CHUBB®

Agent's/Intermediary's name 保險代理/中介人姓名

Agent's/Intermediary's contact phone no. 保險代理/中介人聯絡電話

Agent's/Intermediary's code 保險代理/中介人代號

Agency 組別 —

Credit Card Direct Debit Authorization

信用咭直接付款授權書

Please tick ☑ appropriate box(es) for request 請於適當之空格內加上 ☑ 號 ☐ New Request 新申請 ☐ Reply 回覆

Policy Number: 保單編號	Full Name of Insured: 受保人姓名	Full Name of Policyowner: 保單持有人姓名

VISA and Master cards direct debit are ONLY for authorized selected plan.
VISA 及萬事達咭直接付款只適用於指定計劃
(To be completed by Policyowner 由保單持有人填寫) Please tick ☑ appropriate box(es) for request 請選擇及於適當之空格內加上☑號

Identity of Account Holder under the policy 賬戶持有人於保單內的身份

☐ Parent 父母 ☐ Sibling 兄弟姐妹 ☐ Spouse 配偶 ☐ Child 子女 ☐ Grandparent 祖父母

☐ Grandchild 孫子女 ☐ Solely-owned companies of the applicant 由申請人獨資持有的公司

I accept and agree to transfer premium(s) and levy of the following Chubb Life Insurance Policy(ies) which will be debited from the following Credit Card Account. I understand that the premium(s) and levy will be subject to change in accordance with the provisions of the policy(ies) and the statutory requirement on levy.
I confirm that my signature on this application form is the same as that for the operation of my Credit Card Account to be debited for the transfer.
This authorization shall have effect until further notice.
The Credit Card Holder can only be either one of the Policyowner/Insured/Beneficiary(ies) of the following Chubb Life Insurance Policy(ies).
All policy refund shall be made to the Policyowner.
本人同意及授權自本人下列之信用咭戶口每次轉賬下列款項繳付安達人壽保險香港有限公司保單之保費及保費徵費，並明白保費及保費徵費會根據保單條例及保費徵費之法例而變更。
本人證明在此表格上之簽名式樣與本人之信用咭戶口式樣一致。
本授權書將繼續生效直至另行通知。
信用咭持有人必須為保單持有人/受保人/受益人。
所有退款將退回保單持有人。

Name of party to be credited (The Beneficiary) 收款之一方（受益人）

CHUBB LIFE INSURANCE HONG KONG LIMITED 安達人壽保險香港有限公司

Please complete all details shown below 請填寫下列各項

Cardholder Name 信用咭持有人姓名	ID/Passport Number 身份證明文件/護照號碼

Card Number 信用咭編號	Card Expiry Date 信用咭有效期至
	MM月份 YY年份

SIGNATURE OF ACCOUNT HOLDER(S) 戶口持有人簽名	FOR OFFICE USE
X	SIGNATURE VERIFIED
Date: DD日/ MM月/ YYYY年	Date

COLLECTION OF LEVY BY THE INSURANCE AUTHORITY Pursuant to the Insurance (Levy) Regulation, with effect from 1 January 2018, the policy owner under a contract of insurance issued by an authorized insurer must, each time a premium is paid, also pay to the insurer a prescribed levy for the premium. The Insurance Authority may impose on the policy owner a pecuniary penalty if such policy owner fails to pay the prescribed levy. By signing this application form, you agree to: (i) Authorize the Company to deduct the levy from the payment, the prepayment account and the Premium Suspense Account of the policy; (ii) Authorize the Company to deduct the levy by Automatic Premium Loan ("APL") if any renewal premium of the policy is being paid by APL and such levy shall be part of APL on which interest shall be charged in accordance with the policy provisions; (iii) Authorize the Company to deduct the levy payable from the policy value when the policy is exercising premium holiday; (iv) Pre-pay the corresponding levy when premiums are prepaid; (v) Authorize the Company to settle the premium first when the payment paid to the Company is insufficient to pay both premium and levy; and (vi) Authorize the Company to first settle the oldest outstanding levy for levy payment. If under any circumstances your premiums paid will be refunded in full or in part, the applicable amount of levy paid by you will also be refunded.

