

CARING 僱員醫療保險計劃申請表 CARING Employee Medical Insurance Plan Application Form



電郵 E-mail : employeebenefits@fwd.com

傳真 Fax : 2850 3003

請以正楷填寫 Please complete in block letters

申請人詳情 Details of Applicant

公司名稱 Name of Company

商業登記號碼 Business Registration No.		註冊國家 Country of Incorporation
業務性質 Nature of Business		聯絡人及其職位 Contact Person & Position
電話號碼 Telephone No.	傳真號碼 Fax No.	電郵 Email Address
地址 Address		
保單有效日期 Insurance Period (日/月/年 DD/MM/YYYY) 生效日期由 Effective from / / 至 to / /		會員總人數 Total Number of Member

文書通知和保單文件將會經電郵分別發送給保單持有人和中介人。

Correspondence and policy documents will be dispatched to the policyholder and intermediary by email separately.

參加資格 Eligibility

現任全職僱員 For EXISTING Permanent Full-time Employee

將來全職僱員 For FUTURE Permanent Full-time Employee

保單生效日參加 On Policy Effective Date

受僱日參加 On Employment Date

受僱 _____ 個月後參加
Immediate Cover After ___ Months of Employment

受僱 _____ 個月後參加
Immediate Cover After ___ Months of Employment

計劃 Plan No.	計劃等級 Plan Level				僱員類別 Classification of Employee Type (例：職位 e.g. Job Position)	家屬保障 (有/否) Dependant Coverage (Yes/No)
	基本保障 Basic Cover	附加保障 Optional Cover				
	基本住院保障 Hospitalisation Benefits	額外醫療保障 Supplementary Major Medical Benefits	門診保障 Outpatient Benefits	牙科保障 Dental Benefits		
例 e.g.	CHH1	CMH1	CPH1	CDH1	所有僱員 All staff / 經理 Managers / 董事 Directors	有/否 Yes/No
1.						有/否 Yes/No
2.						有/否 Yes/No
3.						有/否 Yes/No

計劃守則 PLAN RULES :

- 此保險計劃只適用於香港註冊及僱用至少有4名僱員參與之公司申請。
This insurance plan is only applicable to company registered in Hong Kong and employed at least 4 participating employees.
- 69歲以下(實際年齡)之僱員及/或其配偶及/或僱員之未婚而年齡超過14日但未滿19歲(實際年齡), 及已滿19歲(實際年齡)但未滿25歲(實際年齡)而正在認可教育機構接受全日制教育的子女均合乎資格參加。
The employees and/or their spouses who are under the age of 69 (attained age) and the employees' unmarried children who are over the age of 14 days but under 19 years old (attained age) and those at the age of 19 (attained age) but under 25 (attained age) who are receiving full time education at a recognized educational institution are eligible to enroll.
- 所有合資格僱員必須參加此計劃及在生效日正常上班。
All eligible employees must participate in the plan, must be actively at work on effective date of coverage.
- 所有同一僱員類別之合資格僱員必須參與同一計劃。
All eligible employees with same classification of Employee Type must enroll in the same plan.
- 如提供家屬保障, 則同一家庭中所有合資格之家屬必須參加及參與同一計劃。
If dependant coverage is provided, all eligible dependants of the same family must join and enroll in the same plan.
- 如須申請附加額外醫療保障、門診或牙科保障, 參加僱員的人數必須不少於4人。
For optional Supplementary Major Medical, Outpatient or Dental Benefits, the number of participating employees must not be less than 4.
- 每保單最多可設定三個計劃。
Maximum 3 plan levels per policy.

