



DIRECT DEBIT AUTHORIZATION FORM 直接付款授權書

Please complete and return this form to the party to be credited. 請填寫並將此授權書交給收款之一方。

Name of party to be credited (The Beneficiary) 收款之一方(受益人)	Bank No. 銀行編號	Branch No. 分行編號	Account No. to be credited 收款賬戶之號碼
Generali Life (Hong Kong) Limited	0 0 4	8 4 8	7 3 9 3 3 0 2 9 2

I/We hereby authorize my/our below named Bank to effect transfer from my/our account in respect of the payment of premium, fees and/or charges (if any) and levy* on insurance premium under this application / policy to the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

本人/吾等現授權本人/吾等之下述銀行，自本人/吾等之賬戶內轉賬以支付有關此投保申請/保單之應繳保費、費用及 / 或收費 (如有) 、及保費徵費*予上述受益人，(根據受益人不時給予本人/吾等銀行之指示)自本人/吾等之賬戶內轉賬予上述受益人。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.

本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).

如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加) ，本人/吾等願共同及各別承擔全部責任。

I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorized, my/our Bank shall be entitled, at its discretion, not to effect such transfer in which event the Bank may make the usual charge and that it may cancel this authorization at any time on one week's written notice.

本人/吾等同意本人/吾等之賬戶如無足夠款項支付該授權轉賬，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之收費，並可隨時以一星期書面通知取消本授權書。

This authorization shall have effect until further notice.

本授權書將繼續生效直至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

本人/吾等同意，本人/吾等取消或更改本授權書之任何通知，須於取消/更改生效日最少兩個工作日之前交予本人/吾等之銀行。

* Effective from 1 January 2018, the Insurance Authority collects levy on insurance premiums from policy holders through insurance companies.

* 由 2018 年 1 月 1 日開始，保險業監管局透過保險公司向保單持有人收取保費徵費。

Please complete all details shown below. 請填寫下列各項。

Bank Name and Branch 銀行及分行之名稱		
Bank No. 銀行編號	Branch No. 分行編號	Account No. to be debited 銀行賬戶之號碼
Policy Number (Debtor Reference) 保單號碼 (付款人編號)	Policyholder's name 保單持有人姓名	
8 7		
Name of bank account holder(s) including Joint Account (Please complete in English) 銀行賬戶持有人姓名包括聯名戶口 (請以英文填寫)	ID Number (ID Number must correspond with Bank record) 證件號碼 (證件號碼必須與銀行賬戶檔案相同)	ID Type [^] 證件類別 [^]
1. _____ 2. _____	1. _____ 2. _____	1. _____ 2. _____
[^] ID Type: HKID / Passport / Business Registration / Certificate of Incorporation / Other (please specify)		
[^] 證件類別: 香港身分證 / 護照 / 商業登記證 / 公司註冊證明書 / 其它 (請註明)		
Date (dd / mm / yyyy) 日期 (日 / 月 / 年)	Signature(s) of bank account holder(s) 銀行賬戶持有人簽名 (Signature(s) must agree with Bank record 簽名必須與銀行紀錄相符)	1. _____ X 2. _____ X
FOR BANK USE ONLY 銀行專用		Signature Verified
Declaration 聲明 I / We acknowledge that I / we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Generali Life (Hong Kong) Limited (the "Company"). I / We confirm that I / we have read and understood the Statement. I / We agree that the Company may collect, use, store, disclose, transfer and otherwise process 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 the life insureds and any other relevant individuals (where applicable) for providing their personal data to the Company for the purposes stated in the Statement and for allowing the Company to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement. 本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽(香港)有限公司(「貴公司」)發出的收集個人資料聲明(「該聲明」)。本人 / 我們確認已經閱讀並且明白該聲明。本人 / 我們同意貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理本人 / 我們的個人資料。本人 / 我們進一步確認，本人 / 我們已獲得受保人和任何其他有關人士(如適用)的明示同意，可以按照該聲明所述的用途將他們的個人資料提供給貴公司，並允許貴公司可依照該聲明的條款收集、使用、儲存、披露、轉移及以其他方式處理該等個人資料。		
Signature of Policyholder 保單持有人簽署	Date (dd / mm / yyyy) 日期(日 / 月 / 年)	
X		

Personal Information Collection Statement 收集個人資料聲明

- a) From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the “**Company**”) with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and / or other relevant individuals (the “**Personal Data**”) in connection with the provision of insurance and / or related products and services to you, the processing of claims under insurance policies issued and / or arranged by the **Company**, and / or the processing of any or all other requests, enquiries and complaints from you.

閣下須要不時向忠意人壽(香港)有限公司/忠意保險有限公司香港分行(如適用)(「**本公司**」)提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料(「**個人資料**」),以讓**本公司**為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

- b) Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and / or related products and services to you, process claims under insurance policies issued and / or arranged by the **Company**, and / or process any or all other requests, enquiries, or complaints from you.

