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| <b>保险中介人 INSURANCE INTERMEDIARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |
| 姓名 Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 经纪/职员编号 Agent/Bank Staff Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 区域/分行编号 District/Branch Code |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 联络号码 Contact Tel. No.        |
| <b>甲部 - 由权益人/投保人填写 PART I - TO BE COMPLETED BY THE POLICY OWNER/INSURED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |
|  <p>您可以随时登入中银人寿之电子服务平台查看索偿进度及结果。当索偿审批完成后，您将收到我们发出的手机短信通知。及后，您可于电子服务平台查阅及下载赔偿通知书。若索偿过程中需要递交额外数据，我们会经保险中介人(如适用)与您联络跟进。<br/>BOC Life eService Platform allows you to check the claim status and result at anytime. Once the claim is approved, you will receive a SMS notification from us. You can log into the eService Platform to check the result and download the settlement advice. We will notify you via insurance intermediary (if applicable) if extra information is required to assess your claim application.</p> <p>网上理赔，快捷方便！<br/>Claims Online, Easy &amp; Simple!</p> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |
| 保单编号 Policy No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 投保人姓名 Name of Insured                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 身份证号码 ID No.                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 年龄/性别 Age/Sex                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 联络电话 Contact Tel. No.        |
| 职业 Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 雇主(公司)名称及地址 Name and Address of Employer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                              |
| 1. 如因意外导致，请详述意外详情<br>If the loss due to <u>Accident</u> , please provide accident details<br><br>您有否报警？<br>Did you report to the Police? If yes, please provide details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 意外日期 Date of Accident _____ (年/月/日 YY/MM/DD)<br>意外地点 Location of Accident _____<br>意外详情 Details of Accident _____<br><input type="checkbox"/> 有 YES 警署地点 Police Station _____ 档案编号 Case Reference No. _____<br><input type="checkbox"/> 否 NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                              |
| 2. 初诊此受伤的医院/医生资料<br>The hospital/physician first consulted for this injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 求诊日期 Consultation Date _____ (年/月/日 YY/MM/DD)<br>医院/医生名称及地址<br>Name and address of the hospital/physician _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |
| 3. 其他曾应诊此受伤的医院/医生资料<br>Other hospitals/physicians consulted for this injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 求诊日期 Consultation Date _____ (年/月/日 YY/MM/DD)<br>医院/医生名称及地址<br>Name and address of the hospital/physician _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |
| 4. 惯常求诊医生名称及地址<br>Usual physician name and address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 医生名称 Name of usual physician _____<br>医生地址 Address of usual physician _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                              |
| 5. 就此住院有否申请其他保险索偿？<br>Apply any other insurance claim on this hospitalization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <input type="checkbox"/> 有 YES，公司名称 Name of Company _____ 保单编号 Policy No. _____<br><input type="checkbox"/> 否 NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                              |
| 6. 赔付方式<br>Claim Payment Options                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <div style="border: 1px solid black; padding: 5px;"> <b>电子支付 直接入账 Direct Credit via e-Payout</b><br/> <input type="checkbox"/> 「转数快」Faster Payment System ("FPS")<br/> <input type="checkbox"/> 已登记的手机号码 Registered mobile phone : _____<br/> <input type="checkbox"/> 已登记的电邮地址 Registered email address : _____<br/> <input type="checkbox"/> 「转数快」标识符 FPS ID : _____<br/> <small>* 赔偿款项会转至「转数快」的预设收款账户 Claim payment will be credited to FPS default account</small><br/> <small>* 选择以「转数快」收取赔款前，请联络相关银行查询「转数快」之收款上限 Please contact the corresponding bank to confirm the maximum transaction limit of your FPS in advance</small><br/> <input type="checkbox"/> 自动转账 Autopay<br/> <small>此转账户口将用作发放上述赔偿申请及日后所有保单给付金额（包括但不限于赔偿、红利、保证现金支付保单贷款、各类退款，及可领保单期满金额等，惟身故赔偿除外）。Payment for the above claim application and all future policy proceeds (including but not limited to claim payment, Dividend, Guaranteed Cash Payment, Policy Loan, any kinds of payment refund, policy maturity payment and etc, except death benefit) will be released via this bank account.</small><br/>           户口持有人姓名 Account Holder Name _____<br/> <div style="display: flex; justify-content: space-around;"> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> <div style="border-bottom: 1px solid black; width: 100px;"></div> </div> <small>*只限中国银行(香港)户口 BOCHK account only</small><br/> <small>注意事项：电子支付户口必须为权益人单独持有，阁下须负责确保该电子支付户口为正确及有效。中银人寿不会就阁下提供不正确/无效的电子支付户口而蒙受之损失承担任何法律责任。如理赔款项未能成功转至指定之电子支付户口，赔偿将以支票形式支付。</small><br/> <small>Remarks: The e-Payout account must be solely owned by the policy owner, it is your responsibility to ensure that the e-Payout account is accurate and valid. BOC Life shall not be liable for any loss suffered by you arising from your provision of incorrect/invalid e-Payout account. Claim payment will be made by cheque in the event of unsuccessful direct credit to designated e-Payout account.</small> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>支票 Cheque</b><br/> <input type="checkbox"/> 由保险中介人转交 Delivery via Insurance Intermediary <input type="checkbox"/> 邮寄予客户 Direct Mailing<br/> <small>* 如未有注明或清晰指示，理赔港元支票将交由保险中介人转递</small><br/> <small>* Claims cheque in HKD will be delivered via insurance intermediary if no clear instruction or indicator on claim form</small> </div> |  |                              |
| 7. 其他指示 Other Instruction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> 退回医疗费用收据之核证副本 Return Certified True Copy of Medical Receipt(s) <input type="checkbox"/> 其他 Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                              |

