



Blue Cross 藍十字

An AIA Company 友邦保險成員公司



收集個人資料聲明
Personal Information Collection Statement



聯絡我們
Contact Us

「家居保險」申請表格

Household Insurance Application Form

請以英文正楷填寫本表格並於適當空格內加上「✓」號。Please complete this form in English BLOCK letters and tick where appropriate.

(I) 投保人資料 Details of Applicant (投保人必須年滿18歲或以上。Applicant must be aged 18 or above.)

1. 煤氣賬戶號碼 Towngas Account No. <input type="text"/>			
2. 投保人姓名 (請先填寫姓氏) Name of Applicant (Surname First)		<input type="checkbox"/> 先生 Mr. <input type="checkbox"/> 小姐 Miss <input type="checkbox"/> 太太 Mrs. <input type="checkbox"/> 女士 Ms.	3. 香港身份證/護照號碼 HKID Card/Passport No.
4. 香港通訊地址 Correspondence Address in Hong Kong			
室 Flat <input type="text"/> 樓 Floor <input type="text"/> 座 Block <input type="text"/> 大廈 Building <input type="text"/>			
屋苑 Estate <input type="text"/> 期 Phase <input type="text"/>			
街道號數 Street No. <input type="text"/> 街道名稱/地段 Street Name/Lot <input type="text"/>			
地區 District <input type="text"/> <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands			
5. 電話號碼 Contact Telephone No.		6. 傳真號碼 Fax No.	7. 電郵地址 Email Address
住宅 Home		公司 Office	手提 Mobile
(請提供至少1個電話號碼 Please provide at least one telephone no.)			

(II) 投保詳情 Policy Particulars

1. 投保香港物業地址 Insured Premises in Hong Kong (如與通訊地址不同 if different from the Correspondence Address)			
室 Flat <input type="text"/> 樓 Floor <input type="text"/> 座 Block <input type="text"/> 大廈 Building <input type="text"/>			
屋苑 Estate <input type="text"/> 期 Phase <input type="text"/>			
街道號數 Street No. <input type="text"/> 街道名稱/地段 Street Name/Lot <input type="text"/>			
地區 District <input type="text"/> <input type="checkbox"/> 香港 HK <input type="checkbox"/> 九龍 KLN <input type="checkbox"/> 新界/離島 NT/Outlying Islands			
2. 選擇計劃及每年保費 Plan Selection and Annual Premium		3. 保單生效日期 Policy Effective Date	
<input type="checkbox"/> 計劃 I Plan I - HK\$448 <input type="checkbox"/> 計劃 III Plan III - HK\$838		日 月 年 有效期為1年	
<input type="checkbox"/> 計劃 II Plan II - HK\$688 <input type="checkbox"/> 計劃 IV Plan IV - HK\$1,048		DD MM YY Valid for 1 year	
		(承保日期以藍十字審核為準) (Policy effective date is subject to the Company's underwriting acceptance)	

(III) 付款指示及授權書 Payment Instruction and Authorisation

1. <input type="checkbox"/> 支票 Cheque (劃線支票抬頭人請填寫「藍十字(亞太)保險有限公司」) 支票號碼 Cheque No. (Cheque should be crossed and made payable to "Blue Cross (Asia-Pacific) Insurance Limited")		
2. <input type="checkbox"/> 信用卡授權 Credit Card Authorisation		
(a) 本人茲授權藍十字(亞太)保險有限公司從本人下列的信用卡賬戶扣除保單的應繳保費。 I hereby authorise Blue Cross (Asia-Pacific) Insurance Limited to debit the payable premium from my credit card account specified below for the insurance policy.		
(b) 除非本人預先發出取消此授權之書面通知, 否則藍十字(亞太)保險有限公司將從下列信用卡賬戶扣除應繳保費, 以辦理自動續保手續。 The Policy will be automatically renewed by Blue Cross (Asia-Pacific) Insurance Limited and premiums will be debited directly from the credit card account specified below unless prior written instruction to cancel this authorisation is given.		
<input type="checkbox"/> 名氣卡 Towngas Credit Card <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard		
持卡人姓名 Name of Cardholder	到期日(月/年) Expiry Date (MM/YY)	持卡人簽署 Signature of Cardholder
信用卡號碼 Credit Card No.	發卡銀行 Issuing Bank	簽署必須與上述信用卡背面之簽署式樣相同。 Your signature should match the signature on the back of the credit card specified herein.

