



中國交銀保險有限公司

China BOCOM Insurance Co., Ltd.

「供授權保險代理使用 For Authorized Agent Use」

投保書
PROPOSAL FORM

交銀保險「住家樂」綜合保障 CBI CHEERS Home Living Protection

- 首次投保 New Application
 現有保戶附加交銀保險「無限美」家庭傭工保障 (只須填寫部份(V)及(VIII)並簽署投保書 Existing Policyholder insuring for CBI MeritMaid Insurance Protection (Only fill in information at Part (V) & (VIII) & sign)
 現有保單編號 Current Policy No. _____

(I)(a) 投保申請人資料 PROPOSER DETAILS (凡以個人名義投保請填寫這部份 If the proposer is individual, please complete this part)

Ω 投保申請人姓名 - (必須與香港身份證 / 護照相同) Ω Name of Proposer/Applicant - (as on HKID / Passport)		姓 Surname	名 Given Name	性別 Sex
通訊地址 Correspondence Address				<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
手提電話號碼 Mobile No.	公司電話號碼 Office Tel. No.	住宅電話號碼 Home Tel. No.	電郵地址 Email	
職業/職位 Occupation/Job Position			工作性質 Job Nature	

Ω 投保人必須年滿18歲的中國居民。 Proposer/Applicant must be 18 years old or above Hong Kong, China Resident(s).

(I)(b) 投保公司資料 COMPANY DETAILS (凡以公司名義投保請填寫這部份 If the proposer is a corporation, please complete this part)

公司名稱 (與商業登記證相同) Company Name (as on Business Registration)	商業登記號碼 Business Registration No	業務性質 Business Type
公司註冊地址 Company Address		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
聯絡人資料 CONTACT PERSON DETAILS		
聯絡人姓名 Name of Contact person		
公司電話號碼 Office Tel	手提電話號碼 Mobile No	傳真號碼 Fax No.
		電郵地址 Email

備註Special Note: 若以公司名義作為投保人, 請提供公司註冊證明副本。 In case the Proposer is a corporation. Please provide a Business Registration Certificate copy.

(II) 保險細節 INSURANCE PARTICULARS (必須填寫 MANDATORY INFORMATION)

保險期 Period of Insurance	<input type="checkbox"/> 一年 One Year Cover	<input type="checkbox"/> 兩年 Two Years Cover	生效由 Effective from _____ (日/月/年) (dd/mm/yyyy)
投保居所 Insured Premises:	單位及樓層 Flat/Unit and Floor : _____ 樓宇名稱/座碼 Building Name/Block No. _____ 屋苑名稱 Estate Name: _____ 街道名稱/號碼: Street Name / Street No.: _____		<input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界 NT
投保地點面積(平方呎) Size of Insured Premises	<input type="checkbox"/> 總樓面建築面積 Total Gross Floor Area <input type="checkbox"/> 總樓面實用面積 Total Saleable Floor Area _____ sqft	建築物落成年份 Year of Built: _____	
投保房子的業權 Ownership	<input type="checkbox"/> 業主自住 Owner-occupied <input type="checkbox"/> △業主出租物業 △Leased Out <input type="checkbox"/> △租用物業 △Rented	住宅類別 Type of Building:	<input type="checkbox"/> 私人住宅 Private Housing <input type="checkbox"/> ☆公共房屋 ☆Public Housing <input type="checkbox"/> ☆獨立房屋 ☆Independent House <input type="checkbox"/> ☆村屋 ☆Village House
€選擇保險計劃 €Insurance Plan Selected	<input type="checkbox"/> 雲端保障計劃 SkyTop Plan	<input type="checkbox"/> 樂居保障計劃 FreeStyle Plan	<input type="checkbox"/> 懷舊保障計劃 Classic Plan

注意 Note:

△若受保物業用作出租，此保單只保障投保人之財物而且保障範圍只限於由火災、水浸、颱風或雨水泛濫引起或導致之財物損失。

△ If the insured premise is renting out, the insurance coverage will be limited to properties owned by the Insured and the insurance policy will cover only the loss and/or damage caused by resulting from fire, water, typhoon or flood only.

