

Generali Life (Hong Kong) Limited
Assicurazioni Generali S.p.A.
Hong Kong Branch

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忠意人壽(香港)有限公司
忠意保險有限公司 香港分行

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Supplementary Form

補充表格

Policy Number

保單號碼

Private & Confidential 私人及機密

Name of Policyholder 保單持有人姓名	Name of Insured 受保人姓名
<p>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 / Assicurazioni Generali S.p.A. Hong Kong Branch (whichever applicable) (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.</p> <p>本人 / 我們確認，本人 / 我們已獲提供一份由忠意人壽(香港)有限公司或忠意保險有限公司 香港分行 (如適用) (「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 (如適用的話) 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。</p> <p>I / We hereby declare and agree that the following particulars are to the best of my / our knowledge and belief complete and true. I / We further declare that there has been no change in my / our occupation and health condition, and that I / we have not received any medical attention, consultation or examination since the date of the above said policy service application was completed.</p> <p>本人 / 我們在此聲明及同意此補充表格內所提供之一切陳述及資料，就本人 / 我們所知所信，均為事實之全部並確實無訛。本人 / 我們聲明自填寫保單服務申請表至今，本人 / 我們之職業及健康狀況均維持不變，且本人 / 我們沒有接受任何治療、診治或檢查。</p>	
Signature of Insured 受保人簽署	Signature of Policyholder (If other than Insured) 保單持有人簽署 (如非受保人)
Signature of Assignee (if any) 承讓人簽署 (如適用) If signed by company authorized signatory(ies), please indicate his/her title with Company Chop 如由公司獲授權簽署人士簽署，請列明其職銜及加上公司蓋印	Signature of Irrevocable Beneficiary (if any) 如由公司獲授權簽署人士簽署，請列明其職銜及加上公司蓋印
Signature of Witness 見證人簽署 (Name 姓名: _____)	Date (dd / mm / yyyy) 日期 (日 / 月 / 年)

Personal Information Collection 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 (whichever 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.
閣下須不時向忠意人壽(香港)有限公司或忠意保險有限公司 香港分行 (如適用) (**"本公司"**) 提供關於閣下自己、保單持有人、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.
閣下是自願向**本公司**提供**個人資料**的。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) processing (including, without limitation, underwriting) and/or approving applications for insurance and/or related products and services, and any addition, alteration, variation, cancellation, renewal and/or reinstatement of such products and services; (ii) administering insurance policies issued and/or arranged by the **Company**; (iii) 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**; (iv) exercising rights of subrogation, if applicable; (v) collection of amounts outstanding (if any) from customers; (vi) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**; (vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; (viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; (ix) conducting data matching procedures; (x) designing insurance and/or related products and services for customers' use; (xi) 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 such affiliated companies are collectively referred to as the **"Affiliated Companies"**); (xii) direct marketing of insurance and/or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the **Company** at any time; (xiii) statistical or actuarial research of the **Company**, its **Affiliated Companies**, relevant insurance industry associations or federations, supervisory authority, government department and/or other competent authority; (xiv) 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 **Affiliated Companies** are expected to comply with, including, without limitation, making disclosures of the relevant information; and (xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
個人資料可被用於以下用途：(i) 處理（包括但不限於承保）及/或審批保險及/或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效；(ii) 管理經由**本公司**發出及/或安排的保單；(iii) 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；(iv) 如適用的話，行使代位權；(v) 向客戶追收尚欠金額（如有）；(vi) 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；(vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；(viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；(ix) 進行資料核對程序；(x) 設計保險及/或相關產品與服務供客戶使用；(xi) 推銷**本公司**及/**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（該等關聯公司在下文合稱為**"關聯公司"**）的保險及/或其他相關產品與服務；(xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會**本公司**以行使撤回同意的權利；(xiii) **本公司**、**關聯公司**、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究；(xiv) 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，以及**本公司**及/**關聯公司**應要遵守的任何其他有關規定，包括但不限於披露有關資料；及(xv) 實現與上述(i)至(xiv)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) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, 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 **Affiliated Companies**; (iv) persons to whom the **Company** and/or its **Affiliated Companies** are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Affiliated Companies** are expected to comply with; (v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the **Company** and/or its **Affiliated Companies**; (vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and/or its **Affiliated Companies**.
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) 就**本公司**的業務營運向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、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/或其他有關各方，以適用者為準；(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/**關聯公司**的海外辦事處或分行，以適用者為準；(iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，**本公司**及/**關聯公司**負有義務須向其作出披露的人士；(v) 根據對**本公司**及/**關聯公司**有約束力的任何法律之下，**本公司**及/**關聯公司**須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；(vi) **本公司**的合法繼承人或受讓人；及 (vii) 對**本公司**及/**關聯公司**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 data about him / her and, if so, obtain a copy of such data; (B) require the **Company** to correct any data relating to him / her that is inaccurate; and (C) ascertain the **Company's** policies and practices in relation to data and to be informed of the kind of 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《個人資料（私隱）條例》（第 486 章）：(i) 任何人士均有權：(A) 查詢**本公司**有沒有持有其資料，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 thereof and/or for information regarding policies and practices and purposes of **Personal Data** held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited or Assicurazioni Generali S.p.A. Hong Kong Branch, 21/F, Cityplaza One, 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**的用途，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，香港英皇道 1111 號太古城中心一期 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。