



Sompso Insurance (Hong Kong) Co., Ltd.

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TravelJoy Claim Form 旅遊樂索償申請書

Claim Notes 索償申請注意事項

- 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 Sompso Insurance (Hong Kong) Co., Ltd. within 30 days from return date of the journey.
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**填妥所需資料及將填妥及簽署之申請書連同所需文件之正本，於旅程完結後30天內，一併遞交致日本財產保險（香港）有限公司意外及醫療保險部。
- Medical reports, information and documentary evidence as required by us shall be furnished at the claimant's own expenses.
本公司要求閣下遞交之醫療報告、資料及證明文件之費用，須由索償人支付。
- We are entitled to request for your provision of further information and documents or completion of other specific claim forms, and/or assign an expert for investigation.
本公司有權要求閣下提供更多資料及文件或填寫其他專用索償表，以及／或委派專家進行調查。
- This claim (if valid) is to be settled to the claimant by cheque. Please ensure that the name provided is the same as the name of your bank account for cheque deposit purpose. For claim from minor aged below 18, the claimant should be the parents or the legal guardian and please submit a copy of relationship proof (e.g. copy of birth certificate or marriage certificate).
本索償（如有效）將以支票形式付給索償人。請確認閣下之姓名與銀行戶口姓名相同，以便支票入賬戶口。若索償是由18歲以下之受保人提出，請由其父母或合法監護人作為索償人，並附上關係證明文件（如出生證明書、結婚證明書副本）。

Policyholder, Insured Person and Claimant Information 保單持有人、受保人及索償人資料

Policy No. 保單號碼	Name of Policyholder 保單持有人姓名	Name of Insured Person 受保人姓名
Name of Claimant 索償人姓名	Occupation 職業	Contact No. 聯絡電話
E-mail Address 電郵地址		
Correspondence Address 通訊地址		
Journey Period 旅遊日期	To 至	Journey Destination 旅程目的地
Do you have any other insurance policies covering this loss or expenses incurred? 是次索償申請之損失是否受保於其他保險合約？ <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If "yes", please provide 若「是」，請提供		
Name of Insurance Company 保險公司名稱	Policy No. 保單號碼	Benefit Type 保障類別
Amount Claimed 索償金額		

Benefits Claimed 索償保障項目 (Please select and put a "✓" in the appropriate box 請選擇適當項目並於方格內畫上「✓」號)

Medical Expenses 醫療費用保障 <input type="checkbox"/>	Baggage Benefit 行李保障 <input type="checkbox"/>	Loss of Travel Documents 旅行證件遺失 <input type="checkbox"/>	Curtailment of Trip 旅程縮短 <input type="checkbox"/>	Rental Vehicle 租車保障 <input type="checkbox"/>
Overseas Hospital or Quarantine Cash Allowance 海外住院或隔離現金津貼 <input type="checkbox"/>	Baggage Delay 行李延誤 <input type="checkbox"/>	Travel Delay 旅程延誤 <input type="checkbox"/>	Loss of Home Contents 家居物品損失 <input type="checkbox"/>	Golfers "Hole-In-One" 高爾夫球「一桿入洞」 <input type="checkbox"/>
Personal Accident 個人意外保障 <input type="checkbox"/>	Personal Money 個人錢財 <input type="checkbox"/>	Cancellation Charges 旅程取消 <input type="checkbox"/>	Personal Liability 個人責任 <input type="checkbox"/>	

Claim Information 索償資料 (Please fill in the claim information where applicable 請在相應項目填寫索償資料)

1. Medical Expenses Benefit/Overseas Hospital or Quarantine Cash Allowance Benefit 醫療費用保障/海外住院或隔離現金津貼

Documents required 所需文件:

- ✓ Boarding pass and air ticket/travel ticket or travel itinerary 登機證及機票/交通票據或行程表
- ✓ Original medical invoice(s) and medical expenses receipt(s) indicating the name of patient, the date of sickness and/or injury commenced, the consultation date, the breakdown of medical charges and the diagnosis by a qualified medical practitioner 醫療帳單及醫療費用收據正本，並列明病者姓名、疾病及／或受傷正式開始日期、診斷日期、收費詳情及診斷結果
- ✓ Medical report/medical certificate and statement of account with detailed breakdown 醫療報告／醫療證明書及收費清單及明細表
- ✓ Hospital discharge summary/letter issued by hospital certifying the number of days of hospitalization 出院總結／由註冊醫生發出的醫療證明書證明住院日數
- ✓ Original document from relevant authority regarding the compulsory quarantine order with quarantine period shown 由有關部門發出的強制隔離文件正本，並列明被隔離的日期