* 若受保物業被歸類為公共房屋(包括可供租住或買賣的住宅單位)、獨立房屋或村屋，保險公司有權修改任何承保條件、增加附帶條件或拒絕此投保申請。
* If the insured premise is categorized as public housing (including residential flat available for sale or rent), independent house or village house, the company may have rights to amend any terms and/or impose special terms and/or refuse this application.

€ 雲端保障計劃或樂居保障計劃只接受投保處所處於之樓宇樓齡不高於 40 年。懷舊保障計劃雖然對投保處所處於之樓宇不設樓齡上限但保險公司將根據投保處所位於之樓宇維修保養狀況及/或過去之索償記錄決定是否接納及/或以增加附帶條件後接納有關投保申請。

€ If the building where the insured premise is located that exceeds 40 years of age, the applicable of either SkyTop or FreeStyle will not be accepted. Although there is no upper age limit for the insured premises under Classic Plan, the Company reserves right to reject or accept the application with special terms according to the maintenance and repair status and/or past loss experience of the building where the insured premises is located.

只限選購雲端保障計劃之客戶填寫 Applicable to SkyTop Plan Only

投保申請人只有完整填寫下列補充資料後，該保障才會在保單生效日起正式生效。

The following protection items will only provide from the effective date of the insurance policy when the applicant fills in all supplementary information correctly below.

請以“V”選擇保障 Please use “V” to select coverage

<p>(a) <input type="checkbox"/> 於多層式公寓住宅單位附加相連與原單位樓面面積一樣或較少面積的天台或低層平台 Additional rooftops or low rise podium adjacent to the insured premises within a multi-storey apartment which is in terms of size equaling to or lesser than total floor area of the insured premises. 投保地點面積 Size of Insured Premises: _____ 平方呎 <u>saft</u> <input type="checkbox"/> 樓面建築面積 Gross Floor Area <input type="checkbox"/> 樓面實用面積 Saleable Floor Area</p> <p><i>注意 Note:</i> 若投保之天台或低層平台未能符合條件則需另行報價。 If the extended adjacent rooftops or low rise podium does not meet any requirement above, underwriting is required.</p>
<p>(b) <input type="checkbox"/> 附加獨立洋房內額外的前後花園，其面積小於被保險物業總樓面建築面 25%。 Additional front and/or back garden within an Independent Bungalow with size less than 25% of total gross floor area of the insured premises. 投保地點面積 Size of Insured Premises _____ 平方呎 <u>saft</u> <input type="checkbox"/> 樓面建築面積 Gross Floor Area <input type="checkbox"/> 樓面實用面積 Saleable Floor Area</p> <p><i>注意 Note:</i> 若前後花園之面積大於被保險物業總樓面建築面 25% 則需另行報價。 Individual underwriting is required if the size of front and back garden exceeds 25% of total gross floor area of the insured premises.</p>
<p>(c) <input type="checkbox"/> 設於本港一位投保人家屬成員墓地或骨灰龕資料(如有): Particulars of one cemetery of Insured's family members within territory of Hong Kong (if any): 墓碑先人名稱 _____ 註冊編號(如有) _____ Deceased name in gravestone: _____ Registered No. (if any): _____ 所在位置 _____ 與投保人關係 _____ Exact Location: _____ Relationship with Insured: _____</p> <p><i>注意 Note:</i> 若需投保更多家庭成員墓地或骨灰龕，請於下列空白位置填寫跟上述一致的資料。每一新增受保墓地或骨灰龕投保人需另行繳交額外保費。 Please write down the required information same to above if more cemeteries are to be insured. Additional premium is required for additional cemetery.</p>
<p>(d) <input type="checkbox"/> 設於本港一個獨立泊車位資料(如有): Particulars of One Car Park located within territory of Hong Kong (if any) 泊車位識別編號 _____ 泊車位所在位置 _____ Identification No. _____ Exact location of parking space: _____ 泊車位的業權 <input type="checkbox"/> 業主自用 Self-use 泊車位置有否已安裝供電動車輛充電裝置? <input type="checkbox"/> 是 Yes Ownership <input type="checkbox"/> 租用車位 Rented Is there any battery charger for electric vehicle mounted over the parking <input type="checkbox"/> 否 No space? _____</p> <p><i>注意 Note:</i> (1) 若泊車位置有供電動車輛充電裝置需另行報價。 If battery charger for electric vehicle is included, underwriting is required. (2) 若需投保更多泊車位，請於下列空白位置填寫跟上述一致的資料。每一新增受保泊車位投保人需另行繳交額外保費。 Please write down the required information same to above if more parking space are to be insured. Additional premium is required for additional parking space.</p>

