



身故賠償申請表
Death Claim Form

保單編號 Policy Number	權益人姓名 Name of Policyowner	受保人姓名 Name of Insured
保險顧問編號 Insurance Consultant Code	保險顧問姓名 Name of Insurance Consultant	營業區 (如適用) Agency (if applicable)

重要提示 Important Notes

請確保下列各項，以免延誤索償進度：

- 由受益人 / 索償人詳細填妥及簽署此申請表
- 連同此表格一併要遞交的文件 (請提供**正本**文件) :
 - 由受保人最後主診醫生填寫的身故賠償申請 – 醫生報告
 - 死亡證書
 - 受保人及受益人 / 索償人的身份證明文件
 - 受保人與受益人 / 索償人的關係證明文件
 - 保單文件
- 每位受益人 / 索償人需個別填寫一份賠償申請表

我們就審核是次賠償申請，或需向您或其他人士索取額外資料。

Please ensure the following to avoid unnecessary delay in the claim process:

- This form is fully completed and signed by the Beneficiary / Claimant
- Documents required to be submitted with this form (please provide **original** documents):
 - Death Claim – Attending Physician's Report to be completed by the Insured's last attending physician
 - Official Death Certificate
 - Proof of Identity of the Insured and Beneficiary / Claimant
 - Proof of Relationship between the Insured and Beneficiary / Claimant
 - Policy Document
- Each Beneficiary / Claimant has to complete a separate claim form

We may require additional information from you or third parties in order to assess your claim.

第一部份 – 受保人及有關事故 Part 1 – Details of the Insured and the Incident

已故受保人姓名 Name of the Deceased Insured	香港身份證 / 護照號碼 HKID Card / Passport No.	
死亡日期 Date of Death	(年/月/日) ____ / ____ / ____ (yyyy/mm/dd)	死亡地點 Place of Death
死亡原因 Cause of Death	曾否或將舉行解剖驗屍 / 死因調查? Has or will there be post-mortem examination / coroner's inquest?	<input type="checkbox"/> 是 (請提供報告) Yes (please attach report) <input type="checkbox"/> 否 No
若因意外導致死亡，請詳述 意外 詳情。 If Death due to accident, please describe details of the accident .	意外日期 Date of accident	(年/月/日) 地點 (yyyy/mm/dd) Place
	意外詳情 Accident details	
若因疾病導致死亡，請詳述 最後疾病 詳情。 If Death due to illness, please describe details of the last illness .	病徵首次出現日期 Date symptoms first appeared	(年/月/日) (yyyy/mm/dd)
	病徵詳情 Symptoms details	
	首次求診日期 First consultation date	(年/月/日) (yyyy/mm/dd)
	醫院 / 醫生名稱及地址 Name and address of the hospital/physician	
請提供過去五年受保人曾求診的醫院 / 醫生資料。 Please provide information of all hospitals / physicians that the Insured has consulted in the past five years.	醫生 / 醫院名稱及地址 Name of hospital / physician and address	求診日期 Consultation date
		病因 / 確診 Illness / Diagnosis
此事故是否有向其他保險公司遞交索償申請? Is there any claim submitted to other insurance companies for this incident?	<input type="checkbox"/> 是 (請於下方提供詳情) Yes (please provide details below) <input type="checkbox"/> 否 No	
	保險公司名稱 Name of insurance company	保單號碼 Policy number
	保額 Sum Insured	賠償進度 Claim status

第二部份 - 受益人 / 索償人資料及賠款選擇 Part 2 – Beneficiary / Claimant Information and Payment Option

