



## Personal Accident Claim Form 人身意外索償表格

(Please complete in BLOCK letters)

### Procedures and Notes:

1. Please submit your Claim within 30 days after your accident.
2. Send the fully completed Claim Form, together with all relevant documents to:

MSIG Insurance (Hong Kong) Limited  
 Claims Division  
 9/ F Cityplaza One  
 1111 King's Road  
 Taikoo Shing Hong Kong

3. The Policyholder and the Insured Person and/or his/her legal representatives must complete all questions in Part I of this Claim Form and sign on it.
4. The attending Physician must complete all questions in Part II of this Claim Form, rubber stamp, date and sign on it.
5. Original medical report, laboratory report, discharge summary, bills and receipts for claim expenses must be attached showing the date of treatment, patient's name, diagnosis, and the attending physician's stamp and signature.
6. Please send copy of the payment document if other insurance company has already paid part of the medical expenses.
7. All medical reports, information and evidences as required by us shall be furnished at the Claimant's own expenses.
8. Incomplete Claim Form cannot be accepted for processing of payment. Please attach original copies of all relevant documents.
9. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at [claimin@hk.msig-asia.com](mailto:claimin@hk.msig-asia.com) or fax at 2902 9109.

(請以正楷填寫)

### 程序及備註:

1. 請於意外發生後 30 天內儘快作出索償申請。
2. 將填妥之索償表格，連同一切文件寄交：

三井住友海上火災保險（香港）有限公司  
 理賠部  
 香港太古城  
 英皇道 1111 號  
 太古城中心一期 9 樓

3. 保單持有人、受保人或其他法律代表必須填妥第一部分所有問題及簽署。
4. 主診醫生必須填妥第二部分所有問題、蓋章、簽署，並註明簽署日期。
5. 請附上正本之醫療報告、化驗報告、出院摘要、單據，列明治療日期、病者姓名、病症及主診醫生之印鑑及簽署。
6. 若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。
7. 本公司要求遞交的所有醫療報告、資料及證據之費用須由索償人支付。
8. 未經填妥之索償表格，將不獲接受索償處理。請附上一切有關文件之正本。
9. 如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 [claimin@hk.msig-asia.com](mailto:claimin@hk.msig-asia.com) 或傳真至 2902 9109。

### Part I - Insured Person's Information

#### 第一部分 - 受保人資料

Name of Insured Person 受保人姓名		Policy No. 保單號碼	
HKID No. 香港身份證號碼		Daytime Contact No. 日間聯絡電話號碼	
Correspondence Address 通訊地址		Email Address 電郵	
If we need to contact you in written, which method would you prefer most? 如本公司需要以書面聯絡閣下，您認為那一種聯絡方式比較適合？		<input type="checkbox"/> Mail 郵件	<input type="checkbox"/> Email 電子郵件
Present Business or Occupation 現時職業		Age 年齡	
Business Address 辦公室地址		Name of Employer 僱主名稱	
Date & Time of Accident 意外發生之日期及時間	DD 日/ MM 月/ YY 年 am 上午 / pm 下午	Place of Accident 意外發生地點	
Have you applied for medical claims in other insurance company for this event/ accident? If yes, please specify. 閣下的醫療費用是否同時另有其他保險承保？		<input type="checkbox"/> Yes, please specify 有，請註明	<input type="checkbox"/> No 沒有
Note: Please send copy of the payment document if other insurance company has already paid of the part of medical expenses. 注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。			
Did you file a medical leave certificate to your employer? 閣下有否向僱主遞交病假證明書？		<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
Did you submit a claim for workmen's compensation for this accident? 有否就此意外申請勞工賠償？		<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
Please indicate your current status: <input type="checkbox"/> Fully recovered from this injury 完全康復 + Please ✓ the appropriate one (請 ✓ 適用者) 請指出你現在的情況： <input type="checkbox"/> Still under treatment 治療中 Note: Benefit stated in the Schedule shall be payable when you are fully recovered and the total amount of the Benefit shall have been ascertained and agreed. 附註：本公司將待至閣下完全康復，保障金額確定及協定後，方會一筆整付賠償。			

