



Sompo Insurance (Hong Kong) Co., Ltd.

21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong

Tel: (852) 2831 9980

Fax: (852) 2573 2072

Website: www.sompo.com.hk

Medical Insurance - Hospitalization & Surgical Claim Form 醫療保險 - 住院及手術索償申請書

Claim Notes 索償申請注意事項

- This form is applicable to both hospitalization and out-patient surgical claims.
此申請書適用於住院及門診手術索償。
- To avoid delay in processing your claim due to incomplete information and supporting documents, please complete this form with sufficient information in **BLOCK letters** and submit the completed and signed claim form together with original copies of all relevant documents to Accident & Health Department of Sompo Insurance (Hong Kong) Co., Ltd. through your Human Resource Department or plan administrator (if applicable) within 3 months from the date of discharge / treatment.
為免因資料不全及文件不足而延誤處理閣下之索償申請，請以**英文正楷**填寫所需資料及將填妥及簽署之申請書連同所需文件之正本，於出院／治療後3個月內，一併遞交致貴公司人事部或有關負責人(如適用)再轉遞日本財產保險(香港)有限公司意外及醫療保險部。
- Original payment receipts, hospital bills and doctor slips and copies of all laboratory test / medical reports (if any) must be submitted together with this claim form. Please submit certified true copy of payment receipts, hospital bills, doctor slips and claims statement advice if the original copies are kept by other insurance company. Each bill and receipts must clearly show patient's full name, treatment date, diagnosis, treatment nature with breakdown amount of charges and signature & official stamp of attending physician and / or authorized person of the medical institute.
所有連同本申請書遞交之收據、醫院帳單及醫生收費單必須為正本及化驗／檢驗報告副本(如有)，如正本已交與其他保險公司，請遞交收據、醫院帳單及醫生收費單核實副本和賠償結算通知書。每張收據、帳單及收費單必須清楚顯示病人姓名、治療日期、診斷之病症、治療性質及每項醫療收費金額及主診醫生及／或有關醫療機構授權人之簽署及蓋章。
- For confinement in the general ward of a public hospital managed by the Hospital Authority, the requirement of completing Part II of the claim form by attending physician can be waived provided that discharge summary / discharge slip or medical certificate with diagnosis specified issued by the attending physician to be submitted (please note that medical illness / surgical condition is not a diagnosis and is insufficient to determine the claim assessment).
若入住醫院管理同管轄之公立醫院公眾病房，本公司可豁免主診醫生填寫「住院及手術索償申請書」之乙部。惟須遞交由主診醫生簽發之出院總結／出院摘要或清晰列明診斷病症之醫療證明書(請注意醫療疾病／外科病況屬不明確之病症名稱，不足以作理賠評估)。
- For overseas hospitalization / surgical treatment, please provide translation to English / Chinese on each item, diagnosis, name of operation procedures, etc.
若在海外求醫，請提交各項醫療收費、病症、手術名稱等之英文／中文翻譯本。
- We are entitled to request for your provision of medical reports, further information and documents or completion of other specific claim forms at your own expenses.
本公司有權要求索償人提供醫療報告、更多資料及文件或填寫其他專用索償表，所需費用須由索償人支付。

Part I - To be completed by Patient / Employee 甲部 - 由病人 / 僱員填寫 (Must be provided 必須填寫)

Policy No. 保單號碼 _ _ - _ _ - _ _ - _ _ - _ _ - _ _	Name of Policyholder (Employer) 保單持有人(僱主)名稱	Telephone No. (Optional) 電話號碼
Employee's HKID Card No. 僱員之香港身份證號碼 _ _ - _ _ - _ _ - _ _ X X (X)	Name of Employee (Surname followed by Given Name) 僱員姓名 (先填姓氏，後寫名)	Staff No. (if applicable) 僱員編號 (如適用)
Patient's HKID Card No. 病人之香港身份證號碼 _ _ - _ _ - _ _ - _ _ X X (X)	Name of Patient (Surname followed by Given Name) 病人姓名 (先填姓氏，後寫名)	Certificate No. 保險證書編號 Employee 僱員 Dependent 家屬 _ _ - _ _ - _ _ - _ _
Patient's Date of Birth 病人之出生日期 (DD日/MM月/YY年)	Patient's Sex 病人之性別 <input type="checkbox"/> M男 <input type="checkbox"/> F女	Patient's Occupation 病人之職業
Date of Hospitalization / Out-patient Surgery 住院 / 門診手術日期: From 由 _____ to 至 _____		Relationship to Employee 與僱員關係 <input type="checkbox"/> Self本人 <input type="checkbox"/> Spouse配偶 <input type="checkbox"/> Child子女

