

MOTOR ACCIDENT REPORT FORM

汽車失事報告表



Sun Flower Insurance Brokers Limited
Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
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Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.



The forwarding of this form for compensation is not an admission of liability upon the part of FWD General Insurance Company Limited ("FWD").
呈上此通知書不能視為富衛保險有限公司 ("富衛") 承認賠償損失之責任。

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answer please continue on a separate sheet. No admission offer, offer, payment or indemnity should be made in respect of liability for bodily injury, death, or property damage without the written consent of FWD.

請詳細填報本表格上每一個適用的項目。在未得到富衛書面同意之前，不得就任何有關人身傷亡或財務損毀賠償之責任作出承認，提議，承諾付款或付款。

INSURED'S INFORMATION 保戶資料

Full Name 姓名 _____

Correspondence Address# 通訊地址# _____

Tel No.# 電話# _____ Fax No.# 傳真# _____

Business Address# 商業地址# _____

Tel No.# 電話# _____ Fax No.# 傳真# _____

Occupation / Business 職業/行業 _____

For the use of this claim only 只限於此索償之用

VEHICLE'S DETAILS 汽車之細節

Policy No. 保單號碼 _____

Vehicle reg. No. 車牌號碼 _____

Make / Model 廠名及款式 _____

Cubic Capacity 馬力 _____

Year of Make 年份 _____

Carrying Capacity 載客人數 _____

Value before the accident 失事前之價值 _____

Is the vehicle under a hire purchase or loan agreement? YES/NO* 該車是否受限於任何分期付款合約或借貸合約？是/否

If YES, state the name of the finance or lending company, their address and the agreement number. 如是，請註明該財務公司名稱，地址及合約號碼。

State fully the purpose for which the vehicle was being used at the time of accident. 在交通意外發生時，該車作為何種用途？

Number of trailer attached to the vehicle

Value of trailers before accident

該車是否連接有拖車，如是，請詳述細節 _____

意外前之拖車價值 _____

Were goods being carried?

YES/NO*

是否載有貨物？

是/否

If YES, state (a) description

(b) owner

如是，請說明(a)貨物品類 _____

(b) 物主 _____

Weight of load on (a) vehicle

(b) trailers

載重 汽車 _____

拖車 _____

Additional Questions for Motor Cycles or Scooters only 如車輛是電單車，請回答以下問題：

Was a sidecar attached? 是否連接側車？ YES/NO*

Was a pillion passenger being carried? 是否載有後座乘客？ YES/NO*

* Please delete whichever is inapplicable 請刪去不適用者



DRIVER'S DETAILS 司機之細節

Note: All the questions should be answered, whether or not the Insured was driving.

注意: 不論保單持有人是否駕駛遇事車輛, 都必須回答以下問題。

Name 姓名 _____ HKID Card No./Passport No. 身份證號碼/ 護照號碼 _____

Address# 地址# _____

Tel. No.# 電話# _____ Occupation 職業 _____ Date of Birth 出生日期 _____

Is the driver employed by you? YES/NO*
司機是否受僱於閣下? 是/否*

Was the vehicle being driven with your permission? YES/NO*
在駕駛該車前, 司機有否徵求閣下同意? 是/否*

Was the car normally driven by the above driver? YES/NO*
該車是否經常由該司機駕駛? 是/否*

If the driver is not the Insured, please state their relationship
如果司機不是保單持有人, 請寫上他與保單持有人之關係

Has the driver been convicted of any offence in connection with any motor vehicle? YES/NO*
司機有否曾觸犯交通條例? 是/否*

If YES, give details, including the dates of these convictions
如是, 請寫上違反上述條例的細節及日期

Has the driver ever been refused motor vehicle insurance or continuance thereof? YES/NO*
司機有否曾被任何保險公司拒絕投保或續保? 是/否*

Does the driver own any motor vehicle? YES/NO*
該司機是否擁有任何車輛? 是/否*

If YES, please provide the name and address of the insurer
如是, 請寫上保險公司之名稱及地址。

Policy No.

