



保險中介人姓名
Name of Insurance Intermediary _____

分行及員工編碼
Branch Code & Staff No. _____

聯絡電話
Contact Tel no. _____

甲部 - 由權益人/受保人填寫

PART I - TO BE COMPLETED BY THE OWNER/INSURED

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|
| 索償類別 Benefit(s) to Claim <input type="checkbox"/> 付款人傷殘 Payor's Disability <input type="checkbox"/> 完全及永久傷殘 Total and Permanent Disability <input type="checkbox"/> 豁免保費 Waiver of Premium | | 理賠種類 Type of Claim <input type="checkbox"/> 首次理賠 New Claim <input type="checkbox"/> 持續理賠 Further Claim | | |
| 保單編號 Policy No. | 受保人姓名 Name of Insured | 身份證號碼 ID No. | 年齡/性別 Age/Sex | 聯絡電話 Contact Tel No. |
| 通訊地址 Mailing Address | | | | |
| 1. 就業詳情 Employment details | | 傷殘前的職位及職責 Occupation and exact nature of occupational duties before disability _____ 僱主名稱及地址 Name and address of employer _____ 有否向僱主遞交病假證明書? Did you file a sick leave certificate with your employer? <input type="checkbox"/> 是 Yes 由 from _____ (年/月/日) (YY/MM/DD) 至 to _____ (年/月/日) (YY/MM/DD) <input type="checkbox"/> 否 No 最後工作日期 Date you last worked : _____ (年/月/日) (YY/MM/DD) 預料復職日期 Expected to return to work: _____ (年/月/日) (YY/MM/DD) | | |
| 2. 若因意外導致傷殘，請詳述意外之詳情。 If the Disability due to Accident, please describe the accident in details. | | 日期 _____ (年/月/日) (YY/MM/DD) 地點 _____ Date _____ (YY/MM/DD) Place _____ 意外詳情、受傷部位及傷勢 Accident details, part of the body injured and nature of injury _____ | | |
| 3. 若因疾病導致傷殘，請詳述疾病之詳情。 If the Disability due to Illness, please describe the illness in details. | | 病徵首次出現日期 Date symptoms first appeared _____ (年/月/日) (YY/MM/DD) 病徵詳情 Symptoms details _____ | | |
| 4. 初診此傷殘的醫院/ 醫生資料 The hospital/physician first consulted for this Disability | | 初診日期 First Consultation Date _____ (年/月/日) (YY/MM/DD) 醫院/ 醫生名稱及地址 Name and address of the hospital/physician _____ | | |
| 5. 其他曾應診此傷殘的醫院/ 醫生資料 Other hospitals/physicians consulted for this disability | | 求診日期(年/月/日) _____ 醫院/ 醫生名稱及地址 Consultation Date (YY/MM/DD) _____ Name and address of the hospital/physician _____ | | |
| 6. 就此傷殘有否申請其他保險索償? Apply any other insurance claim for this disability? | | <input type="checkbox"/> 有 YES, 公司名稱 Name of Company _____ <input type="checkbox"/> 否 NO 保單編號 Policy No. _____ | | |
| 7. 賠付方式 Claim Payment Options | | 賠償貨幣 Currency Option <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 保單貨幣 Policy Currency 賠償方法 Settlement Method <input type="checkbox"/> 支票 Cheque <input type="checkbox"/> 自動轉賬 Autopay (請遞交相關的戶口證明 Please submit proof of the bankaccount) _____ 戶口必須為保單權益人單獨持有之中國銀行(香港)/ 南洋商業銀行/ 集友銀行戶口。 The account must be a BOCHK/ NCB/ CYB account solely owned by the Policy Owner. | | |

