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|--|---|---|--|
| Policy Number 保單號碼 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | Preferred Care Amendment Request Form 優越醫護計劃修改保單申請表 | | |
| | Received date (by Branch) 分行收表日期 | | |
| | Name of Policyholder in English (Surname first) 保單持有人英文姓名(姓氏先行) | | |
| | Identity Type & No. 證件類別及號碼 | Identity Type 證件類別 <input type="checkbox"/> HKID 香港身分證 (I) <input type="checkbox"/> Passport 護照 (P) | |
| NOTE 注意: 1. Please complete all related sections; failure to do so may result in your request being delayed. 請填妥有關部分, 如有遺漏可能令申請延誤。 2. Please allow 10 working days from the date this instruction is approved by AXA General Insurance Hong Kong Limited to update your records. 此申請表經安盛保險有限公司批核後, 需時 十個工作天 更新您的紀錄。 3. Please ensure that you have read and understood the Personal Information Collection Statement (Please refer to the statement at the nearest branch of HSBC). 請確保閣下已知悉及明白收集個人資料聲明內容(請於就近滙豐分行取閱有關聲明)。 | | | |

I. ☐ Change of contact details 更改聯絡資料
Effective Date 生效日期 _____

| | | | | |
|----------------------------|----------|--|-------------------------------------|-------------|
| Room/Flat 室 | Floor 層數 | Block/Tower 座數 | Name of building 大廈名稱 | |
| Name of estate 屋苑名稱 | | | No. and name of street/road 街道號數及名稱 | |
| District 地區 | | <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 City/Country/Region/Place 城市/國家/地區/地點 | | |
| Contact telephone no. 聯絡電話 | | Fax no. 傳真號碼 | | E-mail 電郵地址 |
| Home 住宅 | Work 工作 | Mobile phone 手提電話 | | |

II. ☐ Change of Direct Debit Authorisation 更改直接付款授權
Effective Date 生效日期 _____

Holder of payment credit card/account must be applicant (this sentence is applicable to first premium & levy payment only) 支賬信用卡/戶口持有人必需為保單申請人(此句子只適用於繳付首次保費及徵費)

I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited ("HSBC") to debit my/our following credit card/savings/current account maintained with the same for all premium and levy[^] due or payable under this Policy as shall be instructed by AXA General Insurance Hong Kong Limited ("AXA") from time to time. 本人(等)授權香港上海滙豐銀行有限公司(簡稱「滙豐」)根據安盛保險有限公司(簡稱「AXA 安盛」)不時的指示從本人(等)之滙豐信用卡/儲蓄/往來戶口內扣除此保單下所有到期或應繳付的保費及徵費[^]。

I HEREBY DECLARE that I understand that [AXA/the Company] may deduct any outstanding amount applicable to the policy from sum received by [AXA/the Company] under the policy/Policy according to the applicable statutory and/or regulatory requirement(s), including but not limited to levy collected by the Insurance Authority.
 本人謹此聲明本人明白[AXA 安盛/本公司/貴公司]或會從保單的給付金額中, 根據適用法定及/或規管要求扣除任何逾期金額, 包括但不限於保險業監管局收取的徵費。

For savings/current account only 只適用於使用儲蓄/往來戶口:
 I/We also acknowledge that HSBC will establish an autopay on my/our following savings/current account for the required premium and levy[^] payments upon policy renewal as shall be instructed by AXA from time to time. 本人(等)亦知悉並同意滙豐根據AXA 安盛不時的指示於本人(等)之儲蓄/往來戶口設立自動轉帳以繳付保單續保時所需之保費及徵費[^]。

Please specify the type of account if you are paying via your Integrated Account. 如支賬戶口為綜合理財戶口, 請註明戶口類別。

☐ Savings Account 儲蓄戶口 ☐ Current Account 往來戶口

Account no. 帳戶號碼

Name of account holder 戶口持有人姓名

ID TYPE 身份證明文件類別* DELETE IF INAPPROPRIATE 請刪去不適用者
 HKID 香港身份證* /PASSPORT 護照* /OTHERS 其他*

ID Number 文件編號: _____

Name of joint account holder (if any) 聯名戶口持有人姓名(如適用)