| 索偿文件清单 CLAIMS DOCUMENT CHECKLIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                 |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------|--|
| 文件类别<br>Document Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 医疗费用保障<br>Medical Reimbursement Benefit | 肢体伤残保障<br>Dismemberment Benefit |  |
| 理赔申请表甲及乙部份<br>Claim Form Part I and Part II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ✓                                       | ✓                               |  |
| 投保人与权益人身份证明文件副本<br>Identity Document Copy of Insured & Policy Owner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ✓                                       | ✓                               |  |
| 医疗收据及收费单(费用明细表)<br>Medical Receipts and Statement(s) of Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ✓                                       | —                               |  |
| X-光/ 计算机断层扫描/ 磁力共振/ 检验报告副本<br>Copy of X-ray/ CT Scan/ MR/ Laboratory Test Reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ✓                                       | ✓                               |  |
| 出院摘要/ 出院纸副本<br>Copy of Discharge Summary/ Discharge Slip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ✓                                       | ✓                               |  |
| 国内医院的入院纪录及出院小结副本<br>Copy of Admission Note and Discharge Summary of hospital in Mainland China                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ✓                                       | ✓                               |  |
| 病假证明书副本<br>Copy of Sick Leave Certificate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *                                       | *                               |  |
| 注册医生/ 医院的转介书副本<br>Copy of Referral letter by Registered Physician/ Hospital                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | *                                       | *                               |  |
| 物理治疗/ 职业治疗报告副本<br>Copy of Physiotherapy/Occupational Therapy Reports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | *                                       | *                               |  |
| 其他保险公司的赔偿通知书副本(如有)<br>Copy of Settlement Advice of Other Insurance Provider, if any                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *                                       | —                               |  |
| 警察报告/ 交通意外报告/ 口供纸副本<br>Copy of the Police Report/Traffic Accident report/ Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | *                                       | *                               |  |
| ✓基本文件 Basic Documents * 附加文件 Additional Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                 |  |
| <div><div>重要提示 Important Note</div><div><div>1. 索偿申请需于意外后 30 天内递交。<br/>Please submit claim application within 30 days from accident.</div><div>2. 请确保申请表格甲及乙部份完全填写及提交所需索偿文件，以免推迟索偿进程。<br/>Please ensure Claim Form Part I &amp; Part II are fully completed and all required claim documents are submitted to avoid unnecessary delay in claim process.</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                 |  |
| 声明及授权 DECLARATION & AUTHORIZATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                                 |  |
| <div><div>声明 DECLARATION</div><div>本人谨此代表本人/投保人及其他在此赔偿申请表提及之人士（“相关人士”）声明及同意 (1) 上述一切陈述及问题的所有答案，不论是否本人亲手所写，就本人所知所信，均为事实之全部并确实无讹；(2) 本人/我们已收妥、阅读及完全明白载于本文件的个人资料收集声明，及同意相关人士的任何个人资料可用作该声明第 7 段所述之用途及贵公司可把该等个人资料提供给该声明第 8 段所述各方作上述用途。<br/>本人声明及同意已获相关人士授权及同意本人作出上述声明及同意。</div><div>I HEREBY DECLARE AND AGREE on behalf of myself/the insured and other persons referred to in this claim form (“Relevant Persons”) that (1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; and (2) I/We have received, read and fully understood the Personal Information Collection Statement contained in this document, and agree that any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of that Statement and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.<br/>I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.</div></div>                                                                                                                                                                                    |                                         |                                 |  |
| <div><div>授权 AUTHORIZATION</div><div>本人谨此代表本人/投保人授权 (1) 任何雇主、注册西医、医院、诊所、保险公司、银行、政府机构、或其他机构、组织或人士、凡知道或持有任何有关本人/受保人之纪录者，及/或曾诊验或可能将会诊验本人/受保人者，均可将该等数据提供给中银集团人寿保险有限公司；(2) 中银集团人寿保险有限公司或任何其指定之医生或化验所，可就此赔偿申请替本人/受保人进行所需之医疗评估及测试，作为审核本人/受保人之健康状况。此授权对本人之继承人及受让人具有约束力；即使死亡或无行为能力时，此授权仍具效力。本授权书的影印本与正本均有同等效力。<br/>本人声明及同意已获受保人授权及同意本人作出上述授权。</div><div>I HEREBY AUTHORIZE on behalf of myself/the insured (1) 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 me/the insured and who has attended or may hereafter attend myself/the insured to disclose such information to BOC Group Life Assurance Co. Ltd.; (2) BOC Group Life Assurance Co. Ltd. or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the insured in relation to this claim. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.<br/>I declare and agree that I have the full authority from and consent of the insured to make the above authorizations.</div></div> |                                         |                                 |  |
| <div><div>权益人签署 Signature of Policy Owner</div><div>姓名 Name in Block Letter</div><div>身份证号码 ID No.</div><div>签署日期 Date</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                 |  |
| <div><div>受保人签署 Signature of Insured</div><div>姓名 Name in Block Letter</div><div>身份证号码 ID No.</div><div>签署日期 Date</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                 |  |
| <div>请参阅下页的个人资料收集声明<br/>Please read the Personal Information Collection Statement on next page</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                 |  |

个人资料收集声明 Personal Information Collection Statement

在中银集团人寿保险有限公司(“中银人寿”), 保护我们客户个人资料对我们很重要。作为一个提供保险产品 & 服务的机构, 收集及运用客户个人资料是我们日常商业运作的基本工作。如客户希望了解中银人寿的私隐政策声明的详情, 欢迎透过以下网址 <http://www.boclife.com.hk/te/privacy-policy.html> 阅读有关文件。

