

Blue Cross (Asia-Pacific) Insurance Limited

Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) is a member of The Bank of East Asia Group. With 40 years of operational experience in the insurance industry, Blue Cross provides a comprehensive range of products and services, including medical, travel, and general insurance, which cater to the needs of both individual and corporate customers.

Throughout the years, Blue Cross has received major awards in recognition of its contributions in the spheres of insurance provision and customer service, such as the Best Recommendation Awards 2008, the Quality Life Award 2008 - Quality Insurance Service Award, the Capital Weekly Service Award 2008 - Medical Insurance, the Most Popular Travel Insurance Company Award (2005-2008), the Hong Kong Top Service Brand Awards - Emerging Service Brand (2007), the High Flyer Achievement Award - Health Insurer (2006), Caring Company (2005/06 and 2008/09), the Superbrands Award (2003 and 2006), the M.I.S. Asia IT Excellence Award: Best Business Enabler - Banking and Finance (2005), the Hong Kong Award for Services - Innovation Award of the Year (2004) and the Asia Pacific Customer Relationship Excellence Award - Innovative Technology of the Year (2003).

藍十字(亞太)保險有限公司

藍十字(亞太)保險有限公司(藍十字)乃東亞銀行集團成員,於香港經營保險業務40年,致力為個人及企業客戶提供多元化的保險產品及服務,包括醫療、旅遊及一般保險。

多年來,藍十字屢獲殊榮,引證了其在保險及客戶服務上的卓越成就。獲頒獎項包括「2008最佳保險服務大獎」、「2008優質生活大獎—優質保險服務大獎」、「資本一週服務大獎 2008—醫療保險」、「最受歡迎旅遊保險公司大獎」(2005-2008)、香港服務名牌選舉—最具潛質服務品牌(2007)、傑出企業成就獎—醫療保險(2006)、「商界展關懷公司」(2005/06及2008/09)、「超級品牌」(2003及2006)、MIS亞洲區資訊科技卓越獎—銀行及金融組別(2005)、「香港服務業獎—創意獎」(2004)及亞太傑出顧客關係服務獎—最佳創意科技(2003)。



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

Blue Cross (Asia-Pacific) Insurance Limited

藍十字(亞太)保險有限公司



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MaidSafe Insurance
家傭至專寶



**Tailored Coverage for
Part-time, Local or
Overseas Domestic Helper**
專為兼職、本地或
海外家傭而設

MaidSafe is underwritten by Blue Cross (Asia-Pacific) Insurance Limited, an authorised insurer in Hong Kong.
家傭至專寶由香港獲授權之保險商·藍十字(亞太)保險有限公司承保。

MD0152/07.2009



家傭至專賣

香港人聘請家庭傭工打理家務十分普遍。不過，如你的家傭在聘用期間突然患病或受傷，可能會帶給你沉重的經濟壓力。作為一個精明的僱主，不論你聘用海外家傭、本地家傭，或只是兼職家務助理，都需要一份周全的保障計劃，確保你及你的家傭可以安寢無憂。

「家傭至專賣」助你履行在《僱員補償條例》規定下的僱主責任，並提供全面的醫療、意外及個人責任保障。此外，萬一你的海外家傭不幸患上一些常見的嚴重疾病，兩個自選保障更可為你提供所需要的額外經濟保障。

基本保障

計劃A - 適合所有傭工，包括兼職家務助理的僱員賠償保障

計劃B及計劃C - 特為海外家傭而設的全面保障

- 僱主責任最高達100,000,000港元
- 門診保障每日賠償最高達200港元
- 住院及手術保障
- 中斷服務現金津貼
- 牙科保障
- 送返費用
- 人身意外保障最高達150,000港元
- 個人責任賠償最高達200,000港元

