

Health Insurance Claim Form (醫療保險索償申請表)

We are sorry to hear of your accident/admission. In order for us to consider your claim, please complete the Health Claim Form and submit the relevant documents listed below within thirty (30) days from the date of discharge from the hospital. Thank you.

(我們很抱歉得悉您所蒙受之意外/住院。為了讓我們更快跟進您的索償申請，請於出院後三十(30)天內填妥此醫療保險申請表格並連同有關之證明文件一併交回。多謝您的合作。)

1. Policyholder's Details (保單持有人的詳細資料)

* To tick/delete as appropriate
(請加上✓號/刪除不適用部份)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份證號碼)	Policy no. (保單號碼)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Residential address (住宅地址)		

2. Patient's Details (病者的詳細資料)

If patient is different from Policyholder (如病者與保單持有人不同)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份證號碼)	Date of birth (出生日期)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Residential address (住宅地址)		

3. Admission Details (入院的詳細資料)

Name of hospital (醫院名稱)	
Country (if not in Hong Kong) (國家·如香港以外地區)	
Date of admission (入院日期)	
Date of discharge (出院日期)	
Please describe the patient's symptoms, sickness or injury in details (請描述病者的病徵·病症或受傷情況)	
If injury, please describe the accident including date and time of occurrence (如因意外受傷住院·請詳細描述事件發生的經過包括意外日期及時間)	
Was the accident reported to Police? If yes, please provide the name of police station and reference number (有否就是次意外向警方報案。如有·請提供報案警署名稱及檔案號碼)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (有) _____ (沒有)	
Has the patient ever seen a doctor for this or any similar conditions in the past? If yes, please give us the dates, name of doctors and hospital (病者從前有否因同樣或類似的情況接受醫療治療。如有·請提供診症日期·醫生及醫院的名稱)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (有) _____ (沒有)	
Name of patient's usual doctor including address and telephone number (病者慣常就醫的醫生姓名包括地址及電話)	
During the hospitalisation, has the patient admitted to the intensive care unit? If yes, please advise the exact date(s) (住院期間病者有否入住醫院的深切治療部。如有·請提供日期)	
<input type="checkbox"/> Yes <input type="checkbox"/> No (有) _____ (沒有)	

Well Link General Insurance Company Limited 立橋保險有限公司

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Claims Hotline 索償熱線 : +852 2884 8899

A member of Well Link Insurance Group Holdings Limited 立橋保險集團控股有限公司成員

If you are entitled to claim under any other insurance policy, (eg. other travel, personal accident, life insurances etc), please provide us the details of those policies:

(如您可向其他保險如旅遊保險、個人意外、人壽保險等申請索償，請提供有關的保單資料)

Insurance company (保險公司名稱)	Type of policy (保險類別)	Policy no. (保單號碼)	Compensation amount (HK\$) (賠償金額為港幣)
Have you made any claims against any of the above insurers? <input type="checkbox"/> Yes <input type="checkbox"/> No (您有否就此意外/損失向上述保險公司申請索償) (有) (沒有)			

4. Bank Details (銀行戶口資料)

Please provide us your bank details for direct payment to your bank account for any valid claim. Please be reminded that this request should not be treated as an admission of our liability and we hereby reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy.

(請提供您的銀行戶口資料以便將成功審批的賠償款項直接轉帳到您的戶口。我們在此聲明，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，敬請留意。)

* The Bank account holder must be the Policyholder(s)/the Insured/Beneficiary named in the relevant Policy Schedule.

(戶口持有人必須為有關保單列明的投保人/受保人/受益人。)

Bank account holder name (戶口持有人姓名)	Bank name (銀行名稱)	Bank code (銀行代碼)	Branch code (分行編號)	Bank account no. (銀行戶口號碼)

5. Declaration and Authorization (聲明及授權)

I/We declare that all the above statements and particulars given by me/us in this form are true, complete and correct and that I/We have not withheld any material facts in respect of this claim.

我/我們謹此聲明上述提供之所有資料均為屬實完整，正確無誤，並無隱瞞重要資料事實。

I/We further declare that save and except those set out in part 3 hereinabove (if any), I/we have no other insurance policy(ies) indemnifying me/us in respect of this accident/incident.

