

理賠編號 Claim No.

(只供內部使用 Internal Use Only)

## 住院或醫療賠償申請表 Hospital or Medical Claim Form

New Claim 新索償  Further Claim 再度索償

保單編號 Policy Number	保單權益人/持有人姓名 Name of Policyowner/Policy Holder	受保人姓名 Name of Life Insured / Insured Person
保險中介人編號 Insurance Intermediary Code	保險中介人姓名 Name of Insurance Intermediary	營業區 (如適用) Agency (if applicable)

### 重要提示 Important Notes

請確保下列各項，以免延誤索償進度：

- 由受保人 / 保單權益人/持有人詳細填妥及簽署此申請表
- 連同此表格一併要遞交的文件：
  - 由受保人主診醫生填寫的住院或醫療賠償申請表 – 醫生報告
  - 受保人及保單權益人/持有人的身份證明文件 (若過往並未遞交)
  - 收據正本 (如索償醫療費用) / 副本 (如索償住院現金)
  - 出院摘要 / 出院紙
  - 化驗 / 檢查報告副本
- 我們就審核是次賠償申請，或需向你或其他人士索取額外資料。
- 本保障範圍並不包括任何有關領取文件的費用。
- 填妥及提交此表格並不代表我們已接受您的索償申請。

Please ensure the following to avoid unnecessary delay in the claim process:

- This form is fully completed and signed by the Insured Person / Policyowner/Policy Holder
- Documents required to be submitted with this form:
  - Hospital or Medical Claim – Attending Physician's Report to be completed by the Life Insured/Insured Person's attending physician
  - Proof of Identity of the Life Insured/Insured Person and Policyowner/Policyholder (if not provided before)
  - Original Receipts (for medical expenses) / Receipt Copies (for income plan)
  - Discharge Summary / Discharge Slip
  - Laboratory Test / Investigation Reports Copies
- We may require additional information from you or third parties in order to assess your claim.
- Any cost of obtaining documents is not reimbursable under the Policy.
- The completion and submission of this form is not an acceptance of your claim.

### 甲部 - 受保人及是次索償詳情 Section A – Details of the Life Insured/Insured Person and Current Claim

受保人姓名 Name of the Life Insured/Insured Person	香港身份證 / 護照號碼 HKID Card / Passport No.
通訊地址 Mailing Address	聯絡電話號碼 Contact Phone No.
*此地址不會自動更新於你的保單記錄上 Your policy record will NOT be automatically updated with this address	
是次住院詳情 Details of current hospitalization	入院日期 _____ / _____ / _____ (年/月/日) Admission date (yyyy/mm/dd) 出院日期 _____ / _____ / _____ (年/月/日) Discharge date (yyyy/mm/dd) 確診 Exact diagnosis _____ 醫院名稱 Name of the hospital _____
若因意外導致，請詳述意外詳情。 If due to accident, please describe details of the accident.	意外日期 _____ / _____ / _____ (年/月/日) 地點 _____ Date of accident (yyyy/mm/dd) Place 意外詳情、受傷部份及傷勢 Accident details, part of body injured & nature of injury _____
若因疾病導致，請詳述有關疾病詳情。 If due to sickness, please describe details of the sickness.	病徵首次出現日期 _____ / _____ / _____ (年/月/日) Date symptoms first appeared (yyyy/mm/dd) 病徵詳情 Symptoms details _____
初診此傷 / 疾病的醫院 / 醫生資料 The hospital / physician first consulted for this injury / sickness	首次求診日期 _____ / _____ / _____ (年/月/日) First consultation date (yyyy/mm/dd) 醫院 / 醫生名稱及詳細地址 Name and full address of the hospital / physician _____ _____ _____

