

## 投保書

### PROPOSAL FORM

中國人壽 - 交銀保險 呈獻  
交銀保險 『置樂居』 綜合保障  
CHINA LIFE - BOCOM INSURANCE present  
BOCOM Insurance "GOALHome"  
Comprehensive Insurance

☐ 首次投保 New Application

☐ 現有保戶附加交銀保險「尊尚美」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 BOCOM INSURANCE HONORMAID 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)

#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
#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
#職業/職位 #Occupation/Job Position			工作性質 Job Nature

# 必須填寫項目 Mandatory fields

Ω 投保人必須年滿18歲的香港居民。 Proposer/Applicant must be 18 years old or above Hong Kong Resident.

#### (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		
#聯絡電話 (請填寫最少一項) Contact No. (Please fill in at least one)		
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

#必須填寫項目 Mandatory fields

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

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

**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.

€ 前衛計劃只接受投保處所處於之樓宇樓齡不高於 40 年。簡易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 application of Avant Plan will not be accepted. Although there is no upper age limit for the insured premises under Basic Plan, the Company reserves right to reject or accept the application with special terms according to the current building conditions and/or past loss experience of the building where the insured premises is located.

**(III) 自選附加保障 OPTIONAL EXTENSION**

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

保障項目 Insured Item						前衛計劃 Avant Plan	簡易計劃 Basic Plan
<input type="checkbox"/> 貴重物品及/或手提電子產品出門保障包括 90 天外遊保障。 Cover valuables &/or handheld electronic device off-premises protection including loss during outbound trip within 90 days.						有提供 Available	沒有提供 Not Available
<input type="checkbox"/> 網絡犯罪或被盜用身份損失保障 Cover loss resulting from Cyber Crime or Identity Theft						有提供 Available	沒有提供 Not Available
<input type="checkbox"/> @戶外使用之運動設備 @Outdoor Sports Equipment						有提供 Available	沒有提供 Not Available
運動設備類別 Type of Sport Equipment	規格(包含設備名稱、製造商、型號及製造年份) Specifications (incl. Exact Name of equipment, manufacturer, model and year of manufacture)	生產序號 Serial Number	數量 Quantity	購入價值 Purchase Price			
<input type="checkbox"/> #隨行樂器保障 #Loss or damage to musical instrument						有提供 Available	沒有提供 Not Available
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 (HKD)	#是否需要投保購入價值 #Is it required to insured for full 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		
<input type="checkbox"/> 家庭成員墓地 Family Cemetery - 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): _____							

<input type="checkbox"/> 額外泊車位建築物責任 Additional Car Park Building Liability - 數量 Quantity: _____ - 所在位置 Situation: _____ - 車位編號(如有) Car Park Space No.(if any): _____	有提供 Available	有提供 Available
<input type="checkbox"/> 額外的家庭寵物法律責任 Additional Domestic Pets Legal Liability 狗隻數量 Quantity of Dog: _____ ^寵物狗品種 Domestic Dog Species: _____	有提供 Available	有提供 Available

**注意 Note:**

@ 每件戶外運動設備最高保障上限為港幣\$10,000 及每年上限共\$50,000。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 outdoor sport equipment 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.

# 每件樂器最高保障上限為港幣\$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 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.

^ 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)投保特定財物 INSURING FOR SPECIFIED ITEMS**

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「尊尚美」家庭傭工保障 ADDITIONAL COVER: BOCOM INSURANCE HONORMAID 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 \_\_\_\_\_ 香港身份證/護照號碼 \_\_\_\_\_  
 Name of Domestic Helper : \_\_\_\_\_ 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.

1. 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?

2. 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

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

- ☐ 轉賬<sup>a</sup> Transfer<sup>a</sup> ☐ 支票\* Cheque\* ☐ 直接付款<sup>a</sup> (只接受經由 VISA, MasterCard, JCB 或銀聯信用卡直接付款) Direct Debit<sup>a</sup>  
 (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

<sup>a</sup> 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。

<sup>a</sup> 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.”

