

## Details of Applicant 申請人詳情

(Please complete in BLOCK LETTERS 請用英文正楷填寫)

Surname 姓	Given Name 名	Chinese Full Name 中文姓名		
I.D.No./ Passport No. 身份證號碼 /護照號碼	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Home Tel No. 住宅電話號碼	Mobile Number 流動電話號碼	Gender 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男
Marital Status 婚姻狀況	Occupation 職業	Email Address 電子郵箱		
Correspondence Address 通訊地址				
Flat/Room 室	Floor 樓	Block 座	Building/Estate 大廈/屋苑	
Street/Road & District Area 街道及地區				
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界				

## Details of Domestic Helper 家庭傭工詳情

(Completion of "Details of the Domestic Helper" is not required if the applicant employs a local domestic helper) (申請人若聘請本地家務助理可免填寫“家庭傭工詳情”)

\* Domestic Helper also means any person employed by the Applicant on a full time or part time basis as a gardener at the Applicant's residence.

\* 家庭傭工亦同時指受僱於投保人，並於其住所從事園丁工作之全職或兼職傭工。

Age Limit 年齡限制：18 - 60

Name of Domestic Helper 家庭傭工姓名 Surname 姓 Given Name 名	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Sex 性別	Country of Residence 原居地	I.D. Card or Passport No. 身份證或旅遊證件號碼
1.				
2.				
Working Address of the Domestic Helper (if different from the above) 家庭傭工工作地址 (如與上述不同)				
Flat/Room 室	Floor 樓	Block 座	Building/Estate 大廈/屋苑	
Street/Road & District Area 街道及地區				
<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界				

## Coverage Options 保障選擇

(Please "√" the appropriate 請在適當方格內填上 [√] )

Option 投保項目	Coverage Period 投保年期	For 1 year (per person) 投保一年 (每人)	For 2 years (per person) 投保兩年 (每人)
<b>A. Basic Plan 基本計劃</b> (Applicable for Full time / Part time Local Domestic Helper, and Full time Overseas Domestic Helpers) (適合本地全職/兼職家務助理及全職外籍家庭傭工)		<input type="checkbox"/> <b>HK港幣\$300</b>	<input type="checkbox"/> <b>HK港幣\$550</b>
<b>B. Comprehensive Plan 更全面保障計劃</b> (Applicable For Overseas Domestic Helpers) (僅適合外籍家庭傭工)		<input type="checkbox"/> <b>HK港幣\$660</b>	<input type="checkbox"/> <b>HK港幣\$1,170</b>
<input type="checkbox"/> <b>Optional Critical Illness Medical Top-Up Benefit</b> 自選危疾附加醫療保障		<input type="checkbox"/> <b>HK港幣\$535</b> Total premium (Comprehensive Plan and Optional Critical Illness Medical Top-Up Benefit) 總保費(更全面保障計劃及自選危疾附加醫療保障) = HK\$1,195	<input type="checkbox"/> <b>HK港幣\$963</b> Total premium (Comprehensive Plan and Optional Critical Illness Medical Top-Up Benefit) 總保費(更全面保障計劃及自選危疾附加醫療保障) = HK\$2,133

Note 請注意：

- The minimum premium per policy is HK\$300. 每份保單之最低保費為港幣\$300。
- If there are more than one domestic helper to be insured, the selected coverage will apply to all the insured domestic helpers respectively. 若投保人為超過一名家庭傭工投保，您所選擇的保障計劃將分別適用於所有受保的家庭傭工。
- The above premium has included the Employees' Compensation Insurance Levy. 以上保費已包括僱傭保險徵款。
- The Optional Critical Illness Medical Top-Up Benefit is only applicable to the domestic helper(s) insured under Comprehensive Plan. 本自選危疾附加醫療保障只適用於在「更全面保障計劃」中受保的家庭傭工。
- This document is intended to be distributed in Hong Kong and shall not be construed as an offer to sell or solicitation to buy or provision of any insurance product outside of Hong Kong. Prudential General Insurance Hong Kong Limited does not offer or sell any insurance product in any jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions. 此文件僅旨在香港派發，並不能詮釋為在香港境外提供或出售或遊說購買任何保險產品。如在香港境外之任何司法管轄區的法律下提供或出售任何保險產品屬於違法，保誠財險有限公司不會在該司法管轄區提供或出售該保險產品。

## Insurance Details 投保資料

(Please "✓" the appropriate 請在適當方格內填上「✓」)

1. Have you ever been declined by insurance company to accept or renew, or required special terms and/or additional premium for any of the domestic helper insurance policy? If yes, please give full details.