受益人 / 索償人姓名 Name of Beneficiary / Claimant		國籍 Nationality	
香港身份證 / 護照號碼 HKID Card / Passport No.		出生日期 (年/月/日) Date of Birth (yyyy/mm/dd)	
手提電話號碼 Mobile No.	國家 Country - 地區 Area - 電話號碼 Tel No.	首選聯絡時段 Preferred Contact Period	<input type="checkbox"/> 任何時段 Any time <input type="checkbox"/> 上午 AM <input type="checkbox"/> 下午 PM
電郵地址 Email Address		與受保人關係 Relationship with the Insured	
住宅地址 Residential Address	室 Flat/Room	樓 Floor	座 Block
	大廈/屋苑名稱 Building/Estate		
	街道名稱及號碼 No. & Name of Street/Road		
	地區/城市 District/City		<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 九龍 Kowloon <input type="checkbox"/> 新界 N.T.
	省 Province	國家 Country	郵政編號 Postal Code
賠款選擇 Payment Option	<input type="checkbox"/> 保單貨幣支票 Cheque in policy currency <input type="checkbox"/> 港幣支票 HKD Cheque 請注意 Please note: 1. 若非港幣保單而要求以港幣支付, 相等港幣將以立橋人壽保險有限公司於簽發支票時所釐定的貨幣兌換率計算, 而有關的貨幣兌換率將不時轉變。 If request payment in HKD for non-HKD policy, the HKD equivalent will be based on the currency exchange rate provided by Well Link Life Insurance Company Limited at the time of cheque issuance and it can be changed from time to time. 2. 如沒有選擇, 賠款支票將以港幣發出。 If not specified, claim cheque will be made in HKD.		

第三部份 - 個人稅務居住地自我證明 Part 3 – Individual Tax Residence Self-Certification**重要提示 IMPORTANT NOTE**

這是帳戶持有人(下稱「您」)向立橋人壽保險有限公司(下簡稱為「立橋人壽」)提供的自我證明表格。我們可根據 i) 美國「海外賬戶稅收合規法案」(“FATCA”)把您的資料提交予美國國稅局;及/或 ii) 2016年6月30日刊憲並生效的《2016年稅務(修訂)(第3號)條例》及其後的相關修訂條例,把收集所得的資料交給香港政府稅務局(「稅務局」),稅務局會將資料轉交到另一稅務管轄區的稅務局。需提交的資料為您於立橋人壽的保單記錄及本表格收集所得的資料,當中包括姓名、地址、出生日期、出生地、居留司法管轄區、稅務編號及保單資料(包括保單號碼及保單價值資料)等。您同意放棄任何您所擁有的關於禁止或限制上述資料披露之全部權利(如有)。

This is a self-certification to provide by an account holder (“you”) to Well Link Life Insurance Company Limited (referred to as “Well Link Life”). Your information may be transmitted by the Company to i) the U.S. Internal Revenue Service in accordance with United States Government’s Foreign Account Tax Compliance Act (“FATCA”); and/or ii) to the Inland Revenue Department of Hong Kong (“IRD”) in accordance with the Inland Revenue (Amendment) (No. 3) Ordinance 2016 and the subsequent relevant amendment ordinance for transfer to the tax authority of another jurisdiction(s). Transmitted data would be your policy information recorded with Well Link Life and the information collected from this form, which includes your name, address, date and place of birth, jurisdiction of residence, taxpayer identification number (TIN) and policy information (including policy number and policy account value information) etc. You agree that you waive all rights you have, if any, to prohibit or restrict such disclosure.

如果保單權益人為個人,請填妥以下聲明及提供所須資料。如果保單權益人為機構(包括但不限於信託或公司),該機構不須填寫下列聲明,但必須填妥另一份「實體稅務居民身份自我證明表格」;填妥後該表格會構成本申請表的一部份。

If the Policyowner is an individual, please complete the declaration below and provide the information requested. If the Policyowner is an entity (including but not limited to a trust or a company), such entity does not need to complete the declaration below but must complete separate forms titled “Entity Tax Residency Self-Certification Form” which shall form part of this application form.

如您的稅務居民身份有所改變,請於改變後30日內重新填寫自我證明表格並交回立橋人壽。立橋人壽將以您最新簽署的自我證明表格為準。此表格中所載資料只會在立橋人壽完成相關內部處理及審核程序後方能生效。

When there is any change of your tax residency, please complete self-certification form again and submit the same to Well Link Life within 30 days upon your change of tax residency. The latest self-certification form signed by you shall prevail. The information of the self-certification form shall be effective only after the completion of the relevant internal processing and clearance procedures by Well Link Life.

立橋人壽無法提供稅務建議及/或居留司法管轄區的定義。如您有任何稅務相關或稅務居民身份問題,請向專業法律及/或稅務顧問尋求建議。

Well Link Life is unable to provide tax advice and/ or the definition for the jurisdiction of residence. If you have any questions on tax matters or tax residency, please seek advice from professional legal and/ or tax advisor(s).

美國稅務聲明 Declaration of Tax Resident Status in U.S.

