



## PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to Sun Life's insurance agents and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Customer Service Centre, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: (i) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他); 及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途 (不論在香港或其他地方) 而提供服務的第三方, 包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的保險經紀 (如有); (d) 永明的保險代理人及強積金中介人; (e) 永明的關連公司(根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員; (g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍廣東道 15 號港威大廈永明金融大樓 8 樓香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊, 請於方格內填上剔號。

## DECLARATION AND AUTHORIZATION 聲明及授權

I/WE HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document submitted by me/us in connection with this claim are full, complete and true. (b) Sun Life Hong Kong Limited (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim.

I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, institution, insurance company, government, private office or person that has any record or knowledge or information of me/ the Insured to disclose, release or transfer to Sun Life Hong Kong Limited any such record, knowledge or information. (b) the Company or any of its appointed medical/paramedical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this application. (c) I specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome (A.I.D.S.) and A.I.D.S. related complex (A.R.C.). This authorization shall irrevocably bind the successors and assignees of me/the Insured and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等聲明及同意下列各點: (甲) 本賠償申請表上所載的聲明及答案, 以及經本人/吾等簽署之所需的醫療問卷或經本人遞其他文件, 均屬真實無訛, 詳細完整。本人/吾等明白倘有任何未知是否於重要事項的資料均須透露。(乙) 倘本人/吾等未能提供此申請所需資料, 可導致香港永明金融有限公司(以下稱為「公司」)未能處理此賠償申請。

本人/吾等同時授權以下各點: (甲) 任何註冊醫生, 醫院, 診所, 保險公司, 政府部門或任何其他持有有關本人/受保人之個人資料之人士或機構, 向香港永明金融有限公司或其代表透露, 發放或轉交任何有關資料。(乙) 公司或公司指定之醫護人員或化驗所, 可就此申請, 對本人/受保人進行所需之醫療評估及測試以審核本人/受保人之健康狀況。(丙) 本人/吾等特此授權上述人士或機構透露任何關於傳染性疾病及感染的所有資料, 包括但不限於任何經接觸傳染之疾病、人類免疫力缺乏病毒(HIV) 感染、後天免疫力缺乏病(愛滋病)及愛滋病有關發症。此授權對本人/受保人之繼承人或受讓人具有約束力。即使本人/受保人死亡或無行為能力, 此授權書仍有效力。此授權書的影印本與正本具同等效力。

Signature of Policy Owner 保單主權人簽署	X	ID / Passport No. 身份證 / 護照號碼	Date (DD/MM/YY) 日期 (日/月/年)
Name (in block letters) 姓名 (大寫)			
Signature of Insured 受保人簽署	X	ID / Passport No. 身份證 / 護照號碼	Date (DD/MM/YY) 日期 (日/月/年)
Name (in block letters) 姓名 (大寫)			

## REMARK 備註

## POINTS TO NOTE 注意事項

- Please do not sign on blank form 請勿在空白表格上簽署
- This form has to be signed by both the Policy Owner and the Insured. If the Insured is under age 18, then by the Policy Owner only. This form must be returned to the Company within 90 days from the date of accident. 此表格需由保單主權人及受保人簽署, 如受保人未滿 18 歲, 則只需由保單主權人簽署, 並需於意外後九十天內交回公司
- Please answer ALL the questions on Part I of this claim form 請回答申請書第一部份的所有問題
- Please check if the following documents which are normally required have been enclosed 請核對以下所一般所需文件是否經已附上
  - ID card copy of the Policy Owner (if no record in our company before) 保單主權人之身份證副本(如從未曾於本公司存檔)
  - Original Receipts if medical reimbursement required 正本醫療收據, 如需索償醫療費用賠償
  - Attending Physician's Statement (Part II) completed by the attending doctor 由主診醫生填妥的第二部份(醫事報告)
  - Other supporting documents, such as Referral Letter for physiotherapy / chiropractic treatment, Discharge Summary, Sick Leave Certificate, Medical Certificate, Physiotherapy Report, X-Ray Report etc. 其他證明文件, 如物理治療或整脊治療之轉介信、出院總結、病假紙、醫生證明書、物理治療報告、X 光報告等
- We reserve the right to ask for other supporting documents if deemed necessary. 如有需要, 本公保留要求遞交其他證明文件之權利

Customer Service Centre  
8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong  
Tel (852) 2103 8928 Fax (852) 2103 8938

客戶服務中心  
香港九龍廣東道 15 號港威大廈永明金融大樓 8 樓  
電話 (852) 2103 8928 傳真 (852) 2103 8938

Sun Life Hong Kong Limited 香港永明金融有限公司  
(Incorporated in Bermuda 於百慕達註冊成立)  
A member of the Sun Life Financial group of companies 永明金融集團成員之一

