helper is hospitalised as an in-patient for five or more consecutive days, you will receive a hospital cash subsidy of \$200 per day and up to \$6,000 per year.

fidelity protection

This covers any financial loss resulting from fraud or dishonest acts committed by your domestic helper up to \$8,000 per year.

optional cover

supplementary medical (critical illness) benefit

- Additional \$70,000 medical cover on top of the basic \$30,000 cover
- We will pay you the medical treatment expenses if your domestic helper is hospitalized due to a critical illness* provided that it does not exist prior to the first entry date of this optional cover

* List of covered critical illness:

- Stroke
- Coronary Artery By-pass Surgery
- Cancer
- Kidney Failure
- Major Organ Transplantation
- Multiple Sclerosis
- Aorta Surgery / Heart Valve Replacement
- Encephalitis
- Bacterial Meningitis
- Stones in the Urinary and Biliary Systems

special features

- No excess or waiting period will be applied, only the standard policy exclusions.
- A considerable premium discount if you opt for a 2-year period of insurance (applicable to Basic Cover only).
- An additional 10% premium discount if you insure more than one domestic helper under this Plan (applicable to Basic Cover only).
- If you change your domestic helper, coverage can be transferred to the new helper (notification required).

summary of benefits

Basic Cover	Max. Limit Per Year
(1) Employees' Compensation Protect your legal liability as an employer under the Employees' Compensation Ordinance and Common Law	\$100,000,000 per event
(2) Hospitalization & Surgical Expenses a) Daily room and board expenses b) Surgical expenses c) Day Surgery	\$30,000 \$350/day \$15,000/operation \$7,500
(3) Out-patient Expenses a) Out-patient visit b) Bonesetter	\$4,000 \$200/visit/day \$500 (\$100/visit/day)
(4) Emergency Dental Expenses Include oral surgery, treatment of abscesses, X-rays, extractions of fillings	\$2,500 (\$200/visit/day)
(5) Personal Accident Serious accidental injury or death during rest day in Hong Kong	\$100,000
(6) Personal Liability Third party liability arising out of negligence of your domestic helper	\$100,000
(7) Repatriation Expenses If your domestic helper is medically unfit to continue employment or in the event of death in service	\$20,000
(8) Re-hiring Expenses If your domestic helper is medically unfit to finish a contract or in the event of death in service	\$10,000
(9) Hospital Cash Subsidy If your domestic helper is hospitalized as an in-patient	\$6,000 (\$200/day)
(10) Loan Protection For financial loan from you which cannot be repaid due to death of your domestic helper or his/her being medically unfit to continue employment	\$10,000
(11) Fidelity Protection Financial loss resulting from fraud or dishonest act committed by your domestic helper, including a) Costs of replacing main door lock/gate lock b) Unauthorized use of long distance calls	\$8,000 \$1,000 \$3,000
Optional Cover	
(1) Supplementary Medical (Critical Illness) Benefit Additional medical cover on top of the basic cover	\$70,000

annual premium table

(Effective from 1 Aug 2009 until further notice)

basic cover

Period	One Overseas Domestic Helper	Two or More Overseas Domestic Helpers
1 year	\$680	\$630/helper
2 years	\$1,200	\$1,080/helper

optional cover

supplementary medical (critical illness) benefit

Age	Each Domestic Helper Per Year
18 – 45	\$438
46 – 64 (Renewal Only)	\$625

- N.B.
- Premium is inclusive of Levies.
 - Premium is applicable to domestic helper who carries out general household work only (excluding any driving duty).
 - The annual premium per local helper is \$300.
 - Minimum premium per policy is \$500.

period of insurance

Your choice of either 1 or 2 years.

age limit

Basic Cover: Applicable for domestic helper who is 18 – 60 years old on his/her first entry to this plan, and renewable up to 64 years old.

Optional Cover: Applicable for domestic helper who is 18 – 45 years old on his/her first entry to Supplementary Medical (Critical Illness) Benefit, and renewable up to 64 years old.

eligibility

- This Plan is available for overseas domestic helpers who are employed under an Employment Contract as governed by the Immigration Ordinance (Chapter 115).
- Only Employees' Compensation Section will be available for local helpers.

major exclusions

Some of the exclusions under this Plan are:

- Suicide or intentional self injury
- Venereal disease or insanity, AIDS
- Pregnancy or childbirth
- Acts committed under the influence of drugs or alcohol
- Strike, riot, civil commotion
- Injury due to war, nuclear weapons, radioactivity, terrorism
- Any acts violating the law
- Pre-existing medical conditions

NB: All amounts are in Hong Kong Dollars.

