

保單編號 Policy No. :	
<p>註 Note:</p> <p>(1) 索償人將負責提供準確及完整的資料。若未能完整及詳細提供相關資料，賠償將有機會被延誤。如有任何醫療報告的費用，將會由索償人承擔。 The Claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment. The fees for medical reports (if any) will be borne by the Claimant.</p> <p>(2) Blue Insurance Limited (即此表格內所稱之「本公司」) 將不需為此承擔任何法律責任。 Blue Insurance Limited (referred throughout this form as "the Company") does not admit any liability by the mere issue of this or any other form.</p>	
1. 受保人資料 Information of Life Assured	
1. 姓名 Name	2. 出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)
3. 國籍 Nationality <small>(美國公民或居民請填寫美國社會保障號碼) (U.S. Citizens or Residents please provide U.S. Social Security Number(SSN))</small>	4. 香港身份證/護照號碼 HKID / Passport No.
5. 稅務編號 (香港及其他外地居留司法管轄區，如適用) Taxpayer Identification Number(s) (in Hong Kong and other foreign jurisdictions, if applicable)	6. 居留司法管轄區 Jurisdiction(s) of Tax Residence
7. 住宅地址 Residential Address	8. 聯絡電話 Contact No
9. 通訊地址 (若通訊地址與住宅地址不同，請填寫欄) Correspondence Address (Please complete this field if correspondence address is different from residential address)	
10. 職業 Occupation	
11. 僱主名稱 Name of Employer	12. 僱主地址 Address of Employer
2. 是次賠償資料 About Current Claim	
若由意外導致，請提供資料。 If caused by Accident, Please provide details.	
1. 意外發生日期 (日/月/年) Accident Date (DD/MM/YYYY)	
2. 意外發生地點 Place of Accident	
3. 意外詳情 (受傷部分及傷勢) Description (part of body injured and type of injury)	
4. 有否住院或到急症室求診 Did you confine at hospital or visit the accident and emergency department	
<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes 住院/求診日期 (日/月/年) Date of Confinement / Consultation : (DD/MM/YYYY)	

5. 有否報警 (如有, 請提供警察報告副本) Did you report to the police (Please attach a photocopy of the Police Report, if yes)	
<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes 檔案編號 Case Ref. No.:	
若原因為傳染疾病 If Caused by Infectious Disease	
1. 症狀及異常 Symptoms and abnormalities	2. 該病徵在首次求診前已存在多久 How long have the symptoms existed prior to the first consultation
3. 首次就診日期 First Consultation Date (DD/MM/YYYY)	4. 首次就診的醫生姓名及地址 Name and Address of the of first consultation Physician
5. 診斷 Diagnosis	6. 診斷日期 Date of Diagnosis (DD/MM/YYYY)
7. 作出診斷之醫生姓名及地址 Name and Address of the Physician who diagnosed the Illness	
3. 索償人資料 (如非受保人) Information of Claimant (If not Life Assured)	
以何名義申請索償? By what title are you submitting this claim? <input type="checkbox"/> 保單持有人 Policyholder <input type="checkbox"/> 其他 (請說明) Others (Please state)	
1. 姓名 Name	2. 出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)
3. 國籍 Nationality (美國公民或居民請填寫美國社會保障號碼) (U.S. Citizens or Residents please provide U.S. Social Security Number(SSN))	4. 香港身份證/護照號碼 HKID / Passport No.
5. 稅務編號 (香港及其他外地居留司法管轄區 · 如適用) Taxpayer Identification Number(s) (in Hong Kong and other foreign jurisdictions, if applicable)	6. 居留司法管轄區 Jurisdiction(s) of Tax Residence
7. 住宅地址 Residential Address	8. 聯絡電話 Contact No
9. 通訊地址 (若通訊地址與住宅地址不同 · 請填寫欄) Correspondence Address (Please complete this field if correspondence address is different from residential address)	
4. 遞交申請所須文件指引 Guidelines for Document Submission	
<p>請於連同申請書遞交文件之方格內加上「✓」號。如需要閣下或其他機構提供進一步資料作閣下申請, 本公司將會通知閣下。由於收集有關之資料時間有異, 閣下之申請時間有可能因此而延長。</p> <p>Please tick against the documents you have submitted together with this application. We will notify you if we need to obtain extra information from you or from other parties to assess your application. As the time required for obtaining the information varies, the processing time of your application will likely take longer time.</p>	
<input type="checkbox"/> 受保人的香港身份證護照之核證副本 Certified true copy of HKID / Passport of Life Assure	<input type="checkbox"/> 索償人的香港身份證 / 護照之核證副本 (如索償人並非受保人) Certified true copy of HKID / Passport of Claimant (if Claimant is not the Life Assured)
<input type="checkbox"/> 所有醫療證明副本 Copy of all medical proofs	<input type="checkbox"/> 個人意外理賠 – 醫生表格正本 (由主診醫生填寫) Personal Accident Claim – Physician's Statement (completed by Attending Physician)
<input type="checkbox"/> 所有病假證明副本 Copy of all sick leave certificates	<input type="checkbox"/> 警察報告 (如有) Police report (if any)
<p>*請注意 · 所需文件的核證副本必須經由執業律師或本公司的客戶服務主任辦理。</p> <p>*Please note that the true copy of document(s) must be certified by a solicitor or our Customer Services Executives.</p>	