**PART II – Attending Physician’s Statement (To be completed by the registered medical practitioner at the Claimant’s expense)**

第二部份 – 醫事報告 (由註冊醫生填寫, 所需費用由索償人支付)

Policy No. \_\_\_\_\_

1. Name of Patient 病人姓名	2. Sex/Age 性別 / 年齡	3. ID / Passport no 身份証/護照號碼
<p>4. (a) Are you the patient’s usual doctor? 閣下是否病人的慣常醫生?</p> <p><input type="checkbox"/> No 否                      <input type="checkbox"/> Yes, since 是, 自 _____ (MM/YY 月/年)</p> <p>(b) Date of first consultation to you relating to this incident (DD/MM/YY) 病人首次就是次事故向閣下求診之日期 (日/月/年)</p> <p>(c) Signs and Symptoms at the consultation 求診時之病徵及病狀</p> <p>(d) Final Diagnosis 最後診斷</p>		
<p>5. (a) Date of accident (DD/MM/YY) 意外日期 (日/月/年)</p> <p>(b) Cause of accident 意外原因</p> <p>(c) Part of body injured 身體受傷之部位</p> <p>(d) Type and extent of injury 傷勢類別及程度</p> <p>(e) Is there any evidence of visible contusion, cut or wound at your <u>first consultation</u>? If “yes”, please describe in detail. 於首次求診時, 病人之傷勢有否呈現可見的挫傷、傷口或創傷? 如「有」, 請詳細列明。</p>		
<p>6. (a) Was the patient referred to you by another doctor? 病人是否經其他醫生轉介到閣下?      <input type="checkbox"/> No 否                      <input type="checkbox"/> Yes, Name &amp; Address of the referral doctor 是, 請提供轉介醫生姓名及地址</p> <p>(b) Did you refer the patient to other doctor or hospital? 閣下是否轉介該病人往其他醫生或醫院?      <input type="checkbox"/> No 否                      <input type="checkbox"/> Yes, Name &amp; Address of the doctor or hospital 是, 請提供醫生或醫院名稱及地址</p>		
<p>7. Type of diagnostic procedures, medication, treatment or operation required. (For example, x-ray, suturing, physiotherapy, etc.) 病人曾接受的診斷程序的類別、藥物、治療或手術 (如: X光、縫針、物理治療等)</p> <p><u>Date</u> 日期                      <u>Investigation/ Result</u> 檢查/ 結果                      <u>Medication/ Treatment/ Operation</u> 藥物/治療/手術</p>		
<p>8. Was the patient admitted into hospital? If “yes” please give details. 病人曾否入院? 如「是」, 請提供詳情。</p> <p><u>Name of Hospital</u> 醫院名稱                      <u>Hospitalization Period</u> 住院日期                      <u>Investigation / Surgery / Treatment</u> 檢查/手術/治療</p>		

9. Subsequent consultations date and conditions 覆診日期及康復情況			
Date 日期	Conditions / Impairment 情況/身體缺陷	Treatment 治療	% of recovery 康復程度
10. (a) Has the patient reached maximum medical improvement? 病人是否已到達醫療上可復原的極限？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (b) What is the future treatment plan? 未來之治療計劃？			
11. Were there any factors which may have contributed directly or indirectly to the accident or which may likely retard the recovery? If "yes", please give details. 是否有任何因素直接或間接促成此意外或有可能防礙身體復原？如「是」，請提供詳情。			
12. What is the occupation and job nature of the patient? 病人的職業及工作性質是什麼？			
13. Total sick leave period granted for the injury 是次受傷而獲發之病假  From 由 _____ (DD/MM/YY日/月/年) to 至 _____ (DD/MM/YY日/月/年)			
14. Please circle the following factors which is associated with the injury and provide details. 請圈出與是次受傷有關的下列因素並詳述。  Self-inflicted injury / Participating in any kind of hazardous sports / Alcoholic abuse / Drug abuse / Pregnancy / Illness / Physical defect or infirmity which existed prior to the incident / none of the above. 自致傷害 / 參與任何危險運動 / 濫用酒精 / 濫用藥物 / 懷孕 / 疾病 / 受傷前的身體缺陷或體弱 / 以上所列均不符合。  Details 詳情：			
15. Other remarks 備註			
I hereby certify that, having personally examined and treated the above-named patient for the above illness/injury, the facts as given above represent my opinion of his/her condition. 本人在此聲明，本人檢查及治療此病人之傷病，以上之所陳述乃本人對病人健康狀況之意見。			
Signed 簽名		Name of physician (with stamp) 醫生的姓名(蓋印):	
Qualifications 資歷		Address 地址	
Date 日期		Telephone Number 電話號碼:	