閣下曾否被保險公司就現時投保的保險類別拒絕承保或續保、附加特別條款及/或徵收額外保費？若答案為「是」，請詳述。

Yes 是 No 否

 

2. Have you ever applied any claim to be covered by this domestic helper insurance policy in the last three years? If yes, please give full details?

在過去三年內，閣下曾否就此有關家庭傭工保險計劃列明的保障範圍提出索償？若答案為「是」，請詳述。

Yes 是 No 否

 

## Period of Insurance 保單生效日期

Policy to commence on:    起生效。  
本保單由 dd日 mm月 yy年

## Important Notes to Applicant 申請人須知

1. Disclosure - The applicant is requested to disclose all facts known to the applicant which are likely to affect acceptance or assessment of the insurance cover the applicant is applying for. Should the applicant have any doubts about what should be disclosed, please feel free to contact us or your financial consultant/broker. The applicant is recommended to keep a record (including copies of letters) of any additional information given for the applicant's future reference. Failure to disclose may mean that the Policy will not provide the cover the applicant requires, or perhaps may invalidate the Policy altogether.

披露 - 申請人必須就申請表內所有問題作出確實回答，並就申請需要提供一切有關資料，如有懷疑請向本公司或有關理財顧問/經紀查詢。如作出不確實回答或提供不正確資料，會令本保單作廢及不能生效。請保留申請表副本（包括信件影印本）以作日後參照。

2. A specimen copy of the Policy and a copy of your completed Application Form will be supplied on request.

如有需要，本公司可提供保單原文及投保書副本以作參考。

3. All benefits and exclusions are only briefly outlined here. For further details, please refer to the Policy.

上述保障及不保範圍並未包括所有細節，欲知詳情請參閱保單。

4. The application form must be signed by a person who has attained age 18 or above.

申請表必須由年滿18歲或以上申請人簽署。

5. Any bodily injury or sickness which exists prior to the effective date of the policy will not be covered under the policy.

任何在有關保障生效前已經存在的身體損傷或疾病，一概不受保障。

## Personal Information Collection Statement 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

### 1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局實施的披露要求。

### 2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

### 3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

### 4. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鯉魚涌華蘭路25號大昌行商業中心3樓。根據條例的規定，我們有權就處理查閱及更正任何個人資料的要求，收取合理的費用。

### Opting-out Marketing Communications or Materials

#### 拒絕接受促銷信息或資料

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by ticking the opt-out box below, and returning the form to us in person or at 3/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明）的促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下拒絕接受方格內劃上「✓」號以讓我們知道閣下的意向，並親身交回本表格或送交本表格至香港鯉魚涌華蘭路25號大昌行商業中心3樓。

Opt-out box 拒絕接受方格

The Applicant/ Policyholder/ Insured Person hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

## Declaration 聲明

I/We hereby declare and agree that 本人/吾等現聲明及同意：

the statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/吾等知悉範圍內，此申請表上填報的一切資料，均屬確實完整，本人/吾等並同意以此申請表作為本人與保誠財險有限公司之間所訂合約的依據。

the insurance will not be in force until the application has been accepted by the Company and the premium has been paid, except to the extent of any official cover note which may be issued.

除持有貴公司簽發的臨時保單外，保障將在貴公司覆核、接納申請表及已收受保費後才能生效。

To the best of my knowledge and my belief and the inquiry to the overseas domestic helper(s) to be insured, he/she/they did not contract 40 critical illnesses as list in the Optional Critical Illness Medical Top-Up Benefit; he/she/they also did not ever, do(es) not currently and/or has (have) foreseeable need(s) to receive medical treatment or medication for such critical illness. (This declaration is only applicable when the Optional Critical Illness Medical Top-Up Benefit is applied.)

