

# HEALTH GREEN HOSPITALIZATION MEDICAL INSURANCE CLAIM FORM 健康系·蘋果綠住院醫療保險索償申請表



泰加保險  
TARGET INSURANCE

- Please read and complete every question in this Claim Form carefully. If necessary, please continue your answer on a supplementary sheet.  
請小心細閱此索償申請表並回答所有問題。若需要，請加附頁完成各項。
- The Company is entitled to request for more information or assign expert for investigation. 本公司有權要求索償者提供更多資料，或委派專家進行調查。
- Any requisition of this Claim Form and other documents are not construed as an admission of liability on the part of the Company.  
要求遞交此索償表格或其他文件並不表示本公司承擔賠償責任。
- Please complete in ENGLISH BLOCK LETTERS and ✓ as appropriate.  
請以英文正楷填寫及於適當的地方加上 ✓ 號。

## FOR PRODUCER USE 代理人使用

Name 姓名
Contact Number 聯絡號碼
Email Address 電郵地址

IMI.C.201808.003

- New Claim** 首次索償       **Further Claim** 再度索償

## SECTION A TO BE COMPLETED BY INSURED OR CLAIMANT 甲項 由受保人或索償人填寫

Name of Insured 受保人姓名	Policy Number 保單編號
Name of Claimant / Patient 賠償申請人 / 病者姓名	
Correspondence Address 通訊地址	
Email Address 電郵地址	Contact Number 聯絡號碼
PLEASE COMPLETE QUESTIONS 1 TO 4 AND 8 IF HOSPITALIZATION WAS DUE TO ACCIDENT. 如因意外受傷入院請填寫問題 1 至 4 及 8。	
<b>1.</b> Date and Time of Accident 意外日期及時間 DD MM YY HR MIN <input type="checkbox"/> A.M. 上午 日 月 年 時 分 <input type="checkbox"/> P.M. 下午	(b) The doctor who referred the Claimant / Patient to hospital / other doctors seen for this or similar past condition 建議入院的醫生資料 / 其他曾診治此病或過往同類病況的醫生資料 Date 求診日期 DD MM YY 日 月 年 Name and address of doctor / hospital 醫生 / 醫院名稱及地址
<b>2.</b> Where and how did it happen? 意外地點及經過？	<b>8.</b> (a) Please give the date of admission and the date of discharge 請提供入院及出院日期 Date of Admission 入院日期 DD MM YY 日 月 年 Date of Discharge 出院日期 DD MM YY 日 月 年 (b) Please give the admission period in Intensive Care Unit, if any 請提供入住深切治療部日期，如適用 FROM 由 TO 至 DD MM YY 日 月 年 DD MM YY 日 月 年
<b>3.</b> Part of body injured and type of injury 受傷部位及傷勢	
<b>4.</b> Present occupation (if more than one, state all) and exact nature of occupational duties 現職職位 (若有兼職請列明) 及職責	(c) Have you taken any home leave during the hospital confinement? 您有否於住院期間請假外出？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please state the date and time of your home leave 如「有」，請列明外出之日期及時間 DD MM YY HR MIN <input type="checkbox"/> A.M. 上午 日 月 年 時 分 <input type="checkbox"/> P.M. 下午
PLEASE COMPLETE QUESTIONS 5 TO 8 IF HOSPITALIZATION WAS DUE TO ILLNESS. 如因病入院請填寫問題 5 至 8。	
<b>5.</b> Please give a brief description of signs and symptoms 請描述徵兆及症狀	(d) Have you filed or will you file this claim against any other insurer(s) / organization(s)? 就有關治療，您曾否或會否向其他保險公司 / 機構索償？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please specify the name of this insurer / organization and provide claims settlement advice, if applicable 如「有」，請列明保險公司 / 機構名稱及提供賠償結算通知書，如適用
<b>6.</b> How long have these symptoms existed prior to the first consultation? 該等症狀在首次求診前已存在多久？	Policy Number / Membership Number 保單 / 會員編號
<b>7.</b> Please give details of consultation 請提供診治詳情 (a) The doctor first consulted for the illness 首次就診該病的醫生資料 Date 求診日期 DD MM YY 日 月 年 Name and address of doctor / hospital 醫生 / 醫院名稱及地址	<input type="checkbox"/> If you need to file this claim with another insurer, please ✓ the box and we will return a certified true copy of your receipt to you. 如須向其他保險公司索償餘額，請於方格內填上 ✓ 號。我們將退回收據的核實副本。

