

## 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 帳戶持有人於保單內的身份

 Policyowner 保單持有人 Insured 受保人 Beneficiary 受益人

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 COMPANY LTD. 安達人壽保險有限公司**Bank No.  
銀行編號

0 | 0 | 3

Branch No.  
分行編號

4 | 4 | 7

Account No. to be Credited  
收款賬戶編號

0 | 0 | 5 | 3 | 3 | 7 | 9 | 9

**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

X

Date:

DD日/ MM月/ YYYY年

FOR OFFICE USE

SIGNATURE VERIFIED

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。

**USE OF PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT** I/WE UNDERSTAND AND CONSENT THAT, by signing the application, any personal data collected or held by Chubb Life Insurance Company Ltd. (the“Company”) is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the“Group Companies”), its authorized agents, medical advisors, insurance industry associations and federations, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company’s appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate this application; (ii) provide all services related to this application, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under this application which is a condition precedent for me/us to apply this application. Failure to supply the required information may result in the Company being unable to process this application. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Company Ltd. at 33/F, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

**個人資料收集聲明及授權** 就簽署此申請書，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」）、其獲授權的代理人、醫療顧問、保險行業協會及聯會、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以 (i) 處理及審批此申請；(ii) 提供所有關於此申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡；(iii) 令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；及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務（包括醫療服務、緊急救援服務、郵寄服務及資料科技服務）。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此申請書上之所需資料，以作為此申請書之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理此申請。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴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三十三樓。

**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
	<p style="text-align: center;"><b>X</b></p>
	Date: DD日/ MM月/ YYYY年
Debtor Reference - Policy Number 債務人參考－保單編號	<p>1. <input type="text"/></p> <p>2. <input type="text"/></p> <p>3. <input type="text"/></p>

**Chubb. Insured.<sup>SM</sup>**