

The University of Hong Kong
香港大學

AXA PortaProtection Individual Health Insurance
安盛滙安心個人醫療保險

IMPORTANT NOTE

This special transfer option is only available for selected staff members notified by the Human Resources Office (HRO). Should you have any questions, please contact HRO at hro.healthcare@hku.hk.

Please submit the completed application form alongside this cover sheet to the Human Resources Office (Room 110, 1/F, Knowles Building). Electronic submissions are NOT accepted.

重要事項

只有獲人力資源處（HRO）通知的指定僱員才可申請此轉移選項。如有任何疑問，請電郵 hro.healthcare@hku.hk。

請將已填妥的申請表及此封面頁透過郵寄方式或親自遞交至人力資源處（地址：鈕魯詩樓一樓 110 室）。恕不接受以電子方式遞交申請表。

(A) APPLICANT PARTICULARS 個人資料

1. Full Name in English 英文全名 : _____
2. Staff No. 僱員編號 : _____
3. Post 職位 : _____
4. Department 部門 : _____
5. Mobile 手機: : _____
6. Email 電郵: : _____

(B) DEPENDANTS PARTICULARS 受養人資料

Please provide the full English names of your dependants if you would like to transfer their membership from BUPA Top-up Medical Insurance to AXA PortaProtection.

如你希望將你的受養人從保柏附加醫療保險計劃轉移保障至滙安心，請提供他們的英文全名。

1. Spouse 配偶 : _____
2. Child 子女 : _____
3. Child 子女 : _____
4. Child 子女 : _____

Remarks: When filling in the application form, please disregard the references to “AXA or HSBC Life Group” and provide information based on your knowledge as an HKU member.

備註：填寫申請表時，請忽略“AXA or HSBC Life Group”等字眼，以香港大學成員身份提供資料。



Proposal Form 投保書

PortaProtection Individual Health Insurance 滙安心個人醫療保險

This part is only applicable to customers who would like to purchase critical illness and/or long-term care and/or medical insurance products
此部份僅適用於欲投保危疾及 / 或長期護理及 / 或醫療保險計劃產品的客戶

Notes to customer: This part is to facilitate the identification of suitable insurance products that meet your needs and circumstances before your application. Please answer all questions in this part. Do NOT sign on this form if any questions below are unanswered or have been crossed out, otherwise the application will be counted as incomplete.

客戶須知：本部份旨在於投保前，協助您尋找適合的保險產品以滿足您的需要及情況。請回答本部份所述的所有問題。請勿於未完成回答下列所有問題或於任何問題被刪除的情況下簽署本表格，否則將會被視作未完成投保程序。

1. Are you planning to purchase critical illness and/or long-term care and/or medical insurance to prepare for healthcare needs (e.g. getting insurance protection for future healthcare needs, increasing expenses for medical and healthcare services or loss of income during hospital confinement, etc)? 您是否計劃投保危疾及 / 或長期護理及 / 或醫療保險計劃產品以應付醫療保健需要 (例如為未來醫療保健需要、醫療保健服務費用增加或住院期間失去收入等情況安排保險保障)?

☐ Yes 是 ☐ No 否

2. What type(s) of health-related insurance products are you looking for to meet your insurance needs? (tick one or more). 您正在物色哪一類型與醫療相關的保險產品以切合您的保險需要? (可選多於一項)

☐ a.) Medical - Reimbursement (Inpatient/outpatient protection) 醫療 - 實報實銷 (住院 / 門診保障) ☐ e.) Long-term care 長期護理

☐ b.) Medical - Hospital income/Lump sum cash benefit 醫療 - 住院現金 / 一筆過現金保險賠償

☐ c.) Critical illness with saving elements/cash value 危疾 (設儲蓄成份 / 現金價值)

☐ d.) Critical illness without saving elements/cash value 危疾 (不設儲蓄成份 / 現金價值)

Note 注意：

1. Please complete all relevant items carefully and return directly to: AXA General Insurance Hong Kong Ltd. (5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong/P.O. Box 90784 Tsim Sha Tsui Post Office, Kowloon, Hong Kong). Any queries, please call Insurance Application Hotline on 2519 1213. 請小心填妥投保書所有相關項目並直接交回安盛保險有限公司 (香港黃竹坑道 38 號安盛匯 5 樓 / 香港九龍尖沙咀郵政局郵政信箱 90784 號)。如有任何查詢，請致電投保專線 2519 1213。