在美國的《海外賬戶稅收合規法案》(《合規法案》)下,海外金融機構須就美國人於海外金融機構之非美國境內之帳戶,向美國國稅局匯報有關資料及取得客戶同意海外金融機構可向美國國稅局匯報有關資料。海外金融機構如未有簽署或同意遵守《合規法案》下的協議(即《海外金融機構協議》)有關之要求,及/或未曾獲得相關豁免遵守相關要求(以上海外金融機構統稱為《不參與合規法案之海外金融機構》),其所有源自美國的付款中可預扣款項(在合規法案中已闡明)將被徵收百分之三十之預扣稅(《合規法案預扣稅》)(初步包括紅利、利息及及一些衍生款項)。

Under the U.S. Foreign Account Tax Compliance Act (“FATCA”), a foreign financial institution (“FFI”) is required to report to the U.S. Internal Revenue Service (“IRS”) certain information on U.S. persons that hold accounts with that FFI outside the U.S. and to obtain their consent to the FFI passing that information to the IRS. An FFI which does not sign or agree to comply with the requirements of an agreement with the IRS (“FFI Agreement”) in respect of FATCA and/or who is not otherwise exempt from doing so (referred to as a “nonparticipating FFI”) will face a 30% withholding tax (“FATCA Withholding Tax”) on all “withholdable payments” (as defined under FATCA) derived from U.S. sources (initially including dividends, interest and certain derivative payments).

美國政府與香港政府已簽訂《跨政府協議》促使香港的海外金融機構遵守合規法案，及提供一個框架讓香港的海外金融機構能有效率的進行盡職審查以(i) 識別美國身份標記，(ii) 徵求美國保單持有人同意披露及(iii) 向美國國稅局匯報美國保單持有人相關稅務資料。

The U.S. and Hong Kong have agreed an inter-governmental agreement (“IGA”) to facilitate compliance by FFIs in Hong Kong with FATCA and which creates a framework for Hong Kong FFIs to rely on streamlined due diligence procedures to (i) identify U.S. indicia, (ii) seek consent for disclosure from its U.S. policyholders and (iii) report relevant tax information of those policyholders to the IRS.

合規法案適用於立橋人壽及此保單。立橋人壽是一間參與合規法案的海外金融機構，及致力遵守合規法案。因此，您需要：

FATCA applies to Well Link Life and this Policy. Well Link Life is a participating FFI and committed to complying with FATCA. To do so, you are required to:

- (i) 提供相關資料予立橋人壽，如適用，包括您的美國身份證明資料（如姓名、地址、美國聯邦納稅人識別號碼等）；及 provide to Well Link Life certain information including, as applicable, your U.S. identification details (e.g. name, address, the U.S. federal taxpayer identifying numbers, etc); and
- (ii) 同意立橋人壽向美國國稅局匯報此資料及您的帳戶資料（如帳戶結存、利息、紅利收入及提款）。 consent to Well Link Life reporting this information and your account information (such as account balances, interest and dividend income and withdrawals) to the IRS.

如您未能遵從以上要求（即為《不遵從合規法案之戶口持有人》），立橋人壽須向美國國稅局匯報帳戶結存、款項及不同意披露的美國帳戶數目之綜合資料。

If you fail to comply with these obligations (being a “Non-Compliant Accountholder”), Well Link Life is required to report “aggregate information” of account balances, payment amounts and number of non-consenting U.S. accounts to IRS.

立橋人壽在某些情況下，可能被要求在向您的保單付款中徵收合規法案預扣稅。現時立橋人壽只會在以下情況徵收合規法案預扣稅：

Well Link Life could, in certain circumstances, be required to impose FATCA Withholding Tax on payments made to, or which it makes from, your Policy. Currently the only circumstances in which Well Link Life may be required to do so are:

- (i) 若香港稅務局未能與美國國稅局就跨政府協議（及有關香港與美國之間的稅務資料交換協定）交換資料，立橋人壽可能需要從您的保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局；及 if the Inland Revenue Department of Hong Kong fails to exchange information with the IRS under IGA (and the relevant tax information exchange agreement between Hong Kong and the U.S.), in which case Well Link Life may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS; and
- (ii) 如您（或任何一位帳戶持有人）是不參與合規法案的金融機構，立橋人壽可能需要從您的保單的可預扣款項中扣除及預扣合規法案之預扣稅及匯出予美國國稅局。 if you are (or any other account holder is) a nonparticipating FFI, in which case Well Link Life may be required to deduct and withhold FATCA Withholding Tax on withholdable payments made to your Policy and remit this to the IRS.

