CHUB	Agent Agent	's/Intermediary's name 保險代理/中介人 's/Intermediary's contact phone no. 保顺 's/Intermediary's code 保險代理/中介人 :y 組別	儉代理/中介人聯絡電話	
Statement 投保資料	t Of Insurability 申報書			
To: □ NB □ P	OS		□ New Request 新申請	□ Reply 跟進文件
Please tick d approp	riate box(es) for request 請於適當	之空格內加上25號		
Application for 申請	□ Add Other Proposed Insured 加基	其他準受保人 □ Addition of Riders	s/Increase of Benefits 增加附	加保障/增加保障利益
	□ Reinstatement 保單復效	\square Revision of substa	indard condition 重新審視係	以單內的非標準條件
	□ Others 其他			

In compliance with the legal and regulatory requirements with respect to the prevention of money laundering and terrorist financing, the Company requires to collect your identity information. If the identity document(s) of policyowner has (have) not been provided before or has (have) been updated, please submit the copy(ies) of the latest and valid identity document(s) for our record.

Full Name of Policyowner:

保單持有人姓名

* Not applicable for Disability Income Plan (DI) 不適用於個人入息保障計劃

受保人姓名

Full Name of Insured:

Policy Number:

保單編號

根據相關法律及監管機構就防止洗錢及恐怖分子資金籌集活動的規定,本公司必須收集您的身份資料。如保單持有人之身份證明文件之前未曾提供或已更新,請向我們遞交最新及有效之身份證明文件副本以作紀錄。

2) In compliance with the legal and regulatory requirements with respect to U.S. Foreign Account Tax Compliance Act (FATCA) and Automatic Exchange of Financial Account Information (AEOI), the Company requires you to provide certain information (including but not limited to place of birth, address, telephone number, citizenship, residency and Taxpayer Identification Number (TIN) etc) by completing the relevant request form for policy change of the Company and other relevant form where it is applicable if you have any change on the tax residence.

relevant form where it is applicable if you have any change on the tax residence.
根據相關法律及監管機構就美國海外賬戶稅收合規法案及自動交換財務帳戶資料,如您更改稅務居民身份,本公司會要求您填寫相關的更改保單事項通知書以提供相關資料(包括但不限於出生地、住址、電話號碼、公民身份、居籍及稅務編號等等)及其他適用的相關表格。

MAXII (DALE I MAXILE D	12. 12. CHI 300113 P. 2023 D. 12.12.22 D. 10.33.11.11.	30 3 3 7 72 7 10 22 7 3 7 3 1 4 1 7 7 1	
Personal Details 個人資料	A. Insured 受保人	B. Policyowner 保單持有人 (If other than the Insured 若非受保人) □ The Policyowner is also the Other Proposed Insured 保單持有人亦是其他準受保人	C. Other Proposed Insured 其他準受保人 (If other than Policyowner 若非保單持有人
1. Surname in English 姓氏 (英文)			
2. Other name in English 名字 (英文)			
3. Name in Chinese 姓名 (中文)			
4. Relationship to the Insure 與受保人之關係	d		
5. Date of birth 出生日期			
6. ID card/Business Registration/Passport No. 身份證/商業登記證/ 護照號碼			
7. Sex 性別	□ Female 女 □ Male 男	□ Female 女 □ Male 男	□ Female 女 □ Male 男
8. Residential Address (city/country) 住宅地址 (城市/國家)			
	□ Same as Policyowner 與保單持有人同住	□ Same as Proposed Insured 與準受保人同住	□ Same as Policyowner 與保單持有人同住
9. Mobile phone no. (Countr 手提電話號碼 (國家)	y) ()	()	

