



MSIG Insurance (Hong Kong) Limited
三井住友海上火災保險(香港)有限公司
9/F 1111 King's Road, Taikoo Shing, Hong Kong
Tel +852 2894 0555, Fax +852 2890 5741
msig.com.hk

A Member of MS&AD INSURANCE GROUP

Accident Insurance Proposal Form 意外保險投保書

SUN999AG
(For Agent & Direct use only)

Please complete the following section in ENGLISH using BLOCK LETTERS and tick the box(es) as appropriate. 請以英文正楷填寫下列部份，並於適當的空格內加上 號。

Personal details of proposer 投保人個人資料 (*Please delete if not appropriate. *請刪除不適用項目)

Name of proposer (Mr./Mrs./Ms.): Surname Given name Gender:
投保人姓名(先生/太太/女士)*: 姓 名 性別: M F
男 女

Date of birth: (DD/MM/YY)
出生日期: (日/月/年)

HKID/Passport no.*: E-mail:
香港身份證/護照號碼*: () 電郵:

Tel no.: Home Office Mobile
電話號碼: 住宅 辦公室 手提

Correspondence address:

通訊地址:
Flat/Room* Floor Block Building
室/單位* 樓 座 大廈

Estate name/No. & Street name/Lot no.* District HK/KLN/NT*
屋苑名稱/街名及門牌/地段* 地區 香港/九龍/新界*

Period of insurance: From: (DD/MM/YY) To: (DD/MM/YY)
保障期: 由: (日/月/年) 至: (日/月/年)

Insured details and annual premium (HK\$) 受保人資料及全年保費 (港幣/元)

	Name 姓名	Gender 性別	Date of birth 出生日期 (DD/MM/YY) (日/月/年)	HKID no. 香港身份證號碼	Occupation/Duties 職業/職務	Plan 計劃
Insured person 受保人						<input type="checkbox"/> A <input type="checkbox"/> B
Spouse 配偶						<input type="checkbox"/> A <input type="checkbox"/> B
Child/ Elderly 小童/ 長者						<input type="checkbox"/> Child <input type="checkbox"/> Elderly 小童 長者
						<input type="checkbox"/> Child <input type="checkbox"/> Elderly 小童 長者
						<input type="checkbox"/> Child <input type="checkbox"/> Elderly 小童 長者
Total annual premium^ 全年保費總額^						

For the designation of beneficiary, please complete the "Beneficiary Form" and submit it to the company.
如需指明受益人，請填寫有關之「受益人表格」並遞交予本公司。

Declaration 聲明

I and on behalf of each insured person (if any), herein declared that I/We:

- agree that MSIG Insurance (Hong Kong) Limited ("MSIG") reserves its right to reject my application, adjust the premium and amend the terms.
- understand that the policy is applicable only to the insured person(s) whose occupation falls under Class I/Clerical occupation or Class II/Non-manual work occupation.
- understand that the policy does not cover the insured person(s) at any time during the existence of the policy engaging in Occupation Class III/Slight-Manual Work occupation (unless not involving the use of machinery or engine), Occupation Class IV/Manual Work occupation or any of the listed occupations under General Exceptions in the policy, and I/We am/are not engaging in any of such excluded occupations.
- warrant to inform MSIG in writing immediately in the event of any change in the employment, occupation, duties or pursuits of any insured person, or any other change which may increase the possibility of a claim under the policy and agreed MSIG reserves its right to adjust the premium as a result of any such changes.
- agree if the insured person's revised occupation falls within the excluded occupations listed under General Exceptions of the policy, then the cover for that insured person shall be cancelled as from the date of such change of occupation.
- do not have this Accident Insurance policy with MSIG currently.
- have never been declined for the application, refused renewal, required additional premium or imposed special terms and conditions of any life or accident insurance policies. (If not, please give full particulars in separate sheet.)
- have never been made a claim against any insurer in respect of any accidental bodily injury. (If not, please give full particulars in separate sheet.)
- am/are now in good health and not suffering from any physical impairment or physical disability or mental conditions. (If not, please give full particulars in separate sheet.)
- agree that in the event of the bodily injury results in death of the insured person(s), the benefits shall be paid to the estate of the insured person and understand I/We can submit the completed [Beneficiary Form](#) to MSIG for the designation of Beneficiary.
- warrant that the information given is true and correct to the best of my/our knowledge.
- warrant that all information given in this proposal form are true and complete to the best of my knowledge and belief and have not withheld facts likely to influence assessment of this application.
- agree that this application, declaration and other information provided shall form the basis of the contract and agree to accept the terms, limitations, exclusions, conditions, clauses and warranties contained in the policy/policies and/or as modified or extended by any endorsements thereon.
- understand that the policy is only effective after my/our enrolment has been accepted by MSIG.

