

旅遊/財產/意外/家傭/勞工及其他產品批改申請書

Endorsement Application Form for Travel / Property / Accident / Domestic Helper / Employee Compensation Insurance and Other Products

請循以下聯絡方法交回填妥之表格 Please return the completed form to us by:

通訊地址: 香港中環德輔道中 71 號永安集團大廈 8 樓 Correspondence Address: 8/F., Wing On House, 71 Des Voeux Road Central, Hong Kong.
客戶服務熱線 Customer Service Hotline : 3187 5100 傳真 Fax : 3906 9948 電郵 Email: osc_policy@bocgroup.com

客戶資料 Customer Information

(此資料必須由客戶提供或確認) (This Information must be provided or confirmed by customer)

保單號碼 Policy No.	
產品類別 Product Category	<input type="checkbox"/> 家居險 Home Insurance <input type="checkbox"/> 旅遊險 Travel Insurance <input type="checkbox"/> 財產險 Property Insurance <input type="checkbox"/> 家傭險 Domestic Helper Insurance <input type="checkbox"/> 勞工險 Employee Compensation Insurance <input type="checkbox"/> 個人意外 Personal Accident Insurance <input type="checkbox"/> 其他 Others
保單持有人 / 投保公司名稱 Name of Policyholder / proposed Insured Company	
香港身份證 / 護照號碼/商業登記證號碼 HKID Card No. / Passport No. / Business Registration No.	
公司註冊證書編號 (如適用) Certificate of Incorporation No. (if applicable)	
聯絡電話號碼 Contact Phone No.	
傳真號碼 (如適用) Fax No. (if applicable)	
電郵地址 Email Address	

批改生效日期 Effective Date of Required Amendment: _____ (日 DD) / _____ (月 MM) / _____ (年 YYYY)

所需更改資料 Details of Amendment Required

(請在適當方格 內加 “✓”) (Please put a “✓” in the box as appropriate)

1. 更改保戶個人資料 Change Insured Personal Details:

(1) 保戶名稱 Name of Insured : _____

(2) 通訊地址 Mailing Address : _____

如更改同時適用於其他保單, 請提供其他保單號碼
Other Policy No. (if change is also applicable to those policies) : _____

(3) 聯絡電話 Contact No. : _____

(4) 手提電話 Mobile Phone No. : _____

(5) 電郵地址 Email Address : _____

(6) 受保地址 Insured Location/Insured Premise : _____

如保單屬家居險,請提供以下資料 Please provide the information below for Home Insurance
 建築面積,Gross Floor Area : _____ 實用面積,Saleable Area : _____
 建築年份 Year of Built : _____

(7) 勞工險 Employee Compensation Insurance:

僱員種類/僱員人數/年薪、工資及其他收入調整如下 Adjustment of Employee Category/Employee Count, Salary and other Income:

	僱員種類 Employee Category	僱員人數 Employee Count	年薪、工資及其他收入(港幣) Annual Salary, Wages and other Incomes (HKD)
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____

(8) 其他 (適用於家傭險) Others (Applicable to Domestic Helper Insurance) :

家傭姓名 Domestic Helper's Name: _____

家傭出生日期 Domestic Helper's Date of Birth: _____

家傭國籍 Domestic Helper's Nationality: _____

家傭護照/香港身份證號碼 Domestic Helper's Passport/HKID No: _____

2. 更改繳付安排 Change Payment Arrangement :

(1) 信用卡付款 Payment made by Credit Card

(請填妥以下「信用卡付款授權書」。 Please complete the below Credit Card Authorization Form.)

(2) 支票付款 Payment made by Cheque

3. 更改旅遊險保單生效日期。 Change the Policy effective date of Travel Insurance Policy:

請遵從以下步驟 Please follow these steps :

請重新投保新的保單，並於申請時註明您新的保單生效日期。 Please first apply for a new policy and indicate your new policy effective date.

在下方填寫新的保單號碼。 Fill in the policy number of your newly acquired policy below.

中銀集團保險會先取消您目前的保單。待新保單正式生效後，本公司處理已取消保單的退費申請。BOCG Insurance will cancel your existing policy, and once your new policy takes effect, we will process any applicable refunds for the cancelled policy.