Personal Details 個人資料		A. Insui 受保/) 	Policyowner 保單持有人 If other than the Policyowner Proposed Ins 保單持有人亦	Insured 若非受例 is also the Of sured.	^{杲人)} ther	其 (If	ther Propos 他準受保人 other than Policy 非保單持有人)		
10. Employer's name 僱主名稱	e											
11. Industry/Nature 行業或公司業務性		usiness										
12. Present occupation 現任職業	on											
13. Exact duties 職務												
14. Monthly income (HK\$) 每月收入 (港元)		\$)	□ \$10,0 □ \$20,0 □ \$50,0	than \$10,000 以下 00 - \$19,999 000 - \$49,999 000 - \$100,000 \$100,000 以上		□ Less than \$10,000 以下 □ \$10,000 - \$19,999 □ \$20,000 - \$49,999 □ \$50,000 - \$100,000 □ Over \$100,000 以上 □ □ Less than \$10,000 □ \$10,000 以上 □ \$20,000 - \$19,9 □ \$50,000 - \$49,999 □ \$50,000 - \$49,999 □ \$50,000 - \$100,000			999 999),000			
If"Yes", please st	No ate	否 the count	ry(ies) of	nship or residency which the owner/i f外國國籍或居留權	nsured h	olds				ŧ?		
Please complete the Juvenile Accident 如保單持有人或其他 16. Do you have any sum assured and 您是否在其他保險	Pro 準受 in-fe	tector (JA 保人申請 orce or po rency.	AP) and/o 兒童保障 ending ins	or Lady's Partner 利益,「兒安保」意	Plan (Ll 京外保障計 insurer(s	D). †劃及 s) (n	支/ 或「全儷伢 ew applicatio	女性保障 on or reinstat	計劃, 請 tement)	回答 ? If "Y	「其他準受保 /es", please s	2人」之問題。
	□ Yes 是 □ No 否	Insurer 承保公司]	Life 人壽	Critical Illness 危疾保障	al Disability Hospital Weekly s Income Income Acciden		nt nity 外	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)		
(b) Other		Insurer		Life	Critical		Disability	Hospital	Weekl	y	Accident	Date of Issue
Proposed Yes A保公司 Insured 是 其他準 □ No 否			人壽	Illness 危疾保障	章	Income 傷殘入息	Income 住院入息	Accide Indem 每週意 定額賠	nity 外	Insurance 意外保障	保單簽發日期 (mm月/yyyy年)	
(c) Owner 保單持有人	□ Yes 是	Insurer 承保公司]	Life 人壽	Critical Illness 危疾保障		Disability Income 傷殘入息	Hospital Income 住院入息	Weekly Accide Indem	nt	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
	□ No 否								毎週意			

17. Have your policy(ies) ever been voided/non-renewed or you ever been refused for applying insurance or reinstatement of it, or been offered a policy different in plan, term, amount/sum assured or premium from that applied for with other insurer(s)? If "Yes", please give name of insurer, date of application amount/sum assured and the reason.	Imaumod		Other Pr Insured 其他準受	•
您的保單有否曾被告無效或遭拒絕續保/您有否在投保或要求恢復保單效力時遭拒絕,或獲保險公司提供 異於閣下申請之計劃、條件、金額/保障額或保費?如「是」,請詳述保險公司名稱、申請日期、金額/保 障額及原因。		No 否	Yes 是	No 否
Details 詳情:				
18. Do you participate or intend to participate in any hazardous activities whether related to your work or recreation? If "Yes", please complete and submit the appropriate questionnaire(s). 您有否参加或打算参加與工作或嗜好有關的危險運動?如「是」,請填寫有關問卷。				
19. Do you intend to travel outside of your declared resident country/city (including business trips and study) except holidays? If "yes", what is the purpose of the trip, for how long will you be away, what is the destination and how often will you go per year? 除假期外,您有否打算到您所申報的居住國家/城市以外的其他地方(包括公幹或讀書)?如「是」,請填寫原因、每年平均公幹次數、逗留時間及地點。				
Details 詳情:				
20. Please provide the following information of the physician of the Insured last visited. 請提供受保人最後一次與醫生求診資料。 a. Full name of the physician 醫生姓名: b. Address 地址:				
c. Phone no. 電話:				
d. Last consultation date (dd / mm / yyyy) 最後求診日期 (日/月/年): / /				
e. Consultation reason, diagnosis and recovery date 求診原因、診斷結果及康復日期:				
Insured 受保人 Other Proposed Insured 其他準受保人			Other P	roposed
21. a. Height 高度: m米 cm厘米/ m米 cm厘米/	Insured 受保人		Insured 其他準分	
ft呎inch吋ft呎inch吋		T		
b. Weight 體重: kg公斤 / lbs磅 kg公斤 / lbs磅	Yes 是	No 否	Yes 是	No 否
c. Have you experienced weight loss of more than 5kgs (11lbs.) during the past 12 months? 過去十二個月內,您的體重有否減少5公斤(11磅)以上?				
If "Yes", please state exact weight loss amount and the reason. 如「是」 [,] 請詳述減少的重量及原因。				Ц
22. This question is applicable <u>for female only</u> . (Applicable to age 12 or above) 此問題 只適用於女性受保人 。(只適用於年齡為十二歲或以上之女性)				
a. In the past 10 years, have you ever had or been told to have or been treated for, or intending to be treated for disorder of pelvic organs, breast, menses or pregnancy? Are you now pregnant? If "Yes", please state the expected delivery date.				
在過去十年內,妳曾否患有或獲告知患有或因此曾經接受或將會接受盤腔器官、乳房、經期或妊娠 疾病的治療?妳現在是否懷孕?如「是」,請註明預產日期。				
b. Have you ever had, or been told to have, or are you intending to have mammogram, ultrasound of breast or pelvis, pap smear, cone biopsy or colposcopy? 妳曾否接受或被建議接受或打算接受乳房X光像、乳房或盤腔超聲波檢查、子宮頸細胞塗片檢驗、錐				
形切片檢查或陰道鏡檢查? c. Have you ever had complications of pregnancy during gestation in the past 10 years (e.g. ectopic				
pregnancy, miscarriage, disseminated intravascular coagulation, diabetes or hypertension, etc.)? 在過去十年內,妳曾否在妊娠期間患有併發病(例如:宮外孕、流產、瀰漫性血管內凝血、糖尿病或血壓高等)?				
23. This question is applicable <u>for juvenile only</u> . (Applicable to age on or below 15) 此問題 只適用兒童受保人 。(只適用於年齡為十五歲或以下之兒童)				
a. Was the child's birth premature or postmature? 受保人是否早產或過期出生?				
b. Any special care needed after birth? 出生後曾否接受特別護理?				
c. Has the child had any physical defects or shown any sign of slow physical or mental development? 受保人有否身體缺陷或生理上或心智發育緩慢的跡象?				