本人並代表每名受保人（如適用）特此聲明，本人（等）：

- 同意三井住友海上火災保險（香港）有限公司（「三井住友保險」）保留其不受理本人（等）投保申請、調整保費及附加限制之權利。
- 明白本保單只適用於受保人所從事的職業屬於類別一/ 文職職業或類別二/ 非體力勞動職業。
- 明白本保單並不承保受保人在保單生效期間的任何時間，從事於職業類別三/ 輕微體力勞動職業（不需要操作機械之工作除外）、職業類別四/ 體力勞動職業、或於保單中一般不承保事項列出的任何一種職業及本人（等）非從事任何不承保的職業。
- 保證會在受保人的就業、職業、職責或職務變動，或獲悉其他可能提高保單索償風險的變化時立即以書面通知三井住友保險，並同意三井住友保險保留因上述變化而調整保費之權利。
- 同意如受保人所轉換的職業屬於保單一般不承保事項所列的不承保職業，此受保人的保險保障將於轉職當日取消。
- 現時並未持有三井住友保險的意外保險保障計劃。
- 在投保人壽或個人意外保單時從未被拒絕、不予再續保、加價或需附加特別條款。（如有，請另行詳述之。）
- 從未因任何意外身體受傷向保險公司申請賠償。（如有，請另行詳述之。）
- 現在身體健康，及並沒有任何身體傷殘或缺陷或精神不健全。（如有，請另行詳述之。）
- 同意倘若受保人因身體受傷而導到身亡，保障賠償將撥作受保人的遺產，並明白可透過向三井住友保險提交已填妥之「[受益人表格](#)」來指定受益人。
- 保證所填報資料及對所載問題的回答，據本人（等）確信，均為正確無訛。
- 保證在本投保書內填報的資料，根據本人（等）確信，均為正確無訛並未隱瞞可能影響本投保申請評估的事實。
- 同意本投保書，聲明及所提供的其他資料作為合法基礎，並同意接受本保單所載及/ 或其 任何修訂或擴充的條款、限制、不承保事項、條件、條文及保證。
- 明白申請書獲三井住友保險接納後，保單始正式生效。

Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you MUST provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.



To enable us to process your opt-out request, please provide us below information and send to:
The Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

Full name:

Contact number:

HKID number: *(for identification purpose)*

Policy/Certificate/Acknowledgement number *(if you have one):*

NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Applicant's signature _____

Date _____ (DD/MM/YY)

附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、**「我們」**或**「本公司」**）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於強制性或自願性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律、條例及業內守則及指引；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）所需的目的是。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 msig.com.hk 的一般查詢表格 — 拒絕直銷活動。



為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料並寄至三井住友海上火災保險（香港）有限公司
的資料保護主任：香港太古城英皇道1111號9樓。

姓名：

聯絡電話：

香港身份證號碼：
(作識別之用)

保單號碼/ 證書編號/ 確認編號 (如適用)：

附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

- 就任何上述的用途，我們所收集的個人資料可能會被轉移至：
- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、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）；
 - 處理索賠個案的理賠師、理賠調查員及醫療顧問；
 - 再保公司及再保經紀；
 - 您的保險經紀；
 - 我們的法律及專業業務顧問；
 - 我們的關連公司（以《公司條例》內的定義為準）；
 - 香港保險業聯會（或同類的保險公司聯會）及其會員；
 - 保險投訴局及同類的保險業機構；
 - 法例要求或許可的政府機關；
 - 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；及
 - 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）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 +852 3122 6922 與我們聯絡。

投保人簽署

日期 _____ (日/月/年)