If hospitalization was due to illness 若因疾病而住院

Describe the symptoms & abnormalities 請列出因何不適及有何症狀導致是次入院 _____

The date of signs and symptoms first appeared 首次出現病徵及症狀之日期 _____ Date of first consultation 首次求診日期 _____

Name and telephone no. of doctor / hospital first consulted 首次求診之醫生姓名 / 醫院名稱及電話 _____

Name, telephone no. and date of first consultation of other doctors seen for this or similar / related past conditions 曾診治此病或過往同類 / 有關病況之其他醫生姓名、電話及首次求診日期 _____

Name, telephone no. and date of first consultation of doctor who recommended this hospitalization 建議是次入院之醫生姓名、電話及首次求診日期 _____

If hospitalization was due to accident 若因意外而住院

Describe where and how the accident happened 請敘述意外地點及詳述發生經過 _____

Date of accident 意外日期 _____ Injured area, type and severity of injury 受傷部位、類別及傷勢 _____

Please provide name and address of family doctor (or the doctor usually consulted) 請提供家庭醫生(或慣常求診醫生)的姓名及地址 _____

If this claim has been / will be filed with other insurer, please specify below 如是次治療已 / 將透過其他保險公司索償，請列明如下：

Name of Insurance Company 保險公司名稱 _____ Policy No. 保單號碼 _____

Please put a "✓" in this box for request of return receipt(s) for other insurance claims 如需退回收據以作申請其他保險賠償，請於方格內填上「✓」

DECLARATION & AUTHORIZATION 聲明及授權書

I hereby declare that the above information given is true and correct.
本人現聲明上述所填報的資料正確無訛。

I further authorize any hospital, physician, insurance company or organization that have records or knowledge of me or my health, to furnish to Sompo Insurance (Hong Kong) Co., Ltd. or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.
本人茲授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人的任何疾病或受傷、病歷、診斷報告、處方或治療及所有醫院或醫療記錄副本等資料給予日本財產保險(香港)有限公司或其代理人。此授權書之影印本與正本具同等效力。

I confirm that I have read, understood and agreed to the Personal Information Collection Statement ("PICS") of Sompo Insurance (Hong Kong) Co., Ltd provided on the last page of this form. I agree that any personal data and other information relating to me or my policy(ies) collected, generated, compiled, or held by Sompo Insurance (Hong Kong) Co., Ltd. by any means from time to time may be utilized in accordance with the PICS. I agree that Sompo Insurance (Hong Kong) Co., Ltd. may transfer, disclose, grant access to or share my personal data within or outside Hong Kong to the types of transferees mentioned in the PICS.
本人現確認本人已閱讀、明白及同意日本財產保險(香港)有限公司在本申請書最後一頁的個人資料收集聲明。本人同意日本財產保險(香港)有限公司不時以任何方式收集、製作、匯編或保留任何的個人資料或保留的其他資料，可根據個人資料收集聲明使用。本人同意日本財產保險(香港)有限公司可能將本人資料轉移、披露予收集個人資料承讓人(不論在香港境內或境外者)，或讓其查閱或與其共同使用。

Signature of Patient / Parent (if Patient aged below 18)
病人簽署 / 家長簽署 (適用於十八歲以下之病人)

Employee's Signature
僱員簽署

Date
日期

Part II – To be completed by attending Physician at the patient's own expense 乙部 – 由主診醫生填寫，所需費用由病人自行承擔

Name of Patient (in full) 病人姓名 (全名): _____

Name of Hospital 醫院名稱: _____

Date of Admission 入院日期: _____ (DD日/MM月/YY年) Date of Discharge 出院日期: _____ (DD日/MM月/YY年)

Level of hospital ward 病房級別: Private 私家房 Semi-Private 二等房 Ward 大房

(1) Clinical Record 求診記錄

- a) Date of accident occurred or symptom first appeared 意外發生日期或首次出現病徵日期 _____ (DD日/MM月/YY年)
- b) Date of first consultation for this condition or related illness 病人首次就此病況或有關疾病之求診日期 _____ (DD日/MM月/YY年)
- c) How long had the patient been experiencing these symptoms before the first consultation 病人在首次求診前已患有此症狀多久 _____
- d) Symptoms/complaint(s) of the patient relating to this hospitalization/surgery 病人就是次住院/手術所出現的相關症狀及病因 _____

