

MOTOR VEHICLE INSURANCE PROPOSAL FORM 汽車投保書

Operative Insurance Cover Required 投保項目：
 Comprehensive 綜合保險 Third Party Legal Liabilities 第三者責任保險

Is insurance cover (damage to the Motor Vehicle only) required for driving in Guangdong Province?
 擬否附加保障至“中國廣東省”境內(只限投保車輛之損毀或損失)? Yes 是 No 否

Period of Insurance 投保期間： From 由 _____ To 至 _____

Particulars of Proposer 投保人資料:

Insured/Proposer/Company Name 投保人: Mr/Mrs/Miss 先生 / 太太 / 小姐 _____ Job / Business Nature 詳細業務性質: _____

Occupation 職業: _____ Home Tel 住宅電話: _____

Residential Address 住址: _____ Daytime Tel 日間聯絡電話: _____

Name of Employer 受職公司名稱和地址: _____ Mobile Phone No 手提電話: _____

Hire Purchase Owner (if any) 如屬分期付款, 請註明貸款公司名稱: _____ e-mail Address 電郵地址: _____

Particulars of Motor Vehicle to be Insured 投保汽車之資料:

Registration Mark 車輛登記號碼	Vehicle Make 車輛製造商	Vehicle Model 車輛型號	Type of Body 車身類型	Year of Manufacture 製造年份	Seating Capacity (excl. Driver) 座位乘客限額 (司機除外)
Cylinder Capacity (c.c.) 汽缸容量(c.c.)	Gross Vehicle Weight 車輛總重	Engine Number 引擎號碼	Chassis Number 車身底盤號碼		
Has the Motor Vehicle been modified in any way from manufacturers' standard specifications? 上述投保之汽車曾否經過任何改裝或裝置非原裝標準機件?			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		If Yes Please give details:
Estimated Value of the Motor Vehicle including Accessories (Sum Insured) 汽車連配件之現時估價 (綜合保險之投保額)				Anti-Theft Alarm System (Model / Value) 防盜警報系統 (型號/價格)	

Particulars of Drivers who will regularly drive the motor vehicle 經常駕駛投保汽車人士的資料:

Full Name of Driver 駕駛人姓名	Nominated as Named Driver? 是否提名為保單指定駕駛人	Age 年齡	Relationship with Proposer 與投保人關係	Occupation 職業	HKID Card Number 身份證號碼	Number of years has Driver been regularly driving 持續駕駛年資
Proposer 投保人	<input type="checkbox"/> 是 Yes <input type="checkbox"/> No 否					
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> No 否					
	<input type="checkbox"/> 是 Yes <input type="checkbox"/> No 否					

USE OF THE MOTOR VEHICLE – Please “✓” more than one if applicable 投保汽車之用途 – 請在適當方格內加上“✓”號

For social domestic and pleasure purposes 私家用途 In connection with the Motor Trade 經營車行用途

For business professional use or for use by employees 商業用途 For hire or reward 租賃或收費載客

駕駛經驗 Driving experience

If your answer is "Yes", please provide full details in the space provided.
若「是」者，請指出及詳細列明事件細節及日期。

State whether you and/or any person who to your knowledge will drive the vehicle
請在下列說明閣下及其他駕駛人詳情