**SECTION B TO BE COMPLETED BY THE SURGEON OR ATTENDING DOCTOR AT THE CLAIMANT'S OWN EXPENSES**  
**乙項 申請人自費由手術醫生或主診醫生填寫**

<b>1.</b>	Patient's Name 病者姓名	Patient's HKID Card Number 病者香港身份証號碼
	(a) Period of hospitalization 住院期間	Date of Admission 入院日期
		DD MM YY ____日 ____月 ____年
	(b) Level of hospital ward 病房級別	<input type="checkbox"/> Ward 大房 <input type="checkbox"/> Semi-Private Room 半私家病房 <input type="checkbox"/> Private Room 私家病房 <input type="checkbox"/> Clinical Surgery 門診小手術
<b>2.</b>	(a) When did the patient first consult you related to this illness / injury? 病者就此疾病 / 受傷後，首次向閣下求診的日期？	
		DD MM YY ____日 ____月 ____年
	(b) Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation 病者就此次住院 / 治療 / 檢驗所出現的相關症狀及主訴	
	(c) How long had the patient been experiencing these symptoms before the first consultation? 病者在首次求診前已患有此病症多久？	
<b>3.</b>	(a) Final Diagnosis 最後的診斷	Date of Operation 手術日期
		DD MM YY ____日 ____月 ____年
	(b) Operation procedure(s) performed 手術名稱	
	(c) If the patient has consulted other doctor(s) during this hospitalization, please provide the following: 如病者於住院期間曾向其他醫生求診，請提供以下資料：	
	Name of doctor consulted 醫生姓名	Reason 原因
	What treatment had the doctor performed 治療詳情	
	(d) Please give a brief discharge summary (including onset and duration of signs and symptoms / disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要 (包括開始時及持續出現的徵兆 / 症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情)	
	(e) Please provide reason(s) for hospitalization if this type of cases can be managed on day care / outpatient basis 若此次病症能在日間護理 / 診所內進行治療，請提供住院原因	
<b>4.</b>	In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis? 就閣下意見，病者是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴 / 診斷有關？	
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
	If "Yes", please provide date of the first episode and details 如「是」，請提供首次發病日期及詳情	Date of first episode 病發日期
		DD MM YY ____日 ____月 ____年
<b>5.</b>	Was the condition caused by or in any way associated with the conditions mentioned below? 病者之病情是否由下列情況所導致或有關連？	
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
	If "Yes", please ✓ the appropriate boxes. 如「是」，請在適當空格填上 ✓ 號。	
	<input type="checkbox"/> Accidental Bodily Injury 意外身體受傷	<input type="checkbox"/> Pregnancy 懷孕
	<input type="checkbox"/> Suicide, Insanity or Self-Inflicted 自殺，神志不清或自殘	<input type="checkbox"/> Infertility or Sterilization 不育或絕育
	<input type="checkbox"/> Abuse of Drugs or Alcohol 濫用藥物或酒精	<input type="checkbox"/> Contraception 避孕
	<input type="checkbox"/> Mental Disorder 精神紊亂	<input type="checkbox"/> Treatment for Cosmetic Purpose 美容性質的治療
	<input type="checkbox"/> Vaccination 疫苗接種	<input type="checkbox"/> Congenital Deformities or Anomalies 先天性異常
	<input type="checkbox"/> Correction of Eye Sight 視力改正	<input type="checkbox"/> Developmental Condition 發育問題
	<input type="checkbox"/> General Checkup 一般身體檢查	<input type="checkbox"/> Hereditary Condition 遺傳性問題
	<input type="checkbox"/> Venereal Disease, Sexually Transmitted Disease or AIDS / HIV related illness 性病、性傳播疾病或愛滋病 / 愛滋病毒有關的疾病	<input type="checkbox"/> Others 其他 _____
<b>6.</b>	(a) If the patient was referred by another doctor, please provide the name and address of the referring doctor 如病者由其他醫生轉介，請提供轉介醫生的姓名和地址	
	Name of Doctor 醫生的姓名	Address 地址
	(b) Are you the patient's usual doctor? 閣下是否此病者的慣常醫生？	
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
	I hereby certify that all information given above is accurate, true and complete and are given to the best of my knowledge. 本人謹此聲明，就本人所知，上述所提供的資料均是準確無誤、真實及為事實之全部。	
	Signature and official stamp of attending doctor / surgeon 主診醫生 / 外科醫生簽署及蓋章	
	Address 地址	Telephone Number 電話號碼
	Name of attending doctor / surgeon and qualifications 主診醫生 / 外科醫生姓名及資歷	Date (DD / MM / YY) 日期 (日 / 月 / 年)

