

PET INSURANCE CLAIM FORM

寵物保險賠償申請表

It is important that a complete answer be given to every applicable question. If insufficient space is provided for your answers, please continue on a separate sheet.
請詳細填報表格上每一個適用的項目。如空位不足，請自備補充頁填寫。

POLICY NUMBER 保單號碼	NAME OF AGENT 保險代理人

<p>Completed Claim Form must be given to the Company within 30 days from the date of incident giving rise to such claim (applicable to All Sections, except Third Party Liability)</p> <p>請於事故發生後三十天內填妥此申請表並交回本公司 (適用於所有保障項目, 第三者責任保障除外)</p>	<p>Third Party Liability 第三者責任</p> <p>You should notify the Company immediately for Third Party Liability claim. You must not make any admission, offer or promise of payment or any compensation without the Company's prior written consent.</p> <p>如有第三者責任索償，閣下必須盡快通知本公司。在沒有獲得本公司書面同意的情况下，不得作出任何承認、提議、承諾付款或賠償。</p>
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Part One 第一部份

POLICYHOLDER'S INFORMATION 保單持有人資料

Name of Policyholder 保單持有人姓名	Occupation 職業
Correspondence Address# 通訊地址#	
Tel No.# 電話號碼#	Fax No.# 傳真號碼#
E-mail Address# 電郵地址#	

For the use of this claim only 只限於此索償之用

Particulars of Insured Pet 受保寵物資料 (Please tick the following boxes, if appropriate 請選擇適當項目)

Name of the Insured Pet 受保寵物名稱 _____ Species 種類: ☐ Dog 狗 ☐ Cat 貓

Microchip No. 晶片號碼 _____ Age 年齡 _____ Colour 顏色 _____

Claimed Items 索償項目 (Please tick the appropriate item(s) 請選擇適當項目)

Medical Coverage Benefit <input type="checkbox"/> 醫療保障	Third Party Liability Benefit <input type="checkbox"/> 第三者責任保障	Funeral Service Benefit <input type="checkbox"/> 身故服務保障
Holiday Cancellation Benefit <input type="checkbox"/> 假日行程取消保障	Advertising Expenses Benefit <input type="checkbox"/> 廣告費用保障	Overseas Cover Benefit <input type="checkbox"/> 海外保障

INCIDENT 事件詳情

Date and time of incident
事發日期及時間 _____

Place of incident
發生事故之地點 _____

Detailed description of illness / injury / incident (cause and manner)
詳述疾病 / 受傷 / 事件經過 _____

Who took care of the pet at the material time of the incident 事發時，由誰人照顧受保寵物? _____

Relationship with policyholder 與保單持有人關係 _____

Amount claimed for benefit of "Medical Coverage / Funeral Service / Holiday Cancellation / Advertising Expenses" (HK\$)
「醫療保障 / 身故服務 / 假日行程取消 / 廣告費用」保障的索償金額 (港幣) _____



THIRD PARTY LIABILITY 第三者責任: BODILY INJURY / PROPERTY DAMAGE 身體受傷 / 財物損毀

You should notify immediately for the following claim and do not make any admission, offer or promise of payment or any compensation without the Company's prior written consent. Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.

以下索償閣下必須盡快通知本公司。在沒有獲得本公司書面同意的情況下，不得作出任何承認，提議，承諾付款或賠償。

對於任何第三者之通告，傳票或書面命令，請不要回覆，並立即交回本公司處理。

(Please tick the following boxes, if appropriate 請選擇適當項目)

Nature of Incident 事件性質

☐ Bodily Injury 身體受傷

☐ Property Damage 財物損毀

Name of Injured Pet/ Person/ Property Owner

Age

Sex

受傷寵物/ 傷者/ 物主姓名

年齡

性別

Nature & extent of injuries/ damage

受傷/ 損毀性質及程度

Has any third party claimed?

YES /NO*

第三者有否要求賠償?

有 /沒有*

If Yes, what is the amount? 如有，要求賠償金額若干?

Has the Policyholder/anyone admitted liability to the third party?

保單持有人/任何人有否向第三者承認責任?

YES /NO*

有 /沒有*

If Yes, who admitted?

How?

如有，誰人承認? 什麼方式?

Has it been reported to Police? 有否向警方報案?

YES /NO*

If yes, Police Report No. 如有，報案編號

有 /沒有*

Particulars of Eye Witness 目擊証人資料

Name

Tel. No.

