

Worldwide Elite Medical Plan Pre-authorisation Form

環球滙晉醫療計劃 預先批核申請表

Five Simple Steps 簡易五步驟

- 1 Call the Worldwide Elite Customer Service Hotline at (852) 2867 8611 to enquire your benefit eligibility and coverage.
請致電環球滙晉客戶服務熱線(852) 2867 8611查詢您可享有的醫療保障和保障範圍。
- 2 Complete and send the Pre-authorisation Form to AXA at least 1 working day prior to admission to hospitals/clinical operation within Hong Kong and 3 working days prior to admission to hospitals outside Hong Kong.
填妥預先批核申請表，於香港入住醫院/進行診所手術前一個工作天或入住非香港醫院前三個工作天內傳真或電郵至：
Fax no. 傳真號碼：(852) 2285 6258 Email 電郵地址：wemp@axa.com.hk
- 3 Upon completion of the Pre-authorisation assessment, AXA will notify you about the decision. If successfully approved, a “Letter of Guarantee (LOG)” will be issued to a specified hospital stating your pre-authorised limit and a “Pre-authorisation Confirmation Letter” will be issued to you prior to your admission to the hospital. If not approved, a “Pre-authorisation Decline Letter” will be issued to you.
在完成預先批核評估後，AXA安盛會通知您有關結果，若成功批核，AXA安盛將在您入院前向您的醫院發出「付款保證書」，清楚列明您可享用的信用保證額，並向您寄出「預先批核申請確認信」。若未能成功批核，AXA安盛將向您寄出「預先批核申請拒絕信」。
- 4 Upon admission to the specified hospital, please present your Worldwide Elite Medical Card for registration.
入住相關指定醫院時，請於醫院登記時出示您的環球滙晉醫療卡。
- 5 After being discharged from the hospital, AXA will settle the bill directly with the hospital for expenses within your pre-authorised limit. If you have chosen a plan with deductible option, you may need to pay the relevant deductible amount to the hospital before being discharged. Once AXA completes the claims assessment, if the amount AXA will pay to the hospital concerned for items which are not covered under the plan or exceeds the benefit limit amount under the plan (“Shortfall”), a Shortfall notice with details of the computation of the Shortfall amount (“Shortfall Advice”) will be sent to you prior to the Shortfall collection.
出院後，AXA安盛將直接代您向醫院支付您的信用保證額內的醫療費用。如您選擇的計劃設有自付額，您或須要於出院前向醫院繳付相關自付額。AXA安盛完成賠償評估後，如AXA安盛向相關醫院支付不受醫療計劃保障、或超出保障限額之項目的有關費用(“賠償差額欠款”)，將於收取款項前向您發出「賠償差額欠款通知書」，並列明有關細節。

Please Note 請注意：

1. Final decision about the approval of your pre-authorisation application is subject to the absolute discretion of AXA.
AXA安盛保留預先批核申請之最終決定權。
2. If hospitalisation is due to illness/disability which is classified under exclusions or whatsoever under the policy, the pre-authorisation application will be rejected and no LOG will be issued to the attending hospital.
如因保單不受保項目而入住醫院，預先批核申請將會被拒並不會獲發「付款保證書」。
3. You will be required to provide treatment information and authorise AXA to collect Shortfall, if any, from your designated credit card account. For more details, please refer to Part I below.
您須提供治療資料及授權AXA安盛從您指定的信用卡戶口中收取賠償差額欠款(如有)，詳情請參閱以下第一部分。
4. The actual date of claims notification depends on the submission of required documents by the hospital.
賠償通知的實際日期需視乎醫院遞交文件所需時間而有所不同。
5. In case the actual medical expense exceeds the pre-authorised limit stated in the LOG, you will need to settle the balance directly with the hospital upon discharge and submit a claim with official receipt(s) to AXA for assessment afterwards. (Payment of charges for any items not listed in the policy schedule or not covered under the plan will have to be borne by you).
如實際醫療費用超出付款保證書列明之信用保證額，您須直接向醫院支付餘款，並向AXA安盛提交正式收據以申請賠償(保障項目表並無列載及不受醫療計劃保障之項目之有關費用須由您自行承擔)。