住院期間是否有進行手術或作日間手術？ Any surgery performed during hospitalization or as a Day Case Procedure?	<input type="checkbox"/> 是 (請提供詳情) Yes (please provide details) <input type="checkbox"/> 否 No  手術日期 Date of surgery _____ / _____ / _____ (年/月/日) (yyyy/mm/dd)  手術名稱 Name of surgery _____																							
曾應診此傷 / 疾病的其他醫院 / 醫生資料。 Other hospitals / physicians consulted for this injury / sickness	<table style="width:100%; border:none;"> <tr> <td style="width:70%; text-align:center;">           醫生 / 醫院名稱及詳細地址  <u>Name of hospital / physician and full address</u> </td> <td style="width:30%; text-align:center;">           求診日期  <u>Consultation date</u> </td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	醫生 / 醫院名稱及詳細地址 <u>Name of hospital / physician and full address</u>	求診日期 <u>Consultation date</u>	_____	_____	_____	_____	_____	_____															
醫生 / 醫院名稱及詳細地址 <u>Name of hospital / physician and full address</u>	求診日期 <u>Consultation date</u>																							
_____	_____																							
_____	_____																							
_____	_____																							
如適用，請提供其他就此傷病作治療 / 檢驗的詳情。 If applicable, please provide details of other treatment / investigation performed for this injury / sickness.	開始日期 Start date _____ / _____ / _____ (年/月/日) (yyyy/mm/dd)  結束日期 End date _____ / _____ / _____ (年/月/日) (yyyy/mm/dd)  所接受的治療 / 檢驗 Other treatment / investigation performed _____  _____																							
就是次住院是否有向其他保險公司遞交索償申請？ Is there any claim submitted to other insurance companies for this hospitalization?	<input type="checkbox"/> 是 (請提供詳情) Yes (please provide details) <input type="checkbox"/> 否 No  <table style="width:100%; border:none;"> <tr> <td style="width:25%; text-align:center;">           保險公司名稱  <u>Name of insurance company</u> </td> <td style="width:25%; text-align:center;">           保單號碼  <u>Policy number</u> </td> <td style="width:25%; text-align:center;">           保額  <u>Sum insured</u> </td> <td style="width:25%; text-align:center;">           賠償進度  <u>Claim status</u> </td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	保險公司名稱 <u>Name of insurance company</u>	保單號碼 <u>Policy number</u>	保額 <u>Sum insured</u>	賠償進度 <u>Claim status</u>	_____	_____	_____	_____	_____	_____	_____	_____											
保險公司名稱 <u>Name of insurance company</u>	保單號碼 <u>Policy number</u>	保額 <u>Sum insured</u>	賠償進度 <u>Claim status</u>																					
_____	_____	_____	_____																					
_____	_____	_____	_____																					
<b>乙部 - 賠償選擇 Section B - Settlement Options</b>																								
賠款選擇 Payment Options	<table style="width:100%; border:none;"> <tr> <td style="width:20%;">           賠償貨幣 Payment Currency  <input type="checkbox"/> 保單貨幣 Policy currency      <input type="checkbox"/> 港幣 HKD         </td> </tr> <tr> <td>           賠償方法 Payment Method  <input type="checkbox"/> 支票 Cheque  <input type="checkbox"/> 自動轉賬 (只適用於港幣，請遞交銀行賬戶證明) Autopay (for HKD only, please submit proof of bank account)         </td> </tr> <tr> <td style="text-align:center;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> </td> </tr> </table> <p><b>請注意 Note</b></p> <ol style="list-style-type: none"> <li>戶口必須為保單權益人/持有人單獨持有的銀行戶口。 The account must be solely owned by the Policyowner/Policy Holder.</li> <li>相等之港幣將以立橋人壽保險有限公司於簽發付款時所釐定之貨幣兌換率計算，而有關之貨幣兌換率將不時轉變。 The HKD equivalent will be based on the currency exchange rate provided by Well Link Life Insurance Company Limited at the time of payment issuance and it can be changed from time to time.</li> <li>如沒有選擇，賠款將以保單貨幣支票發出。 If not specified, claim payment will be made by cheque in policy currency.</li> <li>請留意：此項要求並不代表您的索償現正獲得成功審批。同時，我們在收集全部證明文件後，將根據保單一切條款才作出最後審批。 Please note that this request should not be treated as an admission of our liability and we reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy</li> </ol>	賠償貨幣 Payment Currency <input type="checkbox"/> 保單貨幣 Policy currency <input type="checkbox"/> 港幣 HKD	賠償方法 Payment Method <input type="checkbox"/> 支票 Cheque <input type="checkbox"/> 自動轉賬 (只適用於港幣，請遞交銀行賬戶證明) Autopay (for HKD only, please submit proof of bank account)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																				
賠償貨幣 Payment Currency <input type="checkbox"/> 保單貨幣 Policy currency <input type="checkbox"/> 港幣 HKD																								
賠償方法 Payment Method <input type="checkbox"/> 支票 Cheque <input type="checkbox"/> 自動轉賬 (只適用於港幣，請遞交銀行賬戶證明) Autopay (for HKD only, please submit proof of bank account)																								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; height: 20px;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																								
支票遞送選擇 Cheque Delivery Option	<input type="checkbox"/> 郵寄 (至本賠償申請表上填寫的郵寄地址) By Mail (to the mailing address stated in this claim form) <input type="checkbox"/> 透過保險顧問遞送 Through insurance consultant																							

