



「全年無限旅遊保險」申請表格 Annual Infinity Travel Insurance Pass Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。 Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant (如投保人為個人 - 投保人必須為 18 歲或以上 If Applicant is an individual - The Applicant must be aged 18 or above)

1. 投保人姓名 (公司/個人) Name of Applicant (Corporate/Individual)		<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	2. 香港身份證/商業登記證號碼 HKID Card/BR Certificate No.
3. 香港通訊地址 Correspondence Address in Hong Kong 室 Flat _____ 樓 Floor _____ 座 Block _____ 大廈 Building _____ 屋苑 Estate _____ 期 Phase _____ 街道號數 Street No. _____ 街道名稱/地段 Street Name/Lot _____ 地區 District _____ <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands			
4. 電話號碼 Contact Telephone No. 住宅 Home 公司 Office 手提 Mobile (請提供至少 1 個電話號碼 Please provide at least one telephone no.)		5. 傳真號碼 Fax No.	6. 電郵地址 Email Address

(II) 投保詳情 Policy Particulars

1. 選擇計劃 Plan Selection	<input type="checkbox"/> 環球計劃 A Worldwide Plan A	<input type="checkbox"/> 環球計劃 B Worldwide Plan B	<input type="checkbox"/> 中國計劃 China Plan	<input type="checkbox"/> 自選升級人身意外保障 Optional Enhance Personal Accident Benefit	2. 保單生效日期 Policy Effective Date 日 月 年 ____ DD ____ MM ____ YY 有效期為一年 Valid for 1 year (承保日期以藍十字審核為準。 Policy effective date is subject to the Company's underwriting acceptance.)
3. 保費組別 Premium Package	<input type="checkbox"/> 個人 Individual	<input type="checkbox"/> 夫婦 * Couple*	<input type="checkbox"/> 個人 + 子女 ^ Individual + Children^	<input type="checkbox"/> 家庭 (夫婦 + 子女) # Family (Couple + Children)#	
4. 選擇接收保單文件及續保資訊之途徑 (只適用於直接向藍十字投保的客戶) Delivery channel of Policy Documents and Renewal Information (applicable only to policyholders who make applications directly to the Company) <input type="checkbox"/> 電郵 by email <input type="checkbox"/> 郵寄 by post (如無指明, 電郵 (如有提供) 將被指定為接收之途徑 If not specified, email (if provided) will be the defaulted delivery channel.)					
* 「夫婦」組別包括投保人及其配偶。 ^ 「個人 + 子女」組別包括投保人及其所有 18 歲以下未婚子女。 # 「家庭」組別包括投保人、其配偶及其所有 18 歲以下未婚子女。			* The "Couple" package includes applicant and spouse. ^ The "Individual + Children" package includes applicant and all unmarried children below age 18. # The "Family" package includes applicant, spouse and all unmarried children below age 18.		

(III) 受保人資料 Details of the Insured Person(s)

姓/名 Surname/Given Name	出生日期 (日/月/年) Date of Birth (DD/MM/YY)	香港身份證號碼 HKID Card No.	性別 Gender	與投保人關係 Relationship to Applicant	職業 Occupation	現居地 Place of Origin	增加人身意外保障額 * Increased Personal Accident Benefit Limit* (最多可增加 4 個單位) # (Up to 4 units can be added)#
1.						香港 HK	單位數目 No. of units:
2.						香港 HK	單位數目 No. of units:
3.						香港 HK	單位數目 No. of units:
4.						香港 HK	單位數目 No. of units:
5.						香港 HK	單位數目 No. of units:

備註 Remark: * 增加人身意外保障額只適用於年滿 18 歲或以上的受保人 Increased Personal Accident Benefit Limit is only applicable to insured person aged 18 or above
每單位所增加之保障額 Additional sum insured per unit: 環球計劃 Worldwide Plan - HK\$500,000 / 中國計劃 China Plan - HK\$300,000