<sup>a</sup> 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](http://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](http://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) PERSONAL INFORMATION COLLECTION STATEMENT ('PICS')

**UNLESS THIS PICS IS DULY READ AND SIGNED BY YOU, WE ARE UNABLE TO PROCESS YOUR APPLICATION WHEREVER IT CONTAINS PERSONAL DATA**

#### PART 1

China BOCOM Insurance Company Limited (referred to hereinafter as ‘Company’, ‘CBIC’, ‘We’, ‘Us’ and ‘Our’) is a wholly owned subsidiary of Bank of Communications Co., Ltd. (‘BOCOM’) which is the holding company of a well-established banking group with associated, affiliated and subsidiary members companies as added from time to time (together referred to hereinafter as ‘Our Group’ or ‘BOCOM Group’). We recognize our responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong) (‘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 Us is accurate. We will take all practicable steps to ensure security of the personal data and to avoid

unauthorized 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.

**Purposes:** From time to time it is necessary for Us to collect your personal data (including credit information and claims history) whether contained in this application or otherwise which may be used, stored, processed, transferred, disclosed or shared by Us for purposes (“**Purposes**”), including:

1. promoting, offering, providing and marketing the products/services of Us, Our Group or Our business partners (see the section “**Use and provision of personal data in direct marketing**” below) to you, and administering, maintaining, managing and operating such products/services;
2. enabling Us to communicate with you, to verify your identity, response to your queries and provide quotation;
3. evaluating your insurance / financial needs, processing applications or requests made by you for products/services offered by Us, Our Group and business partners;
4. providing subsequent services to you, including but not limited to administering the policies issued, carrying out variations, cancellations, endorsements or renewals and related services as the case may be, arrangement of co-insurance and/or reinsurance, invoicing and premium collection including execution of Direct Debit Payment Authorization, conducting identity and/or credit checks and/or debt collection;
5. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by Us and/or Our Group and/or business partners, including investigation of claims, settlement, exercising subrogation (as appropriate) and claims recovery (if any);
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. verifying and matching any data held which relates to you from time to time for any of the Purposes listed herein;
9. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
10. complying with and making disclosure as required by the laws of any applicable jurisdiction, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities, in Hong Kong or elsewhere outside of Hong Kong;
11. carrying out other services in connection with the operation of Our business;
12. other purposes directly relating to any of the above; and
13. other purposes notified to you on or before the time of collection or use.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, We may, for the Purposes set out above, disclose and transfer your personal data to or from:

1. any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, mailing house administrating, printing and/or other services in connection with Our Company's operations and provision of policy administration and insurance services, such as insurance intermediaries, reinsurers, loss adjusters, claims investigations companies (including private investigators), employers, emergency assistance providers, health care professionals, hospitals, healthcare organizations, accountants, financial advisors, solicitors, databases or registers (and their operators) used by the insurance industry to analyze and check data provided against existing data, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, police, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same, and in this regard you consent to the transfer of your data outside of Hong Kong;
2. related insurance industry associations/federations including Insurance Claims Complaint Bureau, Hong Kong Federation of Insurers and their members, and the like;
3. any member of the Our Group, Our associates and business partners;
4. organizations conducting actuarial or research studies;
5. any actual or proposed assignee, transferee, participant or sub-participant of Our rights or business;
6. government, judicial, law enforcement, tax authority (where applicable) or governmental regulatory bodies or any person to whom We are under a legal and/or regulatory obligation to make disclosure; and
7. other persons as notified to you on or before the time of collection or use,

in each case, both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong, We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

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

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

## PART 2

### Use and provision of personal data in direct marketing:

We may, from time to time, use, disclose or transfer your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, behavior and transaction pattern, financial and demographic data) to the BOCOM Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

1. insurance, banking, financial, securities and asset management and related products and services; and
2. products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, entertainment, fitness or similar leisure activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products.