Shortfall Collection Arrangement 收取賠償差額欠款安排

15 days after issuance of the Shortfall Advice, AXA will debit the Shortfall from your designated credit card account.
於發出賠償差額欠款通知書後15天，AXA安盛將從您指定的信用卡戶口中收取賠償差額欠款。

The credit card holder must be the Policyholder or the Insured Person or person with direct relationship to the Policyholder or the Insured Person (spouse and parent of a child who is aged between 14 days and 17 years or up to the age of 23 and is an unmarried person, financially solely dependent upon you, and is registered as a full-time student at school, college or university).

信用卡持卡人必須為此保單之保單持有人或受保人，或與保單持有人或受保人有直接關係(配偶及其子女為年齡介乎14日至17歲，或為最高23歲的未婚，及非財政獨立，並註冊為學校、學院或大學的全日制學生之父母)。

Only Visa and MasterCard credit card will be accepted. Credit card must be valid for at least 6 months after the date of hospital admission/date of treatment.
僅接收匯財卡及萬事達卡。信用卡有效期必須多於六個月(由入院日期或治療日期起計)。

AXA will hold HK\$500 from your designated credit card account until the claim assessment is fully completed.
AXA安盛將於您指定的信用卡戶口保留500港元的信用額，直至索償評估完成為止。

Please fill in Part I of the Pre-authorisation Form about credit card authorisation.
請填妥預先批核申請表第一部分有關信用卡授權。

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

Mailing Address: Claims Department - P.O. Box No. 90852 Tsim Sha Tsui Post Office, Kowloon, Hong Kong
郵遞地址：索償部 - 香港九龍尖沙咀郵政局郵政信箱90852號

Office Address: Unit A, 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

公司地址：香港黃竹坑黃竹坑道38號安盛匯5樓A室

Worldwide Elite Customer Service Hotline 環球滙晉客戶服務熱線：(852) 2867 8611

Part I
第一部分

1. Credit Card Authorisation and Declaration 信用卡授權及聲明

I HEREBY AUTHORISE and DIRECT AXA General Insurance Hong Kong Limited ("AXA") to charge the credit card account (as specified on this Worldwide Elite Medical Plan Pre-authorisation Form) to repay any medical expenses not covered by the policy or Shortfall incurred.

本人謹此授權安盛保險有限公司(「AXA安盛」)從本人之信用卡戶口(列明在「環球滙晉醫療計劃」預先批核申請表上)中扣除任何應償還不受保治療及賠償差額欠款。

I hereby declare that the below information is true, accurate and complete; agree to fully indemnify and hold AXA harmless from any loss, claim, damage, proceeding, cost, expense and liability directly or indirectly suffered or incurred by AXA in connection with the disclosure of any of the information contained herein or processing any such transfer(s) or payment(s).

本人謹此聲明下述之資料乃屬真實、準確及完整，並同意對AXA安盛作全面賠償擔保，不使AXA安盛因披露本授權書中之任何資料或處理任何該等轉賬或付款而直接或間接遭受或招致任何損失、申索、損害、訴訟、費用、支出及責任。

Remark: For security consideration, please note that we will no longer ask for the full Credit Card number via physical or softcopy form.

註：基於安全考量，我們將不再通過實體或電子表格索取您的完整信用卡號。

2. Policy Details/Credit Card Details 保單資料/信用卡資料

| | | |
|-----------------------------|---------------------------------|---------------------------------|
| Policy Number 保單號碼 | Name of Insured Person 受保人姓名 | Name of Policyholder 保單持有人姓名 |
| | | |
| Name of Cardholder 持卡人姓名 | | |

Relationship to the Policyholder/Insured Person: Policyholder/Insured Person 保單持有人或受保人本人
與保單持有人或受保人之關係：

Policyholder/Insured Person's 保單持有人或受保人之 _____ (Please specify/請註明)