(e) 隨行受保樂器資料(如有): Particulars of Musical Instrument to be insured under the policy (if any)					
樂器類別 Type of Instrument	規格(包含樂器名稱、製造商、型號及製造年份) Specifications (incl. Exact Name of instrument, manufacturer, model and year of manufacture)	生產序號 Serial Number	數量 Qty	購入價值 Purchase Price	#是否需要投保實際購入價值 #Is it required to insured for original purchase value?
敲擊樂器 Percussion instrument					<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
管樂器 Wind instrument					<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
弦樂器 Stringed instrument					<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
電子樂器 Electronic instrument					<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

注意 Note:
投保樂器於雲端保障計劃的最高保障上限為每件樂器港幣\$20,000 及每年上限共\$100,000。若投保時購入價值超過上限可申請以實際購入價值投保。這項申請需經過核保和收取額外保費。
The maximum protection limit for insured musical instrument under SkyTop Plan is HK\$20,000 per each and maximum of \$100,000 per year. If the purchase value exceeds the upper limit set forth at the time of insurance, you can apply for insurance at the actual purchase value. Please note that this application is subject to underwriting and additional premiums.

(III) 附加保障項目 ADDITIONAL INSURED ITEMS (只限選購樂居及懷舊保障計劃之客戶填寫 Applicable to FreeStyle and Class Plan Only)

請以“√”選擇保障 Please use “√” to select coverage

適用於下列保障計劃 Applicable to Insurance Plan below	保障項目簡述 Description of Insured Item
樂居保障計劃 FreeStyle Plan 懷舊保障計劃 Classic Plan	<input type="checkbox"/> 額外的家庭成員墓地 Additional Family Cemetery <i>(投保人需為每一受保墓地或骨灰龕繳交額外保費 Additional premium is required for each cemetery).</i> - 數量 Quantity: __ - 所在位置 Situation: _____ - 墓碑先人名稱 Deceased name in gravestone: _____ - 註冊編號(如有) Registered No. (if any): _____ <i>注意 Note:</i> 若需投保更多家庭成員墓地或骨灰龕，請於下列空白位置填寫跟上述一致的資料。 Please write down the required information same to above if more cemeteries are to be insured.
樂居保障計劃 FreeStyle Plan 懷舊保障計劃 Classic Plan	<input type="checkbox"/> 額外泊車位建築物責任 Additional Car Park Building Liability <i>(投保人需為每一受保泊車位繳交額外保費 Additional premium is required for each parking space).</i> - 數量 Quantity: __ - 所在位置 Situation: _____ - 車位編號(如有) Car Park Space No.(if any): _____ - 泊車位置有否已安裝供電動車輛充電裝置? <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No Is there any battery charger for electric vehicle mounted over the parking space? <i>注意 Note:</i> (1) 若泊車位置有供電動車輛充電裝置需另行報價。 If battery charger for electric vehicle is included, underwriting is required. (2) 若需投保更多泊車位，請於下列空白位置填寫跟上述一致的資料。 Please write down the required information same to above if more parking space are to be insured.
樂居保障計劃 FreeStyle Plan	<input type="checkbox"/> 額外的家庭寵物法律責任 Additional Domestic Pets Legal Liability <i>(投保人需為每一受保寵物狗繳交額外保費 Additional premium is required for each insured Dog).</i> 數量 Quantity: __ 寵物狗品種 Domestic Dog Species: _____ <i>注意 Note:</i> 投保人必須為五個月大或以上受保的狗隻向漁農自然護理署(漁護署)申領牌照 Insured is required to license the dog at Agriculture, Fisheries and Conservation Department (AFCD) once they are over 5 months of age.