(IV) 其他資料 General Information

1. 任何受保人曾否有身體缺陷, 視力或聽覺受損? Has(Have) any of the insured person(s) suffered from any physical defects or infirmities, impairment of vision or hearing?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
2. 任何受保人曾在過去 3 年內索取意外保險或旅遊保險賠償? (如有, 請列出事件性質、日期、地點及獲得賠償的總金額) Has(Have) any of the insured person(s) made any claim under an accident or travel insurance policy in the past 3 years? (If any, please state the nature of incident, date, location and the total claimed amount)	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
3. 任何受保人於申請意外或旅遊保險時曾否被拒投保、拒絕續保, 或續保時被附加特別條款? Has(Have) any of the insured person(s) ever been declined, refused to renew or renewed but subject to special terms or conditions for an accident or travel insurance policy?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No

如上述問題的答案為「是」者, 請於另紙詳加說明, 並附以簽署及日期。
If you answered "Yes" to any of the above questions, please provide full details on a separate sheet which should be signed and dated.

(V) 付款指示及授權書 Payment Instruction and Authorisation

1. <input type="checkbox"/> 支票 Cheque 支票號碼 Cheque No. _____ (劃線支票抬頭人請填寫「藍十字(亞太)保險有限公司」) (Cheque should be crossed and made payable to "Blue Cross (Asia-Pacific) Insurance Limited")	2. <input type="checkbox"/> 現金 Cash	
3. <input type="checkbox"/> 信用卡授權 Credit Card Authorisation 本人茲授權藍十字(亞太)保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。 I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy. <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
持卡人姓名 Name of Cardholder _____	到期日(月/年) Expiry Date (MM/YY) _____	持卡人簽署 Signature of Cardholder _____
信用卡號碼 Credit Card No. _____	發卡銀行 Issuing Bank _____	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

(VI) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

藍十字(亞太)保險有限公司(「藍十字」)可能會使用你的個人資料作直接促銷,但在未經你同意的情况下,藍十字不能就此目的使用你的個人資料。若你不希望藍十字在直接促銷中使用你的個人資料(除接收續保資訊外),請在下列空格內劃上「✓」號。

1. 使用個人資料直接促銷(除接收續保資訊外)
 我不同意使用我的個人資料作直接促銷(除接收續保資訊外)
2. 接收續保資訊
 我不同意接收此保單的續保資訊

以上代表你目前是否希望接受藍十字直接促銷的聯繫或資訊的選擇,並取代你在本申請前可能曾給予藍十字的任何選擇。

請注意,你以上的選擇將適用於列在藍十字的「收集個人資料聲明」(「該聲明」)內作直接促銷的產品、服務及/或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類。

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") may use your personal data for direct marketing but the Company cannot use your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish the Company to use your personal data for direct marketing (except receiving renewal information).

1. Use of Personal Data in Direct Marketing (except receiving renewal information)
 I do not agree to the use of my personal data for direct marketing (except receiving renewal information)
2. Receiving Renewal Information
 I do not agree to receive renewal information of this policy

The above represents your present choice of whether or not to receive direct marketing contact or information from the Company. This shall replace any choice you may have given to the Company prior to this application.

Please note that your above choice shall apply to the direct marketing of the products, services and/or subjects as set out in the Company's Personal Information Collection Statement (the "Statement"). Please also refer to the Statement for the kinds of personal data which may be used for direct marketing.

(VII) 聲明 Declaration

本人/我們,謹此聲明並同意:

1. 於此申請表格內所提供的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同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人/我們在此確認,如未能提供真實及準確無誤之資料或通知藍十字(亞太)保險有限公司(「貴公司」)任何有關此保險申請之重要資料,將可能導致貴公司不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予貴公司後始可生效。
3. 受保人(等)並無違反醫生囑咐或以尋求醫學治療為目的之情況下啟程旅遊,而且清楚明白任何已存在傷病、先天或遺傳性質的疾病一概不受保障;此外,受保人(等)毫不知悉任何可能導致已計劃行程被取消或縮減的情況、原因或事故。
4. 本人/我們已獲受保人(等)授權提供本申請所需之一切資料,並就本申請之相關事宜,與貴公司進行交涉,並向其接收或索取與受保人(等)有關之資料。本人/我們並確認受保人(等)已獲明確通知及同意,其個人資料將會轉介予貴公司作辦理本申請之用,亦已獲通知其在個人資料(私隱)條例下所享有的權利。
5. 本人/我們明白及確認貴公司會就本人/我們購買及接受貴公司簽發的保單及其後繼續該保單,向負責安排有關保單的獲授權保險經紀(如有)支付佣金。本人/我們若在此代表法人團體簽署,即同時確認本人/我們已獲該法人團體授權。本人/我們亦明白貴公司必須取得上述的同意,才可以處理有關保險申請事宜。
6. 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。
7. 適用於個人客戶
#在投保此計劃時,投保人正身處香港。(#如不適用,請刪除)
適用於公司客戶
投保人乃 #根據《公司條例》(香港法例第 32 章或第 622 章)成立或註冊的法人團體/ #根據《商業登記條例》(香港法例第 310 章)登記的法人團體、合夥業務、獨資業務或會社,或其分行。(#請刪去不適用者)

I/WE, HEREBY DECLARE AND AGREE THAT:

1. The information and particulars provided on this application form 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 accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. No insured person is traveling contrary to the advice of a medical practitioner or for the purpose of obtaining medical treatment and that insured person(s) understand(s) that treatment of any pre-existing, congenital or hereditary medical conditions are not covered. I/We further declare that insured person(s) is/are not aware of any condition, cause or circumstances that may necessitate the cancellation or curtailment of the Journey as planned.
4. I/We have obtained the authorisation from the insured person(s) to provide the information requested in this application and to deal with and receive or request information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
5. I/We understand and acknowledge that the Company shall pay the authorised insurance broker (if any) a commission for arranging the insurance policy, as a result of purchasing and taking up the policy issued by the Company as well as renewing the said policy thereafter. If I/we sign herein on behalf of a body corporate, I/we further confirm that I/we am/are authorised to do so. I/We further understand that the above agreement is necessary for the Company to proceed with the application.
6. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
7. For individual customer
#The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)
For entity customer
The applicant is #a body corporate that is formed or registered under the Companies Ordinance, Cap. 32 or Cap. 622 of the Laws of Hong Kong/ #a body corporate, partnership, sole proprietorship or club, or a branch of any of the aforesaid that is registered under the Business Registration Ordinance, Cap. 310 of the Laws of Hong Kong. (#delete as appropriate)

(VIII) 簽署 Signature

投保人簽署 Signature of Applicant	日期(日/月/年) Date (DD/MM/YY)
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藍十字專用 For Office Use Only

中介人姓名 Name of Intermediary	中介人編號 Intermediary's Code	保單號碼 Policy No.	批核人簽 Underwriting Approval
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本申請表格的中英文版本如有差異,以英文版本為準。

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

藍十字（亞太）保險有限公司（「本公司」）乃東亞銀行有限公司的全資附屬公司。在本聲明內，東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

為依從個人資料（私隱）條例（「條例」），本公司特此通知閣下以下事項：

(1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) 個人資料收集目的

閣下的個人資料可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定保險索償及就索償抗辯，包括進行任何附帶調查；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 營銷服務、產品及其他標的（詳情請參閱本聲明第(4)段）；
- (ix) 履行根據下列對本公司及／或東亞銀行集團具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
 - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導；或
 - (c) 本公司或東亞銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (x) 遵守東亞銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於東亞銀行集團內共用資料及資訊及／或資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
- (xi) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xii) 與上述有關的其他用途。

(3) 個人資料的轉移

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第(2)段所列出的用途：

- (i) 任何代理人、承包商或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應者（如公證行、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 任何對本公司或東亞銀行集團負有保密責任的其他人士，包括承諾保密該等資料的東亞銀行集團任何成員公司；
- (iii) 與本公司有或將有商業往來的再保險公司；
- (iv) 本公司或東亞銀行集團為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司或東亞銀行集團具有約束力或