		是 Yes	否 No
1.	1.1 Have had any accidents, losses or claims in the past 3 years or are there any police enquiries or prosecutions pending? 於過往三年間曾否發生意外、失竊或索償事項或現時是否被警方傳召或起訴? 1.2 Have been disqualified from driving? 曾否被停牌?	<input type="radio"/>	<input type="radio"/>
2.	Have had any traffic offence leading to deduction of driving offence points during the past 2 years or speeding records? (if "yes", state number of demerit points in total during the past 2 years) 於過往兩年內，曾否因任何交通違例而被扣分，或曾否有任何超速駕駛紀錄? 請列出過往兩年內被累積扣的分數	<input type="radio"/>	<input type="radio"/>
3.	Have suffered/ been suffering any heart disease, epilepsy or suffer from defective vision or hearing or from any physical or mental infirmity? 曾否患心臟病、癲癇、或患有視力或聽覺上的缺陷或身體或精神上的毛病?	<input type="radio"/>	<input type="radio"/>
4.	In respect of Motor Insurance, have you or has any person who to your knowledge may drive the Motor Vehicle been declined such application, or been refused renewal or been terminated such insurance, or been imposed special terms on your/his/her policy by any insurance company? 在汽車保險方面，閣下或任何有可能駕駛此汽車人士，曾否被任何保險公司拒絕受保、拒絕續保、取消未到期之保險、或附加特別之強制條款於保單內?	<input type="radio"/>	<input type="radio"/>
5.	Have made any motor claims against other insurance companies in the past 3 years? 過往三年內曾否向其他保險公司提出汽車保險索償?	<input type="radio"/>	<input type="radio"/>

If the answer to any of the above questions (1) to (5) is "Yes", please give details 以上第(1)至(5)項問題中，若有答案“是”者，請詳加說明。

6	For Comprehensive Insurance cover, please answer the following question: 如屬綜合保險投保項目，請回答下列問題： 6.2 Where is the Motor Vehicle parked at night? 投保汽車夜間停泊處 6.3 Other than the above-mentioned venues, please specify. 除以上地點外，請詳細說明夜間停泊處	Secured Car Park 有人看守停車場 <input type="radio"/>	Roadside Meter 路邊咪錶 <input type="radio"/>	Open Area 空地 <input type="radio"/>

DETAILS OF PRESENT MOTOR INSURANCE "NO CLAIM DISCOUNT" (NCD) - Please supply documentary evidence: 現正享有“無賠款記錄折扣”(NCD)之汽車保險資料一請出示證明文件:

Registration Mark of Motor Vehicle 車輛登記號碼	NCD (%) NCD 折扣	Name of Insurer 保險公司名稱	Present Policy Number 有效保單編號	Transfer the NCD to the Motor Vehicle proposed here? 是否將 NCD 折扣轉移到此投保汽車?

DECLARATION 聲明

I/We desire to insure with China Ping An Insurance (Hong Kong) Co. Ltd. ("the Company") in respect of the Motor Vehicle as detailed herein and hereby declare that:

本人/本公司擬向中國平安保險(香港)有限公司投保上述汽車並謹此聲明如下:

- Save the Hire Purchase Owner (if any) mentioned above, I am/this company is the sole owner of the Motor Vehicle, and no other party has any right or interest in the Motor Vehicle;
除上述貸款公司(如有)之外，本人/本公司是該車輛的唯一擁有者，並無第三者擁有該車輛的任何權益;
- The Motor Vehicle will not be driven by any person who to my/our knowledge does not hold a full valid driving license or has been disqualified from holding such driving license within the last 3 years;
投保汽車將不會給予非持有有效駕駛執照或在過去三年內曾停牌人士駕駛
- The particulars given in this Proposal Form are true and I/we have not failed to disclose any matters which may materially affect this insurance;
本人/本公司已參閱並確認此投保書內所述各項資料全屬真確，也並無隱瞞重要並影響保單保障之事實
- All particulars or answers in this Proposal Form whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
此投保書內所述各項資料或答案，不論是否本人/本公司親手填寫，就本人/本公司所知所信，均為事實全部並確實無訛;

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

(5) I/We hereby agree that this Proposal and Declaration shall be incorporated in and taken as the basis of the proposed contract between me/us and the Company; and

本人/本公司同意此投保書及聲明將作為本人/本公司與中國平安保險(香港)有限公司訂立契約之根據;

(6) I/We agree to accept a policy in the Company's usual insurance policy form for this class of insurance.

本人/本公司同意接受中國平安保險(香港)有限公司所發給常用之汽車保險單。

(7) I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement ("PICS").

