

# TRAVEL INSURANCE CLAIM FORM 旅遊保險索償申請表



泰加保險  
TARGET INSURANCE

- Please read and complete every question in this Claim Form carefully. If necessary, please continue your answer on a supplementary sheet.  
請小心細閱此索償申請表並回答所有問題。若需要，請加附頁完成各項。
- The Company is entitled to request for more information or assign expert for investigation.  
本公司有權要求索償者提供更多資料，或委派專家進行調查。
- Any requisition of this Claim Form and other documents are not construed as an admission of liability on the part of the Company.  
要求遞交此索償表格或其他文件並不表示本公司承擔賠償責任。
- Please complete in ENGLISH BLOCK LETTERS and ✓ as appropriate.  
請以英文正楷填寫及於適當的地方加上 ✓ 號。

<b>FOR AGENT USE 代理人使用</b>	
Name 姓名	
Contact Number 聯絡號碼	
Email Address 電郵地址	

TRV.C.201709.003

## SECTION A INSURED AND CLAIMANT INFORMATION 甲項 受保人及索償人資料

Name of Insured 受保人姓名	Policy Number 保單編號
Correspondence Address 通訊地址	
Email Address 電郵地址	Contact Number 聯絡號碼
Name of Claimant (if not the Insured) 索償人姓名 (如非受保人)	
Correspondence Address 通訊地址	
Email Address 電郵地址	Contact Number 聯絡號碼
Is there any other insurance covering the loss / damage? 閣下是次索償申請之損失是否同時受其他保險保障? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If "Yes", please provide 如答「是」，請提供	(a) Name of the Insurance Company 保險公司名稱
	(b) Relevant Policy Number and Policy Type 有關之保單號碼及保險類別
	(c) Amount Insured (if applicable) 投保金額 (如適用)
	(d) Whether claim will be submitted to them? 會否向該公司提出索償? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

## SECTION B CLAIM INFORMATION 乙項 索償資料

Please complete the appropriate section(s) below and submit to us the relevant documentation.  
請填寫下列適當的部分並連同相關證明文件一併遞交。

<b>1. MEDICAL AND RELATED EXPENSES 醫療及相關費用</b>	
<b>Documents Required 所需文件：</b>	
<ul style="list-style-type: none"> <li>• Travel proof, such as air-ticket, boarding pass, travel itinerary, travel agent / airline's official receipt 旅遊證明，例如機票、登機證、行程表、航空公司或旅行社簽發的收據</li> <li>• Original hospital / medical bill(s) and medical report stating diagnosis and date of injury / sickness commenced and certified by a qualified medical practitioner 由註冊醫生發出的醫療報告及收據正本，並註明診斷結果及受傷或疾病發生日期</li> </ul>	<ul style="list-style-type: none"> <li>• Original receipt(s) of other related expenses, if applicable 其他相關費用收據正本，如適用</li> </ul>
Date and Time of the Injury / Sickness 發生意外或疾病的日期、時間	DD MM YY HR MIN __日 __月 __年 __時 __分 <input type="checkbox"/> A.M. 上午 <input type="checkbox"/> P.M. 下午
Date of First Consultation with Doctor / Hospital 第一次求診日期	Nature of Injury / Diagnosis of Sickness 傷勢 / 病況的診斷結果
In case of injury, where and how did the accident occur? 如屬受傷個案，請詳述意外發生地點及經過。	
In case of sickness, what were the symptom(s) and when did the symptom(s) first appear? 如屬疾病個案，請說明病徵及首次出現病徵之時間。	
Amount Claimed for Overseas Medical Expenses (please indicate the currency) 海外醫療費用的索償金額 (請註明貨幣)	
Any follow up treatment upon return to Hong Kong? 回港後仍需接受覆診治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Amount Claimed for Follow-up Expenses in Hong Kong (HK\$) 回港後覆診醫療費用索償金額 (港幣)	