ID TYPE 身份證明文件類別* DELETE IF INAPPROPRIATE 請刪去不適用者
 HKID 香港身份證* /PASSPORT 護照* /OTHERS 其他*

ID Number 文件編號: _____

AXA General Insurance Hong Kong Limited 安盛保險有限公司

Mailing address: P.O. Box No. 90918 Tsim Sha Tsui Post Office, Kowloon, Hong Kong

郵寄地址: 香港九龍尖沙咀郵政局郵政信箱90918號

Office address: 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

辦公地址: 香港黃竹坑黃竹坑道38號安盛匯5樓

Insurance Service Hotline 保險服務熱線: (852) 2867 8678

II. ☐ Change of Direct Debit Authorisation (Cont'd) 更改直接付款授權(續)

Effective Date 生效日期 _____

☐ HSBC Visa / MasterCard 滙豐滙財卡 / 萬事達卡

Remark: For security consideration, please note that we will no longer ask for the full credit card number via phone or physical/softcopy forms.
 註：基於安全考量，我們將不再通過電話或實體/電子表格索取您的完整信用卡號。



Credit card holder please authorise your credit card on our Digital Payment Authorisation Portal for premium and levy^ payment:
 信用卡持卡人請在電子交易授權平台授權您的信用卡以繳付保費及徵費

<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=amend&bizChannel=Banca&feat=Both>

(You may access the Digital Payment Authorisation Portal with the URL or QR code. 您可以通過URL或二維碼訪問電子交易授權平台。)

Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.

請於下方填寫電子交易授權平台上顯示的授權ID。

Confirmation ID

授權 ID

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Name of credit card holder

信用卡持有人姓名

ID TYPE 身份證明文件類別* DELETE IF INAPPROPRIATE 請刪去不適用者

HKID 香港身份證* /PASSPORT 護照* /OTHERS 其他*

ID Number 文件編號：

| | | |
|---|--------|--------|
| x | (S.V.) | (S.V.) |
|---|--------|--------|

Signature of applicant

申請人簽署

Signature(s) of account/credit card/joint account to be

debited (if different from applicant's signature)

扣款戶口/信用卡/聯名戶口簽署(如與申請人簽署不同)

Date

日期

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

☐ I would like to join Credit Card Interest-free Instalment Plan enclosed "Preferred Care Credit Card Interest-free Instalment Plan Application Form".
 本人欲參加信用卡免息分期付款計劃，隨表附上優越醫護計劃信用卡免息分期付款計劃申請表。

III. ☐ Addition of insured person(s) 增加受保人

Effective Date 生效日期 _____

Spouse must be aged 18 or over and below the age of 75. All child(ren) must be aged 1 or over and below 27. 配偶必須年滿18歲及少於75歲。所有子女年齡必須年滿1歲及不超過27歲。

| Name of additional insured person(s) (in English) 新增受保人姓名(英文) | Identity type and no. 證件類別及號碼 | Sex 性別 | Date of birth (DD/MM/YY) 出生日期 (日/月/年) | Occupation and position 職業及職位 | Height 高度 <input type="checkbox"/> cm 厘米 <input type="checkbox"/> ft 呎/in 吋 | Weight 體重 <input type="checkbox"/> kg 千克 <input type="checkbox"/> lbs 磅 |
|---|----------------------------------|-----------|--|----------------------------------|--|--|
| Spouse 配偶 | | | / / | | | |
| Child 子女 | | | / / | | | |
| Child 子女 | | | / / | | | |
| Child 子女 | | | / / | | | |

Health declaration 健康聲明

All questions must be answered. 請回答所有問題。

I (the policyholder), on behalf of each of myself, my spouse and/or my child/children, hereby declares as follows:

本人(保單持有人)謹代表本人、本人之配偶及/或本人之子女作出以下聲明：

1. Have any one of you ever had sought advice for, or been told you have:

各人曾否患有以下疾病，就以下疾病諮詢醫療意見或被告知患有此等疾病：

a) high blood pressure, chest pain, stroke or disease of the heart (including heart murmur or blood vessels disorders such as arteriosclerosis)

血壓高、胸口痛、中風或心臟毛病(包括心臟雜音或血管毛病，例如血管硬化)

b) cancer or tumour (benign or malignant) including cancer of the blood or lymph nodes such as leukaemia, lymphoma or myeloma

