

Agent's/Intermediary's name 保險代理/中介人姓名 _____
 Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話 _____
 Agent's/Intermediary's code 保險代理/中介人代號 _____
 Agency 組別 _____

Statement Of Insurability

投保資料申報書

To: NB POS New Request 新申請 Reply 跟進文件

Please tick appropriate box(es) for request 請於適當之空格內加上號

Application for 申請 Add Other Proposed Insured 加其他準受保人 Addition of Riders/Increase of Benefits 增加附加保障/增加保障利益
 Reinstatement 保單復效 Revision of substandard condition 重新審視保單內的非標準條件
 Others 其他 _____

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

Policy Number: 保單編號	Full Name of Insured: 受保人姓名	Full Name of Policyowner: 保單持有人姓名
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1) 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.
 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.
 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。

Personal Details 個人資料	A. Insured 受保人	B. Policyowner 保單持有人 <small>(If other than the Insured 若非受保人)</small> <input type="checkbox"/> 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 <small>(If other than Policyowner 若非保單持有人)</small>
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 Insured 與受保人之關係			
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	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男	<input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
8. Residential Address (city/country) 住宅地址 (城市/國家)	<input type="checkbox"/> Same as Policyowner 與保單持有人同住	<input type="checkbox"/> Same as Proposed Insured 與準受保人同住	<input type="checkbox"/> Same as Policyowner 與保單持有人同住
9. Mobile phone no. (Country) 手提電話號碼 (國家)	()	()	()

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) <input type="checkbox"/> 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)
10. Employer's name 僱主名稱			
11. Industry/Nature of business 行業或公司業務性質			
12. Present occupation 現任職業			
13. Exact duties 職務			
14. Monthly income (HK\$) 每月收入 (港元)	<input type="checkbox"/> Less than \$10,000 以下 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> Over \$100,000 以上	<input type="checkbox"/> Less than \$10,000 以下 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> Over \$100,000 以上	<input type="checkbox"/> Less than \$10,000 以下 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> Over \$100,000 以上

15. Does owner/insured hold foreign citizenship or residency? 保單持有人/受保人是否擁有外國國籍或居留權？

Yes 是 No 否

If "Yes", please state the country(ies) of which the owner/insured holds citizenship or residency.

如「是」，請列明保單持有人/受保人擁有外國國籍或居留權之國家名稱

Please complete the questions for "Other Proposed Insured" if Owner or Other Proposed Insured applied **Child's Protection Benefit (CPB), Juvenile Accident Protector (JAP) and/or Lady's Partner Plan (LD)**.

如保單持有人或其他準受保人申請兒童保障利益，「兒安保」意外保障計劃及/或「全僱保」女性保障計劃，請回答「其他準受保人」之問題。

16. Do you have any in-force or pending insurance with other insurer(s) (new application or reinstatement)? If "Yes", please state amount/sum assured and currency.

您是否在其他保險公司持有任何現已生效或審核中之保險 (新申請或續保)？如「是」，請詳述金額/保障額及幣值。

(a) Insured 受保人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	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 Accident Indemnity 每週意外 定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
(b) Other Proposed Insured 其他準 受保人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	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 Accident Indemnity 每週意外 定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)
(c) Owner 保單持有人	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	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 Accident Indemnity 每週意外 定額賠償	Accident Insurance 意外保障	Date of Issue 保單簽發日期 (mm月 /yyyy年)

29. Supplement 補充

If the answer for Questions 21-28 is/are “Yes”, please give details in Question 29.
如第二十一至二十八問題的答案為「是」，請在問題二十九填寫詳情。

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 conditions (Include frequency, diagnosis, treatment, medication, surgery and results) 原因－性質及情況之嚴重性(包括發病次數、斷症、治療、食用藥物、手術及結果)	Onset (mm/yyyy) 發生時間 (月/年)	Recovery (mm/yyyy) 已康復 (月/年)	Names and addresses of physicians, hospitals or medical facilities 醫生、醫院或醫療機構之名稱及地址

Remarks & additional questions for “Happy Living Guaranteed Income Plan” and “Happy Living Guaranteed Saving Plan”:

「樂無憂」保證入息計劃及「樂無憂」保證儲備計劃備註及附加問題:

- * Reinstatement **within the first 4 policy years** (for all GIP plan) and the insured’s attained age is before 60. Please complete Questions 30 & 31 only.
首四個保單週年內復保(包括所有樂無憂計劃)及受保人年齡60以下，只需完成問題30及31。
- * Reinstatement **after the 4th policy year (for GIP8A, GIP8B, GIP8C)** and the insured’s attained age is before 60. Please complete Questions 30 & 31.
於第四個保單週年後復保(只適用GIP8A, GIP8B, GIP8C)及受保人年齡60以下，只需完成問題30及31。
- * Reinstatement **after the 4th policy year (for GIP12, GIP18 & GIP22)** and the insured’s attained age is before 60.
於第四個保單週年後復保(只適用GIP12, GIP18 & GIP22)及受保人年齡60以下。
 - Lapsed over 65 days and within 1 year, please complete Questions 1-31.
失效超過65日及1年內復保，請回答問題1至31。
 - Lapsed over 1 year and within 3 years, please complete Questions 1-31 and medical requirement will be requested.
失效超過1年及3年內復保，請回答問題1至31及醫療資料將會要求。

30. Have you been advised by a doctor that you have a terminal illness with a life expectancy of less than 12 months? 您曾否被醫生診斷患有末期疾病而預期壽命少於十二個月?	Insured 受保人		Other Proposed Insured 其他準受保人	
	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>	Yes 是 <input type="checkbox"/>	No 否 <input type="checkbox"/>
31. Are you currently under palliative or intensive care? 您是否正在接受姑息治療或深切治療?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supplementary question for “Partner Income Protection (PIP)/Partner Income Protection Supreme (PIPS)”

「安逸保」入息保障/「安逸保」入息至尊保障附加問題

Please submit supporting financial evidence if total monthly benefit amount insured is greater than HK\$25,000.
如受保人每月總補償金額大於港幣HK\$25,000，請提交「財務證明」。

32. Indicate the approximate percentage of time devoted to the following duties 負責職務的大約時間分配比例

_____ % Sale 推銷 _____ % Outdoor 戶外工作 _____ % Manual 體力勞動
_____ % Managerial/Admin. 管理/行政 _____ % Others 其他，please specify 請註明 _____

33. How long have you been in this industry? 您從事現任行業多久?

34. How long have you been in your present occupation? 您從事現職多久?

35. Do you have any other occupation? If “Yes”, please specify: 您有否其他工作? 若「有」，請列明:

36. What is your monthly earned remuneration in average for the past 12 months? (Gross earnings excluding investment income less business expenses but before tax) 您過去十二個月每月平均的勞動收入?(不計算投資收入並扣除營業支出的稅前總收入)

Basic monthly salary (HK\$)
基本每月薪金(港元) _____

Commission / bonuses / tips (HK\$)
佣金/花紅/賞錢(港元) _____

37. Will you receive any benefits, other than provided under the mandatory employees compensation ordinance, from your employer or other sources as a result of your disability? If “Yes”, please give details. 除法例規定之僱員補償條例下，您會否因傷殘而獲取僱主或其他來源之任何補償? 如答「是」，請填寫詳情。

Details 詳情 _____

38. What professional or trade qualifications do you have? 您持有甚麼專業或行內認可資格?

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, **identity document number**, nationality, citizenship, sex, date of birth, place of birth, **marital status**, 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」):

- (i) 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;
- (ii) for policy administration, processing payments and premium collection; 用於保單管理、處理付款和保費收取;
- (iii) to conduct medical, security and underwriting checks; 進行任何醫療、保安及核保檢查;
- (iv) to assess insurance claims and to process payments; 評估保險索償及處理付款事宜;
- (v) to provide insurance products and related services; 提供保險產品及有關服務;
- (vi) to promote and directly market to you as follows: 向閣下推廣及直接促銷以下內容:
 - (a) **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;
 - (b) **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;
- (vii) 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;
- (viii) 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;
- (ix) 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;
- (x) to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may 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**」）：

- (i) 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:

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三一一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，以使其出於該目的進行處理。

- I/We confirm that I/we have read, understood and agree with the Personal Information Collection Statement as set out in the previous part and this Part.
我/我們確認我/我們已閱讀、理解並同意先前部份及此部分所載的《個人資料收集聲明》。
- 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。

NOTE 注意:

Please do not sign on BLANK Form

請勿在空白表格上簽署

Signature specimen must be consistent with that as in your policy record

簽署式樣需與保單紀錄相符

Signature of Witness (Name :
見證人簽署 (姓名 :

) * Signature of Insured
) * 受保人簽署

Sign Date (dd/mm/yyyy)
簽署日期 (日/月/年)

Signature of Policyowner
保單持有人簽署

* 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)

Signature of Assignee
承讓入簽署
(Only applicable if the policy has been assigned)
(適用於此保單已被轉讓)

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歲或以上之人士必須簽署