(2) Hospitalization or Surgical Details 住院或手術詳情

- a) Final Diagnosis 最後診斷 _____
- b) i) Date of Operation 手術日期 _____ (DD日/MM月/YY年)
- ii) Name of Operation procedure(s) performed 手術的名稱 _____
- c) If the patient has consulted other physician during this hospitalization, please provide the following: 如病人於是次住院期間曾向其他醫生求診，請提供下列資料
- Name of physician 醫生姓名 _____ Reason 原因 _____
- What treatment had the physician performed 該醫生之治療詳情 _____
- d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要 (包括開始時及持續出現的徵兆/病狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情)
- _____
- e) If hospitalization has been arranged for scans, diagnostic testing or a procedure that is normally carried out as a day case, please explain the reason 如是次住院是因為進行診斷掃描、檢驗或一般日症手術，請說明安排病人入院之原因
- _____
- f) Has the patient taken any home leave during the hospitalization 病人於住院期間有否請假外出? No 沒有 Yes, please state the date, time and reason 有，請列明日期、時間及原因
- _____

(3) Professional Comment 專業意見

- a) In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint/diagnosis? If "yes", please provide date of the first episode and details. 就閣下意見，病人是次住院是否因複發性疾或慢性疾所引致或與之前的疾或以往的診斷有關? 若「是」，請提供首次患病日期及詳情。
- _____
- b) Was the condition due to or associated with the following? Please tick the appropriate boxes. 病人的病況是否出於或與以下情況有關? 請在適當空格內填上「✓」
- | | | |
|--|---|---|
| <input type="checkbox"/> Accidental bodily injury 意外身體受傷 | <input type="checkbox"/> Pregnancy 懷孕 | <input type="checkbox"/> Congenital condition 先天性疾或異常 |
| <input type="checkbox"/> Self-inflicted injury 自我傷害 | <input type="checkbox"/> Infertility or sterilization 不育或絕育 | <input type="checkbox"/> Developmental condition 發育問題 |
| <input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酒精 | <input type="checkbox"/> Contraception 避孕 | <input type="checkbox"/> Hereditary condition 遺傳性問題 |
| <input type="checkbox"/> Mental disorder 精神紊亂 | <input type="checkbox"/> Treatment for cosmetic purpose 美容性質的治療 | <input type="checkbox"/> General check-up 一般身體檢查 |
| <input type="checkbox"/> Refractive error 屈光不正 | <input type="checkbox"/> Vaccination 疫苗接種 | <input type="checkbox"/> None of the above 以上全部不適用 |
| <input type="checkbox"/> Venereal disease, sexually transmitted disease or AIDS/HIV related illness 性病、性傳播疾或愛滋疾/愛滋病毒有關的疾 | | |

(4) Others 其他

- a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人由其他醫生轉介，請提供該轉介醫生的姓名和地址。
- _____
- b) Are you the patient's usual physician? 閣下是否病人的慣常醫生? No 否 Yes 是

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人茲聲明，就本人所知，上述所有資料均正確無訛。

Signature and chop of attending Physician/Surgeon 主診醫生/外科醫生簽署及蓋章

Address and Telephone No. 地址及電話號碼

Name & qualifications of attending Physician/Surgeon 主診醫生/外科醫生姓名及資歷

Date 日期 (DD日/MM月/YY年)

Personal Information Collection Statement ("PICS") 個人資料收集聲明 (v022019)