我/我們聲明除了上述第三部份列出的保單外(如有)，我/我們並無其他保單就此意外/事件可作出賠償。

I/We acknowledge and understand that the Insurers will rely on the information and statements supplied and made by me/us /the policyholder/ the insured person(s), which I/we verily believe to be true, complete and correct, in prosecuting or defending any claims or proceedings in future; and that I/we/ the policyholder/ the insured person(s) under this Policy, if so required, will and are bound to sign relevant legal or court documents. 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 the conduct of such proceedings and my/our entitlement or cover under the Policy; and may result in reduction or refusal of my/our claim(s) and/or cancellation of the Policy.

我/我們確認貴保險公司會依靠我/我們/保單持有人/受保人所提供的資料(我/我們忠實地相信該等資料是真實和正確的)作為將來進行或抗辯任何索償或訴訟程序之用。如貴保險公司要求，我/我們/保單持有人/受保人同意及定必簽署任何依據該等資料所準備的法律文件。我/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該等訴訟及損害我/我們就保單索償的權利，並可導致拒絕索償及/或取消保單。

I/We hereby authorize any physician, hospital, clinic, police, government authorities and/or other organization or party concerned to disclose to Well Link General Insurance Company Limited or its representatives any and all information, records, knowledge or reports in connection with the accident/incident, including but not limited to my/our medical history, police reports, witness statements, investigation and/or prosecution results and the like for claim processing purpose. This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our subsequent death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

我/我們特此授權任何醫生、醫院、診所、警方、政府機關和/或其他機構或有關方向立橋保險有限公司或其代表披露及提供任何與所有就我/我們索償事件相關的資料、記錄或報告，包括但不限於我/我們的病歷、警察報告、證人口供、調查和/或起訴結果及有關索償程序用途的任何文件及資料。這授權將使我/我們的繼承人受到約束，儘管我/我們隨後死亡或喪失能力，在法律允許的範圍內仍然有效。本授權複印件與原件同樣有效。

I/We acknowledge and agree that Well Link General Insurance Company Limited by requesting me/us to complete and submit this form and to make the declaration herein does not constitute a waiver of any of its rights under the Policy and/or the law in general.

我/我們確認並同意立橋保險有限公司在要求我/我們提交此表格和聲明，並不構成其放棄保單條款下及一般法例下的任何權利。

Policyholder's Signature (保單持有人簽署)

Patient's Signature (病者簽署)

Date (日期)

6. Important Note (重要事項)

- **Any cost of obtaining documents is not reimbursable under the Policy**
(本保障範圍並不包括任何有關領取文件的費用)
- **In certain circumstances, we reserve our right to request for more information to substantiate the claim**
(在一些情況下，我們保留權利要求您提供進一步的資料以處理您的索償申請)
- **The completion and submission of this form is not an acceptance of your claim**
(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 required documents will be submitted as well to speed up the claim processing, if applicable.

(請確保以下所需文件一併遞交以加快索償申請，如適用)

Section (申請項目)	Hospitalisation Expenses (住院費用)	Hospital Cash (住院現金)
Copy of Policyholder's HKID card (保單持有人的身份證副本)	✓	✓
Copy of Claimant's HKID card (索償人的身份證副本)	✓	✓
Proof of relationship between policyholder and claimant (保單持有人與索償人的關係證明文件)	✓ Child only(只適用於兒童)	✓ Child only(只適用於兒童)
Any pathology and laboratory reports (病理及化驗報告)	✓	✓
Original hospital receipts (醫院收據正本)	✓	✓
Original post hospitalisation medical receipts (門診醫療收據正本)	✓	
Original private nursing receipts, pre-authorisation is required (私家看護收據正本，必須要預先批核)	✓	
Any medical reports/discharge summary/police report at your own costs (由您自費的醫療報告/出院報告/警方報告)	✓	✓
Medical report (to be completed by attending doctor) (由主診醫生所填寫的醫療報告)	✓	✓
Claim adjustment showing the payment breakdown from other sources (由有關機構發出的賠償列表副本)	✓	✓

Health Medical Report (醫療報告)

This report is to be completed by the Attending Doctor at the patient's own expenses (此報告必須由主診醫生填寫, 所需費用須由病者自行承擔)