保險業監管局收取的保費徵費 按照《保險業(徵費)規例》，由2018年1月1日起，獲授權保險公司發出的保險合約下的保單持有人，須在每次繳付保費時，亦就該筆保費向該保險公司繳付訂明徵費。否則，保險業監管局可向沒有按規定繳付訂明徵費的保單持有人施加罰款。在簽署本表格後，即代表 閣下同意：(i) 授權貴公司從繳付的金額、預繳保費戶口及存放於保單內的保費餘額扣除所需的保費徵費；(ii) 授權貴公司可於保單之任何續期保費以自動保費貸款形式扣除時，同時以保費貸款形式扣除保費徵費，該扣除之保費徵費將成為自動保費貸款的一部份並將按保單條款計算利息；(iii) 如保單行使保費假期，授權貴公司可於保單價值扣除所需的保費徵費；(iv) 將同時就預繳保費預付相關的保費徵費；(v) 如所繳付之金額及/或相關的戶口的餘額不足以扣除保費及保費徵費，貴公司將先扣除保費；及 (vi) 授權貴公司將繳付的保費徵費先扣除最早期的逾期保費徵費。

Personal Information Collection Statement 個人資料收集聲明

Chubb Life Insurance Hong Kong Limited (“**Chubb Life HK**”, “**Company**”, “**we**”, “**us**”, “**our**”).
安達人壽保險香港有限公司(「**安達人壽香港**」、「**本公司**」、「**我們**」或「**我們的**」)。

Chubb Life HK recognizes the importance of protecting your privacy and is fully committed to implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance of Hong Kong.
安達人壽香港明白保護閣下的私隱的重要性，並致力實施和遵守香港的《保障資料原則》和《個人資料（私隱）條例》。

Personal Information we may collect
我們可能收集的個人資料

In the course of us providing you with the insurance policy and related services (“**Services**”), we may from time to time collect your personal information for the purposes set out in this Personal Information Collection Statement (“PICS”). We may collect your personal information directly from you, or indirectly from other third parties in connection with the Services, including but not limited to when you complete or submit an application form, submit a claim, access our website, or participate in any of our and/or our partner’s programs. The personal information we collect may include but is not limited to your personal identification information, contact information, financial information, policy information, claims history, medical and health records.
在我們為閣下提供保單和相關服務（「**服務**」）的過程中，我們可能會不時收集閣下的個人資料，用於本個人資料收集聲明（「**個人資料收集聲明**」）中規定的目的。 我們可能會直接從閣下收集閣下的個人資料，或從與服務相關的其他第三方間接收集閣下的個人信息，包括但不限於閣下填寫或提交申請表、提交索償、登入我們的網站或參與我們的及/或我們合作夥伴的任何計劃。 我們收集的個人資料可能包括但不限於閣下的個人身份資料、聯絡資料、財務資料、保單資料、索償歷史、醫療和健康紀錄。

When you provide us with personal information about another person in connection with your application or insurance policy, which may include but is not limited to your dependents, the insured, the beneficiaries, your authorized representatives (“**relevant persons**”), you confirm you have obtained that relevant person’s consent to provide such personal information to us for the purposes stated in this PICS.
當閣下向我們提供與閣下的申請或保單有關的其他人的個人資料時，這可能包括但不限於閣下的受養人、受保人、受益人、閣下的獲授權代表（「**有關人士**」），閣下確認已獲得該人的同意，為本個人資料收集聲明中所述的目的向我們提供該等個人資料。

As a condition precedent to your application for the policy, you are required to provide us with the information set out under [Parts I and II of the application]. If you do not provide us with the required information, this may result in the us not being able to process your application, process claims or provide you with the Services.
作為閣下申請保單的先決條件，閣下需要向我們提供 [申請表的第一部分和第二部分] 中列出的資料。 如果閣下不向我們提供所需資料，可能會導致我們無法處理閣下的申請、處理索償或向閣下提供服務。

