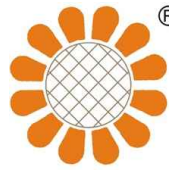




Liberty
Insurance™



Sun Flower Insurance Brokers Limited
Room 1108, Hing Yip Commercial Centre
282 Des Voeux Road Central, Hong Kong
Tel: (852) 2521-1881 Fax: (852) 2521-1919
Web: www.sunflowervip.com www.sunflowermpf.com

車輛保險之一般索償程序

1. 如閣下涉及交通事故或受保車輛遭受盜竊，應盡快通知警方。
2. 應記下第三者之重要資料，例如：
 - 被牽涉之車輛的車牌號碼；
 - 被牽涉之車輛的保險公司名稱及其保單號碼；
 - 被牽涉之傷者的傷勢；
 - 被牽涉之司機的姓名及地址；
 - 被牽涉之傷者的個人資料；
 - 警方之報案號碼。
3. 為保障閣下之權益，如此事故是由於第三者疏忽所導致，應於十日內正式向警方提出投訴。
4. 切勿與第三者簽署或達成任何口頭協議，此舉可能導致對方擺脫在此事故中之責任及有可能令閣下喪失追討權利。
5. 即使閣下認為此事故有可能是由於閣下疏忽所致，也不能向對方承認責任或同意作出賠償。
6. 閣下須填妥附上之車輛索償表、過往定罪事項證明書及所有同意書連同下列證明文件副本寄回本公司辦理：-
 - 受保車輛登記文件；
 - 警署報案編號紙及有關擬控告通知書；
 - 香港警務處處理酒後駕駛程序表格(呼氣測試)證明；
 - 警方口供及所有有關部門發出的文件；
 - 司機駕駛執照及其他身份證明文件，例如身份証或護照。
7. 所有有關此事故之文件應不予回應，並即時轉交本公司處理。

Claim Procedures - Motor Insurance

1. If you are involved in a traffic incident or your vehicle is being stolen, you should report to the police immediately.
2. Note down the essential information of the third party(ies) involved, such as
 - Vehicle registration number(s) of the vehicle(s) involved;
 - Name(s) and address(es) of the driver(s) involved;
 - Name of insurance company(ies) and their policy number(s) of the vehicle(s) involved;
 - Personal particulars of the injured person(s) involved;
 - Extent of injury of the injured person(s) involved;
 - Police reporting case number.
3. To protect your own interest, lodge a complaint to the police within ten days if the incident was caused by the negligence of the third party(ies).
4. Do not make any written or verbal agreement with the third party(ies) because it may discharge them from responsibility and you may sign away your right of recovery.
5. No admission of liability or offer of settlement should be made without our consent.
6. Complete the attached Motor Claim Form, Application for Certificate Relating to Previous Conviction, and all Letter of Authorization and send us together with copy of all the requested documents as follow:-
 - Vehicle Registration Document of the Insured Vehicle
 - Police Report Number and Intended Prosecution Notice from the Police
 - Drink Driving Procedure Form (Screening Test) issued by the Police
 - Statement to the Police from Insured Driver and/ or Insured and all other relevant documents
 - Driving License and ID Card or all relevant Identity Documents of the Insured Driver
7. All correspondence in relation to the incident must be unanswered and forwarded to our Company immediately.



Liberty International Insurance Ltd
利寶國際保險有限公司
13/F, DCH Commercial Centre,
25 Westlands Road, Quarry Bay, Hong Kong
香港鰂魚涌華蘭路 25 號
大昌行商業中心 13 樓
Tel 電話: (852) 2892 3888 Fax 傳真: (852) 2577 9578
Website 網址: www.libertyinternational.com.hk

CLAIM FORM – MOTOR VEHICLE ACCIDENT 汽車意外報告書

重要事項:

1. 此表僅供審核之用未能視作承擔責任之根據
2. 填報此表務須詳盡以免阻延及將不適當項目刪去(N.A.)
3. 保戶或駕駛人如收到警署或第三方面之函件請即寄交本公司
4. 請附上駕駛人之駕駛執照、身份証及香港車輛登記文件副本
5. 估價單必需先交本公司審查及批核方得開工修理
6. 上述第四項之文件及此報告書連所有同意書必須於意外發生後14天內呈交敝公司審閱

Important

1. No liability is admitted by issuing this form
2. Insured is requested to answer all questions fully in order to avoid unnecessary delay in the settlement of claim and delete the inapplicable item (N.A.)
3. Insured is requested to forward to the Company all communications, or copies thereof, which you or the driver may receive from the police and/ or third party in connection with this accident
4. Please submit copy of the driver's Driving License, Identity Card and Hong Kong Vehicle Registration Document
5. An estimate of repair cost must be submitted to the Company for approval before repairs are commenced
6. This claim form and the requisite documents (on item 4) together with all Letter of Consent must be submitted to the Company for reference within 14 days after the accident

1. Particulars of Insured 保戶資料

Policy no.
保單號碼

Period of Insurance
保險期

From
由

To
至

Name

保戶姓名

Address

地址

Home no.

住宅電話

Mobile no.

流動電話

Office no.

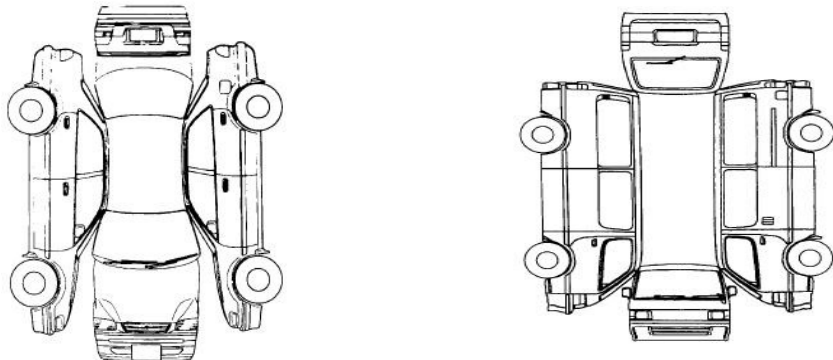
辦公室電話


Occupation

職業/行業

2. Particulars of Driver 駕駛人資料	
Name of Driver 姓名	Occupation 職業/行業
Address 地址	
Date of Birth 出生日期	Driving License no. 駕駛執照號碼
Date of the first driving license issued 首次獲發駕駛執照日期	Place of issue 簽發地區
Office no. 辦公室電話	Home no. 住宅電話
Mobile no. 流動電話	Email 電郵
What is your relationship with the Insured? 保戶與司機的關係	
<input type="checkbox"/> Same person 屬同一人 <input type="checkbox"/> Employer or Employee 僱主/僱員 <input type="checkbox"/> Relative or friend 親屬或朋友 <input type="checkbox"/> Others (please state) 其他(請詳述) <input type="checkbox"/> Hirer or Borrower 出租或借用	
Was the Driver driving the insured vehicle on the order or permission of the Insured? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 駕駛人是否得保戶之許可駕駛肇事之車輛	
Was the Driver sober and competent to drive at the time of Accident? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 駕駛人是否清醒及勝任駕駛	
Has the involved driver been previously involved in any other traffic accident, or been convicted of any driving offences during the past 5 years? If "Yes", please give details. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 駕駛人曾否於過去的五內涉及其他車禍或被警方交通部檢控? 如有, 請詳述。	

3. Particulars of Reporting to Police 報案資料	
Did anyone report to the Police? 是否已向警方報案?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Name of Police Station 警署名稱	Police report no. 報案編號
Reason of report 報案原因	<input type="checkbox"/> Record purpose only 只作紀錄存檔 <input type="checkbox"/> Complaint against parties concerned 投訴有關人士
Is the Driver released on bail? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Not Applicable 不適用 肇事司機是否獲准保釋?	
If yes, please provide us the date of reporting to the Police: 如是, 請提供指定向警署報到日期及時間	