(IV) 以實際價值投保特定財物 INSURING FOR SPECIFIED ITEMS AT ORIGINAL PURCHASE PRICE

可投保特定財物 Insure for Specified Item	特定財物簡述 Specified Item Description	投保額 (港幣) Sum Insured in HKD
貴重物品 Valuables		
藝術品或收藏品 Work of Art / Collections		
葡萄酒 Vintage Wine		
樂器 Musical Instrument		

特別注意 Special Note:

投保人必須提供對該投保特定財物價值的證明(包括由被認可機構及/或拍賣行發出有效的估值證明書、買入時正式收據等)、用途及保安措施。投保特定財物必須通過保險公司核保才可以承保而保險公司保留向投保人索取進一步資料或拒絕承保特定財物之權利。

The proposer must provide proof of the value of the specified insured item (including a valid valuation certificate issued by an authorized institution and/or auctioneer, an official receipt at the time of purchase, etc.), use and security measures. Insuring for specific item must subject to underwriting and the insurance company reserves the right to request further information from the insured or refuse to cover the specified item as request.

(V) 附加保障：交銀保險「無限美」家庭傭工保障 ADDITIONAL COVER: CBI MeritMaid Insurance Protection

這部分投保申請人資料 PROPOSER DETAILS in this section

投保申請人必須與部份(I)之投保申請人/公司相同除非他/他們並非下列受保家傭之僱主。若是，請填寫下列投保申請人資料。

Proposer in this part should be same as the Proposer/Proposed Company in Part (I) above UNLESS the Proposer/Proposed Company in Part (I) is not the employer of the insured home maid below. If yes, please fill in below Proposer details

£投保申請人姓名 - (必須與香港身份證 / 護照相同) £Name of Proposer/Applicant - (as on HKID / Passport)	姓 Surname	名 Given Name	性別 Sex
或 or			
#公司名稱 (與商業登記證相同) #Company Name (as on Business Registration)	#商業登記號碼 #Business Registration No	業務性質 Business Type	
投保申請人/公司與部份(I)之投保申請人/公司之關係 Relationship between Proposed in this Part(V) with the Proposer/Proposed Company in Part (I):			
#通訊地址 #Correspondence Address	<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)			
手提電話號碼 Mobile No	公司電話號碼 Office Tel. No	住宅電話號碼 Home Tel No	電郵地址 Email

注意 Note:

£僱主必須為部份(I)之投保申請人或合資格受保人居住於部份(II)同一投保居所內。

£ Employer must be same as the Proposer in Part I above or the eligible insured person residing at the Insured Premises under Part (II) above.

保障計劃 Plan Selected	僱員人數 No. of Employee	保險期 Period of Insurance
<input type="checkbox"/> 計劃 Plan A 只適用於本地傭工 Applicable to Local Home Maid		<input type="checkbox"/> 一年 1 Year <input type="checkbox"/> 兩年 2 Years <input type="checkbox"/> 每月 Per Month (月 month)
<input type="checkbox"/> 計劃 Plan B 只適用於海外傭工 Applicable to Overseas Home Maid		<input type="checkbox"/> 一年 1 Year <input type="checkbox"/> 兩年 2 Years
<input type="checkbox"/> 計劃 Plan C 只適用於海外傭工 Applicable to Overseas Home Maid		<input type="checkbox"/> 一年 1 Year <input type="checkbox"/> 兩年 2 Years

如選擇計劃 B 或 C, 請填下列家傭資料 (If you insure Plan B or C, please provide following information):

家傭姓名
Name of Domestic Helper : _____ 香港身份證/護照號碼
HKID Card /Passport No. : _____

出生日期 (日/月/年) _____ 性別 _____ 國籍 _____
Date of Birth (dd/mm/yy) : _____ Sex: _____ Nationality: _____

如選擇海計劃 B 或 C 者, 請填寫有關您的家傭健康狀況:

If you select Plan B or C, please complete the following about the health condition of your domestic helper.