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

Please tick ✓ the box below if you disagree that We and/or the members of the BOCOM Group use and disclose your personal information for direct marketing purposes, other than for renewal notification and related services.

☐ I do not consent to receive direct marketing communications from CBIC.

☐ I do not consent to receive direct marketing communications from the members of the BOCOM Group (other than CBIC)

Should you return this form by leaving blank to the above box(es), it means that you do not wish to opt-out from any form of direct marketing from Us and/or Our Group.

We will not transfer your personal data to the members of the BOCOM Group should you have selected to opt-out from receiving direct marketing communications from them. Nonetheless, this does not constitute a disagreement to reject direct marketing communications from Our Group by use of your personal data they have held, collected or obtained via channels other than from Us.

Your current choice here will supersede all your previous choices communicated to the Company prior to this application.

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 “**Access and correction of personal data**” below. We shall, without charge to you, ensure that you are not included in the future direct marketing activities. You are welcome to contact Us if you want to know about the use and provision of personal data in direct marketing.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether We hold your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request Us 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 types of data held by the Company should be addressed in writing to Data Privacy Officer, China BOCOM Insurance Co., Ltd., 18/F, Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.

## 個人資料收集聲明 (“本聲明”)

投保申請人必須閱讀及簽署本聲明，否則，其載有個人資料的投保申請將不獲處理

### 第一部份：

中國交銀保險有限公司（以下統稱「本公司」、「交銀保險」、「我們」或「我們的」）為交通銀行股份有限公司的全資附屬公司，交通銀行股份有限公司（「交通銀行」）為一個成熟穩健的銀行集團之控股公司，集團並且不時加添新的關聯、聯營及附屬公司成員（統稱為「我們集團」或「交銀集團」）。我

們明白其就《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，確保我們所持個人資料的準確性。我們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。

敬請注意，如果您不向本公司提供您的個人資料，我們可能無法提供您所需的資料、產品或服務，或無法處理您的要求。

**目的：**我們不時有必要收集您的個人資料（包括信用資料和過往申索紀錄），並可能因下列各項目的（「**有關目的**」）而供我們使用、存儲、處理、轉移、披露或共享該等個人資料：

- 1 向您推介、提供和營銷我們、我們集團或我們的商業合作夥伴（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）之產品／服務，以及執行、維持、管理和運營該等產品／服務；
- 2 使我們能夠與您溝通，並驗證您的身份，處理您的查詢，並提供報價；
- 3 評估您的保險／財務需求，處理您就我們、我們集團或我們的商業夥伴所提供之產品／服務提出的申請或要求；
- 4 向您提供後續服務，包括但不限於執行／管理已發出的保險單，並視情況而定進行調整、取消、更新保單，續保或附加批註、處理續保通知及相關服務、籌劃共同保險及／或再保險、發出發票及收取保費包括執行直接付款授權指令、進行身份和／或信用核查和／或債務追收；
- 5 與就我們和／或我們集團和／或業務合作夥伴提供的任何產品／服務而由您或針對您提出的，或者其他涉及您的任何索賠相關的任何目的，包括索賠調查、和解、行使代位權（視情況而定）及索賠追討（如有）；
- 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 不時就本聲明所列的任何有關目的核對及匹配所持有的與您有關的任何資料；
- 9 就與我們及我們集團分享資料遵守任何義務、要求、政策、程序、措施或安排；
- 10 遵守任何適用司法管轄區的法律、規則、規例、業務守則或指引並按照要求進行披露，以協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查，或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防、偵測或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動；
- 11 開展與我們業務經營有關的其他服務；
- 12 與上述任何有關目的直接有關的其他目的；及
- 13 其他在收集個人資料時或之前向您通知之目的。