保單號碼 _____

Was the driver licensed to drive the vehicle? YES/NO*
該司機是否擁有駕駛車輛之執照? 是/否*

If YES, was the licence full or provisional? Licence No.
如是, 駕駛執照是正式或臨時? 執照號碼

How long has the driver held a full licence? Date Passed Expiry Date
司機擁有正式執照之時間為多久? 合格日期 _____ 到期日 _____

Kindly present to us herewith the photocopy of the Vehicle Registration Document, Driver's Driving Licence and HKID card.
請將車輛登記文件, 司機之駕駛執照與香港身份證的影印本一併交給本公司, 以便查閱。

For the use of this claim only 只限於此索償之用

* Please delete whichever is inapplicable 請刪去不適用者

DAMAGE TO INSURED VEHICLE 保單持有人之車輛損壞情況

What is the extent of damage to the insured vehicle? 保單持有人之車輛損壞程度? _____

Repairer's name 修理廠名稱 _____

Show area of impact by arrow and extent of damage by crosses on the diagram

Address 地址 _____

請在圖上用箭咀指出被撞部份及用 X 列出

Tel. No. 電話號碼 _____

Is the vehicle at the repairer's premises?

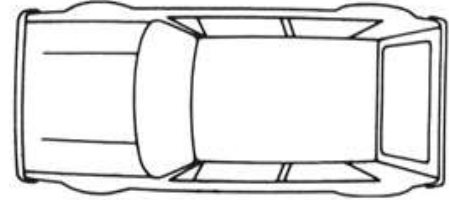
YES/NO*

該車現時是否在修理廠?

是/否*

If not, when will it be taken for repair?

如否, 將會在何時送往修理廠? _____



In all cases where your vehicle is damaged and you are entitled to claim under the policy, please send an estimate for the cost of repairs to the Company immediately.

任何情況下, 如閣下打算從保單獲得賠償, 請附上估價單。

ACCIDENT 意外發生情況

Date 日期 _____ Time 時間 _____ am/pm

Place 地點 _____

Weather and Visibility

天氣及視野 _____

What lights were lit on the vehicle?

汽車當時所亮為 _____ 燈

Speed: (a) before the accident

意外前車速 _____ km/h

(b) at the moment of the accident

意外時車速 _____ km/h

Speed limit on the road

事發地點行車速度限制 _____ km/h

Was the insured inside the vehicle?

保單持有人是否在車上

YES/NO*

是/否*

Condition and type of road surface

道路情況及路面物料 _____

Distance from the nearside at moment of accident

發生意外時受保車輛距離路邊 _____ metres

State fully what happened

請詳述意外經過 _____

Please sketch the scene and indicate below: 請在下面空白處畫上草圖:

- Name of roads, traffic lights, signs, warnings etc.

請包括街道名稱, 交通燈, 交通標誌告示, 路標等。

- The position and direction (by means of arrows) of all vehicle(s), object(s) and person(s) involved.

請包括意外中牽連的車輛, 物件或人士之位置及方向(請用箭咀指明)。

Positions just before the accident

意外發生前之位置

Positions at the moment of the accident

意外發生時之位置

Please state the names and addresses of all: 請就以下兩項填上姓名及地址:

(a) Passengers

乘客 _____

(b) Independent Witnesses

在場目擊證人 _____

POLICE 警方

Were particulars taken by or reported to the police: 事發細節有否被在場警方記錄或向警署報告: YES/NO*

If YES, (a) give the name of the Station (b) attach a copy of their report 有/否*

如有,請寫上警署名稱 _____ 請附上警方報告

Police Report Book No.

報案號碼 _____

Has any person been or may any person be charged with any offence arising from the accident? YES/NO*

任何人有否因這次意外而被檢控或可能將被檢控? 有/否*

If YES, give (a) name of person (b) Offence

如有,請列明 被檢控者姓名 _____ 檢控罪名 _____

Was the driver of the Insured Vehicle tested for alcohol or drugs? YES/NO*

受保車輛之司機有否接受酒精或藥物試驗? 有/否*

If YES, what was the result?

如有,結果如何? _____

THIRD PARTY'S VEHICLES INVOLVED 第三者之車輛損壞情況

Name and address of third party driver and/or owner 第三者司機或車主之姓名及地址

Registration No.