- 您是否知道上述家傭可能因某種病症而需要接受治療或手術? 是 Yes 否 No
Are you aware of any condition for which your domestic helper may require medical or surgical treatment?
- 您的家傭曾否被拒保意外或醫療保險, 或需附加特別項目或條件才受保? 是 Yes 否 No
Has the domestic helper ever been rejected or subject to special terms and conditions when applying for accident or illness insurance?

若同時投保多於 1 名家傭, 請另加紙張填寫其他家傭的資料。Should there be more than 1 home maid to be insured and insufficient space to complete the information, please continue on a separate sheet.

(VI) 投保歷史 INSURANCE HISTORY

- (1) 在過去三年曾否有索償家居保險及/或家傭保險之記錄？如有，請詳細說明
Have you made any claim under your household insurance &/or Domestic Insurance policy in past 3 years? 是 Yes 否 No
- (2) 在過是否曾經在投保家居保險及/或家傭保險時被保險公司拒絕、被延期、在特別條款和情況下被接受、或被拒絕續保？
Has any person to be insured ever been rejected, postponed, accepted under special terms and conditions for Household &/or Domestic Helper Insurance application by an insurance company, or its renewal been refused? 是 Yes 否 No

以上任何一項回答“是”者，請詳細說明。 If any the above answer is “yes”, please give details. _____

(VII) 繳付保費方法 PREMIUM PAYMENT METHOD (必須填寫 MANDATORY INFORMATION)

請選擇下列方法繳付保費 Please select the premium payment method below :

- 轉賬[△] Transfer[△] 支票* Cheque* 直接付款^Ω (只接受經由 VISA, MasterCard, JCB 或銀聯信用卡直接付款) Direct Debit^Ω
(Only accept direct payment from VISA, MasterCard, JCB or UnionPay credit card)

*應繳保費必須包括保險業監管局保費徵費

*The premium due to us must include IA Levy

[△] 閣下可將應付保費轉賬至下列指定賬戶內並將轉賬收據或入數紙副本連同已簽署之投保書正本遞交至本公司辦理。

[△] You can transfer the required premium to designated bank accounts below and return the original executed proposal form together with the copy of transfer/deposit slip to us.

銀行名稱 Bank Name	銀行賬戶編號 Bank Account Number
中國銀行(香港) Bank of China (Hong Kong)	031-350-1-0336036
恒生銀行 Hang Seng Bank	256-220138-668

*如選擇以支票付款，支票抬頭需填寫「中國交銀保險有限公司」。*If paid by cheque, it should be made payable to “China BOCOM Insurance Co., Ltd.”

^Ω 如選擇直接付款，請留意下列事項： If you select Direct Debit payment, please take note to below:

- 不適用於以公司名義投保。Not available for Corporate client.
- 在投保申請過程必須填寫及遞交「直接付款方式授權書」至本公司辦理。You are required to complete and return the “Direct Debit Payment Authorization Form” to us during the insurance application.

投保申請人特別須知:

由 2018 年 1 月 1 日起，保險業監管局將會根據《保險業(徵費)令》及《保險業(徵費)規例》，向保單持有人收取保費徵費。有關徵費為應付保費的特定百分比，而且每份保單每保單周年均設有徵費上限，並透過保險公司向保單持有人收取。詳情請瀏覽保監局網頁 www.ia.org.hk。

Special Note to Insurance Applicant:

From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to the Insurance Authority (IA) by policyholders pursuant to the Insurance (Levy) Order and Insurance (Levy) Regulation. Levy is a specific percentage to the premium payable with a levy cap applied per policy per policy year. The levy will be collected from policyholders through insurance companies. For details, please visit IA’s website at www.ia.org.hk.

In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant.