4. Particulars of Insured Vehicle Concerned in Accident 肇事車輛之詳情	
Registration no. 車牌號碼	Make & Model 車輛名稱及款式
Year of Manufacturer 車輛製造年份	Cubic Capacity 汽缸容量
For what purpose was the vehicle being used at the time of accident? 事件發生時該車輛是用作何用途?	
<input type="checkbox"/> Social Domestic & Pleasure 社交家庭/娛樂 <input type="checkbox"/> Towing 拖運 <input type="checkbox"/> Insured's Business or Profession 保戶業務 <input type="checkbox"/> Motor Trade 車輛修理及買賣 <input type="checkbox"/> Hire or Reward 供出租或以報酬式借予他人 <input type="checkbox"/> Other purpose (please give details) 其他用途(請詳述) <input type="checkbox"/> Parking 停泊	
Extent of damage of the vehicle? 受保之車輛損毀程度	<input type="checkbox"/> Minor 輕微 <input type="checkbox"/> Normal 一般 <input type="checkbox"/> Serious 嚴重
Please mark the damaged area(s) of the vehicle at the diagram below 請於下列圖案上劃出車輛之損毀地方	
	
If the policy is comprehensive cover, please advise if you wish to claim own damage under the Policy. 若購有綜合保險，是否擬於本公司賠償台端汽車之損毀	
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
What is the name and contact no of the repairer? (Please attach the repairer's estimate if obtained) 維修車廠之名稱及聯絡電話? (請附上持有的估價單)	
<hr/> <hr/> <hr/> <hr/>	
Was the vehicle in a safe and roadworthy condition? 肇事時受保之汽車的機件是否妥當?	
<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

5. Particulars of Accident 意外詳情			
Date of Accident 肇事日期		Time 時間	
Estimated speed of the vehicle at time of incident 肇事時估計之車速			Km/hr 公里/每小時
Weather conditions 天氣情況	<input type="checkbox"/> Fine 晴天 <input type="checkbox"/> Typhoon 颱風	<input type="checkbox"/> Rainy 雨天 <input type="checkbox"/> Rainstorm 暴雨	<input type="checkbox"/> Thunder/ Lightning 雷電 <input type="checkbox"/> Foggy 大霧
Condition of the road surface 路面情況	<input type="checkbox"/> Dry 乾爽 <input type="checkbox"/> Smooth 平滑 <input type="checkbox"/> Oily 滿佈油污	<input type="checkbox"/> Wet 濕滑 <input type="checkbox"/> Rough 崎嶇 <input type="checkbox"/> Steep 陡峭	<input type="checkbox"/> Flooded 水浸
Place of the incident occur 肇事地點			
Lighting 光線	<input type="checkbox"/> Day light 日間 <input type="checkbox"/> Street light on 街燈亮着	<input type="checkbox"/> Dusk 黃昏 <input type="checkbox"/> Insufficient lighting 街燈未亮	<input type="checkbox"/> Night 夜間
How did the incident occur? (Please give details) 請詳述意外情形			
Incident explanatory sketch (please indicate the direction of vehicles at the time of the incident) 請作圖解顯示遇事地點並指出有關車輛及行人位置另以箭咀顯示行駛方向			
			

6. Particulars of Witnesses 見証人資料			
Name 姓名 Address 地址	Contact no. 聯絡電話號碼	<input type="checkbox"/> Passenger 乘客	<input type="checkbox"/> Independent Witness 獨立証人
Name 姓名 Address 地址	Contact no. 聯絡電話號碼	<input type="checkbox"/> Passenger 乘客	<input type="checkbox"/> Independent Witness 獨立証人
Name 姓名 Address 地址	Contact no. 聯絡電話號碼	<input type="checkbox"/> Passenger 乘客	<input type="checkbox"/> Independent Witness 獨立証人
Name 姓名 Address 地址	Contact no. 聯絡電話號碼	<input type="checkbox"/> Passenger 乘客	<input type="checkbox"/> Independent Witness 獨立証人

