



PET CARE INSURANCE

「智得寵」保險

Easy Procedure for Outpatient Claims

門診索償 – 簡易程序



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Thank you for considering Sun Flower to be one of your selected intermediaries.
We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

This procedure applies to claims for the following items as specified in “Medical Coverage” under Section 1 of your Pet Care Insurance Policy:

此程序適用於以下就智得寵保單第一部份的「醫療保障」範圍內的索償

- a) **Veterinary Consultation Fee 獸醫診金**
- b) **Prescribed Medication 處方藥物**

For claim of other benefits, please complete the Pet Care Insurance Claim Form and provide relevant claim documents.

如屬其他保障項目的索償，請填妥智得寵保險賠償申請表及提供相關充足索償文件。

Submit the original itemised receipt for outpatient expenses incurred by your insured pet

提交詳列受保寵物所涉及的門診費用的收據正本

-Please ensure the following information are contained in the receipt:

收據必須包括以下資料：

Microchip number of the insured pet (must be verified by the Vet)

受保寵物晶片號碼 (必須由獸醫證明)

Diagnosis of the insured pet

受保寵物的診斷結果

Signature of the Vet with Company Chop of the Veterinary Facility

獸醫簽署及所屬獸醫診所的公司蓋印

Veterinary Consultation Fee

獸醫診金

Itemised Prescribed Medication (including prescribed drugs, dressings and injection)

每項處方藥物費用 (包括處方藥物、包紮及注射)

-Please also write down the following policy information on the reverse side of the receipt

於收據背面寫上以下保單資料

Pet Care Insurance Policy number

智得寵保單編號

Name of Policyholder

保單持有人姓名

Policyholder's contact phone number

保單持有人的聯絡電話

IMPORTANT NOTES 重要事項:

1. **All receipts must be submitted to Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) within 30 days of the outpatient visit.**

請於就診當日起 30 天內遞交收據予藍十字(亞太)保險有限公司「藍十字」。

2. **All receipts must be originals.**

只接受收據正本。

3. **Submission of the receipts by you shall not be construed as admission of liability on the part of Blue Cross. Benefit(s) (if any) will be payable to you by Blue Cross subject to all the terms, exclusions and conditions of the policy.**

閣下遞交收據並不表示藍十字承擔賠償責任。藍十字只會在保單所有條款、不保事項及細則的規限下，支付保障(如有)給予閣下。

4. **In the event that the receipt does not contain the above required information, or where Blue Cross considers appropriate, Blue Cross may reasonably further request you to provide supplementary information or evidence.**

如閣下提交的收據沒有詳列上述要求的資料或在藍十字認為適當的情況下，藍十字可能會在合理的情況下要求閣下提供補充資料及證明。



PET CARE INSURANCE CLAIM FORM

智得寵保險賠償申請表

Please fill in all details and return this Claim Form to Claims Department of Blue Cross (Asia-Pacific) Insurance Limited (the "Company") within 30 days after the happening of the incident. In addition, relevant claims documents as specified in Section V shall be submitted to the Company as soon as possible to avoid delay in claim process. For claim of third party liability under Section 2 of the Policy, please immediately complete this form to notify the Company.

請填妥此賠償申請表，並於意外發生後 30 日內將此表格交回藍十字（亞太）保險有限公司（「本公司」）的理賠部。此外，為免延誤賠償進程，閣下亦須盡快提交第

五部分列明的相關文件致本公司。如屬保單中的第二部份的第三者責任索償，請立即填妥此表格通知本公司。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Part One 第一部分

Claim No. (Office use)
賠償編號 (本公司專用)

I. Particulars of Policyholder 保單持有人資料

Policy No. 保單編號	Name of Policyholder 保單持有人姓名
Correspondence Address 通信地址	
E-mail Address 電郵地址	Contact Phone No. 聯絡電話號碼

II. Particulars of Insured Pet 受保寵物資料 (Please tick the following boxes, if appropriate 請選擇適當項目)

Name of the Pet 受保寵物名稱	
Microchip No. 晶片號碼	Species 種類: <input type="checkbox"/> Dog 狗 <input type="checkbox"/> Cat 貓
Age 年齡	Colour 顏色

III. Claimed Items 索償項目 (Please tick the appropriate item(s) 請選擇適當項目)

Medical Coverage Benefit <input type="checkbox"/> 醫療保障	Third Party Liability Benefit <input type="checkbox"/> 第三者責任保障	Funeral Service Benefit <input type="checkbox"/> 身故服務保障
Holiday Cancellation Benefit <input type="checkbox"/> 假日行程取消保障	Advertising Expenses Benefit <input type="checkbox"/> 廣告費用保障	Overseas Cover Benefit <input type="checkbox"/> 海外保障