I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China Ping An Insurance (Hong Kong) Co., Ltd in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

本人/我們特此聲明本人/我們已閱讀並明白收集個人資料的聲明(“該聲明”)。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀該聲明，而本人/我們已詳細閱讀該聲明對貴公司所收集或持有之本人/我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人/我們特此確認並同意中國平安保險(香港)有限公司根據該聲明使用及轉移本人/我們的資料，包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

Kai Fung Insurance Brokers Limited
Tel: 2473 6655 (Yuen Long)
2473 6060 (Tsuen Wan)
Fax: 2473 6866 E-Mail: info@kaifung.com

Proposer's Signature 投保人簽署 _____ Date 日期: _____ Authorized Agent 特許代理 _____

IMPORTANT NOTICES 重要提示:	(1) Failure to make or supply true and accurate declaration and information (whether material) in this Proposal Form or inform the Company of all relevant information about your insurance proposal may render the insurance policy invalid. 投保人填寫此投保書時，務必填寫並提供真實及準確的聲明及資料(不論內容關鍵與否)，並告知本公司所有與投保風險相關的資料，否則該保單無效。
	(2) Please attach copy of (a) Vehicle Registration Document; (b) Owner's ID Card and Driving Licence; (c) Named Drivers' ID Card and Driving Licence. 投保人請出示有關文件副本:(a) 車輛登記證;(b) 車主身分證及駕駛執照;(c) 指定駕駛人之身分證及駕駛執照。

IMPORTANT NOTES TO PROPOSER

- In the event of a claim for loss of or damage to the car, the maximum amount of our payment, subject to the terms and conditions of the insurance policy, and including any claims excesses that may apply, is limited to the reasonable market value of the car at the time of its loss or damage.
在意外索償時，本公司將依據本保單之條件及有關之「自負金額」計算賠償金額，惟該金額將不超過投保汽車在意外時之「合理市價」。
- Any other facts known to you which are likely to affect acceptance or assessment of the insurance cover you are requesting must be disclosed. Should you have any doubt about what you should disclose, do not hesitate to ask us or your insurance agent/broker. We recommend you keep a record (including copies of letters) for your future reference of any additional information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide you with the cover you require and may even invalidate the policy altogether.
閣下必須在其知悉範圍內提供所有有關影響保險公司於接納或釐定此保單條文的資料，如對應透露的資料有任何疑問，請即向本公司或閣下的保險代理/經紀查詢，我們建議閣下將有關的資料記錄(包括信件副本)，以備日後作參考之用。為確保閣下的利益，閣下應如實呈報所有有關資料，否則此保單將可能無法提供閣下所需的保障，甚至可能會導致此保單無效。
- If there is any inconsistency or ambiguity between the English version and the Chinese version, the English version shall prevail.
如中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

Letter of Appointment (保險中介人聘請書)

Client / Insured: _____

Class of Insurance: All Classes of Insurance

I/We, through the kind introduction of an Introducer, have appointed Kai Fung Insurance Brokers Limited (hereinafter referred to as "Kai Fung") as my/our Exclusive Insurance Intermediary with immediate effect, including obtaining insurance quotation and arranging new and renewal insurance placement. This appointment is in effect until and unless rescinded by me/us.

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 may require assistance from other associated or independent insurance agent/broker.

I/We understand that the Introducer nominated by me/us is neither a licensed insurance broker nor an insurance agent registered with the Insurer accepting the insurance and does not represent Kai Fung or the Insurer in any way whatsoever. I/We agreed that all instructions and notices, including but not limited to application of insurance, policy renewal, policy changes, insured risk changes, incident reports and claim reports shall be sent directly to Kai Fung, and shall pay premium directly to Kai Fung or the Insurer and not to the Introducer or any other company or individual. I/We agree that Kai Fung can dispatch insurance documents including but not limited to policy, endorsement, debit note and premium receipt to the Introducer for transmission to me/us.

I/We hereby confirm that I/we have read and agreed to accept the terms and conditions set out in the "Annexure 1" hereto in appointing Kai Fung as my/our insurance broker.