7. Particulars of injury(ies) 傷者資料					
Was/Were ther any person(s) injured in the accident? 是次事件是否牽涉人身傷亡?				<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
If "Yes", please state the total number of injured person 如“是”請敘述傷者或死者之人數				<input type="text"/>	
Please state the details of the injured person(s) involved in the incident. 請敘述是次事件所有牽涉之傷者資料:					
Sex/ Age 性別/年齡	Name /Contact No. 姓名/聯絡電話	Nature of injury 傷者傷勢	Conscious? 是否清醒	Carried by the Stretcher to the ambulance 是否須用擔架 抬上救護車?	Identity of the Injured 傷者身份
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured 請詳述受傷情況及部位	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Insured's vehicle Passenger 受保車輛乘客 <input type="checkbox"/> Third party vehicle passenger/driver/pedestrian 第三者車輛之乘客/司機/途人
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured 請詳述受傷情況及部位	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Insured's vehicle Passenger 受保車輛乘客 <input type="checkbox"/> Third party vehicle passenger/driver/pedestrian 第三者車輛之乘客/司機/途人
<input type="checkbox"/> M 男 <input type="checkbox"/> F 女 Age 年齡		<input type="checkbox"/> Slight 輕傷 <input type="checkbox"/> Serious 嚴重 <input type="checkbox"/> Death 死亡 Please describe the extent of injury and part of body injured 請詳述受傷情況及部位	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Unknown 不詳	<input type="checkbox"/> Insured's vehicle Passenger 受保車輛乘客 <input type="checkbox"/> Third party vehicle passenger/driver/pedestrian 第三者車輛之乘客/司機/途人

8. Particulars of third party(ies) involved 事件涉及之第三者詳情			
Was/ Were there any other vehicle(s) involved in the incident? 是次事件是否牽涉其他車輛?		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
If "Yes", please state the total number of vehicle(s) involved 如“是”，請敘述被牽涉之車輛數目。		Number of Vehicles: 車輛數目:	<input type="text"/>
Please state the details of any other vehicle(s) involved in the incident. 請詳述此次事件之其他被牽涉之車輛資料			
Third party registration no. 第三者車牌號碼	Year, Make & Model 車輛年份、牌子及型號	Brief details of damage 簡述損毀情況	Name & contact of third party driver 第三者司機之姓名及聯絡資料
In your opinion, who should be held responsible for the incident? 依閣下所見，該事件是那一方面的責任?			
<input type="checkbox"/> Myself/ Person who was driving my car 本人/駕駛本人車輛之司機			
<input type="checkbox"/> Driver of vehicle(s) _____ (Registration No.) _____ (車牌號碼)之司機			
<input type="checkbox"/> Other (please state) 其他 (請詳述)			
Other than damage to vehicle(s), was any other third party property damaged? 除車輛外，是次事件是否牽涉其他第三者之財物損毀?			
<input type="checkbox"/> Yes 是			
<input type="checkbox"/> No 否			
If "Yes", please state: 如“是”請詳述。			

9. Statement of Truth/ 真實聲明	
I/ We confirm that I/ we have read and fully understand the Purpose of Collection of my personal data. I/ We agree to the transfer to my data to the relevant parties as stated in the section of Transfer of personal Data. 本人/吾等確認已閱讀，並清楚明白收集本人/吾等個人資料之目的。本人/吾等同意利寶國際保險有限公司，將本人/吾等的個人資料，根據“個人資料轉交”一項所列，移交予有關人仕。	
I believe that the facts stated in this Motor Vehicle Accident Claim Form are true and the opinion expressed in it is honestly held. 本人相信本汽車意外報告書所述事實屬實，而其中所表達的意見屬真誠地持有的。	
Insured's Signature 保戶簽名	Driver's Signature 駕駛人簽名
Date 日期:	Date 日期:

Your Ref 貴處檔案編號：

Our Ref: 本司檔案編號：

Letter of Consent 同意書

Incident on:

事故日期:

Involving vehicle:

牽涉車輛:

I, _____, consent to the relevant party(ies) releasing all my relevant documents and information, including but not limited to my statement, personal data, sketches, MVE Report, brief facts and notes of proceeding in relation to the captioned incident to **Liberty International Insurance Ltd.**

I confirm that the copy of this Consent has the same effect as the original.