閣下向**本公司**提供的個人資料全屬自願。然而,若閣下未能提供個人資料,可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務,處理經由**本公司**發出及/或安排的保單之下的索償事宜,及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

- c) The purposes for which the **Personal Data** may be used are as follows: (i) administering your insurance application, arranging and executing insurance contracts and / or related products and services, and managing your account with the **Company**; (ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and / or settlement of claims under insurance policies issued and / or arranged by the **Company**; (iii) exercising rights of subrogation(if applicable); (iv) collection of amounts outstanding (if any) from customers; (v) arranging coinsurance and / or reinsurance in respect of the insurance policies issued and / or arranged by the **Company**; (vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities; (viii) conducting data matching procedures; (ix) designing insurance and / or related products and services for customers' use; (x) marketing insurance and / or other related products and services of the **Company** and / or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the **Company**'s parent company) (hereinafter referred to as the **Group Entities**); (xi) statistical or actuarial research of the **Company**, its **Group Entities**, insurance industry associations or federations, government departments, regulatory or other recognized bodies; (xii) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and / or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and (xiii) fulfilling any other purposes directly relating to (i) to (xii) above.

個人資料可被用於以下用途:(i)處理閣下的保險申請,安排並執行保險合約或相關產品與服務,並管理閣下在**本公司**的賬戶;(ii)處理(包括但不限於調查、分析、評估和裁定)及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜;(iii)行使代位權(如適用);(iv)向客戶追收尚欠金額(如有);(v)經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險;(vi)透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡;(vii)提供客戶服務(包括但不限於處理查詢和投訴)及其他相關活動;(viii)進行資料核對程序;(ix)設計保險及/或相關產品與服務供客戶使用;(x)推銷**本公司**及/或**本公司**的關聯公司(包括但不限於本集團的公司、母公司、本母公司的信託公司)(下文合稱為「**集團實體**」)的保險及/或其他相關產品與服務;(xi)**本公司**、**集團實體**、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究;(xii)為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定,或**本公司**及/或**集團實體**應要遵守的任何其他有關規定,包括但不限於對客戶進行盡職審查及披露有關資料;及(xiii)實現與上述(i)至(xii)直接有關的任何其他用途。

- d) The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related: (i) intermediaries, claims service provider, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and / or other services to the **Company** in connection with the operation of its business; (ii) relevant insurance industry associations or federations, and / or members of such industry associations or federations; (iii) overseas locations or branches, as appropriate, of the **Company** and / or its **Group Entities**; (iv) persons to whom the **Company** and / or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c) (xii); (v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and / or its **Group Entities**; (vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and / or its **Group Entities**.

由**本公司**持有的**個人資料**將受到保密,但**本公司**可依據以上(c)段所列的用途向以下各方(不論在香港特別行政區境內還是境外)提供**個人資料**,事前無須知會閣下及/或該等**個人資料**所涉及的任何其他有關人士:(i)中介人、索償服務提供商、共同保險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方;(ii)相關的保險業協會或聯會,及/或該等協會或聯會的成員;(iii)**本公司**及/或以適用的**集團實體**海外辦事處或分行;(iv)根據上述(c)(xii)的規定,**本公司**及/或**集團實體**負有義務須向其作出披露的人士;(v)任何根據法律約束之下,**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構(包括但不限於稅務局、保險業監管局等);(vi)**本公司**的合法繼承人或受讓人;及(vii)對**本公司**及/或**集團實體**負有保密責任的人士。

- e) The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and / or members of such industry associations or federations.

本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料,來核實任何或所有**個人資料**。

- f) In accordance with the *Personal Data (Privacy) Ordinance (Cap 486)*: (i) any individual has the right to: (A) check whether the **Company** holds **Personal Data** about him / her and, if so, obtain a copy of such data; (B) require the **Company** to correct any **Personal Data** relating to him / her that is inaccurate; and (C) ascertain the **Company**'s policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.

根據第486章《個人資料(私隱)條例》:(i)任何人士均有權:(A)查詢**本公司**有沒有持有其**個人資料**,如有的話,可取得一份該等資料;(B)要求**本公司**改正其任何不正確的**個人資料**;及(C)查明關於**本公司**的**個人資料**政策和處事常規,並可獲通知有關**本公司**所持**個人資料**的種類;及(ii)**本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。

- g) The person to whom requests for access to **Personal Data** and / or correction of **Personal Data** and / or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows: *Personal Data Protection Officer, Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable), 21/F, 1111 King's Road, Taikoo Shing, Hong Kong.*

如欲查閱及/或改正**個人資料**及/或查詢關於**本公司**的政策和處事常規及所持**個人資料**的種類,請向以下人員提出要求:個人資料保護主任忠意人壽(香港)有限公司或忠意保險有限公司香港分行(如適用)香港太古城英皇道1111號21樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

附註:本收集個人資料聲明的英文及中文版本之間如有任何歧義,概以英文版本為準。