自選保障

- 可附加於計劃B或計劃C，額外保障心臟病、癌病、囊胞、腫瘤及原位癌。

基本保障

保障項目	最高賠償額 (港元)		
	計劃 A	計劃 B	計劃 C
僱主責任 - 保障《僱員補償條例》下僱主的法律責任	每宗事故 100,000,000		
門診保障 - 門診費用及處方藥物 每日限額 - 跌打、物理治療、脊椎治療 每日限額 每年限額	- - -	150 100 500	200 100 500
每年度總賠償額	不適用	3,000	3,000
住院及手術保障 - 病房費用 (包括醫院雜項費用) 每日限額 - 外科醫生費用 每宗傷病限額 - 麻醉科醫生費用 每宗傷病限額 - 手術室費用 每宗傷病限額	- - - - -	300 10,000 - - -	300 10,000 可償外科醫生費用的25% 可償外科醫生費用的12.5%
每年度總賠償額	不適用	20,000	25,000
中斷服務現金津貼 - 家傭因住院而無法提供服務 (津貼由住院第4天起開始發放) 每日限額	-	200	200
每年度總賠償額	不適用	4,000	6,000
牙科保障 - 口腔外科手術、治療膿腫、X光診斷、拔牙或補牙 每日限額	-	250	250
每年度總賠償額	不適用	1,500	1,500
補聘新家傭費用 - 家傭因身故或嚴重傷病被送返，補聘新外傭的額外介紹費及其他費用	-	-	-
每年度總賠償額	不適用	3,000	10,000
送返費用 - 因嚴重疾病或嚴重受傷而被送返 - 剖驗家傭遺體及運送遺體或骨灰返回原居地	- -	- -	- -
每年度總賠償額	不適用	20,000	20,000

保障項目	最高賠償額 (港元)		
	計劃 A	計劃 B	計劃 C
人身意外 - 家傭在港休假期間意外受傷導致死亡及永久完全傷殘	-	-	-
每年度總賠償額	不適用	100,000	150,000
家傭誠信保障 - 因家傭欺詐或不忠實行為引致金錢損失	-	-	-
每年度總賠償額	不適用	3,000	6,000
個人責任 - 因家傭疏忽所牽涉的第三者法律責任	-	-	-
每宗意外 / 每一保險期	不適用	不適用	200,000

自選保障

萬一你的家傭不幸患上心臟病、癌病、囊胞、腫瘤或原位癌等嚴重疾病，根據僱傭合約的條款你必須為家傭提供醫療保障。在計劃B或計劃C以外再附加以下其中一個自選保障，即可助你履行有關責任。

嚴重疾病自選保障 — 千足金

在基本保障內的門診保障及住院及手術保障範圍將伸延至以上的嚴重疾病。

嚴重疾病自選保障 — 藍鑽石

除門診保障及住院及手術保障範圍伸延至確診的受保嚴重疾病外，此自選保障更提供額外保障，相等於基本保障內住院及手術保障的最高賠償額，給予你更充裕的經濟支援。(如下表)

額外住院及手術保障	計劃B	計劃C
	最高賠償額(港元)	
病房費用 (包括醫院雜項費用) 每日限額	300	300
外科醫生費用 每宗傷病限額	10,000	10,000
麻醉科醫生費用 每宗傷病限額	可償外科醫生費用的25%	
手術室費用 每宗傷病限額	可償外科醫生費用的12.5%	
每年度總賠償額	20,000	25,000

自付額 (以每一宗索償計算)

1. 住院及手術保障 300港元
2. 個人責任 500港元

保費表 (港元)

計劃	保險期	基本保障	基本保障 + 嚴重疾病自選保障 — 千足金		基本保障 + 嚴重疾病自選保障 — 藍鑽石	
			自選保障	總保費	自選保障	總保費
計劃 A	1 年	350	不適用	不適用	不適用	不適用
	2 年	630	不適用	不適用	不適用	不適用
計劃 B	1 年	650	200	850	320	970
	2 年	1,170	360	1,530	576	1,746
計劃 C	1 年	750	250	1,000	380	1,130
	2 年	1,350	450	1,800	684	2,034

重要事項

- 計劃 A 為保障僱主在《僱員補償條例》下須承擔的法律責任。此計劃適合所有僱工，包括兼職家務助理，申請時無需填寫受保家傭姓名。
- 計劃 B 及計劃 C 只適合全職海外僱工。
- 基本保障內的門診保障、住院及手術保障、中斷服務現金津貼及牙科保障均設有等候期，即基本保障生效日起計 15 天。
- 「嚴重疾病自選保障 — 千足金」及「嚴重疾病自選保障 — 藍鑽石」內的門診保障、住院及手術保障均設有等候期，即自選保障生效日起計 15 天。
- 自選保障的繳費期必須與基本保障一致。
- 取消基本保障須支付不少於每年 300 港元的最低保費。
- 新增或取消自選保障須支付不少於 100 港元的最低保費。
- 家傭投保年齡為 18 至 60 歲，保單可續保至家傭滿 65 歲。
- 此計劃所提供的保障只適用於香港特別行政區境內發生的受保事故。