癌症或腫瘤(良性或惡性)，包括血癌或淋巴結癌(例如白血球過多、淋巴或骨髓瘤)

c) diabetes 糖尿病

d) epilepsy, seizures or convulsions 癲癇症、抽筋或痙攣

e) lung or respiratory disorder 肺部或呼吸系統毛病

f) gastric or intestinal disorder 腸胃毛病

g) kidney disorder 腎臟不正常

h) liver or pancreatic disorder such as hepatitis 肝或胰不正常，例如肝炎

i) high blood cholesterol level 血液中膽固醇含量高

j) rheumatic fever 風濕熱

2. Do any one of you have Acquired Immune Deficiency Syndrome (AIDS) or have any one of you ever been tested positive for Human Immunodeficiency Virus (HIV)?

各人是否患有後天免疫力缺乏之症(愛滋病)或曾接受測試並證實感染人體免疫力缺乏病毒？

3. Are any one of you currently taking or have any one of you been advised to take any medication?

各人現時有否或曾被建議服食任何藥物？

4. Do any one of you have immediate family members (parents, brothers or sisters) who died of heart disease before age 60?

各人的直系家人(父母、兄弟或姊妹)有沒有人於60歲前死於心臟病？

5. Have any one of you been hospitalised or undergone any surgical procedure in the last four years?

在過去四年，各人曾否住院或接受任何外科手術？

6. Do any one of you smoke? If the answer is "Yes", please state the smoker information.

各人是否吸煙？如答「是」，請註明吸煙者資料。

Name of smoker

吸煙者姓名

No. of cigarettes per day

每日吸煙數量

Smoking period

吸煙年數

_____ cigarettes 支 _____ year 年

7. Have any one of you ever had any life or medical insurance postponed, rejected, cancelled, issued on special terms or declined on renewal?

各人在過去投保壽險或醫療保險曾否被延期、拒絕、取消、更改受保條款或被拒續保？

If you reply "Yes" to any of the above questions, please complete the following: 若以上任何問題的回答為「是」，請填妥下列資料：
If you need to provide details on another sheet(s), please tick this box and attach the sheet(s): 如需附頁詳加說明，請於此格內加 ☒ 號及連同附頁一併遞交：☐

[illegible]

Remarks 附註：

[illegible]

IV. ☐ Deletion of insured person(s) 取消受保人

| Name of insured person(s) (in English) 受保人姓名(英文) | | Identity type and no. 證件類別及號碼 | Effective Date (DD/MM/YY) 生效日期(日/月/年) |
|---|--|----------------------------------|--|
| Spouse 配偶 | | | / / |
| Child 子女 | | | / / |
| Child 子女 | | | / / |
| Child 子女 | | | / / |

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VI. Personal Information Collection Statement 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“**PDPO**”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“**Purposes**”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“**our affiliates**”) or our business partners (see “**Use and provision of personal data in direct marketing**” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company’s business; and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. *The Hongkong and Shanghai Banking Corporation Limited (“**HSBC**”) for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers’ obligations;
3. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
8. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below “**Use and provision of personal data in direct marketing**”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing:

The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in 2. above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities

4. in addition to marketing the above products and services, the Company also intends to provide the data described in 1. above to all or any of the persons described in 3. above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on **“Access and correction of personal data”**. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

- * This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

安盛保險有限公司(下稱“**本公司**”)明白其就《個人資料(私隱)條例》(香港法例第486章)(“**條例**”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的(“**有關目的**”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“**安盛關聯方**”)或本公司的商業合作夥伴(參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關)；
6. 評估閣下的財務需求；
7. 為客戶設計產品/服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. 進行身份和/或信用核查和/或債務追收；
12. 遵守任何適用的司法管轄區的法律；
13. 開展與本公司業務經營有關的其他服務；及
14. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. *就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司(“**滙豐**”)：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項；
3. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
4. 在香港或香港以外其他地方本公司和/或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
5. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及
8. 在有合理需要履行任何上述有關目的段落2, 3, 4 及5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、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)。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“**在直接促銷中使用及將其個人資料提供予其他人士**”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司、安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
 - a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；