就本人所知所信及經本人查詢有關受保外籍家庭傭工，該受保外籍家庭傭工未曾患上在自選危疾附加醫療保障所列的40種受保危疾，亦並未因此曾經，現正及/或有可見之治療、服用藥物或診治之需要。（此聲明只適用於申請自選危疾附加醫療保障。）

Signature of Applicant 申請人簽署

X

Name in block letters 姓名（請用英文正楷填寫）	Date 日期
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### Payment Method 付款方法

Prudential Hong Kong Limited is the authorized collection agent for Prudential General Insurance Hong Kong Limited. 保誠保險有限公司是保誠財險有限公司授權的收款代理人。

By Cheque 以支票繳付

(Please make cheque payable to "Prudential Hong Kong Limited" 請註明支票抬頭人為「保誠保險有限公司」)

By Credit Card 以信用卡繳付

(Policy will be renewed automatically on a yearly basis subject to underwriting approval and premium will be collected from the designated credit card account. 保單於核保後將每年自動續保及從指定的信用卡戶口內扣除保費。)

### Credit Card Account Details 信用卡戶口資料

Applicable to premium payment by credit card only. 只供選擇以信用卡繳付保費之客戶填寫

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Credit Card Number 信用卡號碼	<input style="width: 100%;" type="text"/>
Credit Card Expiry Date 信用卡有效期至	<input style="width: 100%;" type="text"/>

I/We hereby authorize Prudential Hong Kong Limited to collect from my/our designated credit card account for all payment(s) and recurring payment(s) of this policy including that/those related to subsequent endorsement(s) and its renewal(s).

本人/吾等授權保誠保險有限公司，經由本人/吾等指定的信用卡戶口內，扣除有關本保單的所有及經常性保費，包括其後齊書及續保有關之所有及經常性保費。

Cardholder's Name 信用卡持有人姓名	
Cardholder's Signature 信用卡持有人簽名	Date 日期
X	

Financial Consultant's Name 理財顧問名稱 (Please complete in BLOCK LETTERS 請用正楷填寫)	
Financial Consultant's Division and Code 理財顧問組別及編號	
Mobile Number 流動電話號碼	Office Location 辦公室地點
EST/PT/PT2/CC/EWT/FTW/CRB /F	



啟豐保險經紀有限公司

KAI FUNG INSURANCE BROKERS LIMITED

A Member of Professional Insurance Brokers Association  
香港專業保險經紀協會會員

## 個人資料(私隱)條例--- 收集個人資料聲明(『本聲明』)

啟豐保險經紀有限公司(下稱『本公司』), 乃保險中介人, 明白就代閣下安排保險事宜, 根據『個人資料(私隱)條例』(香港法例第486章)(下稱『條例』)收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

### (A) 收集個人資料目的

本公司按照條例, 說明所收集或持有的客戶個人資料(包括但不限於保單持有人, 受保人, 中介人及受益人), 可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的:-

1. 處理保險申請, 產品及服務的事宜;
2. 協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務;
3. 處理和確定保險申請書、理賠, 及持續提供保險服務;
4. 為相關保險產品進行具參考用途之醫療或健康調查;
5. 從事核實身份和/或信貸審查和/或追收債務;
6. 處理付款事宜和直接付款授權書;
7. 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟, 以及行使本公司根據保險條款賦予的權利, 包括但不限於代位權;
8. 從事統計資料或用於會計事務;
9. 從事研究、保險調查及開發產品和設計之分析;
10. 履行任何對本公司具有約束力不論本地或海外法律、相關保險公司法規、守則或指引之披露要求;
11. 遵守香港特別行政區的法院命令和包括但不限於保監處, 香港保險業聯會, 核數師, 政府機構 和政府成立之相關監管機構對 公司具有約束力的合法要求;
12. 協助本公司的實質或建議受讓人評估有關之轉讓交易; 及
13. 與上述有關的其他用途。