主要不保事項

1. 戰爭及恐怖活動。
2. 因石棉導致損失的任何責任。
3. 既有傷病。
4. 身體檢查。
5. 分娩、懷孕、流產、墮胎及所有併發症。
6. 自我毀傷、自殺或任何此等企圖，不論精神狀況是否正常。
7. 因酒精、麻醉藥或未經醫生處方的藥物引致昏迷或中毒，或與酗酒或濫藥有關的治療。
8. 愛滋病及其有關的疾病。



MaidSafe Insurance

It is common for us in Hong Kong to hire a domestic helper to take care of the household chores. However, if your helper suddenly falls sick or gets injured under your employment, the financial burden on you could be substantial. As a thoughtful employer, whether you hire an overseas domestic helper, a local maid or only a part-time helper, you need a professional insurance plan to give you and your helper total peace of mind.

MaidSafe Insurance enables you to meet the legal obligations under the Employees' Compensation Ordinance and offers you and your helper comprehensive protection through a host of medical, accident and liability coverage. Moreover, its 2 optional riders guarantee extra financial security that you need if your overseas domestic helper suffers from some common major illnesses.

Basic Protection

Plan A:

Employees' compensation coverage for all domestic helpers including part-timers

Plan B & Plan C:

Comprehensive protection for overseas domestic helpers

- Employer's liability of up to HK\$100,000,000
- Outpatient benefit of up to HK\$200 per day
- Hospital and surgical benefit
- Loss of service cash allowances
- Dental benefit
- Repatriation expenses
- Personal accident benefit of up to HK\$150,000
- Personal liability of up to HK\$200,000

Optional Riders

- Additional coverage for heart diseases, cancers, cysts, tumours, or carcinoma in situ attachable to Plan B or Plan C

Basic Protection

Insured Items	Maximum Benefits (HK\$)		
	Plan A	Plan B	Plan C
Employer's Liability	100,000,000 / event		
- In respect of the legal liability under the Employees' Compensation Ordinance			
Outpatient Benefit			
- Medical consultation, prescribed medicines, and drugs	-	150	200
Limit per day			
- Bone-setting, physiotherapy, or chiropractic treatment	-	100	100
Limit per day	-	500	500
Limit per year	-		
Total limit per year	N/A	3,000	3,000
Hospital and Surgical Benefit			
- Room and Board (including miscellaneous hospital charges)	-	300	300
Limit per day			
- Surgeon's Fee	-	10,000	10,000
Limit per disability	-	25% of the eligible Surgeon's Fee	
- Anaesthetist's Fee	-	12.5% of the eligible Surgeon's Fee	
Limit per disability	-		
- Operating Theatre Fee	-		
Limit per disability	-		
Total limit per year	N/A	20,000	25,000
Loss of Service Cash Allowances			
- Loss of domestic helper's service due to hospital confinement (from the 4th day of confinement onwards)	-	200	200
Limit per day			
Total limit per year	N/A	4,000	6,000
Dental Benefit			
- Oral surgery, treatment of abscesses, X-rays, extractions or fillings	-	250	250
Limit per day			
Total limit per year	N/A	1,500	1,500
Replacement Helper Expenses			
- Extra employment agency fee and other replacement expenses due to the death or repatriation of the domestic helper as a result of serious injury or illness	-		
Total limit per year	N/A	3,000	10,000
Repatriation Expenses			
- Repatriation due to serious illness or injury	-		
- Post-mortem treatment and transportation of mortal remains or body ashes to the country of origin	-		
Total limit per year	N/A	20,000	20,000

Insured Items	Maximum Benefits (HK\$)		
	Plan A	Plan B	Plan C
Personal Accident			
- Accidental death or permanent total disablement resulting from injury during rest days in Hong Kong			
Total limit per year	N/A	100,000	150,000
Fidelity Protection			
- Financial loss from any fraudulent or dishonest act committed by the domestic helper			
Total limit per year	N/A	3,000	6,000
Personal Liability			
- Third party liability arising out of negligence of the domestic helper			
Any one accident / any one period	N/A	N/A	200,000

Optional Riders

By choosing one of the following optional riders in addition to Plan B or Plan C, your obligation to provide your domestic helper with medical protection under the terms of your employment contract will be amply fulfilled if he/she suffers from common major illnesses including heart diseases, cancers, cysts, tumours, or carcinoma in situ.