美國《海外賬戶納稅法案》及《自動交換財務帳戶資料》須知 Notice on U.S. "Foreign Account Tax Compliance Act" and "Automatic Exchange of Financial Account Information"

為符合香港特別行政區（「香港」）或 Blue Insurance Limited（「本公司」）將來必須或可能要符合的任何外國法域的法律、法規或業務/行為守則（包括現時生效、經不時修訂和補充的、根據香港與美國之間的跨政府協議（Intergovernmental Agreement）下可能執行的美國《海外賬戶納稅法案》（Foreign Account Tax Compliance Act，下稱「FATCA」）、《稅務條例》（第 112 章）中有關自動交換財務帳戶資料（Automatic Exchange of Financial Account Information）的法律條文、及經濟合作暨發展組織（OECD）作出的規定、包括為履行其共同匯報標準（Common Reporting Standard）的主管當局協定（Competent Authority Agreement））、本公司必須或可能被要求向香港和/或海外的相關機關匯報閣下的傳記資料、個人資料、保單編號、保單價值、退保價值、保單貨幣及收入資料（統稱「資料」）。根據《稅務條例》（第 112 章）、本公司可能將收集所得的資料向香港稅務局（「稅務局」）申報。稅務局會將資料與閣下為稅務居民的相關須申報國家的稅務機構交換。就 FATCA 而言、如若干對閣下的保單享有（或有權利從該保單提取）權益和利益的人（「保單參與者」）為特定美國人士（定義見下文）、資料將匯報給美國國家稅務局（「美國國稅局」）。「特定美國人士」一般為美國公民（包括雙重國籍的公民）或就稅務目的之美國外籍居民（即綠咭持有人）、私人擁有的美國企業、美國合夥、或美國的信託或產業。如保單參與者被特定美國人士「控制」、類似的匯報要求亦為適用。如一個人擁有規定的門檻或以上（視乎實體種類而定）的所有權、則一般假定為控制。本公司將必須向美國國稅局以總額形式匯報本公司未能核實其各自的公民身份及稅收居民身份且未能與本公司合作提供所要求的相關資料和文件之保單的保單價值、付款金額及參與者數目根據上述的所有資料、美國國稅局可向稅務局要求以集合形式提供進一步資料。如稅務局未能回覆美國國稅局的要求、相關的美國來源收入將被徵收 FATCA 預扣（於 2014 年開始逐步引入）、直至稅務局提供所要求的資料為止；相關保單亦可能被終止#。已提供所要求的 FATCA 資料、文件及證書以確認公民身份及稅收居民身份的保單參與者便無需繳納 FATCA 預扣稅。