**敬請注意:** 如閣下不向本公司提供個人資料, 本公司未必能夠代閣下安排保險、處理索償、提供保險產品、服務或處理您的要求。

### (B) 直接營銷

本公司所收集或持有的客戶個人資料, 特別是姓名和聯繫資料, 如電話號碼、電子郵件地址和郵政地址, 可能會用以提供本公司的營銷材料, 並進行有關本公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷, 推廣或銷售本公司或聯營公司有關保險或財務或投資產品或服務)。如果你不同意接收有關直銷通訊, 請書面提出“選擇退出”郵寄到下列地址。

致: 啟豐保險經紀有限公司 資料私隱主任  
地址: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓

如客戶沒有“選擇退出”的要求, 其保險申請書及於本公司處理之保單持續生效將被視為不反對本公司將其個人資料使用於此直接營銷目的。

### (C) 個人資料之轉移

本公司所持有的個人資料將予以保密, 但可能會與以下香港境內或境外人士分享:-

1. 任何公司, 中介人, 或任何其他從事與保險或再保險業務有關的公司;
2. 第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員;
3. 任何為本公司業務操作提供行政、電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商;
4. 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士;
5. 信貸資料服務機構, 在違約情況下, 任何債務追收機構或辦理索償理賠或調查服務公司;
6. 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商;
7. 如客戶沒有“選擇退出”的要求, 與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途;
8. 根據有司法管轄權的法院命令受權之任何人士; 及
9. 第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

### (D) 查閱及更正個人資料

根據條例的規定, 所有客戶可聯絡本公司之個人資料私隱主任查閱、更正和/或更改自己的個人資料:

致: 啟豐保險經紀有限公司 資料私隱主任  
地址: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓

根據條例的規定, 本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

## Personal Information Collection Statement (PICS)

Kai Fung Insurance Brokers Ltd (referred to hereinafter as the “Company”) is an insurance intermediary acting on your behalf to arrange insurance covers, recognizes its responsibilities in relation to the collection, holding, processing, use and /or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap 486) (the “Ordinance”). In compliance with the Personal Data (Privacy) Ordinance (the “Ordinance”), the Company would like to inform you of the following:

### (A) Purposes for Collecting Personal Data

The personal data of customers (including but not limited to policy owners, insureds intermediaries and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:

1. carrying out the services in connection with the operation of the Company's business;
2. Facilitating the Company's service/product providers to provide services/products to the Company and/or customers;
3. Processing and determining insurance applications, insurance claims and providing ongoing insurance services;
4. Conducting medical or health reference checks for relevant insurance products;
5. Conducting identification and/or credit checks and/or debt collections
6. Processing requests for payment and for direct debit authorization;
7. Managing, investigating and analyzing any claim, action and /or proceeding brought against the customers, and to exercise the Company's rights in whatsoever recovery action against any parties or as more particularly defined in policy or according to the applicable laws and practices.
8. Compiling statistics or using for accounting purpose,
9. Conducting research, insurance surveys and analysis for the purpose of product design and development;
10. Disclosure to the Company's principals, local or foreign authorities in compliance with respective law requirements, regulations, codes or guidelines binding on the Company;
11. Complying with the requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, intermediary regulatory bodies, auditors, government bodies and governmental-related establishments;
12. Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;
13. Any other purposes relating to the purpose listed above.

**Important Notice:** If you do not provide us with your personal data, we may not be able to provide our services as an intermediary to assist you in arranging the insurance cover, claims services and provide insurance products or services to you or process your request.

### (B) Use of Personal Data in Direct Marketing

Certain personal data of customers collected or held by the Company, in particular names and contact information such as telephone number, email address and postal address may be used by the Company to provide marketing materials, and conduct direct marketing services (including but not limited to promoting, marketing or selling of the Company's financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, and/or other financial services providers. **If you do not consent to receive such marketing communications, you may exercise your “opt-out” rights by notifying the company in writing and mail by registered post to the officer shown as below.**

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T., Hong Kong  
Attn: PICS Officer

In the absence of any “opt-out” request from the customers, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose.

### (C) Transfer of personal data

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong

1. Any Companies, intermediaries or any other company carrying on insurance or reinsurance related business,
2. Third party service providers including legal advisors, investigators, loss adjusters, reinsurers medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers accountants and data processors;
3. Any agent, contractor, banker or third party service provider who provide administrative, telecommunications, computer, payment banking or other services to the Company in connection with the operation of its business;
4. Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company is expected to comply;
5. Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
6. Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
7. Other banking/ financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided,
8. Any person pursuant to any order of a court of competent jurisdiction; and
9. Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.