Address

姓名

電話號碼

地址

* Please delete whichever is inapplicable 請刪去不適用者

OTHER INSURANCE OR COMPENSATION 其他保險或賠償

Is/Are any other insurance policy(ies) covering the expenses involved?

YES /NO*

上述項目是否受保於其他保險合約?

是 /否*

If YES, please provide the following information 如是，請提供以下資料：

Name of Insurance Company 保險公司名稱

Class of Insurance 保險種類

Policy No. 保單號碼

Amount claimed 索償金額

Currency 貨幣

* Please delete whichever is inapplicable 請刪去不適用者

DECLARATION 聲明

I/We hereby authorise any veterinary facility, veterinarian, authority, or any third party to disclose to FWD General Insurance Company Limited ("FWD") or its authorized representative, any and all information with respect to the medical history of the insured pet, my/our loss or police statement made relevant to the insured pet 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 / 我們謹此授權任何獸醫診所、獸醫、有關機構或任何第三方，向富衛保險有限公司「富衛」或其授權代表提供任何或所有有關受保寵物的病歷、本人就有關受保寵物引起之損失、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。

In accordance with the provisions of the Personal Data (Privacy) Ordinance of Hong Kong (the "Ordinance"), by signing below, I/we consent that the personal information collected or held by FWD (whether contained in this Application or otherwise obtained) is provided and may be disclosed to individuals or organizations within or outside of Hong Kong in accordance with the terms set out in the Personal Information Collection Statement below and the provisions of the Ordinance.

Moreover, I/we hereby authorize FWD to obtain access to and/or to verify any of my/our data with the information collected by any association, federation or similar organization of insurance companies that exists or is formed from time to time (the "Federation") from the insurance industry.

根據香港個人資料(私隱)條例，本人 / 我們等簽署如下，同意富衛得到或持有之本人個人資料 (該等資料可能在此表格提供或從其他途徑得到) 可透露予本港或海外之個人或組織機構以作為處理索償任何分析之用途。

此外，本人 / 我們現授權富衛由現存或不時成立之任何保險公司的協會或聯會或類同組織(以下簡稱「聯會」) 從保險業內收集的資料中查閱及/或核對本人 / 我們之任何資料。

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 FWD of all material information may render FWD 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 FWD.

本人 / 我們謹此聲明，上述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富衛任何有關此賠償申請之重要資料，將可能導致富衛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富衛確認責任或保證賠償。

I/We confirm having read and understood 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富衛的收集個人資料聲明。

Signature of Policyholder:

保單持有人簽署

HKID no. :

香港身份證號碼

Date :

日期

(dd/mm/yy 日/月/年)

Name of Policyholder :

保單持有人姓名



一般保險界別2019至2020連續兩年

客戶體驗全港第一

No.1 for Customer Experience

For two consecutive years in 2019 and 2020
in Hong Kong's general insurance sector



Claim Documents 索償文件

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.

閣下須提交包括但不限於以下列明的索償文件予本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。

<p>Section 1: Medical Coverage (include Overseas Cover) 第一節: 醫療保障 (包括海外保障)</p>	<p>Original itemised invoice and receipt with diagnosis stated for medical expenses and veterinarian certificate (i.e. Part Two of claim form) 列明診斷結果及載有費用分項的醫療賬單，收據正本及獸醫證明 (即賠償申請表第二部份)</p> <p>-Please ensure that the following information is contained in the receipt: 收據必須包括以下資料：</p> <ul style="list-style-type: none"> - Name and Microchip number of the insured pet 受保寵物姓名及晶片號碼 - Diagnosis of the insured pet 受保寵物的診斷結果 - Veterinary Consultation and Itemised Prescribed Medication Fee 獸醫診金及每項處方藥物費用 - Signature of the Vet with Company Chop of the Veterinary Facility 獸醫簽署及所屬獸醫診所的公司蓋印
<p>Section 2: Third Party Liability (include Overseas Cover) 第二節: 第三者責任 (包括海外保障)</p>	<p>Police report or copy of statement to police (if any), and letter of claim from third parties 警方報告或警方口供記錄副本 (如有)、及第三者索償文件</p> <p>Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent 在沒有獲得本公司書面同意的情況下，不得作出任何承認、提議、承諾付款或付款。</p> <p>Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered 對於任何第三者的通告、傳票及書面命令，請不要回覆，並立即提交本公司，以便處理</p>
<p>Section 3: Funeral Service (include Overseas Cover) 第三節: 身故服務 (包括海外保障)</p>	<p>Original receipt for the expenses of cremation, funeral service and / or handling charges from the Veterinarian or funeral service provider 火化、身故服務費用及 / 或獸醫或殮葬服務提供者的手續費收據正本</p>
<p>Section 4: Holiday Cancellation 第四節: 假日行程取消</p>	<p>Veterinarian's confirmation to certify the insured pet required emergency life-saving surgery 由獸醫發出受保寵物須接受緊急且與生死攸關手術的證明</p> <p>Original travel tickets, receipts, and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount 交通票據、收據及協議書及列明不獲退回之款項的旅程取消或縮短旅程之證明文件正本</p>
<p>Section 5: Advertising Expenses 第五節: 廣告費用</p>	<p>Police report or copy of statement to police 警方報告或警方口供記錄副本</p> <p>Original receipt for the cost of advertising for finding the stolen / lost insured pet in the local newspaper, magazine or mass media 因受保寵物失竊 / 失蹤而涉及的本地報章、雜誌或大眾傳媒刊登尋找廣告的費用收據正本</p>
<p>Section 6: Overseas Cover 第六節: 海外保障</p>	<p>In addition to the above, please provide travel record for you or your family and the insured pet 除上述文件外，請同時提供閣下或閣下家屬及受保寵物的外遊記錄</p>