1. 本声明列载中银集团人寿保险有限公司 (下称「本公司」) 有关其资料当事人 (见以下定义) 的资料政策。

2. 就本声明而言, 「本集团」指本公司及其控股公司、分行、附属公司、代表办事处及附属成员, 及其中任何一方, 不论其所在地。附属成员包括本公司的控股公司之分行、附属公司、代表办事处及附属成员, 不论其所在地。

3. 「资料当事人」一词, 不论于本声明何处提及, 包括以下为个人的类别:

- (a) 本公司提供的保险及相关服务和产品的申请人或客户/用户, 包括保单权益人、索偿人、受益人、受保人及/或其他有关人士及其被授权人;
- (b) 任何公司申请人及客户/用户的董事、股东、高级职员及经理; 及
- (c) 本公司的供货商、承建商、服务供货商及其他合约缔约方。

为免疑问, 「资料当事人」不包括任何法人团体。本声明的内容适用于所有数据当事人, 并构成其与本公司不时订立或可能订立的任何合约及/或保单的一部分。若本声明与有关合约及/或保单存在任何差异或分歧, 就有关保护资料当事人的个人资料而言概以本声明为准。本声明并不限制资料当事人在个人资料 (私隐) 条例 (香港法例第 486 章) (「条例」) 及/或其他适用法律(包括香港特别行政区境内或境外之法律)下之权利。

4. 数据当事人在建立、延续保险业务及行政事宜及/或有关的产品及服务、处理有关本公司签发的保单的索偿, 及/或处理任何和所有其他资料当事人的要求、查询或投诉、及/或遵守在香港特别行政区境内或境外的监管或其他机关颁布的任何法律、发出的指引或要求 (包括但不限于根据香港特别行政区与美国之间的跨政府协议 (「跨政府协议」)、香港特别行政区与美国在 2014 年 3 月 25 日签署的《税务信息交换协议》) 执行《海外账户税收合规法案》, 以及经济合作暨发展组织作出的规定, 包括关于其为履行其共同报告标准的主管机关协议的监管机制) 时, 数据当事人需要不时向本公司提供有关的个人资料。

5. 若未能向本公司提供该等数据, 可能会由于数据不足导致本公司无法评估/处理你的申请及/或提供保险及相关服务和产品。若你拒绝给予上述明确的同意, 本公司也可能需要向适用的监管机构汇报保单项下的价值和付款金额; 在特定的情况下, 若你拒绝给予明确的同意, 本公司可能保留保单项下的部分或所有利益; 或终止保单。

6. 本公司会不时从各方收集或接收有关数据当事人的数据。该等数据包括但不限于在资料当事人与本公司或本集团成员延续正常业务往来期间, 例如, 当数据当事人签发支票、存款或透过本公司或本集团成员发出的或提供的信用卡进行交易或在一般情况下以口头或书面形式与本公司沟通时, 从资料当事人所收集的资料。数据亦可能与本公司或任何本集团成员可获取的其他数据组合或产生。

7. 数据当事人之数据(包括信用数据和以往申索纪录)的用途将视乎其与本公司及/或本集团的关系性质有所不同, 其中包括以下用途:

- (a) 处理、评估及/或批核有关保险产品 & 服务的申请、调查和结清申索、侦测和防止欺诈行为 (无论是否与就此申请而发出的保单有关)、及有关该等产品及服务的增添、更改、变更、取消、续期及/或复效的申请;
- (b) 管理由本公司及/或本集团签发的保单;
- (c) 研究及/或设计供客户使用的保险产品 & 或服务;
- (d) 与任何由本公司或本集团提供的产品及/或服务相关, 而由你提出或对你作出的索偿, 或以其他形式涉及你的索偿有关的用途, 包括但不限于作出、辩护、分析、调查、处理、评估、厘定、结清或响应该等索偿;
- (e) 在适当时进行身份及/或信贷检查及进行数据配对程序;
- (f) 为符合根据下述适用于本公司及/或期望本公司及/或本集团遵从有关披露及使用数据之责任、规定或安排:
  - (i) 在香港特别行政区境内或境外之已存在、现有或将来对其具约束力或适用于其的任何法律;
  - (ii) 在香港特别行政区境内或境外之已存在、现有或将来将由任何法定、监管、政府、税务、执法或其他机构, 或由金融服务提供商之自律监管或行业的团体或组织所发出或提供之任何指引或指导;
  - (iii) 本公司及/或本集团因其金融、商业、营业或其他利益或活动处于或关连于相关本地或海外的法定、监管、政府、税务、执法或其他机构或金融服务提供商之自律监管或行业团体或组织之司法管辖区而须承担或获施加与本地或海外之法定、监管、政府、税务、执法或其他机构或金融中介人、或金融服务提供商之自律监管或行业团体或组织之现有或将来之任何合约承诺或其他承诺及/或本公司及/或本集团遵守适用税务法律的义务, 包括但不限于《海外账户税收合规法案》和跨政府协议;
- (g) 处理 (包括但不限于调查、分析、核保及裁定) 有关本公司签发的保单的索偿;
- (h) 为推广服务、产品及其他目标 (详见下述第 11 段);
- (i) 提供客户服务 (包括但不限于处理查询及投诉) 及有关活动;
- (j) 供本公司及本集团作进行统计或精算研究用途;
- (k) 厘定本公司欠付你或你拖欠本公司的任何款项的金额, 及强制执行你应向本公司履行之责任, 包括但不限于向你或任何已为你的债务向本集团提供任何担保或承诺的人士追收欠款;
- (l) 为符合根据任何本集团计划下就遵从洗钱、恐怖份子资金筹集或其他非法活动之制裁或防止或侦测而作出本集团内数据及信息共享及/或任何其他使用数据及信息的任何责任、规定、政策、程序、措施或安排;
- (m) 使本公司的实在或建议承让人, 或本公司对资料当事人的权利的参与人或附属参与人评核意图成为转让、参与或附属参与的交易;
- (n) 与数据当事人或其他人士之数据比较以进行信贷调查, 数据核实或以其他方法产生或核实数据, 不论有关比较是否为对资料当事人采取不利之行动而推行;
- (o) 作为维持数据当事人的信贷记录或其他记录 (不论数据当事人与本公司是否存在任何关系), 以作现在或将来参考之用; 及
- (p) 任何与上述第 7 段事项有联系、有附带性或有关的用途。