您可瀏覽美國國稅局網頁，了解 FATCA 的相關資料。

You may visit the U.S. Internal Revenue Service website for FATCA related information.

<http://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA.aspx>

請您在下列適當方格內加上「✓」號以聲明您是否美國稅務居民*。

Please declare whether you are a U.S. resident for tax purposes* or not by ticking the appropriate check box below.

於簽署本聲明時，您是否美國稅務居民*？

是 Yes 否 No

Are you a U.S. resident for tax purposes* at the time of signing this declaration?

請提供您的美國稅務編號 (TIN):

Please provide your U.S. Taxpayer Identification Number (TIN)

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* 美國稅務居民包括但不限於任何具有美國公民或美國居住外國人（如「綠卡持有人」）身份的個人

* A U.S. resident for tax purposes includes but is not limited to any individual who is a U.S. citizen or U.S. resident alien (such as a “Green Card” holder).

詳情請瀏覽美國國家稅務局網頁 For details, please refer to the Internal Revenue Service (IRS) website: <https://www.irs.gov/>

居留司法管轄區及稅務編號或具有同等功能的識別編號（以下簡稱「稅務編號」）聲明

Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent (“TIN”) Declaration

根據實施的自動交換財務帳戶資料（「自動交換資料」）的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人（包括某些帳戶持有人及保單受益人）和某些機構保單持有人的控權人，並向財務機構當地的稅務部門申報其稅務資料（包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料）。當地稅務部門將每年定期把上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。立橋會將收集的稅務資料用於自動交換資料。這些資料以及其他關於帳戶持有人的資料可能會被傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。

Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information (“AEOI”), financial institutions are required to identify account holders (including certain policyholders and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident’s country of tax residence on a regular, annual basis. The information provided to the Well Link will be used for the purpose of AEOI. This information and other information regarding the account holder may be transmitted by the Well Link to the Hong Kong Inland Revenue Department (“IRD”) or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction.

在本部分中收集的資料，和在本表格中關於您的姓名、出生日期和住址的資料，將共同組成用於自動交換資料的自我證明。根據《稅務條例》第80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。

The information required in this section and the information regarding your name, residence address and date of birth in this application form constitute a self-certification for AEOI purposes. It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular and knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular.

有關自動交換資料的相關資訊，可瀏覽香港稅務局網頁。您亦可於經濟合作與發展組織（“OECD”）專頁，了解相關國家發佈的稅務居民身份規定，和可獲接受的稅務編號（“TIN”）格式。

For information in relation to AEOI, please visit the Hong Kong Inland Revenue Department AEOI portal. You may also visit the Organisation of Economic Co-operation and Development (“OECD”) AEOI website for tax residency rules and acceptable TIN issued by the relevant jurisdictions.

香港稅務局「自動交換財務賬戶資料」專頁 / Hong Kong Inland Revenue Department AEOI Portal: http://www.ird.gov.hk/eng/tax/dta_aeoi.htm

OECD「自動交換財務賬戶資料」網頁 / OECD AEOI Website: <http://www.oecd.org/tax/automatic-exchange/>

請在下方適當空格內加上「✓」號，以申報您的稅務居住地。

Please declare your jurisdiction of residence for tax purposes by ticking the appropriate check boxes below.

於簽署本聲明時，您是否香港稅務居民？

是 Yes 否 No

Are you a Hong Kong resident for tax purposes at the time of signing this declaration?

於簽署本聲明時，您是否在香港或美國以外居留司法管轄區的稅務居民？

是 Yes 否 No

Are you a resident for tax purposes of any jurisdiction other than Hong Kong or U.S. at the time of signing this declaration?

