

Application Form – VHIS
自願醫保計劃投保表格

Company's Registration No. under VHIS
 自願醫保計劃之公司登記號碼: 00017

You should tell us of all facts likely to influence the acceptance and assessment of this application. If you fail to do so, your policy may become inoperable or may not operate fully. If you have any doubt about what you should tell us, please contact us. Please complete this document with English Block.

閣下必須向本公司呈報一切真實資料。如果遺報者，可令閣下所投保之保險不能生效或不能完全生效。如閣下對應否向本公司呈報某些事項存有任何疑問，請與本公司查詢。請以英文正楷完成投保表格。

Information of Applicant 申請人資料

| | | |
|--|----------------------------|--|
| Name of Applicant: 申請人名稱 | | HKID/Passport No.1: 香港身份證或護照號碼 ¹ |
| Residential Address: 居住地址 | | Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 |
| Correspondence Address ² : 通訊地址 ² | | Areas 區域: <input type="checkbox"/> Hong Kong 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> New Territories 新界 |
| Nationality: 國籍 | Place of Residence: 居住地 | Marital Status: 婚姻狀況 |
| Email ³ : 電郵 ³ | | Mobile No.: 手提電話 |
| Home Phone No.: 家居電話 | Fax No.: 傳真 | |

¹ Please submit the copy of HKID/Passport 請遞交香港身份證/護照副本

² Please complete IF different from residential address 如與居住地址不同方需填寫

³ Email for receiving e-claims payment advice 提供電郵可以電郵收取賠償紀錄報告



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| Name of Certified Plan 認可產品名稱 | Certification No. of Product 認可產品編號 | Total Premium and Levy ⁴ 保費及保費徵費總額 ⁴ |
|--|---|---|
| Liberty Insurance Standard VHIS Plan 利寶國際自願醫保標準計劃 | Standard: 標準計劃 S00017-01-000-02 | HK\$ _____ |
| Liberty Insurance VHIS Series – Flexi Plan (Classic) 利寶國際自願醫保系列–靈活計劃(基本) | Classic: 基本計劃 F00047-01-000-02 | HK\$ _____ |
| | Classic with Supplementary Major Medical Benefit: 基本計劃+自選附加醫療保障 F00047-01-001-02 | HK\$ _____ |
| Liberty Insurance VHIS Series – Flexi Plan (Plus) 利寶國際自願醫保系列–靈活計劃(升級) | Plus: 升級計劃 F00048-01-000-02 | HK\$ _____ |
| | <input type="checkbox"/> Optional Outpatient Benefit ⁵ 自選門診保障 ⁵ | |
| | Plus with Supplementary Major Medical Benefit: 升級計劃+自選附加醫療保障 F00048-01-001-02 | HK\$ _____ |
| | <input type="checkbox"/> Optional Outpatient Benefit ⁵ 自選門診保障 ⁵ | |
| Liberty Insurance VHIS Series – Flexi Plan (Premium) 利寶國際自願醫保系列–靈活計劃(尊尚) | Premium: 尊尚計劃 F00046-01-000-02 | HK\$ _____ |
| | <input type="checkbox"/> Optional Outpatient Benefit ⁵ 自選門診保障 ⁵ | |

⁴Please refer to the Standard Premium Schedule 請查閱標準保費表

⁵Outpatient Benefit does not form part of the VHIS certified plan. The premiums paid are not eligible for tax deduction
門診保障不屬自願醫保認可產品的一部分。此部份所付的保費不可用作稅項扣減

Information of the Insured Person 受保人資料

| | | |
|--|------------------------|---|
| Name of Insured Person: 受保人名稱 | Relationship: 關係 | HKID/Passport No. ⁶ : 香港身份證/護照號碼 ⁶ |
| Gender: 性別 <input type="checkbox"/> Female 女 <input type="checkbox"/> Male 男 | Date of Birth: 出生日期 | Place of Residence: 居住地 |

Child means the Insured Person age from 15 days to 25. If the Insured Person is age 18 to 25, full-time education is required. Please submit proof of full time student 子女的定義為出生後 15 日至 25 歲。如子女 18 至 25 歲需為全日制學生方可申請，並請提供全日制學生證明文件

⁶Please submit the copy of HKID/Passport/Birth Certificate 請遞交香港身份證/護照/出生證明書副本



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Health Statement of the Insured Person 受保人病歷聲明 (Tick ✓ as appropriate 請在適當空格內✓)

Insured Person is required to complete below Part A-D. By submitting the application form, the Applicant and the Insured Person acknowledge that they have read and understand the “Statement for Collection of Health Information (Health Statement)” attached to this application form.

受保人必須回答以下甲至丁部。通過提交此表格，申請人和受保人確認已閱讀並明白附於本表格的「病歷資料收集聲明 (病歷聲明)」。

Part A - General Information 甲部 – 基本資料

If your answer to any of the questions 3 - 6 below is “Yes”, please proceed to answer the relevant follow-up questions in Part C.

若以下第3至6項任何一項問題之答案為「是」者，請於丙部回答相關的跟進問題。

| | | | |
|---|---|------|-----------------------|
| 1. Height 身高 | _____ centimetres (cm) 厘米 | OR 或 | _____ feet/inches 呎/吋 |
| 2. Weight 體重 | _____ kilogrammes (kg) 公斤 | OR 或 | _____ pounds (lbs) 磅 |
| 3. Smoking habit 吸煙習慣 | <p>Does the Insured Person smoke or has the Insured Person smoked in the last 5 years? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>受保人有沒有吸煙或在過去五年內曾否吸煙？</p> <p>For the purpose of this question, the meaning of “smoking” includes but is not limited to cigarettes, cigars, tobacco pipes, chewing tobacco and the use of nicotine replacement products (such as e- cigarettes).</p> <p>「吸煙」在此問題的含義包括但不限於 香煙、雪茄、煙斗、嚼煙及使用尼古丁補充劑產品(例如電子煙)。</p> | | |
| 4. Alcohol consumption 飲酒 | <p>In the last 12 months, on average does the Insured Person drink alcoholic beverage for more than 3 times in a week? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>在過去十二個月內，受保人是否平均每週飲用酒精飲品超過三次？</p> | | |
| 5. Taking of drugs not prescribed by doctors 服用未經醫生處方之藥物 | <p>In the last 5 years, has the Insured Person used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one (1) month? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>在過去五年內，受保人曾否持續超過一個月使用未經醫生處方之藥物(包括成癮性或消遣性藥物，例如可卡因、興奮劑、海洛英、美沙酮、同化性類固醇；惟不包括營養補充品)？</p> | | |
| 6. Has the Insured Person engaged in the following activities within the last 12 months or will the Insured Person engage/intend to engage in the following activities within the next 12 months? | <p>受保人曾否在過去十二個月內或會否在未來十二個月內參與以下活動？</p> <p>a) any hazardous sports or activities (such as diving, motor racing, mountaineering or rock climbing, parachuting, sky diving, hang gliding). <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是</p> <p>任何危險性運動或活動(例如潛水、賽車、攀山或攀石、跳傘、高空跳傘、懸掛滑翔飛行)？</p> | | |