(IV) 選擇拒絕在直接促銷中使用個人資料 Opt-out from Use of Personal Data in Direct Marketing

為向你提供最新消息、優惠及推廣活動的資訊，以及進行直接促銷活動，藍十字（亞太）保險有限公司（「藍十字」）可能會按「收集個人資料聲明」（「該聲明」）所述使用你的個人資料作直接促銷及把閣下的個人資料提供予該聲明第(4)(iii)段的聯盟計劃合作夥伴作直接促銷，但在未經你同意的情況下，藍十字不能就此目的使用及提供你的個人資料。若你不希望藍十字在直接促銷中使用及提供你的個人資料，請在下列空格內劃上「✓」號。

1. 使用個人資料直接促銷
- ☐ 我不同意藍十字根據該聲明第(4)段使用我的個人資料作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊）。
2. 把個人資料提供聯盟計劃合作夥伴
- ☐ 我不同意藍十字根據該聲明第(4)段把我的個人資料提供予聯盟計劃合作夥伴作直接促銷（例如通過向我提供最新消息、優惠及推廣活動的資訊），不論藍十字會否獲得金錢或其他財產的回報。

以上代表你目前就是否希望接受藍十字及聯盟計劃合作夥伴直接促銷的聯繫或資訊的選擇，並取代你在本申請前可能曾給予藍十字的任何選擇。請注意，你以上的選擇將適用於列在該聲明內作直接促銷的產品、服務、建議及／或標的。請同時參閱該聲明以知悉可能用作直接促銷的個人資料種類以及可能轉移有關個人資料作直接促銷的資料轉承人類別。

In order to provide you with the latest news, offers and promotions and to conduct direct marketing activities, Blue Cross (Asia-Pacific) Insurance Limited (Blue Cross) may use your personal data according to Blue Cross' Personal Information Collection Statement (the "Statement") and provide your personal data to its alliance program partners as set out in paragraph 4(iii) of the Statement for direct marketing but Blue Cross cannot use and provide your personal data for such purpose without your consent. Please tick "✓" in the box below if you do not wish Blue Cross to use and provide your personal data for direct marketing.

1. Use of Personal Data in Direct Marketing
- ☐ I do not agree to Blue Cross' use of my personal data for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement.
2. Provision of Personal Data in Direct Marketing to Alliance Program Partners
- ☐ I do not agree to Blue Cross' provision of my personal data to its alliance program partners for direct marketing (such as by way of providing me updates on latest news, offers and promotions) as set out in paragraph (4) of the Statement, whether or not for money or other property.

The above represents your present choice of whether or not to receive direct marketing contact or information from Blue Cross and its alliance program partners. This shall replace any choice you may have given to Blue Cross prior to this application. Please note that your above choice shall apply to the direct marketing of the products, services, advice and/or subjects as set out in the Statement. Please also refer to the Statement for the kinds of personal data which may be used for direct marketing and the classes of persons to which your personal data may be provided for them to use in direct marketing.