24.Have any of your parents or siblings died or suffered from blood disease, liver disease (including hepatitis B carrier), heart or polycystic kidney disease, stroke, diabetes, hypertension, cancer, AIDS or known hereditary disease? If "Yes", please provide the relationship with insured/ other proposed insured, name of disease together with the onset age.	Insured 受保人		Other Pro Insured 其他準受	_
您的父母、兄弟姊妹是否患有血液疾病、肝病(例如: 乙型肝炎帶菌者)、心臟病或多囊性腎病、中風、糖尿病、高血壓、癌症、後天免疫能力缺乏症或遺傳性疾病; 或因上述疾病死亡?如「是」,請提供與受	Yes 是	No否	Yes 是	No 否
保人/其他準受保人所屬關係、疾病名稱及發病年齡。				
Insured 受保人 Other Proposed Insured 其他準受保人				
(i) Relationship 關係:				
(ii) Disease(s) 疾病: (ii) Disease(s) 疾病:				
(iii) Onset age 病發年齡: (iii) Onset age 病發年齡:				
25.a. Do you drink alcohol on regular basis? if "Yes", please provide the type and unit of alcohol consumed per week? 您是否有飲酒習慣?如「是」,請提供種類及每週飲用量。				
Type 種類: Unit of consumption per week 每週飲用量:				
b. Do you take or have you ever taken any narcotics or habit forming drugs or been treated or consulted for alcohol? If "Yes", please provide details. 您有否或曾否服用任何麻醉劑或成癮性藥物;或接受戒酒治療或輔導?如「是」,請提供詳情。				
c. Do you use or have you ever used any tobacco products in the past 12 months? If "Yes", please complete (1) average daily consumption; and (2) number of years. If ceased in consuming any tobacco products, please also provide the termination cause and date. 您是否有或曾否在過去十二個月內有吸食任何煙草產品?如「有」,請註明;(1)每日平均消耗量;及(2)			_	
吸煙年期。如已停止吸食任何煙草產品,請另行提供停止吸食之原因及日期。 Average daily consumption 每日平均消耗量:				
Number of years 吸煙年期:				
Termination cause and date 停止原因及日期:				
26. Have you ever had or been told to have or been treated for or intending to be treated for any of the				
following diseases or conditions: 您曾否患有或獲告知患有或因此曾經接受或將會接受以下疾病或機能失調的治療: a. Disease or disorder of circulatory system, including cardiovascular system and lymphatic system, e.g. chest discomfort, palpitation, raised blood pressure, rheumatic fever, heart attack, shortness				
of breath or dyslipidemia? 循環系統,包括心血管系統及淋巴系統之疾病或功能異常,例如:胸部不適、心悸、高血壓、風濕性 熱、心臟病發作、呼吸困難或血脂問題?				
b. Disease or disorder of respiratory or endocrine system, e.g. asthma, persistent hoarseness or cough, diabetes, thyroid disease or disorder? 呼吸系統或內分泌系統之疾病或功能異常,例如:哮喘、持久沙啞或咳嗽、糖尿病、甲狀腺疾病或				
功能異常? c. Disease or disorder of digestive system such as jaundice, ulcer, colitis, disorder of stomach, liver disease or disorder (including hepatitis: please specify the exact type), bowels, gall bladder				
disease or disorder? 消化系統之疾病或功能異常,如黃膽病、潰瘍、結腸炎、胃功能異常、肝疾病或功能異常(包括肝炎: 請註明為何種肝炎)、腸、膽之疾病或功能異常?				
d. Disease or disorder of genitourinary system or reproductive organs, e.g. abnormal urine or bladder, prostate, breasts, uterus, uterus cervix or kidney disease or disorder? 泌尿系統或生殖器官疾病或功能異常,例如:尿液異常或膀胱、前列腺、乳房、子宮、子宮頸或腎臟之疾病或功能異常?				
e. Disease or disorder of eye or other sensory organs, dizziness, convulsions, epilepsy, neuritis, paralysis, stroke, mental or other nervous system disease or disorders? 眼或其他感官器官疾病或功能異常、暈眩、痙攣、癲癇、神經炎、癱瘓、中風、精神或其他神經系				
統疾病或功能異常? f. Deformity, lameness or amputation, arthritis, gout or spinal cord, systemic lupus erythematosus,				
other musculoskeletal or autoimmune disease or disorders? 畸形、跛或斷肢、關節炎、痛風或脊髓、紅斑性狼瘡、其他肌肉骨骼或自體免疫性疾病或功能異常? g. Cancer, tumour, cyst, any disease or disorders of skin, lymph node or blood?				
癌症、腫瘤、囊腫、皮膚、淋巴結或其他血液疾病或功能異常?				
h. Sexually transmitted disease or HIV infection? 經性接觸傳染之疾病或愛滋病病毒感染?				
27. In the past 5 years, do you plan to attend, or are you currently attending or have been advised to, attended any hospital, clinic or doctor for any investigating (other than routine health check) or diagnostic test (e.g. cholesterol, AIDS, hepatitis including hepatitis B, anaemia etc)? 過去五年內,您是否打算或現正、或曾被建議,或曾於任何醫院、診所或醫務所接受任何檢查(例行體檢除外)或診斷檢驗(例如: 膽固醇、後天免疫能力缺乏症、肝炎包括乙型肝炎或貧血等)?				
28. Other than covered above, have you ever had, or are you currently awaiting, or have been advised to, or do you intend to be counselled, tested, medically advised or treated in connection with any other illness, disease, signs and symptoms or disorder for more than 7 days, or undertaking operation, medical advice or hospitalization for more than 3 days? 您曾否、或會否打算、或曾被建議就以上未提及的身體不適、疾病、病徵、機能失調、而接受輔導、檢				
驗、診斷、治療或藥物治療超過七天;或因此而接受外科手術、診症或住院留醫多於三天?				