Claim due to illness 若因疾病而索償	What was the symptom(s)? 請說明病徵	When and where did the symptom(s) first appear? 首次出現病徵之時間及地點?	Date of sickness 患病日期	Date of first consultation 首次求診日期	Diagnosis of sickness 病況之診斷結果
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Claim due to injury 若因受傷而索償	Please 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	Date of first consultation 首次求診日期	Diagnosis of injury 傷勢之診斷結果
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If hospitalization was required, please state 如需留院治療，請提供	Admission Date 入院日期	Discharge Date 出院日期	Any further medical treatment is required? 是否仍需繼續接受治療? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If "yes", how long will the further medical treatment last? 若「是」，該療程還需多久?	Claim amount 索償金額	Overseas medical expenses (Please indicate currency) 海外醫療費用 (請註明貨幣)	Follow-up medical expenses in HK 在香港覆診之醫療費用
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2. Personal Accident Benefit 個人意外保障					
Documents required 所需文件: <input checked="" type="checkbox"/> Boarding pass and air ticket / travel ticket or travel itinerary 登機證及機票 / 交通票據或行程表 <input checked="" type="checkbox"/> Police report and / or incident report issued by relevant authority 警方報告及 / 或有相關機構發出的事故報告 <input checked="" type="checkbox"/> Medical report / medical certificate certifying the diagnosis 顯示診斷結果的醫療報告 / 醫療證明書 <input checked="" type="checkbox"/> Document confirming the cause of death, such as death certificate, post mortem report (if applicable) 註明死亡原因的文件, 如死亡證、驗屍報告 (如適用) <input checked="" type="checkbox"/> Proof of claimant's relationship to the insured person, if applicable 索償人與受保人的關係證明文件, 如適用 <input checked="" type="checkbox"/> Medical report issued by a registered medical practitioner certifying the degree of permanent disability, if applicable 永久傷殘程度的醫療評估證明文件, 如適用 <input checked="" type="checkbox"/> Credit card statement, which can show the outstanding balance, if applicable 顯示未付款紀錄的信用卡月結單, 如適用					
Date and time of accident 意外日期及時間		Place of accident 意外地點		Please describe how the accident happened 請詳述意外發生經過	
Cause of death, if applicable 死亡原因(如適用)		Permanent disablement (degree & extent), if applicable 永久傷殘程度(如適用)		Claim amount 索償金額	
Name of claimant (in fatal case) 索償人姓名 (適用於死亡個案)		Claimant's relationship to the insured person 索償人與受保人關係		Claimant's HKID No. / Passport No. 索償人身份證/護照號碼	
3. Baggage Benefit / Personal Money Benefit / Loss of Travel Documents Benefit / Loss of Home Contents Benefit 行李保障 / 個人錢財保障 / 旅行證件遺失保障 / 家居物品損失保障					
Documents required 所需文件: <input checked="" type="checkbox"/> Boarding pass and air ticket / travel ticket or travel itinerary 登機證及機票 / 交通票據或行程表 <input checked="" type="checkbox"/> Police report and / or statement to police 警方報告及 / 或口供記錄文件 <input checked="" type="checkbox"/> Loss or damage report / property irregularity report issued by airline or relevant authorities 航空公司或相關機構發出之遺失或損毀報告 / 行李事故報告書 <input checked="" type="checkbox"/> Photos showing the extent of damage item 損毀物品的相片 <input checked="" type="checkbox"/> Original purchase receipt of the lost or damaged items 遺失或損毀物品之購買收據正本 <input checked="" type="checkbox"/> Repair quotation (if applicable) 維修報價單 (如適用) <input checked="" type="checkbox"/> Copy of correspondence if you have lodged claim or complaint against any carrier / airline / hotel / other parties concerning the damage / loss (if applicable) 若就遺失或損毀財物一事已向任何客運公司 / 航空公司 / 酒店 / 相關人仕作出索償及投訴, 請附上書函副本 (如適用) <input checked="" type="checkbox"/> Compensation breakdown from other insurance company / relevant authority (e.g. airline) (if applicable) 其他保險公司 / 相關機構 (如航空公司) 的賠償明細表 (如適用) <input checked="" type="checkbox"/> Bank slip or exchange slip for exchange of foreign currency or cash withdrawal receipt of foreign currency 兌換外幣的銀行票據 / 收條或外幣提款紀錄收據 <input checked="" type="checkbox"/> Original payment receipt for the replacement of lost travel documents 補領遺失之旅行證件的收據正本					
Date and time of loss / damage 遺失 / 損毀日期及時間 <input type="checkbox"/> A.M. 上午 <input type="checkbox"/> P.M. 下午		Place of loss / damage 遺失 / 損毀地點		Please describe how the loss / damage happened 請詳述遺失 / 損毀的經過	
Was the loss reported to the local police? 是否已向當地警方報告此失事情況? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If "yes", please provide 若「是」, 請提供 Name and address of police station 警署名稱及地址		Date and time reported 報案日期及時間		Police report number 警方檔案編號	
Lost / damage item(s) 遺失 / 損毀物品		Brand name & model no. 品牌名稱及型號		Date of purchase 購買日期	
Purchase value 購買價值		Repair quotation 維修報價		Claim amount 索償金額	
Please attach supplementary sheet if necessary 如有需要, 請另附紙張填寫其地遺失 / 損毀物品項目					
Replacement of loss of travel documents 補領遺失之旅行證件					
Cost 補領費用		Additional hotel and travel expenses 額外酒店住宿及交通費用		Claim amount 索償金額	
Has the claimant / insured person ever sustained other losses of similar nature? 索償人 / 受保人以往是否曾蒙受類似性質的損失? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If "yes", please provide details 若「是」, 請提供詳細資料					
4. Baggage Delay Benefit / Travel Delay Benefit 行李延誤保障 / 旅程延誤保障					
Documents required 所需文件: <input checked="" type="checkbox"/> Boarding pass and air ticket / travel ticket and original travel itinerary 登機證及機票 / 交通票據及原有行程表 <input checked="" type="checkbox"/> Official documentation issued by the airline / carrier certifying the reason(s) and duration delay 航空公司 / 客運公司發出註明延誤原因及時數的正式證明文件 <input checked="" type="checkbox"/> Original receipt(s) for emergency purchase of essential items or clothing requisites for baggage delay 因行李延誤而購買梳洗物品或衣物的收據正本 <input checked="" type="checkbox"/> Original receipt(s) for additional travel cost for re-routing, if applicable 更改行程導致額外交通費的收據正本, 如適用 <input checked="" type="checkbox"/> Original documentation issued by the airline / carrier confirming non-refundable / refunded amount 航空公司 / 客運公司發出不可退款 / 可獲退款金額的證明文件正本					
Reason for delay 延誤原因					
Original scheduled itinerary 原定計劃行程			Actual itinerary 延誤後實際行程		
Flight / vessel no. 航班 / 船編號	Departure / arrival place, date and time 出發 / 回程地點、日期及時間	Arrival place, date and time 抵達地點、日期及時間	Flight / vessel no. 航班 / 船編號	Departure / arrival place, date and time 出發 / 回程地點、日期及時間	Arrival place, date and time 抵達地點、日期及時間
Total delay period 合計延誤時間	Emergency purchase of essential items 購買緊急需要梳洗物品或衣物 Please attach supplementary sheet if necessary 如有需要, 請另附紙張填寫 Item details 物品資料		Re-routing 更改行程 Additional travel cost 額外旅遊費用		Claim amount 索償金額
hours 小時	Purchase date & price 購買日期及價錢		Amount compensated by service provider 服務供應商的退款金額		