Note: Section B of this claim form is drafted by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers, and subsequently revised by Target Insurance Company, Limited.  
 備註：本索償申請表乙項由香港醫學會及香港保險業聯會屬下醫療保險協會提供初稿，後經泰加保險有限公司修訂。

## SECTION C CLAIM SETTLEMENT METHOD 丙項 賠償支付方式

Subject to the terms and conditions of your policy, you may select to receive the claim payment by way of direct credit or cheque. Normally, you will receive payment 3 - 5 working days earlier if you choose the direct credit option. If you do not provide payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3 - 5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

### Important Note for Direct Credit 銀行轉賬重要事項

a. The claim payment shall be credited to the bank account in the name of the Insured in accordance with the terms and conditions of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

有關之賠款將按其保單條款，存入受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。

b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and / or account holder name, we shall not be liable to make any further payment and bear any additional bank handling charges whether the claim payment can be recovered or not.

如因受保人錯誤提供銀行賬戶號碼及 / 或戶口持有人名稱，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及承擔其引致之相關銀行手續費用。

<b>1.</b> <input type="checkbox"/> <b>By Direct Credit - for HK\$ account only</b> 銀行轉賬 - 只限港幣戶口	Name of Account Holder (in ENGLISH BLOCK LETTER) 賬戶持有人姓名 (英文正楷填寫)			
Please provide your bank account details 請提供相關銀行資料				
Bank Name 銀行名稱	<input type="checkbox"/> <b>HSBC Bank</b> 匯豐銀行	<input type="checkbox"/> <b>Hang Seng Bank</b> 恒生銀行	<input type="checkbox"/> <b>Standard Chartered Bank</b> 渣打銀行	<input type="checkbox"/> <b>Bank of China (HK)</b> 中國銀行(香港)
	<input type="checkbox"/> <b>Other, please specify</b> 其他，請列明 _____			
Bank Code 銀行編號	Bank Account Number 銀行賬戶號碼			
<b>2.</b> <input type="checkbox"/> <b>Hong Kong Dollar Cheque</b> 港幣支票				

## AUTHORIZATION AND DECLARATION 授權及聲明

1. I / We have obtained all necessary authorization from my / our dependents (if applicable) to supply their information to Target Insurance Company, Limited ("the Company") or its authorized representative if my / our dependents are parties to the claim request(s). I / We also understand that the information requested in this form is required in order for the Company to process these claims.

如本人 / 吾等之家屬為賠償申請之一方，本人 / 吾等已向家屬取得一切所需授權 (如適用)，向泰加保險有限公司 (「貴公司」) 或其授權代表提供其個人資料，本人 / 吾等亦明白本表格內所提供的資料是讓貴公司作處理本人 / 吾等索償之用。

2. I / We hereby authorize any hospital, physician, person, party and / or authority that has any records or is holding any information of the insured person or me / us to disclose to the Company or its authorized representative, any and all information with respect to the insured person's or my / our loss, disability, medical history, police statement made and the like for the purpose of assessing my / our claim request(s). A photocopy of this authorization shall have the same effect as the original.