8. 本公司会对其持有的数据当事人数据保密, 但(如适用法律有所要求, 仅在获得资料当事人的单独同意的情况下)本公司可能会把该等数据提供及披露 (如条例及/或适用法律所定义的) 给下述各方作先前一段列出的用途:

- (a) 任何代理人、承包人、或向本公司提供行政、电讯、计算机、付款或其他与本公司业务运作有关的服务的第三方服务供货商, 不论其所在地;
- (b) 任何对本公司(包括本集团的任何成员)有保密责任并已承诺作出保密有关资料的其他人士;
- (c) 任何再保险及索偿调查公司、有关的保险行业协会及联会和该等协会及联会的会员;
- (d) 信贷数据服务机构; 而在数据当事人欠账时, 则可将该等数据提供给收数公司;
- (e) 任何与数据当事人已经或将存在往来的金融机构、消费卡或信用卡发行公司、保险公司、证券及投资公司;
- (f) 本公司及/或本集团在根据对其本身及/或本集团具约束力或适用的任何本地或外国法律、法例或法规规定下之责任或其他原因而必须向该人、实体、或政府或政府机构或金融中介人作出披露, 或按照及/或实施由任何法定、监管、政府、税务、执法或其他机构或金融服务提供商之自律监管或行业团体或组织所提供或发出的指引或指导需预期向该人作出披露, 或根据与本地或海外之法定、监管、政府、税务、执法或其他机构或金融服务提供商之自律监管或行业团体或组织之间的任何合约承诺或其他承诺而向该人作出任何披露之任何人士, 该等人士可能处于香港特别行政区境内或境外及可能是已存在、现有或将来出现的任何人士;
- (g) 假如数据当事人的数据是被收集并用于处理其申请、调查和结清申索、以及侦测和防止欺诈行为, 有关个人资料将会被转移给以下人士, 而他们只能在有合理需要履行前述任何一项目的之情况下才可收集和使用这些数据: 保险理赔人、代理和经纪; 雇主; 医护人员; 会计师; 财务顾问; 律师; 整合保险业申索和承保数据的组织; 防欺诈组织; 其他保险公司 (无论是直接地, 或是通过防欺诈组织或本段中指名的其他人士); 警察; 和保险业就现有数据而对所提供的数据作出分析和检查的数据库或登记册 (及其运营者)。
- (h) 本公司的任何实在或建议承让人或就本公司对资料当事人的权利的参与人或附属参与人或受让人; 及
- (i)
  - (i) 本集团之任何成员;
  - (ii) 第三方金融机构、承保人、信用卡公司、证券、商品及投资服务供货商;
  - (iii) 第三方奖赏、年资奖励、联名合作及优惠计划供货商;
  - (iv) 本公司及本集团之联名合作伙伴 (有关服务和产品的申请表上会提供联名合作伙伴的名称 (视属何情况而定));
  - (v) 慈善或非牟利组织; 及
  - (vi) 就上述第 7(h)段而获本公司任用之第三方服务供货商 (包括但不限于代寄邮件公司、电讯公司、电话促销及直销代理人、电话服务中心、数据处理公司及信息科技公司), 不论其所在地。

9. 本公司可能为上述第 7 段所列之目的不时将数据当事人的数据转移往香港特别行政区境外的地区。如适用法律有所要求, 本公司将征求数据当事人针对该等跨境传输活动的单独同意。

10. 如适用法律有所要求, 本公司将在和和第三分享资料当事人的个人资料前, 告知数据当事人接收方的姓名和联系方式、处理和提供其个人资料的目的和方式, 以及将要提供和分享其个人资料的种类, 并征求数据当事人对共享其个人资料的范围同意。前述的个人资料接收方将仅为实现本通知下规定的具体目的所需的范围内使用个人资料, 并在实现目的所需的最短时间内保存个人资料, 或 (如适用法律有所要求) 前述的个人资料接收方将按照适用法律使用及保存个人资料。

11. 本公司收集的部分资料可能构成个人信息保护法下的「敏感个人信息」, 而只有在采取了严格的保护措施且在处理行为具备充分必要性的前提下, 本公司才会处理敏感个人信息。如适用法律有所要求, 该等敏感个人信息将在获得数据当事人的单独同意后才会进行处理。

**11. 使用数据作直接促销**

本公司拟使用数据当事人的数据作直接促销及本公司须为此目的取得数据当事人同意 (包括资料当事人不反对之表示)。2012 年个人资料 (私隐) 条例第 VIA 部中关于资料当事人的同意的特定要求。因此, 请注意以下:

- (a) 本公司持有资料当事人的姓名、联络详情、产品及服务投资组合信息、交易模式及行径、财务背景及统计资料可不时被本公司用于直接促销;
- (b) 以下服务、产品及类别可作推广:
  - (i) 财务、保险、信用卡、证券、商品、投资、银行及相关服务和产品;
  - (ii) 奖赏、年资奖励或优惠计划及相关服务和产品;
  - (iii) 本公司的联名合作伙伴提供之服务和产品 (有关服务和产品的申请表上会提供联名合作伙伴的名称 (视属何情况而定)); 及
  - (iv) 为慈善及/或非牟利的目的之捐款及资助;
- (c) 上述服务、产品及目标可由本公司及/或下述人士提供或 (如涉及捐款及资助) 募捐:
  - (i) 本集团之任何成员;
  - (ii) 第三方金融机构、承保人、信用卡公司、证券、商品及投资服务供货商;
  - (iii) 第三方奖赏、年资奖励、联名合作及优惠计划供货商;
  - (iv) 本公司及本集团之联名合作伙伴 (有关服务和产品的申请表上会提供联名合作伙伴的名称 (视属何情况而定));
  - (v) 慈善或非牟利组织; 及
- (d) 除本公司推广上述服务、产品及目标外, 本公司同时拟提供列明于上述第 11(a)段之数据至上述第 11(c)段的所有或其中任何人士, 该等人士藉以用于推广上述服务、产品及目标, 并本公司须为此目的取得资料当事人同意 (其中包括资料当事人不反对之表示)。

**若数据当事人不愿意本公司使用或提供其数据予其他人士, 藉以用于以上所述之直接促销, 数据当事人可通知本公司以行使其不同意此安排的权利。**

12. 使用本公司开放应用程序编程接口 (「Open API」) 向数据当事人的第三方服务供货商转移个人资料

本公司可根据资料当事人向本公司或资料当事人使用之第三方服务供货商所发出的指示, 使用本公司的 Open API 向第三方服务供货商转移数据当事人的数据, 以作本公司或第三方服务供货商所通知资料当事人的用途及/或资料当事人根据条例所同意的用途。

13. 根据条例及/或适用法律的条款, 任何资料当事人有权:

- (a) 查核本公司是否持有他的资料及要求查阅该等资料;
- (b) 要求本公司改正任何有关他的不准确的资料;
- (c) 查明关于本公司保障个人资料私隐的政策及实务和获告知本公司持有的个人资料种类;
- (d) 根据适用法律,
  - (i) 要求本公司删除其个人资料;
  - (ii) 反对以某种特定方式使用其个人资料;
  - (iii) 要求对处理其个人资料的规则进行解释说明;
  - (iv) 要求本公司将其向本公司提供的个人资料转移给其选择的第三方;
  - (v) 撤回对收集、处理或转移其个人资料的意见 (数据当事人应注意, 资料当事人撤回他们的同意可能导致本公司无法评估/处理你的申请及/或提供保险及相关服务和产品); 和
  - (vi) 要求对自动化决策过程中产生的决策进行解释, 以及拒绝接受仅由自动化决策技术作出的决定。

14. 根据条例及/或适用法律的条款, 本公司有权就处理任何查阅数据的要求收取合理费用。

15. 任何关于查阅或改正资料, 或索取关于本公司保障个人资料私隐的政策及实务或所持有的资料种类的要求, 应向下列人士提出:

中银集团人寿保险有限公司  
资料保障主任  
中银集团人寿保险有限公司  
香港古城英皇道 1111 号 13 楼  
传真: (852) 2522 1219

16. 本声明的英文版本与中文版本如有任何分歧, 一概以英文版本为准。

二零二四年一月

At BOC Group Life Assurance Company Limited ("BOC Life"), the protection of personal information of our customers is important to us. As a provider of insurance products and services, the collection and use of the personal information of our customers is fundamental to our daily business operations.

If you wish to understand BOC Life's Privacy Policy Statement in detail, you may visit relevant document using the hyperlink below <http://www.boclife.com.hk/en/privacy-policy.html>.

1. This Statement sets out the data policies of BOC Group Life Assurance Company Limited (the "Company") in respect of data subjects (as hereinafter defined).
2. For the purposes of this Statement, the "Group" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated, and any one of them. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated.
3. The term "data subject(s)", wherever mentioned in this Statement, includes the following categories of individuals:-
- (a) applicants for or customers/users, including policyowner(s), claimant(s), beneficiary(ies), life insured(s), and/or relevant individuals, of insurance and related services and products and facilities and so forth provided by the Company and their authorized signatories;
  - (b) directors, shareholders, officers and managers of any corporate applicants and data subjects/users; and
  - (c) suppliers, contractors, service providers and other contractual counterparties of the Company.

For the avoidance of doubt, "data subjects" shall not include any incorporated bodies. The contents of this Statement shall apply to all data subjects and form part of any contracts and/or policies that the data subjects have or may enter into with the Company from time to time. If there is any inconsistency or discrepancy between this Statement and the relevant contract and/or policy, this Statement shall prevail insofar as it relates to the protection of the data subjects' personal data. Nothing in this Statement shall limit the rights of the data subjects under the Personal Data (Privacy) Ordinance (Cap. 486, Laws of Hong Kong) (the "Ordinance") and/or other applicable laws, including the laws within or outside the Hong Kong Special Administrative Region.