本人，_____，現同意有關部門就有關於上述事件提供(包括但並不限於)本人之口供、個人資料，草圖、車輛檢驗報告，案情簡介及審判過程給予利寶國際保險有限公司。

本人確定同意書的副本，與正本擁有同樣效力。

Signature of driver/involved part(ies) 司機簽署/事主簽署

I.D. Card No./ Passport No. 身份証號碼/護照號碼

To: Liberty International Insurance Limited
13/F., DCH Commercial Centre,
25 Westlands Road,
Quarry Bay, Hong Kong.

Policy No. 保單號碼:
Vehicle Registration No. 車牌號碼:
Date of Traffic Accident 意外日期:

Declaration of Driver
駕駛人之聲明

1. Has the Subject Vehicle been detained by the Police for examination after the accident? Yes 是
意外後，上述車輛是否被警方扣留驗車？ No 否

If the answer is Yes, please attach a copy of the detention note issued by the Police.

如有，請附上警方發出的扣車文件副本。

2. Has the Driver been demanded by the Police for a screening breath test, additional breath, blood or urine test for alcohol level? Yes 是
肇事駕駛人是否被警方要求進行呼氣測試、進一步呼氣測試、血液或尿液檢驗？ No 否

If the answer is Yes, please declare whether the Driver has exceeded the prescribed limit and attach a copy of the Drink Driving Procedure Form (Screening Test) issued by the Police.

如有，請肇事駕駛人聲明是否超出法定之酒精限度及附上警方發出的酒後駕駛程序表格副本。

3. Has the Driver been demanded by the Police to undergo (a) a Drug Influence Recognition; (b) an Impairment Test; or, (c) a Rapid Oral Fluid Test? Yes 是
肇事駕駛人是否被警方要求進行 (a) 識認藥物影響觀測；(b) 損害測試；或 (c) 快速口腔液測試？ No 否

If the answer is Yes, please declare whether the aforesaid tests indicate any concentration of a specified illicit drug or other drugs was presented in the Driver's blood or urine.

如有，請肇事駕駛人聲明是否在上述測試中顯示在其血液或尿液含有任何濃度的指明毒品或任何藥物。

Driver's Signature: _____
駕駛人簽署

Name: _____
姓名

Date: _____
日期

PERSONAL DATA "個人資料"

香港灣仔軍器廠街一號
警察總部警政大樓十一樓
香港警務處交通總部
中央交通違例檢控組
交通違例判罪紀錄室



辦公時間：
星期一至星期五：上午九時至中午十二時四十五分
及下午二時至下午四時三十分
星期六、日及公眾假期休息

費用：港幣五十元正

領取證明書日期：確定申請後的第三個工作天（以現金繳付申請費用）
確定申請後的第三個工作天（以現金繳付申請費用）

祇供內部填寫

證明書編號：_____

付款日期：_____

付款收據號碼：_____

證明書領取日期：_____

寄出通知書日期：_____

收件人簽署：_____

收件日期：_____

根據《道路交通條例》（第 374 章）第 75（5）條 申請過往定罪事項證明書

甲部 申請人個人資料

姓名（英文正階） _____ （中文） _____

香港身份證號碼／香港駕駛執照號碼 _____ 聯絡電話 _____

地址 _____

乙部

本人，即上述申請人，現以* **現金或支票**（號碼為 _____）繳付申請費用，並要求警務處處長於收取訂明費用後，發出一份有關本人根據《道路交通條例》（第 374 章）第 75(5)條而被定罪的證明書，包括：