2. All immediate family and dependant members must be in the same plan. 所有近親家屬成員及受供養人必須在同一計劃內。

3. Effective date of PortaProtection must be the first day of a month. 「滙安心」生效日期必須為每月的第一日。

4. Change of plan or addition of optional out-patient benefits is subject to underwriting approval and only takes effect on the policy anniversary date. 更改計劃或增加自選門診保障須經由核保部審批，並只於保單週年日才會生效。

5. Claim payment shall be made against the group medical policy of the insured person first (if any). Any unpaid portion of the eligible expense shall then be paid under PortaProtection policy (subject to the coverage under the policy). 索償付款須首先從受保人的團體醫療保險中支付 (如有)，餘下合資格開支將由「滙安心」保單支付 (受限於保單內容)。

A. Mandatory Hospital and Surgical Benefits (please tick one or fill in plan level) 必選住院及手術保障 (請選擇其中一項並在空格上加 ✓ 或填寫計劃級別)

☐ Plan 1 計劃 1 ☐ Plan 2 計劃 2 ☐ Plan 3 計劃 3 ☐ Plan 4 計劃 4 ☐ Plan 5 計劃 5 ☐ Plan 6 計劃 6 ☐ Plan 7 計劃 7 ☐ Plan 8 計劃 8 ☐ Plan 9 計劃 9

☐ Plan 71 計劃 71 ☐ Plan 81 計劃 81 ☐ Plan 91 計劃 91 ☐ Others 其他：_____

B. If Optional Out-patient Benefits is required (please tick one) 如需要自選門診保障 (請選擇其一，在空格上加 ✓)

☐ Plan 1 計劃 1 ☐ Plan 2 計劃 2 ☐ Plan 3 計劃 3 ☐ Plan 4 計劃 4

C. Payment Method (please tick one) 付款方式 (請選擇其一，在空格上加 ✓)

☐ Annual Payment 年繳 ☐ Monthly Payment 月繳

The HSBC Life group medical insurance scheme referred to in this form is applicable to all members of the HSBC and HASE staff group medical insurance schemes

此表格中所指的滙豐保險團體醫療保險計劃適用於所有滙豐及恒生團體醫療保險計劃成員

1. Name of AXA or HSBC Life group medical insurance scheme member: N/A

安盛或滙豐保險團體醫療保險計劃成員姓名

Name of company: The University of Hong Kong

公司名稱

2. AXA or HSBC Life group medical insurance scheme policy no.: N/A

安盛或滙豐保險團體醫療保險計劃保單號碼

Scheme cert no.: N/A

保險證號碼

3. Employment date of AXA or HSBC Life group medical insurance scheme member: _____ / _____ / _____

安盛或滙豐保險團體醫療保險計劃成員的受僱日期

dd 日 / mm 月 / yy 年

4. Last employment date or group medical policy expiry date of AXA or HSBC Life group medical insurance scheme member (if applicable): _____ / _____ / _____

安盛或滙豐保險團體醫療保險計劃成員的最後受僱日期或團體醫療保單終止日期 (如適用)

dd 日 / mm 月 / yy 年

5. Relationship with the following policyholder: Self / Spouse / Children / Parents / Brother / Sister

與下列保單持有人之關係

本人 / 配偶 / 子女 / 父母 / 兄弟 / 姊妹

6. Enroll Person: ☐ PH 申請人 ☐ PH + SP 保單持有人和配偶 ☐ PH + DP 保單持有人和子女 ☐ PH + SP + DP 保單持有人和配偶和子女

This part is only applicable to HSBC Life group medical insurance scheme member (including HSBC and HASE group medical insurance schemes)

此部份僅適用於滙豐保險團體醫療保險計劃成員 (包括滙豐及恒生團體醫療保險計劃)

Does the following policyholder and/or his/her dependent(s) (if applicable) has been applied with exclusion(s) in the group medical insurance plan? ☐ Yes ☐ No

下列保單持有人及 / 或其家屬 (如適用) 是否於團體醫療保險計劃有任何不保事項?