(V) 聲明 Declaration

- 本人／我們，謹此聲明並同意：
1. 於此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人／我們所知及所信而作答的。本人／我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為此項保險合約之承保根據。本人／我們在此確認，如未能提供真實及準確無誤之資料或通知藍十字（亞太）保險有限公司（「藍十字」）任何有關此保險申請之重要資料，將可能導致藍十字不能接受或處理此保險申請或令本保單失效。
2. 一概保障必須在本申請獲接納後並已將應付保費繳交予藍十字後始可生效。
3. 根據本人／我們所知及所信，上述受保單位於過去2年內從未因火警或其他原因引致任何損失。
4. 本人／我們未曾於投保同類型家居保險時被拒絕接納申請／續保，或被增加附帶條款。
5. 除非本人／我們預先發出取消保單的書面通知，否則此保單將於每年保障期屆滿日自動續保，並於藍十字收妥保費後生效。
6. 本人／我們已獲受保人（等）授權提供本申請所需之一切資料，並就本申請之相關事宜，與藍十字進行交涉，並向其接收或索取與受保人（等）有關之資料。本人／我們並確認受保人（等）已獲明確通知及同意，其個人資料將會轉介予藍十字作辦理本申請之用，亦已獲通知其在個人資料（私隱）條例下所享有的權利。
7. 本人／我們明白及同意當藍十字就本保單提供的保險（包括支付任何賠償或提供任何保障），將使藍十字面臨聯合國決議下或歐盟、英國、美國或適用於藍十字的任何司法管轄區的貿易或經濟制裁、法律或法規項下的任何制裁、禁制或限制，或承受該等風險時，則藍十字不得被視為就本保單提供保險（包括支付任何賠償或提供任何保障）。
8. 本人／我們確認已閱讀及明白隨本表格附上有關藍十字的收集個人資料聲明。
9. #在投保此計劃時，投保人正身處香港。（*如不適用，請刪除）

- I/WE, HEREBY DECLARE AND AGREE THAT :
1. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Blue Cross (Asia-Pacific) Insurance Limited (the "Company") and me/us. I/We hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about my/our application may render the Company unable to accept or process this application or the insurance policy void.
2. The insurance coverage applied for shall only take effect when this application has been accepted by and the required premium has been paid to the Company.
3. To the best of my/our knowledge, the insured premises have never suffered any fire damage or other loss in the past 2 years.
4. I/We have never had any new application/renewal declined, nor have special terms and conditions been imposed on such application or renewal for household insurance.
5. This policy will be automatically renewed on an annual basis upon expiry and will come into effect upon successful premium collection unless prior written instruction for cancellation of policy is given by me/us.
6. I/We have obtained the authorisation from the insured person(s) to provide the information requested in this application and to deal with and receive or request information concerning the insured person(s) from the Company in relation to any matters arising from this application. I/We further acknowledge that the insured person(s) has(have) been explicitly informed and agree(s) that his/her(their) personal data will be transferred to the Company for the purpose of this application and has(have) been informed of his/her(their) rights under the Personal Data (Privacy) Ordinance.
7. I/We understand and agree that the Company shall not be deemed to provide cover (including not to pay any claim or provide any benefit), when the provision of such cover would expose the Company to any, or any risk of, sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom, United States of America or any jurisdiction applicable to the Company.
8. I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
9. #The applicant is physically present in Hong Kong as at the date of this application. (#delete if not applicable)

(VI) 簽署 Signature

投保人簽署 Signature of Applicant		日期（日／月／年） Date (DD/MM/YY)	
For Towngas Enterprise Limited Use Only			藍十字專用 For Office Use Only
客戶類別 Customer Status	<input type="checkbox"/> 新 New	<input type="checkbox"/> 現有 Existing	收據號碼 Receipt No.
煤氣公司職員編號 Towngas Staff No.			銷售點 Sales Location
新保單付款方法 New Application Payment Method			<input type="checkbox"/> 支票 Cheque
			<input type="checkbox"/> 名氣卡 Towngas Credit Card
			<input type="checkbox"/> 其他信用卡 Other Credit Card
		中間人編號 Intermediary's Code	A-6173
		給予利益 Entitled Benefit	<input type="checkbox"/> 是 Yes
			<input type="checkbox"/> 否 No
		保單編號 Policy No.	
		批核人簽署 Underwriting Approval	

本申請表格的中英文版本如有差異，以英文版本為準。
Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.