29.Supplen If the an 如第二十	iswer for Questions 21-28 is/a	are "Yes" , please give details in Q 是」 [,] 請在問題二十九填寫詳情。	uestion 29.						
Question no. 問題號碼	Surname & other name of person to whom "Yes" applies 答「是」人士之姓名	Reason - nature and severity of (Include frequency, diagnosis, to medication, surgery and results.原因一性質及情況之嚴重性 (包括斷症、治療、食用藥物、手術及紅	reatment,) :發病次數、	Onset (mm/yyyy) 發生時間 (月/年)	Recovery (mm/yyy 已康復 (月/年)	y) phys facili	icians, ho ties	ddresses of ospitals or ù醫療機構	medical
		——————————————————————————————————————							
in a	單週年內復保(包括所有樂無 ement after the 4th policy 保單週年後復保(只適用GIP8 ement after the 4th policy 保單週年後復保(只適用GIP1 l over 65 days and within 1 yo 過65日及1年內復保,請回答同 l over 1 year and within 3 year	cy years (for all GIP plan) and the i 憂計劃)及受保人年齡60 以下,只 year (for GIP8A, GIP8B, GIP8C) AA, GIP8B, GIP8C)及受保人年齡6 year (for GIP12, GIP18 & GIP22 2, GIP18 & GIP22)及受保人年齡6 ear, please complete Questions 1: 問題1至31。 urs, please complete Questions 1: 題1至31及醫療資料將會要求。	需完成問題30) and the insu 60以下,只需) and the insu 60以下。 31.	及31。 ired's attain 完成問題30〕 ired's attain	ed age is l 及31。 ed age is l	oefore 6	0. Please		
						Insured 受保人		Other Pr Insured 其他準受	_
30.Have yo less thai	u been advised by a doctor t n 12 months? 您曾否被醫生診	hat you have a terminal illness w 斷患有末期疾病而預期壽命少於十	ith a life expe -二個月?	ectancy of		Yes 是	No 否	Yes 是	No 否
31. Are you	currently under palliative of	r intensive care? 您是否正在接受如	d息治療或深も	切治療?					
Supplemer 「安逸保」,	ntary question for "Partne 入息保障/「安逸保」入息至朝	er Income Protection (PIP)/Par 享保障附加問題	tner Income	e Protection	ı Supren	ne (PIPS	5)"		
Please subn 如受保人每	nit supporting financial evid 月總補償金額大於港幣HK\$25	ence if total monthly benefit amo 5,000,請提交「財務證明」。	unt insured is	s greater tha	n HK\$25,	000.			
32. Indicate	e the approximate percentag	e of time devoted to the following	g duties 負責時	職務的大約時	持間分配 比	:例			
	_% Sale 推銷	% Outdoor 戶外工作	% Ma	anual 體力勞	動				
		/行政% Others 】	其他,please s	specify 請註	明				
33. How lon	ng have you been in this indu	istry? 您從事現任行業多久?							
34.How lon	ng have you been in your pre	sent occupation? 您從事現職多久	. ?						
35. Do you l	have any other occupation?	If "Yes", please specify: 您有否其	他工作?若「マ	有」,請列明	:				
36.What is expense	your monthly earned remures but before tax) 您過去十二	neration in average for the past 12 個月每月平均的勞動收入?(不計算	2 months? (Gr 亞投資收入並打	oss earnings 口除營業支出	excludir 的稅前總	ig invest 收入)	ment inc	come less b	ousiness
Basic me 基本每月	onthly salary (HK\$) 月薪金(港元)								
Commis	ssion / bonuses / tips (HK\$)								
sources 補償?如	as a result of your disability? D答「是」,請填寫詳情。	han provided under the mandato If "Yes" , please give details. 除法	例規定之僱員	補償條例下	,您會否[ance, fro 因傷殘而	om your o 獲取僱主	employer (或其他來源	or other 原之任何
Details	詳情								
		tions do you have? 您持有甚麼專							

