

AccidentCare Plus Insurance Application Form 綜合意外投保書

Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號



Sun Flower Insurance Brokers Limited
 Placing through Sun Flower Insurance Agency Limited
 Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong
 Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com
 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.

(i) Details of Applicant 投保人資料

Full Name 姓名： <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Ms. 女士 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐	HKID Card No. 香港身份證號碼：	Email Address 電郵地址：
	Contact No. 聯絡電話：	Date of Birth 出生日期： _____ DD日 _____ MM月 _____ YY年
Relationship with Person to be insured 與被保人關係：		Nature of Work / Exact Duties 工作性質 / 職責：
Correspondence Address 通訊地址： Flat _____ 室, _____ Floor 樓, Block _____ 座 Building 大廈名稱： _____ Street 街道： _____ District 地區： _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界		Period of Insurance Required 要求保單生效日期： From 由 _____ DD日 _____ MM月 _____ YY年 To 至 _____ DD日 _____ MM月 _____ YY年

(ii) The Person to be insured (Age Limit : 18 to 65) 被保人資料 (年齡限制：18至65歲)

Full Name 姓名： <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士	HKID Card No. 香港身份證號碼：	Occupation / Profession 職業：
	Date of Birth 出生日期： _____ DD日 _____ MM月 _____ YY年	Name of Employer 僱主名稱：
Relationship with Person to be insured 與被保人關係：		Nature of Work / Exact Duties 工作性質 / 職責：

(iii) Beneficiary 受益人

Full Name 姓名： <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士	HKID Card No. 香港身份證號碼：
	Relationship with Person to be insured 與被保人關係：

(iv) Type of Cover Required 保障選擇

Amount to be Insured 保障金額

Basic Benefits Coverage 基本保障	
A. Accidental Death or 意外身故 或	HK 港幣 \$
B. Permanent Disablement 永久傷殘	
Optional Extra Benefits Coverage 自選附加保障	
C. Temporary Total Disablement (per week) 暫時性完全喪失工作能力 (每週)	HK 港幣 \$
D. Medical Expenses 醫療費用	HK 港幣 \$
E. Chinese Bonesetter or Acupuncturist Treatment Expenses 中國跌打或針灸治療費用	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

(v) General Information 其他資料

1. Are you or the person to be insured normally residing in Hong Kong? 閣下或被保人是否經常居於香港?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
2. Do you or the person to be insured's occupation or profession involve manual work or supervision of manual work? 閣下或被保人從事的職務是否需要體力勞動或監管體力勞動?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
3. Are you or the person to be insured at present holding any Life, Accident or Medical Insurance effected with us or other insurers? 閣下或被保人現在是否已與本公司或其他公司購有任何人壽、意外或醫療保險?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. In respect of Life, Accident or Medical insurance, has any insurer ever declined to insure you or refused to renew your insurance or imposed special terms on your insurance or cancelled your insurance? 閣下或被保人有否在投保人壽、意外或醫療保險時被拒絕投保或拒絕續保或附加特別條款或取消保單?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
5. In respect of Life, Accident or Medical insurance, have you or the person to be insured ever made any claims against any insurers during the last 5 years? 閣下或被保人曾否在過去五年內因任何疾病或身體損傷而向保險公司要求賠償?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
6. Are you or the person to be insured suffering or ever suffer from any major medical conditions, mental disease, physical defects or infirmity? 閣下或被保人之身體功能曾否有殘損? 閣下或被保人曾否患有任何精神病?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
7. Do you or the person to be insured engage or intend to engage in any dangerous sports or activities? 閣下或被保人曾否參加任何危險性運動或活動?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

If the answer to any of the question no. 2 to 7 (inclusive) above is "Yes", please provide details. 如以上2至7之問題中，所選的答案為“是”，請詳細說明。

(vi) Payment Method 付款方法

Cheque should be crossed and made payable to "FWD General Insurance Company Limited" 劃線支票抬頭請寫：「富衛保險有限公司」 <input type="checkbox"/> Cheque 支票 <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	I hereby authorize FWD General Insurance Company Limited to charge my credit card account specified for this insurance. 本人茲授權富衛保險有限公司從本人列明的信用卡賬戶支取此保險所應繳之保費。
Credit Card No. 信用卡號碼 _____	Cardholder's Signature 持卡人簽署 _____
Cardholder's Name 持卡人姓名 _____	Date 日期 _____

*The payer and the policyholder must be the same person. No third party payment is accepted. 付款人及保單持有人必須為同一人。第三者付款將不獲接納。

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123. 保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 www.fwd.com.hk 或致電：(852) 3123 3123。

Occupational Classification

Class 1
Persons engaged in indoor or professional, administrative, managerial, clerical and non-manual occupations.
e.g. Accountant, Banker, Clerk, Doctor, Teacher, Secretary, etc.