Name of patient (病者姓名)	HKID card number (香港身份證號碼)
Name of hospital (醫院名稱)	Period of hospitalisation to (住院期間) (至)
Clinical diagnosis (臨床診斷)	
Date on which the patient first consulted you for this medical condition(s) (病者因該病首次向您求診的日期)	
Symptoms and complaints for this hospitalisation/treatment (是次住院及手術的症狀及主要原因)	
When did the symptoms first started/developed (請提供病徵最初期的形成時間)	
According to the medical history given by the patient, how long had the patient been experiencing these symptoms before the above first consultation (根據病者提出的病歷記錄, 病者在首次求診前已經歷該病徵有多久)	
What is the final diagnosis (最後診斷結果)	
Underlying cause of this medical condition for the hospitalisation (是次入院的基本原因)	
Please state the surgical procedures/treatment rendered. If no surgery was performed, please state treatment/medication given (請提供手術名稱/治療及日期。如沒有進行手術, 請提供治療/藥物資料)	
Surgical procedures (外科手術)	Treatment/medication (治療/藥物名稱)
Brief medical summary to show treatments, investigations, result and/or any complications, please attach diagnostic report(s) (在住院期間, 病者曾接受的治療、檢查、有關的結果及曾經出現的併發症, 請附上病理化驗報告副本)	
Was the patient referred by any doctor to see you? (病者是否由其他醫生轉介)	<input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否)
Please state the name and address of the referring doctor: (請提供該醫生的姓名及地址)	
Has the patient previously consulted other doctors for the same or similar condition (病者曾否因同樣或有關症狀接受其他醫生的治療)	<input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否)
If yes, please state the name and address of all the other doctors: (如是, 請提供其他醫生的姓名及地址)	
Name (姓名)	First consultation date (首次就診日期)
Name & address of clinic (診所名稱及地址)	
If you have consulted other specialist during this hospitalisation, please provide the consulted specialist's name and reason (倘若在病者住院期間需要諮詢其他專科醫生, 請提供該專科醫生的姓名及原因)	
Has the patient taken any home leave during the above hospitalisation period (病者在住院期間是否請假離院。如是, 請列出日期、時間及原因)	<input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否)
Based on the patient's medical condition, please give full reason for hiring a private nursing following discharge from hospital, if applicable (如適用, 根據病者的醫療狀況, 請提出聘請出院後私家看護的主要原因)	
Was the condition due to or associated with the following (please circle the right answer):- Pregnancy or childbirth, infertility, sterilization, sexually transmitted disease, AIDS / HIV related illness, obesity, self-inflicted injury, attempted suicide, abuse of drugs or alcohol, refractive defects of the eyes, sleep disorder, vaccinations, routine or preventative medical examinations, injury sustained from playing professional sport, congenital condition, genetic tests, psychiatric or mental illnesses, cosmetic surgery or none of the above (上述的診斷結果是否由於下列病症所引致[請選擇有關病症]):- 懷孕或分娩、不育、絕育、性病或性傳播疾病、愛滋病毒/人體免疫力衰竭或有關疾病、肥胖、自我傷害、企圖自殺、濫用藥物或酒精、眼部驗光毛病或糾正視力、睡眠障礙、疫苗接種、一般檢查或預防性治療、參與專業運動導致的意外受傷、先天缺陷、基因測試、精神病或心理病、美容或整容手術、以上皆不是)	
Declaration (聲明) I certify that I have personally examined and treated this patient and that the answers are true and correct to the best of my knowledge and belief, and no material fact has been concealed from Well Link General Insurance Company Limited. (本人謹此聲明本人已為病者進行評估及提供治療, 而上述所填報的資料是據本人所知及正確無訛, 同時本人並無對立橋保險有限公司作出任何隱瞞重要資料的事實。)	
Name of the attending doctor (主診醫生的姓名)	Signature (簽署)
Clinic/Hospital Stamp & Address (診所/醫院的印章及地址)	Date (日期)

Personal Information Collection Statement ("Statement")

Well Link General Insurance Company Limited 立橋保險有限公司 (referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group which is a well-established financial services 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"). 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 Us is accurate and secured.

Purpose of Collection

This Statement is made by Us in accordance with the PDPO. This Statement is intended to notify you why personal data is collected, how it will be used and disclosed, and to whom data access and correction requests are to be addressed.