Part I: Personal Information Collection Statement 第一部份:個人資料收集聲明

Chubb Life Insurance Hong Kong Limited ("Chubb Life HK", "Company", "we", "us", "our"). 安達人壽保險香港有限公司(「安達人壽香港」、「本公司」、「我們」或「我們的」)。

Chubb Life HK recognizes the importance of protecting your privacy and is fully committed to implementing and complying with the data protection principles under the requirements of the Personal Data (Privacy) Ordinance (Chapter 486), Laws of the Hong Kong Special Administrative Region and if applicable, the Personal Information Protection Law of the People's Republic of China.

安達人壽香港明白保護閣下的私隱的重要性,並致力實施和遵守香港特別行政區法律《個人資料(私隱)條例》(第486章)下的保障資料原則及 中華人民共和國《個人信息保護法》。

Personal Information we may collect 我們可能收集的個人資料

In the course of us providing you with the insurance policy and related services ("Services"), we may from time to time and only to the extent necessary to provide the Services, collect your personal information including any sensitive personal information (with examples of such sensitive information as **bolded and underlined below**) for the purposes set out in this Personal Information Collection Statement ("PICS"). We may collect your personal information directly from you, or indirectly from other third parties in connection with the Services, including but not limited to when you complete or submit an application form, submit a claim, access our website, or participate in any of our and/or our partner's programs. The personal information we collect may include:- your personal identification information (e.g., your name, <u>identity document number</u>, nationality, citizenship, sex, date of birth, <u>place of birth</u>, <u>marital status</u>, residential address), contact information (e.g., residential phone number, workplace phone number, mobile phone number, mailing address, e-mail address), work and financial information (e.g., employer's name, industry/nature of business, workplace address, present occupation, exact duties, income, credit information, financial details, bank account information, tax information), policy information, claims history biometric data, medical and health records, religion, specific social status, tracking/location information and, if applicable, data of minors

(collectively the "personal information"). 在我們為閣下提供保單和相關服務(「服務」)的過程中,我們可能會不時且僅在需要提供服務的範圍內收集閣下的個人資料,當中包括任何敏感個人資料(以如下加粗並劃線所列敏感個人資料為例),用於本個人資料收集聲明(「個人資料收集聲明」)中列出的目的。我們可能會直接從閣 下收集閣下的個人資料,或從與服務相關的其他第三方間接收集閣下的個人信息,包括但不限於閣下完成填寫或提交申請表、提交索償、登入我 們的網站或參與我們的及/或我們合作夥伴的任何計劃。我們收集的個人資料可能包括:閣下的個人身份資料(例如,閣下的姓名、**身份證件號碼**、國籍、公民身分、性別、出生日期、出生地點、**婚姻狀況**、居住地址)、聯絡資料(例如,住宅電話號碼、工作單位電話號碼、手機號碼、郵寄地址、電子郵件地址)、工作及財務資料(例如,僱主名稱、行業/業務性質、工作場所地址、目前職業、實質職責、**收入、信用資料、財務** 詳細資料、銀行帳戶資料、稅務資料)、保單資料、索償歷史、生物識別資料、醫療和健康紀錄、宗教、特定社會地位、追蹤/位置資料以及14 歲以下未成年人的資料 (如適用) (統稱為「個人資料」)

When you provide us with personal information about another person in connection with your application or insurance policy, which may include but is not limited to your dependents, the insured, the beneficiaries, your authorized representatives and any other individuals whom you have provided personal information of ("relevant persons"), you confirm you have obtained that relevant persons' consent and have authority to provide such personal information to us for the purposes stated in this PICS.