索償文件清單 CLAIMS DOCUMENT CHECKLIST

| 文件類別 Document Type | 傷殘保障 Disability Benefit |
|----------------------------------------------------------------------------------|----------------------------|
| 理賠申請表甲及乙部份 Claim Form Part I and Part II | ✓ |
| 受保人與權益人身份證明文件副本 Identity Document Copy of Insured & Policy Owner | ✓ |
| X-光/ 電腦斷層掃描/ 磁力共振/ 檢驗報告副本 Copy of X-ray/ CT Scan/ MR/ Laboratory Test Reports | ✓ |
| 病假證明書副本 Copy of Sick Leave Certificate | ✓ |
| 物理治療/ 職業治療報告副本 Copy of Physiotherapy/ Occupational Therapy Reports | * |
| 勞工判傷紙副本 Copy of Labor Assessment Certificate | * |
| 僱主發出之病假證明 Employer Certificate Letter for sick leave period | * |
| 警察報告/ 交通意外報告/ 口供紙副本 Copy of Police Report/ Traffic Accident Report/ Statement | * |

✓基本文件 Required Documents * 附加文件 Additional Documents

重要提示 Important Note

- 索償申請需於傷殘 180 天內遞交。
Please submit claim application within 180 days of the disability.
- 請確保申請表格甲及乙部份完全填寫及提交所需索償文件，以免延緩索償進程。
Please ensure Claim Form Part I & Part II are fully completed and all required claim documents are submitted to avoid unnecessary delay in claim process.
- 權益人有可能就個別情況要求遞交額外資料以便處理索償申請。
Policy owner may be requested to provide additional information in certain circumstances to process the claim.

聲明及授權 DECLARATION & AUTHORIZATION

聲明 DECLARATION

本人謹此代表本人/受保人及其他在此賠償申請表提及之人士（“相關人士”）聲明及同意（1）上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；（2）本人/我們已收妥、閱讀及完全明白載於本文件的個人資料收集聲明，及同意相關人士的任何個人資料可用作該聲明第 7 段所述之用途及貴公司可把該等個人資料提供給該聲明第 8 段所述各方作上述用途。
本人聲明及同意已獲相關人士授權及同意本人作出上述聲明及同意。

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.

I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.

授權 AUTHORIZATION

本人謹此代表本人/受保人授權（1）任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之紀錄者，及/或曾診驗或可能將會診驗本人/受保人者，均可將該等資料提供給中銀集團人壽保險有限公司；（2）中銀集團人壽保險有限公司或任何其指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人之繼承人及受讓人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
本人聲明及同意已獲受保人授權及同意本人作出上述授權。

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.

I declare and agree that I have the full authority from and consent of the insured to make the above authorizations.

權益人簽署 Signature of Policy Owner

姓名 Name in Block Letter

身份證號碼 ID No

簽署日期 Date

受保人簽署 Signature of Insured

姓名 Name in Block Letter

身份證號碼 ID No

簽署日期 Date

請參閱下頁的個人資料收集聲明
Please read the Personal Information Collection Statement on next page

個人資料收集聲明 Personal Information Collection Statement

在中銀集團人壽保險有限公司(“中銀人壽”), 保護我們客戶個人資料對我們很重要。作為一個提供保險產品及服務的機構, 收集及運用客戶個人資料是我們日常商業運作的基本工作。

如客戶希望了解中銀人壽的私隱政策的詳情, 歡迎透過以下網址 <http://www.boclife.com.hk/fothers/privacy-policy.html> 閱讀有關文件。

1. 本聲明列載中銀集團人壽保險有限公司(下稱「本公司」)有關其資料當事人(見以下定義)的資料政策。
2. 就本聲明而言,「本集團」指本公司及其控股公司、分行、附屬公司、代表辦事處及附屬成員,及其中任何一方,不論其所在地。附屬成員包括本公司的控股公司之分行、附屬公司、代表辦事處及附屬成員,不論其所在地。
3. 「資料當事人」一詞,不論於本聲明何處提及,包括以下為個人的類別:
 - (a) 本公司提供的保險及相關服務和產品的申請人或客戶/用戶,包括保單權益人、索償人、受益人、受保人及/或其他有關人士及其被授權人;
 - (b) 任何公司申請人及客戶/用戶的董事、股東、高級職員及經理;及
 - (c) 本公司的供應商、承建商、服務供應商及其他合約對手。

