

MSIG Insurance (Hong Kong) Limited
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Macau Branch
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For more information,
please call us at
+852 3122 6922 (Hong Kong) /
+853 2892 3329 (Macau) or contact
your Insurance Representative at:
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Proposal Form

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- Proposal Form



Please complete the following section in ENGLISH using BLOCK LETTERS and tick ✓ the box(es) as appropriate. 請以英文正楷填寫下列部份，並於適當的空格內加上 ✓ 號。

Personal Details of Proposer

(*Please delete if not appropriate* 請刪除不適用項目)

Name of Proposer (Mr. / Mrs. / Ms.)*: Surname
投保人姓名 (先生 / 太太 / 女士)*: 姓Given Name
名Gender: M 男 F 女
性別:Date of Birth: (D) (M) (Y)
出生日期: 日 月 年Marital Status: Single 單身 Married 已婚
婚姻狀況:Occupation: _____
職業:HKID / Passport No.*:
香港身份證 / 護照號碼*:E-mail: _____
電郵:Tel No.: Home
電話號碼: 住宅Office
辦公室Mobile
手提Correspondence Address:
通訊地址:Flat / Room 室 / 單位 Floor 樓 Block 座 Building 大廈
Estate Name / No. & Street Name / Lot. No.* 屋苑名稱 / 街名及門牌 / 地段* District 地區 HK / KLN / NT* 香港 / 九龍 / 新界*Address of Insured Premises:
(if different from the above):
投保物業地址:
(如與上述地址不同):Flat / Room 室 / 單位 Floor 樓 Block 座 Building 大廈
Estate Name / No. & Street Name / Lot. No.* 屋苑名稱 / 街名及門牌 / 地段* District 地區 HK / KLN / NT* 香港 / 九龍 / 新界*Year of Building:
樓宇年份:Period of Insurance: From: (D) (M) (Y) To: (D) (M) (Y)
保障期: 由: 日 月 年 至: 日 月 年Annual Premium Table[^] (HK\$)

Basic Cover 基本										Subtotal	
Plan level 計劃	Silver 銀		Gold 金				Platinum 白金				
Gross floor area (sq.ft.) 建築面積 (平方呎)	<input type="checkbox"/> Below 500 以下	<input type="checkbox"/> 501-700	<input type="checkbox"/> Below 500 以下	<input type="checkbox"/> 501-700	<input type="checkbox"/> 701-1,000	<input type="checkbox"/> 1,001-1,500	<input type="checkbox"/> 701-1,000	<input type="checkbox"/> 1,001-1,500	<input type="checkbox"/> 1,501-2,000	<input type="checkbox"/> Over 2,000 以上 Please state 請列明:	
Saleable floor area (sq.ft.) 實用面積 (平方呎)	<input type="checkbox"/> Below 400 以下	<input type="checkbox"/> 401-560	<input type="checkbox"/> Below 400 以下	<input type="checkbox"/> 401-560	<input type="checkbox"/> 561-800	<input type="checkbox"/> 801-1,200	<input type="checkbox"/> 561-800	<input type="checkbox"/> 801-1,200	<input type="checkbox"/> 1,201-1,600	<input type="checkbox"/> Over 1,600 以上 Please state 請列明:	
Annual premium (HK\$) 全年保費 (港幣/元)	780	1,080	1,240	1,370	1,530	2,280	2,340	2,600	2,890	Special quotation 個別報價	=
Personal liability 個人法律責任 24-hour home emergency assistance 24小時家居緊急支援	Free 免費										
Optional Cover 附加											
House 樓宇建築	Sum insured (HK\$) 投保額 (港幣/元):										x 0.09% =
Worldwide DII Items 全球											
Unspecified items ² 非指定受保財物	Sum insured (HK\$) 投保額 (港幣/元):										x 1.5% =
Specified items ³ 指定受保財物	Sum insured (HK\$) 投保額 (港幣/元):										x 1.5% =
Personal Accident 個人意外											
Occupation Class 職業											
Sum insured (HK\$) 投保額 (港幣/元):											
Class 1 第一類 Class 2 第二類 Class 3 第三類											
Accidental death and Permanent disablement (per injury) 意外身亡及永久傷殘 (每宗事故)	(must be multiple of HK\$10,000 須為港幣10,000元的倍數)						<input type="checkbox"/> 0.094%	<input type="checkbox"/> 0.104%	<input type="checkbox"/> 0.18%	=	
Temporary disablement (payment per week per injury) 暫時傷殘 (每宗事故的每週賠償額)	(must be multiple of HK\$100 and shall not exceed 80% of weekly average earnings of the insured person 須為港幣100元的倍數及投保額不得超過受保人每週平均薪金之80%)						<input type="checkbox"/> 18%	<input type="checkbox"/> 22%	<input type="checkbox"/> 31%	=	
Medical expenses (per injury) 醫療費用 (每宗事故)	(must be multiple of HK\$100 須為港幣100元的倍數)						<input type="checkbox"/> 2.2%	<input type="checkbox"/> 2.8%	<input type="checkbox"/> 4.2%	=	
Family personal accident 家庭個人意外	<input type="checkbox"/> Age 71-80 歲 HK\$480 x ___ members 成員		<input type="checkbox"/> Age 8-15 歲 HK\$260 x ___ members 成員		<input type="checkbox"/> Age 1-7 歲 HK\$185 x ___ members 成員		=				
Domestic Helper 家庭傭工											
<input type="checkbox"/> Cover A/ 保障 A HK\$414 x ___ helpers 家庭傭工											
<input type="checkbox"/> Cover B/ 保障 B HK\$750 x ___ helpers 家庭傭工											
<input type="checkbox"/> Optional cover 1* (Extension for cancer and heart disease) 自選保障一* (自選癌症及心臟病保障)											
Premium 保費: HK\$120 No. of insured 受保家庭傭工人數 ___											
<input type="checkbox"/> Optional cover 2** (Extension for cancer and heart disease (with top limit)) 自選保障二** (自選癌症及心臟病 (升級) 保障)											
Premium 保費: HK\$250 No. of insured 受保家庭傭工人數 ___											
* Only applicable for domestic helpers aged below 45 at the time of enrollment * 只適用於家庭傭工於投保時年齡為45歲以下											
** Optional cover 1 & 2 are available for Cover B only 自選保障1及2只適用於保障B											
Total annual premium [^] (HK\$) 全年保費總額 [^] (港幣/元)										=	