如是，請提供詳細資料：

If yes, please provide detailed information:

居留司法管轄區 Jurisdiction of Residence	稅務編號 TIN	如沒有提供稅務編號，填寫理由 A、B 或 C Enter Reason A, B or C if no TIN is available	* 如選擇理由 B，請提供帳戶持有人不能取得稅務編號的原因 Explain why the account holder is unable to obtain a TIN if you have selected Reason B
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	
		<input type="checkbox"/> A <input type="checkbox"/> B * <input type="checkbox"/> C	

註 Note

i) 如果您是香港以外司法管轄區的稅務居民，您須填妥於上列表格及列明您所屬的全部（而不限於五個）稅務居住地。如果表格中的空格不敷應用，請另紙填寫。

If you are a resident for tax purposes of any jurisdiction other than Hong Kong, then you must complete the above table and indicate all (not restricted to five) jurisdictions of residence. If space provided is insufficient, continue on additional sheet(s).

ii) 如沒有提供稅務編號，必須填寫合適的理由：

If a TIN is unavailable, provide the appropriate reason A, B or C:

理由 A - 帳戶持有人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason A - The jurisdiction where the Account Holder is a resident for tax purposes does not issue TINs to its residents.

理由 B - 帳戶持有人不能取得稅務編號。如選取這一理由，解釋帳戶持有人不能取得稅務編號的原因。

Reason B - The Account Holder is unable to obtain a TIN. Explain why the Account Holder is unable to obtain a TIN if you have selected this reason.

理由 C - 帳戶持有人毋須提供稅務編號。居留司法管轄區的主管機關不需要帳戶持有人披露稅務編號。

Reason C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

第四部份 - 聲明及授權 Part 4 - Declaration and Authorization

- 本人確認已經閱讀並且明白個人資料收集聲明（「本聲明」），本人同意立橋人壽保險有限公司（「立橋人壽」）可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人及死者的個人資料。本人進一步確認，本人已獲得任何其他有關人士（如適用的話）的明示同意，可以按照本聲明所述的用途將他們的個人資料提供給立橋人壽，並允許立橋人壽可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用該等的個人資料。
I acknowledge that I have read and fully understood the above Personal Information Collection Statement ("the Statement"). I agree that Well Link Life may collect, use, store, process, disclose, transfer and otherwise share personal data of myself and the Deceased in accordance with the terms of the Statement. I further confirm that I have obtained the express consent of any other relevant individuals (where applicable) for providing their personal data to Well Link Life for the purposes stated in the Statement and for allowing Well Link Life to collect, use, store, process, disclose, transfer and otherwise share such personal data in accordance with the terms of the Statement.
- 本人確認，本人已閱讀並且明白上述有關美國「海外賬戶稅收合規法案」（“FATCA”）及自動交換財務帳戶資料（「自動交換資料」）的通知。本人明白，根據有關的法律，任何稅務居民（定義於第三部份）就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。若本人的稅務狀況有更改，或成為美國人士，或者成為任何本人未曾就其向立橋人壽進行申報的司法管轄區的稅務居民，本人會於三十日內通知立橋人壽。
I acknowledge that I have read and understood the notice on Foreign Account Tax Compliance Act ("FATCA") and Automatic Exchange of Financial Account Information ("AEOI") as stated above. I understand that a false statement or misrepresentation of tax status for tax purposes (as defined in Part 3) may result in penalty under relevant law and regulations. If my tax status change and I become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to Well Link Life, I must notify Well Link no later than thirty (30) days.
- 本人謹此代表本人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。
I declare and agree on behalf of myself and other person referred to this form that all statements and answers to all questions are to the best of my knowledge and belief complete and true.
- 本人謹此同意及授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關死者健康、病歷、住院、治療、疾病、調查結果、受僱記錄、意外報告或其他資料之紀錄者，均可將該等資料（包括但不限於填寫立橋人壽的身故賠償申請 - 醫生報告）提供給立橋人壽或其指定的代表人士。本授權及同意書的影印本與正本均有同等效力。
I hereby authorize any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of the Deceased to disclose such information to Well Link Life or its representatives any and all information with respect to the Deceased's health, medical history, hospitalization, advice, treatment, disease, investigatory result, employment record, accident report or statement (including but not limited to completing Well Link Life's Death Claim - Attending Physician's Report). A photocopy of this declaration and authorization shall be considered as effective and valid as the original.
- 如本保單有任何按有關規定需收取但仍未繳付的應繳徵費，本人謹此同意及授權立橋人壽從賠償款項中扣除。
If there are any outstanding payable levy as per regulatory requirement under this policy, I hereby agree and authorize Well Link Life to deduct from the proceeds.
- 本人謹此聲明如果本人並未能提交保單正本或填妥保單副本申請，即表示保單正本已遺失。
I declare that the original policy document has been lost if I do not provide the original policy document or completion of Request for Duplicate Policy Copy.