為免疑問,「資料當事人」不包括任何法人團體。本聲明的內容適用於所有資料當事人,並構成其與本公司不時訂立或可能訂立的任何合約及/或保單的一部分。若本聲明與有關合約及/或保單存在任何差異或分歧,就有關保護資料當事人的個人資料而言概以本聲明為準。本聲明並不限制資料當事人在個人資料(私隱)條例(香港法例第 486章)(「條例」)下之權利。

4. 資料當事人在建立、延續保險業務及行政事宜及/或有關的產品及服務及授信、處理有關本公司簽發的保單的索償,及/或處理任何和所有其他資料當事人的要求、查詢或投訴,及/或為遵守在香港特別行政區境內或境外的監管或其他機關頒佈的任何法律、發出的指引或要求(包括但不限於根據香港特別行政區與美國之間的跨政府協議(「跨政府協議」)、香港特別行政區與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》)執行《海外賬戶稅收合規法案》,以及經濟合作暨發展組織作出的規定,包括關於其為履行其共同報告標準的主管機關協議的監管機制)時,資料當事人需要不時向本公司提供有關的個人資料。
5. 若未能向本公司提供該等資料,可能會由於資料不足導致本公司無法評估/處理你的申請及/或提供保險及相關服務和產品及授信。若你拒絕給予上述明確的同意,本公司也可能需要向適用的監管機構匯報保單項下的價值和付款金額;在特定的情況下,若你拒絕給予明確的同意,本公司可能保留保單項下的部分或所有利益;或終止保單。
6. 本公司會不時收集或接收有關資料當事人的資料。該等資料包括但不限於在資料當事人與本公司延續正常業務往來期間,例如,當資料當事人簽發支票、存款或透過本公司發出的或提供的信用卡進行交易或在一般情況下以口頭或書面形式與本公司溝通時,從資料當事人所收集的資料。
7. 資料當事人之資料(包括信用資料和以往索賠紀錄)的用途將視乎其與本公司及/或本集團的關係性質有所不同,其中包括以下用途:

- (a) 處理、評估及/或批核有關保險產品及服務的申請、調查和結清申索、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)、及有關該等產品及服務的增添、更改、變更、取消、續期及/或復效的申請;
- (b) 管理由本公司及/或本集團簽發的保單;
- (c) 研究及/或設計供客戶使用的保險/金融產品及/或服務;
- (d) 與任何由本公司或任何本公司集團內的公司及相關聯公司提供的產品及/或服務相關,而由你提出或對你作出的索償,或以其他形式涉及你的索償有關的用途,包括但不限於作出、辯護、分析、調查、處理、評估、釐定、結清或回應該等索償;
- (e) 在適當時進行身份及/或信貸檢查及進行資料配對程序;
- (f) 為符合根據下述適用於本公司及/或期望本公司及/或本集團遵從有關披露及使用資料之責任、規定或安排:
 - (i) 在香港特別行政區境內或境外之已存在、現有或將來對其具約束力或適用於其的任何法律;
 - (ii) 在香港特別行政區境內或境外之已存在、現有或將來並由任何法定、監管、政府、稅務、執法或其他機構,或由金融服務提供者之自律監管或行業的團體或組織所發出或提供之任何指引或指導;
 - (iii) 本公司及/或本集團因其金融、商業、營業或其他利益或活動處於或關連於相關本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之司法管轄區而須承擔或獲施加與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之間的現有或將來之任何合約承諾或其他承諾及/或本公司及/或本集團遵守適用稅務法律的義務,包括但不限於《海外賬戶稅收合規法案》和跨政府協議;
- (g) 處理(包括但不限於調查、分析、核保及裁定)有關本公司簽發的保單的索償;
- (h) 為推廣服務、產品及其他標的(詳見下述第 9 段);
- (i) 提供客戶服務(包括但不限於處理查詢及投訴)及有關活動;
- (j) 供本公司及任何本公司集團內的公司及相關聯公司作進行信託或研究用途;
- (k) 釐定本公司欠你或你拖欠本公司的任何款項的金額,及執行你之責任,包括但不限於向你或任何已為你的債務向本集團提供任何擔保或承諾的人士追收欠款;
- (l) 為符合根據任何本集團計劃下就避稅洗錢、恐怖份子資金籌集或其他非法活動之批准或防止或偵測而作出本集團內資料及信息分享及/或任何其他使用資料及信息的任何責任、規定、政策、程序、措施或安排;
- (m) 使本公司的實在或建議承讓人,或本公司對資料當事人的權利的參與人或附屬參與人評核意圖成為轉讓,參與或附屬參與的交易;
- (n) 與資料當事人或其他人士之資料比較以進行信貸調查,資料核實或以其他方法產生或核實資料,不論有關比較是否為對資料當事人採取不利之行動而推行;
- (o) 作為維持資料當事人的信貸記錄或其他記錄(不論資料當事人與本公司是否存在任何關係),以作現在或將來參考之用;及
- (p) 供作任何與上述事項有聯繫、有附帶性或有關的用途。