3. 以上服務及產品將會由本公司及/或以下機構提供：
- 任何安盛關聯方；
 - 第三方金融機構；
 - 提供上文2. 所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1. 段部份所述的資料提供予上文3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收取任何費用的情況下確保不會將閣下納入日後直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道38號安盛匯5樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

* 此僅適用於閣下透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求的情況。如果閣下並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求，閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

VII. Declaration and authorisation 聲明及授權

- I, on behalf of all the Insured Person(s) (including any new Insured Person(s) added pursuant to this Amendment Request Form) hereby declare and confirm that all answers to the questions set out in the Declaration and authorisation section of the Application Form, as amended or modified in accordance with the changes/addition contained in this Amendment Request Form, are complete and true to the best of my knowledge and belief. I, on behalf of the Insured Person(s), further acknowledge that the change(s) and/or addition requested under this Amendment Request Form shall not take effect until they have been duly approved and accepted by the AXA General Insurance Hong Kong Limited and the applicable premium and levy[^] has been paid in full before the effective date of the change(s) and/or addition.
本人謹代表所有受保人(包括任何列於此修改保單申請書上的新增受保人)聲明及證實列於申請表上的聲明及授權部分的所有問題的答案，並包括根據此修改保單申請書上列明的更改/增加要求而作出修改或修正部分，皆屬完整及真確無訛。本人謹代表所有受保人聲明所有受保人明瞭列於此修改保單申請書上的更改及/或增加申請必須經安盛保險有限公司核准及接受，並在保險生效日期前全數支付所需的保費及徵費[^]後始能生效。
- I, the applicant, on behalf of myself and other persons to be covered*, hereby authorise any physician, clinic, hospital, insurance company, other organisation or government office that has any record or knowledge of me/us to disclose to AXA General Insurance Hong Kong Limited or its representative any and all information relevant to this application. A copy of this authorisation shall be as valid as the original.
本人(申請人)謹此代表本人及各受保人*，授權任何知道本人(等)健康情況或持有有關紀錄之醫生、診所、醫院、保險公司、其他機構或政府部門或人士向安盛保險有限公司或其代表提供本人(等)之有關資料。本授權書之影印本亦屬有效。
- I, the applicant, confirm that I have full authority from each of the persons to be insured to provide information, make the above declarations and give the authorisation set out in this application form on behalf of each of the persons to be insured*.
本人(申請人)證實本人獲每位受保人授權本人提供資料、作出以上聲明及代每位受保人賦予列於本申請表上的授權要求*。
- 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 AXA General Insurance Hong Kong Limited 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安盛保險有限公司根據該聲明使用及轉移本人/我們的個人資料，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。
[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use and provision of personal data in direct marketing”, please tick the box below and we will not use your personal data for direct marketing. 重要通知：如閣下不同意根據“收集個人資料的聲明”使用和轉移閣下的個人資料作直接促銷用途(參閱“在直接促銷中使用及將其個人資料提供予其他人士”部份)，請在下列方格內口加上剔號(“✓”)，本公司將不會使用閣下的個人資料作為直接促銷用途。]
☐ I/We do not agree with the use and provision of my/our personal data for direct marketing purposes as set out above in the **Personal Information Collection Statement** (see “**Use and provision of personal data in direct marketing**”) and do not wish to receive any promotional and direct marketing materials. 本人/我們不同意貴公司根據“**收集個人資料的聲明**”使用和轉移本人/我們的個人資料作直接促銷用途(參閱“**在直接促銷中使用及將其個人資料提供予其他人士**”部份)及並不願意接受任何貴公司的推廣及直接促銷的材料。

Signature of Policyholder
保單持有人簽署

Date Signed
簽署日期

Location (City/Country)
地點(城市/國家)

| For branch use only 分行專用 | | | | |
|---|--------------|------------------------|---------------|-------------|
| <input type="checkbox"/> Client's ID copy attached | Staff Name | Servicing Staff IA No. | Branch No. | Branch Chop |
| <input type="checkbox"/> Client's original ID sighted | Staff ID No. | Contact No.: | Division Code | |

Preferred Care Credit Card Interest-free Instalment Plan Application Form
優越醫護計劃 — 信用卡免息分期付款計劃申請表

