

Travel Claim Form (旅遊保險索償申請表)

We are sorry to hear of your accident/loss. In order for us to consider your claim, please complete the Travel Claim Form and submit the relevant documents listed below within thirty (30) days from the date of return from your trip. Thank you.

(我們很抱歉得悉您所蒙受之意外/損失。為了讓我們更快跟進您的索償申請，請於回港後三十(30)天內填妥此旅遊保險申請表格並連同有關之證明文件一併交回。多謝您的合作。)

1. Policyholder's Details (保單持有人的詳細資料)

* To tick/delete as appropriate
(請加上✓號/刪除不適用部份)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份證號碼)	Policy no. (保單號碼)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Residential address (住宅地址)		

2. Claimant's Details (索償人的詳細資料)

If Claimant is different from Policyholder (如索償人與保單持有人不同)

Name (姓名) Mr/Ms * (先生/小姐) *	HKID card no. (香港身份證號碼)	Date of birth (出生日期)
Occupation (職業)	Contact no. (聯絡電話)	Email address (電郵)
Residential address (住宅地址)		

3. Incident Details (事件的詳細資料)

Date of occurrence (發生日期)	Time of occurrence (發生時間)	Place of occurrence (發生地點)
dd mm yyyy (日) (月) (年)	hour minutes am/pm* (時) (分) (上午/下午)*	
Please describe the incident in detail (請詳細描述事件發生的經過)		
Have the police or other authorities been informed (是次事件有否向警方或其他機構報告) <input type="checkbox"/> Yes (是) If yes, please provide report (如是，請提供報告) <input type="checkbox"/> No (否)		
Have you ever sustained a loss of similar nature during the past 3 years (在過去3年內是否蒙受過同樣性質的損失) <input type="checkbox"/> Yes (是) If yes, please give details (如是，請提供資料) <input type="checkbox"/> No (否)		

4. Types of Claim (索償類別)

ACCIDENTAL DEATH / TOTAL & PERMANENT DISABLEMENT (意外死亡 / 完全及永久傷殘)

Extent of injury (受傷情況) _____

Did these injuries result in permanent disability (是次受傷是否導致完全及永久傷殘) Yes (是) No (否)

Well Link General Insurance Company Limited 立橋保險有限公司

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A member of Well Link Insurance Group Holdings Limited 立橋保險集團控股有限公司成員

Contact us at

Hotline (熱線) : (852) 2884 8899
 Fax (傳真) : (852) 2884 8833
 E-mail (電郵) : claim@wli.com.hk

MEDICAL EXPENSES (醫療費用)

Diagnosis (診斷結果) _____

Date incurred (診症日期)	Details of expenses (醫療費用的類別)	Amount claimed (HK\$) (索償金額為港幣)

You may include a separate list if there is insufficient space provided above (註: 如此欄不足夠填寫可另加紙張)

LOSS OF OR DAMAGE TO PERSONAL POSSESSIONS (遺失或損毀個人財物)

Description of item lost/damaged (請描述遺失/損毀的物件)	Date of purchase (購買日期)	Place of purchase (購買地點)	Original purchase price (購買價值)	Amount claimed (HK\$) (索償金額為港幣)

Are you the sole owner of the property? (該財物是否由您全權擁有)

Yes (是)

No (否) If no, please give details (如否, 請提供資料) _____

You may include a separate list if there is insufficient space provided above (註: 如此欄不足夠填寫可另加紙張)

TRAVEL DELAY / BAGGAGE DELAY (行程延誤 / 行李延誤)

Original scheduled flight/vessel number (原定航班/船號)	Actual flight/vessel number (實際航班/船號)
Original date of departure/arrival (原定出發/回程日期)	Actual date of departure/arrival (實際出發/回程日期)
Original time of departure/arrival (原定出發/回程時間)	Actual time of departure/arrival (實際出發/回程時間)
Original time of baggage collection (原定取回行李的時間)	Actual date of baggage collected (實際取回行李的時間)
How long was the travel delay / baggage delay (行程/行李延誤合共多久) _____ hours (小時)	