* Only Visa and MasterCard credit card will be accepted. Credit card must be valid for at least 6 months after the date of hospital admission/date of treatment.
僅接收匯財卡及萬事達卡。信用卡有效期必須多於六個月(由入院日期或治療日期起計)。



Credit Card holder please authorise your Credit Card on our Digital Payment Authorisation Portal to repay any medical expenses not covered by the policy or shortfall incurred:

信用卡持卡人請在電子交易授權平台授權您的信用卡以扣除任何應償還不受保治療費用及賠償差額欠款：

<https://www.axa.com.hk/en/axa-wallet/customer/authorisation?bizType=pre-auth&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

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IMPORTANT : PLEASE DO NOT SIGN ON BLANK FORM
請勿在空白表格上簽署

| | |
|--|--------------------------------|
| Signature of Cardholder (must be consistent with signature of your credit card) 持卡人簽署 (須與信用卡記錄相符) | Date (DD/MM/YYYY) 日期(日/月/年) |
|--|--------------------------------|

Part II**第二部分**

To : AXA General Insurance Hong Kong Limited

致：安盛保險有限公司

Worldwide Elite Customer Service Hotline 環球滙晉客戶服務熱線：(852) 2867 8611

| (A) Information of the Insured Person (Patient) (to be completed by the applicant) 受保人(病人)資料(由申請人填寫) | |
|--|--|
| Name of Insured Person (Patient) 受保人(病人)姓名 | |
| Policy Number 保單號碼 | |
| HKID No./Passport No. 香港身份證號碼/護照號碼 | |
| Mobile No./Fax No. 手提電話/傳真號碼 | |
| Email Address 電郵地址 | |

All the required information under items 1-16 of Section B below must be completed and returned to us at least 1 working day prior to admission to hospitals/clinical operation within Hong Kong and 3 working days prior to admission to hospitals outside Hong Kong; otherwise, we will not be able to inform you of the pre-authorisation decision and issue the Letter of Guarantee to the hospital before your admission. Please take note that non-network doctors may charge to fill out this Pre-authorisation Form and AXA is not responsible for such charge being incurred.

倘若申請人未能於香港入住醫院/進行診所手術前一個工作天或入住非香港醫院前三個工作天內提交下列第一至第十六項所需資料，我們將無法在您入院前通知您有關結果及向醫院發出付款保證書。請注意非網路醫生或要求病人支付填寫預先批核申請表之費用，AXA安盛將不會退還此費用。

| (B) Particulars of Medical Information (to be completed by the attending doctor) 臨床及入院資料(由主診醫生填寫) | |
|--|--|
| About the hospitalisation 有關住院資料 | |
| 1 | Diagnosis/symptoms presented 診斷結果/出現病徵 |
| 2 | Onset date (DD/MM/YYYY) 病徵出現日期(日/月/年) |
| 3 | First diagnosed date (DD/MM/YYYY) 首次診斷日期(日/月/年) |
| 4 | Date of admission (DD/MM/YYYY) 入院日期(日/月/年) |
| 5 | Name of hospital/day case unit 醫院名稱/日症中心名稱 |
| <input type="checkbox"/> Clinic 診所 <input type="checkbox"/> Hospital OPD 醫院門診部 <input type="checkbox"/> Hospital day case 醫院日症 <input type="checkbox"/> Inpatient 住院 | |
| Treatment advised and estimated cost 建議治療及預計費用 | |
| 6 | Estimated length of stay 預計留院日數 |
| 7 | Bed class 住院級別 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 大房 <input type="checkbox"/> Hospital day case 醫院日症 |
| 8 | Treatment plan 治療計劃 |
| 9 | The therapeutic medication to be taken by the patient during hospitalisation 住院期間病人需要接受的藥物治療 |
| 10 | Name of investigation to be conducted during the hospitalisation 住院期間所需進行的診查/檢查名稱 |
| 11 | Name of surgical procedure 手術名稱 |
| 12 | Surgical fee 手術費用 |
| 13 | CPT codes CPT 編碼 |
| 14 | In-hospital doctor's visits per day (HK\$) 每日住院醫生巡房費(港幣) |

| | | |
|----|--|--|
| 15 | Estimated medical cost 估計所需醫療費用 | |
| 16 | If hospitalisation is arranged for scans, diagnostic testing, physiotherapy or a surgical procedure that is normally carried out in a day case or clinical setting, please explain reason(s) for hospital stay. 如是次住院之目的為進行診斷掃描、一般臨床檢驗、物理治療或一般日症處理之外科手術，請說明留院之原因。 | |

I HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true. 本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

Name of Doctor: _____ Date (DD/MM/YYYY): _____
醫生名稱： _____ 日期(日/月/年)： _____

Signature & Chop: _____ Tel. No./Fax No.: _____
簽署及蓋章： _____ 電話/傳真號碼： _____

Personal Information Collection Statement 收集個人資料的聲明

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 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. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. 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;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company’s business; and
13. 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; and
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

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，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. 評估閣下的財務需求；
6. 為客戶設計產品/服務；
7. 為統計或其他目的進行市場研究；
8. 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；
9. 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；
10. 進行身份和/或信用核查和/或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 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向本公司和/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者、受讓方、參與者或次參與者；及
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。

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/或以下列機構提供：
 - a) 任何安盛關聯方；
 - b) 第三方金融機構；
 - c) 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；
 - d) 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的直接促銷活動中。

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，獲得資料的副本，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：

資料保護主任
安盛保險有限公司
香港黃竹坑黃竹坑道38號安盛匯5樓

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場合。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。

Authorisation 授權

I (on behalf of the Insured Person (Patient), If applicable) HEREBY AUTHORISE that (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the Insured Person (Patient) and/or who has attended or may hereafter attend to the Insured Person (Patient) to disclose such information to AXA General Insurance Hong Kong Limited ("the Company"); (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the Insured Person (Patient) in relation to this claim. This authorisation shall bind the successors of the Insured Person (Patient) and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original. 本人(代表受保人(病人), 如適用)謹此授權(1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士、凡知道或持有任何有關受保人(病人)之紀錄者、及/或曾診驗或可能將會診驗受保人(病人), 均可將該等資料提供給安盛保險有限公司; (2) 安盛保險有限公司或任何其指定之醫生或化驗所, 可就其賠償申請替受保人(病人)進行所需之醫療評估及測試, 作為審核受保人(病人)之健康狀況。此授權對受保人(病人)之繼承人具有約束力; 即使死亡或無行為能力時, 此授權仍具效力。本授權書的影印本與正本均有同等效力。

I (on behalf of the Insured Person (Patient), If applicable) AGREE TO MAKE THE DECLARATIONS AND AGREEMENTS STATED AS FOLLOWS. 本人(代表受保人(病人), 如適用)同意作出以下之聲明及協議。

I (on behalf of the Insured Person (Patient), If applicable) HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true.

本人(代表受保人(病人), 如適用)謹此聲明及同意上述一切陳述及問題的所有答案, 就本人(代表受保人(病人), 如適用)所知所信, 均為事實全部並確實無訛。

I (on behalf of the Insured Person (Patient), If applicable) understand and agree to repay AXA General Insurance Hong Kong Limited any medical expenses not covered by the policy or shortfall incurred.

本人(代表受保人(病人), 如適用)明白並同意向安盛保險有限公司償還任何不受保治療及超過賠償額的費用。

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)及並不願意接收任何貴公司的推廣及直接促銷的材料。

Insured Person (Patient)'s Signature:
受保人(病人)簽署:

Date (DD/MM/YYYY):
日期(日/月/年):

The Policyholder/Legal Guardian should sign on behalf of the patient who is under 18 years of age.
如果病人是十八歲以下人士, 請由保單持有人/合法監護人代為簽署。

Please state the name and the relationship 請說明姓名及與病人之關係

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. General insurance plans are products of AXA but not HSBC. 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管局授權並受其監管。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。一般保險計畫乃 AXA 安盛之產品而非滙豐之產品。

Issued by AXA General Insurance Hong Kong Limited 由安盛保險有限公司刊發