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- b) flying activities other than as a fare-paying passenger of a licensed air service operating within recognised scheduled routes. No 否 Yes 是
飛行活動（不包括以付費乘客身份乘搭由商業性民航客機提供並獲認可的定期航班服務）

Part B – Health Information 乙部 – 健康資料

Note for applicant(s): Questions of Part B do not require the applicant(s) to disclose information regarding the medical conditions or treatments below:

申請人須知：無需於乙部問題披露以下健康狀況或治療：

Cold/flu/sore throat, gastroenteritis/food poisoning (fully recovered), indigestions (no investigations required), acne, muscle sprained (fully recovered), thrush, routine scan/blood test for pregnancy (normal result), routine cervical smear (normal result), routine health check (normal result), preventive vaccination, Hormonal Replacement Therapy (menopause), infertility treatment or uncomplicated pregnancy, myopia/hyperopia/astigmatism/presbyopia.

傷風/感冒/喉嚨痛、腸胃炎/食物中毒(已痊癒)、消化不良(無需檢查)、痤瘡、肌肉扭傷(已痊癒)、鵝口瘡、常規產前掃描/血液檢驗(檢驗結果正常)、常規子宮頸細胞塗片檢驗(檢驗結果正常)、常規健康檢查(檢查結果正常)、預防疫苗、荷爾蒙補充治療(更年期)、不育治療或胎兒生長情況正常的懷孕、近視/遠視/散光/老花。

If your answer to any of the questions 7 – 17 below is “Yes”, please proceed to answer the relevant follow-up questions in Part D.

若以下第7至17項任何一項問題之答案為「是」者，請於丁部回答相關的跟進問題。

7. Has the Insured Person ever been diagnosed with any of the following diseases or medical conditions?

受保人是否曾被確診下列疾病或健康狀況？

- a) Cancer or carcinoma in situ No 否 Yes 是
癌症或原位癌
- b) Brain tumor No 否 Yes 是
腦部腫瘤
- c) Heart disease No 否 Yes 是
心臟疾病
- d) Stroke (including transient ischemic attack (TIA)) No 否 Yes 是
中風(包括短暫性腦缺血·俗稱「小中風」)
- e) Hypertension No 否 Yes 是
高血壓
- f) Diabetes mellitus or impaired glucose tolerance No 否 Yes 是
糖尿病或葡萄糖耐量異常
- g) Kidney disease No 否 Yes 是
腎病
- h) Prolapsed intervertebral disc or degenerative spine conditions No 否 Yes 是
椎間盤突出或脊椎退化性疾病
- i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body No 否 Yes 是
需要植入醫療儀器或義肢的疾病或健康狀況
- j) Human immunodeficiency virus (“HIV”) infection No 否 Yes 是
人體免疫力缺乏病毒(愛滋病病毒)感染
- k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth) No 否 Yes 是
先天性疾病(指於出生時或之前已存在的醫學、生理或精神上的異常)



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|-----|--|-------------------------------|--------------------------------|
| l) | Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech or hearing 身體缺陷、不健全、畸形、及/或影響活動能力、視力、說話能力或聽力的狀況 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| m) | Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders) 精神健康狀況 (例如抑鬱、焦慮、精神分裂、飲食失調或躁狂抑鬱症) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| n) | Hypercholesterolemia or Hyperlipidemia 高膽固醇症或高血脂症 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| o) | Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver) 肝臟疾病(例如乙型或丙型肝炎(包括測試呈陽性反應)、脂肪肝或肝硬化) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| p) | Multiple sclerosis 多發性硬化症 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 8. | Does the Insured Person currently have any of the following diseases or medical conditions? 受保人目前是否患有下列疾病或健康狀況？ | | |
| a) | Hernia 疝氣(俗稱「小腸氣」) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| b) | Breast lesion (tumour/mass/lump/cyst/nodule/growth) 乳房病變(腫瘤/硬塊/腫塊/囊腫/結節/增生) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| c) | Uterine or ovarian lesion (tumour/mass/lump/cyst/polyp/nodule/growth) 子宮或卵巢病變(腫瘤/硬塊/腫塊/囊腫/瘻肉/結節/增生) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| d) | Benign prostatic hypertrophy 良性前列腺肥大 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| e) | Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone) 膽結石或泌尿道結石(腎結石、輸尿管結石或膀胱結石) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| f) | Cataract, glaucoma or retinopathy 白內障、青光眼或視網膜病變 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| g) | Arthritis or other joint disorder 關節炎或其他關節疾病 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 9. | In the last 5 years, has the Insured Person ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition? 在過去五年內，受保人是否曾經或被建議定期或持續(例如每月、每兩個月、每半年、每年)為任何疾病或健康狀況接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治或醫療護理？ | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 10. | In the last 5 years, has the Insured Person been advised by the Insured Person's doctor to take any medications (such as to be taken daily/once per week/as needed as directed by doctor) for a continuous period of more than one (1) month? 在過去五年內，受保人是否曾被醫生建議定期(例如按醫生指示每日/每週一次/有需要時)服用為期超過一個月的處方藥物？ | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |



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| 11. In the last 5 years, has the Insured Person been admitted into a hospital? 在過去五年內，受保人是否曾入住醫院？ | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 12. In the last 5 years, has the Insured Person undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital? 在過去五年內，受保人是否曾在非住院情況下接受外科程序(包括內窺鏡檢查或活組織化驗)？ | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 13. In the last 5 years, has the Insured Person ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, HIV test, Hepatitis B test, Hepatitis C test)? 在過去五年內，受保人是否曾接受或曾被建議接受檢查(例如驗血、驗尿、心電圖、X光、超聲波、電腦掃描、磁力共振、正電子掃描、愛滋病測試、乙型肝炎測試、丙型肝炎測試)？ If the answer is “Yes”, does the Insured Person’s investigation result(s) include the followings? 如果答案屬「是」，受保人的檢查結果是否包括下列情況？ | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| a) Normal test result is advised 檢驗結果正常 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| b) Abnormal test result is advised 檢驗結果異常 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| c) The Insured Person are still awaiting test/test result 受保人正等候檢驗或檢驗結果 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| d) Test result is inconclusive or uncertain (retesting or follow up test is required) 檢驗結果為無定論或不確定(需要重新或進一步檢驗) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| e) Medical advice has been sought or treatment is required for the test result (such as liver cyst/brain cyst/joint degeneration or calcification /lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) 就檢驗結果已尋求醫療意見或需要接受治療(例如一些未必需要即時治療的情況如肝囊腫/腦囊腫/關節退化或鈣化/於成像檢測中發現肺部或乳房或甲狀腺出現鈣化) | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 14. Apart from anything the Insured Person has already disclosed in Questions 7 - 13, does the Insured Person have any of the following conditions? 除了受保人在第7至13項問題中已披露的資料外，受保人是否有下列情況？ | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year 在過去一年內，體重無故地減少了5公斤(11磅)以上 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month 不正常出血(例如陰道出血、便血、流鼻血或咳血)至少一個月 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| c) In the last 1 year, the Insured Person had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom 在過去一年內，受保人有任何健康狀況或病徵及症狀曾經接受或需要接受專業醫護人員(例如專科醫生、物理治療師、精神科醫生)的跟進診治 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |



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| d) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that the Insured Person is seeking or intend to seek medical advice 其他健康狀況或病徵及症狀(例如腫塊、頭痛、持續咳嗽、胸痛或上腹痛)而正在或打算尋求醫療意見 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 15. [For female only 只適用於女性] Is the Insured Person currently pregnant? 受保人現時是否懷孕? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 16. [For insured children aged 6 or below only 只適用於六歲或以下之受保兒童] Was the insured child born before 37 th week of pregnancy and/or born with body weight less than 2.5 kg (5.5 lbs)? 受保兒童是否於懷孕第37週前出生，及/或出生時體重少於2.5公斤(5.5磅)? | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| 17. At your best knowledge, has any of the Insured Person's parents or siblings by blood been diagnosed with any of the following diseases or medical conditions at or before age 60: 就您所知，受保人的親生父母或兄弟姊妹曾否於六十或以下歲或以前被確診下列疾病或健康狀況： | | |
| a) Cancer 癌症 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| b) Coronary heart disease 冠心病 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| c) Diabetes mellitus 糖尿病 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| d) Motor neuron disease 運動神經元疾病 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| e) Multiple sclerosis 多發性硬化症 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| f) Stroke 中風 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| g) Parkinson's disease 柏金遜症 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |
| h) Hereditary diseases - including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease. 遺傳病 - 包括囊性纖維化、家族性大腸腺息肉病、亞茲海默氏症、家族性心肌病、遺傳性血病(血友病、地中海貧血、鐮刀型貧血)、肌肉萎縮症、多囊性腎病或亨丁頓舞蹈症。 | <input type="checkbox"/> No 否 | <input type="checkbox"/> Yes 是 |



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Part C – Supplementary General Information 丙部 – 基本資料補充

If the answer to any of the questions 3 – 6 in Part A is “Yes”, please provide additional information as applicable:

若甲部第3至6項任何一項問題之答案為「是」者，請在適用的問題提供更多資料：

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Question no. 3 題號3 | Follow-up question to Q3 題號3之跟進問題 |
| 1. Type of tobacco product 煙草產品種類 | |
| 2. Duration of smoking habit, and frequency and quantity of consumption 吸煙習慣的持續時間、頻密度及吸食份量 | |
| 3. If the Insured Person no longer smoke now, 若受保人現時已沒有吸煙。 | |
| a) when did the Insured Person quit smoking? 請問受保人是何時戒煙的？ | |
| b) is the Insured Person advised by doctor to quit smoking and for what reason? 是否醫生建議戒煙及原因為何？ | |
| <input type="checkbox"/> Question no. 4 題號4 | Follow-up question to Q4 題號4之跟進問題 |
| 1. Type of alcoholic beverage 酒精飲品種類 | |
| 2. Duration of drinking habit, and frequency and quantity of consumption 飲酒習慣的持續時間、頻密度及飲用份量 | |
| 3. If the Insured Person no longer drink now, 若受保人現時已沒有飲酒。 | |
| a) when did the Insured Person quit drinking? 請問受保人是何時戒酒的？ | |
| b) is the Insured Person advised by doctor to quit drinking and for what reason? 是否醫生建議戒酒及原因為何？ | |



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| | |
|--|--------------------------------------|
| <input type="checkbox"/> Question no. 5 題號5 | Follow-up question to Q5 題號5之跟進問題 |
| 1. Type of drugs 藥物種類 | |
| 2. Duration, frequency and quantity of consumption 用藥持續時間、頻密度及份量 | |
| <input type="checkbox"/> Question no. 6 題號6 | Follow-up question to Q6 題號6之跟進問題 |
| 1. Type of activity 活動種類 | |
| 2. Duration and frequency of engagement in the activity 參與活動的持續時間及頻密度 | |

Part D – Supplementary Health Information 丁部 – 健康資料補充

If the answer to any of the questions 7 - 14 in Part B is "Yes", please provide additional information as applicable
若乙部第7至14項任何一項問題之答案為「是」者，請在適用的問題提供更多資料

| | |
|--|---|
| <input type="checkbox"/> Question no. 題號 _____ | Follow-up questions to each of Q7 - 14 as applicable 題號7 - 14每題適用之跟進問題 |
| 1. Disease/medical condition/sign and symptom 疾病/健康狀況/病徵及症狀 | |
| 2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期 (DD/MMM/YYYY 日/月/年) | |
| 3. a) Treatment/investigations/ tests/scans that have been performed 已進行的治療/檢查/測試/掃描 | |
| b) Date of such treatment/ investigation/tests/scan 有關治療/檢查/測試/掃描日期 (DD/MMM/YYYY 日/月/年) | |
| 4. Present condition (such as whether fully recovered, follow up action/medication/next follow up date) 現況 (例如是否已完全康復、有否跟進/服用跟進藥物/下次覆診日期) | |
| 5. Date of last follow-up medical consultation/treatment 最後覆診/治療日期 (DD/MMM/YYYY 日/月/年) | |



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| | | |
|---|--|--|
| 6. Name of doctor who treated the disease/sickness/ medical condition/sign and symptom 治療有關疾病/不適/健康狀況/病徵及症狀的醫生姓名 | | |
| 7. Name of Hospital, where applicable 醫院名稱(如適用) | | |

Note: Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting.