5. Cancellation Charges Benefit/Curtailment of Trip Benefit 旅程取消保障/旅程縮短保障

Documents required 所需文件:
✓ Boarding pass and air ticket/travel ticket and original travel itinerary 登機證及機票/交通票據及原有行程表
✓ Reason(s) for cancellation/curtailment of the trip together with relevant supporting documents (e.g. original medical certificate, relationship proof) 旅程取消/旅程縮短的原因連同相關證明文件(如醫療證明書正本, 關係證明文件)
✓ Original receipt(s) for the deposits/prepaid expenses of travel ticket, accommodation or tour package 已預繳的交通票據、住宿或旅行團的訂金/費用的收據正本
✓ Original receipt(s) for the reasonable additional travel expenses incurred 合理之公共交通工具費用的收據正本
✓ Original documentation issued by service provider confirming cancellation of booked journey/curtailment of the trip and non-refundable/refunded amount 服務供應商發出旅程取消/旅程縮短之確認文件及不可退款/可獲退款金額的證明文件正本

Date and reason for journey cancellation/trip curtailment 旅程取消或旅程縮短的日期及原因

Original scheduled itinerary 原定計劃行程	Actual date of returning to Hong Kong 縮短旅程後實際回港日期	Total amount of pre-paid/deposit of trip 已預繳旅費/按金的總金額	Amount compensated by service provider 服務供應商的退款金額	Additional travel expenses 額外交通費用	Claim amount 索償金額
Departure date 出發日期	Date of returning Hong Kong 回港日期				