Class 2
Persons engaged in outdoor duties of non-manual works and / or work of a supervisory nature.
e.g. Outdoor Salesman, Commercial Traveller, Domestic Servant, Merchandiser, Messenger, Civil Engineer, etc.

Class 3
Persons engaged in light manual work without using heavy machine.
e.g. Restaurant Waiter, Private Car Driver (within Hong Kong), Garment Worker, etc.

Class 4
Persons engaged in manual works.
e.g. Car Mechanics, Electrician, Plumber (indoor), Commercial Vehicle Driver (within Hong Kong), etc.

Those occupations not listed above will be considered on application.

職業類別

第一類
從事室內工作或專業、行政、管理、文職等非體力勞動之工作。
例如會計師、銀行家、文員、醫生、教師、秘書等。

第二類
從事非體力勞動之戶外或有監管性質之工作。
例如外勤營業員、商務行政人員、家傭助理、買辦人員、信差、建築工程師等。

第三類
日常涉及體力勞動但不需操作重型機器之人士。
例如侍應生、私家車司機(香港境內)、製衣工人等。

第四類
從事體力勞動人士。
例如汽車維修工人、電器技工、水喉匠(室內)、商用車司機(香港境內)等。

上文沒有列舉的職業，本公司須按個別情況而決定是否承保及釐定保費。

Premium Table 保費表

Benefits 保障利益	Annual Rate (on amount to be insured) 年費率 (下列%乘以投保額)			
	Class 1 第一類別	Class 2 第二類別	Class 3 第三類別	Class 4 第四類別
Basic Benefits Coverage 基本保障				
A. Accidental Death or 意外身故或	0.08%	0.1%	0.2%	0.3%
B. Permanent Disablement 永久傷殘				
Optional Extra Benefits Coverage 自選附加保障				
C. Temporary Total Disablement (per week) 暫時性完全喪失工作能力 (每週)	35%	40%	70%	90%
D. Medical Expenses 醫療費用	3%	4%	6%	10%
E. Chinese Bonesetter or Acupuncturist Treatment Expenses 中國跌打或針灸治療費用	HK\$120	HK\$150	HK\$180	HK\$210

Insurance levy is not included in the above premium 以上保費並未包括保費徵費

Insurance Levy Rate Table 保費徵費表

Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費 (港幣)	Date of Policy Inception 保單起保日	Rate 徵費率	Cap (HK\$) 最高徵費 (港幣)
From 1 Jan 2018 till 31 Mar 2019 由2018年1月1日至2019年3月31日	0.040%	2,000	From 1 Apr 2020 till 31 Mar 2021 由2020年4月1日至2021年3月31日	0.085%	4,250
From 1 Apr 2019 till 31 Mar 2020 由2019年4月1日至2020年3月31日	0.060%	3,000	From 1 Apr 2021 onwards 由2021年4月1日之後	0.100%	5,000

Levy collected by the Insurance Authority will be imposed on the relevant policy at the applicable rate. For further information, please visit www.fwd.com.hk or contact: (852) 3123 3123. 保險業監管局將按照適用之徵費率就相關保單收取徵費。如有任何查詢，請瀏覽 www.fwd.com.hk 或致電：(852) 3123 3123。

Notes

1. Minimum Premium

Minimum Policy Premium is HK\$500.00.

2. Minimum Capital Sum Insured for Accidental Death or Permanent Disablement Benefit

Accidental Death or Permanent Disablement (Basic Benefits) shall be subject to a minimum capital sum insured of:

- HK\$500,000 for Class 1 & 2 occupation
- HK\$250,000 for Class 3 occupation
- HK\$150,000 for Class 4 occupation

3. Temporary Total Disablement Benefit

- 3.1 Housewife, student, daily waged employee, casual worker, unemployed, self-employed, sole proprietor, retired as well as children are not entitled to Temporary Total Disablement benefit.
- 3.2 Weekly benefit of Class 1 & 2 occupation shall not exceed 80% of the Insured Person's weekly income and up to 0.2% of the capital sum insured of Basic Benefit or HK\$2,000, whichever shall be the lesser.
- 3.3 Weekly benefit for Class 3 & 4 occupation shall not exceed 80% of the Insured Person's weekly income or HK\$700, whichever shall be the lesser.
- 3.4 For reimbursement under Temporary Total Disablement benefit, only original sick leave certificates issued by registered medical practitioner will be recognised. The Insured Person is also required to submit a written confirmation from the employer(s) on his/her absence from work due to injury before any compensation is payable.