- (a) 過去十年內根據《道路交通條例》（第 374 章）的定罪紀錄。**附件 A**
- (b) 過去三年內根據《定額罰款（刑事訴訟）條例》（第 240 章）的繳款紀錄。**附件 B**
- (c) 過去五年內根據《道路交通（違例駕駛記分）條例》（第 375 章）第 3(2)條的違例駕駛記分紀錄。**附件 C**
- (d) 過去十年內根據《道路交通條例》（第 375 章）第 8 條的被取消持有駕駛資格的紀錄。**附件 D**

丙部 申請人聲明書

本人聲明，本人就所知及所信填寫此表格，並證明上述資料均屬正確。本人明白若提供失實資料，將會使警務處無法向本人提供準確的資料。

申請人簽署： _____

日期： _____

丁部 授權書（如申請人授權他人代為領取證明書）

本人授權 _____ 先生/女士（身份證號碼為 _____）代本人領取過往定罪事項證明書。

申請人簽署： _____

日期： _____

- 申請須知：**
- (1) 根據《道路交通條例》（第 374 章）第 75(5)及(5A)的規定，本處必須收到申請人的申請及支付訂明費用後，並須確定申請人已繳交所有定額罰款、附加罰款及訟費，才可向申請人發出此證明書。
 - (2) 收集個人資料的目的為處理申請、通知申請進度及存檔之用。
 - (3) 申請人請出示你的香港身份證及香港駕駛執照以便核對身份。
 - (4) 獲授權人士請出示你的香港身份證以便核對身份。
 - (5) 為保障個人私隱，如申請人或獲授權人士拒絕出示香港身份證作核對，本處可拒絕交予有關的紀錄。

PERSONAL DATA "個人資料"

Traffic Conviction Records Office
Central Traffic Prosecutions Division
Traffic Branch Headquarters
Hong Kong Police Force
11/F, Arsenal House
Police Headquarters
No.1 Arsenal Street
Wan Chai, Hong Kong



For Official Use Only

Certificate S/N : _____

Payment Date : _____

Payment Receipt No.: _____

Certificate collected on : _____

Notification posted on : _____

Signature of recipient : _____

Date of receipt : _____

Business Hours :-

Monday to Friday : 9:00 a.m. to 12:45 p.m. &
2:00 p.m. to 4:30 p.m.
Saturdays, Sundays and General Holidays : Closed

Prescribed Fee : HK\$50.00

Certificate will be available for collection in three working days (if prescribed fee is paid by cash) or six working days (if prescribed fee is paid by cheque) after confirmation of the application.

Application for a Certificate Relating to Previous Conviction under Section 75(5) of Road Traffic Ordinance, Cap 374

PART A Personal Particulars of Applicant

Name (in English BLOCK LETTERS) _____ (Chinese) _____
HK Identity Card No. / HK Driving Licence No. _____ Contact Telephone No. _____
Address _____

PART B

I, the above-mentioned applicant, pay the prescribed fee by *cash or cheque (cheque no. _____) and request to be provided with a certificate relating to my previous conviction of offence under Section 75(5) of Road Traffic Ordinance, Chapter 374 after the Commissioner of Police has received the prescribed fee. The record concerned includes: -

- (a) Previous conviction record under Road Traffic Ordinance, Chapter 374 in the past ten years (**Annex A**).
- (b) Payment record under Fixed Penalty (Criminal Proceedings) Ordinance, Chapter 240 in the past three years (**Annex B**).
- (c) Record of driving-offence points under Section 3(2) of Road Traffic (Driving-Offence Points) Ordinance, Chapter 375 in the past five years (**Annex C**).
- (d) Record of Disqualification Order issued under Section 8 of Road Traffic Ordinance, Chapter 375 in the past ten years (**Annex D**).

PART C Declaration by Applicant

I declare that this form is completed to the best of my knowledge and belief. I certify that the information contained above is correct. I understand that if I give false information, HKPF will not be able to provide me with accurate information.

Signature of Applicant : _____
Date : _____

PART D Authorization (to be completed if the applicant authorizes a person to collect the Certificate)

I authorize Mr./Ms. _____ (I.D. No. _____) to collect the Certificate on my behalf.