Claim Settlement Method 賠償方法				
To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit. We must stress that this request should not be treated as an admission of our liability whatsoever means by law. Finally, we hereby reserve all rights for assessing your claim subject to terms, conditions and exclusions of the related policy. 在成功審批賠償後，本公司可以將賠款直接過戶。如閣下選擇此項服務，敬請提供銀行名稱和存款戶口號碼。本公司特此聲明，此項要求並不代表閣下之索償現正獲成功審批。有關決定，本公司在收齊證明文件後，將根據保單一切條款才作最後審批，敬請留意。				
For claim payment (if any) direct credit to Insured Person's bank account, please complete all of the following: 本公司將賠償款項（如有）直接存入受保人之戶口，請填寫以下資料：				
Account Holder's Name 戶口持有人姓名 (Must be the same as the Insured Person 必須與受保人相同)				
Bank Name 銀行名稱		Bank Code 銀行編號	Branch No. 分行號碼	Bank A/C No. 銀行帳戶號碼

Please put a ✓ in the appropriate box of your claim below, please list item & indicate the amount of your claim in details.  
請在格內用✓選擇索償之項目及詳細列出索償之內容及數目。  
(If there is insufficient space on the claim form, please specify the details on a separate sheet clearly and indicate which section the information relates to.  
如空位不足，請另附紙張填寫，並列明所述的項目名稱。)

<input type="checkbox"/> Accidental Death 意外死亡	
State fully what happened: 請詳述意外如何發生： _____ _____	
What was the Injured Person doing at the time? 在事發當時傷者所作何事？ _____ _____	
Documents Attached 附加文件	
<input type="checkbox"/> Medical Report 醫療報告	<input type="checkbox"/> Police Report 警方報告 (case no. 檔案編號 _____)
<input type="checkbox"/> Death Certificate 死亡證明書	<input type="checkbox"/> Original Receipts of Travel Expenses and Air Ticket 旅程費用及機票之收據正本
<input type="checkbox"/> Others (please specify) 其他 (請註明) _____	

<input type="checkbox"/> Loss of Limbs or Sight or Hearing or Speech 四肢傷殘或失明或失聰或喪失說話能力	
<input type="checkbox"/> Permanent Total Disablement 永久完全傷殘	
State fully what happened: 請詳述意外如何發生： _____ _____	
What was the Injured Person doing at the time? 在事發當時傷者所作何事？ _____ _____	
Documents Attached 附加文件	
<input type="checkbox"/> Medical Report 醫療報告	<input type="checkbox"/> Police Report 警方報告 (case no. 檔案編號 _____)
<input type="checkbox"/> Consent Letter for Medical Record 索取醫療報告的授權信	<input type="checkbox"/> Others (Please specify) 其他 (請註明)
<input type="checkbox"/> Copy of HKID/ Birth Certificate* (*applicable if Insured Person is below age 18) 香港身份證/出世紙*副本 (*適用於 18 歲以下之受保人)	

**Temporary Total Disablement 暫時完全喪失活動能力**

State fully what happened: 請詳述意外如何發生: \_\_\_\_\_

What was the Injured Person doing at the time? 在事發當時傷者所作何事? \_\_\_\_\_

Documents Attached 附加文件

Medical Report 醫療報告

Copy Medical Certificate showing the period of Sick-Leave  
醫生發出之病假證明書副本

Copy of HKID/ Birth Certificate\* (\*applicable if Insured Person is below  
age 18)

香港身份證/出世紙\*副本 (\*適用於 18 歲以下之受保人)

Confirmation from Employer stating the Leave Period that  
Insured Person has taken and Monthly Salary

僱主發出之信件證明受保人因病請假之日期及月薪證明

Others (Please specify) 其他 (請註明)

**Hospitalisation Allowance 住院現金津貼**

**Medical Expenses 醫療費用**

**Bonesetter's Fee 跌打費用**

State fully what happened: 請詳述意外如何發生: \_\_\_\_\_

What was the Injured Person doing at the time? 在事發當時傷者所作何事? \_\_\_\_\_

Currency/ Claim Amount 索償金額 \_\_\_\_\_

Documents Attached 附加文件

**Original Medical Receipt 醫療費用之單據正本**

Copy of HKID/ Birth Certificate\* (\*applicable if Insured Person is  
below age 18)