### (D) Access and correction of personal data

According to the Ordinance, all policyholders have the right of access to, correct and/or change any of their own personal data held by the Company by contacting the Company's Personal Data Privacy officer at:

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T., Hong Kong  
Attn: PICS Officer

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

KFL/201407/001A



## 委聘條款

1. 感謝閣下委聘啟豐保險經紀有限公司作為閣下之保險代理人。本公司樂於為閣下提供服務。現於本函列明公司服務的性質及委聘條款。
2. 本公司乃持牌保險經紀公司，並為香港專業保險經紀協會成員。註：「香港專業保險經紀協會」是獲保險業監督授權的自我監管團體，可根據《保險公司條例》（「該條例」）向保險經紀批出牌照。
3. 承蒙委聘，本公司以閣下代理人身分為安排閣下的保險需要，本公司將根據閣下提供的資料及指示聯絡保險公司，以取得可提供的保險產品報價及條款供閣下考慮。
4. 除保險公司就閣下所選擇保單收取的保險費金額外，本公司不會向閣下收取任何額外經紀佣金。  
  
就一般保險服務及安排保單而言，閣下同意現在或過去保險公司在保費中付予本公司慣常經紀佣金，作為本公司之服務費。佣金之實際數目，視乎保險費金額及保險費為首期保費、首期後的保費或續保保費而定。  
  
同樣地，轉介閣下向本公司投保的介紹人並不會向閣下收取任何額外費用，但閣下同意本公司在上述金額中付予介紹人的介紹費用，介紹人所收取的實際介紹費用，視乎保險費金額及保險費為首期保費、首期後的保費或續保保費而定。
5. 請留意轉介閣下向本公司投保的介紹人如非根據該條例註冊之保險經紀，便不應代表閣下安排任何保險相關事宜，或就閣下之保險提供任何意見。如果閣下對保險產品有任何疑問，歡迎直接向本公司查詢。
6. 本公司希望上述資料有助閣下了解本公司的服務條款。倘若閣下有任何疑問或需要任何進一步解釋，請與本公司聯絡或／及向閣下之律師尋求法律意見。
7. 倘若閣下在投保書上或本委聘書上簽署，並將該投保書／委聘書交予本公司，即表明閣下接納上述委聘條款。本公司盼望能為閣下提供優質保險服務。

## Letter of Appointment

1. We thank you for your engagement Kai Fung Insurance Brokers Limited as your insurance broker. We are pleased to provide our services in accordance with the rules and regulations under the Insurance Companies Ordinance ("Ordinance") and would like to highlight below for your acknowledgement.
2. We are licensed insurance broker company registered under Professional Insurance Brokers Association (PIBA) and are member of PIBA. Note: PIBA is a self-regulatory governing body authorized by the Insurance Authority to issue licences to qualified insurance brokers under the Ordinance.
3. As a licensed insurance broker, we are acting as your agent. We will provide you with our professional services to arrange insurance covers with insurance companies to suit your needs based on your information and instructions.
4. We will not be charging you any additional brokerage / commission on top of what will be payable to us out of the premium charged by the insurance company for the insurance policy you select. Kindly please be advised that whether now or in the past insurance periods, it is the customary practice that we are entitled to a brokerage payable by insurance company. The brokerage payable depends upon the amount of premiums whether an initial premium, subsequent premiums or on renewal of your insurance policy. Kindly please take notice that person(s) who refers your goodself to us is considered as a Referrer who will not be charging you any fees apart from what will be payable by us out of the payment by the insurance company to us. Whether now or in the past insurance periods, any fees payable by us to the Referrer depend upon the amount of premiums whether an initial premium, subsequent premiums or on renewal of your insurance policy.
5. Kindly please take notice that if any person who is not a registered intermediary under the Ordinance shall not give any advice to you or to arrange the insurance cover. If you have any question on your insurance cover, you are welcome to consult us directly.
6. We trust this clarifies our position as a licensed insurance broker and our entitlements. Should you have any queries or require any further clarification, kindly please feel free to contact us.
7. This Letter of Appointment is attached to your Application Form/Policy. Kindly please sign and return to us for record. Kindly be advised that by signing the attached insurance application form or this Letter of Appointment, it indicates that you have acknowledged, read and agreed to accept the above terms of engagement.