Optional Major Disease Protector - Gold

The outpatient benefit as well as the hospital and surgical benefit under the basic protection will be extended to cover the major illnesses mentioned above.

Optional Major Disease Protector - Diamond

In addition to an extension of the outpatient benefit as well as the hospital and surgical benefit upon diagnosis of the major illnesses covered, this optional rider offers additional coverage equivalent to the maximum benefits of the hospital and surgical benefit under the basic protection for your enhanced financial security. (See below)

Additional Hospital and Surgical Benefit	Plan B	Plan C
	Maximum Benefits (HK\$)	
Room and Board (including miscellaneous hospital charges)		
Limit per day	300	300
Surgeon's Fee		
Limit per disability	10,000	10,000
Anaesthetist's Fee	25% of the eligible Surgeon's Fee	
Limit per disability		
Operating Theatre Fee	12.5% of the eligible Surgeon's Fee	
Limit per disability		
Total limit per year	20,000	25,000

Excess (each and every claim)

- Hospital and Surgical Benefit HK\$300
- Personal Liability HK\$500

Premium Table (HK\$)

Plan	Period of Insurance	Basic Protection	Basic Protection & Optional Major Disease Protector - Gold		Basic Protection & Optional Major Disease Protector - Diamond	
			Optional Rider	Total	Optional Rider	Total
Plan A	1-year	350	N/A	N/A	N/A	N/A
	2-year	630	N/A	N/A	N/A	N/A
Plan B	1-year	650	200	850	320	970
	2-year	1,170	360	1,530	576	1,746
Plan C	1-year	750	250	1,000	380	1,130
	2-year	1,350	450	1,800	684	2,034

Important Notes

- Plan A is designed to meet employers' legal obligations under the Employees' Compensation Ordinance. This plan applies to all domestic helpers including part-timers. The name of the insured helper is NOT required on the application.
- Plan B and Plan C apply to full-time overseas helpers only.
- The outpatient benefit, hospital and surgical benefit, loss of service cash allowances, and dental benefit under the basic protection are subject to a 15-day waiting period from the effective date of the basic protection.
- Outpatient benefit, hospital and surgical benefit under Optional Major Disease Protector - Gold, and Optional Major Disease Protector - Diamond are subject to a 15-day waiting period from the effective date of the optional rider.
- The payment term of the optional rider should correspond to that of the basic protection.
- A minimum premium of HK\$300 annually will be charged if the basic protection is cancelled.
- A minimum premium of HK\$100 will be charged if the optional rider is added or cancelled.
- All plans are available to domestic helpers aged 18 to 60 at the time of application. Policies are renewable for domestic helpers up to the age of 65.
- Coverage provided by this insurance plan applies to insured events occurring within the Hong Kong Special Administrative Region only.

Major Exclusions

- War and terrorism.
- Any liability in respect of loss or losses from exposure to asbestos.
- Pre-existing injury, illness, sickness, or disease.
- Physical examinations.
- Childbirth, pregnancy, miscarriage, abortion, and all complications.
- Intentional self-inflicted injury or suicide, or any attempt while sane or insane.
- Intoxication by alcohol, narcotics, or drugs not prescribed by a medical practitioner and treatment in connection with addition to drugs or alcohol.
- Acquired Immune Deficiency Syndrome ("AIDS") or AIDS related complex.

Note:

This brochure is for reference only. Please refer to the actual policy for exact terms and conditions and full list of exclusions. If discrepancies exist between the English version and the Chinese version of this brochure, the English version shall prevail.

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

Name of Applicant (Employer)(Surname First) Mr 先生 Miss 小姐 HKID Card / Passport No.
投保人(僱主)姓名(請先寫姓氏) Mrs 太太 Ms 女士 香港身分證 / 護照號碼

Correspondence Address 通信地址
Flat 室 Floor 樓 Block 座 Building 大廈
Estate 屋苑 Phase 期
Street No. 街道號碼 Street Name / Lot 街道 / 地段
District 地區 HK 香港 KLN 九龍 NT 新界

Contact Telephone No. 聯絡電話 Mobile 手提 Office 辦公室 Home 住宅 Email Address 電郵地址

Policy Effective Date 保單生效日期
 Effective for 1 year 為期一年 Effective for 2 years 為期兩年 From 由 DD 日 MM 月 YY 年
(Policy effective date is subject to underwriting acceptance. 保單生效日期須經核實。)