**丙部 - 聲明及授權 Section C – Declaration and Authorization**

1. 本人/我們確認已經閱讀並且明白個人資料收集聲明（「本聲明」），本人/我們同意立橋人壽保險有限公司（「立橋人壽」）可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人/我們的個人資料。本人/我們進一步確認，本人/我們已獲得任何其他有關人士（如適用的話）的明示同意，可以按照本聲明所述的用途將他們的個人資料提供給立橋人壽，並允許立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用該等的個人資料。  
I/We confirm that I/we have read and understood the Personal Information Collection Statement (“the Statement”). I/We agree that Well Link Life Insurance Company Limited (“Well Link Life”) may collect, use, store, process, disclose, transfer and otherwise share my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of any other relevant individuals (where applicable) for providing their personal data to Well Link Life for the purposes stated in the Statement and for allowing Well Link Life to collect, use, store, process, disclose, transfer and otherwise share such personal data in accordance with the terms of the Statement.
2. 本人/我們謹此代表本人/受保人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，不論是否本人/我們親手所寫，就本人/我們所知所信，均為事實全部並確實無訛。本人/我們明白並同意任何虛假或失實的陳述或資料或隱瞞可能影響及損害本人/我們就保單索償的權利，並可導致拒絕索償。  
I/We declare and agree on behalf of myself/the Life Insured/ Insured Person and other person referred to this form that all statements and answers to all questions, whether or not written by my/our own hand, are to the best of my/our knowledge and belief complete and true. I/we further understand and agree that any false or incorrect information or statements or omission provided and made in this form or through other means may prejudice or affect my/our entitlement or cover under the Policy; and may result in reduction or refusal of my/our claim(s).
3. 本人/我們謹此代表本人/受保人同意及授權 (i) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人/受保人健康、病歷、住院、治療、疾病、調查結果、受僱記錄、意外報告或其他資料之紀錄者，均可將該等資料（包括但不限於填寫立橋人壽的住院或醫療賠償申請 – 醫生報告）提供給立橋人壽或其指定的代表人士；(ii) 立橋人壽或任何其指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人/我們之繼承人及承讓人具有約束力；即使死亡或無行為能力時，在法律允許的範圍內此授權仍具效力。本授權及同意書的影印本與正本均有同等效力。  
I/We hereby authorize on behalf of myself/the Life Insured/Insured Person (i) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the Life Insured/ Insured Person to disclose such information to Well Link Life or its representatives any and all information with respect to the my/the Life Insured/Insured Person’s health, medical history, hospitalization, advice, treatment, disease, investigatory result, employment record, accident report or statement (including but not limited to completing Well Link Life’s Hospital or Medical Claim – Attending Physician’s Report ); (ii) Well Link Life or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Life Insured/ Insured Person in relation to this claim. This authorization shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity in so far as legally permissible. A photocopy of this declaration and authorization shall be considered as effective and valid as the original.
4. 如本保單有任何按有關規定需收取但仍未繳付的應繳費，本人謹此同意及授權立橋人壽從賠償款項中扣除。  
If there are any outstanding payable levy as per regulatory requirement under this policy, I/we hereby agree and authorize Well Link Life to deduct from the proceeds.
5. 本人/我們聲明及同意已獲受保人授權及同意本人作出上述授權。  
I/We declare and agree that I have the full authority from and consent of the Life Insured/Insured Person to make the above authorizations.