注意: 請盡量提供齊全資料(例如在未能回憶確實日期的情況下提供年份及月份)以便作出公平核保決定。

Part D – Supplementary Health Information (cont'd) 丁部 – 健康資料補充(續)

If the answer to any of the questions 15-17 in Part B is “Yes”, please provide additional information as applicable
若乙部第15至17項任何一項問題之答案為「是」者，請在適用的問題提供更多資料

| | | |
|--|---|---|
| <input type="checkbox"/> Question no. 15 題號 15 | Follow-up question to Q15 題號15之跟進問題 | |
| 1. Expected date of delivery 預產日期 (DD/MMM/YYYY 日/月/年) | | |
| <input type="checkbox"/> Question no. 16 題號 16 | Follow-up question to Q16 題號16之跟進問題 | |
| 1. At which week of pregnancy was the insured child born? 受保兒童在孕期哪一週出生? | <input type="checkbox"/> More than 37 weeks 多於37週 | <input type="checkbox"/> 32 to 37 weeks 32至37週 |
| | <input type="checkbox"/> 28 to 31 weeks 28至31週 | <input type="checkbox"/> Less than 28 weeks 少於28週 |
| 2. Body weight at birth 出生時體重 | <input type="checkbox"/> More than 2.50 kg/5.51lbs 多於2.50公斤/5.51磅 | <input type="checkbox"/> 1.51 - 2.50kg/3.32 - 5.51lbs 1.51 - 2.50公斤/3.32 - 5.51磅 |
| | <input type="checkbox"/> 1.00 - 1.50kg/2.20 - 3.31lbs 1.00 - 1.50公斤/2.20 - 3.31磅 | <input type="checkbox"/> Less than 1.00kg/2.20lbs 少於1.00公斤/2.20磅 |
| <input type="checkbox"/> Question no. 17 題號 17 | Follow-up question to Q17 題號17之跟進問題 | |
| 1. Which family member? 哪個親屬? | | |
| 2. Which disease? 哪種疾病? | | |
| 3. Onset age of disease 病發年齡 | <input type="checkbox"/> Age at or below 30 30歲或以下 | <input type="checkbox"/> Age 31-40 31-40歲 |
| | <input type="checkbox"/> Age 41-50 41-50歲 | <input type="checkbox"/> Age 51-60 51-60歲 |



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Mode of Premium Payment 保費繳交方法

| | | |
|---|---|-------------------------------|
| <input type="checkbox"/> Yearly by Cheque ^{7,8} 以支票年繳 ^{7,8} | Bank: 銀行名稱 _____ | Cheque No.: 支票號碼 _____ |
| <input type="checkbox"/> Yearly by Credit Card 以信用卡年繳 | | |
| <input type="checkbox"/> Monthly by Credit Card 以信用卡月繳 | | |
| <p>If you choose the Monthly Payment, please ensure your completed Application Form is received by Liberty at least 10 working days prior to the effective date. We will debit the initial 3 months of premium at the first monthly payment.</p> <p>如選擇月繳，請確保利寶在生效日期前 10 個工作天收到閣下的申請表。在第一個月供期，我們會在您的信用卡扣除首 3 個月的保費。</p> | | |
| Type of Credit Card: 信用卡類別 | Name of Cardholder (as shown on card) ² : 持卡人姓名 (信用卡上的名稱) ² | |
| <input type="checkbox"/> Mastercard 萬事達 | _____ | |
| <input type="checkbox"/> Visa | _____ | |
| Credit Card No.: 信用卡號碼 | Expiry Date: 有效日期 | Cardholder's Signature: 持咭人簽名 |
| _____ | _____ | _____ |

⁷ Please make a crossed cheque payable to "Liberty International Insurance Limited". Post-dated cheque will not be accepted. 請提供劃線支票，抬頭請註明「利寶國際保險有限公司」。期票不予接受。

⁸ If the payor is different from the applicant, the applicant may not be eligible for tax deduction. 若付款人與申請人非同一人，申請人有可能不符合稅務減免資格。

I hereby authorise and request Liberty International Insurance Limited to debit the initial yearly premium, subsequently premium and applicable levies from my VISA/Master Card Account for the total premium and levy stated on this application form and subsequent renewal notice. This authorisation shall be valid through the expiry of my credit card and with the issuance of a new card until further notice.

本人茲授權並要求利寶國際保險有限公司從本人下列之 VISA/萬事達咭戶口內支付本申請表或續保通知書所註明之首年及其後應繳之保費及按規定的徵費率徵收保費徵費。此授權在本人信用卡之有效期過後及獲發新卡後仍繼續生效，直至另行通知。

Declarations & Authorisation Statements 聲明和授權聲明

- Declaration:** I/we confirm my/our intention to be enrolled under the individual medical plan applied and I/we acknowledge and agree that the facts stated under the health assessment, application, including all declarations made are true and all related facts I/we know or ought to know have been honestly expressed and disclosed and I/we have the duty to immediately inform Liberty International Insurance Limited ("Liberty") and correct information if they become incomplete, untrue, and inaccurate. I/we have not withheld any material facts (i.e. facts relevant to an insurer's decision to provide coverage or for a certain amount/premium) from Liberty and I/we understand if material facts have been withheld or not truly or fairly stated, the insurance policy shall be null and voided. I/we understand this application is subject to the approval of Liberty, which shall, in its absolute discretion, determine whether to accept this application or not, any payment made in connection with this application does not guarantee immediate approval of the coverage applied for. The insurance coverage applied for shall only take effect when the relevant policy has been issued and the initial premium paid (including any additional initial premium payable due to revisions of the policy term and conditions) and such successful approval and payment for the insurance product shall legally bind me/us to the terms and conditions of the policy; I/we hereby declare and confirm that I am the owner and/or insured of this Policy, and I/we am/are not acting or holding this policy on behalf of any other person other than stated on the application including legal person or trust. I/we understand that Liberty does not knowingly solicit or collect personal data from minors. I/we acknowledge and consent to the collection, transfer and access of personal data of any minors by Liberty and I/we am/are providing such consent as parent or legal guardian of such minors. If this application has been completed or submitted by anyone else that person is my/our agent for this purpose and not the agent of Liberty. I/we further confirm I/we have read, or been read to, and understand and agreed to all sections of the application on



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this website. I/we agree and acknowledge the information I/we provided and this application shall form the basis of the legal contract(s) between the policyholder, insured(s) and Liberty and will be deemed as incorporated in the insurance policy to be issued and if I/we do not agree or am not willing to be bound by the term and conditions of the policy, I/we understand I/we should not type my/our name(s) below and should not proceed to payment.