(VIII) 收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

PART 1 : COLLECTION AND USE OF PERSONAL DATA

China BOCOM Insurance Co., Ltd. (hereafter called “the Company”) may use the personal data the Company collects from you (whether contained in the insurance application or otherwise) for the following purposes:

- processing and evaluating your insurance application and any future insurance application you may make;
- administering your insurance policy and providing services in relation to your insurance policy;
- investigating, processing and paying claims made under your insurance policy;
- invoicing and collecting premiums, deductibles for claim settlement and/or any outstanding amounts from you;
- executing the Direct Debit Payment Authorization for premium payment;
- designing products/services for customers;
- conducting market research for statistical or other purposes;
- matching any data held which relates to you from time to time for any of the purposes listed herein;
- conducting identity and/or credit checks and/or debt collection;
- carrying out other services in connection with the operation of the Company’s business;
- promotion of insurance and/or financial products or services and/or providing of latest product privilege, new product and/or services information when they become available;
- 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.

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 unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- in the event of default, debt collectors and recovery agents;
- insurance reference bureaus or credit reference bureaus;

- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

"Related companies" in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

PART 2 : DIRECT MARKETING

With your consent, the Company may also use your contact details, demographic information and policy details to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to receive such direct marketing communications.

With your consent, the Company may also provide your contact details, demographic information and policy details to our related companies who may send you direct marketing communications regarding financial and insurance products by mail, email, telephone or mobile message. Please tick the box below to inform us if you do not consent to us providing your personal data to our related companies and do not wish to receive direct marketing communications from our related companies.

I/We do not consent to receive marketing communications from the Company.
 I/We do not consent to receive marketing communications from the related companies of the Company.
 If you return this form without ticking the above box it means that you do not wish to opt-out from any form of direct marketing of the Company and/or its related companies
 In the event you have informed us in this statement you do not consent to receive direct marketing communications from the related companies of the Company, we will not provide your personal information to the related companies of the Company. However it does not mean that you are not consent the use of personal data by related companies who held or collected your personal information either by its own way or from other channels other than the Company for the purpose of direct marketing communications.

IMPORTANT NOTE TO INSURANCE APPLICANT:

- (1) It is mandatory to provide all of the personal data requested on the insurance application/proposal form. Failure to provide all the personal data requested on this insurance application/proposal form may mean the Company are unable to process your application.
- (2) The above statement at Part 2 represents your present choice whether or not to receive direct marketing materials and it will supersede all previous choices communicated by you to the Company prior to this application.
- (3) 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.
- (4) If you want to know the use and provision of personal data in direct marketing, please contact the Company for further information.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) ("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 of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.**

投保申請人必須閱讀及簽署此收集個人資料聲明後有關的投保申請將會被處理

(VIII) 收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

部分1: 收集及使用個人資料

中國交銀保險有限公司(下稱“本公司”)可能會使用客戶提供的個人資料(不論是否在投保申請書內所載或從其他途徑所取得)作以下用途:

- (i) 處理及審批 閣下的保險申請或 閣下將來提交的保險申請;
- (ii) 執行 閣下保單的行政工作及提供與 閣下保單相關的服務;
- (iii) 調查、處理及支付 閣下保單有關的索償;
- (iv) 發出繳交保費通知及向 閣下收取保費、自負額及欠款;
- (v) 執行直接付款方式授權繳付保費;
- (vi) 為客戶設計產品及/或服務;
- (vii) 為統計或其他目的進行市場研究;
- (viii) 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;
- (ix) 進行身份和 / 或信用核查和 / 或債務追收;
- (x) 開展與本公司業務經營有關的其他服務;
- (xi) 向 閣下提供本公司最新的產品優惠、推廣、新產品及服務資訊;
- (xii) 就以上用途聯絡 閣下;
- (xiii) 其它與上述用途有直接關係的附帶用途; 及
- (xiv) 遵循適用法律、條列及業內守則及指引。

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者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方:

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、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、執行直接付款方式繳付保費之銀行及數據處理服務商);
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問;
- (c) 追討欠款的收數公司或索償代理;
- (d) 保險資料服務公司及信貸資料服務公司;

- (e) 再保公司及再保經紀;
- (f) 閣下的保險經紀 (若有);
- (g) 本公司的法律及專業業務顧問;
- (h) 本公司的關連公司;
- (i) 香港保險業聯會 (或同類的保險公司聯會) 及其會員;
- (j) 保險索償投訴局及同類的保險業機構;
- (k) 法例要求或許可的政府機關。