- 1. Purpose: Somp Insurance (Hong Kong) Co., Ltd. is committed to protecting the personal data of our customers. The Company is also committed to the implementation of the data protection principles set out in Schedule 1 of Personal Data (Privacy) Ordinance ("the PDPO") (Chapter 486 of the laws of Hong Kong). From time to time it is necessary for you to supply the Company personal data of you, insured and beneficiary under the insurance policy which may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes:
(a) processing and evaluating your application or request for and any alterations, variations, cancellations, renewals and reinstatements of any insurance products and / or services offered by the Company;
(b) administering your insurance policy and providing services in relation to your insurance policy;
(c) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products and / or services provided by the Company, including processing and / or investigating any claims and detect / prevent fraud;
(d) invoicing and collecting premiums and / or outstanding amounts from you;
(e) exercising any right of subrogation, if applicable;
(f) conducting statistical analysis;
(g) contacting you for any of the above purposes;
(h) meeting the requirements to make disclosure (i) under any law binding on the Company; or (ii) under any applicable rules, regulations, codes or guidelines or to assist in law enforcement purposes, investigation by police or other government or regulatory authorities; or (iii) for complying with any requirements, policies or measures for using data and information within Somp Holdings Group ("the Group") in accordance with any Group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities / misconducts;
(i) other purposes directly related to any of the above purposes.
For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled "Use of Personal Data in Direct Marketing".
The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by us, or process any other requests, enquiries, or complaints from you, or any of the purposes listed above.
2. Transfer: The Company may disclose your personal data to the following transferees in Hong Kong or overseas, including transferring into and out of the European Economic Area, for the above purposes:
(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, hospitals, emergency assistance service providers, mailing houses, IT service providers and data processors);
(b) in the event of a claims, loss adjusters, claims investigators and medical advisors;
(c) in the event of default, debt collectors and recovery agents;
(d) insurance reference bureaus or credit reference bureaus;
(e) reinsurers and reinsurance brokers;
(f) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company including your insurance agents, intermediaries or brokers, if applicable;
(g) legal and professional advisors of the Company;
(h) The Group and any associated companies of the Company;
(i) the policyholder, when none of the insured person(s) of that policy is the policyholder, for the purpose of policy application, administration, renewal and / or claims administration (if applicable);
(j) relevant industry association and federation that exists or is formed from time to time;
(k) the fraud prevention database or registers (and the operators) and any participating parties of the database including other insurance companies and service providers handling claims for them;
(l) governments and authorities within or outside HKSAR as required or permitted by law. The Company may also use and disclose your personal data otherwise with your consent;
(m) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR.
3. Access: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer, Somp Insurance (Hong Kong) Co., Ltd, 21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong. The Company reserves the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purpose, the Company may also use your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone, facsimile or SMS. The Company may also provide your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to the following transferees: (I) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; (II) third party reward, loyalty, privileges programme providers or merchants; and (III) charitable or non-profit making organizations for gain who may send you direct marketing communications regarding (1) insurance, banking, credit card, financial, provident fund scheme and related products and services; (2) reward, loyalty or privileges programmes and related products and services; and (3) donations and contributions for charitable and / or non-profit making purposes by mail, email, telephone, facsimile or SMS.

Before using your personal data for contacting you with direct marketing communications, the Company must obtain your written consent, and only after having obtained written such consent, the Company may use your personal data for any direct marketing purpose.

You may in future withdraw your consent to the use of your personal data for direct marketing purposes by the Company or the transferees and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform the Company by writing to the Data Protection Officer, Somp Insurance (Hong Kong) Co., Ltd, 21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong.

Amendment to the PICS

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

I acknowledge and confirm that I have read and understood the PICS. I confirm that I have been advised to read carefully the PICS, and I have read it carefully about its effect and impact in respect of my personal data collected or held by Somp Insurance (Hong Kong) Co., Ltd. I hereby give my acknowledgement and agree to the use and transfer of my personal data by Somp Insurance (Hong Kong) Co., Ltd in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the PICS, please tick the box below and we will not use your personal data for the purpose of direct marketing.]

- Please tick if you do not consent to receive direct marketing communications from us.
 Please tick if you do not consent to receive direct marketing communications from any transferees specified in the PICS.

1. 目的: 日本財產保險(香港)有限公司("本公司")致力於保障本公司顧客的個人資料。本公司亦致力遵守《個人資料(私隱)條例》("《條例》") (香港法律第486章) 附表1列明的保障資料原則。閣下可能因下列各項目的需要不時向本公司提供閣下、保單受保人及保單受益人的個人資料以供本公司使用、儲存、處理、轉移、披露或共享該等個人資料:

- (a) 處理和評估閣下就本公司所提供的產品及/或服務的申請或要求, 或作任何更改、變更、取消、續期和復效;
(b) 執行閣下保單的行政工作及提供與閣下保單相關的服務;
(c) 與就本公司提供的任何產品及/或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索償任何目的, 包括處理及/或索償調查及偵查/防止欺詐行為;
(d) 發出繳交保費通知及向閣下收取保費及/或欠款;
(e) 行使任何代位權, 如適用;
(f) 進行統計分析;
(g) 就以上用途聯絡閣下;
(h) 與根據(i)對本公司有約束力的任何法律的規定;或(ii)作出任何適用規則、規例、守則或指引所要求的披露或協助警方或其他政府或監管機構執法及進行調查;或(iii)為遵守根據集團方案於Somp Holdings Group("集團")內使用資料及資訊的任何要求、政策或措施, 而該集團方案乃為符合制裁或預防或偵測清洗黑錢、恐怖分子融資或其他非法活動/不當行為的目的而不時被制定的;
(i) 與上述任何目的直接有關的其他目的。