重新投保保單號碼 New Policy No: _____

4. 更改保單到期日期 Change of Policy Expiry Date : _____(日 DD) / _____(月 MM) / _____(年 YYYY)
(適用於所有保險 Applicable to all kinds of Insurance)

5. 取消保單 Cancel Policy :

退款支票郵寄地址(如與保單通訊地址不同) Mailing address for refund cheque. (If it is different from Correspondence Address of the Policy) :
(只適用於退款 Only Applicable for refund)

6. 不續保 Not Renew :

7. 其他更改 Other Amendments. :

注意: 此信用卡授權書不適用於的財產險(家居險除外)。

Note: The Credit Card Direct Debit Authorisation Form does not apply to Property Insurance (except Home Insurance).

信用卡付款授權書 Credit Card Authorization Form


Visa Master 中銀銀聯雙幣信用卡 (必需由香港發出) BOC CUP Dual Currency credit card (Must be issued in Hong Kong)

持卡人姓名 Cardholder's Name	香港身份證號碼 HKID Card No.	信用卡戶口號碼 Credit Card Account No.	信用卡到期日 (月/年) Credit Card Expiry Date (M/Y)
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本人茲授權「中銀集團保險有限公司」從本人的信用卡戶口每月(如適用)/年支付應繳保費金額，直至另行通知。I hereby authorize and direct "Bank of China Group Insurance Company Limited" to debit the premium due from my credit card account on a monthly (if applicable)/yearly basis until further notice.

若信用卡持有人並非投保人，請填寫以下資料。 If Cardholder is not the proposed Insured, please fill in the following information.

- 與投保人關係 Relationship with the proposed Insured : _____
- 代投保人支付保費原因 Reason for paying premium on proposed Insured's behalf: _____
本人同意及承擔上述投保人之全數應繳之保費金額，本人亦明白如因終止保單而產生的任何退費會以支票方式給予投保人。 I hereby confirm to pay the premium due for the above proposed Insured. I also understand that any refund premium due to policy cancellation will be given to the proposed Insured by cheque.

持卡人簽署 Cardholder's Signature (須與信用卡簽署式樣相同 should be the same as the specimen signature on Credit Card)	X		聯絡電話號碼 Contact Phone No.	日期 Date (日 D/月 M/年 Y)
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聲明 Declaration

- 本人/本公司謹此聲明，於本批改申請書之陳述乃真確無訛，可作為簽發保單之根據。本人/本公司亦明白如資料錯誤或不詳盡，本人/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that the information stated in this Endorsement Application Form is true and complete and will form the basis of this insurance. I/Our Company also understand that if any information stated is untrue or incomplete, the cover for me/our Company and/or the Insured Person may be invalidated.
- 本人/本公司謹此聲明，本批改申請書是在香港特別行政區內簽署，如有任何訛騙或資料失實，本人/本公司及/或受保人之保障有失效之虞。 I/Our Company declare that this Endorsement Application Form is applied and signed in HKSAR, in case of fraud or factual misrepresentation, the cover for me/our Company and/or the Insured Person may be invalidated.
- 本人/本公司同意中銀集團保險保留一切有關批改申請書接納與否之權利。 I/Our Company agree BOCG Insurance reserves the right to accept or decline my/our Company's Endorsement Application Form.
- 本人/本公司明白必須繳付保費後，中銀集團保險對本人/本公司及/或受保人之保險責任始行生效。 I/Our Company understand that liability of BOCG Insurance for me/our Company and/or the Insured Person will only take effect provided that premium has been paid.

收集個人資料聲明 Personal Information Collection Statement

本人明白本人提供的資料為中銀集團保險提供保險業務所需，並可能使用於下列目的：I understand that the information provided by me to BOCG Insurance is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:

- (1) 處理及審批本人的保險申請或本人將來提交的保險申請 processing and evaluating my insurance application and any future insurance application I may make;
- (2) 執行本人保單的行政工作及提供與本人保單相關的服務 administering my insurance policy and providing services in relation to my insurance policy;
- (3) 分析或調查、處理及支付本人保單有關的索償 analysis or investigating, processing and paying claims made under my insurance policy;
- (4) 發出繳交保費通知及向本人收取保費及欠款 invoicing and collecting premiums and outstanding amounts from me;
- (5) 任何與保險有關的產品或服務的任何更改、變更、取消或續期 any alterations, variations, cancellation or renewal of any insurance related product or service;
- (6) 就以上用途聯絡本人 contacting me for any of the above purposes;
- (7) 中銀集團保險行使任何代位權 exercising any right of subrogation by BOCG Insurance;
- (8) 其它與上述用途有直接關係的附帶用途 other ancillary purposes which are directly related to the above purposes;及 and
- (9) 遵循適用法律、條例及業內守則及指引 complying with applicable laws, regulations or any industry codes or guidelines.