TRAVEL CANCELLATION / TRIP CUT SHORT (取消行程 / 縮短行程)

Scheduled date of departure (原定出發的日期)	Date of cancellation/trip cut short (取消/縮短行程的日期)
Cause / reason (成因/原因)	
Total amount paid/unused expenses (已支付/未使用旅程費用的總金額)	
Refund received and source (可獲得退款的金額及機構名稱)	
Amount claimed (索償金額)	

PERSONAL LIABILITY / RENTAL CAR EXCESS / PET HOTEL (個人責任 / 租車自負額 / 寵物酒店保障)

Cause / reason (成因/原因)
Amount claimed (索償金額)

5. Other Insurance (其他保險)

If you are entitled to claim under any other insurance policy, (eg. other travel, personal accident, pet insurances etc), please provide us the details of those policies (如您可向其他保險如旅遊保險、個人意外、寵物保險等申請索償, 請提供有關的保單資料)

Insurance company (保險公司名稱)	Type of policy (保險類別)	Policy no. (保單號碼)	Compensation amount (HK\$) (賠償金額為港幣)

Have you made any claims against any of the above insurers? (您有否就此意外/損失向上述保險公司申請索償)

Yes (是) No (否)

6. Bank Details (銀行戶口資料)

Please provide us your bank details for direct payment to your bank account for any valid claim. Please be reminded that this request should not be treated as an admission of our liability and we hereby reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy.

(請提供您的銀行戶口資料以便將成功審批的賠償款項直接轉帳到您的戶口。我們在此聲明，此項要求並不代表您的索償現正獲得成功審批。同時，我們在收集全部證明文件後，將根據保單一切條款才作出最後審批，敬請留意。)

* The Bank account holder must be the Policyholder(s)/the Insured/Beneficiary named in the relevant Policy Schedule.

(戶口持有人必須為有關保單列明的投保人/受保人/受益人。)

Bank account holder name (戶口持有人姓名)	Bank name (銀行名稱)	Bank code (銀行代碼)	Branch code (分行編號)	Bank account no. (銀行戶口號碼)

7. Declaration and Authorization (聲明及授權)

I/We declare that all the above statements and particulars given by me/us in this form are true, complete and correct and that I/We have not withheld any material facts in respect of this claim.

我/我們謹此聲明上述提供之所有資料均為屬實完整，正確無誤，並無隱瞞重要資料事實。

I/We further declare that save and except those set out in part 5 hereinabove (if any), I/we have no other insurance policy(ies) indemnifying me/us in respect of this accident/incident.

我/我們聲明除了上述第五部份列出的保單外(如有)，我/我們並無其他保單就此意外/事件可作出賠償。

I/We acknowledge and understand that the Insurers will rely on the information and statements supplied and made by me/us /the policyholder/ the insured person(s), which I/we verily believe to be true, complete and correct, in prosecuting or defending any claims or proceedings in future; and that I/we/ the policyholder/ the insured person(s) under this Policy, if so required, will and are bound to sign relevant legal or court documents. I/we further understand and agree that any false or incorrect information or statements or omission provided and made in this form or through other means may prejudice the conduct of such proceedings and my/our entitlement or cover under the Policy; and may result in reduction or refusal of my/our claim(s) and/or cancellation of the Policy.

我/我們確認貴保險公司會依靠我/我們/保單持有人/受保人所提供的資料(我/我們忠實地相信該等資料是真實和正確的)作為將來進行或抗辯任何索償或訴訟程序之用。如貴保險公司要求，我/我們/保單持有人/受保人同意及定必簽署任何依據該等資料所準備的法律文件。我/我們明白並同意任何虛假或失實的陳述或資料或隱瞞可能影響該等訴訟及損害我/我們就保單索償的權利，並可導致拒絕索償及/或取消保單。

I/We hereby authorize any physician, hospital, clinic, police, government authorities and/or other organization or party concerned to disclose to Well Link General Insurance Company Limited or its representatives any and all information, records, knowledge or reports in connection with the accident/incident, including but not limited to my/our medical history, police reports, witness statements, investigation and/or prosecution results and the like for claim processing purpose. This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our subsequent death or incapacity in so far as legally permissible. A photocopy of this authorization shall be as valid as the original.