是 否

If yes, please submit the Letter of Exclusion / Counteroffer issued by HSBC Life. 如選擇「是」，請提交由滙豐保險發出的不受保項目/反要約信件。

For members of HSBC Life group medical insurance scheme member, please submit the completed 'Data Sharing Authorisation Form' and, if applicable, the termination letter of employment. 滙豐保險團體醫療保險計劃成員必須提交已填妥的「資料披露授權表格」，以及終止僱傭合約 (如適用)。

Policyholder Personal Data 保單持有人資料 (age between 18 and 64* 年齡介乎 18 至 64 歲*)

Full name in English: (Mr./Ms./Mrs.) _____ Sex: Male / Female

英文全名 (先生 / 女士 / 太太)

(Surname 姓)

(Name 名)

性別: 男 / 女

HKID card no.: _____

香港身份證號碼

Date of birth: _____ / _____ / _____

出生日期 dd 日 / mm 月 / yy 年

Marital Status: Single / Married / Divorced / Widowed

婚姻狀況 未婚 / 已婚 / 離婚 / 鰥寡

Do you have more than one AXA or HSBC Life group medical insurance scheme policy? ☐ Yes ☐ No

您是否有多於一個安盛或滙豐保險團體醫療保險計劃保單?

是 否

If yes, please provide the following information. 如選擇「是」，請提供以下資料：

Name of company and AXA or HSBC Life group medical insurance scheme policy no.: _____

公司名稱及安盛或滙豐保險團體醫療保險計劃保單號碼

*For Applicants age between 15 days and 17 years old, please fill in the table under (2) in the "Details of the dependant(s) you wish to be insured" below.

年齡介乎 15 日至 17 歲的申請人，請填寫「待受保的受供養人資料」下的第 2 部份內的表格。

Correspondence Address in English 英文通訊地址

Room/Flat 室 _____ Floor 層數 _____ Block/Tower 座數 _____

Name of building/estate: _____ Number and name of street/road: _____

大廈 / 屋苑名稱

街道號碼及名稱

District 地區: _____ ☐ Hong Kong 香港

☐ Kowloon 九龍

☐ New Territories 新界

Home tel. no. / Office tel. no. / Mobile no.: _____

住宅電話號碼 / 辦事處電話號碼 / 流動電話號碼

Email Address: _____

電郵地址

Details of the dependant(s) you wish to be insured 待受保的受供養人資料 (age between 15 days and 64 年齡介乎 15 日至 64 歲)：

(1) Spouse full name in English
配偶英文全名

(Surname 姓)

(Name 名)

Sex: Male / Female
性別：男 / 女

HKID card/Passport no.:
香港身份證 / 護照號碼

Date of birth:
出生日期

dd 日

mm 月

yy 年

Do you have more than one AXA or HSBC Life group medical insurance scheme policy?
您是否有多於一個安盛或滙豐保險團體醫療保險計劃保單？

☐ Yes
是

☐ No
否

If yes, please provide the following information. 如選擇「是」，請提供以下資料：

Name of company and AXA or HSBC Life group medical insurance scheme policy no.:
公司名稱及安盛或滙豐保險團體醫療保險計劃保單號碼

- (2) Child(ren) who has attained the age of 15 days and is under the age 19 (or up to the age of 23 if he is registered as and is a full time student at a recognised educational institution) and is an unmarried person and financially solely dependent upon the existing member. For child(ren) who has attained the age of 19 or above and who is not a full time student, he/she should complete a separate application form.
子女為任何年齡在 15 日或以上及 19 歲以下（或不超過 23 歲而在認可學府註冊就讀的全日制學生），並在財政上完全依靠現有成員的未婚人士。如子女為 19 歲或以上而非全日制學生，必須另行填寫申請表格。

Full name in English 英文全名	Date of birth (dd/mm/yy) 出生日期 (日 / 月 / 年)	Sex 性別	HKID card/Birth certificate no. 香港身份證 / 出生證明書號碼

Declaration 聲明 (Non-existing members will be required to fill in this section. 非現有成員必須填寫此部分。)

Has the insured or any insured person(s) (if any) in this application:
在此申請表內之任何受保人 (如有) 曾否：

