

危疾保障賠償申請書 (由索償人填寫)

**Critical Illness Benefit Claim Form** (to be completed by claimant)

持牌保險中介人姓名 Licensed Insurance Intermediary's Name	持牌保險中介人編號 Licensed Insurance Intermediary Code	持牌保險中介人電話號碼 Licensed Insurance Intermediary's Phone No.

保單號碼 Policy Number	
索償性質 Claim Nature	<input type="checkbox"/> 主要疾病 Major Illness <input type="checkbox"/> 早期疾病 Early Stage Illness <input type="checkbox"/> 首次索償 New Claim <input type="checkbox"/> 再次索償 Further Claim <input type="checkbox"/> 覆核/補充資料 Review / Further Information

**(1) 受保人資料 Insured's Information**

(a) 受保人姓名 Insured's Name	(b) 身份證/護照號碼 ID card / Passport No.

**(2) 索償資料 Claim Information**

索償之危疾名稱 Name of claimed Critical Illness		
(a) 如索償因疾病所致，請提供以下資料 If claim was caused by Illness, please provide the following:		
i. 病徵 Symptoms	ii. 病徵首次出現日期 When did the symptoms first occur? (日 D/ 月 M/ 年 Y)	
(b) 如索償因意外所致，請提供以下資料 If claim was caused by Accident, please provide the following:		
i. 意外日期 Date of Accident (日 DD/ 月 MM/ 年 YY)	ii. 發生地點 Place of Accident	iii. 受傷部位及傷勢 Part of Body Injured and Extent of Injury
iv. 意外如何發生 How did the Accident happen?	v. 有否報警 Was the Accident reported to the Police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes，請提供口供紙副本及以下資料 please provide copy of Witness Statement and the following:	
	警署名稱: Name of Police Station	報案號碼 Reference No.

**(c) 求診詳情 Consultation Details**

i. 求診日期 First Consultation Date (日 D/ 月 M/ 年 Y)	ii. 首次求診的醫生/醫院名稱 Name of Doctor / Hospital first consulted
iii. 其他曾求診的醫生/醫院名稱 Name of Doctor / Hospital ever consulted	iv. 曾接受的檢查或治療 Investigation or Treatment ever received

**(d) 就此病症在其他保險公司索償之詳情 Details of Claim application with other Insurance Company for this Illness**

保險公司名稱 Name of Insurer	保單號碼 Policy No.	生效日期 Commencement Date (日 D/ 月 M/ 年 Y)	保障額 Face Amount

**(3) 賠償支付方式 Payment Instruction**

<input type="checkbox"/> 以港幣支票支付 Cheque in <u>Hong Kong Dollar</u>	<input type="checkbox"/> 郵寄至保單持有人的通訊地址 Post to Policy Owner's Correspondence Address
<input type="checkbox"/> 以保單貨幣支票支付 Cheque in <u>Policy Currency</u>	<input type="checkbox"/> 由保險中介人轉交 Via Insurance Intermediary

備註 Remarks:

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#### (4) 個人資料收集聲明 Personal Information Collection Statement Information

本公司尊重和保障您的私隱及承諾遵守〔個人資料(私隱)條例〕(香港特別行政區(「香港」)法例第486章)(「私隱條例」)的要求。本聲明適用於本公司所提供的所有產品和服務，並闡述我們收集客戶個人資料的原因、資料的擬定用途，可能獲提供個人資料的人士，以及有關查閱、檢視及修改個人資料的方法。本聲明中的「客戶」是指資料當事人(定義見私隱條例)，包括現有和未來的保單持有人、受保人、受益人、以及根據保單指定或有權收取款項和/或其他利益的其他人。

The Company respects and protects your privacy and pledges to comply with the requirements of the Personal Data (Privacy) Ordinance (Cap. 486 of the laws of Hong Kong Special Administrative Region ("Hong Kong")) (the "Ordinance"). This statement applies to all products and services provided by the Company and sets out why we collect the personal data about the customer(s), how it is intended to be used, to whom it may be provided to and how to access, review and correct the personal data. "Customer(s)" in this statement means data subjects (as defined under the Ordinance) and includes existing and prospective insurance policy owners, insureds, beneficiaries and other persons designated or entitled to receive moneys and/or other benefits under an insurance policy.