聲明：我/我們確認我/我們打算根據所申請的個人醫療計劃註冊。我/我們承認並同意健康評估、申請、包括所有聲明所述的事實都是真實的以及我/我們所知道的所有相關事實或應該知道我們已經誠實地表達和披露了我/我們有責任立即通知利寶國際保險有限公司(「利寶」)並提供正確的信息，如果它們變得不完整、不真實和不準確。我/我們沒有隱瞞任何重大事實(即與保險公司決定提供保險或一定金額/溢價相關的事實)來自利寶和我/我們理解，如果重大事實被扣留或未真實或公平地說明，保險政策無效且無效。本人/我們理解本申請須經利寶批准，利寶應自行決定是否接受本申請，與本申請相關的任何付款均不保證立即批准所申請的承保範圍。申請的保險範圍只有在相關保險單發出並且支付的初始保費(包括因保單條款和條件的修改而應支付的任何額外的初始保險費)以及保險產品的成功批准和支付合法時才能生效。約束我/我們的政策條款和條件;我/我們在此聲明並確認我是本政策的所有者和/或投保人，並且我/我們代表除申請中所述之外的任何其他人(包括法人或信託)不代表或持有本政策。我/我們理解利寶不會故意向未成年人索取或收集個人數據。我/我們承認並同意利寶收集、轉讓和訪問任何未成年人的個人數據，我/我們正在/或作為此類未成年人的父母或法定監護人提供此類同意。如果此申請已由任何其他人填寫或提交，則該人是我/我們的代理人，而不是利寶的代理人。我/我們進一步確認我/我們已閱讀，或已閱讀，並理解並同意本網站上申請的所有部分。我/我們同意並承認我/我們提供的信息，本申請應構成保單持有人、被保險人和利寶之間的法律合同的基礎，並將被視為已納入保險單中以及 如果我/我們不同意或不願意受政策條款和條件的約束，我/我們理解我/我們不應在下面鍵入我/我們的名字，不應該繼續付款。

2. **Authorisation:** I/we authorise Liberty International Insurance Ltd to provide and collect information about me/us in connection with this Application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this Application from other organizations, institutions or other persons, including other insurance companies/medical service provider, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests (including declining this application). I/we authorise any doctor, hospital, clinic, insurance company, government office, organisation or persons who has any records, knowledge or information about me/us (whether medical or otherwise) to disclose, release or transfer to Liberty or its representative such records, knowledge or information pertinent to this Application for insurance, reinsurance and any claims arising therefrom; and Liberty or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/us in relation to this Application for insurance, reinstatement and any claim arising therefrom. This authorisation shall bind my/our successors and assignee and remains valid notwithstanding death or incapacity; This authorisation shall survive me/us and shall be irrevocable and photocopy of this authorisation shall be as valid as original.

授權：申請人及受保人授權利寶國際保險有限公司向/從其他組織、人士或機構(包括其他保險公司/醫療提供者)收集關於投保時所需的必須資料及其後索償申請之資料並與申請人或受保人的個人資料作出比較，並利用比較結果採取任何行動，包括不符合申請人或受保人的利益(包括不接納此申請);我/我們授權利寶提供和收集有關我/我們的有關本申請的信息，以及隨後根據本申請可能從其他組織、機構或其他人(包括其他保險公司)發出的保單索賠的評估/醫療服務提供者，並將此類信息與我/我們的個人資料進行比較，並將結果用於採取可能對我/我們的利益不利的任何行為(包括拒絕本申請)。我/我們授權任何醫生、醫院、診所、保險公司、政府機關、組織或有任何關於我/我們(無論是醫療還是其他方面)的記錄、知識或信息的人員向利寶或其代表披露、釋放或轉讓此類信息。與本申請有關的保險、再保險及由此產生的任何索賠的記錄、知識或信息;和利寶或其任何指定的醫療/輔助醫療檢查員或實驗室進行必要的醫療評估和測試，以評估我/我們與本申請有關的保險、恢復和由此產生的任何索賠的健康狀況。該授權對我/我們的繼承人和受讓人具有約束力，即使死亡或喪失工作能力，仍然有效。此授權不能推翻。即使申請人或受保人去世，此授權仍然有效。此授權書之影印本與正本具同等效力。

3. **Personal Information Collection Statement:** I/we have read and understand the Personal Information Collection Statement on the last page of this Application Form. I/we understand that I/we have the right to request Liberty to cease using my Personal Data for direct marketing purposes.

個人資料收集聲明：申請人及受保人已細閱並明白申請表最後一頁的個人資料收集聲明，亦明白有權要求利寶停止使



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自願醫保計劃投保表格

用此申請表所列的申請人及受保人的個人資料作直接市場推廣用途。

- Please TICK the box if you do not consent to receive any marketing communications. **(Important) Please be reminded that it may affect the communication of our renewal invitation, including e-renewal communication.**
如申請人及受保成員不同意接受任何直銷的通訊，請標上✓號。(重要) 請注意，這可能會影響我們續保邀請的傳達，包括電子續保通訊。

4. **Collection of Levy by the Insurance Authority (“IA”):** Levy collected by the Insurance Authority have been imposed on relevant policy at the applicable rate. For further information, please visit <https://www.libertyinsurance.com.hk/premium-levy/> or contact us at (852) 28923888 or email to enquiry@libertymutual.com.hk
保險業監管局(「保監局」)徵收徵費：保險業監管局已向相關的保單按規定的徵費率徵收保費徵費。詳情請瀏覽 <https://www.libertyinsurance.com.hk/zh/premium-levy/> 或者聯繫我們 (852) 28923888 或電郵至 enquiry@libertymutual.com.hk

5. **Go Digital and Communication Consent:** I/we hereby authorise and request Liberty International Insurance Limited to send statements and notice through digital channels including e-notice and e-renewal notice with immediate effect and until further notice. **Communication Channels Consent:** I/we would like to receive information about the goods and services which may be provided by Liberty International Insurance Limited, including (but not limited to) offers, renewal, promotions and information about new goods and services, via digital channels including Email including Electronic Direct Mailer (EDM), Text Message and Telephone call.
同意電子化服務及聯繫：保單持有人及受保成員特此授權並要求利寶國際保險有限公司將來可透過電子渠道向我們發送通知(包括電子通知及電子續保書)，由即日起生效直至另行通知。**同意使用的聯絡方式：**我/我們希望透過電子方式包括電郵(包括電郵推廣)、短訊及電話接收利寶國際保險有限公司可能提供的有關產品及服務的訊息，包括(但不限於)優惠、續保、促銷以及有關新產品及服務的訊息。

Statement for Collection of Health Information (Health Statement)

病歷資料收集聲明(病歷聲明)

The following statement has stated the purpose of collecting information on the questionnaire and the applicant is required to provide the complete and accurate information to the best of his/her knowledge and belief.