- 1

ever had or been told the insured had the following conditions that required medical advice or treatment or referred to a specialist doctor:
曾經因患有或被告知患有以下病狀而須向醫生求診或接受治療或被轉介至專科醫生：

a)

been diagnosed or experienced any sign and/or symptom of the followings: high blood pressure, chest pain, heart disease, kidney disease, diabetes, thyroid gland disease, asthma, lung disease, hepatitis, liver disease, cancer, tumour/lump of all kinds, stomach/bowel disorder, neurological disorder, arthritis, gout, musculoskeletal disorders, blood disease, gynaecological disorder, or physical deformity?
被診斷或出現任何下列跡象及 / 或症狀：高血壓、胸痛、心臟病症、腎臟病症、糖尿病、甲狀腺病症、哮喘、肺臟病症、肝炎、肝臟病症、癌症、任何腫瘤 / 腫塊、胃 / 腸病症、神經病症、關節炎、痛風、肌肉 / 骨病症、血液病症、婦科病症，或身體受損 / 畸形？

☐ Yes
是

☐ No
否

b)

had or been advised to have blood/urine/stool test, ECG, X-Ray, imaging examination, or any other medical investigation, apart from employment screening?
接受或被建議接受任何血液 / 尿液 / 糞便測試、心電圖、X 光或掃描，或任何其他醫學檢查 (除入職體檢以外) ？

☐ Yes
是

☐ No
否
- 2

in the last 7 years, received medical treatment/surgery treatment or been prescribed medication for any condition which lasted longer than 7 days (other than for minor conditions such as cold or flu) ?
在過去 7 年內，接受任何醫學治療 / 手術，或曾經因任何持續 7 天以上的病狀服用醫生處方之藥物 (除其他輕微情況如普通傷風感冒以外) ？

☐ Yes
是

☐ No
否
- 3

had any disease or foreseeable need for treatment, investigation, surgery or to consult any medical practitioner not mentioned above, please give full details.
是否患有任何上述未提及之疾病或有任何可預見之治療、檢查、手術或向任何醫生求診需要？

☐ Yes
是

☐ No
否
- 4

been declined, postponed or accepted with restricted benefits or additional conditions in medical insurance, critical illness, life or disability insurance?
投保醫療保險、危疾保險、人壽保險或傷殘保險被拒、延遲受保或被限制受保範圍或增加受保條款？

☐ Yes
是

☐ No
否

If `yes` to any of the above questions, please give name(s) of the relevant insured person(s) and full details here (use a separate sheet if necessary).
若以上任何問題的答案為「是」，請填上相關受保人的姓名及詳細病況。(若有需要請另加紙填寫)。

I/We acknowledge that benefits are not payable under the PortaProtection plan for any cost of treatment arising from any existing illnesses, injuries or other conditions unless complete current details are fully disclosed by me/us in this application and accepted by AXA General Insurance Hong Kong Limited ("AXA"). I/We hereby apply for the above listed persons to be enrolled in the PortaProtection plan as indicated above. I/We declare that to the best of my/our knowledge and belief the statements contained in this application are true and complete.
本人 / 我們明白任何現已存在之疾病、受傷或其他情況的目前詳細資料必須在此申請表內完整披露，並得到安盛保險有限公司（「AXA 安盛」）的接納，否則就任何現已存在之疾病、受傷或其他情況而產生的任何治療費用，「滙安心」計劃將不予支付保障賠償。本人 / 我們現為列於上述人士申請投保所標示的「滙安心」計劃。同時，本人 / 我們聲明就本人 / 我們所知所信，此申請表內所載的陳述均屬真實完備。

Method of Payment 付款方法

Direct Debit/Claims Payment Authorisation 直接付款／賠償付款方式授權

Part A 甲部 : Premium and levy^ Payment 繳付保費及徵費^ (This part must be completed 此部分必須填寫)

I/We hereby authorise my/our below named Bank to debit my/our following account for any premium and levy^ (including payments upon policy renewal) due or payable under the Policy as shall be instructed from time to time.
本人 (等) 謹此授權本人 (等) 之下述銀行根據安盛保險有限公司不時的指示，從本人 (等) 之賬戶內扣除此保單應繳付的保費及徵費^ (包括續保費用)。

☐ Bank Account 戶口

My/Our bank name 本人 / 我們之銀行名稱 : _____

My / our account no.
本人 / 我們之賬戶編號

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Signature and full name of account holder(s) 戶口持有人簽署及全名 (Must match with bank's record 必須與銀行紀錄相同)
(If joint account, please sign (1) and (2) respectively. 如為聯名戶口，請分別於 (1) 及 (2) 簽署。)

Signature of account holder(s) 戶口持有人簽署 (1) _____ (2) _____

Full name of account holder(s) 戶口持有人全名 (1) _____ (2) _____

HKID/Passport no. of account holder(s) 戶口持有人身份證 / 護照號碼 (1) _____ (2) _____

☐ Credit Card 信用卡 (VISA / Master)