What we may use your Personal Information for
我們可能將閣下的個人資料用於什麼目的

By making the application and receiving the Services, you give us your consent to use, process, disclose, transfer, store your or the relevant persons’ personal information for any purpose related to the Services, and to communicate with you and the relevant persons for such purposes, which may include without limit:
通過提出申請和接受服務，閣下同意我們為與服務相關的任何目的使用、處理、披露、轉移、儲存閣下或有關人士的個人資料，並就該目的與閣下和有關人士溝通，可能包括但不限於：

(i) to process and evaluate this and any future application for the insurance policy;
處理和評估此申請以及任何未來的保單申請;

(ii) for policy administration, processing payments and premium collection;
用於保單管理、處理付款和保費收取；

(iii) to conduct medical, security and underwriting checks;
進行任何醫療、保安及核保檢查;

(iv) to assess insurance claims and to process payments;
評估保險索償及處理付款事宜;

(v) to provide insurance products and related services;
提供保險產品及有關服務;

(vi) with your consent, to promote and directly market to you and your related persons: (a) the insurance products and services of the Chubb Limited group of companies; (b) mandatory provident fund-related products/services sponsored by the third party scheme providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us;
在閣下的同意下，向閣下及閣下的有關人士推廣及直接促銷; (a) 安達集團公司的保險相關產品/服務; (b) 與我們有關聯之第三者計劃供應商所提供的強制性公積金相關產品/服務；(c) 保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃;

(vii) to perform data matching and communicating with you and/or your relevant persons for such purposes;
進行資料核對，及因此用途與閣下及閣下的有關人士聯絡;

(viii) to cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with requirements imposed by or agreed with government or regulatory bodies or imposed by law or for litigation;
協助執法團體執法，以防止任何嚴重威脅公眾安全的事宜；作警察進行調查用途；或遵守政府或監管機構施加或協議的規定；或訴訟；

(ix) to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may be assigned to them from time to time as are reasonably required and in the interests of the insurance industry;
讓保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定;

(x) to conduct research, research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and
進行與本公司作為人壽保險公司的日常運營有關的研究、調查、數據分析和統計、行政、通訊、電腦、安全和其他服務（包括醫療服務、郵寄和資訊科技服務）；及

(xi) for any other purpose directly relating to any of the above.
用於與上述任何一項直接相關的任何其他目的。

Who we may share your personal information with
我們可能與誰共享閣下的個人資料
We may for the purposes stated in this PICS disclose or transfer your or the relevant persons' personal information, within or outside of Hong Kong, to:
我們可能會就本個人資料收集聲明中所述的目的，在香港境內或境外披露或轉移閣下或有關人士的個人資料至：

(i) our authorized agents, insurance intermediaries, third party providers or administrators including healthcare providers, in connection with the placement or handling of your insurance policy and any related claims and/or services;
就閣下的保單及任何相關索償及/或服務的安排或處理，獲我們授權的代理人、保險中介人、第三方供應商或管理人員，包括醫療保健供應商;

(ii) reinsurers, claims investigators, loss adjudicators, fraud investigators, medical advisers, debt recovery agents, credit reference agencies, law enforcement bodies, fraud prevention agencies;
再保險公司; 理賠調查公司; 理賠調查員; 欺詐調查員、醫療顧問、債務追收公司、信貸資料機構、執法機構、防止欺詐機構；

(iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK ("Group Companies");
安達人壽香港（「集團公司」）的任何分行、附屬公司、控股公司、聯營公司或聯繫公司；

(iv) our appointed third-party vendors, agents, contractors, advisers;
我們指定的第三方供應商、代理人、承包商、顧問；及

(v) insurance industry associations and federations, government or judicial or regulatory bodies, or any person to whom we have a legal or regulatory obligation to make disclosure.
我們有法律或監管義務向其作出披露的保險行業協會和聯會, 政府或司法或監管機構, 或任何人士。