Additional Information for Optional Covers (if applicable)

Insured details 受保人資料		Insured person ⁵ 受保人 ⁵	
Personal accident 個人意外保障			
Name 姓名			
Date of Birth (D/M/Y) 出生日期 (日/月/年)			
HKID No. 香港身份證號碼			
Occupation 職業			
Family personal accident 家庭個人意外保障			
Name 姓名			
Age 年齡			
HKID / Birth Certificate No. 香港身份證 / 出世紙號碼			
Date of Birth (D/M/Y) 出生日期 (日/月/年)			
Occupation 職業			
Domestic helper 家庭傭工保障			
Name of Domestic Helper 家庭傭工姓名			
Gender 性別		<input type="checkbox"/> M男 <input type="checkbox"/> F女	
HKID / Passport No. 香港身份證 / 護照號碼			
Date of Birth (D/M/Y) 出生日期 (日/月/年)			
Nationality 國籍			

Remarks Wj

- For any property exceeding HK\$5,000 which you would like to insure, please provide invoice to prove its value
如有任何價值超過港幣五千元之財產，請提供收據以證明其價值。
- The Valued Items should represent the maximum possible value of all the properties you are likely to carry away from home at any one time
受保之財產應代表您於任何時間可能帶離家之所有財產之最高可能價值。
- Please describe each item insured with the value in a separate sheet
請將每件受保之財產之價值，分別列明於另一紙上。
- Please provide details of beneficiary(ies) (if necessary) in a separate "Beneficiary Form"
請提供受保人(如有必要)之詳情，於另一份「受保人表格」。
- If there are more than one insured person, please provide the related information on a separate sheet
如有多於一名受保人，請提供有關資料於另一紙上。
MSIG Insurance (Hong Kong) Limited reserves its right to underwrite buildings over 30 years at its sole discretion.
MSIG保險(香港)有限公司保留其於其全權下，為超過30年之建築物承保之權利。

Insurance Information

If any of the below answer is "Yes", please give details in a separate paper
如下列任何一項回答為「是」，請另紙作詳細說明

Applicable to all sections / 適用於所有保障

- Do you have any insurance of the same kind with other insurance companies?
您是否擁有其他保險公司的同類型保險？ Yes No
是 否
- Have you ever been refused cover or have special terms and/or additional premium been imposed to you for any insurance of the same kind you are applying for?
在申請投保同類保險時，您是否曾被拒保或被要求附加特殊條款及/或額外保費？ Yes No
是 否
- Have you made any claims under any insurance related to your application within the past two years?
過往兩年內，您是否就與今次申請有關的任何保險提出索賠？ Yes No
是 否