- (i) This questionnaire collects health-related information solely for the purpose of underwriting which is a process for the Company to evaluate the health risk of the applicants and decide the application results. The underwriting process that the Company adopts should be fair and reasonable, and the Company should explain the application results if requested by the customers.
- (ii) As the applicant, you are required to provide the Company with complete and accurate information requested in this questionnaire to the best of your knowledge and belief. Based on the information provided, the Company may have follow-up questions or enquiries that require you to provide further information for underwriting purpose.
- (iii) If there are any changes to or updates of the information provided in this questionnaire after the time of submission of this application and before you receive the Policy, you are required to notify the Company in a timely manner.
- (iv) Even after an insurance policy has been issued upon successful application, the insurance coverage for you may be affected or the policy may be terminated, voided or rescinded, or claims may be repudiated by the Company, if you have not provided the Company with complete and accurate information to the best of your knowledge and belief according to (ii), or if you have not notified the Company on any changes to or updates of the information in time according to (iii).

以下聲明闡述核保問卷收集資料之目的，以及申請人須盡其所知所信提供完整及準確的資料。

- (i) 此問卷收集與健康相關的資料僅作為核保之用途，而核保是本公司評估申請人之健康風險及決定申請結果的程序。本公司採用的核保程序應為公平合理，並會因應客戶要求解釋申請結果。
- (ii) 作為申請人，閣下需要盡其所知所信，按本問卷中要求向本公司提供完整及準確的資料。本公司根據閣下提供的資料，可能會提出跟進問題或查詢而需要閣下進一步提供資料以作核保之用。
- (iii) 若閣下在提交本申請表後至閣下收到保單前的期間就本問卷中提供的資料有任何改變或更新，閣下需要及早通知本公司。
- (iv) 即使已成功投保並獲簽發保單，若閣下未按(ii)所述盡其所知所信向本公司提供完整及準確的資料，或未按(iii)所述就資料的任何改變或更新而及早通知本公司，閣下的保險保障可能會受到影響，本公司亦可能因此終止、作廢或撤銷有關保單，或拒絕賠償。



Application Form – VHIS**自願醫保計劃投保表格****Cancellation Rights and Refund of Premium(s) within Cooling-off Period****冷靜期內取消保單的權利及退還保費**

I understand that I have the right to cancel the policy and obtain a refund of any premium(s) and levy paid by giving a written notice to Liberty International Insurance Ltd. I understand that to exercise this right, the notice of cancellation must be signed by me and received directly by Liberty International Insurance Ltd at 13/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong within the cooling-off period. I understand that the cooling-off period is the period of 21 days immediately following either the day of delivery of the policy or the cooling-off notice to me or my nominated representative (whichever is the earlier). I understand that the cooling-off notice is a notice that will be sent to me or my nominated representative by Liberty International Insurance Ltd to notify me of the cooling-off period around the time the policy is delivered.

本人明白本人有權以書面通知要求利寶國際保險有限公司取消保單並獲退還所有已繳保費及保費徵費。本人明白為行使這項權利，該取消保單的通知必須由本人簽署並由利寶國際保險有限公司(地址: 港鰂魚涌華蘭路 25 號栢克大廈 13 樓)於冷靜期內直接收到。本人明白冷靜期為緊接保單或冷靜期通知書交付予本人或本人的指定代表之日起計的 21 天的期間(以較早者為準)。本人明白冷靜期通知書是由利寶國際保險有限公司在交付保單時致予本人或本人的指定代表的一份通知書，以就冷靜期一事通知本人。

 Name of Applicant

申請人士姓名

 Signature of Applicant

申請人簽署

 Date

日期

 Name of Insured Person

受保人姓名

 Signature of Insured Person

受保人簽署

 Date

日期

 Name of Agent

保險代理姓名

 Signature of Agent with Company

Stamp 保險代理簽署及公司蓋章

 Date

日期



Application Form – VHIS**自願醫保計劃投保表格****PERSONAL INFORMATION COLLECTION STATEMENT**

Liberty International Insurance Limited (referred to hereinafter as the “**Company**”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the “**Ordinance**”). The Company will take all practicable steps to ensure security of the Personal Data and to avoid unauthorised or accidental access, erasure or other use.

For the purpose of this Statement, “Personal Data” means any data:

- a) relating directly or indirectly to a living individual
- b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and
- c) in a form in which access to or processing of the data is practicable

The Company’s products and services are intended for persons residing in Hong Kong and all payments are made in Hong Kong Dollars. The Company does not intend to or knowingly collect, hold, process, use or transfer Personal Data of any individual living within the European Union (“EU”) or monitor the behaviour of any EU-based individuals.

PURPOSE

From time to time it is necessary for the Company to collect, or be provided by your agents and/or representatives, your Personal Data (including personal information such as but not limited to your credit, motor and health records and insurance claims history) such as Personal Data of our customers (including but not limited to our online account holders, policy owners, insureds, trustees, policy assignees, claimants and beneficiaries) collected, transferred to or held by the Company which may be used, stored, processed, transferred or disclosed or shared by us for the following obligatory and other purposes (“**Purposes**”), such as:

- a) offering, providing and marketing to you the products/services of the Company, including related companies of the Company (“our affiliates”) or our business partners (see “Direct Marketing” below), and administering, supporting, maintaining, managing and operating such products/services including policies and handling your mobile and internet accounts
- b) Processing and determining any insurance applications, requests, insurance claims and providing ongoing insurance services
- c) Processing requests for payment and for direct debit authorisation including evaluating your financial needs
- d) Managing, investigating and analysing any claim, action and/or proceedings made by or against or otherwise involving you, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights
- e) Compiling statistics or using for accounting purposes
- f) Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies (“Liberty Mutual Group of Companies”)
- g) Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies
- h) Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment
- i) Conducting identity and/or credit checks and/or debt collection
- j) Conducting medical or health reference checks for relevant insurance products
- k) For management of IT environment and business operation
- l) Ensuring security of our IT environment
- m) Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing (whether such detecting and investigating is in relation to an application or insurance policy of the Company)
- n) Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence) or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere
- o) For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards
- p) Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes
- q) Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies
- r) assisting financial institutions with interests related to you and/or the products/services you have with the Company including enable an actual or proposed assignee/mortgagee to evaluate the transactions you have with the Company intended to be the subject of the assignment/mortgage
- s) to facilitate authorised service providers to provide services to the Company and/or the customers for the above



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Purposes

- t) Providing third party administration services and carrying out other services in connection with the operation of the Company's business
- u) Facilitating the Company's authorised service providers to provide services to the Company and/or customers for the above purposes
- v) Other purposes directly relating to any of the above; and
- w) Any other purposes we notify you at the time of obtaining your consent

Please note that if you do not provide us with your Personal Data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request.

