

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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太平寵物保 投保書 TAIPING PET CARE INSURANCE PROPOSAL FORM

請填報以下項目資料，並在適當的空格填上☑，如有變更必須通知保險公司

Please answer items below and tick the boxes where appropriate ☑ and inform Co. if any of them has been altered

投保人資料 (投保人必須年滿 18 歲或以上) Details of Proposer (Proposer must be aged 18 or above)		
投保人姓名： Name of Proposer:	性別： Sex:	香港身份證號碼： HKID Card No.:
通訊地址： Correspondence Address:		
電郵地址： E-mail Address:	聯絡電話： Contact Tel. No.:	傳真號碼： Fax no.:

投保細則 INSURANCE COVER			
寵物住所地址(如與通訊地址不同): Physical Address of the Pet (if different from the Correspondence Address):			
承保日期：(有效期為一年) (日/月/年) Period of Insurance: (Valid for 1 Year) (dd/mm/yyyy)	由 From	至 To	(起迄兩天均包括在內) (Both dates inclusive)

寵物資料 - 投保寵物只適用於狗或貓 (必須填寫以下各項) Information of the Pet - Insured pets can only be dogs or cats (Please complete all the following fields)	
1. 寵物名稱 Name of the Pet	
2. 晶片號碼 (必須提供)(沒有晶片之寵物將不獲接受) Microchip No. (Must Provide) (Pets without microchip will not be accepted)	
3. 保障計劃/ 每年保費 Insurance Plan/ Annual Premium	<input type="checkbox"/> 計劃 I Plan I HKD1,000 <input type="checkbox"/> 計劃 II Plan II HKD3,000 <input type="checkbox"/> 計劃 III Plan III HKD6,000
4. 種類 Species	<input type="checkbox"/> 狗 Dog <input type="checkbox"/> 貓 Cat
5. 品種 Breed	
6. 顏色/特徵 Colour/ Marking	
7. 出生日期 Date of Birth	年份 YYYY/ 月份 MM
8. 性別 Sex	<input type="checkbox"/> 雄性 Male <input type="checkbox"/> 雌性 Female
9. 絕育 Neuter	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
10. 最近一次混合疫苗注射日期 Date of Last Mixed Vaccination	年份 YYYY/ 月份 MM

其他資料 General Information	
1. a) 過去 90 天內，你的寵物有否因意外或患病接受治療 (一般檢查或預防性疫苗除外)? Has your pet received or required any treatment for an accident or illness in the last 90 days, except general checkup and preventive vaccinations?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
b) 如「是」，你的寵物現在有否接受觀察、治療或藥物治療? If "Yes", is your pet currently under observation, treatment or medication?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 除閹割外，你的寵物有否接受任何手術治療? Has your pet ever taken any surgical operation other than desexualisation?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 過去 5 年內，你的寵物是否有暴力傾向，或曾攻擊、咬傷任何人或其他動物? Has your pet ever attacked or bitten any person or other animal, or does it have any aggressive or vicious tendency in the past 5 years?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
4. 你的寵物有否被用作商業用途? Is your pet being used for or in connection with any trade or business?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
5. 你的寵物有否任何身體缺陷或殘疾? Does your pet suffer from any physical defects or infirmities?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

如上述任何問題的答案為「是」者，請提供有關病歷(包括診斷結果)，治療事項及/或其他有關資料。

If the answer to any of the above questions is "Yes", please provide details of medical history including the diagnosis together with the advice or treatment given and/or other related information.

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收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本申請表要求的個人資料，是為了本公司提供保險業務所需，本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下的保險申請、索償、保單相關行政、財務工作、索償調查或分析及其它相關的服務)，或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (vi) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律，條例及業內守則及指引。

本公司亦可因應上述用途披露閣下的個人資料予下列各方：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問，或任何從事與保險或再保險業務有關的公司，或閣下的保險中介人(若有)、或索償調查員/公司，或其他保險業務有關的服務提供者；
- (b) 本公司的關連公司(以《公司條例》內的定義為準)；
- (c) 政府及市場認可的保險業監管機構：保險索償投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (d) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)，而就此而言，閣下同意將閣下的資料移轉至香港境外。

直接促銷通訊：經閣下同意，本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構，本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與閣下聯絡，提供金融及/或保險產品或服務的直接促銷通訊。若閣下不欲接收有關直接促銷通訊及反對本公司將閣下個人資料提供給以上公司，請在以下的方格內填上「✓」。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料及/或撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意。如有需要，請以書面形式向本公司的總經理辦公室提出，地址為香港銅鑼灣新寧道8號中國太平大廈19樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com，歡迎查閱。

本聲明的中英文版本如有任何歧異或不一致，概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance application, any claim, providing administration, financing, claim investigation or analysis work and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) the Company's related companies (as that term is defined in the Companies Ordinance);
- (c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (d) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

Direct Marketing Communications : With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal information concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. Requests for such access can be made in writing to Office of the General Manager at 19/F., China Taiping Tower, 8 Sunning Road, Causeway Bay, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.

- 本人反對貴公司使用和轉移本人的個人資料作直接促銷用途，並不希望接收任何推廣及直接促銷通訊。
- I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

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投保人聲明 DECLARATION

- 1) 本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與中國太平保險(香港)有限公司之間的合約依據。
I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and CHINA TAIPING INSURANCE (HK) COMPANY LIMITED.
- 2) 本人同意有關保險須在該公司接受本投保書後才生效。
I agree that the insurance will not be in force until the proposal has been accepted by the Company.

日期：
Date

投保人簽署：
Signature of Proposer:

(日/月/年 dd/mm/yyyy)

由本公司填寫 FOR OFFICE USE ONLY											
PC:					IT:						
CC:					CC:						
AT:					AC:						
DI:	M	201:	%	202:	%	203:	%	204:	%	213:	%
	S	201:	%								
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