*就本條的目的而言、終止的權利存在於非投資相連壽險計劃之產品。

In compliance with the law, regulations or code(s) of practice/conduct in Hong Kong Special Administrative Region ("Hong Kong") or any foreign jurisdiction to which Blue Insurance Limited (the "Company") is or may in the future be subject (including the U.S. Foreign Account Tax Compliance Act ("FATCA") which may be implemented pursuant to an intergovernmental agreement ("IGA") between Hong Kong and the United States, the legal provisions for automatic exchange of financial account information ("AEOI") provided under the Inland Revenue Ordinance (Cap. 112), and provisions issued by the Organisation for Economic Co-operation and Development, including a Competent Authority Agreement to implement its Common Reporting Standard ("CRS"), all as currently in force and as amended and supplemented from time to time), the Company is or may be required to report your biographical information, personal details, policy number(s), policy value, surrender value, denominated currency(ies) of the policy, and income information ("the Information") to the relevant authorities in Hong Kong and / or abroad. Pursuant to the Inland Revenue Ordinance (Cap. 112), the Company may be required to report to the Hong Kong Inland Revenue Department ("IRD") the Information. The IRD may exchange the Information with the tax authority(ies) of the relevant reportable country (or countries) where you are tax resident. In the case of FATCA, the Information will be reported to the U.S. Internal Revenue Service ("IRS") if certain persons with interests and benefits in, or rights to withdraw from, your policy ("Policy Participants") are Specified U.S. Persons (as defined below). A "Specified U.S. Person" is generally a U.S. citizen (including dual citizen) or U.S. resident alien for tax purposes (i.e., a Green Card holder), privately owned U.S. corporation, U.S. partnership, or a U.S. trust or estate. Similar reporting requirements apply if a Policy Participant is "controlled" by a Specified U.S. Person. Control is generally presumed if a person has ownership at or above (depending on the type of entity) a prescribed threshold. The Company will be required to report to the IRS on an aggregate basis information of policy values, payment amounts and number of those Policy Participants in relation to which the Company is unable to verify their respective citizenships and tax residencies and who do not cooperate with the Company by providing the relevant requested information and documentation. Based on such aggregate information, the IRS may make group requests to IRD for supply of further information.

If the IRD fails to respond to an IRS request, then until the IRD supplies the requested information, the FATCA withholding tax (which was phased in starting 2014) would be levied against U.S. source income and we may exercise the right to terminate your policy*. Policy Participants who have provided the required FATCA information, documents and certificates to validate citizenship and tax residency will not be subject to the FATCA withholding tax.

* For the purpose of this provision, the right to terminate subsists in non-Investment Linked Assurance Scheme products.

個人資料收集聲明 Personal Information Collection Statement

Blue Insurance Limited（下稱「本公司」或「我們」）認真重視閣下個人資料的私隱及保護、並承認其責任根據個人資料私隱專員公署及《個人資料（私隱）條例》（第 486 章）（「私隱條例」）處理閣下的個人資料。個人資料收集聲明（「個人資料收集聲明」）列出資料當事人的個人資料將被收集、使用的目的、資料轉移對象類別、以及資料當事人根據私隱條例的權利。

1. 本公司僅將為合法和相關的目的收集個人資料、並將採取所有切實可行的步驟、確保本公司所持個人資料的準確性。本公司將採取所有切實可行的步驟保障個人資料的安全性、並避免未經授權或因意外而擅自取得、刪除或另行使用個人資料的情況。
2. 閣下可自願提供申請表所要求的個人資料、以及本公司於進行正常業務運作期間所要求的個人資料。然而、倘閣下未能提供所要求的資料、我們可能無法處理閣下的要求、向閣下提供服務、產品及所需資料。