Plan Selection 計劃選擇 Plan A 計劃 A Plan B 計劃 B Plan C 計劃 C
Plan B and Plan C are only applicable to overseas domestic helpers. 計劃 B 及計劃 C 只適用於海外家傭。
Optional Rider Selection 自選保障選擇
 Optional Major Disease Protector - Gold 嚴重疾病自選保障 — 十足金
 Optional Major Disease Protector - Diamond 嚴重疾病自選保障 — 藍鑽石
Optional Riders are only applicable to Plan B and Plan C. 自選保障只適用於計劃 B 及計劃 C。

Details of the Domestic Helper 家傭資料
Place of Employment (if different from the Correspondence Address) 工作地點 (如與通信地址不同)
Flat 室 Floor 樓 Block 座 Building 大廈
Estate 屋苑 Phase 期
Street No. 街道號碼 Street Name / Lot 街道 / 地段
District 地區 HK 香港 KLN 九龍 NT 新界

Only applicable to Plan A 只適用於計劃 A
Number of Domestic Helper(s) 家傭數目 (Personal Details of Domestic Helper are not required 無需填寫家傭個人資料)

Only applicable to Plan B and Plan C 只適用於計劃 B 及計劃 C
(1) Personal Details of the First Domestic Helper 第一位家傭個人資料
Surname 姓氏 Given Name 名字
Sex 性別 Male 男 Female 女
HKID Card / Passport No. 香港身分證 / 護照號碼
Date of Birth (dd / mm / yy) 出生日期 (日 / 月 / 年)
Nationality 國籍
(2) Personal Details of the Second Domestic Helper 第二位家傭個人資料
Surname 姓氏 Given Name 名字
Sex 性別 Male 男 Female 女
HKID Card / Passport No. 香港身分證 / 護照號碼
Date of Birth (dd / mm / yy) 出生日期 (日 / 月 / 年)
Nationality 國籍
If the number of overseas domestic helpers to be insured exceeds 2, please complete additional application form. 如受保海外家傭數目超過兩名, 請額外填寫投保書。

Payment Instruction and Authorisation 付款指示及授權書
Please Select the Payment Method 請選擇付款方式
 Cash 現金 Cheque 支票 — payable to "Blue Cross (Asia-Pacific) Insurance Limited" — 收款人為「藍十字(亞太)保險有限公司」
 Credit Card 信用卡 VISA Master Card
I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the required premium from my credit card account for the insurance policy. 本人茲授權藍十字(亞太)保險有限公司從本人的信用卡賬戶扣取應繳保費。
Credit Card 信用卡 VISA Master Card
Issuing Bank 發卡銀行
Name of Cardholder 持卡人姓名
Signature of Cardholder 持卡人簽署
Expiry Date 到期日 mm / 月 yy / 年

Declaration 聲明
I/WE 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/our knowledge and belief. I/We 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/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application, or may render the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the first premium has been paid to the Company.
3. I/We have never had any new application/renewal policy declined, nor have special terms and conditions been imposed on a similar application or renewal for domestic helper insurance submitted by me/us.
4. I/We have obtained all necessary authorisation from my/our insured helper(s) to provide the information requested on this application and to deal with, receive, or request for information from the Company concerning the insured person(s) in relation to any matters arising from the policy issued pursuant to this application. I/We further acknowledge that the insured person(s) has/have been explicitly informed 1) that his/her/their personal data will be transferred to the Company for the purpose of this application and 2) of his/her/their rights under the Personal Data (Privacy) Ordinance.
5. The domestic helper(s) employed by me/us is/are in good health and has/have never been diagnosed or treated for heart diseases, cancers, cysts, tumours, or carcinoma in situ and is/are not suffering from any physical defect or infirmity and will not engage in any hazardous activities. I/We shall provide full details in written notice to the Company should there be any changes in the employment of the domestic helper(s) or in the condition of the said domestic helper(s).
本人/我們 謹此聲明同意:
1. 於此申請書內所提供的資料及細節均準確無誤, 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隱瞞此項申請書之內容及聲明將為此項保險合約之承保根據。本人/我們在此確認: 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(「貴公司」)任何有關此項保險申請之重要資料, 將可能導致貴公司不能接受或處理此項保險申請或令保單失效。
2. 一概保單必須在本申請書接納後並已將首期應付保費繳交予貴公司後始可生效。
3. 本人/我們曾於投保前經醫生或醫務人員檢查, 或未曾增加保費。
4. 本人/我們已獲受保僱主授權提供本申請所需之資料, 處理一切有關受保人按本申請所簽發之保單的相關事宜, 並向貴公司接收或索取與受保人有關之資料。本人/我們並確認受保人已獲明確通知: (1) 其個人資料將會轉予貴公司作辦理本申請之用, 同時(2) 亦已知會受保人在有關個人資料(私隱)條例保障下所享有的一切權利。
5. 受聘於本人/我們的家傭現在健康良好, 從未接受心臟病、癌症、囊腫、腫瘤或原位癌的診斷或治療, 並無任何身體缺陷、虛弱及參與任何危險性活動。當本人/我們所聘用的家傭或上述情況有所改變時, 本人/我們將以書面通知貴公司有關資料。