我/我們特此授權任何醫生、醫院、診所、警方、政府機關和/或其他機構或有關方向立橋保險有限公司或其代表披露及提供任何與所有就我/我們索償事件相關的資料、記錄或報告，包括但不限於我/我們的病歷、警察報告、證人口供、調查和/或起訴結果及有關索償程序用途的任何文件及資料。這授權將使我/我們的繼承人受到約束，儘管我/我們隨後死亡或喪失能力，在法律允許的範圍內仍然有效。本授權複印件與原件同樣有效。

I/We acknowledge and agree that Well Link General Insurance Company Limited by requesting me/us to complete and submit this form and to make the declaration herein does not constitute a waiver of any of its rights under the Policy and/or the law in general.

我/我們確認並同意立橋保險有限公司在要求我/我們提交此表格和聲明，並不構成其放棄保單條款下及一般法例下的任何權利。

Policyholder's Signature (保單持有人簽署)

Claimant's Signature (索償人簽署)

Date (日期)

8. Important Note (重要事項)

- Any cost of obtaining documents is not reimbursable under the Policy
(本保障範圍並不包括任何有關領取文件的費用)
- Damaged items must not be disposed of without our prior consent
(切勿在沒有我們同意的情况下棄掉損毀的物件)
- Do not admit any liability or make any offer, promise or payment without our prior consent
(切勿在沒有我們同意的情况下承認任何責任或作出賠償建議或賠償)
- In certain circumstances, we reserve our right to request for more information to substantiate the claim
(在一些情況下，我們保留權利要求您提供進一步的資料以處理您的索償申請)

Please ensure the following required documents will be submitted as well to speed up the claim processing, if applicable.
(請確保以下所需文件一併遞交以加快索償申請，如適用)

Section (申請項目)	Accident Death / Total & Permanent Disablement / Medical Expenses (意外死亡/完全及永久傷殘/醫療費用)		Loss of or Damage to Personal Possessions (遺失或損毀個人財物)		Travel Cancellation Cut Short (取消行程/縮短行程)		Travel / Baggage Delay (行程/行李延誤)		Personal Liability / Rental Car Excess / Pet Hotel (個人責任/租車自付額/寵物酒店保障)		
	Accidental Death / Total & Permanent Disablement (意外死亡/完全及永久傷殘)	Medical Expenses (醫療費用)	Lost (遺失)	Damaged (損毀)	Cancellation (取消行程)	Trip Cut Short (縮短行程)	Travel Delay (行程延誤)	Delayed Baggage (行李延誤)	Personal Liability (個人責任)	Rental Car Excess (租車自付額)	Pet Hotel (寵物酒店保障)
Documents needed (所需文件)											
Passport with departure and return dates/boarding pass (護照並蓋上出境及入境日期/登機証)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Travel itinerary (行程表)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Confirmation from any relevant sources stating any compensation paid or payable (有關是次意外/損失已獲得任何機構作出補償的證明文件)			✓	✓	✓	✓	✓	✓			
Documentary proof of relationship (關係證明文件)	✓				✓	✓					
Certified true copy of death certificate/letters of administration (死亡證/遺產管理書的確認正本)	✓				✓	✓					
Medical report issued by a registered medical practitioner certifying the degree of permanent disability (永久傷殘程度的醫療評估證明文件)	✓								✓		
Any medical certificate/discharge summary/police report (醫療報告/出院報告/警方報告)	✓	✓			✓	✓			✓		
Original medical receipt(s) indicating the name of patient, the consultation date, the breakdown of medical charges and the diagnosis (醫療收據正本並需列明病者姓名·診斷日期·收費類別及診斷結果)		✓							✓		
Police report at place of loss and/or airline/other transport operator property irregularity report (由當地警方/航空公司/其他運輸機構所發出的遺失/遇事報告)			✓	✓			✓	✓			
Original purchase receipts/invoices of items lost/damaged (有關遺失/損毀物件的收據正本)			✓	✓					✓		
Photographs & repair quotation (相片及維修報價單)				✓					✓		
Original replacement/repair receipts/invoices (重新購買/維修的收據正本)			✓	✓							
Acknowledgement slip (簽收行李的證明)								✓			
Relevant documents to substantiate the reason for trip being delayed/cancelled (有關文件清楚顯示行程延誤/的原因)							✓				