If the journey cancellation/trip curtailment was due to death, serious bodily injury or sickness of the insured person/insured person's immediate family members/close business partner/travel companion, please state
若旅程取消/旅程縮短的原因是因受保人本人或受保人的直系親屬或緊密業務夥伴或旅遊同行夥伴身故、身體嚴重受傷或身患重病, 請提供
Full name of sick/injured/deceased person 死亡/受傷/患者姓名 Relationship to the insured person 與受保人關係 Diagnosis 診斷

6. Personal Liability Benefit 個人責任保障

Documents required 所需文件:
✓ Boarding pass and air ticket/travel ticket or travel itinerary 登機證及機票/交通票據或行程表
✓ Any third-party correspondence, including claim/demand letter, summons, court orders, solicitors' and other legal correspondence or proceeding of any type relating to the incident 由第三者發出的所有文件, 包括索賠/要求信、傳票、法庭命令、律師及其他法律文件或與事故有關的任何訴訟文件
✓ Photos showing the extent of the third-party property damage and/or body injury and the scene of the accident, if available 顯示第三者財物損毀程度及/或身體受傷及意外現場的照片, 如情況許可
✓ Full name and contact method of the third party claimant and witness 第三者和證人的全名及聯繫方法

Date of incident 事故發生日期	Place of incident 事故發生地點	Full description of incident and nature & extent of injury/damage 請詳述事故發生經過及第三者受傷或物件損毀之性質及程度	Name & address of owner/injured person 物主/傷者之姓名及地址

Remarks 備註:
All documentation, including, copies of claims letters from third parties, summons, court orders, solicitors' and other legal correspondence, etc, relating to the incident from the third party claimant, should be immediately forwarded to us. No liability should be admitted and no settlement or promise of payment should be reached or made to the third party without our prior approval. 如收到相關文件, 包括第三者索償文件、傳票、法庭命令、律師及其他法律文件等對有關事故的索償要求, 應立即通知及交予本公司處理。未得本公司事前同意, 請勿私下承認責任或達成和解或付款承諾。

7. Rental Vehicle Benefit 租車保障

Documents required 所需文件:
✓ Boarding pass and air ticket/travel ticket or travel itinerary 登機證及機票/交通票據或行程表
✓ Police report/incident Report 警方報告/事故報告
✓ Rental agreement with detailed terms and conditions 列有具體條款及細則之租賃協議
✓ Original payment receipt for the rental vehicle charges and excess/deductibles 租車費用及墊底費/自負額收據正本
✓ International driving permit 國際駕駛許可證
✓ Photos showing the extend of damage 損毀情況之相片
✓ Copy of motor insurance policy covering the loss/damaged rental vehicle 遺失/損毀之租車汽車保障保單副本
✓ Original receipt for payment of charges for the loss of use of the rental vehicle (applicable to TravelJoy Japan customers only) 車輛無法使用損失費收據正本 (只適用日本旅遊樂客戶)

Date and place of incident 事故發生日期及地點	Full description of incident 請詳述事故發生經過	Name & contact of the reported police station 報案警署通訊地址及電話	Description of claimed item(s) 索償項目	Claim amount 索償金額

8. Golfers "Hole-In-One" Benefit 高爾夫球「一桿入洞」保障

Documents required 所需文件:
✓ Boarding pass and air ticket/travel ticket or travel itinerary 登機證及機票/交通票據或行程表
✓ Original of "Hole-in-One" certificate issued by recognized golf course 認可的高爾夫球場頒發的「一桿入洞」證明書正本
✓ Score card 記分卡
✓ Original receipt(s) of the bar expenses 高爾夫球會酒吧消費發票及收據正本

The date of holing out in one 「一桿入洞」日期	Number of Hole 球洞數目	Name of Golf Club 高爾夫球會名稱	Name of Golf course 高爾夫球課程名稱	Bar expenses 高爾夫球會酒吧消費費用	Claim amount 索償金額

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 overleaf 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背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。

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

1. **Purpose:** Somo Insurance (Hong Kong) Co., Ltd. (the "Company") 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 Somo 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, Somo 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, Somo 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 Somo Insurance (Hong Kong) Co., Ltd. I hereby give my acknowledgement and agree to the use and transfer of my personal data by Somo 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、保障受保人及保障受益人的個人資料而供本公司使用、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、規則、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Somo 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。

就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) 獲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) 上載往偵查/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、本公司是否持有閣下的個人資料,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閱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用途。此外,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用途。

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及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號數("√"),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「√」。