本人/本公司現通過介紹人，正式聘請啟豐保險經紀有限公司(以下簡稱為「啟豐」)為本人/本公司之唯一保險中介人，包括保險報價、安排本保險及往後之續期保險。本聘請書會持續生效直至本人/本公司撤銷為止。

本人/本公司明白及同意啟豐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/本公司知悉本人/本公司所委託的介紹人並非註冊保險經紀或承保保險公司的註冊代理，該介紹人亦並不以任何方式代表啟豐或承保保險公司。本人/本公司同意所有的保險指示和通知，包括但不限於投保申請、續保、更改保單、更改投保內容、出險事故及索償申請都必須直接交予啟豐。所有應付保費亦應直接繳付予啟豐或承保保險公司而不是以上介紹人或任何其他公司或人士。不過，本人/本公司同意啟豐可以發送保險文件，包括但不限於保單、批單、續保通知書、繳費通知書和收據予以上介紹人轉交本人/本公司。

本人/本公司現確認已曾閱讀及同意接受《附件一·委聘條款》內所列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 Proposer, with company chop if applicable (投保人簽署，如以公司名義投保請蓋上公司印)

Proposer Name (投保人姓名): _____ Contact Tel No. (聯絡電話): _____

HKID No. (身份證號碼): _____ Contact Fax No. (傳真號碼): _____

Opt-out from the use of personal data in direct marketing (選擇拒絕使用個人資料進行直接促銷)

I/We do not agree Kai Fung to use my personal data in direct marketing. 本人/本公司不希望啟豐使用本人的個人資料進行直接促銷。

Important Notice

1. I/We understand that Kai Fung is remunerated for its services by the receipt of commission paid by insurers. Kai Fung may also pay referral fee to the Introducer and other associated or independent insurance agent/broker upon their request. My/Our agreement to proceed with this insurance transaction shall constitute my/our consent to the receipt of commission by Kai Fung and referral fee from the aforementioned parties.
2. I/We understand that Kai Fung 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). My/Our agreement to proceed with this insurance transaction shall constitute my/our consent to the "Personal Information Collection Statement".
3. I/We understand that the full version of the "Annexure 1" and the "Personal Information Collection Statement" can be downloaded from Kai Fung official web site (<http://www.kai fung.com/>).
4. I/We understand that Kai Fung shall not be liable for any consequential damages, loss of profit or loss of goodwill howsoever arising, or any non-performing of service by reason of any cause beyond control (including but not limited to any breakdown/mafunction/failure of transmission, communication or computer facilities, industrial action, acts of god, acts and regulations of any government bodies or authorities or the failure of any relevant third party to perform required services to Kai Fung).

重要事項

1. 本人/本公司明白啟豐藉向保險公司收取的佣金，作為其所提供服務的酬金。啟豐亦有可能向介紹人以及任何有聯繫或獨立的保險中介人/獲授權保險經紀支付介紹費，本人/本公司同意進行是項保險交易，即構成本人/本公司同意啟豐收取佣金及向上述人士支付相關之介紹費。
2. 本人/本公司明白啟豐會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。本人/本公司同意進行是項保險交易，即構成本人/本公司同意接受《收集個人資料聲明》內所列出的條款。
3. 本人/本公司明白有關於《附件一·委聘條款》及《收集個人資料聲明》之詳情，可以在啟豐官方網頁 <http://www.kai fung.com/> 下載。
4. 本人/本公司明白啟豐不會對後果性的損害、利潤損失、商譽損失、或因任何超出其控制範圍的原因引致不能履行保險中介人服務(包括但不限於傳輸、通訊或電腦設施故障、失靈或失效，工業行動、天災，法律及政府行政指引改變或第三方未能提供啟豐所需服務)負責及作出賠償。



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,香港保險業協會,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 李先生

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 李先生

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.**

Name of PICS Officer: Mr Calvin Lee

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.

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:

Name of PICS Officer: Mr Calvin Lee

Address: 21/F Hang Seng Tsuen Wan Building, 289 Sha Tsui Road, Tsuen Wan, N.T.

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

附件一 - 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代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 - Annexure 1

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.