## SECTION B CLAIM INFORMATION (CONTINUED) 乙項索償資料(續)

2. BAGGAGE AND PERSONAL EFFECTS / PERSONAL MONEY AND TRAVEL DOCUMENTS  
行李及個人財物 / 個人現金及旅遊證件**Documents Required** 所需文件：

- The loss / damage report / certificate from relevant authorities (e.g. airline, hotel or police)  
有關機構(如航空公司 / 酒店 / 警方)發出的損失 / 損壞報告
- All original receipts and / or warranties relating to the lost / damaged property if the property needs to be replaced  
損失 / 損壞物品購買收據正本
- Photos showing the extent of damage to the property, if applicable  
顯示物品損壞程度的照片, 如適用
- Repair or replacement quotation of the destroyed or damaged items  
修理或更換受破壞或損毀物件費用之報價單
- Bank Slip for exchange of foreign currency, if any  
外幣兌換收條, 如有
- Original receipts for replacement of personal documents, if applicable  
補領個人證件費用收據正本, 如適用
- Compensation breakdown from other insurers / parties (e.g. airlines), if applicable  
其他保險公司或有關團體(如航空公司)的賠償明細, 如適用

Date and Time of Loss / Damage 損失 / 損壞日期及時間 DD MM YY HR MIN A.M. P.M.  
日 月 年 時 分 上午 下午

Location of Loss / Damage 損失 / 損壞地點

Are you the sole owner of the property? 該財物是否閣下全權擁有?  Yes 是  No 否

If "No", please provide details 如答「否」, 請提供詳細資料

Full Description of How the Loss / Damage Occurred 詳細描述事件發生的經過

Have the police or other authorities been informed? 閣下有否向警方或其他機構報告失事情況?  Yes 是  No 否

If "Yes", please provide details 如答「是」, 請提供

(a) Name of the Police Station or Authority 報案警署或機構名稱

(b) Date and Time Reported 報案日期及時間 DD MM YY HR MIN A.M. P.M.  
日 月 年 時 分 上午 下午

(c) Police or Authority Report Number 警方或該機構之檔案編號

Has the Claimant / Insured ever sustained other losses of similar nature? 索償人 / 受保人以往有否曾蒙受類似性質的損失?  Yes 是  No 否

If "Yes", please provide details 如答「是」, 請提供詳細資料

**DETAILS OF THE LOST / DAMAGED ITEM(S)** 損失 / 損壞物品詳細資料

Please use a separate sheet if the space provided is insufficient.  
倘若表格不敷應用, 請另頁詳加說明。

Full Description of Articles (including the brand name and model number) 物品之詳細資料(包括牌子及產品型號)	Date of Purchase 購買日期	Name and Address of the Vendor 出售貨品之商號名稱及地址	Purchase Price 購買價錢	Amount Claimed 索償金額
	DD MM YY 日 月 年			
	DD MM YY 日 月 年			
	DD MM YY 日 月 年			

Total Amount Claimed 索償總額: HK\$港幣

3. TRAVEL DELAY / TRIP RE-ARRANGEMENT  
旅程延誤 / 更改行程

Travel Delay  
旅程延誤

Trip Re-arrangement  
更改旅程

**Documents Required** 所需文件：

- Carrier's (airline, train, vessel) certificate stating duration and reason of delay  
運載公司(飛機、火車、船隻)證明書顯示延誤之時數及原因
- Documentary proof of original and revised itinerary  
原訂及更改後之行程證明文件
- Original receipts for additional travel and / or accommodation expenses incurred resulting from trip re-arrangement  
更改旅程導致額外交通及 / 或住宿費用收據正本
- Documentation stating the reason for travel re-arrangement  
證明文件顯示更改旅程的原因

Departure Date and Time  
出發時間

Arrival Date and Time  
抵達時間

Flight Number  
航班編號

Scheduled Date & Time of Departure / Arrival  
原定計劃出發 / 抵達日期及時間

Actual Date & Time of Departure / Arrival  
延誤後實際出發 / 抵達日期及時間

## SECTION B CLAIM INFORMATION (CONTINUED) 乙項索償資料(續)

4. BAGGAGE DELAY  
行李延誤**Documents Required** 所需文件：

- Carrier's (airline, train, vessel) certificate stating duration and reason of baggage delay  
運載公司(飛機、火車、船隻)證明書顯示行李延誤之時數及原因
- Original purchase receipt(s) of essential items or clothing or requisites for baggage delay  
因行李延誤而需要購買緊急必需品或衣物之收據正本

**DETAILS OF EMERGENCY PURCHASE** 緊急物品購買詳情

Please use a separate sheet if the space provided is insufficient.  
倘若表格不敷應用，請另頁詳加說明。