日期 (年/月/日)
Date (yyyy / mm / dd)

受益人 / 索償人簽署 Signature of Beneficiary / Claimant
(姓名 Name:)

個人資料收集聲明(「本聲明」)

立橋人壽保險有限公司(以下統稱為「我們」或「我們的」)為立橋集團成員;團隊並不時加添新的聯營及附屬公司成員(統稱為「我們集團」或「立橋集團」)。我們明白其根據香港特別行政區個人資料(私隱)條例(第486章)(「私隱條例」)收集、持有、處理、使用、轉移、披露和/或共享該等個人資料所負有的責任,本聲明亦就此而制定。

收集個人資料目的

您須不時向我們提供關於您自己、保單權益人、受保人、索償人及/或其他有關人士的資料,以便我們能向您提供保險產品和服務。向我們提交您的資料是自願性的,然而,若您未能提供有關資料,可能導致我們不能為您或繼續為您提供保險及/或相關產品與服務。

我們可能向您收集、使用、儲存、處理、轉讓、披露或分用您的個人資料,以達到下列目的(包括但不限於):

1. 確保您及您的電腦能以最有效方式瀏覽我們的網站內容;
2. 確保我們能與您溝通,處理查詢,並驗證您的身份;
3. 確定您可能符合資格投保的保險計劃,並提供報價;
4. 為您處理評核向我們提出的投保申請,管理並進行調整、取消、更新保單、續保或附加批註;
5. 協助我們簽發、管理及處理您的保單、籌劃共同保險及/或再保險、執行付款指令、處理續保通知及相關服務;
6. 協助我們評核及處理索償申請、調查及結清索償、以及偵測和防止欺詐行為(無論是否與該索償申請的保單有關);
7. 行使代位權(如適用)或追收尚欠金額(如有);
8. 不時就本條款所列的任何目的核對所持有的與您有關的任何資料;
9. 為統計或其他目的進行市場研究,以改善我們的產品和服務及為您設計產品/服務;
10. 按保單條文履行我們與您之間的合約義務,及我們為向您提供任何產品或服務而牽涉的其他目的;
11. 推廣、管理、經營及促銷我們及立橋集團的保險產品及服務;
12. 就您事前訂明的同意(如有)約束之下,直接促銷下列「直銷」段落所述的產品、服務及其他標的,而您可在任何時間知會我們以行使撤回同意的權利;
13. 在您自願的情況下,讓您參與我們的互動服務;
14. 遵守任何義務、要求、政策、程序、措施或安排與我們及立橋集團分享資料;
15. 遵守任何適用法律、規則、規例、實務守則或指引所要求與我們及立橋集團分享資料、或披露個人資料以協助在香港或以外其他地方的警方或監管機構調查、或遵守與其他任何政府或監管機構協議、執法及進行制裁、預防或調查洗黑錢、恐怖主義融資、欺詐或其他非法活動;及
16. 其他在收集個人資料時或之前列明之目的。

個人資料轉讓

所有收集得來的個人資料將予以保密,但我們可能會按香港境內外的個別情況,把您的個人資料(包括信用資料和索償歷史)披露及轉讓至或由:

- 向我們提供技術或其他服務包括直接營銷服務、任何提供付款、數據處理、網站託管、與業務營運,和/或其他服務予我們之代理、承辦商或第三者和任何為我們提供保單管理和保險服務的服務供應商,包括但不限於保險中介人、財務顧問、為保險公司承保的分保公司、僱主、理賠師、索償調查公司、律師、會計師、醫護組織或專業人士、醫院、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)、金融機構和信用卡公司、信貸資料評級機構、追收債務機構等,不論在香港或其他地方,並有同等的保密義務;
- 相關的保險業協會/聯會及其成員、整合保險業索償及承保資料組織、防欺詐組織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(及其營運者);
- 立橋集團成員、聯營公司和商業合作夥伴;
- 精算或研究機構;

- 政府、司法機構、執法機構、監管機構、稅務局或任何根據法例和/或監管責任而需作出披露的人士;和
- 其他在收集個人資料時列明的轉讓人士

以上情況適用於香港境內或境外的。假如我們需要把您的個人資料轉讓至香港境外地區,我們會確保受讓者擁有至少相當於我們的政策、程序、合適的安全伺服器及其他措施,以保障您的個人資料,而轉讓必須符合上述目的。