經閣下同意，本公司可能會以其它方式使用及披露閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司的附屬公司及代表處，不論其所在地。

部分2: 直銷促銷

經閣下同意，本公司可能使用閣下的聯絡資料、個人基本資料及保單資料，通過書信、電郵、電話或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下不欲接收有關直接促銷通訊，請在以下的方格內填上☑。

經閣下同意，本公司亦可能提供閣下的聯繫資料、個人基本資料及保單資料給本公司的關連公司，關連公司可以以書信、電郵、或流動短訊與閣下聯絡，提供金融及保險產品的直接促銷通訊。若閣下反對本公司將閣下個人資料提供給關連公司及不欲接收關連公司的直接促銷通訊，請在以下的方格內填上☑。

若閣下反對接收本公司的直接促銷通訊，請在方格內填上☑

若閣下反對接收關連公司的直接促銷通訊，請在方格內填上☑。

如閣下遞交此聲明書而沒有在以上方格內以☑顯示閣下的選擇，即代表閣下並不拒絕接收任何形式的直銷推廣。

若閣下在此聲明中已表明不同意接收關連公司的直接促銷通訊，我司將停止提供閣下的個人資料給予本公司的關連公司，但這並不代表閣下反對本公司的關連公司使用由其公司原本擁有閣下的個人資料或其公司從自己的途徑或從其他非經由本公司的途徑收集獲得閣下的個人資料所作出的直接促銷用途。

申請人需留意的重要事項

- (1) 敬請注意，如果閣下不向本公司提供閣下的個人資料，本公司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。
- (2) 以上部分2代表閣下現在接收直銷推廣資料的選擇，這亦取代任何閣下之前已告知中國交銀保險有限公司的選擇。
- (3) 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。本公司會在收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。
- (4) 閣下如欲了解更多本公司為促銷目的使用閣下的個人資料的政策，歡迎與本公司聯絡索取進一步資料。

個人資料的查閱和更正

根據條例，閣下有權查閱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此：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

(IX)聲明 DECLARATION

1. 本人/本公司之投保居所結構是由磚、石或三合土建做，以及樓齡不超過 40 年但這條件不適用於懷舊保障計劃。
The Insured Premises is built of bricks, stone or concrete and roofed with concrete, and age of building not exceed 40 years but this condition does not apply to Classic Plan
2. 本人/本公司謹就本人/本公司所知及所聲明，上述資料全部屬實無訛。
I / We declare that the information given above is true and complete to the best of my / our knowledge and belief.
3. 本人/本公司明白本投保書被中國交銀保險有限公司接受後保障才正式生效，及同意該投保書和聲明將被用作雙方合約之根據。
I / We understand that this application will not become effective until this proposal has been accepted by China BOCOM Insurance Co., Ltd. and agree that this Proposal and Declaration shall be the basis of the contract between me / us and China BOCOM Insurance Co., Ltd.
4. 本人/本公司確認本人/本公司已閱讀並明白收集個人資料的聲明。本人/本公司確認本人/本公司已被通知本人/本公司須詳細閱讀該聲明，而本人/本公司已詳細閱讀該聲明對貴公司所收集或持有之本人/本公司的個人資料的影響(不論是否投保申請書內所載或從其他途徑所取得)。根據以上所述，本人/本公司特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人/本公司的個人資料，包括根據本人/本公司在上述收集個人資料聲明部分 2 中給予貴司的指示在直接促銷中是否使用及將本人/本公司個人資料提供予其他人士。
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 the insurance proposal/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 China BOCOM Insurance Co., Ltd. in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing based on my/our instruction stated at PICS Part 2 above.