We may, from time to time, collect personal information from you to be able to supply you with Our insurance products and services or from Your existing insurer, if necessary, to enable our provision of products and services. We may also, from time to time, 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 and processing of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims handling;
7. matching any data held which relates to you from time to time for purposes as listed here;
8. 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;
9. carrying out Our obligations arising from any contracts entered into between you and Us;
10. promoting, managing, conducting and direct marketing the insurance products and services of Well Link General Insurance Company Limited 立橋保險有限公司 and Our Group;
11. allowing you to participate in interactive features of Our service, when you choose to do so;
12. notifying you about changes to Our products and services;
13. helping prevent and detect fraud or loss;
14. other purposes in connection with the provision by any of Our product or service to you, including but not limited to policy underwriting, policy servicing and other administration relevant to any policies of insurance issued by Us;
15. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
16. 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 or other unlawful activities within or outside Hong Kong; and
17. other purposes notified to you on or before the time of collection or use.

If you do not want Us to use your personal data in any of the above-mentioned ways, please contact Us.

Generally, the type of personal information We collect includes a person's name, identification number, residential/postal address, telephone number and email address. It may, in certain circumstances, be obligatory for you to provide to Us certain categories of personal data (which shall be specified on or before the time of collection). If you do not provide any personal data marked as obligatory, We may not be able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

Transferees

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data to:

- 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, reinsurers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities, other insurance companies, 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;
- insurance industry associations/federations;
- any member of the Well Link Group;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement 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 Hong Kong. Where We transfer your personal data outside 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 transfer your name and contact details (including but not limited to telephone number, email address, postal address and Policy details) ("Relevant Personal Data") to Well Link Group and Our business partners 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 business partners may offer:

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

However, We cannot use your Relevant Personal Data and cannot disclose and transfer the same for direct marketing without your consent (which includes an indication of no objection) on or before the time of use.

You may exercise your right to withdraw your consent to the use and/or the disclosure of your 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 your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you object to the use and disclosure or transfer of your Relevant Personal Data for direct marketing, please indicate where specified at the time of collection.

Policy Renewal and Related Services

In order to ensure that you have continuance insurance cover, We shall at appropriate timing provide you with policy renewal notice and related services. Such services which have been expressly listed as one of the purposes for collection of your personal data hereinabove may entail use of your personal data. If you subsequently opt not to receive any policy renewal notice, you must bear the risk of failing to have your insurance renewed on time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. 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, please contact Us using the information below. 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.

Any questions, comments and requests regarding this Statement and our Privacy Policy Statement should be addressed in writing to:

Data Protection Officer
Well Link General 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.

Privacy Policy Statement

Our Privacy Policy Statement is available at Security And Privacy at Our website, which includes details of Our Cookie Policy and this Statement.

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 that this Statement and Our Privacy Policy Statement is consistent with Our future developments, industry trends and/or any changes in legal or regulatory requirements.

My acknowledgment

You acknowledge and accept that your use of Our website and/or Our product(s) and service(s) indicates your acceptance of Our website terms of use and of this security and privacy statement.

This forms part of Our current security and privacy statement. It replaces any previous Statement published on Our website. We are under no obligation to specifically notify you of any variation to this Statement or any other security and privacy statement.

BY your USE OF OUR WEBSITE and/or OUR PRODUCT(S) AND SERVICE(S), YOU AGREE AND ACCEPT OUR SECURITY AND PRIVACY STATEMENT.

Similarly, after any variation to this Statement, you agree and accept that We have provided you with sufficient notice of the variation and you are taken to have accepted every such new security and privacy statement.

個人資料收集聲明(“政策”)

立橋保險有限公司(以下統稱為「我們」或「我們的»)為立橋集團成員;立橋集團為成立已久、信譽卓著的金融服務機構。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。我們僅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，確保我們所持個人資料的準確性和安全性。