IV. Claim Information 索償資料

(Please complete where applicable and use a separate sheet if insufficient space 請填寫適當項目。若空位不足，請另頁詳加說明)

Date and time of Consultation / Incident 診治 / 事發日期及時間	Place of Consultation / Incident 診治 / 事發地點
Full description of Illness / Injury / Incident (cause and manner) 疾病 / 受傷 / 事故詳情 (怎樣發生及細節)	
Who took care of the Pet at material time of Incident 事發時，誰人照顧受保寵物	
Relationship with Policyholder 與保單持有人關係	
Amount claimed for Benefit of "Medical Coverage / Funeral Service / Holiday Cancellation / Advertising Expenses" (HK\$) 「醫療保障 / 身故服務 / 假日行程取消 / 廣告費用」保障的索償金額 (港幣)	
Third Party Liability 第三者責任 (Please tick the following boxes, if appropriate 請選擇適當項目)	
1. Nature of Incident 事件性質 <input type="checkbox"/> Bodily Injury 身體受傷 <input type="checkbox"/> Property Damage 財物損毀	
2. Name of Injured/ Property Owner 傷者 / 物主姓名 _____	Age 年齡 _____ Sex 性別 _____
3. Nature & extent of injuries/ damage 受傷 / 損毀性質及程度 _____	
4. Has the third party claimed? 第三者有否要求賠償? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有	If Yes, what is the amount? 如有，要求賠償金額若干? _____
5. Has the Policyholder/anyone admitted liability to the third party? 保單持有人/任何人有否向第三者承認責任? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有	If Yes, who admitted? 如有，誰人承認? _____ How? 什麼方式 _____
Has it been reported to Police? 有否向警方報案? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 Police Report No. 報案編號 _____	
Any other insurance covering this incident? 有否其他保險承保是次事件? <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 If yes, please provide the following details. 如有請提供詳情	
Name of insurance company 保險公司名稱: _____ Policy No 保單編號: _____ Benefit Type 保障類別 _____	

V. Claim Documents 索償文件

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.

閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。

Medical Coverage (include Overseas Cover) 醫療保障 (包括海外保障)	Original itemised invoice and receipt with diagnosis stated for medical expenses, medical report (if any) 列明診斷結果及載有費用分項的醫療賬單及收據正本，醫療報告(如有)
Third Party Liability (include Overseas Cover) 第三者責任 (包括海外保障)	Police report or copy of statement to police (if any), and letter of claim from third parties 警方報告或警方口供記錄副本 (如有)、及第三者索償文件 Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent. 在沒有獲得本公司書面同意的情况下，不得作出任何承認、提議、承諾付款或付款。 Any third party correspondence, summons or writs should be forwarded to the Company immediately <u>unanswered</u> . 對於任何第三者的通告、傳票及書面命令，請不要回覆，並立即提交本公司，以便處理
Funeral Service (include Overseas Cover) 身故服務 (包括海外保障)	Original receipt for the expenses of cremation, funeral service and / or handling charges from the Veterinarian or funeral service provider 火化、身故服務費用及 / 或獸醫或殮葬服務提供者之手續費收據正本
Holiday Cancellation 假日行程取消	Veterinarian's confirmation to certify the insured pet required emergency life-saving surgery 由獸醫發出受保寵物須接受緊急且與生死攸關手術的證明 Original travel tickets, receipts, and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount 交通票據、收據及協議書及列明不獲退回之款項的旅程取消或縮短旅程之證明文件正本
Advertising Expenses 廣告費用	Original receipt for the cost of advertising for finding the stolen / lost insured pet in the local newspaper, magazine or mass media 因受保寵物失竊 / 失蹤而涉及的本地報章、雜誌或大眾傳媒刊登尋找廣告的費用收據正本
Overseas Cover 海外保障	In addition to the above, please provide travel record for you or your family and the insured pet 除上述文件外，請同時提供閣下或閣下家屬及受保寵物的外遊記錄

VI. Authorisation and Declaration 授權及聲明

I/We hereby authorise any veterinary facility, veterinarian, authority, or any third party to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to the medical history of the insured pet, my/our loss or police statement made relevant to the insured pet and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人/我們謹此授權任何獸醫診所、獸醫、有關機構或任何第三方，向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供任何或所有有關受保寵物的病歷、本人就有關受保寵物引起之損失、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人/我們謹此聲明，上述所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此賠償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder
保單持有人簽署

Date 日期
(dd/mm/yy 日/月/年)

Name 姓名

: _____ : _____
: _____
: _____

Part Two 第二部分

Veterinarian Certificate 獸醫證明

(To be completed by Veterinarian at the expenses of the Policyholder 由獸醫填寫，所需費用由保單持有人承擔。)