日期 (年/月/日)  
Date (yyyy / mm / dd)

受保人簽署 Signature of the Life Insured/ Insured Person  
(姓名 Name: )

日期 (年/月/日)  
Date (yyyy / mm / dd)

保單權益人/持有人簽署 Signature of the Policyowner/Policy Holder  
(姓名 Name: )

## 個人資料收集聲明(「本聲明」)

立橋人壽保險有限公司(以下統稱為「我們」或「我們的」)為立橋集團成員;團隊並不時加添新的聯營及附屬公司成員(統稱為「我們集團」或「立橋集團」)。我們明白其根據香港特別行政區個人資料(私隱)條例(第486章)(「私隱條例」)收集、持有、處理、使用、轉移、披露和/或共享該等個人資料所負有的責任,本聲明亦就此而制定。

### 收集個人資料目的

您須不時向我們提供關於您自己、保單權益人、受保人、索償人及/或其他有關人士的資料,以便我們能向您提供保險產品和服務。向我們提交您的資料是自願性的,然而,若您未能提供有關資料,可能導致我們不能為您或繼續為您提供保險及/或相關產品與服務。

我們可能向您收集、使用、儲存、處理、轉讓、披露或分用您的個人資料,以達到下列目的(包括但不限於):

1. 確保您及您的電腦能以最有效方式瀏覽我們的網站內容;
2. 確保我們能與您溝通,處理查詢,並驗證您的身份;
3. 確定您可能符合資格投保的保險計劃,並提供報價;
4. 為您處理評核向我們提出的投保申請,管理並進行調整、取消、更新保單、續保或附加批註;
5. 協助我們簽發、管理及處理您的保單、籌劃共同保險及/或再保險、執行付款指令、處理續保通知及相關服務;
6. 協助我們評核及處理索償申請、調查及結清索償、以及偵測和防止欺詐行為(無論是否與該索償申請的保單有關);
7. 行使代位權(如適用)或追收尚欠金額(如有);
8. 不時就本條款所列的任何目的核對所持有的與您有關的任何資料;
9. 為統計或其他目的進行市場研究,以改善我們的產品和服務及為您設計產品/服務;
10. 按保單條文履行我們與您之間的合約義務,及我們為向您提供任何產品或服務而牽涉的其他目的;
11. 推廣、管理、經營及促銷我們及立橋集團的保險產品及服務;
12. 就您事前訂明的同意(如有)約束之下,直接促銷下列「直銷」段落所述的產品、服務及其他標的,而您可在任何時間知會我們以行使撤回同意的權利;
13. 在您自願的情況下,讓您參與我們的互動服務;
14. 遵守任何義務、要求、政策、程序、措施或安排與我們及立橋集團分享資料;
15. 遵守任何適用法律、規則、規例、實務守則或指引所要求與我們及立橋集團分享資料、或披露個人資料以協助在香港或以外其他地方的警方或監管機構調查、或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動;及
16. 其他在收集個人資料時或之前列明之目的。

### 個人資料轉讓

所有收集得來的個人資料將予以保密,但我們可能會按香港境內外的個別情況,把您的個人資料(包括信用資料和索償歷史)披露及轉讓至或由:

- 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、與業務營運,和/或其他服務予我們之代理、承辦商或第三者和任何為我們提供保單管理和保險服務的服務供應商,包括但不限於保險中介人、財務顧問、為保險公司承保的分保公司、僱主、理賠師、索償調查公司、律師、會計師、醫護組織或專業人士、醫院、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)、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等,不論在香港或其他地方,並有同等的保密義務;
- 相關的保險業協會/聯會及其成員、整合保險業索償及承保資料組織、防欺詐組織及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(及其營運者);
- 立橋集團成員、聯營公司和商業合作夥伴;
- 精算或研究機構;

- 政府、司法機構、執法機構、監管機構、稅務局或任何根據法例和/或監管責任而需作出披露的人士;和
- 其他在收集個人資料時列明的轉讓人士

以上情況適用於香港境內或境外的。假如我們需要把您的個人資料轉讓至香港境外地區,我們會確保受讓者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施,以保障您的個人資料,而轉讓必須符合上述目的。

### 直銷

我們可能會不時使用、披露或提供您的姓名、聯絡資料、和個人資料(包括服務及產品組合、交易模式和行為、財務及背景資料)(「相關個人資料」),讓立橋集團的成員及我們的聯營公司和商業合作夥伴(無論有獲利與否)可以使用相關個人資料,為您提供與以下產品和服務進行直接促銷(包括但不於提供獎賞、客戶或會員或優惠計劃):

- 保險、銀行、金融、證券、資產管理和相關產品及服務;
- 健康、保健及醫療、餐飲、體育運動及會員服務、健身或類似的休閒活動、旅遊及交通、社交網絡、媒體的產品及服務。

我們及立橋集團有意向您送交推廣訊息或資料,及根據上述段落使用包括披露或提供您的相關個人資料,如沒有您的同意(包括不反對的表示),我們不會使用。您亦可以行使權利,撤回先前同意我們使用和/或披露相關個人資料,和/或向第三方提供相關個人資料作直銷用途的決定,假如您選擇行使該權利,我們要確保停止使用或提供相關個人資料作直銷用途,但作續保通知及相關服務則例外。如您不同意我們擬對您相關個人資料的使用、披露或提供,您可於任何時間致函給我們,以行使您不同意或撤回您同意此項安排的權利。

### 查閱個人資料

按照「私隱條例」規定,您有權查閱及更正我們所持有的個人資料。我們會盡快處理您提出的查閱及更正個人資料要求,但在某些情況下,我們可能會收取合理的費用,以抵銷我們為執行您的資料查閱要求而引致的行政和實際費用。如果我們未能為您提供資料,我們需提供拒絕理由,並提供所憑藉的法律理據。

若您要行使有關權利,或您對我們的私隱政策及個人資料收集聲明有任何疑問,請以書面方式郵寄至:個人資料保護主任(客戶服務),立橋人壽保險有限公司,香港上環干諾道中168-200號信德中心招商局大廈11樓1116-1118室。

### 資料保安

我們採取切實可行的步驟,確保我們所持有的個人資料受到保護,收集的個人資料亦儲存於安全伺服器內,並在合約或法律訂明的必要保留期限內(以較遲者為準),保留、維護、控制、保護您的個人資料,所有涉及付款交易及收集個人資料的網頁亦使用嚴格的保安程序。

### 保留權利

我們保留全權及絕對酌情權隨時更改或修改本聲明及私隱政策,以確保本聲明及私隱政策配合我們未來發展、行業發展趨勢和/或任何法律或監管規定的變動。

## Personal Information Collection Statement ("Statement")

Well Link Life Insurance Company Limited (referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group with associated, affiliated and subsidiary members companies as added from time to time (referred to hereinafter as "Our Group" or "Well Link Group"). We recognize Our responsibilities in relation to collection, holding, processing, use, transfer, disclose and/or share of personal data under the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong) (the "PDPO") and this Statement is made accordingly.