Personal Information Collection Statement 收集個人資料聲明
I/We understand and agree that any personal information collected or held by the Company (whether contained herein or otherwise obtained verbally or in writing) may be used, stored, disclosed, or transferred (within or outside Hong Kong) to any individuals/organisations associated with the Company or to any third party as the Company may consider necessary including any other company carrying on insurance or reinsurance related business, any intermediary, claims investigator, medical facilities, other service providers relevant to insurance business, professional advisor, government authority, or industry association/federation for the purposes of: (1) processing this application/request and provision of insurance or financial related product or service or any addition, alteration, variation, cancellation, renewal, or reinstatement benefit; (2) any scope of insurance coverage, claim processing, investigation, or analysis and data matching; (3) promotion of financial products or services by the Company and its affiliated companies; (4) communicating with me/us/the insured or any relevant organisation/person as the Company considers appropriate; and (5) meeting any disclosure requirements imposed by law or court order or pursuant to guidelines issued by regulatory or other relevant authorities. I/We have the right to access and to request correction of any personal information concerning myself/ourselves held by the Company. I/We understand that if I/we do not want my/our personal information to be used for purpose (3) above, I/we may notify the Company at any time. Such request(s) or notice(s) can be made in writing to the Company's Corporate Data Protection Officer at 23th Floor, BEA Tower, Millennium City 5, 418 Kwan Tong Road, Kwan Tong, Kowloon, Hong Kong.
本人/我們明白並同意貴公司收集或持有的任何個人資料(不論是載於此或由其途徑以口頭或書面形式取得), 均可供使用、儲存、透露或轉交予(香港境內或境外)任何與貴公司有關係人士(機構或貴公司認為有需要的任何第三者, 包括其他從事與保險或再保險業務有關的公司、中介人、理賠調查員、醫療機構、與保險業務有關的服務供應商、專業顧問、政府機關、或保險業諮詢委員會)用於: (1)處理此申請/要求及提供有關保險或財務的產品或服務; 或(2)任何與貴公司保險有關的事項、賠償管理、調查、分析及資料配對; (3)任何向貴公司及相關聯公司的財務產品或服務推廣; (4)與本人/我們受保人或貴公司認為合適的有關機構人士的通訊; 及(5)符合法例或法庭指令的資料披露規定; 或根據監管或其他有關機構所發出的指引而作出披露。本人/我們有權查閱及要求更正貴公司持有有關本人/我們的個人資料。本人/我們明白如不接受將個人資料用於上述第(3)點目的, 本人/我們可隨時通知貴公司。該等要求或通知應以書面向貴公司的個人資料保障主任提出。地址為香港九龍觀塘道418號創紀之城5期東亞銀行中心29樓。
Notice: I/We hereby confirm that I/we have read and agreed to accept the terms and conditions set out in Annexure 1 hereto in appointing Kai Fung Insurance Brokers Limited as my/our insurance broker.
備註: 本人/本公司現確認已閱讀及同意接受附件一內所列出來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。

For Intermediary Use Only 保險中介人專用 **For Office Use Only 本公司專用**
Name of Intermediary 中介人姓名 Intermediary's Code 中介人編號
Policy No. 保單號碼 Underwriting Approval 批核人簽署

Should there be any discrepancy between the English and Chinese versions of this application form, the English version shall apply and prevail. 本投保書的中文、英文版本如有差異, 概以英文版本為準。

備註: 本人/本公司現確認已閱讀及同意接受附件一內所列出來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。
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