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees:

- a. 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問 (包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- b. 處理索賠個案的理賠師、理賠調查員及醫療顧問 in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- c. 追討欠款的收數公司或索償代理 in the event of default, debt collectors and recovery agents;
- d. 保險資料服務公司及信貸資料服務公司 insurance reference bureaux or credit reference bureaux;
- e. 再保公司及再保經紀 reinsurers and reinsurance brokers;
- f. 本人的保險經紀 (若有) my insurance broker (if I have one);
- g. 中銀集團保險的法律及專業業務顧問 BOCG Insurance's legal and professional advisors;
- h. 中銀集團保險的關連公司(以《公司條例》內的定義為準) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance);
- i. 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以使「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能 any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- j. 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的 any member(s) of the "Federation" by the "Federation" for any of the above or related purposes;
- k. 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的 any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
- l. 保險索償投訴局及同類的保險業機構 the Insurance Claims Complaints Bureau and similar industry bodies;及 and
- m. 法例要求或許可的政府機關 government agencies and authorities as required or permitted by law.

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人任何資料 BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料 Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (電話：2867 0888，傳真：3906 9939) I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department (Tel: 2867 0888 / Fax: 3906 9939).

接收推廣訊息指示 Receive Direct Marketing Materials Instruction

本人不欲中銀集團保險使用本人的個人資料經以下渠道作直銷推廣 (請以“✓”選擇渠道) I do not wish BOCG Insurance to use my personal data in direct marketing via the following channel(s) (please use “✓” to select the channel(s)):

- 電子推廣郵件 Promotion Email 電話短訊 SMS 直銷郵件 Direct Mailing 電話直銷 Telephone Call

如您遞交此投保書而沒有在以上任何方格內以“✓”號顯示您的選擇，即代表您並不拒絕中銀集團保險任何形式的直銷推廣。If you return this Proposal Form without ticking any of the above boxes, it means that you do not wish to opt-out from any form of direct marketing of BOCG Insurance.

以上代表您現在對是否接收直銷推廣資料的選擇，亦取代任何您之前已告知中銀集團保險的選擇。請注意，您以上的選擇適用於根據中銀集團保險的「資料政策通告」上所載的產品、服務及/或標的。請您參考該通告上有關中銀集團保險擬用於直銷推廣的個人資料種類。The above represents your present choice whether or not to receive direct marketing materials and replaces any choice communicated by you to BOCG Insurance prior to this application. Please note that your above choice applies to the direct marketing of the classes of products, services and/or subjects as set out in the Data Policy Notice of BOCG Insurance. Please also refer to the said Notice on the kinds of personal data which may be used in direct marketing.

將個人資料披露給本集團公司作直接促銷指示 Instruction to disclose personal data to the Group companies for direct marketing

為改善及提供更全面的服務予中銀集團保險的客戶，中銀集團保險可能會將您的個人資料提供予「本集團」*其他成員及其他人作其包括財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信的直銷推廣 (請您參考中銀集團保險的「資料政策通告」上有關中銀集團保險擬提供之直銷推廣的個人資料種類，該資料擬提供予甚麼類別的人士，以及該資料擬就甚麼類別的產品、服務及/或標的而使用。) 若您不欲中銀集團保險提供您的個人資料予以上人士作以上用途，請您在這方格上以“✓”號表示。To improve and provide more comprehensive services to our customers, BOCG Insurance may provide your personal data to other members of the Group* and any other persons for their use in direct marketing of financial, insurance, credit card, securities, commodities, investment, banking and related services and products and facilities and so forth. (Please refer to the Data Policy Notice of BOCG Insurance on the kinds of personal data which may be transferred to in direct marketing, the classes of persons to which your personal data may be provided to, and the classes of products, services and/or subjects in relation to which the data is to be used.) Please tick “✓” this box if you do not wish BOCG Insurance to provide your personal data to the above persons for the above purposes.

*「本集團」指中銀集團保險及其控股公司、分行、附屬公司、代表辦事處及附屬成員，不論其所在地。附屬成員包括中銀集團保險的控股公司之分行、附屬公司、代表辦事處及附屬成員，不論其所在地。The “Group” means BOCG Insurance and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of BOCG Insurance holding's companies, wherever situated.

申請人簽章 Signature of Applicant : _____

職位 Title : _____

名稱全寫 Print Name : _____

日期 Date : _____

本公司專用 For Office Use Only

覆核人	經辦人
No.	No.