當閣下向我們提供與閣下的申請或保單有關的其他人的個人資料時,這可能包括但不限於閣下的受養人、受保人、受益人、閣下的獲授權代表以 及閣下為其提供個人資料的任何其他人士(「有關人士」),閣下確認已獲得該有關人士的同意並有權為本個人資料收集聲明中所述的目的向我們 提供該等個人資料

As a condition precedent to this application, you shall provide us with the required information of the form. If you do not provide us with the required information, this may result in us not being able to process your application, process claims or provide you with the Services. 作為閣下此申請的先決條件,閣下需要向我們提供申請書所需的資料。如果閣下不向我們提供所需資料,可能會導致我們無法處理閣下的申請、 處理索償或向閣下提供服務

What we may use your Personal Information for 我們可能將閣下的個人資料用於什麼目的

By making the application and receiving the Services, you give us your consent to use, process, disclose, transfer, store and otherwise, share your and the relevant persons' personal information for any purpose related to the Services, and to communicate with you and the relevant persons for the purposes listed below ("Purposes"):

通過提出申請和接受服務,閣下同意我們為與服務相關的任何目的使用、處理、披露、轉移、儲存及以其它方式分享閣下和有關人士的個人資 料,並就下列目的與閣下和有關人士溝通(「**該目的**」):

- to process and evaluate this and any future application for the insurance policy; 處理和評估此申請以及任何未來的保單申請;
- for policy administration, processing payments and premium collection; 用於保單管理、處理付款和保費收取; (ii)
- to conduct medical, security and underwriting checks; 進行任何醫療、保安及核保檢查; to assess insurance claims and to process payments; 評估保險索償及處理付款事宜; (iii)
- (iv)
- to provide insurance products and related services; 提供保險產品及有關服務; (v)
- (vi) to promote and directly market to you as follows: 向閣下推廣及直接促銷以下內容:

資相關產品/服務、獎賞、年資獎勵、聯合品牌及/或其他優惠計劃;

- For Hong Kong customers only: with your consent, to promote and directly market to you: (a) the insurance products and services of Chubb Life HK; (b) mandatory provident fund-related products/services sponsored by the third party providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs offered by us, our affiliates, our co-branding partners, our business partners; **僅適用於香港客戶**:在閣下的同意下,向閣下推廣及直接促銷(a)安達人壽香港的保險產品/服務;(b)與我們有關聯之第三方供應商所提 供的強制性公積金相關產品/服務;(c) 由我們、我們的聯繫公司、我們的聯合品牌夥伴或我們的商業合作夥伴提供的保險、金融或投
- For Mainland China residents or I.D. card holders only: with your consent, to promote and directly market to you rewards, loyalty, co-branding and/or other privileges programs offered by us, our affiliates, our co-branding partners, our business partners; **僅適用於中國大陸居民或身份證持證人:**在閣下的同意下,向閣下推廣及直接促銷由我們、我們的聯繫公司、我們的聯合品牌夥伴或 我們的商業合作夥伴提供的獎賞、年資獎勵、聯合品牌及/或其他優惠計劃;
- to perform data matching and communicating with you and/or your relevant persons for such purposes; 進行資料核對,及因此用途與閣下及/或閣下的有關人士聯絡;
- to cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with laws, rules, regulations, codes of practice, guidelines, or requirements imposed by or agreed with government or regulatory bodies; or for litigation; 協助執法團體執法,以防止任何嚴重威脅公眾安全的事宜;作警察進行調查用途;或遵守政府或監管機構施加或協議的法律、規則、規例、 實務守則、指引或要求;或訴訟;
- to apply registration of activities organized and/or sponsored by Chubb Life HK; 申請登記參加安達人壽香港舉辦及/或贊助的活動;
- to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may (x) be assigned to them from time to time as are reasonably required and in the interests of the insurance industry; 讓保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護保險行業利益而指派的功能及要求;

- (xi) to conduct research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and
 - 進行與本公司作為人壽保險公司的日常運營有關的研究、調查、資料分析和統計、行政、通訊、電腦、安全和其他服務(包括醫療服務、 郵寄和資訊科技服務);及
- (xii) for any other purpose directly relating to any of the above. 用於與上述任何一項直接相關的任何其他目的。

Who we may share your personal information with 我們可能與誰分享閣下的個人資料

You understand that we operate internationally and our services to you are, in particular, provided from Hong Kong or through our vendors outside of Hong Kong. If you do not consent to Chubb Life HK's transfer of your personal information outside of Hong Kong and/or Mainland China, this may result in us not being able to process your application, process claims or provide you with the Services. We may disclose, transfer or otherwise share your or the relevant persons' personal information, within or outside of Hong Kong and/or Mainland China., for the Purposes set out in this application, to the following transferees ("**Transferees**"):

閣下了解我們的業務是國際化的,特別是我們從香港或透過我們在香港以外的供應商向閣下提供服務。如果閣下不同意安達人壽香港將閣下的個人資料轉移到香港及/或中國大陸境外,可能會導致我們無法處理閣下的申請、處理理賠或向閣下提供服務。我們可能會就本申請中所述的目的,在香港及/或中國大陸境內或境外披露,轉移或以其它方式分享閣下或有關人士的個人資料至以下資料轉移接收方(「**資料轉移接收方**」):