收集個人資料之目的

本公司不時有必要收集閣下的個人資料、從而向閣下提供保險及 / 或相關產品及服務、根據本公司簽發的保單處理索賠、處理閣下提出的其他要求、查詢及投訴及 / 或與遵守香港境內或境外監管或其他機構發佈的任何法律、指引或要求。向閣下收集的資料亦會用作以下用途（「用途」）：

1. 向閣下推介、提供和營銷本公司或本公司的商業 / 營銷合作夥伴（參閱下文「在直接促銷中使用及提供個人資料」部分）之產品及服務、以及提供、維持、管理和操作該等產品 / 服務；
2. 處理及評估閣下就本公司及本公司的關聯公司所提供之產品及服務提出的任何申請或要求；
3. 向閣下提供後續服務、包括但不限於執行已發出的保單；
4. 與就本公司及/或本公司的關聯公司提供的任何產品及服務而由閣下或針對閣下提出的或者其他涉及閣下的任何付款 / 索賠相關的任何目的、包括索賠調查；
5. 進行保單審查並評估閣下的需求分析；
6. 偵測和防止欺詐行為（無論是否與就本公司及/或關聯公司提供的產品/服務有關）；
7. 為客戶設計及提供保險、產品及服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本聲明所列之目的進行身份及 / 或信貸檢查及 / 或追討欠款以核對所持有而與閣下有關的任何資料；
10. 遵守任何適用的司法管轄區的法律、規範、其他法律要求、任何司法管轄區的監管機構或政府機關之間達成的協議或條約或任何現在或將來的合同或其他承諾。

11. 作出任何適用法律、規則、規例、條約、與監管機構承諾、實務守則或指引所要求的披露或協助在香港或其他地方的警方或其他政府或監管機構執法及進行調查；
12. 開展與本公司業務經營有關的其他服務；
13. 與上述任何目的直接有關的其他目的；及
14. 在取得閣下同意後，我們亦可能使用閣下的個人資料，以向閣下發出下面所述的促銷通訊。

轉移個人資料

個人資料將予以保密，但在遵守任何適用法律條文的前提下，除向上文「收集個人資料之目的」部分所提及的其他人士披露閣下的個人資料外，可提供予以下其他人士：

1. 位於香港或其他地方的任何關聯公司、本公司的任何關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀/中介人、行業協會或聯會、基金管理公司或金融機構；就此，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司及/或關聯公司提供的任何產品及服務而由閣下或針對閣下提出的或其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. 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，以就現有資料而對所提供的資料作出分析和檢查；
4. 對個人資料有保密責任的任何代理人、承辦商及向本公司及/或我們在香港或其他地方的關聯公司提供研究、行政、電訊、電腦、支付、印刷、技術及其他服務（包括直接行銷服務）以令我們的業務可以運作的第三方服務供應商（包括但不限於保險公司、律師、銀行家、會計師、專業顧問及金融機構）；
5. 醫療賬單審查公司；
6. 信貸資料機構（以進行信貸檢查及其他直接相關用途）或倘發生債務違約，追討欠款公司；
7. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
8. 香港或其他地方的任何政府部門或合適的政府部門或監管機構。

在取得閣下同意後，我們亦可能向第三方披露閣下個人資料，以讓他們向閣下發出下面所述的營銷通訊。

在直接促銷中使用及提供個人資料

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財務背景及人口統計數據以進行直接營銷；
2. 就本公司、第三方財務機構、我們的關聯公司、我們的合作品牌夥伴及我們的商業/營銷夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶忠誠或優惠計劃）：
 - a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體及高級消費品；
3. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文2.段部分所述的全部或任何人士/實體，以供該等人士/實體在促銷該等服務及產品中使用。在使用閣下的個人資料作上文所述的目的或提供予上文所載列的資料轉移對象之前，本公司須獲得閣下的書面同意，且只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。
4. 閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何直接促銷用途的同意，且本公司須終止使用或提供該等資料以作直接促銷用途。閣下須以書面形式發信至「查閱及更正個人資料」部分所列的地址通知我們。本公司須在不收取任何費用的情況下，確保不會將閣下納入日後的直接促銷活動中。