**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，我們可能就上述有關目的把您的個人資料披露給及轉移至以下或由之轉移：

1. 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、郵件中心管理、印刷服務，及／或與本公司業務營運和保單管理和保險服務之提供有關的其他服務的代理、承辦商或第三者，例如保險中介機構、為保險公司承保的分保公司、理賠師、索償調查公司(包括私家偵探)、僱主、緊急救援服務供應商、醫護專業人士、醫院、保健組織、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、防欺詐組織、警察、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指定的其他人士）、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等，不論在香港或其他地方，並有同等的保密義務，就此方面而言，您同意將您的資料轉移至香港境外；
2. 相關的保險業協會／聯會及其成員包括保險索償投訴局、香港保險業聯會及其成員及同類機構；
3. 我們集團成員、聯營公司和商業夥伴；
4. 精算或研究機構；
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；
6. 政府、司法機構、執法機構、稅務機關（如適用）、政府監管機構、或任何根據法例和／或監管責任而需作出披露的人士；及
7. 其他在收集個人資料時向您通知的人士，

而以上資料轉移均適用於香港境內或境外。假如我們需要把您的個人資料轉移至香港境外地區，我們會確保受轉移者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施。

如欲了解本公司為促銷目的使用您的個人資料的政策，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。

您的個人資料將僅為上文規定的一個或多個有關目的而被轉移。

## 第二部份：

### 在直接促銷中使用及將其個人資料提供予其他人士：

我們可能會不時使用、披露或轉移您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、郵寄地址、服務及產品組合、交易模式及行為、財務及背景資料、及人口統計數據）讓我們、交銀集團的成員及我們的聯營公司和商業合作夥伴（不論有獲利與否）可以使用相關個人資料，為您提供以下產品和服務進行直接促銷(包括但不限於提供獎賞、客戶或會員優惠計劃)：

1. 保險、銀行、金融、證券、資產管理和相關產品及服務；
2. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體及高級消費類產品及服務。

在使用您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，我們須獲得您的書面同意，及只在獲得您的書面同意後方可使用您的個人資料及提供予其他人士作任何推廣及促銷用途。

如您不同意我們及／或交銀集團成員使用或披露您的個人資料作直銷用途，但作續保通知及相關服務則例外，請在方格填上別號✓。

☐ 我不同意接收交銀保險的直銷通訊。

☐ 我不同意接收交銀保險以外的交銀集團其他成員公司的直銷通訊。

若您在遞交這申請表時將上述方格都留空，這即代表您並不拒絕接收我們及／或我們集團任何形式的直銷推廣。

如您選擇拒收交銀集團的成員公司的直銷推廣，我們將停止提供您的個人資料予他們，但這並不代表您反對他們集團使用其原本擁有、從自己的渠道收集、或經其他並非源自我們而獲得的您的個人資料所作出的直銷推廣。

您現在的選擇將取代您在提交本申請表之前已通知本公司的選擇。

您日後可撤回您給予我們有關使用您的個人資料及提供予其他人士作任何直接促銷用途的同意。

您如欲撤回您給予我們的同意，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我們。我們會在收取任何費用的情況下確保不會將您納入日後的直接促銷活動中。如果您想了解直接營銷中個人資料的使用和提供，歡迎您與我們聯繫。

**個人資料的查閱和更正：**根據條例，您有權查明我們是否持有您的個人資料、獲取該資料的副本、及更正任何不準確的資料。您還可以要求我們告知您我們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中環紅棉路 8 號東昌大廈 18 樓中國交銀保險有限公司 - 個人資料保護主任。

**(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 中給予貴公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.
- (3) 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.
- (4) 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『置樂居』綜合保障申請人使用)

(For BOCOM Insurance "GOALHome" Comprehensive Insurance 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『置樂居』綜合保障及交銀保險「尊尚美」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 BOCOM Insurance "GOALHome" Comprehensive Insurance and BOCOM INSURANCE HONORMAID 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 \_\_\_\_\_

^信用卡持有人之英文全名 ^English Full Name of Cardholder \_\_\_\_\_

信用卡持有人之身份證號碼 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。