### Purpose of Collection

From time to time, it is necessary for you to supply Us personal information about yourself, policyowner, life insured, beneficiary and/or other relevant individuals in connection with our provision of products and services. Provision of the personal information to Us by you is voluntary. However, failure to supply such information may result in Us not being able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

We may also collect, use, store, process, transfer, disclose or share your personal data for purposes including but not limited to:

1. ensuring that content from Our website is presented in the most effective manner for you and for your computer;
2. enabling Us to communicate with you, respond to your queries and to verify your identity;
3. identifying policies of insurance issued by Us for which you may be eligible and to provide you with quotes;
4. assessing, processing any application for policies of insurance that you make and administering and carrying out variations, cancellations, endorsements or renewals of insurance products as the case may be;
5. assisting in the issuance, administration, processing, arranging coinsurance and/or reinsurance of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims application, investigating and claims settling, detecting and preventing fraud (whether or not relating to the policy issued in respect of the claims application);
7. exercising rights of subrogation (if applicable) and collection of amounts outstanding (if any);
8. matching any data held which relates to you from time to time for purposes as listed here;
9. conducting market research for statistical or other purposes to allow Us to improve our products and services for you and designing products/services for You;
10. carrying out Our obligations arising from any contracts entered into between you and Us and other purposes in connection with the provision of any of Our products or services to you;
11. promoting, managing, conducting and marketing the insurance products and services of Well Link Life Insurance Company Limited and Our Group;
12. direct marketing of products, services and other subjects as described under the heading "Direct Marketing" below subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying Us at any time;
13. allowing you to participate in interactive features of Our service, when you choose to do so;
14. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
15. using or making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purpose, investigations by police or other government or regulatory authorities or bodies in Hong Kong or elsewhere and complying with the laws of any applicable jurisdiction in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities within or outside Hong Kong; and
16. other purposes notified to you on or before the time of collection or use.

### Data Transfer

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data (including credit information and claims history) to or from:

- any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, administrative and/or other services to us in connection with company's operations and provision of policy administration and insurance services, including but not limited to insurance intermediaries, financial advisors, reinsurers, employers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities or professionals, hospitals, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same;

- related insurance industry associations/federations and their members, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- any member of the Well Link Group, Our associates and business partners;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement, tax authority or competent regulatory bodies or any person to whom we are under a legal and/or regulatory obligation to make disclosure; and
- other persons as notified to you on or before the time of collection or use,

in each case both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

### Direct Marketing

We may, from time to time, use, disclose or provide your name, contact details and personal data (including services and products portfolio, transaction pattern and behavior, financial and demographic data) ("Relevant Personal Data") to members of Well Link Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

- Insurance, banking, financial, securities, assets management and related product and services;
- Products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking and media.

We and Well Link Group intend to send you marketing communications or material and use, disclose or provide your Relevant Personal Data in accordance with the paragraphs above for direct marketing purpose and we cannot do so without your consent (which includes an indication of no objection). You may exercise your right to withdraw your consent to the use and/ or the disclosure or provision of your Relevant Personal Data by Us to a third party for direct marketing purposes, and if you choose to exercise such right, We shall cease to use and disclose or provide your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you do not agree to Our intended use, disclosure or provision of your Relevant Personal Data, you may write to Us to opt out from or withdraw your consent to direct marketing at any time.

### Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. Your request to provide information will be dealt with in a reasonable time and We may recover from you Our reasonable cost for processing your request and supplying the information to you. If We do not provide you with access, We will provide you with reasons for the refusal and inform you of any legal exceptions relied upon.

If you wish to access or correct your personal data held by Us, or if you have any questions, comments and requests regarding this Statement and Our Privacy Policy Statement, please submit your request in writing and address to: Data Protection Officer of Customer Service, Well Link Life Insurance Company Limited, Units 16-18, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Sheung Wan, Hong Kong.

### Security

All information you provide to Us is stored on Our secure servers and, are maintained, controlled, protected and retained for either the period of Our business relationship or, for the requisite retention periods as stipulated in any contractual arrangements or applicable laws (whichever is later). Any payment transactions and all pages that require personal information will be processed in secured way.

### Reservation of Rights

We reserve Our rights to vary or amend this Statement and Our Privacy Policy Statement at any time and at Our sole and absolute discretion to ensure the consistency with Our future developments, industry trends and/or any changes in legal or regulatory requirements.