Full Description of Articles 物品之詳細資料	Date of Purchase 購買日期	Purchase Price (please indicate currency) 購買價錢(請註明貨幣)
	DD MM YY ____日 ____月 ____年	
	DD MM YY ____日 ____月 ____年	
	DD MM YY ____日 ____月 ____年	

Total Amount Claimed 索償總額：HK\$港幣

5. LOSS OF DEPOSIT OR CANCELLATION / CURTAILMENT  
損失訂金或取消旅程 / 提早結束旅程
 Journey Cancellation  
取消旅程

 Journey Interruption  
旅程中斷
**Documents Required** 所需文件：

- Original receipt(s) showing any pre-paid costs or deposits made  
顯示出發前已支付之旅費 / 按金的收據正本
- Original certificate proving the non-refundable amount of travel expenses paid in advance  
證明文件顯示已支付之不能退還旅費款項
- Reason of Journey Interrupted with the Relevant Supporting Documents  
旅程中斷之原因及相關證明文件
- Medical certificate indicating diagnosis and reason that the insured is unfit for travel, if applicable  
醫生證明書顯示受保人 / 索償人不適合旅程的診斷及原因，如適用
- Original invoice / receipt for the additional travel and hotel expenses incurred  
額外旅費及住宿費用的收據正本
- Copy of the original itinerary  
原有行程表副本

Reason for Journey Cancellation / Curtailment / Re-arrangement  
行程取消 / 行程縮短 / 行程中斷之原因Amount Claimed (please indicate the currency)  
索償金額(請註明貨幣)

Period of Original Journey 原定行程日期	FROM	DD	MM	YY	TO	DD	MM	YY
	由	____日	____月	____年	至	____日	____月	____年
Period of Curtailed Journey 縮短行程之時段	FROM	DD	MM	YY	TO	DD	MM	YY
	由	____日	____月	____年	至	____日	____月	____年

6. PERSONAL ACCIDENT  
人身意外**Documents Required** 所需文件：

- Relevant incident report and police report  
有關意外的事件報告、警方報告
- Death Certificate if applicable  
死亡證明，如適用
- Proof of claimant's relationship to the insured, if applicable  
索償申請人與受保人的關係證明，如適用
- Medical report regarding the extent of permanent disability suffered  
顯示永久傷殘程度的醫療報告

Date and Time of Accident  
意外發生的日期及時間DD MM YY HR MIN  
\_\_\_\_日 \_\_\_\_月 \_\_\_\_年 \_\_\_\_時 \_\_\_\_分  
 A.M. 上午  P.M. 下午Place of Accident  
意外地點Full Description of How the Accident Occurred  
敘述意外發生的經過Cause of Death, if applicable  
死亡原因，如適用Permanent Disability (degree and extent), if applicable  
永久傷殘的程度，如適用7. RENTAL VEHICLE EXCESS  
租車自負額保障**Documents Required** 所需文件：

- Copy of rental vehicle's comprehensive insurance policy  
租車綜合保單條款副本
- Copy of vehicle rental agreement  
租車合約副本
- Copy of damage incident report  
損壞事故報告副本
- Copy of international driving permit  
國際駕駛執照副本
- Original excess receipt and rental receipt  
墊底費收據及租車收據之正本

Full Description of How the Accident Occurred  
敘述意外發生的經過Name and Contact Information of the Reported Police Station  
報案警局通訊地址及電話Description of Claimed Item(s)  
索償項目Amount Claimed (HK\$)  
索償金額(港幣)

**SECTION B CLAIM INFORMATION (CONTINUED) 乙項 索償資料 (續)****8. PERSONAL LIABILITY  
個人責任****Documents Required 所需文件：**

- Photos showing the extent of the third party property damage and / or bodily injury and scene of the accident, if available  
顯示第三者物品損壞程度及 / 或身體受傷及意外現場的相片，如有
- Any third parties' correspondence, summons or writs  
任何第三者對有關事件的索償要求、法庭傳票、通告及書面命令，或涉及任何法律訴訟之相關文件

Description of How the Incident Happened  
請敘述事件發生情況

In your opinion, who caused this incident?  
閣下認為是誰導致事件發生？

Name and Address of the Third Party Claimant  
第三者索償人的姓名和地址

Nature and Extent of Injuries or Damages  
請敘述受傷或物件損壞之性質及程度

Remarks: No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval.  
註：未得到本公司事先同意前，不要向第三者承認任何責任或達成和解或付款承諾。