4. Medical Expenses Benefit

Medical Expenses benefit shall not exceed:

- (i) 5% of the capital sum insured of Basic Benefit, or
- (ii) HK\$50,000 for Class 1 & 2 occupation and HK\$10,000 for Class 3 & 4 occupation, whichever shall be the lesser.

注意

1. 最低收費

本保單最低收費為港幣\$500。

2. 意外身故或永久傷殘的最低投保額

意外身故或永久傷殘保障（基本保障）的最低投保額將以被保人所從事的職業為依據：

- 第一或第二類為港幣\$500,000
- 第三類為港幣\$250,000
- 第四類為港幣\$150,000

3. 暫時性完全喪失工作能力

- 3.1 暫時性完全喪失工作能力保障不適用於家庭主婦、學生、日薪僱員、臨時工、失業、自僱、獨資經營、退休人士及兒童。
- 3.2 從事第一或第二類職業的被保人，暫時性完全喪失工作能力的每週最高賠償額將不會超過其每週利息的80%，並不超過基本保障額的0.2%或港幣\$2,000，以較低者為限。
- 3.3 從事第三或第四類職業的被保人，暫時性完全喪失工作能力的每週最高賠償額將不會超過其每週利息的80%，或港幣\$700，以較低者為限。
- 3.4 被保人必須出示由政府註冊醫生簽發的病假證明書正本及由僱主發出的休假證明書正本，才可獲得每週賠償利益。

4. 醫療費用

醫療費用的最高投保額：

- (i) 以基本保障之5%為限，或
- (ii) 港幣\$50,000（從事第一或第二類職業的被保人）
港幣\$10,000（從事第三或第四類職業的被保人）
並以較低者為限。

FWD General Insurance Company Limited

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;
 - (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 adjustors, risk intelligence providers, claims investigators, 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).



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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.

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, 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 to 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).

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
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

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.

富衛保險有限公司 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；
 - 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、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、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提供予本集團任何成員及/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1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。

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know FWD General Insurance Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all 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 with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響富衛保險有限公司(「本公司」)接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Declaration 聲明

I/WE HEREBY DECLARE AND AGREE THAT:

- The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between the Company and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the the Company unable to accept or process this application or the insurance policy void.
- The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/We have paid the required premium.
- (If applicable) I/We have obtained the authorisation from the insured person to provide the information requested in this application and to deal with and receive or request information concerning the insured person from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person has been explicitly informed and agrees that his/her personal data will be transferred to the Company for the purpose of this application and has been informed of his/ her rights under the Personal Data (Privacy) Ordinance.
- I/we have read, understood and accepted the PICS.
The Company intends to send you marketing communications or materials and use your Personal Data in accordance with paragraphs 8 & 9 of the PICS. If you do not agree to receive such marketing communications or the Company's intended use of your Personal Data, please tick below to exercise your right to opt-out.

Opt-out marketing communications or materials and the Company's intended use of my personal data

Where the Applicant(s) has/have an Insurance Broker:

I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. (If applicable) Where the applicant is a body corporate, I/We am/are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so.

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

本人 / 我們，謹此聲明並同意：

- 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為本公司及本人 / 我們之保險合約之承保根據。本人 / 我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
- 保障一概必須在本申請獲本公司接納後及本人 / 我們已繳交應付保費後始可生效。
- (如適用) 本人 / 我們已獲受保人授權提供本申請所需之一切資料，並就本申請之相關事宜，與本公司進行交涉，並向其接收或索取與受保人有關之資料。本人 / 我們並確認受保人已獲明確通知及同意，其個人資料將會轉介予本公司作辦理本申請之用，亦已獲通知其在個人資料(私隱)條例下所享有的權利。

4. 本人 / 我們已閱讀、明白及接受收集個人資料聲明。

本公司有意向閣下送交推廣訊息或資料及根據收集個人資料聲明第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，請在以下有關方格內加上剔(√)號。

拒絕接收推廣訊息或資料及本公司擬對本人的個人資料的使用

如申請人有保險經紀：

本人 / 我們明白、確知及同意，本公司會就本人 / 我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人 / 我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人 / 我們為代表申請人簽署的獲授權人員並向本公司確認本人 / 我們已獲該法人團體授權。

本人 / 我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the PICS is given
申請人 / 獲發收集個人資料聲明人士簽署



® Sun Flower Insurance Brokers Limited

Placing through Sun Flower Insurance Agency Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

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.