8. 本公司會對其持有的資料當事人資料保密,除非本公司可能會把該等資料提供及披露(如條例所定義的)給下述各方作先一段列出的用途:

- (a) 任何代理人、承辦人、或向本公司提供行政、電訊、電腦、付款或其他與本公司業務運作有關的服務的第三方服務供應商,不論其所在地;
- (b) 任何對本公司(包括本集團的任何成員)有保密責任並已承諾作出保密有關資料的其他人士;
- (c) 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員;
- (d) 信貸資料服務機構;而在資料當事人欠賬時,則可將該等資料提供給收數公司;
- (e) 任何與資料當事人已經或將會存在往來的金融機構、消費卡或信用卡發行公司、保險公司、證券及投資公司;
- (f) 本公司及/或本集團在根據對其本身及/或本集團具約束力或適用的任何本地或外國法律、法例或法規規定下之責任或其他原因而必須向該人、實體、或政府或政府機構或金融中介人作出披露,或按照及為實施由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織所提供或發出的指引或指導需預期待該人作出披露,或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者之自律監管或行業團體或組織之間的任何合約承諾或其他承諾而向該人作出任何披露之任何人士,該等人士可能處於香港特別行政區境內或境外及可能是已存在、現有或將來出現的任何人士;
- (g) 假如資料當事人的資料是被收集並使用於處理其申請、調查和結清申索、以及偵測和防止欺詐行為,有關個人資料將會被轉移給以下人士,而他們只能在有合理需要履行前述任何一項目的之情況下才可收集和使用這些資料:保險理算人、代理和經紀、僱主、醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指定的其他人士);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。
- (h) 本公司的任何實在或建議承讓人或就本公司對資料當事人的權利的參與人或附屬參與人或受讓人;及
 - (i) 本集團之任何成員;
 - (ii) 第三方金融機構、承保人、信用卡公司、證券、商品及投資服務供應商;
 - (iii) 第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商;
 - (iv) 本公司及本集團之聯名合作夥伴(有關服務和產品的申請表上會提供聯名合作夥伴的名稱(視屬何情況而定));
 - (v) 慈善或非牟利組織;及
 - (vi) 就上述第 7(h)段而獲本公司任用之第三方服務供應商(包括但不限於代寄郵件公司、電訊公司、電話促銷及直銷代理人、電話服務中心、數據處理公司及資訊科技公司),不論其所在地。

本公司可能為上述第 7 段所列之目的不時將資料當事人的資料轉移往香港特別行政區境外的地區。

9. 使用資料作直接促銷

本公司擬使用資料當事人的資料作直接促銷及本公司須為此目的取得資料當事人同意(包括資料當事人不反對之表示)。2012 年個人資料(私隱)條例第 VIA 部中關於資料當事人的同意的特定要求。因此,請注意以下:

- (a) 本公司持有資料當事人的姓名、聯絡詳情、產品及服務投資組合信息、交易模式及行徑、財務背景及統計資料可不時被本公司用於直接促銷;
- (b) 以下服務、產品及類別可作推廣:
 - (i) 財務、保險、信用卡、證券、商品、投資、銀行及相關服務和產品及授信;
 - (ii) 獎賞、年資獎勵或優惠計劃及相關服務和產品;
 - (iii) 本公司的聯名合作夥伴提供之服務和產品(有關服務和產品的申請表上會提供聯名合作夥伴的名稱(視屬何情況而定));及
 - (iv) 為慈善及/或非牟利之目的之捐款及資助;
- (c) 上述服務、產品及標的可由本公司及/或下述人士提供或(如涉及捐款及資助)募捐:
 - (i) 本集團之任何成員;
 - (ii) 第三方金融機構、承保人、信用卡公司、證券、商品及投資服務供應商;
 - (iii) 第三方獎賞、年資獎勵、聯名合作及優惠計劃供應商;
 - (iv) 本公司及本集團之聯名合作夥伴(有關服務和產品的申請表上會提供聯名合作夥伴的名稱(視屬何情況而定));及
 - (v) 慈善或非牟利組織;
- (d) 除本公司推廣上述服務、產品及標的外,本公司同時擬提供列明於上述第 9(a)段之資料至上述第 9(c)段的所有或其中任何人士,該等人士藉以用於推廣上述服務、產品及標的,並本公司須為此目的取得資料當事人同意(其中包括資料當事人不反對之表示);

若資料當事人不願意本公司使用或提供其資料予其他人士,藉以用於以上所述之直接促銷,資料當事人可通知本公司以行使其不同意此安排的權利。

10. 根據條例中的條款,任何資料當事人有權:

- (a) 查核本公司是否持有他的資料及要求查閱該等資料;
- (b) 要求本公司改正任何有關他的不準確的資料;及
- (c) 查明本公司對於資料的政策及慣例和獲告知本公司持有的個人資料種類。

11. 根據條例之條款,本公司有權就處理任何查閱資料的要求收取合理費用。

12. 任何關於查閱或改正資料,或索取關於資料政策及慣例或所持有的資料種類的要求,應向下列人士提出:

中銀集團人壽保險有限公司
資料保障主任
中銀集團人壽保險有限公司
香港太古城英皇道 1111 號
太古城中心第 1 期 13 樓
傳真:(852) 2522 1219

13. 本聲明的英文版本與中文版本如有任何分歧,一概以英文版為準。

二零一九年二月

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 in detail, you may visit relevant document using the hyperlink below <http://www.boclife.com.hk/en/others/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").

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 and facilities, 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 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 and data subjects, for example, when data subjects write cheques, deposit money, effect transactions through credit cards issued or serviced by the Company or generally communicate verbally or in writing with the Company.

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 9 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 any of its group companies and affiliated companies;
- (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 thereto.

8. Data held by the Company relating to data subjects will be kept confidential except that the Company may provide and disclose (as defined in the Ordinance) 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) reinsurance and claims investigation companies, relevant insurance industry associations and federations, 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 companies, 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.

9. 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 and facilities;
 - (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 9(a) above to all or any of the persons described in paragraph 9(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.

10. Under and in accordance with the terms of the Ordinance, 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; and
- (c) to ascertain the Company's policies and practices in relation to data and to be informed of the kind of personal data held by the Company.

11. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

12. The person to whom requests for access to data or correction of data or for information regarding policies and practices and kinds of data held are to be addressed is as follows :-

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

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

Feb 2019

乙部 - 由主診醫生填寫，所需費用由索償人自行承擔。

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

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|
| 病人姓名 Name of Patient | 年齡/性別 Age / Sex | 身份證號碼 ID No. | 職業 Occupation |
| 1. 傷殘之詳情 Details of the disability | a) 最後診斷 Final Diagnosis _____ b) 首次因此傷殘求診之日期 (年/月/日) Date on which you first saw the patient for the disability (YY/MM/DD) _____ c) 病人是否經由其他醫生轉介? Was the patient referred to you by another doctor? <input type="checkbox"/> 是, 請提供醫生姓名及診所地址 <input type="checkbox"/> 否 NO Yes, please provide name of doctor and address of clinic _____ d) 最後因此傷殘求診之日期 (年/月/日) Date on which you last saw the patient for the disability (YY/MM/DD) _____ | | |
| 2. 請詳述導致傷殘的原因 Please provide cause of disability with details. | <input type="checkbox"/> 因 意外 導致 Due to Accident : a) 意外日期 (年/月/日) Accident Date (YY/MM/DD) _____ b) 意外發生地點 Place of Accident _____ c) 意外發生原因 Cause of Accident _____ d) 受傷部位及傷勢 Injured body part and nature of injury _____ _____ <input type="checkbox"/> 因 疾病 導致 Due to Illness : a) 於首次求診日前病徵之出現日期 (年/月/日) Symptom first appeared (YY/MM/DD) _____ b) 引起診斷結果的主因 Underlying cause for the diagnosis _____ c) 曾否因同類或相關疾病接受治療? 如有, 請說明詳情 Previously been treated for same/related disorder? If yes, please provide details. _____ | | |
| 3. 有否因此傷殘而住院? Any hospitalization due to this disability? | <input type="checkbox"/> 是 YES 請說明詳情 Please provide details <input type="checkbox"/> 否 NO a) 住院時期 (年/月/日) Period of Hospitalization (YY/MM/DD) _____ b) 醫院名稱 Name of Hospital _____ c) 住院期間有否進行手術? 如有, 請說明詳情 Any surgery performed during hospitalization? If yes, please provide details <input type="checkbox"/> 有, 手術日期(年/月/日) Date of surgery (YY/MM/DD) _____ <input type="checkbox"/> 否 NO 手術名稱 Name of surgery _____ d) 住院期間之其他治療及檢查 Treatment & investigation performed during hospitalization _____ e) 出院後之治療安排 Treatment planning after discharge _____ | | |
| 4. 就病人現時之健康狀況, 請評估其工作 能力 According to patient's health condition, please rate his/her present working capacity. | <input type="checkbox"/> 能夠從事任何體力勞動工作 No limitation of functional capacity & capable of heavy work without restrictions <input type="checkbox"/> 能夠從事中度體力勞動工作 Capable of medium manual activity <input type="checkbox"/> 只可從事輕度體力勞動工作 Slight limitation of functional capacity & capable of light manual work <input type="checkbox"/> 只可從事非體力勞動或文書工作 Moderate limitation of functional capacity & capable of clerical/administrative work <input type="checkbox"/> 不可從事任何勞動或文書工作 Severe limitation of functional capacity, incapable of minimum activity 備註 Remarks : _____ | | |
| 5. 就病人現時之精神狀況, 請評估其社交活動及溝通能力 According to patient's mental status, please rate his/her ability for interpersonal relations and communication. | <input type="checkbox"/> 社交活動及溝通能力均完全正常 Able to engage in all interpersonal relations and communication (without limitations) <input type="checkbox"/> 能應付大部份社交活動及與人溝通 Able to engage in most interpersonal relations and communication (slight limitations) <input type="checkbox"/> 只能有限度地參加社交活動及與人溝通 Able to engage in only limited interpersonal relations and communication (moderate limitations) <input type="checkbox"/> 嚴重缺乏社交活動及溝通能力* Unable to engage in interpersonal relations and communication (marked limitations)* <input type="checkbox"/> 嚴重缺乏心理、生理、個人及社會適應能力* Has significant loss of psychological, physiological, personal and social adjustment (severe limitations)* 備註 Remarks : _____ * 註: 請提供此精神狀況的醫學證明文件 * Remarks: Please provide medical proof for this mental impairment | | |