查閱及更正個人資料

根據私隱條例，閣下有權查明本公司是否持有閣下的個人資料、索取資料的副本，以及更正/刪除任何不準確的資料。閣下亦可以要求本公司告知閣下本公司所持個人資料的種類。

查閱及更正資料的要求，或獲取有關政策、常規及本公司所持的資料種類的資訊要求，均應以書面形式發送至：

資料保障主任
Blue Insurance Limited
香港九龍灣宏遠街1號「一號九龍」30樓

我們會不時更新我們的私隱政策，並鼓勵閣下細閱本公司網站上的私隱政策。

Blue Insurance Limited (referred to as "Company", "our", "we", or "us") takes the privacy and protection of your personal information seriously and recognizes its responsibilities in relation to the handling of your personal data under the Privacy Commissioner for personal data and Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). The Personal Information Collection Statement ("PICS") sets out the purposes for which personal data of individual data subjects will be collected, used, the classes of transferees and rights of data subjects under the PDPO.

1. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.
2. It is voluntary for you to provide the personal data requested in the application form and in the ordinary course of our business relationship. However,
3. if you fail to do so, we may not be able to process your request, provide you with the services, products and information.

Purpose of Collection

From time to time, it is necessary for the Company to collect your personal data in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued by the Company, the processing of other requests, enquiries and complaints from you, and / or compliance with any laws, guidelines or requests issued by regulatory or other authorities within or outside of Hong Kong. The information collected from you will also be used for the following purposes ("Purposes"):

1. offering, providing and marketing to you the products and services of the Company or our business/marketing partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products and services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any payment/claims made by or against or otherwise involving you in respect of any products and services provided by the Company and/or our affiliates, including investigation of claims;
5. performing policy review and evaluating your needs analysis;
6. detecting and preventing fraud (whether or not relating to the product/services provided by the company and/or affiliates);
7. designing and providing insurance, products and services for customers;
8. conducting market research for statistical or other purposes;
9. conducting identity and/or credit checks and/or debt collection for matching any data held which relates to you from time to time for any of the purposes listed herein;
10. complying with the laws, regulatory, other legal requirements, agreement or treaty or any present or future contractual or other commitment with any regulators or government authorities in any applicable jurisdictions;
11. making disclosure as required by any applicable law, rules, regulations, treaty, commitment with regulators, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
12. carrying out other services in connection with the operation of the Company's business;
13. other purposes directly relating to any of the above; and
14. With your consent, we may also use your personal data to send you marketing communications as described below.

Transfer of Personal Data

Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to the following parties in addition to the disclosure of your personal information to the parties as mentioned in the above section of "Purpose of Collection":

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker/agent, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products and services provided by the Company and/or our affiliates;
3. organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies to analyze and check information provided against existing information;
4. any agent, contractor or third party who provides research, administrative, telecommunications, computer, payment, printing, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors and financial institutions) and who has a duty of confidentiality to the same;
5. medical bill review companies;
6. credit reference agencies (for conducting credit checks and other directly related purposes) or, in the event of default, debt collection agencies;
7. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
8. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications as described below.

Use and provision of personal data in direct marketing

The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, third party financial institution, our affiliates, our co-branding partners and our business/marketing partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. in addition to marketing the above products and services, the Company also intends to provide the data described in the above 1 to all or any of the persons/entities mentioned in 2. above for use by them in marketing those products and services. Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.
4. You may thereafter withdraw your consent to the use and provision to the parties by the Company of your personal data for direct marketing purposes and the Company shall cease to use or provide such data for direct marketing purposes. You are required to inform us by writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data

Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct /erase any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Blue Insurance Limited
30/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Hong Kong
Attn: The Data Protection Officer

We update our Privacy Policy from time to time and encourage you to familiar yourself with the Privacy Policy on our Company website.