4. From time to time, it is necessary for the data subjects to supply the Company with personal data in connection with the provision, continuation and administration of insurance and/or related products and services to the data subjects, the processing of claims under insurance policies issued by the Company, the processing of any and all other requests, enquiries and complaints from the data subjects, and/or compliance with any laws, guidelines or requests issued by regulatory or other authorities within or outside the Hong Kong Special Administrative Region (including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act ("FATCA") pursuant to the intergovernmental agreement ("IGA") between the Hong Kong Special Administrative Region and the U.S., the tax information exchange agreement that the Hong Kong Special Administrative Region signed with the U.S. on 25 March 2014, and the provisions issued by the Organization for Economic Co-operation and Development, including the regulatory scheme relating to its Competent Authority Agreement ("CAA") to implement its Common Reporting Standard ("CRS")).

5. Failure to supply such data may result in the Company being unable to assess / process your application and / or provide insurance and related services and products, due to lack of information. We may also be required to report to applicable regulatory authority(ies) values and payment amounts under the insurance policy if you refuse to give the said express consent; under specified circumstances, withhold some or all benefits under the insurance policy if you refuse to give the express consent; or terminate the policy.

6. Data relating to the data subjects are collected or received by the Company from various sources from time to time. Such data may include, but not limited to, data collected from data subjects in the ordinary course of the continuation of the relationship between the Company or any member of the Group and data subjects, for example, when data subjects write cheques, deposit money, effect transactions through credit cards issued or serviced by the Company or any member of the Group or generally communicate verbally or in writing with the Company. Data may also be generated or combined with other information, available to the Company or any member of the Group.

7. The purposes for which the data relating to the data subjects (including credit information and claims history) may be used will vary depending on the nature of the data subjects' relationship with the Company and / or the Group, they may include the following:

- (a) processing, evaluation and/or approving applications for insurance products and services, investigate and settle claims, detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and services;
- (b) administering insurance policies issued by the Company and/or the Group;
- (c) researching and/or designing insurance/financial products and/or services for customers' use;
- (d) any purposes with regard to any claims made by or against or otherwise involving you in relation to any products and/or services provided by the Company and/or the Group including, but not limited to, making, defending, analyzing, investigating, processing, assessing, determining, settling or responding to such claims;
- (e) conducting identity and/or credit checks whenever appropriate and carrying out data matching procedures;
- (f) complying with the obligations, requirements or arrangements for disclosing and using data that apply to the Company and/or the Group or that it is expected to comply according to:
  - (i) any local or foreign law, legislation or regulation binding or applying to it within or outside the Hong Kong Special Administrative Region existing currently and in the future;
  - (ii) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside the Hong Kong Special Administrative Region existing currently and in the future;
  - (iii) any present or future contractual or other commitment with a local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on the Company and/or the Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authority, or self-regulatory or industry bodies or associations and/or the obligations of the Company and/or the Group to comply with applicable tax laws including but not limited to FATCA and the IGA;
- (g) processing (including, but not limited to, investigating, analyzing, underwriting and adjudicating) claims under insurance policies issued by the Company
- (h) marketing services, products and other subjects (please see further details in paragraph 11 below);
- (i) providing customer services (including, but not limited to, processing enquiries and complaints) and related activities;
- (j) conducting statistical or actuarial research of the Company and/or the Group;
- (k) determining amount of indebtedness owed to or by you, and enforcing your obligations including without limitation the collection of amounts outstanding from you or any person who has provided any security or undertaking for your liabilities owing to the Group;
- (l) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the Group and/or any other use of data and information in accordance with any group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (m) enabling an actual or proposed assignee of the Company, or participant or sub-participant of the Company's rights in respect of the data subjects to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation;
- (n) comparing data of data subjects or other persons for credit checking, data verification or otherwise producing or verifying data, whether or not for the purpose of taking adverse action against data subjects;
- (o) maintaining a credit history or otherwise, a record of data subjects (whether or not there exists any relationship between data subjects and the Company) for present and future reference; and
- (p) any purposes incidental, associated or relating to Paragraph 7.

8. Data held by the Company relating to data subjects will be kept confidential but, subject to the data subject's separate consent (insofar as required by applicable laws), the Company may provide and disclose (as defined in the Ordinance and/or applicable laws) such data to the following parties for the purposes set out in the previous paragraph: -

- (a) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Company in connection with the operation of its business, wherever situated;
- (b) any other person under a duty of confidentiality to the Company including any member of the Group which has undertaken to keep such information confidential;
- (c) any reinsurance and claims investigation company, relevant insurance industry association and federation, and members of such industry associations and federations;
- (d) credit reference agencies, and, in the event of default, to debt collection agencies;
- (e) any financial institution, charge or credit card issuing company, insurance company, securities and investment company with which the data subjects have or propose to have dealings;
- (f) any person, entity, or government or government agency or financial intermediary, to whom the Company and/or the Group is under an obligation or otherwise required to make disclosure under the requirements of any local or foreign law, legislation or regulation binding on or applying to the Company and/or the Group, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which the Company and/or the Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside the Hong Kong Special Administrative Region and may be existing currently and in the future;
- (g) If the data relating to the data subjects is being collected and used for the purpose of processing your application, investigating and settling claims and preventing and detecting fraud, such personal data will be transferred to the following persons who may collect and use this information only as reasonably necessary to carry out one of the aforementioned purposes: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.
- (h) any actual or proposed assignee of the Company or participant or sub-participant or transferee of the Company's rights in respect of the data subject; and
  - (i) (i) any member of the Group;
  - (ii) third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
  - (iii) third party reward, loyalty, co-branding and privileges programme providers;
  - (iv) co-branding partners of the Company and the Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be);
  - (v) charitable or non-profit making organisations; and
  - (vi) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that the Company engages for the purposes set out in paragraph (7)(h) above, wherever situated.