申請人明白及同意 **The Applicant understands and agrees that :**

1. 保費及有關的徵費必須由申請人支付，以及所有合資格的僱員及其家屬 (如適用) 必須參加有關計劃。
The Applicant shall pay all the premium and applicable insurance levy and all eligible employees and their dependants (if applicable) shall enroll in the plan.
2. 保單將於富衛保險有限公司 (「富衛」) 接納此申請及生效日期由富衛批核後才正式生效。
The Policy shall take effect upon acceptance of this Application and the effective date shall be approved by FWD General Insurance Company Limited ("FWD").
3. 受保人之保障將於富衛接納其參加表格後才正式生效。此申請以富衛的最終決定為準。
The insurance coverage of each insured shall take effect immediately after the application form is accepted by FWD. The Application is subject to final decision of FWD.
4. 此申請經批核後，此申請表將成為保單持有人與富衛所訂立的合約之一部份。
Upon approval of this Application, this Application Form shall form part of the contract between the policyholder and FWD.
5. 申請人必須提供所有可能影響富衛接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應將該等事實填報，我們建議貴公司將有關的資料 (包括申請表副本) 作記錄，以備日後作參考之用。為確保貴公司的利益，貴公司應如實呈報所有有關資料，否則此保單將可能無法提供貴公司所需的保障，甚至可能會導致此保單無效。
The applicant is required to disclose all material facts which is likely to influence the acceptance and assessment of the Application. If the applicant is in doubt whether certain facts are material, please disclose them. It is recommended to keep a record (including a copy of the completed application form) for future reference of all information given. Failure to disclose such information may affect the coverage under the Policy and even invalidate the Policy.

申請人聲明及確認 **The Applicant further declares and confirms that :**

1. 就吾等所知，在此申請提供的僱員及/或其家屬 (如適用) 的資料均屬正確無誤; 吾等理解並同意，如果以上提供的任何陳述和資料不正確或沒有披露任何重大事實，富衛將有權調整保費，甚至使保單無效。
To the best of our knowledge and belief that all statements and answers in the above are full, complete and true and form part of the Application and the basis of the Policy to be issued. We understand and agree that if any of the statements and answers given in the above are inaccurate or we have not disclosed any material facts, FWD shall be entitled to adjust the premium and even void the Policy.
2. 吾等承諾於遞交所需之個人資料予富衛前，須通知有關僱員及/或其家屬 (如適用) 有關本保單及富衛之收集個人資料聲明 (「收集個人資料聲明」) (不論是否載於此申請表或由其他途徑取得)。富衛將不會就有關僱員及/或其家屬 (如適用) 未被通知的情況承擔任何責任。吾等承諾會遵守個人資料 (私隱) 條例，並確認已獲得有關僱員及/或其家屬 (如適用) 的同意，將有關僱員及/或其家屬 (如適用) 的個人資料移交富衛以作申請團體保險計劃之用以及收集個人資料聲明中所述的任何其他目的。吾等已知悉最新版本的收集個人資料聲明可於富衛網頁 (<http://www.fwd.com.hk>) 下載、或致電富衛服務熱線 (852)3123-3123 索取。
We undertake that we will inform/has informed the relevant employees and their dependants (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of FWD (whether contained herein or otherwise obtained) before transferring their personal data to FWD. FWD shall not accept any liability for the employees and their dependants (if applicable) not having been so informed. We further undertake that we will comply with the Personal Data (Privacy) Ordinance and confirm we have obtained the consent from the employees and/or their dependants (if applicable) for the transfer of their personal data to FWD for the purpose of enrolling the employees and their dependants (if applicable) in the group insurance plan and any other purposes as stated in the PICS. We noticed that the latest version of the PICS can be downloaded from FWD's website (<http://www.fwd.com.hk>) or can be obtained by calling FWD's Service Hotline at (852)3123-3123.

只應用於保險經紀:

申請人明白、確知及同意，富衛會就申請人購買及接受其簽發的保單，於保單有效期內 (包括續保期) 向負責安排有關保單的獲授權保險經紀支付佣金。如申請人為法人團體，代表申請人簽署的獲授權人員在此向富衛確認他/她已獲該法人團體授權。

申請人亦明白富衛必須取得申請人的同意，才可以處理其保險申請。

Applicable to Insurance Broker only :

The Applicant understands, acknowledges and agrees that, as a result of the Applicant purchasing and taking up the Policy to be issued by FWD, FWD will pay the authorised insurance broker commission during the continuance of the Policy including renewals, for arranging the said Policy. Where the Applicant is a body corporate, the authorised person who signs on behalf of the Applicant further confirms to FWD that he or she is authorised to do so.