Medical Report (醫療報告)

This report is to be completed by the Attending Physician at the claimant's own expenses
(此報告必須由主診醫生填寫，所需費用須由索償人自行承擔)

Section A (第一部份)

1) Name of patient (病者姓名)	2) HKID card number (香港身份証號碼)
3) When did you first attend to the patient for this condition and what was the nature of treatment? (病者首次向您求診的日期及治療的性質)	4) When was the approximate date of discovery of the illness/injury? (在何時發現疾病/受傷的情況)
5) Did the patient have any symptoms prior to consulting you? (病者在就診前有否出現任何病徵) <input type="checkbox"/> Yes (有) <input type="checkbox"/> No (沒有) If yes, please state the symptoms and when it first started: (如有，請提供病徵/症狀及何時開始)	6) If this condition existed before symptoms were apparent to the patient, when did this condition first develop? (如該病徵已存在，請提供最初期的形成時間)
7) What is the cause of the illness/injury? (疾病/受傷的主要原因)	8) What is the final diagnosis of illness or extent of injury? (疾病或受傷程度的最後診斷結果)
9) Please state the surgical procedures/treatment rendered and the dates. If no surgery was performed, please state treatment/medication given. (請提供手術名稱/治療及日期。如沒有進行手術，請提供治療/藥物資料)	
Admission/discharge/surgery date (入院/出院/手術日期)	Surgical procedures (外科手術)
Name of physician/surgeon/anaesthetist (主診醫生/外科醫生/麻醉師名稱)	
10) Was the patient referred by any doctor to see you? (病者是否由其他醫生轉介) <input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否) Please state the name and address of the referring doctor: (請提供該醫生的姓名及地址)	
11) Has the patient previously consulted other doctors for the same or similar condition? (病者曾否因同樣或有關症狀接受其他醫生的治療) <input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否) If yes, please state the name and address of all the other doctors: (如是，請提供其他醫生的姓名及地址)	
Name (姓名)	First consultation date (首次就診日期)
Name of clinic & address (診所名稱及地址)	

Section B (第二部份)

To be completed only if the injury has resulted or is likely to result in disablement (如因受傷導致或可能導致的傷殘，則需填寫此部份)

12) Is the injury likely to cause loss of use of the part(s) injured? (有否因此受傷導致受傷部位失去/喪失功能) <input type="checkbox"/> Yes (有) <input type="checkbox"/> No (沒有) If yes, please specify: (如有，請提供詳細資料)	
a) The affected part (受影響的部位)	
b) If the loss is related to finger/toe injuries, please state the affected phalanx and on which finger/toe. (如因手指或腳趾失去/喪失功能，請提供受影響的指骨及屬於那一隻手指/腳趾的受傷)	
13) What is the percentage of disablement sustained? (受傷部位的傷殘百分比是多少)	14) Does the patient require follow-up treatment? (病者是否需要繼續覆診) <input type="checkbox"/> Yes (是) <input type="checkbox"/> No (否)
15) How long has the patient been disabled from engaging in or attending to usual business as the sole result of the injuries? (病者因受傷而導致喪失工作能力的時間) From (由) _____ to (至) _____	
16) How much longer do you foresee that such disablement will continue? (就病者的傷殘程度需繼續多久) From (由) _____ to (至) _____	
17) Is the patient's disablement associated, contributed, or affected by any past illness, injury or accident? If so, please give details: (就病者的傷殘程度，是否因過往的疾病、受傷或意外而導致。如是，請提供詳細資料)	