##### 1. 本公司所收集及/或持有的個人資料 Personal data collected and or held by the Company

於本聲明內，「個人資料」的含義與私隱條例中的定義相同。其意包括 (a) 直接或間接與一名在世的個人有關的；(b) 從該資料直接或間接地確定有關的個人的身分是切實可行的；及 (c) 該資料的存在形式令予以查閱及處理均是切實可行的數據。我們所收集及/或持有的個人資料包括但不限於您的姓名、身份證號碼、聯絡資料、家族歷史、保單資料、學歷、就業資料、財務資料、健康和醫療資料。

In this statement, "personal data" bears the same meaning as defined under the Ordinance. It includes any data (a) relating directly or indirectly to a living individual; (b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and (c) in a form in which access to or processing of the data is practicable. The personal data that we collect and/or hold includes but is not limited to name, identity card number, contact information, family history, policy details, education details, employment details, financial details, health and medical information.

本公司將保留您的個人資料直至達到收集個人資料的目的及符合法例要求。如果本公司不再需要您的個人資料以作任何用途，我們將會採取合理的步驟，安全地刪除或銷毀您的個人資料。

The Company will keep the personal data for as long as necessary to achieve the purpose for which it was collected and to comply with prevailing legal requirements. If the Company no longer needs the personal data for any purposes, we will take reasonable steps to securely delete or destroy personal data.

##### 2. 未能提供個人資料的影響 Consequence of failing to provide personal data

提供您的個人資料純屬自願。如果您不向我們提供所需的個人資料，我們可能無法向您提供所需的產品及服務。

The provision of the personal data is voluntary. If you do not provide us with the requested personal data, it may inhibit our ability to provide or continue to provide your requested products and services.

##### 3. 本公司收集個人資料的目的 Purposes of personal data collected by the Company

本公司所持有您的個人資料可能會用於以下目的：

Personal data held by the Company may be used for the following purposes:

- a) 處理保險產品或服務的申請及核實相關的資格；  
processing applications and verifying the eligibility for insurance products or services;
- b) 設計全新或加強現時本公司所提供的保險產品、服務及相關產品；  
designing new or enhancing existing insurance products, services and related products provided by the Company;
- c) 管理已簽發的保單；  
administering the policies issued;
- d) 處理付款指示；  
processing payment instructions;
- e) 處理任何保險索償；  
processing any insurance claims;
- f) 進行統計及精算研究；  
conducting statistical and actuarial research;
- g) 資料核對，或開展核對程序(定義見私隱條例，但廣泛而言包括對資料當事人兩套或更多套的資料進行比對，以採取不利於資料當事人的行動，例如拒絕申請)，內部業務及行政之用；  
data matching or conducting matching procedure (as defined in the Ordinance, but broadly includes comparison of two or more sets of the data subject's data, for purposes of taking actions adverse to the interests of the data subject, such as declining an application), internal business and administrative purposes;
- h) 釐定本公司欠付您或您拖欠本公司的任何款項的金額，及執行您之責任，包括向您或任何已為您的債務向本公司提供任何擔保或承諾的人士追收尚欠金額(如有)；  
determining amount of indebtedness owed to or by you, and performing your obligations including the collection of amounts outstanding from you or any person who has provided any security or undertaking for your liabilities owing to the Company (if any);
- i) 就您在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；  
sending out administrative communications about any accounts you may have with the company or about future changes to this statement;
- j) 直接推廣；  
direct marketing;
- k) 進行保單檢閱及需要分析；  
performing policy review and needs analysis;
- l) 滿足任何適用法律、規則、實務守則或指引規定的要求，或協助在香港或香港以外的監管機構執法及進行調查；  
meeting obligations and requirements imposed by any applicable laws, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by regulatory authorities in Hong Kong or elsewhere;
- m) 在收集時列明的其他用途；  
other purposes as notified at the time of collection;
- n) 與上述任何一項直接有關的其他用途。  
other purposes directly relating to any of the above.