The Applicant further understands that the above agreement is necessary for FWD to proceed with the Application.

獲授權人姓名
Name of Authorised Person

獲授權人職銜
Job Title of Authorised Person

代表申請人的獲授權人簽署及公司蓋章
Authorised Signature on behalf of the Applicant with Company Chop

簽署日期(日/月/年)
Date of Sign (DD/MM/YYYY)

理財顧問 / 代理人 / 經紀姓名 Name of Adviser / Agent / Broker

牌照號碼 License No.

聯絡電話 Contact No.

富衛編號 FWD Code

請提交以下文件及保費和有關的徵費並交回富衛以辦理此申請：

Please submit the following documents and **the premium and applicable insurance levy** to FWD for processing :

- a. 此申請表 This Application Form
- b. 商業登記或公司註冊證書副本 A copy of Business Registration Certificate or Certificate of Incorporation.
- c. 以「富衛保險有限公司」為抬頭的支票 A cheque payable to "FWD General Insurance Company Limited"
- d. 僱員福利保險參加表格 Employee Enrollment Form for Employee Benefits Insurance
- e. 投保申請補充聲明書 - 客戶背景及保險產品適合性 Supplementary Application Form - Customer's Background & Insurance Product Suitability
- f. 富衛可能需要的額外文件 Any additional documents required by FWD.

保監局將按照適用之徵費率就此保單收取徵費。

如有任何查詢，請瀏覽 www.fwd.com.hk 或致電：(852) 3123 3123。

Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate.

For any query, please visit www.fwd.com.hk or contact: (852) 3123 3123.

富衛保險有限公司

香港中環德輔道中 308 號富衛金融中心 7 樓

FWD General Insurance Company Limited

7/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

T 3123 3123 F 2850 3003 www.fwd.com.hk

僱員福利保險參加表格

Employee Enrollment Form for Employee Benefits Insurance



備註 NOTE:

- 適用於團體醫療保險: 如於保單生效日公司僱員人數少於4人, 新增加之僱員須填寫健康申請表及須連同此表格一併交回本公司以作核保之用。
For Group Medical Insurance: For companies with less than 4 employees on the Policy Effective Date, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.
- 適用於團體人壽保險: 如新增加之僱員之投保額超過自動受保額, 新增加之僱員須填寫健康申報表及須連同此表格一併交回本公司以作核保之用。For Group Life Insurance: If the Sum Insured of the new employee exceeds the Automatic Acceptance Limit, the new employee is required to complete the Health Declaration Form and return it to us together with this form for underwriting purposes.

公司名稱 (「申請人」 / 「保單持有人」) Name of Company ("the Applicant" / "Policyholder"): _____

附屬公司 Affiliated Company: _____

團體醫療保單號碼 Group Medical Policy No.: _____

團體人壽保單號碼 Group Life Policy No.: _____

是否有僱員在香港以外工作? Does any employee(s) work outside Hong Kong? 是 Yes 否 No

如是, 請於附加檔案提供額外資料包括所涉及的僱員人數、國籍、工作地點和僱用狀況 (長期員工/派駐員工(兩年內))

If yes, please give additional information in terms of No. of employee(s), name, nationality, working location and status of employment (Permanent / Secondment (within 2 years)) of each employee in separate file.

僱員編號 Employee Code (如適用) If applicable)	僱員姓名 Employee's Name	家屬姓名 Dependant's Name (如適用 if applicable)@	關係 Relationship.*	婚姻 狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身分證/護照號碼 ID Card/Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	月薪 Monthly Salary**	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用作醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement)	生效日期 Effective Date (DD/MM/YYYY)
1												
2												
3												
4												
5												
6												

** 月薪 Monthly Salary - 只適用於團體人壽保險 For Group Life Insurance only
 ## 如有提供電郵地址, 醫療索償理賠表將以電郵送遞。CARING 僱員醫療/CARING 僱員福利保險計劃之醫療索償理賠表只會以電郵形式發送, 而理賠表亦可於當衛 Moments 流動應用程式中取得。Claim adjustment statement will be sent by email if email address is provided.
 For CARING Employee Medical / CARING Employee Benefits Insurance Plan, the claim adjustment statement will only be sent by email.
 The statement can also be accessed from FWD Moments Mobile App.