Section C (第三部份)

I certify that I have personally examined and treated this patient and that the answers are true and correct to the best of my knowledge and belief, and no material fact has been concealed from Well Link General Insurance Company Limited.
(本人謹此聲明本人已為病者進行評估及提供治療，而上述所填報的資料是據本人所知及正確無訛，同時本人並無對立橋保險有限公司作出任何隱瞞重要資料的事實。)

Name of the attending doctor _____ Signature _____
(主診醫生的姓名) (簽署)

Clinic/Hospital Stamp & Address _____ Date _____
(診所/醫院的印章及地址) (日期)

Personal Information Collection Statement ("Statement")

Well Link General Insurance Company Limited 立橋保險有限公司 (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"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data collected by Us is accurate and secure.

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 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 (including credit information and claims history) 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;
5. assisting in the issuance, administration and processing, arranging coinsurance and/or reinsurance of your insurance policies, payment instruction, policy renewal notice and relating services;
6. assessing and processing claims and purposes in connection with claims, including claims investigation and settlement, detecting and preventing fraud (whether or not relating to the products or services provided by Us and/or Our Group);
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 and services to you, including Policy underwriting, servicing and administration;
11. promoting, managing, conducting and direct marketing the insurance products and services of Well Link General Insurance Company Limited 立橋保險有限公司 and Our Group;
12. direct marketing of products and 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 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, reinsurers, loss adjusters, claims investigations companies, lawyers, accountants, financial advisors, hospitals, healthcare entities, other insurance companies, 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;
- organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organization or other persons named in this section), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.
- related insurance industry associations/federations and their members
- any member of the Well Link Group, Our associates and business partners
- organizations conducting actuarial or research studies;
- government, judicial, law enforcement, tax authority (where applicable) 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 transfer your name and contact details (including but not limited to telephone number, email address, postal address, services and products portfolio, financial and demographic data) ("Relevant Personal Data") to 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 transfer 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, disclose or transfer 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, disclose or transfer your personal data for such purposes, save and except for the purpose of Policy renewal and related services. If you object to Our intended use, disclosure or transfer of your Relevant Personal Data for direct marketing, please indicate in the following "Use and Disclosure of Your Relevant Personal Data" section (or where specified at the time of collection) or you may write to Us to opt out from or withdraw your consent to direct marketing at any time.

Policy Renewal and Related Services

In order to ensure that you have continuance insurance cover, We shall at appropriate timing provide you with Policy renewal notice and related services. Such services may entail use of your personal data, and have been expressly listed as one of the purposes for collection of your personal data hereinabove. If you subsequently opt not to receive any renewal notice, you must bear the risk of failing to have your insurance renewed on time.

Access Requests

You have the right in accordance with the PDPO to request access to and correct your personal data held by Us. 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, please contact Us using the information below. 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.

Any questions, comments and requests regarding this Statement and our Privacy Policy Statement should be addressed in writing to:

Data Protection Officer
Well Link General 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.

Privacy Policy Statement

Our Privacy Policy Statement is available at Our website, which includes Our Personal Information Collection Statement and details of Our Cookie Policy.

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 that this Statement and Our Privacy Policy Statement is consistent with Our future developments, industry trends and/or any changes in legal or regulatory requirements.

My acknowledgment

You acknowledge and accept that your use of Our website and/or Our product(s) and service(s) indicates your acceptance of Our website terms of use and of Our security and privacy statement including this Statement.

This is Our current security and privacy statement. It replaces any previous security and privacy statement published on Our website. We are under no obligation to specifically notify you of any variation to this Statement or any other security and privacy statement.

YOU AGREE AND ACCEPT, BY your USE OF OUR WEBSITE and/or OUR PRODUCT(S) AND SERVICE(S), OUR SECURITY AND PRIVACY STATEMENT INCLUDING THIS STATEMENT.