Instalment plan information 免息分期付款計劃申請表

| | | |
|---|-----------------------|-----------------------------|
| Insurance policy: 保障計劃： | Preferred Care 優越醫療計劃 | [Merchant outlet: 49559-20] |
| Policy No.: 保單號碼： | | |
| Annual premium and levy [^] amount for the first year: 首年保費及徵費 [^] ： | (HK\$ 港元) _____ | |
| Instalment period: 分期付款期數： | 12 months 個月 | |
| Equal monthly instalment amount: 每月等額分期付款額： | (HK\$ 港元) _____ | |

Note: Upon renewal of your policy, the new annual premium and levy[^] of each insured person will be adjusted based on the latest relevant age of the relevant age group which each insured person belongs to. 在續保時，各受保人的續期保費及徵費[^]將跟據各受保人的年齡按最新所屬的年齡組別而調整。

Applicant's information 申請人資料

Holder of payment credit card/account must be applicant 支賬信用卡/戶口持有人必需為保單申請人

HSBC Union Pay Dual Currency Credit card is not applicable 滙豐銀聯雙幣信用卡並不適用

Remark: For security consideration, please note that we will no longer ask for the full credit card number via phone or physical/softcopy forms.
註：基於安全考量，我們將不再通過電話或實體/電子表格索取您的完整信用卡號。



Credit card holder please authorise your credit card[#] on our Digital Payment Authorisation Portal for Instalment Plan:
信用卡持卡人請在電子授權平台授權您的信用卡[#]做分期付款：
<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=instal&bizChannel=Banca&feat=IH>
(You may access the Digital Payment Authorisation Portal with the URL or QR code. 您可以通過URL或二維碼訪問電子交易授權平台。)

Please fill in the Confirmation ID shown on our Digital Payment Authorisation Portal below.
請於下方填寫電子交易授權平台上顯示的授權ID。

Confirmation ID 授權ID

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

English name appearing on the credit card
信用卡上之英文姓名

Name in Chinese 中文姓名：_____

ID TYPE 身份證明文件類別* DELETE IF INAPPROPRIATE 請刪去不適用者
HKID 香港身份證* /PASSPORT 護照* /OTHERS 其他*

ID Number 文件編號：_____

[#] Please refer to the terms and conditions overleaf. 請參閱背頁條款。

Declarations and signature 聲明及簽署

1. I/We certify that above information is true and complete and authorise the Bank to contact all necessary parties for verifications. 本人/等證明上述資料乃屬正確及完整，並授權銀行向所有有關方面查證核實。
2. I/We hereby agree that once my/our application is approved by the Bank, the terms and conditions for Preferred Care credit card interest-free instalment plan specified overleaf shall apply. 本人/等同意若本人/等的申請成功，則背頁的優越醫護計劃 — 信用卡免息分期付款計劃條款及細則適用。
3. I/We hereby agree that approval of this application and the instalment amount and the instalment period granted shall be at the sole discretion of the Bank. I/We agree that the instalment amounts for the first year and any subsequent period as determined by the Bank and the Insurer will be debited from my/our above credit card account for paying Preferred Care insurance policy annual premium and levy[^] in such amount as determined by the Insurer on a yearly rolling basis. I/We understand that the continuation of the Instalment Plan upon policy renewal shall also be at the sole discretion of the Bank. I/We also agree that the Bank and the Insurer reserve the right to withdraw or cancel the Instalment Plan at any time without prior notice. 本人/等同意接納此項申請與否以及批予之分期付款金額及期數全由貴行決定。本人/等同意貴行在首年及其後由貴行與保險公司決定的任何期間，於上述信用卡戶口扣取優越醫護計劃為期一年的保費及徵費[^]，而保費及徵費[^]額由保險公司在每年續保時決定。本人/等明白續保時是否延續分期付款計劃將全由貴行決定。本人/等亦同意貴行與保險公司保留隨時撤回或取消分期付款計劃的權利，而毋須預先通知。
4. I/We declare that I/we am/are not delinquent in repaying any credit facilities with any financial institution. I/We am/are not a bankrupt or discharged bankrupt, I/we have no intention to declare myself/ourselves bankrupt and I/we am/are not aware of any bankruptcy proceedings made against me/us. 本人/等聲明本人/等並無拖欠或隱瞞任何財務機構的債務。本人/等聲明本人/等並非破產或曾經破產。本人/等並無意向申請破產及據本人/等所知現時並無任何有關本人/等的破產申請在進行中。

Cardholder's signature 信用卡持卡人簽署

Date 日期

For Internal Use Only (只供內部填寫) Please process Preferred Care CCI application upon receiving the hardcopy of this application form.