My/Our bank name 本人 / 我們之銀行名稱 : _____



Credit Card holder please authorise your Credit Card on our Digital Payment Authorisation Portal for premium and levy^ payment:
信用卡持卡人請在電子交易授權平台授權您的信用卡以繳付保費及徵費^:
<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=NB&bizChannel=Non-banca&feat=IH>
(You may access with the URL or QR code. 您可以通過URL或二維碼訪問電子交易授權平台。)

Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.
請於下方填寫電子交易授權平台上顯示的授權ID。

Confirmation ID
授權ID

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Signature of Credit Card holder (1) _____
信用卡持有人簽署

Full name of Credit Card holder (1) _____
信用卡持有人全名

HKID/Passport no. of Credit Card holder (1) _____
信用卡持有人身份證 / 護照號碼

Remark: For security consideration, please note that we will no longer ask for the full Credit Card number via phone or physical/softcopy forms.
註：基於安全考量，我們將不再通過電話或實體/電子表格詢問完整信用卡號。

Part B 乙部 : Claims Payment 賠償付款 (This part must be completed 此部分必須填寫)

My/Our bank name 本人 / 我們之銀行名稱 : _____

Bank no. 銀行編號	Branch no. 分行編號	My / our account no. 本人 / 我們之賬戶編號

Signature and full name of account holder(s) 戶口持有人簽署及全名 (Must match with bank's record 必須與銀行紀錄相同)
(If joint account, please sign (1) and (2) respectively. 如為聯名戶口，請分別於 (1) 及 (2) 簽署。)

Signature of account holder(s) 戶口持有人簽署 (1) _____ (2) _____

Full name of account holder(s) 戶口持有人全名 (1) _____ (2) _____

HKID/Passport no. of account holder(s) 戶口持有人身份證 / 護照 (1) _____ (2) _____

Date 日期

Notes 附註： Please ensure that you sign the form in the usual way that you would sign on your bank account. Please countersign if you have any alteration.
請確保您在授權書內的簽名與銀行賬戶所簽者完全相同。如有任何塗改，請在旁加簽。

Personal Information Collection Statement 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “Company”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use. 安盛保險有限公司（下稱“本公司”）明白其就《個人資料（私隱）條例》（香港法例第 486 章）（“條例”）收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request. 敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“**有關目的**”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services; 向閣下推介、提供和營銷本公司、安盛集團的其他公司（“**安盛關聯方**”）或本公司的商業合作夥伴（參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份）之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates; 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. providing subsequent services to you, including but not limited to administering the policies issued; 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates); 偵測和防止欺詐行為（無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關）；
6. evaluating your financial needs; 評估閣下的財務需求；
7. designing products/services for customers; 為客戶設計產品/服務；
8. conducting market research for statistical or other purposes; 為統計或其他目的進行市場研究；
9. matching any data held which relates to you from time to time for any of the purposes listed herein; 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by policy or other government or regulatory authorities in Hong Kong or elsewhere; 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. conducting identity and/or credit checks and/or debt collection; 進行身份和/或信用核查和/或債務追收；
12. complying with the laws of any applicable jurisdiction; 遵守任何適用的司法管轄區的法律；
13. carrying out other services in connection with the operation of the Company’s business; and 開展與本公司業務經營有關的其他服務；及
14. other purposes directly relating to any of the above. 與上述任何目的直接有關的其他目的。

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong; 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates; 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same; 在香港或香港以外其他地方方向本公司和/或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
4. credit reference agencies or, in the event of default, debt collection agencies; 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and 本公司權利或業務的任何實際或建議的承讓人、受讓人、參與者或次參與者；及
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation 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 data provided against existing data. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、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）。

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”. 如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份。

Transfer of your personal data will only be made for one or more of the Purposes specified above. 閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

Use and provision of personal data in direct marketing: 在直接促銷中使用及將其個人資料提供予其他人士：The Company intends to: 本公司有意：

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing; 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；

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由安盛保險有限公司刊發 Issued by AXA General Insurance Hong Kong Limited

(Ref: PP1-H)

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請貼上郵票

AXA General Insurance Hong Kong Limited
5/F, AXA Southside,
38 Wong Chuk Hang Road,
Wong Chuk Hang,
Hong Kong.