Part Two 第二部份

Veterinarian Certificate 獸醫證明

(To be completed by Veterinarian at the expense of the Policyholder 由獸醫填寫，所需費用由保單持有人承擔。)

Particulars of the Insured Pet

Name of the Pet	Microchip No
Name of Pet Owner	

Information about Illness / Injury / Death of the Insured Pet

Date of Consultation/Service	Nature of diagnosis	Treatment / Operation
Confinement (Brief discharge summary, including treatments, examinations and results)		Period of Confinement
		From (dd/mm/yy) : To (dd/mm/yy) :
Cause of Death (please state reason if euthanasia)		Date of Death:

Breakdown of treatment costs for each condition (HK\$)

Consultation \$	Medication \$
Room and Board \$	Surgery \$
X-Ray & Laboratory \$	Anaesthesia \$
Euthanasia \$	Dentistry \$
Vaccination \$	Food \$
Vitamins/ Supplements \$	Others (please specify) \$
	Total \$

1. With respect to the insured pet, how long has this pet owner been a client of your clinic?
☐ Less than 6 months ☐ More than 6 months
2. Have any conditions or symptoms occurred previously which are related to the above illness/ injury/ death of the insured pet?
☐ No ☐ Yes, please give dates (dd/mm/yy): _____
3. According to your record of the insured pet, how long were the symptoms present before the first consultation? _____
4. Is the treatment received by the insured pet likely to be ongoing? ☐ No ☐ Yes
5. Is any condition specified above of a congenital or hereditary nature? ☐ No ☐ Yes
6. Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measure? ☐ No ☐ Yes

Declaration of the Veterinarian

I hereby declare that the information and particulars stated as above are true, correct, accurate and to the best of my Knowledge and belief.

Signature of Veterinarian (with Company Chop of the Veterinary Facility)	Date : (dd/mm/yy)
Name of Veterinarian	

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD General Insurance Company Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or

otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).

7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to FWD Life Insurance Company (Bermuda) Limited or any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:

Corporate Data Protection Officer
FWD General Insurance Company Limited
8th Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

- 閣下需要不時向富衛保險有限公司（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 處理付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
 - 行使與本公司的服務及／或產品有關的任何權利；
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
 - 進行保單審閱及需求分析（不論是否定期進行）；
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
 - 作本公司或本集團的任何成員的統計或精算研究；及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
 - 本集團的其他成員；
 - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）、法律顧問及／或其他專業顧問；
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在香港境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在香港境內或境外）。
- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。

- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
 - 使用本公司不時持有的閣下姓名、聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
 - 保險服務及產品；
 - 財富管理服務及產品；
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
 - 健康檢查及健康服務及產品；
 - 媒體、娛樂及電信服務；
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
 - 為慈善及／或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料（例如：電話號碼、電郵地址、郵寄地址）、性別、服務及產品組合資料、財務背景及人口統計資料提供予富衛人壽保險（百慕達）有限公司及本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

富衛保險有限公司
香港德輔道中 308 號
富衛金融中心 8 樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料（私隱）條例》大致相同或用作同一用途的資料保護法。
- 根據《個人資料（私隱）條例》，閣下有權要求查閱本公司所持有閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 3123 3123。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。