香港身份證/出世紙\*副本 (\*適用於 18 歲以下之受保人)

Medical Report 醫療報告

Doctor's document to certify the condition (original)  
醫生發出的證明文件正本

Original Doctor's Referral Letter 醫生轉介信正本

Others (Please specify) 其他 (請註明)

## Declaration & Authorisation 聲明及授權

1. I/ We declare that the above information is in all respect true and complete to the best of my/ our knowledge and belief;  
本人（等）就此作出聲明，以上所述事項均根據本人（等）所知及信的情況下提供，並且為正確及並無遺漏。
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/ We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and  
若三井住友海上火災保險（香港）有限公司提供有關要求，本人（等）同意作出索償表格內資料均屬真確的法定聲明；及
3. I, the undersigned claimant, hereby authorise any party concerned to disclose to MSIG Insurance (Hong Kong) Limited or its representative any and all information with respect to my medical history regarding illness or injuries and my claimed loss/ damage under the above Section(s). A photostat copy of this authorisation shall be as effective and valid as the original.  
本人為下方簽署之索償人。本人現授權有關人士向三井住友海上火災保險（香港）有限公司或其代表提供任何一切本人於上述索償項目中申報有關本人患病、受傷及損毀／損失的資料記錄。本授權書的法律效力等同正本。
4. I hereby declare and agree that any hospital, clinic, physician, insurance company, organisation or any person that has any records or knowledge of my health, or that of the above named patient, to furnish such information to MSIG Insurance (Hong Kong) Limited. A photocopy of this authorisation shall be considered as effective and valid as the original.  
本人謹此聲明並同意任何擁有本人或上述病者之健康資料和記錄之醫院、診所、醫生、保險公司或任何機構之人士向三井住友海上火災保險（香港）有限公司提供有關資料。此授權書之影印本與正本具有同等之效力。

\_\_\_\_\_  
Signature of Insured Person 受保人簽署  
(with company chop if applicable 如屬公司請蓋章)  
HKID No. 香港身份證號碼  
Date 日期

\_\_\_\_\_  
Signature of Claimant 索償人簽署  
(with company chop if applicable 如屬公司請蓋章)  
HKID No. 香港身份證號碼  
Date 日期