- any agents, insurance intermediaries, third party providers or administrators such as medical and healthcare providers, hospitals, in connection with the distribution of our products and services, placement or handling of your insurance policy and any related claims and/or services;
 - 就我們的產品和服務分銷、安排或處理閣下的保單及任何相關索償及/或服務有關的任何代理、保險中介人、第三方供應商或管理人員,例 如醫療及保健供應商和醫院;
- (ii) reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, debt collection agencies, credit reference agencies, law enforcement bodies and police, fraud prevention/detection agencies, organizations that consolidate underwriting and claims information for the insurance industry, and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information; 再保險公司、理賠調查公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、債務追收公司、信貸資料機構、執法團體及警方、防止/偵測欺詐機構、為保險業整合承保及索償資料的機構以及保險業用作分析和基於現有資料核對所提供資料的資料庫或登記處(及其運營人);
- (iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK ("**Group Companies**") whether established in or outside of Hong Kong; 安達人壽香港的任何分行、附屬公司、控股公司、聯營公司或聯繫公司(「**集團公司**」),不論在香港境內或境外成立;
- (iv) any agents, contractors, advisors or third-party service providers providing accounting, finance, legal, payment, data processing and storage, administration, telecommunications, mailing, printing, computer, technology, security, analytics, research, funds management, regulatory screenings, customer services, call centre services, and/or other services in connection with our operations; and 任何代理、承包商、顧問或第三方服務供應商,以提供會計、財務、法務、付款、資料處理及儲存、行政、電訊、郵寄、印刷、電腦、科技、安全、分析、研究、基金管理、法規審查、客戶服務、電話中心服務及/或與我們的營運相關的其他服務;及
- (v) insurance industry associations and federations and government or judicial or competent regulatory bodies or any person to whom we have a legal or regulatory obligation to make disclosure.保險行業協會及聯會及我們有法律或監管義務向其作出披露的政府或司法或主管監管機構或任何人士。

If you are a Mainland China resident or I.D. card holder, you may refer to https://www.chubb.com/content/dam/chubb-sites/chubb/hk-en/pdf/pipl_list_of_recipients.pdf for a list of Transferees to whom Chubb Life HK may share your data. The list of Transferees will be updated periodically.

如閣下為中國大陸居民或身份證持證人,閣下可以於https://www.chubb.com/content/dam/chubb-sites/chubb/hk-en/pdf/pipl_list_of_recipients.pdf 以獲取安達人壽香港可能與其共享您的資料的資料轉移接收方名單,名單將不時更新。

We may also purchase or sell one or more business(es) (or portions thereof), and where permissible by applicable laws your or your relevant persons' personal information may be transferred as a part of such purchase or sale, or proposed purchase or sale.

我們也可能購買或出售一項或多項業務(或其部分),且在適用法律允許的情況下,閣下或閣下的有關人士的個人資料可作為該買賣或擬議買賣 的一部分予以轉讓。

How we may store your personal information 我們如何儲存閣下的個人資料

The personal information you provide to us will be stored in Hong Kong or other countries/regions outside the country/region where you are located. We will only retain your personal information for as long as necessary to achieve the purposes described above, unless there is a mandatory retention requirement by law.

閣下提供給我們的個人資料將儲存在香港或閣下所在國家/地區以外的其他國家/地區。我們只會在實現上述目的所需的時間內保留閣下的個人資 料,除非法律有強制保留要求。

How we protect minors' personal information 我們如何保護未成年人的個人資料

We attach great importance to the protection of personal information of minors. If you are acting for a minor under the age of 18 (or where applicable, defined in Mainland China as a minor if under the age of 14), the consent of the minor's parents or guardians should be obtained before using our Services. The parents or guardians should carefully read the PICS before providing us with the personal information of the minors.

我們高度重視未成年人個人資料的保護。如果閣下代表18歲以下的未成年人(或在適用的情況下,在中國大陸被定義為14歲以下的未成年人), 在使用我們的服務前,應獲得未成年人父母或監護人的同意。父母或監護人在向我們提供未成年人個人資料前,應仔細閱讀《個人資料收集聲 明》。

Your rights 閣下的權利

Subject to applicable laws and to the extent legal requirements are met, you may have the right to access, duplicate, or correct your personal information held by Chubb Life HK and, in certain circumstances, request that it be deleted. You may be able to withdraw your consent where we rely upon this to process your personal information if our processing relies on your consent. You may have the right to restrict or refuse the processing of your personal information in some circumstances. Please be aware that under certain circumstances, we may not be able to comply with such requests from you, in which circumstance we will notify you of the reason for such decision. We may also charge you a reasonable fee to process your data related request.