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail. 本申請表格的中文版本如有差異，以英文版本為準。

FWD Hong Kong - Corporate Overview

FWD Group spans Hong Kong, Macau, Thailand, Indonesia, the Philippines, Singapore, Vietnam & Japan. In Hong Kong, FWD offers life and medical insurance, general insurance, employee benefits, pensions and financial planning services. The life insurance and general insurance operating entities have been assigned strong financial strength ratings by international rating agencies. FWD is focused on creating fresh customer experiences, with easy-to-understand products, supported by digital technology. Through this customer-led approach, FWD aims to become a leading pan-Asian insurer that changes the way people feel about insurance. Established in Asia in 2013, FWD is the insurance business of investment group, Pacific Century Group.

Our Solutions

A quality suite of savings, protection and investment solutions are offered to meet customers' evolving needs in different life stages. We continuously enhance our products and services to empower people to live life to the fullest with optimism and confidence.

Life and Medical Insurance	Products range from individual life insurance, medical and critical illness protection plans, savings plans, educational reserves for children, retirement plans, investment-linked insurance, and more.
General Insurance	A wide spectrum of insurance solutions for individual and corporate customers, including household, motor, personal accident, property, travel, working holiday, overseas study, golf, marine cargo, pet, business pack, office, and more.
Employee Benefits	An array of insurance to protect and retain corporations' invaluable assets - employees. Products include group life (total and permanent disablement, accidental death and dismemberment benefits), group medical and group long-term disability income insurance.
Pensions	Customers of Mandatory Provident Fund (MPF) and Occupational Retirement Schemes have the access to a wide range of retirement savings and investment options, and enjoy personalised services of FWD's tied agents.
Financial Planning	Independent financial advisers help customers analyse their financial situations and propose tailored plans to build and boost customers' wealth and investment portfolios.

FWD has been providing customised services to 534,000 customers with over 730 staff in Hong Kong and Macau (as of 30 June 2017).

富衛香港 - 企業概覽

富衛集團業務遍佈香港、澳門、泰國、印尼、菲律賓、新加坡、越南及日本。在香港，富衛提供人壽及醫療保險、一般保險、僱員福利、退休金及財務策劃服務。人壽保險及一般保險營運機構均獲國際評級機構授予卓越的財務實力評級。富衛專注為客戶創造嶄新體驗，利用數碼科技，提供簡單易明的產品。富衛秉持以客為先的服務理念及方針，矢志成為泛亞洲區領先的保險公司，創造保險新體驗。富衛於2013年在亞洲成立，是投資集團「盈科拓展集團」的保險業務公司。

我們的保險服務

一系列儲蓄、保障及投資的保險方案照顧客戶於不同人生階段的需要。我們不斷優化產品組合及服務，希望賦予大眾盡情現在，投入精彩生活，展現樂觀與自信的正能量。

人壽及醫療保險	產品包括個人人壽保險、醫療及危疾保障、儲蓄計劃、子女教育儲備、退休計劃、投資相連保險等。
一般保險	為個人及企業客戶提供多元化的保險方案包括家居、汽車、個人意外、財產、旅遊、工作假期、海外升學、高爾夫球、貨運、寵物、辦公室、工商業綜合保險等。
僱員福利	一系列保險服務為企業最寶貴的資產——僱員提供全面保障。產品包括個人及團體人壽(完全及永久傷殘保險、意外身故及傷殘賠償)、團體醫療及團體長期傷殘保險。
退休金	為退休金(強積金及公積金)客戶提供一系列退休儲蓄和投資選擇，以及由富衛專屬代理人提供的貼心個人化服務。
財務策劃	獨立理財顧問協助客戶分析財務狀況，度身制定合適的財富增值及投資方案。

於香港及澳門，富衛超過 730 名員工為 534,000 名客戶提供貼心服務(截至2017年6月30日)。

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