本人 / 吾等謹此授權任何持有受保人或本人 / 吾等之任何記錄或資料的醫院、醫生、人士、有關人等及 / 或有關當局，向貴公司或其授權代表提供任何或所有有關受保人或本人 / 吾等之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

3. I / We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my / our knowledge and belief. I / We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I / We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

本人 / 吾等謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人 / 吾等所知及所信而作答的。本人 / 吾等並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人 / 吾等明白此索償表格之發出及填妥並不代表貴公司確認責任或保證賠償。

4. I / We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this Form.

本人 / 吾等確認已閱讀及明白隨本表格附上有關貴公司的個人資料收集聲明。

Signature of Insured 受保人簽署	Signature of Claimant / Patient 索償人 / 病者簽署
Date (DD / MM / YY) 日期 (日 / 月 / 年)	Date (DD / MM / YY) 日期 (日 / 月 / 年)

## CLAIMS DOCUMENT CHECKLIST 索償文件參考表

### Basic Requirements (must be completed or submitted) 基本要求 (必須填妥或提供)

- Section A Completed by Insured / Claimant / Patient  
由受保人 / 賠償申請人 / 病者填妥甲項
- Section B Completed by the Doctor, with Signature and Stamp  
由醫生填妥乙項，包括醫生簽署及蓋章
- Payment receipts with patient's name, treatment date, diagnosis and breakdown of charges:  
醫療賬單收據顯示病者姓名、診治時間、病症及各收費項目：
  - First Claim: Original receipts  
首次索償：正本收據
  - Second Claim: Certified true copy of receipts and claims statement advice by other insurer, if applicable  
餘額索償：其他保險公司發回之核實副本收據及賠償結算通知書，如適用

### Additional Requirements, if applicable 額外要求，如適用

- Pre-authorization confirmation  
附上初步保障審核確認
- Referral letters for specialist consultation or SRN nursing  
附上專科診治或私家看護之醫生轉介信
- Copies of histopathology, endoscopic, diagnostic / laboratory tests reports, and / or operating theatre summary  
附上病理學、內窺鏡、診斷性化驗 / 檢驗報告及 / 或手術攝要副本

### No reimbursement or claims shall be made for:

根據以下情況，賠償申請將不獲辦理：

- Claim(s) submitted after 90 days from the date of discharge / treatment  
賠償申請表於出院 / 治療日 90 天後遞交
- Insufficiency of required information  
所需資料不足

**Target Insurance Company, Limited - Personal Information Collection Statement**

Target Insurance Company, Limited ("the Company") may use the personal data the Company collects about you, which may include your name, address, email address, telephone number and other contact details, date of birth, bank account or credit card details, HKID card number and (in connection with appropriate policies) medical data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and / or you correspond with us, for the following purposes:

**Insurance Services (mandatory)**

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, surveys and analysis for the purpose of product design and the development and improvement of our services to you;
9. statistical or actuarial research undertaken by the Company, other members of the Company's group as identified in our corporate chart available from time to time at [www.6161.com.hk](http://www.6161.com.hk) ("the Group") or its regulators;
10. the operation and administration of the Company's internal business including without limitation any corporate reorganisation;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a) any agent, advisor, contractor or third party service provider (whether within or outside the Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business;
- b) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry;
- c) any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d) government bodies, regulators or any other body to whom the Company or any company within the Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e) lawyers;
- f) auditors; and
- g) other insurance companies within the Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries outside of Hong Kong, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company or substantially all of any of its assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. The Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

**Direct Marketing of Products and Services**

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address) alongside information that you provide to us about your age, gender and occupation (the "Marketing Personal Data") to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services and provident schemes products, but we cannot do so without your consent.

Please indicate your consent (which includes an indication of no objection) by ticking the appropriate boxes on your application or renewal forms, or by contacting the Company's customer care centre (for contact details see below).

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's customer care centre (for contact details see below).

**Your rights**

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent to direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, Target Insurance Company, Limited, 5/F, Low Block, Grand Millennium Plaza, 181 Queen's Road Central, Hong Kong (Fax : +852 2789 1539, Email : [target@6161.com.hk](mailto:target@6161.com.hk)).