The Company may from time to time transfer the data relating to the data subjects to a place outside Hong Kong Special Administrative Region for the purposes set out in paragraph 7 above. Insofar as required by applicable laws, the Company will obtain the data subject's separate consent in relation to such international transfers.

9. To the extent required by applicable laws, the Company will, prior to sharing the data subject's personal data with third parties, notify the data subject of the name and contact details of the recipients, the purposes and means of processing and provision of the data subject's personal data, and the types of personal data to be provided and shared, and obtain the data subject's separate consent to the sharing of the data subject's personal data. The foregoing data recipients will use the personal data to the extent necessary for the specific purposes set out in this Notice and store the personal data for the minimum length of time required to fulfil the purposes, or insofar as required by applicable laws, in accordance therewith.

10. Some of the data collected by the Company may constitute sensitive personal data under applicable laws. In this case, the Company will only process sensitive personal data if strict protection measures are put in place and there is sufficient necessity to justify the processing. Insofar as required by applicable laws, such sensitive personal data will be processed with the data subject's separate consent.

## 11. USE OF DATA IN DIRECT MARKETING

The Company intends to use the data subject's data in direct marketing and the Company requires the data subject's consent (which includes an indication of no objection) for that purpose. The specific requirement regarding data subject's consent (which includes an indication of no objection) under Part VIA of the Personal Data (Privacy) Ordinance 2012. In this connection, please note that:

- (a) the name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data of the data subject held by the Company from time to time may be used by the Company in direct marketing;
- (b) the following classes of services, products and subjects may be marketed:
  - (i) financial, insurance, credit card, securities, commodities, investment, banking and related services and products;
  - (ii) reward, loyalty or privileges programmes and related services and products;
  - (iii) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
  - (iv) donations and contributions for charitable and/or non-profit making purposes;
- (c) the above services, products and subjects may be provided or (in the case of donations and contributions) solicited by the Company and/or:
  - (i) any member of the Group;
  - (ii) third party financial institutions, insurers, credit card companies, securities, commodities and investment services providers;
  - (iii) third party reward, loyalty, co-branding or privileges programme providers;
  - (iv) co-branding partners of the Company and the Group (the names of such co-branding partners can be found in the application form(s) for the relevant services and products, as the case may be); and
  - (v) charitable or non-profit making organisations;
- (d) in addition to marketing the above services, products and subjects itself, the Company also intends to provide the data described in paragraph 11(a) above to all or any of the persons described in paragraph 11(c) above for use by them in marketing those services, products and subjects, and the Company requires the data subject's written consent (which includes an indication of no objection) for that purpose.

**If a data subject does not wish the Company to use or provide to other persons his data for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying the Company.**

## 12. TRANSFER OF PERSONAL DATA TO DATA SUBJECT'S THIRD PARTY SERVICE PROVIDERS USING THE COMPANY'S OPEN APPLICATION PROGRAMMING INTERFACES ("OPEN API")

The Company may, in accordance with the data subject's instructions to the Company or third party service providers engaged by the data subject, transfer data subject's data to third party service providers using the Company's Open API for the purposes notified to the data subject by the Company or third party service providers and/or as consented to by the data subject in accordance with the Ordinance.

13. Under and in accordance with the terms of the Ordinance and/or applicable laws, any data subject has the right: -

- (a) to check whether the Company holds data about him and to request access to such data;
- (b) to require the Company to correct any data relating to him which is inaccurate;
- (c) to ascertain the BOC Life's protecting personal data privacy policies and practices and to be informed of the kind of personal data held by the Company;
- (d) in accordance with applicable laws,
  - (i) to request the Company to delete his/her personal data;
  - (ii) to object to certain uses of his/her personal data;
  - (iii) to request an explanation of the rules governing the processing of his/her personal data;
  - (iv) to ask that the Company transfer personal data that he/she has provided to the Company to a third party of his/her choice under circumstances as provided under applicable laws;
  - (v) to withdraw any consent for the collection, processing or transfer of his/her personal data (the data subject should note that withdrawal of their consent may result in the Company being unable to provide, continue and administrate the insurance and/or related products and services); and
  - (vi) to have decisions arising from automated decision making ("ADM") processes explained and to refuse to such decisions being made solely by ADM.

14. In accordance with the terms of the Ordinance and/or applicable laws the Company may charge a reasonable fee for the processing of any data access request.

15. The person to whom requests for access to data or correction of data or for information regarding BOC Life's protecting personal data privacy policies and practices and kinds of data held are to be addressed is as follow: -

BOC Group Life Assurance Company Limited  
The Data Protection Officer  
BOC Group Life Assurance Company Limited  
13/F, 1111 King's Road, Taikoo Shing, Hong Kong  
Facsimile: (852) 2522 1219

16. If there is any inconsistency between the English version and the Chinese version of this Statement, the English version shall prevail.

