Blue Cross 藍十字
An AIA Company 友邦保險成員公司

新華保險顧問有限公司
Sun Flower Insurance Brokers Ltd.

收集個人資料聲明
Personal Information Collection Statement

「智得寵+」保險申請表格 Pet Care Plus Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant （投保人必須年滿18歲或以上。 Applicant must be aged 18 or above.）

1. 投保人姓名（請先填寫姓氏）
Name of Applicant (Surname First) ☐ 先生 Mr. ☐ 女士 Ms.

2. 香港身份證號碼
HKID Card No.

3. 香港通訊地址 Correspondence Address in Hong Kong

室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____

屋苑 Estate _____ 期 Phase _____

街道號數 Street No. _____ 街道名稱／地段 Street Name/Lot _____

地區 District _____ ☐ 香港 HK ☐ 九龍 KLN ☐ 新界／離島 NT/Outlying Islands

4. 聯絡電話號碼
Contact Telephone No.

5. 電郵地址
Email Address

(II) 投保詳情 Policy Particulars

1. 保單生效日期
Policy Effective Date _____ 日 DD _____ 月 MM _____ 年 YY 有效期為1年 Valid for 1 year
（承保日期以藍十字審核為準。）
(Policy effective date is subject to the Company's underwriting acceptance.)

2. 寵物住所地址是否與通信地址不同?
Is Physical Address of the Pet different from Correspondence Address in Hong Kong? ☐ 是 Yes ☐ 否 No

3. 選擇計劃 Plan Selection
☐ 計劃A Plan A ☐ 計劃B Plan B ☐ 計劃C Plan C

4. 自選保障 Optional Benefit
☐ 第三者責任升級保障 Top-up for Third Party Liability

(III) 寵物資料 Information of the Pet （必須填寫以下各項 Please complete all the following fields）

1. 寵物名稱 Name of the Pet	
2. 種類 Species	☐ 狗 Dog ☐ 貓 Cat
3. 品種 Breed	
4. 出生日期 Date of Birth	年 YY 月 MM
5. 性別 Sex	☐ 雄性 Male ☐ 雌性 Female
6. 晶片號碼 Microchip No. 如無晶片號碼(僅適用於貓)，請提供列明受保貓隻名字之疫苗注射記錄卡或醫療報告 If no microchip no. is available (applicable for cat only), please provide the vaccination record or medical report with name of the insured cat	☐ 是 Yes ☐ 否 No AVID - _____

(IV) 付款指示及授權書 Payment Instruction and Authorisation

1. ☐ 支票 Cheque
支票號碼 Cheque No. _____
（劃線支票抬頭人請填寫「**藍十字（亞太）保險有限公司**」）
(Cheque should be crossed and made payable to "**Blue Cross (Asia-Pacific) Insurance Limited**")

2. ☐ 信用卡授權 Credit Card Authorisation
本人茲授權藍十字（亞太）保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.

☐ VISA ☐ Mastercard

持卡人姓名
Name of Cardholder _____

到期日（月／年）
Expiry Date (MM/YY) _____

持卡人簽署
Signature of Cardholder _____

信用卡號碼
Credit Card No. _____

發卡銀行
Issuing Bank _____

簽署必須與上述信用卡背面之簽署式樣相同。
Your signature should match the signature on the back of the credit card specified herein.

(V) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. **使用個人資料直接促銷**（除接收續保資訊外）
   ☐ 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）（除接收續保資訊外）。
2. **接收續保資訊**
   ☐ 我不同意接收此保單的續保資訊。
3. **把個人資料提供聯盟計劃合作夥伴**
   ☐ 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. **Use of Personal Data in Direct Marketing** (except receiving renewal information)
   ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) (except receiving renewal information) as set out in paragraph (4) of the Statement.
2. **Receiving Renewal Information**
   ☐ I do not agree to receive renewal information of this policy.
3. **Provision of Personal Data in Direct Marketing to Alliance Program Partners**
   ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(VI) 聲明 Declaration

A. 寵物資料

本人謹此聲明並同意：

1. 過去90天內，本人的寵物並未因意外或患病接受治療（一般檢查及預防性疫苗除外）。
2. 除閹割外，本人的寵物從未接受任何手術治療。
3. 本人的寵物在過去5年內從未表現出任何侵略性或惡性傾向，及未曾攻擊、咬傷任何人或其他動物。
4. 本人的寵物不會被用作商業用途。
5. 本人的寵物並沒有任何身體缺陷或殘疾。

B. 其他資料

本人謹此聲明並同意：

1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人所知及所信而作答的。本人並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. **本人明白及確認藍十字會就本人購買及接受藍十字簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人若在此代表法人團體簽署，即同時確認本人已獲該法人團體授權。 本人亦明白藍十字必須取得上述的同意，才可以處理有關保險申請事宜。**
4. 本人確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
5. #在投保此計劃時，投保人正身處香港。（#如不適用，請刪除）

A. PET INFORMATION

I hereby declare and agree that:

1. My pet has not received or required any treatment for an accident or illness in the last 90 days, except general checkup and preventive vaccinations.
2. My pet has not taken any surgical operation other than desexualisation.
3. My pet never exhibits any aggressive or vicious tendency and it has not attacked or biting any person or other animal in the past 5 years.
4. My pet is not being used for or in connection with any trade or business.
5. My pet does not suffer from any physical defects or infirmities.

B. OTHER INFORMATION

I hereby declare and agree that :

1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. **I understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I sign herein on behalf of a body corporate, I further confirm that I am authorised to do so. I further understand that the above agreement is necessary for the Company to proceed with the application.**
4. I confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
5. #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)

(VII) 簽署 Signature

投保人簽署 Signature of Applicant	日期（日／月／年） Date (DD/MM/YY)

藍十字專用 For Office Use Only

中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽署 Underwriting Approval

本申請表格的中英文版本如有差異，以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.