Your data access rights
閣下查閱資料的權利
You have the right to obtain access to and to request correction of your personal information held by Chubb Life HK or be given reasons for any refusal of access or correction. We may charge you a reasonable fee to process your data access request.
閣下有權查閱和要求更正安達人壽香港持有閣下的任何個人資料，或獲得拒絕查閱或更正的理由。 我們可能會向閣下收取合理的費用，以處理閣下的資料查閱要求。

For more details of the Company's policies on personal data and privacy protection, please read the Chubb Life HK's Privacy Policy available at https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html. Any questions regarding personal data, access to or correction of personal data should be made in writing and submitted to: Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.
有關本公司個人資料及私隱保障政策的詳情，請參閱安達人壽香港的私隱政策，網址為https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html. 有關個人資料、查閱或更正個人資料的任何問題, 請以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.
如中英文本有任何歧義之處，概以英文本為準。

Use of Personal Information for Direct Marketing Purposes Statement
使用個人資料於直接營銷用途之聲明

Chubb Life HK intends to use or transfer your and the relevant persons' name, contact information, and policy details ("Relevant Data") for direct marketing of insurance related product and services of our and our Group Companies, mandatory provident fund-related products/services sponsored by the third-party scheme providers connected with us, and/or insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us. In doing so, we may transfer your Relevant Data to our Group Companies and/or our appointed partners, for the purposes of them providing you with promotional communications and materials in relation to their products and/or services. However, we cannot use your Relevant Data without your consent. Please sign at the end of this statement to indicate your consent to such use. Should you find such use of your Relevant Data not acceptable, please indicate your objection by selecting the opt-out box below.
安達人壽香港擬使用或轉移閣下及有關人士的姓名、聯絡資料及保單詳情（「有關資料」），以直接促銷我們及我們集團公司的保險相關產品及服務、強制性公積金相關產品/由我們相關的第三方計劃提供者贊助的服務，及/或保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃。就此，我們可能會將閣下的有關資料轉移給我們的集團公司及/或我們指定的合作夥伴，以便他們向閣下提供與其產品及/或服務相關的推廣資料及刊物。但是，未經閣下的同意，我們不能使用閣下的有關資料。請在本聲明末尾簽名，表示閣下同意該使用。 如果閣下不接受對閣下的有關資料的該使用，請剔選以下退出空格。

☐ I do not want Chubb Life HK or the Group Companies to use my Relevant Data for direct marketing purposes.
我不希望安達人壽香港或集團公司將我的有關資料用於直接營銷目的。

☐ I do not want Chubb Life HK to share my Relevant Data with third party scheme providers for their marketing purposes.
我不希望安達人壽香港與第三方計劃提供者分享我的有關資料以用於他們的營銷目的。

☐ I do not want Chubb Life HK to share my Relevant Data with third party product/service providers for direct marketing purposes.
我不希望安達人壽香港與第三方產品/服務提供者分享我的有關資料以用於直接營銷目的。

If you have consented to direct marketing but later decide that you no longer wish to receive direct marketing, you may exercise the right to opt-out at any time by writing to: The Data Protection Officer of Life Administration of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.
如果閣下已同意直接營銷，但其後決定不再希望接受直接營銷，閣下可以隨時行使選擇退出的權利，並以書面形式向安達人壽保險香港有限公司壽險行政部的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

NOTE 注意：
Please do not sign on BLANK Form 請勿在空白表格上簽署
Signature must be consistent with that in your policy record and please submit the form within 14 days
簽名模式需與保單上的記錄相符，並請於14天內遞交

Name of Policyowner 保單持有人姓名	Signature of Policyowner and Date 保單持有人簽署及日期 X Date: DD日/ MM月/ YYYY年

Debtor Reference - Policy Number 債務人參考－保單編號	1.
	2.
	3.

Chubb. Insured.℠