Home contents & house section only / 適用於家居財物及樓宇建築保障

Is your home: 您的居所是:

- a village house, bungalow, duplex house, townhouse or detached house?
村屋 / 平房 / 複式屋 / 聯排屋 / 獨立屋? Yes No
是 否
- built of and roofed with materials other than bricks, stone and concrete?
以磚瓦、石頭或水泥以外的材料建造其結構及屋頂? Yes No
是 否
- aged 45 years or above?
樓齡已超過45年或以上? Yes No
是 否
- constructed with an open kitchen?
設有開放式廚房? Yes No
是 否

Are there any household improvements made of glass, metal, plastic or the like?
(Not applicable to non-structural indoor items e.g. shower sliding door/panel made by glass)
任何以玻璃、金屬、塑膠或類似物料所建造之家居改裝？(非結構性室內物品則除外，例如：淋浴間的玻璃屏/玻璃趟門。)

Are there any outbuilding items such as fences, gates, paths or garages?
您的居所是否有任何附屬建築物，如圍欄、大閘、小徑或車路？ Yes No
是 否

Do you have any insured home contents being kept in the open or on a rooftop?
您是否有任何受保之家居財物存放在露天地方或天台? Yes No
是 否

Personal accident section only / 適用於個人意外保障

Is any insured person's hearing or sight in anyway impaired, or does any insured person have any physical defect or infirmity?
任何受保人中之聽覺及視覺有否缺憾之處或體質有否不健全或傷殘? Yes No
是 否

Is there anything hazardous about any insured person's occupation or pursuits?
任何受保人中之職業或工作有否存在危險? Yes No
是 否

Domestic helper section only / 適用於家庭傭工保障

Has your domestic helper been confined in a hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years?
過往三年內，您的家庭傭工是否曾因患病或意外受傷而需入院接受手術或治療? Yes No
是 否

Is he/she receiving or contemplating any medical attention or surgical treatment or taking any medicine?
他/她是否正在或預算接受醫藥治療或觀察或手術護理或服用藥物? Yes No
是 否

Payment Instruction and Authorisation

I shall arrange the premium and levy payment* with
本人將安排保費及保費徵費* 與
 my insurance agent / broker
支付予本人的
保險代理 / 經紀 MSIG Insurance
(Hong Kong) Limited directly
直接支付予三井住友海上火災
保險(香港)有限公司

Payment Mode
付款方式
 Visa MasterCard 萬事達 Cheque支票
(please make your cheque payable to
MSIG Insurance (Hong Kong) Limited.
支票抬頭請填寫「三井住友海上火災
保險(香港)有限公司」)

Credit Card Account Number
(Accept credit card in Hong Kong currency only)
信用卡賬戶號 (只接受港幣信用卡)
Expiry Date
有效日期至
MM(月) YY(年)

Issuing Bank
發卡銀行
Name of Cardholder
持卡人姓名
HKID No.
香港身份證號碼
MM(月) YY(年)

I hereby authorise MSIG Insurance (Hong Kong) Limited to charge the total amount of the policy to my credit card account for this insurance. 本人謹此授權三井住友海上火災保險(香港)有限公司從本人信用卡賬戶中扣除本保險的總費用。

Cardholder's Signature
簽名
(Signature should correspond to the specimen signature of the above credit card account.
簽署必須與上述信用卡戶口式樣相同。)
Date (D) (M) (Y)
日期 日 月 年

Declaration:

I/We desire to effect the insurance specified herein and declare that I/We:

- agree that MSIG Insurance (Hong Kong) Limited reserves the final right to accept or decline my application.
- am/are or will be by the Policy Commencement Date, the legal owner/s or the tenant/s of the insured premises.
- warrant that no illegal structure exists in the insured premises.
- warrant that the insured premises is solely for domestic use with no commercial purpose.
- warrant that the insured premises is not a sub-divided home or sub-let property.
- warrant that the information given and answers to questions herein are true and correct to the best of my/our knowledge.
- have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.

聲明:

本人(等)特此聲明:

- 同意三井住友海上火災保險(香港)有限公司保留其接納或不受理本人(等)申請書的最後權利。
- 現時或在保單生效之時是此受保住所的合法業主或住客。
- 保證投保物業內並無違例建築物。
- 保證投保物業只作居住用途並未有任何商業用途。
- 保證投保物業並無分租或轉租。
- 保證所填報資料及對所載問題的回答，據本人(等)確信，均為正確無訛。
- 並未隱瞞可能影響本申請書評估的事實。
- 同意本申請書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及/或其任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。

Declaration of Eroker Fommission:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by MSIG Insurance (Hong Kong) Limited ("MSIG"), MSIG will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to MSIG that he or she is authorised to do so. The applicant further understands that the above agreement is necessary for MSIG to proceed with the application.