Please also ensure that you provide complete and accurate Personal Data to us and keep us updated on any changes to your Personal Data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

DIRECT MARKETING

Your Personal Data collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers.

This may include the use of 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 and to conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes of products and services that the Company, our affiliates, Liberty Mutual Group of Companies, our co-branding partners and our business partners may offer.

If you do not consent to receive such marketing communications, you may at any time withdraw your consent to the use and provision of your Personal Data for direct marketing by downloading the form below.

https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such Personal Data for this voluntary marketing purpose.

TRANSFER OF PERSONAL DATA

Your Personal Data will be kept confidential and may be held or stored locally, regionally or globally, whether in Hong Kong or out of Hong Kong.

Subject to the provisions of any applicable law, we may need to disclose your Personal Data to third parties, whether located within or outside Hong Kong for one or more of the above Purposes.

Your Personal Data may be made available to:

- a) Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Data in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes
- b) Our Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary
- c) Our Service Providers: External third-party service providers such as but not limited to agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business and Liberty Mutual affiliates in a service provider role, such as accountants, auditors, lawyers and other outside professional advisors; call center service providers; IT systems and management, IT support and security service providers; cloud providers, research and analytics service providers; claim investigators and adjusters; and similar third-party service providers that assist us in carrying out business activities
- d) Other Third Parties Service Providers including brokers; employers; healthcare professionals; hospitals; 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 others named herein), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical



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advisory consultants, surveyors, specialists, repairers, accountants, financial institutions, and data processors including any interested parties with legitimate legal and/or beneficial interests in your policies, the subject matter of your policies, and/or the products/services you have with the Company

- e) Other Third Parties: To a third party in the event of any reorganisation, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies
- f) Credit reference agencies, financial institutions, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services
- g) Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply
- h) Any person pursuant to any order of a court of competent jurisdiction
- i) Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners
- j) Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilise third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time
- k) Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening
- l) Other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements for marketing communication if "no objection" is provided
- m) Third party marketing service providers and insurance intermediaries for marketing communication if "no objection" is provided
- n) Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies
- o) Supplied to an organisation involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems
- p) Provided to your representatives including your legal advisers
- q) Made available to anyone to whom you have given your consent
- r) Made available to other Company's authorised service providers to provide services to you for the above purposes for which the Personal Data are to be used
- s) As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain

Data Processing Outside Hong Kong

We may share Personal Data with one or more of our affiliated Liberty Mutual Group Companies, service providers or with third parties for the Purposes described above. Some of these affiliated companies, service providers and third parties may be based in other countries and may not be subject to the laws of Hong Kong.

By sharing personal information with the Company, you consent to the collection, use, processing and transfer of such information in accordance with our Privacy Policy to the United States (where the Company's headquarter is located) or other countries. We will take all steps reasonably necessary to ensure that your Personal Data is treated securely and in accordance with our Privacy Policy. However, you should note that where your Personal Data is disclosed to or accessed by parties located outside of Hong Kong as provided above, your personal information may not be afforded the same protections as it is under Hong Kong law.

Access and Correction of Personal Data

According to the Ordinance, you have the right to ascertain whether the Company holds your Personal Data, to access, obtain, correct and/or change any of your Personal Data held by the Company by contacting the Company's Personal Data Privacy Officer. 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:

Data Privacy Officer
Liberty International Insurance Limited
13/F Berkshire House,
25 Westlands Road,



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using the Data Access Request Form found at:

<https://www.pcpd.org.hk/english/publications/files/Dforme.pdf>

In accordance with the Ordinance, a reasonable fee may be charged by the Company to offset the Company's administrative and actual costs incurred in complying with your data access requests.

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

個人資料收集聲明

利寶國際保險有限公司（以下簡稱『本公司』）根據『個人資料（私隱）條例』（香港法例第 486 章）（以下簡稱『條例』）就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。本公司將採取一切可行措施以確保個人資料安全，避免未經授權或意外存取、刪除或其他用途。

就本聲明而言，「個人資料」是指符合以下說明的任何資料：

- a) 直接或間接與一名在世人士有關的
- b) 從該資料直接或間接地確定有關的個人的身份是切實可行的；及
- c) 該資料的存在形式令予以查閱及處理均是切實可行

本公司產品及服務擬向居於香港者提供，且所有款項均以港元支付。本公司不擬亦不會明知而收集、持有、處理、使用或傳輸任何居於歐盟人士的個人資料或監察任何歐盟個人的行為。

目的

本公司不時有必要收集由你或你的代理和/或代表而得來的個人資料（包括但不限於你的信貸、汽車和健康紀錄和索償紀錄），例如，本公司可能就以下強制或其他目的（「目的」）使用、儲存、處理、傳輸、披露或分享所收集或持有的客戶（包括但不限於網上帳戶持有人、保單擁有人、受保人、受託人、保單承讓人、索償人及受益人）個人資料，例如：

- a) 向你建議、提供及推銷本公司（包括本公司相關公司（「本公司聯屬公司」）或商業夥伴）產品/服務（請參閱下文「直接營銷」）、行政管理、支援、維持、管理及經營該等產品/服務（包括保單）、處理你的流動及互聯網帳戶
- b) 處理和確定任何保險申請書、要求、保險索償及持續提供保險服務
- c) 處理付款事宜和直接付款授權書
- d) 管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟，以及行使本公司根據保險條款賦予的權利，包括但不限於代位權
- e) 從事統計資料或用於會計事務
- f) 履行任何對本公司、母公司和附屬公司（『利寶互助保險集團公司』）具有約束力的本地或海外法律、法規、守則或指引之披露要求
- g) 遵守香港特別行政區的法院命令和包括但不限於保監處、香港保險業聯會、核數師、政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求
- h) 協助本公司的實質或建議承讓人能夠評核擬進行涉及有關轉讓的交易
- i) 從事核實身份和/或信貸審查和/或追收債務
- j) 為相關保險產品進行具參考用途之醫療或健康調查
- k) 資訊科技管理及商業營運
- l) 保障資訊科技的安全
- m) 偵察及調查非法活動，包括欺詐、洗黑錢及與恐怖主義有關的經濟活動（不論該偵察及調查是否與本公司的申請或保單有關）