Please refer to the policy for complete details. A specimen policy can be made available upon request.

SDP-B-1111

AXA: a world leader in financial protection

AXA Group in 2010

- 91 billion euros in consolidated revenues
- 1,104 billion euros in assets under management
- 214,000 employees worldwide working to deliver the right solutions and top quality service to our customers
- 95 million customers across the globe have placed their trust in AXA to:
 - Insure their property (vehicles, homes, equipment)
 - Provide health and personal protection coverage for their families or employees
 - Manage their personal or corporate assets
- Standard & Poor's Rating: AA-

AXA General Insurance Hong Kong Limited

- One of the top general insurers in Hong Kong, leading in motor insurance
- Over 170 years of local experience in Asia
- Over 220 professional, well-trained and caring staff
- Wide range of SMART products for individual and business needs

motor
property
leisure & travel
healthcare
personal accident
business package
liability
marine

To apply or for more details, please contact your agent or broker, or you can contact us on

2523 3061

www.axa-insurance.com.hk

AXA General Insurance Hong Kong Limited
21/F, Manhattan Place, 23 Wang Tai Road
Kowloon Bay, Kowloon, Hong Kong
Tel: 2523 3061 Fax: 2810 0706

redefining / standards 



redefining / standards

(852) 2523 3061
 (852) 2810 0706
 axahk@axa-insurance.com.hk
 www.axa-insurance.com.hk

投保書 Proposal Form

「卓越」優備樂 SmartHelper Insurance

CHINA UNITED INSURANCE BROKERS LTD.

經紀業務適用
 For broker business

- 1 你必須在此投保書上填報一切有關的重要事實，否則該合約「保單」將告無效或可被視為無效。如你不清楚其一事實是否重要，也請將此事在下面說明。
 You are required to disclose in this application ALL material facts; otherwise the contract "Policy" may be void or voidable. If you are in doubt whether certain facts are material, please disclose them as below.
- 2 如此申請上未有註明，投保人將被視為保單持有人。The Proposer shall be deemed to be the Policyholder unless otherwise indicated in this proposal form.
 請以英文正楷填寫，並在適當的空格內填上 Please fill in this form in English block letters and tick the boxes where appropriate
 * 必須填寫項目 Mandatory fields

投保人資料 PROPOSER DETAILS

投保人姓名 - 姓* Name of Proposer - Surname	名* Given Name	性別* Sex
香港身份證號碼* HKID Card No	出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)	工作性質 Job Nature
住宅地址* Residential Address	婚姻狀況 Marital Status <input type="checkbox"/> 單身 Single <input type="checkbox"/> 已婚 Married	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
通訊地址 (如與上述地址不同)* Correspondence Address (if different from above mentioned address)	職業 Occupation	<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
聯絡電話 (請填寫最少一項) Contact No. (Please fill in at least one)*	電郵地址 Email	
手提電話 Mobile No	住宅電話 Home Tel	
	公司電話 Office Tel	

投保細則 INSURANCE COVER

本保單由 **Policy to commence on** 起有效，為期 一年 一年 兩年 **Two years**
 H DD / F MM / 年 XY for the period of
 此保單所提供的保障，必須在本公司確定接納投保後，及收妥保費後，才能正式生效。
 The liability of the Company does not commence until this proposal has been accepted by the Company and the premium is received.

僱傭資料 DOMESTIC HELPER DETAILS

	僱傭 Domestic Helper (1)	僱傭 Domestic Helper (2)	僱傭 Domestic Helper (3)
1) 姓 Surname			
2) 名 Given Name			
3) 性別 Sex			
4) 香港身份證或旅遊證件號碼 HKID Card or Passport No			
5) 出生日期 (日/月/年) Date of Birth (dd/mm/yyyy)			
6) 原居國家 Country of Origin			
7) 職位 Position	<input type="checkbox"/> 家傭 Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 其他 Others (please specify) _____ 是否涉及駕駛的職務?# Involve driving duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 家傭 Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 其他 Others (please specify) _____ 是否涉及駕駛的職務?# Involve driving duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 家傭 Helper <input type="checkbox"/> 園丁 Gardener <input type="checkbox"/> 其他 Others (please specify) _____ 是否涉及駕駛的職務?# Involve driving duty? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

自選保障 OPTIONAL COVER

8) 是否選擇投保附加醫療 (嚴重疾病) 保障? Select to insure Supplementary Medical (Critical Illness) Benefits?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
-------------------------------------------------------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------------	--------------------------------------------------------------

將會收取額外的保費。An additional premium will be charged.
 若空位不敷應用，請另加紙張填寫。Should there be insufficient space, please continue on a separate sheet.