適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司或東亞銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；

本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；

第三方獎賞、客戶或會員、品牌合作及優惠計劃供應商；

本公司及 或東亞銀行集團任何成員公司的品牌合作夥伴（該等品牌合作夥伴的名稱會在有關服務和產品的申請表格及 或宣傳資料上列明）；及

本公司為就本聲明第 段所列明的用途而聘用的外判服務供應商（包括但不限於郵寄公司、電訊公司、電話銷售和直接促銷代理、電話服務中心、



The Personal Data (Privacy) Ordinance - Personal Information Collection Statement (the "Statement")

Blue Cross (Asia-Pacific) Insurance Limited (the "Company") is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this Statement as the "BEA Group".

In compliance with the Personal Data (Privacy) Ordinance (the "Ordinance"), the Company would like to inform you of the following:

(1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company's business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) PURPOSES FOR COLLECTING PERSONAL DATA

Personal data relating to you may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company's rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company's service;
- (vii) preparing statistics and conducting research;
- (viii) marketing services, products and other subjects (please see further details in paragraph (4) of this Statement);
- (ix) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company and/or the BEA Group or that it is expected to comply according to:
 - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future;
 - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the BEA Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (x) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the BEA Group and/or any other use of data and information in accordance with any group-wide programs for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (xi) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xii) any other purposes relating to the purposes listed above.

(3) TRANSFER OF PERSONAL DATA

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
- (ii) any other person or entity under a duty of confidentiality to the Company or the BEA Group including a member of the BEA Group which has undertaken to keep such data confidential;
- (iii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iv) any person or entity to whom the Company or the BEA Group is under an obligation or otherwise required to make disclosure under the requirements of any

law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or the BEA Group or with which the Company or the BEA Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the BEA Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;

- (v) any actual or proposed assignee, transferee, participant or sub-participant of the Company's rights or business;
- (vi) third party reward, loyalty, co-branding and privileges program providers;
- (vii) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be); and
- (viii) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (2)(viii) of this Statement.

Such information may be transferred to a place outside Hong Kong.

(4) USE OF PERSONAL DATA IN DIRECT MARKETING

The Company may use your personal data in direct marketing. Save in the circumstances exempted in the Ordinance, the Company cannot so use your personal data without your consent (which includes an indication of no objection). In this connection, please note that:

- (i) the name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data of you held by the Company from time to time may be used by the Company in direct marketing;
- (ii) the following services, products and subjects may be marketed:
 - (a) insurance, financial, banking and related services and products;
 - (b) reward, loyalty or privileges programs and related services and products; and
 - (c) services and products offered by the co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be);
- (iii) the above services, products and subjects may be provided by the Company and/or:
 - (a) any member of the BEA Group;
 - (b) third party reward, loyalty, co-branding or privileges program providers; and/or
 - (c) co-branding partners of the Company and/or any member of the BEA Group (the names of such co-branding partners can be found in the application form(s) and/or promotional material for the relevant services and products, as the case may be).

If you do not wish the Company to use your personal data in direct marketing as described above, you may exercise your opt-out right by notifying the Company. You may write to the Corporate Data Protection Officer of the Company at the address or fax number provided in paragraph (5) of this Statement, or provide the Company with your opt-out choice in the relevant application form (if applicable).

(5) DATA ACCESS AND CORRECTION RIGHT

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data (data access right) and to correct the data which is inaccurate. Such requests can be made in writing to the Corporate Data Protection Officer of the Company at the following address or fax number:

The Corporate Data Protection Officer
Blue Cross (Asia-Pacific) Insurance Limited
29th Floor, BEA Tower, Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon
Hong Kong
Fax : (852) 3608 2938

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (6) You also have the right, by writing to the Company's Corporate Data Protection Officer at the address or fax number provided in paragraph (5) of this Statement, to request for the Company's policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (7) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (8) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (9) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (10) The Company retains the right to change this Statement.

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Issued by Blue Cross (Asia-Pacific) Insurance Limited, a member of the BEA Group