直銷

我們可能會不時使用、披露或提供您的姓名、聯絡資料、和個人資料(包括服務及產品組合、交易模式和行為、財務及背景資料)(「相關個人資料」),讓立橋集團的成員及我們的聯營公司和商業合作夥伴(無論有獲利與否)可以使用相關個人資料,為您提供與以下產品和服務進行直接促銷(包括但不於提供獎賞、客戶或會員或優惠計劃):

- 保險、銀行、金融、證券、資產管理和相關產品及服務;
- 健康、保健及醫療、餐飲、體育運動及會員服務、健身或類似的休閒活動、旅遊及交通、社交網絡、媒體的產品及服務。

我們及立橋集團有意向您送交推廣訊息或資料,及根據上述段落使用包括披露或提供您的相關個人資料,如沒有您的同意(包括不反對的表示),我們不會使用。您亦可以行使權利,撤回先前同意我們使用和/或披露相關個人資料,和/或向第三方提供相關個人資料作直銷用途的決定,假如您選擇行使該權利,我們要確保停止使用或提供相關個人資料作直銷用途,但作續保通知及相關服務則例外。如您不同意我們擬對您相關個人資料的使用、披露或提供,您可於任何時間致函給我們,以行使您不同意或撤回您同意此項安排的權利。

查閱個人資料

按照「私隱條例」規定,您有權查閱及更正我們所持有的個人資料。我們會盡快處理您提出的查閱及更正個人資料要求,但在某些情況下,我們可能會收取合理的費用,以抵銷我們為執行您的資料查閱要求而引致的行政和實際費用。如果我們未能為您提供資料,我們需提供拒絕理由,並提供所憑藉的法律理據。

若您要行使有關權利,或您對我們的私隱政策及個人資料收集聲明有任何疑問,請以書面方式郵寄至:個人資料保護主任(客戶服務),立橋人壽保險有限公司,香港上環干諾道中168-200號信德中心招商局大廈11樓1116-1118室

資料保安

我們採取切實可行的步驟,確保我們所持有的個人資料受到保護,收集的個人資料亦儲存於安全伺服器內,並在合約或法律訂明的必要保留期限內(以較遲者為準),保留、維護、控制、保護您的個人資料,所有涉及付款交易及收集個人資料的網頁亦使用嚴格的保安程序。

保留權利

我們保留全權及絕對酌情權隨時更改或修改本聲明及私隱政策,以確保本聲明及私隱政策配合我們未來發展、行業發展趨勢和/或任何法律或監管規定的變動。

Personal Information Collection Statement ("Statement")

Well Link Life Insurance Company Limited (referred to hereinafter as "We", "Us", "Our") is a member of Well Link Group with associated, affiliated and subsidiary members companies as added from time to time (referred to hereinafter as "Our Group" or "Well Link Group"). We recognize Our responsibilities in relation to collection, holding, processing, use, transfer, disclose and/or share of personal data under the Personal Data (Privacy) Ordinance (Chapter 486 of the laws of Hong Kong) (the "PDPO") and this Statement is made accordingly.

Purpose of Collection

From time to time, it is necessary for you to supply Us personal information about yourself, policyowner, life insured, beneficiary and/or other relevant individuals in connection with our provision of products and services. Provision of the personal information to Us by you is voluntary. However, failure to supply such information may result in Us not being able to process your case and/or provide you or continue to provide you with insurance products and services you have applied for.

We may also collect, use, store, process, transfer, disclose or share your personal data for purposes including but not limited to:

1. ensuring that content from Our website is presented in the most effective manner for you and for your computer;
2. enabling Us to communicate with you, respond to your queries and to verify your identity;
3. identifying policies of insurance issued by Us for which you may be eligible and to provide you with quotes;
4. assessing, processing any application for policies of insurance that you make and administering and carrying out variations, cancellations, endorsements or renewals of insurance products as the case may be; assisting in the issuance, administration, processing, arranging coinsurance and/or reinsurance of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims application, investigating and claims settling, detecting and preventing fraud (whether or not relating to the policy issued in respect of the claims application);
7. exercising rights of subrogation (if applicable) and collection of amounts outstanding (if any);
8. matching any data held which relates to you from time to time for purposes as listed here;
9. conducting market research for statistical or other purposes to allow Us to improve our products and services for you and designing products/services for You;
10. carrying out Our obligations arising from any contracts entered into between you and Us and other purposes in connection with the provision of any of Our products or services to you;
11. promoting, managing, conducting and marketing the insurance products and services of Well Link Life Insurance Company Limited and Our Group;
12. direct marketing of products, services and other subjects as described under the heading "Direct Marketing" below subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying Us at any time;
13. allowing you to participate in interactive features of Our service, when you choose to do so;
14. complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within Us and Our Group;
15. using or making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purpose, investigations by police or other government or regulatory authorities or bodies in Hong Kong or elsewhere and complying with the laws of any applicable jurisdiction in sanctions or prevention or detection of money laundering, terrorist financing, fraud or other unlawful activities within or outside Hong Kong; and
16. other purposes notified to you on or before the time of collection or use.