Similarly, after any variation to this Statement, and Our security and privacy statement, you agree and accept that We have provided you with sufficient notice of the variation and you are taken to have accepted every such new Statement and security and privacy statement.

個人資料收集聲明 ("聲明")

立橋保險有限公司（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。我們僅為合法和相關的目的收集個人資料，並將採取一切實可行的步驟，確保我們所持個人資料的準確性和安全性。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、保單持有人、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、轉讓或披露您的個人資料(包括信用資料和以往申索紀錄)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本網站內容;
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相關的目的, 包括調查或結清索償、偵測和防止欺詐行為(無論是否與就我們和/或我們集團提供的產品或服務有關);
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、經營及直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機構、為保險公司承保的分保公司、理賠師、索償調查公司、律師、會計師、財務顧問、醫院、保健組織、其他保險公司、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;
- 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部分中指名的其他人士)、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);
- 相關的保險業協會/聯會及其成員;
- 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、稅務機關(如適用)、監管機構、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、披露或轉移您的姓名、聯絡資料(包括但不限於電話號碼、電郵地址、聯絡地址、服務及產品組合、財務及背景資料) (“相關個人資料”), 讓我們、立橋集團的成員及我們的聯營公司和商業合作夥伴(不論有獲利與否)可以使用相關個人資料, 為您提供以下產品和服務進行直接促銷(包括但不限於提供獎賞、客戶或會員優惠計劃):

- 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轉移您的個人資料, 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/或披露或轉移關連個人資料, 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。假如您反對我們使用及披露相關個人資料作直銷用途, 請在有關部分列明您的選擇。您亦可隨時致函我們行使您不同意或撤回您同意此項安排的權利。

續保通知及相關服務

為確保您繼續得到保障, 我們會適時向您提供續保通知及相關服務。該服務可能涉及使用您個人資料, 並已明確列入上述的收集個人資料目的之一。假如您及後選擇行使權利拒絕接受續保訊息, 這樣您必須自行承擔因未能依時續保的風險。

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，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，請按照以下方式聯繫我們，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。

如果您對我們的私隱政策及個人資料收集聲明有任何疑問，請郵寄至：

個人資料保護主任
立橋保險有限公司
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。

私隱政策

您可隨時查閱我們網站上的私隱政策與保安，包括Cookie 檔案使用方法。

保留權利

我們保留全權及絕對酌情權隨時更改或修改本個人資料收集聲明及私隱政策，以確保本個人資料收集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。

您的聲明

您已知悉及接受使用我們的網站及/或我們的產品和服務即表示您接受我們的網站使用條款，本個人資料收集聲明及保安及私隱聲明。

這是我們目前有效的個人資料收集聲明，本聲明取代以往在我們網站上公佈的任何的個人資料收集聲明。我們可隨時更改本聲明或任何其他政策及聲明，而無需特別向您發出通知。

使用我們的網站及/或我們的產品和服務即表示您同意及接受我們的保安及私隱聲明包括本個人資料收集聲明。

同樣地，在本個人資料收集聲明及保安及私隱聲明被修改後，您同意及接受我們已為您提供足夠的更改通知，而您會被視為接受任何新的個人資料收集聲明及保安及私隱聲明。

Use and disclosure of your personal data

(使用您的個人資料)

- If you do not agree to the proposed use or disclosure of your personal data in direct marketing of products and services from Well Link General Insurance Company Limited, its business partners or members of Well Link Group, save and except for the purpose of policy renewal and related services, please tick this box. For personal data usage, please refer to our Statement.
- 如閣下不同意立橋保險有限公司、立橋集團成員及其商業合作夥伴使用或披露閣下的個人資料作直銷用途，但作續保通知及相關服務則例外，請在方格填上✓號。有關您的個人資料用途，請參閱私隱政策與保安聲明。

Signature (簽署)

Date (日期)

Name (姓名)

Policy Number (保單號碼)

Contact Number (聯絡電話)

***In event of any inconsistency between the English version and Chinese version, the English version shall prevail.**

(中英文版本如有歧異，概以英文本為準)