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- n) 遵從法定、監管以及其他良好管治義務，包括回應由公營及政府機構的要求（包括你居住以外的國家），或協助香港或其他地方的警察或其他政府或監管機構為執法而調查
- o) 協助本公司和利寶互助保險集團之公司政策及其標準監察及評估違規事宜
- p) 實現其他合法的商業目的，例如開展保險調查，研究和分析，包括分析本公司的客戶群和其他個人資料，分析他們的行為、偏好和興趣，開發新產品，改進本公司的服務，識別客戶使用趨勢，了解本公司客戶的利益，計劃和執行商業交易（包括合資企業和業務銷售）以及其他合法商業目的
- q) 建立、行使或維護任何利寶互助保險集團公司成員的法律權利
- r) 協助擁有與你相關權益及/或於你所持本公司產品/服務中擁有權益的金融機構，包括於你與本公司之間交易擬用作轉讓/按揭標的時，使實際或擬定承讓人/承按人得以評估該等交易
- s) 促使獲授權服務供應商就上述目的向本公司及/或客戶提供服務
- t) 提供第三方管理服務，並執行其他與本公司經營業務有關的服務
- u) 促進協助利寶互助保險公司的全球性配合，溝通和團隊合作
- v) 直接涉及任何上述的其他目的；及
- w) 當獲得閣下同意時提及的任何其他目的

如閣下不向我們提供個人資料，我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理你的要求。

請確保你向本公司提供完整準確的個人資料，並隨時更新你個人資料的任何變更。請注意，如果你在需要時不向本公司提供完整和準確的個人資料，可能會對你造成不良後果。

直接營銷

本公司所收集或持有的客戶個人資料，特別是姓名和聯繫資料，如電話號碼、電子郵件地址和郵政地址，可能會用以提供本公司和/或利寶互助保險集團的公司的營銷材料，並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動（包括但不限於通過電子或其他手段促銷、推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務）。

此或包括使用你的姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及本公司所持有的人口資料作直接營銷及執行直接營銷（包括但不限於本公司、本公司聯屬公司、利寶互助保險集團的公司、合作品牌夥伴及業務夥伴所提供產品及服務的回贈、長期客戶或專享計劃）。

若你不同意收取上述營銷通訊，可隨時透過下載以下表格撤回對使用、提供你個人資料作直接營銷之用的同意。或者你可以在 https://www.libertyinsurance.com.hk/sites/libertyhk/files/documents/Opt_Out_Form/Opt_Out_Form.pdf 下載「拒絕接受直銷推廣表格」。

如保客戶沒有“選擇退出”的要求，本公司持有之保單持續生效將被視為不反對本公司將其個人資料使用於此自願性的營銷目的。

個人資料的轉移

本公司所持有的個人資料將予以保密，並可能會本地、區域或全球性地保留或存儲。

根據任何適用的法律條例，本公司可能根據一種或多種上述的目的需要向香港境內或境外的第三方透露閣下提供/披露的個人資料。

你的個人資料可能會提供給：

- a) 其他利寶互助公司：其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料，以實現上述一項或多項目的
- b) 任何利寶互助保險集團公司，或任何其他從事與保險或再保險業務有關的公司，或中介人



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- c) 我們的服務供應商：任何向本公司提供行政、電訊、電腦、付款、銀行或其他與業務運作有關服務，包括但不限於向本公司的代理人、承包商、銀行家及第三方服務供應商，與本公司業務營運及利寶互助附屬公司提供服務的角色，例如會計師、審計師、律師及其他外部專業顧問、電話客戶中心服務、電腦系統和管理、電腦技術支援和保安服務、雲端、研究和分析服務供應商、辦理索償理賠或調查服務和公証行，以及協助我們展開商業活動的第三方服務 提供商
- d) 其他第三方服務供應商包括保險經紀；僱主；醫護專業人士；醫院；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名的其他人士）；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）；法律顧問、調查員、損失理算師、再保險公司、醫療及康復顧問、緊急援助公司、網絡醫生集團、醫療諮詢顧問、測計員、專家、維修人員、會計師、金融機構及數據處理員（包括任何於你保單、保單標的及/或所持本公司產品/服務中擁有合法法定及/或實益權益者）
- e) 其他第三方：對於任何重組、合併、出售、合資、委托、轉讓或其他處置的全部或任何部分的情況下的第三方業務、資產或股票（包括任何破產或類似訴訟）；再保險公司
- f) 信貸資料服務機構，在違約情況下，任何債務追收機構或辦理索償理賠或調查服務公司
- g) 本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士
- h) 根據有司法管轄權的法院命令受權之任何人士
- i) 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人
- j) 提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器，或者可以利用利寶互助保險集團公司將成為處理、存儲和/或備份的控制器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡、亞洲其他地區、美國、歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區
- k) 為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商
- l) 如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途
- m) 第三方營銷服務供應商和保險中介機構作為直銷通訊用途
- n) 任何實際或建議購買者提供給公司業務，在合併、收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份
- o) 提供給參與維護、審查和開發本公司的業務系統、程序和基礎設施的組織，包括測試或電腦升級系統
- p) 提供你的代表，包括你的法律顧問
- q) 提供給已獲得你同意的人
- r) 提供獲其他公司受權的服務供應商，在需使用個人資料向你提供有關上述項目之服務
- s) 本公司認為必要或適當的：遵守法律程序，回應公共和政府機構（包括居住國以外的公共和政府機構）的要求，執行我們的細則及條款，保護本公司的業務營運，及保護本公司的權利、私隱、安全或財產，以及/或你或他人的；偵察和防止欺詐行為；並允許本公司補救措施或限制本公司可能遭受的損害

香港以外的資料處理

本公司可能會與本公司的一家或多家聯屬利寶互助保險集團公司、服務供應商或第三方共享個人資料，以達到本公司隱私政策中所述的目的。其中一些附屬公司、服務供應商和可能位於其他國家的第三方，可能不受香港法律的約束。

通過與公司分享個人資料，你同意根據我們的隱私政策向美國（公司總部所在地）或其他國家收集、使用、處理和轉讓此類資料。我們將採取一切合理必要的措施，確保你的個人資料得到安全處理，並符合我們的私隱政策。請注意如果你的個人資料於香港以外的單位取得或使用，你的個人資料可能不會獲得與香港法律相等的保護。

查閱及更正個人資料

根據條例，你有權聯絡本公司個人資料私隱主任，以查證本公司是否持有你的個人資料，存取、獲得、更正及/或修改本公司所持有關於你的個人資料。如要求查閱、更正資料或索取有關本公司政策及慣例、所持資料類別的資訊，應以書面方式向以下收件人提出：



Application Form – VHIS 自願醫保計劃投保表格

資料私隱主任

利寶國際保險有限公司

香港鰂魚涌華蘭路 25 號栢克大廈 13 樓

你可在以下網址下載查閱資料要求表格：

https://www.pcpd.org.hk/tc_chi/resources_centre/publications/forms/files/Dformc.pdf

根據條例的規定，本公司在處理個人資料查閱申請時可向客戶收取合理的費用。

如中、英文版本有任何歧義或不相符之處，概以英文版本為準。