聲明及授權 Declaration & Authorisation

本人 (索償人) 特此同意並贊成為上文所載收集、使用及轉移本人 (索償人) 的個人資料之目的, 包括由 Blue Insurance Limited (「本公司」) 為符合 (所有均為目前生效及不時經修訂和補充的) 根據 IGA 執行 FATCA 的所有要求、香港與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》、《稅務條例》(香港法例第112章) (IRO) 有關自動交換財務帳戶資料的法律條文, 及經濟合作暨發展組織出具之規定 (包括為履行其共同報告標準(CRS)之主管機關協議(CAA))、並為符合任何相關的本地或外國法律、監管、政府、稅務、執法機關或其他機構規定的所有其他匯報職責、要求和查詢之目的在香港境內或境外轉移本人 (索償人) 之個人資料。本人 (索償人) 進一步同意, 如有任何影響本人 (索償人) 已向本公司提供之任何文件或資料的情況變更, 本人 (索償人) 應在 30 天內通知本公司有關變更。此外, 本人 (索償人) 承諾根據法律 (或其適用性或解釋) 的任何變更提供任何所需的額外資料、表格、披露、證明或文件。

本人 (索償人) 同意 Blue Insurance Limited (「本公司」) 從任何診所、醫院、醫生、第三者、組織或僱主收集與此索償有關的資料及信息, 並授權提供有關資料予本公司。此授權的複印件會被視為如同正本文件有效。

本人 (索償人) 特此確認, 本人 (索償人) 均自願提供上述個人資料, 但如果本人 (索償人) 不這樣做, 本公司可能因為缺乏所需資料而因此無法評估 / 處理是次索償。

本人 (索償人) 謹聲明在此表格中提供的所有資料於各方面均真實及準確, 並無重大隱瞞及省略。

I (the Claimant) hereby agree and consent to the collection, use and transfer of my (the Claimant's) Personal Data for the purposes set out in the PICS including the transfer of my (the Claimant's) Personal Data within or outside of Hong Kong by Blue Insurance Limited (the "Company") for the purposes of complying with all requirements for the implementation of FATCA under the IGA, the tax information exchange agreement that Hong Kong signed with the U.S. on 25 March 2014, the legal provisions for automatic exchange of financial account information provided under the Inland Revenue Ordinance (Cap. 112), provisions issued by the Organisation for Economic Co-operation and Development, including a Competent Authority Agreement to implement its Common Reporting Standard, and with all other reporting duties, requests and inquiries from any relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities all as currently in force and as amended and supplemented from time to time. I (the Claimant) further agree that in the event of any change of circumstances affecting any of the documentation or information that I (the Claimant) have provided to the Company, I (the Claimant) shall inform the Company of the change(s) within 30 days. In addition, I (the Claimant) undertake to provide any additional information, form, disclosure, certification or documentation required pursuant to any change in law, the claim or interpretation thereof.

I (the Claimant) further give consent to the Company to seek information from any clinic, hospital, physician, third party, organisation or employer that may be required in connection with this claim and I (the Claimant) authorise the giving of such information to the Company. A photocopy of this authorisation shall be considered as effective and valid as the original.

I (the Claimant) hereby acknowledge that it is voluntary for me (the Claimant) to provide the Personal Data but if I (the Claimant) fail to do so, the Company may be unable to assess / process this claim due to lack of the required information.

I (the Claimant) hereby declare that the information in this form provided by me (the Claimant) is in every respect true and correct with no material information having been withheld or omitted.

索償人簽署
Signature of Claimant

香港身份證 / 護照號碼
HKID / Passport No.

索償人姓名
Name of Claimant

日期 (日/月/年)
Date (DD/MM/YYYY)