#### 4. 轉交 Transfer

本公司收集的個人資料將保密處理，但可能會轉交給及向以下不論是位於香港境內或境外的任何一方披露，以作上述第 a) 至 n) 項之用途。  
The personal data collected by the Company will be kept confidential but may be transferred and disclosed to any of the following parties, whether within or outside Hong Kong, for the purposes as specified in a) to n) above:

- i) 中國太平洋保險（集團）股份有限公司（「太保集團」）及集團內的其他公司；  
China Pacific Insurance (Group) Co., Ltd. ("CPIC Group") and any other companies within the Group;
- ii) 任何進行保險及/或再保險有關業務的公司；  
any companies carrying on insurance and/or reinsurance related business;
- iii) 任何與本公司有合約的持牌保險中介人；  
any licensed insurance intermediaries who have an agreement with the Company;
- iv) 任何保險索償調查人員；  
any insurance claim investigators;
- v) 任何夥伴金融機構；  
any partnering financial institutions;
- vi) 就業務經營關係向本公司提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接推廣服務或其他服務的任何代理、承包商或第三方管理人員；  
any agents, contractors or third party administrators who provide administration, technology, data processing, telecommunications, computers, payment, debt collection, call centre services, direct marketing services, or other services to the Company in connection with the operation of its business;
- vii) 任何不時存在的保險業協會及聯會；  
any applicable and relevant associations and federations of the insurance industry that exist from time to time;
- viii) 任何提供保險及/或再保險相關業務的其他服務供應商；  
any other service providers providing insurance and/or reinsurance related business;
- ix) 任何政府部門及司法機構或監管機構；  
any governmental and judicial bodies or regulators;
- x) 在收集個人資料時已通知您的任何其他團體。  
any other parties as notified to you at the time of collection.

#### 5. 查閱及修改 Access and Correction

根據私隱條例，您有權要求查閱及/或修改由本公司持有的您的個人資料。如果您想要查閱及/或修改由本公司持有的您的個人資料，請向我們的資料保護主任作出書面要求，地址是香港銅鑼灣 33 號希慎道利園一期 18 樓 1802 室。

In accordance with the provision of the Ordinance, you have the right to request access to and/or correction of your personal data held by the Company. If you want to access and/or correct your personal data held by the Company, please make such a request by writing to our Data Protection Officer at Room 1802 18/F, Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong.

#### 6. 直接推廣 Direct Marketing

本公司希望就產品優惠及宣傳資料與您保持聯繫，未經您的同意，太保壽險香港不會使用或向其它機構提供您的個人資料作直接推廣用途。  
The Company would like to keep in touch with you regarding product offers and promotional materials. Without your consent, the Company will not use or provide your personal data to any external parties for any direct marketing purposes.

本公司會不時使用和/或提供給 (i) 中國太平洋保險（集團）股份有限公司；(ii) 太保集團的成員公司；和/或 (iii) 第三方服務提供商（無論是否以獲取利益為目的）您的姓名、住址、聯絡地址、電郵及電話號碼（「該資料」）作直接推廣以下之產品和服務：

The Company will use your name, residential address, contact address, email and phone number ("Information") from time to time and/or provide the Information to (i) China Pacific Insurance (Group) Co., Ltd.; (ii) CPIC Group member companies; and/or (iii) third-party service providers (whether or not in return for gain) for direct marketing of the following:

- 保險、年金、財富管理、基金投資服務、退休計劃和其他金融相關的產品和服務；  
insurances, annuities, wealth management, fund investment services, retirement schemes and other financial related products and services
- 與健康、保健和醫療、退休養老、體育活動和會員資格、健身或類似休閒活動、旅行和交通、社交網絡、媒體和醫療保健服務相關的產品和服務；和  
products and services in relation to health, wellness and medical, healthy ageing and retirement, sporting activities and membership, fitness or similar leisure activities, travel and transportation, social networking, media, medical care services; and
- 獎勵、增加現有客戶忠誠度推廣或特權計劃的相關產品和服務。  
reward, customer loyalty or privilege programme and related products and services.

請您向我們的資料保護主任作出書面要求、查閱或取消使用及提供該資料作直接推廣用途，地址是香港銅鑼灣 33 號希慎道利園一期 18 樓 1802 室。  
Please notify our Data Protection Officer in writing to Room 1802 18/F, Lee Garden One, 33 Hysan Avenue, Causeway Bay, Hong Kong if you wish to access or withdraw your consent to the use and provision of Information for direct marketing purposes.

**(5) 聲明及授權 (需由保單持有人 及 已年滿 18 歲的受保人共同簽署)**

**Declaration and Authorization (To be signed by both the Policy Owner and the Insured who is aged 18 or above)**

本人/我們確認本人/我們已閱讀並明白個人資料收集聲明。本人/我們特此確認並同意公司根據個人資料收集聲明使用和移轉本人/我們的個人資料。  
I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement. I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the Personal Information Collection Statement.