Data Transfer

Personal data held by Us will be kept confidential but We may, for the purposes set out above, disclose and transfer your personal data (including credit information and claims history) to or from:

- any agent, contractor or third party who provides technology or other services to Us including direct marketing services, payment, data processing, website hosting, administrative and/or other services to us in connection with company's operations and provision of policy administration and insurance services, including but not limited to insurance intermediaries, financial advisors, reinsurers, employers, loss adjusters, claims investigations companies, lawyers, accountants, healthcare entities or professionals, hospitals, other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), financial institutions and credit card companies, credit reference agencies and debt collection agencies etc. in Hong Kong or elsewhere and who has a duty of confidentiality to the same;

- related insurance industry associations/federations and their members, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information;
- any member of the Well Link Group, Our associates and business partners;
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement, tax authority or competent regulatory bodies or any person to whom we are under a legal and/or regulatory obligation to make disclosure; and
- other persons as notified to you on or before the time of collection or use,

in each case both within and outside of Hong Kong. Where We transfer your personal data outside of Hong Kong We will ensure that the recipient of your personal data has in place policies, procedures, suitably secure servers and other measures at least equivalent to Our own.

Direct Marketing

We may, from time to time, use, disclose or provide your name, contact details and personal data (including services and products portfolio, transaction pattern and behavior, financial and demographic data) ("Relevant Personal Data") to members of Well Link Group and Our associates and business partners (whether for gain or not) for their use for the purposes of conducting direct marketing (including but not limited to providing reward, loyalty or privileged programs) in relation to the following classes of products and services that We, Our Group and Our associates or business partners may offer:

- Insurance, banking, financial, securities, assets management and related product and services;
- Products and services in relation to health, wellness and medical, food and beverage, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking and media.

We and Well Link Group intend to send you marketing communications or material and use, disclose or provide your Relevant Personal Data in accordance with the paragraphs above for direct marketing purpose and we cannot do so without your consent (which includes an indication of no objection). You may exercise your right to withdraw your consent to the use and/ or the disclosure or provision of your Relevant Personal Data by Us to a third party for direct marketing purposes, and if you choose to exercise such right, We shall cease to use and disclose or provide your personal data for direct marketing purposes, save and except for the purpose of Policy renewal and related services. If you do not agree to Our intended use, disclosure or provision of your Relevant Personal Data, you may write to Us to opt out from or withdraw your consent to direct marketing at any time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. Your request to provide information will be dealt with in a reasonable time and We may recover from you Our reasonable cost for processing your request and supplying the information to you. If We do not provide you with access, We will provide you with reasons for the refusal and inform you of any legal exceptions relied upon.

If you wish to access or correct your personal data held by Us, or if you have any questions, comments and requests regarding this Statement and Our Privacy Policy Statement, please submit your request in writing and address to: Data Protection Officer of Customer Service, Well Link Life Insurance Company Limited, Units 16-18, 11/F., China Merchants Tower, Shun Tak Centre, 168-200 Connaught Road Central, Sheung Wan, Hong Kong.

Security

All information you provide to Us is stored on Our secure servers and, are maintained, controlled, protected and retained for either the period of Our business relationship or, for the requisite retention periods as stipulated in any contractual arrangements or applicable laws (whichever is later). Any payment transactions and all pages that require personal information will be processed in secured way.

Reservation of Rights

We reserve Our rights to vary or amend this Statement and Our Privacy Policy Statement at any time and at Our sole and absolute discretion to ensure the consistency with Our future developments, industry trends and/or any changes in legal or regulatory requirements.