本公司使用閣下提供的個人資料作宣傳或市場推廣用途, 請參閱「使用個人資料作直接促銷用途」一節。

未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴、或任何上述用途。

2. 轉移: 本公司亦可因應上述用途披露閣下的個人資料予下列位於香港或海外地方的受讓人, 包括轉入及轉出歐洲經濟區:

- (a) 就上述用途, 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問(包括: 醫療服務供應商、醫院、緊急救援服務供應商、郵寄服務商、資訊科技服務供應商及數據處理服務商);
(b) 處理索償個案的理賠師、理賠調查員及醫療顧問;
(c) 追討欠款的收數公司或索償代理;
(d) 保險資料服務公司及信貸資料服務公司;
(e) 再保公司及再保經紀;
(f) 據本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體包括閣下的保險顧問、代理及經紀(如適用);
(g) 本公司的法律及專業顧問;
(h) 集團及本公司的聯繫公司;
(i) 保單持有人(而該保單的所有受保人均非保單持有人), 以執行該保單的投保、行政、續期及/或處理索賠(如適用);
(j) 現有或不時成立的相關行業協會及聯會;
(k) 上載任偵查/防止欺詐的數據庫或登記冊(及其營運者)及參與的第三方公司包括其他保險公司及為其處理索償個案的第三方代理;
(l) 法例要求或許可的政府機關。經閣下同意, 本公司可能會以其它方式使用及披露閣下的個人資料;
(m) 與本公司業務的轉讓或擬議轉讓有關的任何第三方, 當中部分受讓方或位於香港境內或境外。

3. 查閱: 閣下有權查明本公司持有個人資料的類別、本公司是否有閣下的個人資料, 如持有, 閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求, 地址為香港鰂魚涌華蘭路25號太古坊柏克大廈21樓。本公司有權為處理閣下的個人資料查詢要求而收取合理費用。

使用個人資料作直接促銷用途

除上述提及的使用用途, 本公司可能將本公司持有閣下的姓名、聯絡資料、人口統計資料、保單資料、產品及服務組合資料、交易模式及行為、及財務背景通過書信、電郵、電話、傳真或短訊與閣下聯絡, 提供金融及保險產品的直接促銷通訊。此外, 本公司可能將本公司持有閣下的姓名、聯絡資料、保單資料、產品及服務組合資料、交易模式及行為、及財務背景給下列受讓人: (I) 第三者金融機構、承保商、銀行、信用卡公司、證券及投資服務供應商; (II) 第三者獎賞、長期客戶或優惠計劃(供應商或商號); (III) 及慈善或非牟利機構。受讓人可以通過書信、電郵、電話、傳真或短訊與閣下聯絡, 提供(1)保險、銀行、信用卡、財務、公積金計劃及相關的產品及服務; (2) 獎賞、長期客戶或優惠計劃及相關的產品及服務; 及(3) 為慈善及/或非牟利用途的捐款及捐贈的直接促銷通訊。

就直接促銷用途向上述受讓人提供閣下的個人資料前, 我們必先取得閣下的書面同意, 並僅會在取得有關書面同意後方可使用閣下的個人資料作直接促銷用途。

閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書; 此後, 本公司會在不再收取任何費用的情況下停止使用該等資料作直接促銷之用。如閣下欲撤回以上同意, 閣下可向本公司的資料保障主任提出要求, 地址為香港鰂魚涌華蘭路25號太古坊柏克大廈21樓。

個人資料收集聲明的修訂("聲明")

本公司保留權利可隨時且在無須通知的情況下, 修訂本聲明。本公司亦可在本公司的網站或以書面形式知會閣下, 閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

本人確認本人已閱讀並明白本聲明。本人確認本人已被通知本人須詳細閱讀本聲明, 而本人已詳細閱讀本聲明對日本財產保險(香港)有限公司所收集或持有之本人的個人資料的影響。本人特此確認並同意日本財產保險(香港)有限公司根據本聲明使用和轉移本人的個人資料, 包括在直接促銷中使用及將本人個人資料提供予上述的受讓人。

[重要通知: 如閣下不同意根據本聲明使用和轉移閣下的個人資料作直接促銷用途, 請在下列方格內填上別號("√"), 本公司將不會使用閣下的個人資料作為直接促銷用途。]

- 若閣下反對接收本公司的直接促銷通訊, 請在方格內填上「√」。
 若閣下反對接收本聲明中提及的受讓人的直接促銷通訊, 請在方格內填上「√」。