本人

申請人明白、確知及同意，三井住友海上火災保險(香港)有限公司(「三井住友保險」)會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向三井住友保險確認他/她已獲該法人團體授權。申請人亦明白三井住友保險必須取得申請人以上的同意，才可以處理其保險申請。

*Important Note: Collection of levy on insurance premium - The Insurance Authority (IA) has announced the collection of levy on insurance premium under the "Insurance Ordinance" with effect from 1st January 2018. As a result, all premium amounts shown in this proposal form are subject to levy.

*重要事項: 收取保費徵費之新規定 - 保險業監管局(保監局)已於《保險業條例》中公佈有關收取保費徵費的新規定，並於2018年1月1日正式生效。因此，本投保書上所列明的保費金額將附加保費徵費。

IMPORTANT NOTE: Please refer to the +RPH3BWHFWRU policy (which will be issued to you upon acceptance of your proposal) for the applicable terms, conditions and exclusions.

Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited (MSIG, "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for obligatory purpose or voluntary purpose. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The obligatory purposes for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;

- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The voluntary purposes for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your RSWRXW UHTXHVW <RX PD\ DOVR QRWL\ Data Protection Officer at QF City Plaza One, 1111 King's Road, General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk.

In your no W L tick, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to: 7KH 'DWD 3URWHFWLRQ 2-FHU DW) & LWSODJD 2QH King's Road, Taikoo Shing, Hong Kong.
Full Name:
Contact Number:
HKID Number: (for identification - Fation purpose)
PROLF\ & HUWL - Fate / Acknowledgement Number (if you have one):
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;

- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at QF City Plaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at (852) 3122 6922.

Applicant's Signature _____

Date _____ (D) _____ (M) _____ (Y)

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三井住友海上火災保險（香港）有限公司（下稱「gœ ¾ -
^」或「çA」或「I@!」）請您仔細閱讀下列條款與條
件。如此聲明的英文版本與中文版本內容有歧異，將以英文版
本為準。

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三井住友保險極為重視您的私隱。為了保障您的個人資料，我
們以有關法例及規例為準則，向公司內部傳達並執行我們定立
之私隱及保障指引。三井住友保險採取預防措施以保障您的個
人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被
取用、洩露、更改及破壞。此外，我們均不會出售您的個人資
料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權
之職員在必需要的情況下，取用或處理您的個人資料。我們會
向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例
的新發展。

我們只會法律容許並必需用於業務及稅務用途之情況下，保
留您的個人資料作為我們的業務記錄。我們會向以本公司之名
義提供行政或其他服務之代理、承辦商或第三者，要求他們遵
循本政策保護有可能收到的個人資料。本公司不會容許他們使
用有關資料於任何其他目的。如您對我們的私隱政策有任何疑
問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁
msig.com.hk 下載。您應定期查閱此範本所修改的內容。

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個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我
們的客戶，您須向我們不時提供給我們提供之一般保險服務及
保單產品（下稱「保單」）相關的個人資料，讓我們可向您提
供客戶服務及改善服務質素。當中包括但不限於您在申請表填
寫或任何與保單有關之文件上或任何透過保單索償上所載之個
人資料。

您的個人資料可被用於 v s i 或 ð i 用途。如個人資料是用
於強制性用途，而您希望三井住友保險提供有關保單，則您必
須向三井住友保險提供有關個人資料，否則三井住友保險將不
能向您提供有關保單。

您的個人資料可被用於以下 v s i 之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；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。

而 ð i \ Ä 則指任何三井住友保險提供的其他一般保險服務
及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人
資料則為您的姓名、地址、電話號碼及電郵地址。

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為讓我們能夠處理您以上提出的拒絕服務之請求，請提供
以下資料並寄至三井住友海上火災保險（香港）有限公司
的資料保護主任：香港太古城英皇道1111號太古城中心
第一期9樓。

姓名：

聯絡電話：

香港身份證號碼：
(作識別之用)

保單號碼 / 證書編號 / 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切
關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三
方代理、承包商及顧問（包括：醫療服務供應商、緊急救
援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技
服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 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；及
- 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）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核
實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載
有您的個人資料之記錄。如您欲行使以上權利，可以書面形式
投寄至香港太古城英皇道1111號太古城中心第一期9樓三井住
友海上火災保險（香港）有限公司，通知本公司的資料保護主
任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電(852)
3122 6922與我們聯絡。

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