**SECTION C CLAIM SETTLEMENT METHOD 丙項 賠償支付方式**

Subject to the terms and conditions of your policy, you may select to receive the claim payment by way of direct credit or cheque. Normally, you will receive payment 3 - 5 working days earlier if you choose the direct credit option. If you do not provide payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3 - 5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

**Important Note for Direct Credit 銀行轉賬重要事項**

a. The claim payment shall be credited to the bank account in the name of the Insured in accordance with the terms and conditions of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

有關之賠款將按其保單條款，存入受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and bear any additional bank handling charges whether the claim payment can be recovered or not.

如因受保人錯誤提供銀行賬戶號碼及 / 或戶口持有人名稱，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及承擔其引致之相關銀行手續費用。

**1.  By Direct Credit - for HK\$ account only  
銀行轉賬 - 只限港幣戶口**

Name of Account Holder (in ENGLISH BLOCK LETTER)  
賬戶持有人姓名 (英文正楷填寫)

Please provide your bank account details 請提供相關銀行資料

Bank Name 銀行名稱  HSBC Bank 匯豐銀行  Hang Seng Bank 恒生銀行  Standard Chartered Bank 渣打銀行  Bank of China (HK) 中國銀行 (香港)  
 Other, please specify 其他，請列明 \_\_\_\_\_

Bank Code 銀行編號

Bank Account Number 銀行賬戶號碼

**2.  Hong Kong Dollar Cheque  
港幣支票****AUTHORISATION AND DECLARATION 授權及聲明**

1. I / We hereby authorise any hospital, physician, person, party and / or authority that has any records or is holding any information of the insured person or me / us to disclose to Target Insurance Company, Limited ("the Company") or its authorised representative, any and all information with respect to the insured person's or my / our loss, disability, medical history, police statement made and the like for the purpose of assessing my / our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人 / 我們謹此授權任何持有受保人或本人 / 我們之任何記錄或資料的醫院、醫生、人士、有關人等及 / 或有關當局，向泰加保險有限公司 (「貴公司」) 或其授權代表提供任何或所有有關受保人或本人 / 我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

2. I / We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my / our knowledge and belief. I / We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I / We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 我們明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

3. I / We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.

本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的個人資料收集聲明。

Signature of Insured  
受保人簽署

Signature of Claimant  
索償人簽署

Date (DD / MM / YY)  
日期 (日 / 月 / 年)

Date (DD / MM / YY)  
日期 (日 / 月 / 年)



**Target Insurance Company, Limited - Personal Information Collection Statement**

Target Insurance Company, Limited ("the Company") may use the personal data the Company collects about you, which may include your name, address, email address, telephone number and other contact details, date of birth, bank account or credit card details, HKID card number and (in connection with appropriate policies) medical data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and / or you correspond with us, for the following purposes:

**Insurance Services (mandatory)**

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, surveys and analysis for the purpose of product design and the development and improvement of our services to you;
9. statistical or actuarial research undertaken by the Company, other members of the Company's group as identified in our corporate chart available from time to time at www.6161.com.hk ("Group") or its regulators;
10. the operation and administration of the Company's internal business including without limitation any corporate reorganisation;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a) any agent, advisor, contractor or third party service provider (whether within or outside the Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business;
- b) any association, federation or similar organization of insurance companies ("Federation") 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;
- c) any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d) government bodies, regulators or any other body to whom the Company or any company within the Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e) lawyers;
- f) auditors; and
- g) other insurance companies within the Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries outside of Hong Kong, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company or substantially all of any of its assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. The Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

**Direct Marketing of Products and Services**

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address) alongside information that you provide to us about your age, gender and occupation (the "Marketing Personal Data") to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services and provident schemes products, but we cannot do so without your consent.

Please indicate your consent (which includes an indication of no objection) by ticking the appropriate boxes on your application or renewal forms, or by contacting the Company's customer care centre (for contact details see below).

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's customer care centre (for contact details see below).

**Your rights**

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent to direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, Target Insurance Company, Limited, 5/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong (Fax: +852 2789 1539, Email: target@6161.com.hk).