收集個人資料目的

我們「私隱條例」制定本政策，旨在通知您收集個人資料目的、使用、持有、披露及要求更改個人資料的方法，以遵守「私隱條例」的規定。

為了能向您提供保險產品和服務，我們可能需要不時向您或您現時的保險公司收集個人資料，達到下列目的：

1. 確保您及您的電腦能以最有效方式瀏覽本網站內容;
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，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;
7. 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;
8. 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;
9. 按保單條文履行我們與您之間的合約義務;
10. 推廣、管理、經營及直銷我們及立橋集團的保險產品及服務;
11. 在您自願的情況下，讓您參與我們的互動服務;
12. 通知您我們保險產品和服務的變更;
13. 協助我們防止及調查欺詐或損失;
14. 我們為向您提供任何產品或服務而牽涉的其他目的，包括但不限於承保、提供保單服務及為我們發出的保單而提供相關行政服務;
15. 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;
16. 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、恐怖主義融資或其他非法活動;及
17. 其他在收集個人資料時或之前列明之目的。

如您不同意上述任何一項的收集目的，請與我們聯繫。

一般情況下，我們收集的個人資料類型包括姓名、身份證號碼、郵寄地址、電話號碼及電郵地址。在某些情況下，我們可能會強制您提供某些個人資料（須在收集個人資料時或之前列明），假如您不願遵循，我們可能無法處理您的申請，和/或無法為您提供所要求的保險產品及服務。

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，把您的個人資料披露及轉讓至：

- 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機構、為保險公司承保的分分公司、理賠師、索償調查公司、律師、會計師、保健組織、其他保險公司、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；
- 保險業協會/聯會；
- 立橋集團成員；
- 精算或研究機構；
- 政府、司法機構、執法機構、監管機構、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、披露或轉移您的姓名、聯絡資料（包括但不限於電話號碼、電郵地址、聯絡地址、及保單細節）（「相關個人資料」），讓我們、立橋集團及我們的商業合作夥伴為您提供與以下產品和服務相關的宣傳資料而進行直接促銷（包括但不於提供獎賞、客戶或會員或優惠計劃）：

- 保險、銀行、金融服務、證券和相關產品及服務；
- 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。

除非收集個人資料時或之前得您同意（包括表示不反對），否則我們不能使用您的關連個人資料作直銷用途，而且不能把關連個人資料披露及轉讓作直銷用途。您亦可以行使權利，撤回先前同意我們使用和/或披露關連個人資料，和/或向第三方提供關連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關連個人資料作直銷用途，但作續保通知及相關服務則例外。假如您反對我們使用及披露相關個人資料作直銷用途，請在收集個人資料時的特設部分列明您的選擇。

續保通知及相關服務

為確保您繼續得到保障，本公司會適時向您提供續保通知及相關服務。該服務可能涉及使用您個人資料，並已明確列入上述的收集個人資料目的之一。假如您及後選擇行使權利拒絕接受續保訊息，這樣您必須自行承擔因未能依時續保的風險。

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，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，請按照以下方式聯繫我們，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。

如果您對我們的私隱政策及個人資料收集聲明有任何疑問，請郵寄至：

個人資料保護主任

立橋保險有限公司

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。

私隱政策

您可隨時查閱我們網站上的私隱政策與保安，包括 Cookie 檔案使用方法及本聲明。

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。

您的聲明

您已知悉及接受使用我們的網站及/或我們的產品和服務即表示您接受我們的網站使用條款及本保安及私隱聲明。

這是我們目前有效的保安及私隱聲明的一部份，本聲明取代以往在我們網站上公佈的任何保安及私隱聲明。我們可隨時更改本聲明或任何其他保安及私隱聲明，而無需特別向您發出通知。

使用我們的網站及/或我們的產品和服務即表示您同意及接受本保安及私隱聲明。

同樣地，在本聲明被修改後，您同意及接受我們已為您提供足夠的更改通知，而您會被視為接受任何新的保安及私隱聲明。

Use and disclosure of your personal data

(使用您的個人資料)

- If you do not agree to the proposed use or disclosure of your personal data in direct marketing of products and services from Well Link General Insurance Company Limited, its business partners or members of Well Link Group, save and except for the purpose of policy renewal and related services, please tick this box. For personal data usage, please refer to our Statement.
- 如閣下不同意立橋保險有限公司、立橋集團成員及其商業合作夥伴使用或披露閣下的個人資料作直銷用途，但作續保通知及相關服務則例外，請在方格填上✓號。有關您的個人資料用途，請參閱私隱政策與保安聲明。

Signature (簽署)

Date (日期)

Name (姓名)

Policy Number (保單號碼)

Contact Number (聯絡電話)

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

(中英文版本如有歧異，概以英文本為準)