<b>Part II - To be completed by Attending Physician's Statement (at the Insured Person's own expenses)</b>							
<b>第二部分 — 主診醫生之填寫 (所需費用由受保人負責)</b>							
We would be most grateful if you could attach copies of any specialist or hospital reports, together with any test, or similar evidence to support the validity of your patient's claim. 請附上任何有關專科診治、住院報告、測試檢查或其他證明文件，以協助病人的索償申請，多謝合作。							
Patient Name (in full) 病人姓名：							
Date of Admission 入院日期：	DD 日	MM 月	YYYY 年	Date of Discharge 出院日期：	DD 日	MM 月	YYYY 年
Name of Hospital 醫院名稱：							
Level of hospital ward: 病房級別： <input type="checkbox"/> Private 頭等房 <input type="checkbox"/> Semi-private 二等房 <input type="checkbox"/> Ward 三等房 <input type="checkbox"/> Clinical Surgery 門診手術							
<b>1. Clinical History 門診病歷：</b>							
a. Date on which the patient first consulted you related to this illness/ injury (DD/ MM/ YY) 病人首次就有關疾病/受傷情況之診治日期 (日/月/年)							
b. Symptom(s) / complaint(s) of the patient relating to this hospitalisation/ treatment/ investigation 病人就有關是次住院/接受治療/檢查之徵狀/疾病							
c. How long had the patient been experiencing these symptoms before the first consultation? 病人之病徵於首次求診前出現了多久？							
<b>2. Hospitalisation Details 住院詳情：</b>							
a. Final Diagnosis 最後診斷				Date of Operation (DD/ MM/ YYYY) 手術日期 (日/月/年)			
b. Operation procedure(s) performed 手術詳情							
c. If the patient has consulted other physician during this hospitalisation, please provide the following: 如病人於是次住院期間曾向其他醫生求診，請提供以下資料：							
Name of physician consulted 醫生姓名				Reason 原因			
What treatment had the physician performed? 該醫生曾提供甚麼治療？							
d. Please give a brief discharge summary (including onset and duration of signs and symptoms/ disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要 (包括病發及疾病徵狀、病因、類型及主要檢查、治療、併發症之結果及跟進計劃)							
e. Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/ out-patient basis. 假若這類個案可於日間護理/門診護理，請提供入住醫院原因。							
<b>3. Professional Comment 專業意見：</b>							
a. In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint/ diagnosis. If "yes", please provide date of the first episode and details. 根據你的意見，病人是否因長期疾病或慢性疾病或與之前有關之病況而住院？如「是」，請提供首次患病之日期及詳情。							
b. Was the condition due to or associated with the following? (Please tick the appropriate boxes) 病人的病況是否與下列情況有關？(請於適當之空格加上「✓」)							
<input type="checkbox"/> Accidental bodily injury 意外受傷		<input type="checkbox"/> Pregnancy 懷孕		<input type="checkbox"/> Congenital condition 先天性疾病			
<input type="checkbox"/> Self-inflicted injury 自戕		<input type="checkbox"/> Infertility or sterilisation 不育或絕育		<input type="checkbox"/> Developmental condition 發展障礙			
<input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酗酒		<input type="checkbox"/> Contraception 節育		<input type="checkbox"/> Hereditary condition 遺傳性疾病			
<input type="checkbox"/> Mental or nervous disorder 精神/神經病		<input type="checkbox"/> Treatment for cosmetic purpose 美容手術		<input type="checkbox"/> General check-up 一般身體檢查			
<input type="checkbox"/> Refractive error 視力問題		<input type="checkbox"/> Vaccination 防疫注射					
<input type="checkbox"/> Venereal disease, sexually transmitted disease or AIDS/ HIV related illness 性病、性傳染疾病或愛滋病/與 HIV 有關之疾病							
<b>4. Others 其他：</b>							
a. If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人為其他醫生轉介，請提供該轉介醫生之姓名及地址							
b. Are you the patient's usual physician? 你是否病人慣常之醫生？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否							

I hereby certify that all information given above is accurate and true to the best of my knowledge.  
本人證明上述的資料根據本人所知皆為正確無訛。

Signature and chop of attending physician/surgeon 主診醫生簽署及蓋章

Address and telephone no. 地址及聯絡電話

Name of attending physician/surgeon & qualifications 主診醫生姓名及認可資格

Date 日期： DD 日 MM 月 YYYY 年

Part II of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers.

此表格之第二部分為香港醫學會及香港保險業聯會之醫療保險協會所批註。

## PRIVACY POLICY

MSIG Insurance (Hong Kong) Limited ("**MSIG**", "**we**" or "**us**") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at [www.msg.com.hk](http://www.msg.com.hk). You should check the Privacy Policy regularly for changes.

### **Personal Information Collection Statement**

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; and
- complying with applicable laws, regulations or any industry codes or guidelines.

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address. We cannot use your personal data for voluntary purposes without your consent.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you  should tick the box on the right and provide us with the following information. You may also notify us by sending an email to 'dpo@hk.msig-asia.com'. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information.	
Full Name:	
Contact Number:	
HKID Number:	<i>(for identification purpose)</i>
Policy / Certificate / Acknowledgement Number <i>(if you have one):</i>	
<b>NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.</b>	

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Claims Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.



## 私隱政策

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 [www.msig.com.hk](http://www.msig.com.hk) 下載。您應定期查閱此範本所修改的內容。

### 個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於**強制性**或**自願性用途**。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性之用途**：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；及
- 遵循適用法律，條例及業內守則及指引。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。未獲您同意之前我們並不能使用您的個人資料用作自願性用途。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並必須提供



如下的資料。您亦可選擇以電郵方式將您的要求連同所需的個人資料（詳情如下）電郵至“[dpo@hk.msig-asia.com](mailto:dpo@hk.msig-asia.com)”。

為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。

姓名：

聯絡電話：

香港身份證號碼：

(作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險索償投訴局及同類的保險業機構；
- 法例要求或許可的政府機關。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號太古城中心第一期 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電（852）3122 6922 與我們聯絡。