SEPTEMBER 2017

Issued by Target Insurance Company, Limited

**泰加保險有限公司 - 個人資料收集聲明**

泰加保險有限公司(「本公司」)可以使用本公司收集閣下的個人資料,包括閣下的姓名、地址、電郵地址、電話號碼及其他聯絡資料,出生日期、銀行戶口號碼或信用咭號碼、香港身份證號碼及(與保單有關連的)醫療記錄,以及本公司在以下情況下可能收取的資料,例如根據保單申請、續期或提出索償時用作下列的用途:

**保險服務(強制)**

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 管理閣下的保單及為閣下的保單提供相關服務;
3. 有關保險產品及服務的任何更改、變更、取消或續保;
4. 閣下保單索償的調查、分析、處理及賠償;
5. 保費通知、收集保費和款項;
6. 行使有關保單賦予的任何權利包括代位權,如適用;
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
8. 為產品設計、研發和改進我們為閣下提供的服務進行研究、調查和分析;
9. 本公司及本公司集團下的其他成員(「本集團」)組織架構圖可於網頁 www.6161.com.hk 查閱)或其監管機構所提供的統計或精算研究;
10. 本公司內部業務的營運及管理,包括但不限於任何企業重組;
11. 為上述任何用途與閣下聯絡;及
12. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的個人資料可能會為上述段落或直接相關的目的或適用法律允許的目的提供或轉送予下列各方單位作前段所述的用途:

- a) 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、研究、評級、諮詢服務、產品設計、營銷(在閣下同意如下所述的直接營銷)、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應商,以達到任何上述或有關的用途;
- b) 現存或不時成立之任何保險公司協會或聯會或同類組織(「聯會」),以達到任何上述或有關的用途,或以便聯會執行其監管職能,或其他基於保險業的利益而不時在合理要求下賦予聯會的職能;
- c) 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;
- d) 政府機構、監管機構或本集團內任何公司要求或已同意根據任何適用法律或法規進行披露的任何其他機構;
- e) 執業律師;
- f) 認可核數師;及
- g) 本公司集團下的其他保險公司已承諾將資料保密並純粹用作上述的用途。

這些單位可能位於香港以外的國家,在那裡可能沒有與香港類似的資料保障法例。這意味著閣下的個人資料可能不會受到與香港同等或類似的保障。不過,本公司只會將閣下的個人資料轉移到那些可以獲得與個人資料(私隱)條例類近或所提供的保障的服務供應商或海外單位,以保護正在處理的任何信息的完整性和安全性。

在不太可能發生的情況下,本公司或所有資產由非上述之第三方收購,閣下的個人資料亦有可能成為被轉讓資產之一。本公司會在保密的基礎上向任何準買家及其專業顧問(無論在香港或海外)披露閣下的個人資料,並進行必要查核,以完成任何該等交易及繼續業務經營。

閣下不一定需要向本公司提供閣下的個人資料,但如果閣下不同意本公司使用閣下的個人資料於上述用途上(例如保單申請、續期或查詢),本公司可能不能處理閣下之申請及為閣下提供服務。

本公司承諾確保閣下的個人資料保密,並且不會儲存超過所需時間。

**直接市場推廣產品及服務**

為提供更全面的金融和保險服務,本公司可能會使用閣下的姓名及聯絡資料(如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址),以及閣下提供給我們的有關閣下的年齡、性別及職業(「市場推廣用途的個人資料」)作直接促銷。除非本公司已取得閣下的同意(包括表示不反對),否則本公司不可以如此使用閣下的市場推廣用途的個人資料,作任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。

閣下可在投保書或續保表上相應的位置,或聯繫本公司的客戶服務部(有關聯繫方式見下文),表明閣下同意上述的用途(包括無異議的指示)。

如果閣下不想接受任何直接市場推廣,閣下可以隨時聯繫本公司的客戶服務部(有關聯繫方式見下文),撤銷您的同意書,並不需要任何費用。

**您的權利**

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並需支付行政費用。有關查閱或更正的要求,可致函香港中環皇后大道中181號新紀元廣場低座5樓(傳真:+852 2789 1539,電郵地址:target@6161.com.hk)向泰加保險有限公司私人資料經理提出。

2017年9月

[此中文譯本僅供參考,惟有關條文解釋及引用,概以英文版本含義為準。]