根據適用法律並在滿足法律要求的情況下,閣下有權查閱、複製或更正安達人壽香港持有的閣下的個人資料,並在某些情況下有權要求將其刪除。如果我們基於閣下的同意來處理閣下的個人資料,閣下可以撤回閣下的同意。在某些情況下,閣下有權限制或拒絕對閣下個人資料的處理。請注意,在某些情況下,我們可能無法滿足閣下的此類請求,在此情況下,我們將通知閣下做出此類決定的原因。我們也可能會向閣下收取合理的費用,以處理閣下的資料相關要求。

For more details of the Company's policies on personal information and privacy protection, please read the Chubb Life HK's Privacy Policy available at https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html. Any questions regarding personal information, and the exercise of any of the personal information rights listed above, should be made in writing and submitted to:

exercise of any of the personal information rights listed above, should be made in writing and submitted to: 有關本公司個人資料及私隱保障政策的詳情,請參閱安達人壽香港的私隱政策,網址為https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html. 有關個人資料、以及行使上述任何個人資料權利的任何問題,請以書面提出並提交至:

- For Mainland China residents or I.D. card holders: Data Protection Officer of Chubb Life Insurance Hong Kong Limited at Enquiries. prchkLife@chubb.com and/or 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong. 中國大陸居民或身份證持證人: 安達人壽保險香港有限公司的資料保護主任,並送交至Enquiries.prchkLife@chubb.com及/或香港銅鑼灣告士打道三——號皇室大廈安達人壽大樓三十五樓。
- For all other customers: Data Protection Officer of Chubb Life Insurance Hong Kong Limited at Enquiries.HKLife@chubb.com and/or 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong. 所有其他客戶:安達人壽保險香港有限公司的資料保護主任,並送交至Enquiries.HKLife@chubb.com及/或香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

Part II: Use of Personal Information Consent Statements in Mainland China 第二部份:中國大陸使用個人資料同意聲明

If you are a Mainland China resident or I.D. card holder, please complete this Part. 如閣下為中國大陸居民或身份證持證人,請完成部分。

FOR MAINLAND CHINA RESIDENTS OR I.D. CARD HOLDERS: Use of Personal Information Consent Statement 中國大陸居民或身份證持證人:使用個人資料同意聲明

By signing this form and receiving the Services, you give consent to Chubb Life HK to process for the Purposes, and to disclose, transfer and otherwise share to the Transferees for processing for the Purposes, your and the relevant persons' personal information. You additionally acknowledge and consent to your and the relevant persons' personal information being provided, transferred to, or shared with another data controller, within or outside of Mainland China, for processing for the Purposes.

閣下簽署本申請書及接受服務,即表示閣下同意安達人壽香港出於該目的處理閣下和有關人士的個人資料,以及披露、轉移及以其他方式分享閣 下和有關人士的個人資料予資料轉移接收方,以便出於該目的處理閣下和有關人士的個人資料。此外,閣下確認並同意閣下和有關人士的個人資 料可被提供、轉移或分享予中國大陸境內或境外的其他資料控制者,以便其出於該目的進行處理。

个升 HJ	饭佐供、特侈以分子了中國人怪境的以境外的人	兵心具外控制有,以使兵山於該日的進11處理。							
	part and this Part.	ood and agree with the Personal Information Col 前部份及此部分所載的《個人資料收集聲明》。	lection Statement as set out in the previous						
	I/We consent to the processing of my/our sensitive personal information as described in this form. 我/我們同意依照本申請書所述處理我/我們的敏感個人資料。								
	I/We consent to my/our personal information being provided, transferred to, stored, used, shared with or processed outside of Mainland China as described in this form. 我/我們同意依照本申請書所述在中國大陸境外提供、轉移、儲存、使用、分享或處理我/我們的個人資料。								
	I/We consent to my/our personal information being provided, transferred to, or shared with another data controller for processing as described in this form. 我/我們同意將我/我們的個人資料提供、轉移或分享予其他資料控制者,以便按照本申請書所述進行處理。								
Plea 請勿 Sign	E 注意: ise do not sign on BLANK Form 在空白表格上簽署 iature specimen must be consistent with t 式樣需與保單紀錄相符	that as in your policy record							
Sign 見證	ature of Witness (Name:) 人簽署 (姓名:)	* Signature of Insured * 受保人簽署	Sign Date (dd/mm/yyyy) 簽署日期(日/月/年)						
	ature of Policyowner 持有人簽署	* Signature of Other Proposed Insured (if other than Policyowner) * 其他準受保人簽署 (若非保單持有人)	Sign Date (dd/mm/yyyy) 簽署日期(日/月/年)						
承讓 (Only	ature of Assignee 人簽署 v applicable if the policy has been assigned) 於此保單已被轉讓)	Signature of Irrevocable Beneficiary 不可撤銷受益人簽署 (Only applicable if the designated beneficiary is an Irrevocable Beneficiary) (適用於此保單若指定受益人為不可撤銷受益人簽署)	Sign Date (dd/mm/yyyy) 簽署日期(日/月/年)						

* Signature is required for the person whose age is 18 or above 滿18歳或以上之人士必須簽署