

請填妥申請表格，以電郵 (personal@hl-insurance.com)、郵寄或親自遞交 (香港北角英皇道 510 號港運大廈 8 樓 807-10室) 至本公司。

You may submit the completed form to Hong Leong Insurance by email (personal@hl-insurance.com) or

by mail or in person (Room 807-10, 8/F Island Place Tower, 510 King's Road, North Point, Hong Kong). *為必須填寫 Mandatory field

更改受保資料 Change of insured details (請以英文正楷填寫，並在適當空格內加✓號 Please complete in English **BLOCK** letters and ✓ as appropriate)

持卡人簽署 Signature of cardholder (簽署必須與信用卡戶口簽署式樣相同 Signature should correspond to the specimen signature of your credit card account.)

MF/CR/122024

受保人資料 Insured personal details

☐ 增加 Add ☐ 刪除 Delete ☐ 修改 Amend

受保人姓名 Name of insured person	與保險單持有人關係 Relationship with policyholder	證件號碼 Document no. 香港身份證 HKID/ 出世紙 Birth cert./ 護照 Passport	出生日期 Date of birth (日/月/年 D/M/Y)
	配偶 Spouse		
	子女 Children		

其他資料 Other details (請註明 Please specify)

1. 本人(等)明白並且同意貴公司可: I/We acknowledge and agree that you may:

- (a) 收集、使用和披露我/我們的個人資料(包括但不限於信用資料和以往申索紀錄),以用作處理本人(等)的申請、調查和結清申索、以及偵測和防止欺詐行為(無論是否與就本申請而發出的保單有關)所需的用途;及 collect, use and disclose my/our personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and
- (b) 把我/我們的個人資料轉移給以下人士,而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料: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;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described 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 information provided against existing information.

2. 本人(等)並同意貴公司之「個人資料政策」(「該資料政策」)會被引用,貴公司可按照該資料政策使用、披露及/或轉移我/我們的個人資料。本人(等)可以向貴公司索取或從網址 www.hl-insurance.com 下載該資料政策。本人確認受保人已給予所有並完全之權力給本人透露本申請所要求之個人資料並可在將來要求更改保險單資料(除更改受益人必須由有關受保人提出)。I/We further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy. I confirm that I have the full and complete authority from the Insured Person(s) to disclose any personal information being requested to provide in connection with this application and make any subsequent request for policy amendment (save for designation or amendment of beneficiary, which must be made by the relevant Insured Person(s)).

3. 直接促銷 Direct Marketing

本人(等)明白,未經本人(等)同意,貴公司不會將本人(等)的個人資料用於直接促銷。本人(等)確認,本人(等)提交是次申請即表明本人(等)同意貴公司可將本人(等)的個人資料用於該資料政策中載列之直接促銷(本人(等)於以下段落指明不同意收取直接促銷資料或訊息的渠道除外)。I/We understand that you would not use my/our personal data in direct marketing without my/our consent. I/We acknowledge that my/our submission of this application gives consent to you to use my/our personal data in direct marketing as set out in the Data Policy, except for the channel(s) which I/we have indicated my/our objection below.

本人(等)不希望貴公司經下列渠道把本人(等)的個人資料用於直接促銷或接收貴公司發出的任何直接促銷資料或訊息:I/We do not wish you to use my/our personal data in direct marketing / do not wish to receive any direct marketing materials or messages from you via the below channel(s):

☐ 郵件 Direct mail ☐ 電郵 Email ☐ 短訊 SMS ☐ 電話 Phone Call

本人(等)明白以上代表本人(等)目前就是否希望收到直接促銷聯繫或資訊的選擇,並取代本人(等)於是次申請前向貴公司傳達的任何選擇。I/We understand that the above represents my/our present choice whether or not to receive direct marketing contact or information. This replaces any choice communicated by me/us to you prior to this application.

保險單持有人簽署 Signature of Policyholder

保險單持有人姓名 Name of Policyholder

日期 Date (日/月/年 D/M/Y)