付款方法 PAYMENT METHOD

本人選擇以下列方式繳交保費港幣
I wish to pay my premium HK\$ _____

元正
by _____

支票抬頭請填「安盛保險有限公司」Cheque payable to **AXA General Insurance Hong Kong Limited**

VISA 咭 萬事達咭 MasterCard

信用卡號碼 Credit Card No. _____

信用卡有效期至 Credit Card Expiry Date _____

月mm _____ 年yyyy _____

持咭人姓名 Cardholder's Name _____

本人授權安盛保險有限公司從本人上述的信用卡賬戶支取有關保險保單的保費。

I hereby authorize AXA General Insurance Hong Kong Limited to charge my above credit card for the insurance premiums of this insurance policy.



持咭人簽署 Cardholder's Signature _____

日期 (日/月/年) Date (dd/mm/yyyy) _____

投保人須知 IMPORTANT NOTES TO PROPOSER

閣下必須在其知悉範圍內提供所有有關會影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢。我們建議閣下將有關的資料作記錄（包括信件副本），以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。

Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.

聲明 DECLARATION

本人/我們謹此確認本人/我們並沒有代表任何其他人士提出此投保申請；如在此投保書或就此申請提交的任何其他文件上另有註明則除外。
I/We HEREBY CONFIRM that I/we am/are not acting on behalf of any other person for this insurance application unless otherwise expressly indicated in this proposal form or any other documents provided to the Company for this application.

本人/我們謹此代表本人/我們及其他在此投保書提及之人士（下稱「相關人士」或「我們」）（為免存疑，「相關人士」或「我們」指包括本人及此投保書提及之其他人士）聲明及同意

I/We HEREBY DECLARE AND AGREE on behalf of myself/ourselves and other persons referred to in this application (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself/ourselves and such other persons) that

- 上述一切陳述及問題的所有答案，不論是本人/我們親手所寫，就本人/我們所知所信，均為事實全部並確實無訛；
all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
- 上述問題的所有答案及此投保書，將成為發出保單的根據，並作為保單的一部份；
all answers to such questions, together with this application, shall form the basis and become a part of the policy;
- 本人/我們已細閱並明白所申請的保單之主要銷售刊物之內容；
I/We have read and fully understood the Proposal for the policy applied for;
- 本人/我們會向貴公司申報，自簽署此投保書至保單發證期間，有關任何一位相關人士的重要事實之轉變；
I/We shall disclose to the Company any change and/or material facts of all Relevant Person(s) that occur after signing this proposal form but before the policy is issued;
- 保單將在有關保費已全數繳清及符合所有規定後，方能生效；
the policy shall be effective only following the full payment of premium stated in the policy schedule and all applicable requirements being met;
- 本人/我們對任何人所作出的任何聲明，如沒有在此投保書上填寫或印出，貴公司不須受其約束。
the Company is not bound by and is not required to rely on any statement which I/we may have made to any person if not written or printed here.

本人/我們聲明 I/We declare that

- 本人/我們從未遭受任何保險公司拒絕受理投保、續保或取消本人/我們保單或要求提高保費及附加特別條件始允承保。
no insurer has ever cancelled, declined, refused to renew or imposed special terms or conditions on any policy held by myself/ourselves.
- 本人/我們已填報一切重要的有關資料，絕無隱瞞或保留，並同意將本投保書和聲明作為與安盛保險有限公司和本人/我們所訂合約的根據，並以保單上各條款為準。
I/We have not withheld any material information and accept that this proposal and declaration shall be the basis of, and be incorporated in, the contract between AXA General Insurance Hong Kong Limited and myself/ourselves.

收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

安盛保險有限公司(下稱“本公司”)明白其就《個人資料(私隱)條例》(香港法例第486章) (“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或任意外擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

目的: 本公司不時有必要收集閣下的個人資料,並可能因下列各項目的 (“有關目的”) 而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料:
1 向閣下推介、提供和營銷本公司、安盛集團的其他公司 (“安盛關聯方”) 或本公司的商業合作夥伴 (參閱下文 “在直接促銷中使用及將其個人資料提供予其他人士” 部份) 之產品/服務,以及提供、維持、管理和操作該等產品/服務;

2 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;

3 向閣下提供後續服務,包括但不限於執行/管理已發出的保單;

4 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他地方的警方或其他政府的或監管機構執法及進行調查;

5 評估閣下的財務需求;

6 為客戶設計產品/服務;

7 為統計或其他目的進行市場研究;