乙部 - 由主诊医生填写，所需费用由索偿人自行承担。

PART II - TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSES

|                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                     |                           |                  |
|----------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|
| 病人姓名资料<br>Name of Patient                                                                                            |  | 年龄/性别<br>Age / Sex                                                                                                                                                                                                                                                                                                                  | 身份证号码<br>ID No.           | 职业<br>Occupation |
| 首次求诊日期<br>Date of 1st consultation                                                                                   |  | 年/月/日<br>(YY/MM/DD)                                                                                                                                                                                                                                                                                                                 | 入院日期<br>Date of Admission |                  |
| 最后求诊日期<br>Date of last consultation                                                                                  |  | 年/月/日<br>(YY/MM/DD)                                                                                                                                                                                                                                                                                                                 | 年/月/日 (YY/MM/DD) 時間 Time  |                  |
|                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                     | 出院日期<br>Date of Discharge |                  |
|                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                     | 年/月/日 (YY/MM/DD) 時間 Time  |                  |
| 1. 意外时间、日期及地点<br>Accident Time, Date & Place                                                                         |  | At 上午/下午 AM / PM on 年/月/日 YY / MM / DD at 地点 Place                                                                                                                                                                                                                                                                                  |                           |                  |
| 2. 意外发生原因<br>Cause of accident                                                                                       |  |                                                                                                                                                                                                                                                                                                                                     |                           |                  |
| 3. 于首次求诊时，受伤部位上是否有明显瘀伤或伤口？<br>Are there any evidence of visible bruise or wound on the body at the 1st consultation? |  | <input type="checkbox"/> 是 YES 请在适当位置划上剔号 Please tick where it is appropriate<br><input type="checkbox"/> 瘀痕 Bruise<br><input type="checkbox"/> 肿胀 Swelling<br><input type="checkbox"/> 挫伤 Contusion<br><input type="checkbox"/> 割伤/ 擦伤 Laceration/ Abrasion<br><input type="checkbox"/> 其他 Others<br><input type="checkbox"/> 否 NO |                           |                  |
| 4. 请详述受伤之范围及程度<br>Please describe extent of injury                                                                   |  |                                                                                                                                                                                                                                                                                                                                     |                           |                  |
| 5. 随后之诊治日期及治疗详情<br>Subsequent consultation dates and treatment details                                               |  | 日期 Date 治疗 Treatment                                                                                                                                                                                                                                                                                                                |                           |                  |
| 6. 接受之检查/治疗及其结果<br>Investigations/ Treatments administered and its results                                           |  | 日期 Date 检查/治疗 Investigations/ Treatments 结果 Result                                                                                                                                                                                                                                                                                  |                           |                  |
| 7. 有否因是次受伤而住院？<br>Any hospitalization due to this injury?                                                            |  | <input type="checkbox"/> 是 YES 请说明详情 Please provide details<br>于住院期间接受的治疗及结果 Type of treatment given during confinement and its result<br>治疗 Treatment 结果 Result<br><br>为何此治疗未能于门诊内进行 Reason why the treatment could not be managed at out-patient<br><br><input type="checkbox"/> 否 NO                                             |                           |                  |
| 8. 住院期间有否请假离院？<br>Any home leave taken during the hospitalization?                                                   |  | <input type="checkbox"/> 是 YES 请列出日期、时间及原因 Please state the date, time and reason<br><br><input type="checkbox"/> 否 NO                                                                                                                                                                                                              |                           |                  |

|                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9. 受伤伤势之现况<br>Present condition of injury                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 10. 康复进度/ 程度<br>Progress/ Degree of Recovery                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11. 有否其他因素影响痊愈进度？<br>Is healing complicated by other factors?                                                      | <div><input type="checkbox"/> 是 YES 请说明有关原因及治疗详情 Please provide details and treatment given</div> <div></div> <div></div> <div><input type="checkbox"/> 否 NO</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 12. 于发生意外时，病人有否已患有任何疾病/ 缺陷？<br>At the time of accident, is the patient suffered from any illness/ infirmity?       | <div><input type="checkbox"/> 是 YES 请说明详情 Please provide details</div> <div></div> <div></div> <div><input type="checkbox"/> 否 NO</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 13. 根据病人现时之职业，请详述因此次受伤对其工作之影响？<br>Please indicate the effect of this injury to the patient's daily job activities. | <div><input type="checkbox"/> 是 YES 请说明详情 Please provide details</div> <div>病假由 Sick Leave from _____ 至 to _____<br/>年/月/日 (YY/MM/DD) 年/月/日 (YY/MM/DD)</div> <div>请详述此次受伤对病人工作之影响<br/>Please describe the effect on Insured's job activities due to the injury</div> <div></div> <div></div> <div><input type="checkbox"/> 否 NO</div>                                                                                                                                                                                                                                                                                    |
| 14. 意外是否因其他情况而导致或加剧？<br>Was such accident due to or aggravated by other factors?                                   | <div><input type="checkbox"/> 是 YES 请在适当位置划上剔号并提供详情 Please tick where it is appropriate and give details</div> <div><input type="checkbox"/> 酒精/ 麻醉剂/ 药品中毒 Intoxication by alcohol/ narcotics/ drug</div> <div><input type="checkbox"/> 参与危险性运动/ 活动 Hazardous sport/ activity</div> <div><input type="checkbox"/> 退化/ 先天性异常 Degenerative changes/ congenital anomalies</div> <div><input type="checkbox"/> 自杀或自致之伤害 Suicide/ self- inflicted injury</div> <div><input type="checkbox"/> 过往伤员/ 疾病 Past injury/ illness</div> <div><input type="checkbox"/> 其他 Others _____</div> <div><input type="checkbox"/> 否 NO</div> |
| 15. 病人就此次意外而曾求诊之医生详情<br>Details of physician who had treated the patient for the same accident.                    | <div>名称 Name 地址 Address</div> <div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

本人谨此声明曾为病人作出诊治，而据本人所知所信，以上填报的各项答案均属正确。  
I hereby certified that I did personally treat the patient and that the answers given above are all true to the best of my knowledge and belief.

主诊/专科医生的姓名 (资历)  
Name of Attending Physician/Specialist (with qualifications)

地址  
Address

主诊/专科医生签名 (盖印)  
Signature of Attending Physician/Specialist (with chop)

日期  
Date