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>6. 預後情況 Prognosis</p> | <p>a) 病人現時是否完全傷殘? Is the patient now totally disabled? <input type="checkbox"/> 是 YES <input type="checkbox"/> 否 NO</p> <p>b) 根據病人之職業，請詳述傷殘對其的影響 According to the occupation of the patient, please indicate the effect on the disability.</p> <p><input type="checkbox"/> 不能從事原來工作之所有職務 由 (年/月/日) 至 (年/月/日) Unable to perform ALL tasks of the From (YY/MM/DD) to (YY/MM/DD) original duty</p> <p><input type="checkbox"/> 不能從事原來工作之部份職務 由 (年/月/日) 至 (年/月/日) Unable to perform PARTS of the From (YY/MM/DD) to (YY/MM/DD) original duty</p> <p><input type="checkbox"/> 不能從事任何工作 由 (年/月/日) 至 (年/月/日) Unable to perform ANY occupation From (YY/MM/DD) to (YY/MM/DD)</p> <p>備註 Remarks : _____</p> |
| <p>7. 按日常活動，受保人在沒有別人協助的情況下，可否完成右列事項? Can the insured perform the right listed "Activities of Daily Living" without any assistance of another person?</p> | <p>洗澡 Washing <input type="checkbox"/> 可以 Able <input type="checkbox"/> 不可以，請提供原因 Unable, please provide reason : _____</p> <p>更衣 Dressing <input type="checkbox"/> 可以 Able <input type="checkbox"/> 不可以，請提供原因 Unable, please provide reason : _____</p> <p>移動 Transferring <input type="checkbox"/> 可以 Able <input type="checkbox"/> 不可以，請提供原因 Unable, please provide reason : _____</p> <p>步行 Mobility <input type="checkbox"/> 可以 Able <input type="checkbox"/> 不可以，請提供原因 Unable, please provide reason : _____</p> <p>如廁 Toileting <input type="checkbox"/> 可以 Able <input type="checkbox"/> 不可以，請提供原因 Unable, please provide reason : _____</p> <p>進食 Feeding <input type="checkbox"/> 可以 Able <input type="checkbox"/> 不可以，請提供原因 Unable, please provide reason : _____</p> |
| <p>8. 有否任何因素促使或導致是次傷殘及/或延長康復時間? Were there any precipitating factors which may have contributed to or hastened this disability and / or lengthen the period of disability?</p> | <p><input type="checkbox"/> 是，請說明詳情 (病發、診斷日期及醫生名稱及地址) Yes, please provide details (onset date, diagnosis, name and address of doctor) _____ _____</p> <p><input type="checkbox"/> 否 NO</p> |
| <p>9. 是次傷殘是否由右列之情況導致? Was the disability caused by the right listed factors?</p> | <p><input type="checkbox"/> 是 Yes 請在適當位置劃上剔號並提供詳情 Please tick where it is appropriate and give details.</p> <p><input type="checkbox"/> 自致傷害/自殺 Self-inflicted/Suicide</p> <p><input type="checkbox"/> 分娩、懷孕、流產或人工流產 Childbirth, pregnancy, miscarriage or abortion</p> <p><input type="checkbox"/> 酗酒/藥物濫用 Alcoholic abuse / drug abuse</p> <p><input type="checkbox"/> 過往受傷/疾病 Past injury or illness</p> <p>請提供詳情 Please provide details: _____</p> <p><input type="checkbox"/> 否 NO</p> |
| <p>10. 有否其他資料補充? 如有，請詳述。 Did you have any other information to supplement the above? If yes, please provide details.</p> | |
| <p>本人謹此聲明曾為受保人作出診治，而據本人所知所信，以上填報的各項答案均屬正確。 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.</p> <p>_____ 主診/專科醫生的姓名 (資歷) 地址 Name of Attending Physician/Specialist (with qualifications) Address</p> <p>_____ 主診/專科醫生簽名 (蓋印) 日期 Signature of Attending Physician/Specialist (with chop) Date</p> | |