Particulars of the Insured Pet

Name of the Pet	Microchip No.
Pet Owner's Name	

Information about Illness / Injury / Death of the Insured Pet

Nature of injury/diagnosis	Treatment / Operation	Date of Service
Confinement (Brief discharge summary, including treatments, examinations and results)		Period of Confinement From (dd/mm/yy) : To (dd/mm/yy) :
Cause of Death (please state reason if euthanasia)		Date of Death

Breakdown of treatment costs for each condition (HK\$)

Consultation \$	Medication \$
Room and Board \$	Surgery \$
X-Ray & Laboratory \$	Anaesthesia \$
Euthanasia \$	Dentistry \$
Vaccination \$	Food \$
Others (please specify) \$	Total \$

Veterinarian's Notes (case summary)

- With respect to the insured pet, how long has this pet owner been a client of your clinic?
 Less than 6 months More than 6 months
- Have any conditions or symptoms occurred previously which are related to the above illness/ injury/ death of the insured pet? No Yes, please give dates (dd/mm/yy): _____
- According to your record of the insured pet, how long were the symptoms present before the first consultation : _____
- Is the treatment received by the insured pet likely to be ongoing? No Yes
- Is any condition specified above of a congenital nature? No Yes
- Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measures?
 No Yes

Declaration of the Veterinarian

I hereby declare the information and particulars stated as above to be true, correct, accurate and to the best of my knowledge and belief.

Signature of Veterinarian _____ Date : _____
 (with Company Chop of the Veterinary Facility) (dd/mm/yy)

Name of Veterinarian _____



個人資料（私隱）條例 - 收集個人資料聲明（「本聲明」）

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

閣下的個人資料可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定保險索償及就索償抗辯，包括進行任何附帶調查；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
 - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導；或
 - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於本銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承辦人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應商（如公證行、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或

適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

- (v) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；
 - (vi) 第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；
 - (vii) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；及
 - (viii) 本公司為就本聲明第(2)(viii)段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、數據處理公司和資訊科技公司）。
- 該等資料可能被轉移至香港境外。

(4) 在直接促銷中使用個人資料

本公司可能把閣下的個人資料用於直接促銷，除非本公司已取得閣下的同意（包括表示不反對），否則本公司並不可以如此使用閣下的個人資料，但條例所指明的豁免情況除外。就此，請注意：

- (i) 本公司可能把本公司不時持有閣下的姓名、聯絡資料、產品及服務組合資料、交易模式及行是台式、財務背景及人口統計數據用於直接促銷；
- (ii) 本公司可能就下列服務、產品及促銷標的進行促銷：
 - (a) 保險、財務、銀行及相關服務及產品；
 - (b) 獎賞、客戶或會員或優惠計劃及相關服務及產品；及
 - (c) 本公司及／或東亞銀行集團任何成員公司的品牌合作夥伴提供之服務及產品（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）；
- (iii) 上述服務、產品及促銷標的可能由本公司及／或下列各方提供：
 - (a) 東亞銀行集團任何成員公司；
 - (b) 第三方獎賞、客戶或會員、品牌合作或優惠計劃供應商；及／或
 - (c) 本公司及／或東亞銀行集團任何成員公司之品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及／或宣傳資料上列明）。

如閣下不希望本公司使用閣下的資料作上述直接促銷用途，閣下可通知本公司行使閣下的選擇權拒絕促銷。閣下可根據本聲明第(5)段所提供的聯絡方法以書面向本公司的個人資料保障主任提出有關要求，或於有關的申請表格內向本公司表達閣下拒絕促銷的意願（如適用）。

(5) 查閱及改正資料權利

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的個人資料保障主任提出：

香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓
藍十字（亞太）保險有限公司
個人資料保障主任
傳真：(852) 3608 2938

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (6) 閣下亦有權根據本聲明第(5)段所提供的聯絡方法向本公司的個人資料保障主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (7) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (8) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線 3608 2988。
- (9) 本聲明不會限制客戶在條例下所享有的權利。
- (10) 本公司保留修改本聲明的權利。

2013年4月

由東亞銀行集團成員-藍十字（亞太）保險有限公司發出



The Personal Data (Privacy) Ordinance - Personal Information Collection Statement (the "Statement")

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the "BEA Group".

In compliance with the Personal Data (Privacy) Ordinance (the "Ordinance"), the Company would like to inform you of the following:

(1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company's service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
 - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future;
 - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xii) any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be); and
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement.

Such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
 - (a) insurance, financial, banking and related services and products;
 - (b) reward, loyalty or privileges programs and related services and products; and
 - (c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
 - (a) any member of the BEA Group;
 - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
 - (c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer
Blue Cross (Asia-Pacific) Insurance Limited
29th Floor, BEA Tower, Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon
Hong Kong
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

April 2013

Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group.