* EE - 僱員 Employee, SP - 配偶 Spouse, CH - 子女 Child
 # S - 未婚 Single, M - 已婚 Married, D - 離婚 Divorced, W - 寡居 Widowed
 @只適用於有家屬保障的員工填寫 Applicable for employee with dependant coverage only

僱員編號 Employee Code (如適用 If applicable)	僱員姓名 Employee's Name	家屬姓名 Dependant's Name (如適用 If applicable)@	關係 Relationship.*	婚姻 狀況 Marital Status #	性別 Sex	出生日期 Date of Birth (DD/MM/YYYY)	身分證/護照號碼 ID Card/Passport No.	僱員類別 Employee Type	受僱日期 Employment Date (DD/MM/YYYY)	月薪 Monthly Salary** 職位 Position	僱員之銀行名稱及戶口號碼 (僱員必須提供此項資料用作醫療賠償用途) Employee's Bank Name and Account No. (This information must be provided and will be used for medical benefit reimbursement) 電郵地址 E-mail Address ##	生效日期 Effective Date (DD/MM/YYYY)
7												
8												
9												
10												
11												
12												
13												
14												

申請人聲明及確認: **The Applicant declares and confirms that :**

1 就本人/吾等所知, 在此參加表格提供的僱員及/或其家屬(如適用)的資料均屬正確無誤; 及

The information relating to the eligible employees and/or their dependants (if applicable) provided in this Enrollment Form is correct to the best of my/our knowledge; and

2 本人/吾等承諾於遞交所需之個人資料予富衛前, 須通知有關僱員及/或其家屬(如適用)有關本保單及富衛之收集個人資料聲明(「收集個人資料聲明」)(不論是否載於此申請表或由其他途徑取得)。富衛將不會就有關僱員及/或其家屬(如適用)未被通知的情況承擔任何責任。本人/吾等承諾會遵守個人資料(私隱)條例, 並確認已獲得有關僱員及/或其家屬(如適用)的同意, 將有關僱員及/或其家屬(如適用)的個人資料移交富衛以作申請團體保險計劃之用以及收集個人資料聲明中所述的任何其他目的。本人/吾等已知悉最新版本的收集個人資料聲明可於富衛網頁(<http://www.fwd.com.hk>)下載, 或致電富衛服務熱線(852)3123-3123索取。

I/We undertake that I/we will inform/has informed the relevant employees and their dependants (if applicable) about this Policy and the Personal Information Collection Statement ("PICS") of FWD (whether contained herein or otherwise obtained) before transferring their personal data to FWD. FWD shall not accept any liability for the employees and their dependants (if applicable) not having been so informed. I/We further undertake that I/we will comply with the Personal Data (Privacy) Ordinance and confirm I/we have obtained the consent from the employees and/or their dependants (if applicable) for the transfer of their personal data to FWD for the purpose of enrolling the employees and their dependants (if applicable) in the group insurance plan and any other purposes as stated in the PICS. I/We noticed that the latest version of the PICS can be downloaded from FWD's website (<http://www.fwd.com.hk>) or can be obtained by calling FWD's Service Hotline at (852)3123-3123.

代表申請人的獲授權人簽署及公司蓋章

Authorised Signature on behalf of the Applicant with Company Chop

獲授權人姓名

Name of Authorised Person

獲授權人職銜

Job title of Authorised Person

簽署日期

Date of Sign

富衛保險有限公司 / 富衛人壽保險(百慕達)有限公司 (於百慕達註冊成立之有限公司)

香港中環德輔道中 308 號富衛金融中心 7 樓

FWD General Insurance Company Limited / FWD Life Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability)

7/F., FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

T. 3123 3123 F. 2850 3003 www.fwd.com.hk

收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、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）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論

在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。

- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料 (例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料 (例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛保險有限公司
香港德輔道中 308 號
富衛金融中心 8 樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
- 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

2021年2月

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
 2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
 3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
 4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
 5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
 6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
 7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
- The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:**
- Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
 11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
 13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
 14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.