啟豐保險經紀有限公司

KAI FUNG INSURANCE BROKERS LIMITED

A Member of Professional Insurance Brokers Association  
香港專業保險經紀協會會員

Date :

TO WHOM IT MAY CONCERN

Dear Sirs,

Subject : Letter of Appointment (保險中介人聘請書)

I/We have appointed Kai Fung Insurance Brokers Limited as my/our Insurance Intermediary with immediate effect, including obtaining insurance quotation and arranging placement.

I/We understand and consent that for the purpose of carrying out and completing the service sought/requested by me/us as aforesaid, Kai Fung Insurance Brokers Limited may require assistance from other associated or independent insurance agent/broker.

I/We understand that any premium payable shall be paid to Kai Fung Insurance Brokers Limited and not to any other company or individual.

I/We hereby confirm that I/we have read and agreed to accept the terms and conditions set out in the "Letter of Appointment" hereto in appointing Kai Fung Insurance Brokers Limited as my/our insurance broker.

本人/本公司現正式聘請啟豐保險經紀有限公司為本人/本公司之保險中介人，包括保險報價及安排保險。

本人/本公司明白及同意啟豐保險經紀有限公司有可能需要與任何有聯繫或獨立的保險中介人/獲授權保險經紀合作為本人/本公司提供報價及安排保險。

本人/本公司知道所有應付保險費只可直接給予啟豐保險經紀有限公司而不應給予任何其他公司或人士。

本人/本公司現確認已曾閱讀及同意接受《委聘條款》內所列出委聘啟豐保險經紀有限公司作為本人/本公司之保險經紀的條款。

Yours sincerely,

Signature of Insured (with company chop if it is in the name of company)

Name :

Vehicle Registration No. :

Contact Tel No. :

Contact Fax No.:

#### 重要事項

- 啟豐保險經紀有限公司，包括轉介經紀及該等任何有聯繫或獨立的保險中介人/獲授權保險經紀(簡稱「該公司」)藉向保險公司收取的佣金，作為其所提供服務的酬金。閣下同意進行是項保險交易，即構成閣下同意該公司收取佣金。
- 啟豐保險經紀有限公司明白就代閣下安排保險事宜根據個人資料(私隱)條例(香港法例第486章)收集、持有、處理使用和/或轉移個人資料承擔有關責任。閣下同意進行是項保險交易，即構成閣下同意《收集個人資料聲明》。
- 有關於《委聘條款》及《收集個人資料聲明》之詳情，可以在本公司網頁 <http://www.kaifung.com/forms/KFL201310001.pdf> 下載。

#### Important Notice

- Kai Fung Insurance Brokers Limited, including producing broker and such other associated or independent insurance agent/broker (the "Company") is remunerated for its services by the receipt of commission paid by insurers. Your agreement to proceed with this insurance transaction shall constitute your consent to the receipt of commission by the Company.
- Kai Fung Insurance Brokers Limited recognize its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486). Your agreement to proceed with this insurance transaction shall constitute your consent to the "Personal Information Collection Statement".
- The full version of the "Letter of Appointment" and the "Personal Information Collection Statement" can be downloaded from our web site <http://www.kaifung.com/forms/KFL201310001.pdf>

KFL/201310/001

總行: 新界元朗大棠路 11 號光華廣場 3 樓 309 室  
分行: 新界荃灣沙咀道 289 號恆生荃灣大廈 21 樓全層  
電話 Phone: (852) 2473 6655(總行) (852) 2473 6060 (分行)  
電子郵件 E-Mail Address : info@kaifung.com

Room 309, Kwong Wah Plaza, 11 Tai Tong Road, Yuen Long, N.T.  
21/F, Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.  
傳真 Fax : (852) 2473 6866  
網址 Web Site : <http://www.kaifung.com/>