Outlet no. _____ Authorisation code _____ Date _____

Remarks _____

[#] Please refer to the terms and conditions overleaf. 請參閱背頁條款。

Important Notes 重要事項：

The above policy is underwritten by **AXA General Insurance Hong Kong Limited ("AXA")**, which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited "**HSBC**") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR.

In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

以上保單由**安盛保險有限公司**(「**AXA 安盛**」)承保，AXA 安盛已獲香港保險業監局授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司「**滙豐**」乃根據保險業條例(香港法例第41章)註冊為AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

如中英文版本的條款有任何分歧，以英文版本為準。

Terms and conditions for Preferred Care Credit Card Interest-free Instalment Plan

優越醫護計劃 — 信用卡免息分期付款計劃條款及細則

1. (a) The Preferred Care credit card interest-free instalment plan ("Instalment Plan") is only applicable to holders of credit cards (each a "Cardholder") issued by The Hongkong and Shanghai Banking Corporation Limited ("the Bank") in Hong Kong SAR (other than those credit cards specified in clause 1(b) below) for paying annual premium and levy[^] of Preferred Care insurance policy ("the policy") to Issued by AXA General Insurance Hong Kong Limited ("The Insurer") by instalment and by debiting instalment amounts from the credit card account specified by the Cardholder for the purpose of the Instalment Plan (the "Card Account").
優越醫護計劃之信用卡免息分期付款計劃(下稱「本計劃」)只限由香港上海滙豐銀行有限公司(下稱「銀行」)於香港特別行政區所發出的滙豐信用卡之持卡人(下稱「持卡人」)參加(於下列條款1(b)內所列之信用卡除外)，並限用於向安盛保險有限公司(下稱「承保人」)作分期繳付優越醫護計劃(下稱「保險」)的全年保費及徵費[^]及於持卡人指定之信用卡戶口(下稱「信用卡賬戶」)內扣取分期付款金額。
(b) Cardholders of JCB Gold Card, US Dollar Gold and Corporate/Company/Purchasing Card and Union pay Dual Currency Credit card issued by the Bank are ineligible to apply for the Instalment Plan.
本計劃不適用於銀行發出的日財金卡、美元金卡、商務卡/公司卡/採購卡及銀聯雙幣信用卡的持卡人。
2. All the instalment amounts paid under the Instalment Plan are not refundable and cannot be exchanged or returned or traded in. The amount of each instalment and the instalment period of the Instalment Plan as approved by the Bank may not (except as permitted under Clause 4 below) be varied. The Bank is authorised to continue to debit the Cardholder's Card Account in accordance with these Terms and Conditions despite any agreement between the Cardholder and the Insurer being contrary to any of the above.
所有用作繳付本計劃之分期付款供款均不能退回、退換或貼換。於本計劃內經銀行批准之每期供款額及分期付款期數均不能更改(除依據下列第四項條款而獲准外)。銀行可不理會持卡人與承保人之間有違本條款細則之協議，有權繼續於持卡人戶口內依據本條款細則扣除供款額。
3. The amount of each instalment will be debited to the Cardholder's Card Account on a monthly basis and will be included as a transaction appearing on the statement to be sent to the Cardholder in relation to the Card Account. Save where expressly provided herein, each instalment amount shall be treated in the same way as a transaction charged to the Card Account and shall be paid by the Cardholder in the same manner.
每期供款額將於信用卡持卡人戶口內按月扣除，並於寄予持卡人信用卡賬戶月結單內顯示為一項交易。除非在本條款內另有規定，每期供款額將作為信用卡賬戶內之一項交易般處理，而持卡人應以等同方式繳付。
4. The Cardholder may at any time repay to the Bank the sum of all instalments then remaining outstanding under the Instalment Plan by cheque or other means of payment acceptable to the Bank. If the Cardholder's Card Account is cancelled or terminated at any time during the instalment period, the sum of all instalments then remaining outstanding under the Instalment Plan shall become immediately due and payable by the Cardholder.