**泰加保險有限公司 - 個人資料收集聲明**

泰加保險有限公司(「本公司」)可以使用本公司收集閣下的個人資料,包括閣下的姓名、地址、電郵地址、電話號碼及其他聯絡資料,出生日期、銀行戶口號碼或信用咭號碼、香港身份證號碼及(與保單有關連的)醫療記錄,以及本公司在以下情況下可能收取的資料,例如根據保單申請、續期或提出索償時用作下列的用途:

**保險服務(強制)**

1. 處理及評估任何保險產品之申請,及有關服務之日常運作;
2. 管理閣下的保單及為閣下的保單提供相關服務;
3. 有關保險產品及服務的任何更改、變更、取消或續保;
4. 閣下保單索償的調查、分析、處理及賠償;
5. 保費通知、收集保費和款項;
6. 行使有關保單賦予的任何權利包括代位權,如適用;
7. 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求;
8. 為產品設計、研發和改進我們為閣下提供的服務進行研究、調查和分析;
9. 本公司及本公司集團下的其他成員(「本集團」)一組織架構圖可於網頁 [www.6161.com.hk](http://www.6161.com.hk)查閱)或其監管機構所提供的統計或精算研究;
10. 本公司內部業務的營運及管理,包括但不限於任何企業重組;
11. 為上述任何用途與閣下聯絡;及
12. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的個人資料可能會為上述段落或直接相關的目的或適用法律允許的目的提供或轉送予下列各方單位作前段所述的用途:

- a) 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、研究、評級、諮詢服務、產品設計、營銷(在閣下同意如下所述的直接營銷)、數據處理或儲存或有關服務的第三者服務供應商或任何其他從事與保險或再保險業務有關的公司,或中介人,或索償或調查或其他提供與保險業務有關的服務供應商,以達到任何上述或有關的用途;
- b) 現存或不時成立的任何保險公司協會或聯會或同類組織(「聯會」),以達到任何上述或有關的用途,或以使聯會執行其監管職能,或其他基於保險業的利益而不時在合理要求下賦予聯會的職能;
- c) 或透過聯會提供予任何聯會的會員,以達到任何上述或有關的用途;
- d) 政府機構、監管機構或本集團內任何公司要求或已同意根據任何適用法律或法規進行披露的任何其他機構;
- e) 執業律師;
- f) 認可核數師;及
- g) 本公司集團下的其他保險公司已承諾將資料保密並純粹用作上述的用途。

這些單位可能位於香港以外的國家,在那裡可能沒有與香港相類型的資料保障法例。這意味著閣下的個人資料可能不會受到與香港同等或類似的保障。不過,本公司只會將閣下的個人資料轉移到那些可以獲得與個人資料(私隱)條例類近或所提供的保障的服務供應商或海外單位,以保護正在處理的任何信息的完整性和安全性。

在不太可能發生的情況下,本公司或所有資產由非上述之第三方收購,閣下的個人資料亦有可能成為被轉讓資產之一。本公司會在保密的基礎上向任何準買家及其專業顧問(無論在香港或海外)披露閣下的個人資料,並進行必要查核,以完成任何該等交易及繼續業務經營。

閣下不一定需要向本公司提供閣下的個人資料,但如果閣下不同意本公司使用閣下的個人資料於上述用途上(例如保單申請、續期或查詢),本公司可能不能處理閣下之申請及為閣下提供服務。

本公司承諾確保閣下的個人資料保密,並且不會儲存超過所需時間。

**直接市場推廣產品及服務**

為提供更全面的金融和保險服務,本公司可能會使用閣下的姓名及聯絡資料(如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址),以及閣下提供給我們的有關閣下的年齡、性別及職業(「市場推廣用途的個人資料」)作直接促銷。除非本公司已取得閣下的同意(包括表示不反對),否則本公司不可以如此使用閣下的市場推廣用途的個人資料,作任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。

閣下可在投保書或續保表上相應的位置,或聯繫本公司的客戶服務部(有關聯繫方式見下文),表明閣下同意上述的用途(包括無異議的指示)。

如果閣下不想接受任何直接市場推廣,閣下可以隨時聯繫本公司的客戶服務部(有關聯繫方式見下文),撤銷您的同意書,並不需要任何費用。

**您的權利**

閣下有權查明本公司就個人資料的政策和實務,並有權要求查閱及更正由本公司持有有關閣下的個人資料,並需支付行政費用。有關查閱或更正的要求,可致函香港中環皇后大道中181號新紀元廣場低座5樓(傳真:+852 2789 1539,電郵地址:[target@6161.com.hk](mailto:target@6161.com.hk))向泰加保險有限公司私人資料經理提出。