本人/我們聲明於本賠償申請書上的一切陳述、答案以及經本人/我們遞交和此賠償有關的其他文件，均屬真確無訛、詳細完整。  
I / We declare that all the foregoing statements and answers in this claim form together with other document(s) submitted by me/us about this claim are full, complete and true.

本人/我們授權中國太平洋人壽保險(香港)有限公司可收集、保存、使用、透露或轉交任何有關本人/我們及上述受保人的個人資料 (無論載於本申請書內或從其他途徑獲取的) 予其他公司、機構、醫生、醫院、診所、政府部門或任何其他組織及人士以辦理此索償申請、或其他服務。  
I / We, authorize China Pacific Life Insurance (H.K.) Company Limited to collect, retain, use, disclose or transfer the personal information (whether obtained from this application or otherwise obtained) of me/ us / the above insured to other companies, institutions, doctors, hospitals, clinics, government departments or any other organizations and individuals for the purpose of processing this claim or other services.

本人/ 我們同意並不可撤銷地授權  
I / We agree and irrevocably authorize

- (1) 任何知悉或擁有上述受保人資料或紀錄之僱主、醫生、醫院、診所、保險公司、金融機構、政府部門、機構或人士，向中國太平洋人壽保險(香港)有限公司透露、發放及轉移有關資料。  
any employer, doctor, hospital, clinic, insurance company, financial institution, government department, organization or individual that has any record, knowledge or information of me / we / the above insured to disclose, release and transfer the relevant information to China Pacific Life Insurance (H.K.) Company Limited.
- (2) 就處理本申請，中國太平洋人壽保險(香港)有限公司或其委任的醫療／輔助醫療檢查員或檢驗所替本人/我們/上述受保人進行所需的醫療評估或測驗，以檢定本人/我們/上述受保人的健康狀況。  
China Pacific Life Insurance (H.K.) Company Limited or its appointed medical/para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my/our/the above insured's health status for processing this application.

即使本人/我們/上述受保人死亡或喪失行為能力，此授權書仍然存有法律效力，而本人/我們/上述受保人之繼承人及承讓人亦受此授權書約束。此授權書之正本與副本有同等效力。

This authorization shall bind my /our successors and assignees and remain valid notwithstanding my/our death or incapacity. A photocopy of this authorization shall have the same legal effect as the original.

X

保單持有人簽署  
Signature of Policy Owner

姓名 (大寫)  
Name in Block Letter

身份證/護照號碼  
ID Card / Passport No.

簽署日期  
Date (日DD/ 月MM/ 年YY)

X

受保人簽署  
Signature of Insured

姓名 (大寫)  
Name in Block Letter

身份證/護照號碼  
ID Card / Passport No.

簽署日期  
Date (日DD/ 月MM/ 年YY)

**索償需知 Information to Note**

1. 請遞交保單持有人及受保人的身份證或護照副本(如從未於本公司內存檔)。  
**Please enclose the policy owner's and the insured's ID card / passport copy (if no precedent record with our company).**
2. 請遞交有關是次病症的檢驗報告副本、轉介信副本及/或出院總結副本(如有)以供審核。  
**Please provide a copy of the investigation reports, referral letters and / or discharge summaries (if any) for claim assessment.**
3. 我們在收到此申請表後，會儘快將是次索償病症的危疾問卷呈送予閣下(如適用)，作為審核是次索償的重要資料。此問卷須由受保人的主診醫生填妥(費用需由索償人支付) 後交回我們辦理。  
**Upon receipt of this claim form, we will send the relevant Critical Illness Questionnaire to you as soon as possible (if applicable). The information provided in the questionnaire is important for us to assess your claim, please pass it to the insured's attending doctor for completion (at claimant's own cost) and return it to us for claim processing.**
4. 您可參閱本公司之網址 [life.cpic.com.hk](http://life.cpic.com.hk) 以獲得更多有關索償申請的資料。 如您對索償任何疑問，您可聯絡您的持牌保險中介人或我們的客戶體驗大使，我們會竭誠為您提供協助：  
**You may visit our website [life.cpic.com.hk](http://life.cpic.com.hk) for more claims information. If you have any questions, you may to contact your Licensed Insurance Intermediary or our Customer Experience Ambassador, we will be there to provide assistance:**
  - (香港) 客戶服務熱線 (Hong Kong) Customer Service Hotline : (852) 3169 5500
  - (內地) 客戶服務熱線 (Mainland) Customer Service Hotline : 95500
  - 電郵 Email : [wecare@cpiclife.com.hk](mailto:wecare@cpiclife.com.hk)