投保申請人簽署

Signature of Insurance Proposer / Applicant : _____

日期

Date: _____

If the proposer/applicant is a corporation, company's chop is required 若投保申請人是公司，必須在投保申請人簽署部分蓋上公司印章。

(X) 投保人須知 IMPORTANT NOTES TO PROPOSER

- (1) 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.
- (2) 本保險計劃的產品單張或其他有關本保險計劃的產品文件只限在香港特別行政區內派發，並不能詮釋為在香港特別行政區境外提供或出售或游說任何人士購買中國交銀保險有限公司的產品。本計劃只限在中國香港特別行政區境內範圍銷售及辦理投保手續。The product leaflets of this insurance plan &/or other documents related to this insurance plan is intended to be distributed within the territorial limit of Hong Kong SAR of PRC, and such act cannot be construed as offering or selling or lobbying any person to subscribe the products of China BOCOM insurance Co., Ltd. outside the territorial limit of Hong Kong SAR of PRC. The selling and processing of insurance application of this insurance plan are limited to within the territorial limit of the Hong Kong SAR of PRC.
- (3) 本投保書及相連之產品單張內容只供一般參考，有關保障內容及條款細節，應以保險單內條文為準。
The information contained in the proposal form and related product brochure is merely for reference only. Please refer to the original policy for exact policy terms, conditions and exclusions.
- (4) 保險公司不保證當保險單到期時能以與保單首年保險期同等條件包括保險費水平邀請保單持有人續保，除非投保兩年期保單，次年承保條件將維持不變。保險公司保留拒絕接納及/或以附加條件接納有關投保及/或續保申請之權利。
The Company does not guarantee that when the insurance policy expires, the policy can be renewed with the same terms and conditions as the first year of the policy, including the insurance premium. Unless the two-year policy is insured, the underwriting conditions will remain unchanged in 2nd year. The Company reserves right to reject and/or conditional acceptance of any new and/or renew insurance application.
- (5) 若本中英文譯本有不同，概以英文為準。
If there is any difference between the Chinese and the English version, English version shall prevail.

此部份只供內部使用 INTERNAL USE ONLY

Agent Code:		Client Code:	
Payment Term	<input type="checkbox"/> CBD <input type="checkbox"/> COD <input type="checkbox"/> Premium Warranty <input type="checkbox"/> Credit Period	Premium Paid:	<input type="checkbox"/> Paid <input type="checkbox"/> Unpaid (Reason : _____)

(只供交銀保險「住家樂」個人綜合保障申請人使用)
(For CBI CHEERS Home Living Protection Application Use)

「直接付款方式授權書」-只適用於以個人名義投保申請。
“DIRECT DEBIT AUTHORIZATION FORM” – applicable to individual as applicant

本人授權中國交銀保險有限公司(簡稱「交銀保險」)不時的從本人之銀行信用卡戶口內扣除本人之交銀保險「住家樂」個人綜合保障及交銀保險「無限美」家庭傭工保障保單下所有到期或應繳付的保費及/或之後修改保障內容調整之保費及/或未來續保之保費。
I hereby authorize China BOCOM Insurance Co., Ltd. (“CBIC”) to debit my credit card account maintained for all premiums including premiums from subsequent amendments and renewal premiums due or payable under my **CBI CHEERS Home Living Protection and CBI MeritMaid Insurance Protection** Insurance Policy from time to time.

本人有權給予交銀保險不少於14天書面通知後取消上述之直接付款方式授權。本人清楚明白若取消上述之直接付款方式授權後將有可能對現有或將來的保障造成影響。
I understand I have right to revoke the above direct debit authorization from my designated account by giving CBIC a 14 days prior written notice. I understand that such act may affect the validity of my current or future insurance cover.

信用卡類別 Type of Credit Card Visa MasterCard JCB UnionPay 

信用卡號碼 Credit Card No.

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信用卡到期日 (月/年) Expiry Date (MM/YY) ___ / ___

發卡銀行名稱 Name of Credit Card Issue Bank _____

信用卡持有人的英文全名 English Full Name of Cardholder _____

信用卡持有人的身份證號碼 HKID No. of Cardholder _____

信用卡持有人簽署 Cardholder's Signature _____

(必須與所屬銀行紀錄相同 Must match with Bank's record)

日期 Date _____

信用卡持有人必須為此保單持有人。Credit card holder must be the Policyholder.

附註Notes:

Please ensure that you sign the form in the usual way that you would sign on your bank account. Please countersign if you have any alteration.
請確保您在授權書內的簽名與銀行賬戶所簽者完全相同。如有任何塗改，請在旁加簽。