Name 姓名 _____ 汽車登記號碼 _____

Address 地址 _____

Insurers and Policy No. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞 _____

Name and address of third party driver and/or owner 第三者司機或車主之姓名及地址

Registration No.

Name 姓名 _____ 汽車登記號碼 _____

Address 地址 _____

Insurers and Policy No. 保險公司名稱及保單號碼 _____

Apparent damage 明顯之損壞 _____

THIRD PARTY'S PROPERTY DAMAGED (APART FROM VEHICLES) 第三者之財物損壞情形

Name and address of owner 物主之姓名及地址 _____

Nature of damage 損壞性質 _____

PERSON INJURED 受傷者之情況

Name and address 姓名及地址 (State whether the injured is driver, passenger, (in either case, in which vehicle), or pedestrian) (請註明傷者為司機, 乘客 (如傷者為司機或乘客, 請註明屬於哪一輛車)或是行人)	Apparent injuries 表面傷勢	Taken to hospital? 有否被送往醫院?
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
_____	_____	YES/NO* 有/否*
If a front seat passenger was injured, was he/she wearing a seat belt? 如車頭乘客受傷, 他/她有否佩戴安全帶?		YES/NO* 有/否*
If a motor cyclist or his passenger was injured, was he/she wearing a safety helmet? 如電單車司機或乘客受傷, 他/她有否佩戴頭盔?		YES/NO* 有/否*

Note: Any communication you received about the accident should be unanswered and sent immediately to the Company.

注意：如接獲任何有關此意外的函件，請勿作答並必須轉交本公司以便採取適當行動。

DECLARATION 聲明

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"), by signing below, I/we consent that the personal information collected or held by FWD General Insurance Company Limited ("FWD") (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organizations within or outside of Hong Kong in accordance with the terms set out in the Personal Information Collection Statement below and the provisions of the Ordinance.

Moreover, I/we hereby authorize FWD to obtain access to and/or to verify any of my/our data with the information collected by any association, federation or similar organization of insurance companies that exists or is formed from time to time (the "Federation") from the insurance industry.

根據香港個人資料(私隱)條例，本人 / 我們等簽署並同意富衛保險有限公司(“富衛”)得到或持有之本人個人資料(該等資料可能在此表格提供或從其他途徑得到)可透露予本港或海外之個人或組織機構以作為處理索償或任何分析之用途。

此外，本人 / 我們現授權富衛由現存或不時成立的任何保險公司的協會或聯會或類同組織(以下簡稱「聯會」)從保險業內收集的資料中查閱及/或核對本人 / 我們之任何資料。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform FWD of all material information may render FWD unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 我們謹此聲明，上述所有資料及細節均是準確無誤、真實及為事實之全部，並且盡本人 / 我們所知及所信而作答。本人 / 我們並沒有隱瞞任何重要資料，並明白如未能提供真實及準確無誤之資料或通知富衛任何有關此賠償申請之重要資料，將可能導致富衛不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表貴公司承認責任或保證賠償。

I/We confirm having read and understood FWD 's Personal Information Collection Statement as accompanied with this form.

本人 / 我們確認已閱讀及明白隨本表格附上有關富衛的收集個人資料聲明。

Driver's Signature

肇事司機簽名

H.K.I.D. Card No.

香港身份證號碼

Date

日期

Insured's Signature (& Company Chop, if applicable)

保戶簽名(及公司蓋章, 如適用)

HKID Card No./B.R. No.

香港身份證號碼 / 商業登記號碼

Date

日期

* Please delete whichever is inapplicable 請刪去不適用者

LETTER OF CONSENT

To Whom It May Concern

Dear Sirs

**Traffic accident on
Involving vehicle No.**

As driver of vehicle No _____ is involved in the above accident, I hereby give you my consent to provide to my insurers, FWD General Insurance Company Limited with a copy of my statement, the sketch of the scene of the accident and other information relevant to the accident.

This is to confirm that the copy of this Letter of Consent has the same authority as stated in this letter.

Thank you.

Yours faithfully

.....
Driver's Signature (Please use the signature as appeared on the police statement)

Name: _____

HK Driving License No.: _____

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露，讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、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名的其他人士）、警察、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）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛保險有限公司
香港德輔道中308號
富衛金融中心8樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露，讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
- 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。