不論何時，持卡人均可以支票或其他銀行認可之付款方式支付所有尚未繳付之剩餘供款額。如果在分期付款期間，持卡人信用卡賬戶遭取消或終止，所有尚未繳付之剩餘供款得視為立即到期，需向銀行即時繳付。
5. The credit limit assigned to the Cardholder's Card Account will be reduced by the total of all instalment amounts of the Instalment Plan upon the Instalment Plan being approved by the Bank and will only be restored as each instalment amount is paid and to the extent of the instalment amount actually received by the Bank.
本分期付款計劃獲銀行批准後，持卡人信用卡信用限額將相應減低，減少之數額為分期付款之總額；而信用限額將隨持卡人繳付每期供款額及銀行確切收受供款後自回增。
6. The Bank accepts no responsibility in any way for Preferred Care and/or the annual premium and levy[^] paid under the Policy and any dispute relating to the same should be resolved by the Cardholder directly with the Insurer and no claim by the Cardholder against the Insurer will relieve the Cardholder from his/her obligation to repay the monthly instalments and other obligations to the Bank hereunder.
對於任何以分期付款計劃買之優越醫護計劃支付的保費及徵費[^]，銀行概不負責；任何有關保險及/或保費及徵費[^]之爭議由持卡人直接與承保人解決。即使持卡人向承保人索償，亦不能免除持卡人按分期付款計劃繳付每月之供款及其對銀行之其他責任。
7. Unless otherwise provided herein, the Bank's Credit Card Cardholder Agreement or the Bank's Affinity/Co-branded Card Cardholder Agreement ("Cardholder Agreement") shall apply to payments under the Instalment Plan as if each instalment amount were a transaction charged or to be charged to the Cardholder's Card Account. In the event of any conflict between these Terms and Conditions and the Cardholder Agreement, the former shall prevail to the extent that the same relates to matters involving payments under the Instalment Plan.
除非在此另外註明，滙豐信用卡持卡人合約或滙豐聯營卡持卡人合約(下稱「持卡人合約」)應適用於本計劃下之所有繳費，而每次供款均會作為信用卡賬戶內之一項交易處理。如本條款細則與持卡人合約互相抵觸，有關本計劃之付款規定，皆以本條款細則為準。
8. The Bank reserves the right to alter these Terms and Conditions from time to time and may notify the Cardholder of such alterations in any manner it thinks fit (including display at the Bank's branches). The Cardholder will be bound by such alterations unless the sum of all instalments then remaining outstanding under the Instalment Plan is settled in full before the date upon which any such alterations is to have effect.
銀行保留權利，可不時修訂本條款細則，並以其認為適當之方式(包括在銀行分行張貼告示)，將此等修訂通知持卡人。持卡人需受此等修訂約束，除非本分期付款計劃內之全部分期供款額及剩餘供款額於任何修訂生效前付清，則作別論。
9. This application of the Instalment Plan is subject to the available balance in, and credit limit available to, the Cardholder's Card Account and to acceptance by the Bank.
關於本計劃的所有申請，均需視乎持卡人信用卡狀況和可用結餘；並需經銀行接納始為有效。
10. The Bank and the Insurer reserve the right to withdraw or cancel the Instalment Plan without prior notice.
銀行及承保人保留權利，在可毋須事先通知客戶的情況下撤銷或取消分期付款計劃。
11. These Terms and Conditions will be governed by and construed in accordance with the laws of the Hong Kong Special Administrative Region.
本合約得受香港特別行政區香港法律約束，並依香港法律詮釋。
12. In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.
如中英文版本的條款有任何分歧，以英文版本為準。

[^] Levy collected by the Insurance Authority will be imposed on this policy at the applicable rate. For further information, please visit www.axa.com.hk/ia-levy or contact AXA at (852) 2867 8678.

[^] 保單將會按適用之徵費率徵收保險業管理局的有關徵費。欲了解更多詳情，請瀏覽 www.axa.com.hk/ia-levy 或致電AXA安盛(852) 2867 8678。