8 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;

9 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他地方的或監管機構執法及進行調查;

10 進行身份和/或信用檢查和/或債務追收;

11 遵守任何適用的司法管轄區的法律;

12 開展與本公司業務經營有關的其他服務;及

13 與上述任何目的直接有關的其他目的。

個人資料的轉移: 個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

1 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;

2 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他地方及閣下的任何索賠相關的任何人士 (包括私家偵探);

3 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務 (包括直接促銷服務) 並對個人資料具有保密義務的任何代理、承包商或第三方;

4 信貸資料機構或 (在現規例規管的情況下) 追討欠款公司;

5 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者;及

6 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策,請參閱下文 “在直接促銷中使用及將其個人資料提供予其他人士” 部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意:

1 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷;

2 就本公司,安盛關聯方,本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷 (包括但不限於提供獎賞、客戶或會員或優惠計劃):

a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務;

b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品;

3 以上服務及產品將會由本公司及/或以下機構提供:

a) 任何安盛關聯方;

b) 第三方金融機構;

c) 提供上文2所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴;

d) 向本公司或任何以上所列機構提供支撐的第三方獎賞、客戶或會員或優惠計劃提供者;

4 除由本公司促銷上述服務及產品外,本公司亦有意將上文1段部份所述的資料提供予上文3段部份所述的資料提供予人士,以供該等人士在促銷該等服務及產品中使用,而本公司為此目的須獲得客戶書面同意 (包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前,本公司須獲得閣下的書面同意,及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意,請發信至下文 “個人資料的查閱和更正” 部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正: 根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

香港九龍九龍灣宏泰道23號21樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “Company”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request. **Purpose:** From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

1 offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“our affiliates”) or our business partners (see “Use and provision of personal data in direct marketing” below), and administering, maintaining, managing and operating such products/services;

2 processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;

3 providing subsequent services to you, including but not limited to administering the policies issued;

4 any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;

5 evaluating your financial needs;

6 designing products/services for customers;

7 conducting market research for statistical or other purposes;

8 matching any data held which relates to you from time to time for any of the purposes listed herein;

9 making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;

- 10 conducting identity and/or credit checks and/or debt collection;
- 11 complying with the laws of any applicable jurisdiction;
- 12 carrying out other services in connection with the operation of the Company's business; and
- 13 other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- 1 any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
- 2 any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- 3 any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- 4 credit reference agencies or, in the event of default, debt collection agencies;
- 5 any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
- 6 any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below **"Use and provision of personal data in direct marketing"**.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing:

The Company intends to:

- 1 use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
- 2 conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
- 3 the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2 above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
- 4 in addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **"Access and correction of personal data"**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明（“該聲明”）。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響（不論是否此表格所載或其他途徑所取得）。根據以上所述，本人/我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人/我們的個人資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

[重要通知: 如閣下不同意根據“收集個人資料的聲明”使用和轉移閣下的個人資料作直接促銷用途 (參閱“在直接促銷中使用及將其個人資料提供予其他人”部分)，請在下列方格內 加上剔號 (“/”)，本公司將不會使用閣下的個人資料作為直接促銷用途。]

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing.]

本人/我們不同意貴公司根據“收集個人資料的聲明”使用和轉移本人/我們的個人資料作直接促銷用途 (參閱“在直接促銷中使用及將其個人資料提供予其他人”部分) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

I/We do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

佣金披露聲明 COMMISSION DISCLOSURE DECLARATION

本人/我們明白、確知及同意，安盛保險有限公司（“貴公司”）會就本人/我們購買及接受貴公司簽發的保單，於保單有效期內（包括續保期及/或支付額外的保費）向負責安排有關保單的獲授權保險經紀支付佣金。假如本人/我們為法人團體，代表本人/我們簽署的獲授權人員並向貴公司確認他/她已獲該法人團體授權。

本人/我們亦明白貴公司必須取得本人/我們以上的同意，才可以處理有關保險申請。

I/We understand, acknowledge and agree that, as a result of my/our purchasing and taking up the policy to be issued by AXA General Insurance Hong Kong Limited (the "Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals and/or paying additional premium, for arranging the said policy. Where I/We am/are a body corporate, the authorized person who signs on my/our behalf further confirms to the Company that he or she is authorized to do so.

I/We further understand that the above agreement is necessary for the Company to proceed with the application.

投保人簽署 Proposer's Signature
(請勿於空白投保書上簽署 Do not sign a blank form)

日期 Date
(日/月/年 dd/mm/yyyy)

[註: 本中文簡譯, 概以英文原文為準]