Signature of Applicant : _____
Date : _____

- Note :**
- (1) According to Section 75(5) and (5A), Road Traffic Ordinance, Chapter 374, the Certificate will only be issued to the applicant on receipt of the application made by the applicant and the prescribed fee, as well as after confirming the applicant has paid all fixed penalties, additional penalties and costs.
 - (2) The purpose of collecting personal particulars in this form is for processing the application, notification of application progress and record keeping purpose.
 - (3) Applicant has to produce his/her Hong Kong Identity Card and Hong Kong Driving Licence for verification of identity.
 - (4) Authorized person has to produce his/her Hong Kong Identity Card for verification of identity.
 - (5) For protection of personal data, our staff may refuse to provide the relevant records to the applicant or the authorized person if he/she refuses to produce his/her Hong Kong Identity Card for verification.

Personal Information Collection Statement (PICS) 個人資料收集聲明

Liberty International Insurance Limited (referred to hereinafter as the "Company") recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance").

Purpose

The personal data of customers (including but not limited to policy owners, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes :-

1. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
2. Processing requests for payment and for direct debit authorization;
3. Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;
4. Compiling statistics or using for accounting purposes;
5. Conducting research, insurance surveys and analysis for the purpose of product design and development;
6. Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies ("Liberty Mutual Group of Companies")
7. Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;
8. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
9. Conducting identity and/or credit checks and/or debt collection;
10. Conducting medical or health reference checks for relevant insurance products; and
11. Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

Direct Marketing

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications.

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong :-

1. Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;
2. Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
3. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;
4. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
5. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;
6. Any person pursuant to any order of a court of competent jurisdiction;
7. Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners;
8. Companies within the Liberty Mutual Group of Companies;
9. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
10. Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided; and
11. Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided.

Access and correction of personal data

According to the Ordinance, all policyholders have the right to of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy Officer at:

Liberty International Insurance Limited, 13/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong

In accordance with the Ordinance, a reasonable fee may be charged by the Company for the processing of any data access request.

Please tick here if you do not consent to receive marketing communications.

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第 486 章）（以下簡稱『條例』）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

目的

本公司所收集或持有的客戶個人資料（包括但不限於保單持有人、受保人及受益人），可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的：-

1. 處理和確定保險申請書、理賠，及持續提供保險服務；
2. 處理付款事宜和直接付款授權書；
3. 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權；
4. 從事統計資料或用於會計事務；
5. 從事研究、保險調查及開發產品和設計之分析；
6. 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求；
7. 遵守香港特別行政區的法院命令和包括但不限於保監處，香港保險業聯會，核數師，政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求；
8. 協助本公司的實質或建議受讓人評估有關之轉讓交易；
9. 從事核實身份和/或信貸審查和/或追收債務；及
10. 為相關保險產品進行具參考用途之醫療或健康調查；
11. 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務；

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷，推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。如果你不同意接收有關直銷通訊，請於本個人資料收集聲明下方 標上 號。

如保客戶沒有“選擇退出”的要求，其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

個人資料之轉移

本公司所持有的個人資料將予以保密，但可能會與以下香港境內或境外人士分享：-

1. 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人；
2. 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商；
3. 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員；
4. 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司；
5. 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士；
6. 根據有司法管轄權的法院命令受權之任何人士；
7. 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人；
8. 利寶互助保險集團公司旗下的公司；
9. 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；
10. 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及
11. 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

查閱及更正個人資料

根據條例的規定，所有保單持有人可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料：

利寶國際保險有限公司，香港鰂魚涌華蘭路 25 號，大昌行商業中心 13 樓

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如你不同意接收有關直銷通訊，請標上 號

中文版本只供參考，一切以英文版本為準

Insured's Signature 保戶簽署: (with company chop if applicable) (若以公司名義投保，請附加公司蓋印) _____	Date 日期: _____/_____/_____ D 日 / M 月 / Y 年
Driver's Signature 駕駛人簽署: _____	Date 日期: _____/_____/_____ D 日 / M 月 / Y 年