

## Group Medical Insurance Health Declaration 團體醫療保障計劃健康聲明

**H1028**

Please complete this application form in **ENGLISH BLOCK LETTERS**. Tick "✓" the boxes as appropriate.

請以英文正楷填寫此申請表。在適當的方格內"✓"。

Please complete one Health Declaration Form per family (with all eligible dependants included, if applicable).

請一個家庭填寫一份健康聲明表格（包括所有合資格的家屬，如適用）。

### Part A - Details of Insured Person 甲部 – 受保人資料

Name of Insured Person 受保人姓名	Relationship (Employee/Spouse/Child) 關係（僱員/配偶/子女）	Company Name (For Employee Only) 公司名稱 (只適用於僱員)	Date of birth (DD/MM/YYYY) 出生日期 (日/月/年)	Job title 職位	Gender 性別	Height 身高 (cm)	Weight 體重 (kg)
					<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
					<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
					<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
					<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
					<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		
					<input type="checkbox"/> M 男 <input type="checkbox"/> F 女		

### Part B - Health Declaration 乙部 – 健康聲明

If you have answered "Yes" from questions 1 to 4, please provide full details of the medical history in Part C.

對於下列問題1至4，若回答「是」，請在丙部詳細列出病史。

If you have answered "Yes" in question 5, please provide additional information in Part D.

對於下列問題5，若回答「是」，請在丁部提供更多資料。

- During the last five years, have you or any person(s) to be insured ever suffered from or required consultation, long-term medication, therapy treatment, hospitalisation, operation or any other treatments for any illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.) or injury? ☐ Yes 是 ☐ No 否  
 在過去五年內，您或任何投保人是否曾患病（不包括小毛病如傷風、感冒、腸胃炎等）或損傷須由醫生診治、或須長期服食藥物、進行治療、住院、動手術或接受其他治療？
- During the last five years, have you or any person(s) to be insured ever had or been advised to have any X-ray, ECG, MRI, CT Scan, or tests/counseling in connection with sexually transmitted disease or hepatitis or HIV, or other laboratory tests/investigations? (If 'yes', please attach copy of related medical report.) ☐ Yes 是 ☐ No 否  
 在過去五年內，您或任何投保人是否曾接受或被建議接受X光、心電圖、磁力共振顯影、電腦掃描、性病或肝炎或愛滋病之測試、或其他化驗/檢查？（如「是」，請附上有關報告副本。）
- Are you or any person(s) to be insured under medical attention, treatment or taking medication? ☐ Yes 是 ☐ No 否  
 您或任何投保人是否正接受診治或服藥？

## Part B - Health Declaration 乙部 – 健康聲明

4. During the last five years, have you or any person(s) to be insured ever suffered from stroke, diabetes, kidney disease, gall bladder disorder, debility or other disorder, heart or circulation disorder, tumour or cancerous growth, anaemia/hemophilia/other disorder of blood, loss of use of limb, mental illness, jaundice/hepatitis/carrier of hepatitis/other liver disorder, impaired hearing/vision (except long or short sightedness), musculo-skeletal problem such as backache/joint or muscle pains, or any other illness (other than minor sickness such as upper respiratory tract infection, flu, gastroenteritis, etc.)/disability? ☐ Yes 是 ☐ No 否

在過去的五年期內，您或任何投保人是否曾患上中風、糖尿病、腎病、膽囊毛病、身體虛脫、心臟或循環系統疾病、腫瘤或癌病、貧血/血友病/其他血液毛病、肢體殘缺、精神病、黃疸/肝炎/肝炎帶菌者/其他肝臟毛病、聽覺/視力受損（遠視或近視除外）、肌肉及骨骼系統問題如背痛/關節及肌肉痛症、或任何其他類別的疾病（不包括小毛病如傷風、感冒、腸胃炎等）或傷殘？

5. Do you or any person(s) to be insured use tobacco products or drink alcohol regularly? ☐ Yes 是 ☐ No 否  
您或任何投保人是否有吸食煙草產品或飲酒之習慣？

## Part C – Supplementary Information (For Questions 1-4) 丙部 – 補充資料 (有關問題1至4)

If you have answered "Yes" from questions 1 to 4, please provide full details of the medical history in the following table. If the space provided is insufficient, please use a separate sheet to provide further details.

對於下列問題1至4，若回答「是」，請在以下表格詳細列出病史。若空位不足，請用另頁詳加說明。

Question No. 題號			
Name of insured person 受保人姓名			
1. Disease/medical condition/ sign and symptom 疾病/健康狀況/病徵及症狀			
2. Date of first occurrence of sign and symptom 首次出現病徵及症狀的日期			
3. (a) Treatment/investigations/ tests/scans that have been performed 已進行的治療/檢查/測試/ 掃描			
(b) Date of such treatment/ investigation/tests/scan 有關治療/檢查/測試/ 掃描日期			
4. Present condition (such as whether fully recovered, follow up action/medication/ next follow up date) 現況（例如是否已完全康復、 有否跟進/服用跟進藥物/下次 覆診日期）			
5. Date of last follow-up medical consultation/ treatment 最後覆診/治療日期			
6. Name of doctor who treated the disease/sickness/medical condition/sign and symptom 治療有關疾病/不適/健康狀況/ 病徵及症狀的醫生姓名			
7. Name of Hospital, where applicable 醫院名稱（如適用）			

## Part D – Supplementary Information (For Question 5 only) 丁部 – 補充資料 (有關問題5)

If you have answered "Yes" in question 5, please provide additional information in the following table. If the space provided is insufficient, please use a separate sheet to provide further details.

對於上述問題5，若回答「是」，請在以下表格提供更多資料。若空位不足，請用另頁詳加說明。

Name of insured person 受保人姓名			
1. Tobacco product consumption (per week) 吸食數量（每星期）			
2. Have you ever been advised by your doctor to reduce or discontinue consumption of tobacco? 你是否曾被醫生建議減少或停止吸食煙草產品？			
3. Alcohol consumption (per week) 飲酒量（每星期）			
4. Have you ever been advised by your doctor to reduce or discontinue consumption of alcohol? 你是否曾被醫生建議減少或停止飲酒？			

## Declaration and authorisation 聲明及授權

### Declaration 聲明

I/We hereby declare that

本人（等）在此聲明：

1. The information given in this application form is true and complete to the best of my/our knowledge and belief. I/We am/are unaware of the existence of any medical condition or circumstance foreseeable requiring hospitalisation in the future.  
在本申請表內填報的資料，根據本人（等）所知全部正確無訛，本人（等）並未發現在任何身體上的問題而導致將來需要住院。
2. I/We authorise any doctor who has attended to me/us to release any information that may be required by MSIG. A photocopy of the authorisation shall be as effective and valid as the original.  
本人（等）授權任何曾診治本人（等）的醫生向三井住友保險提供資料，此授權的副本或正本同樣有效。
3. I/We will co-operate fully with MSIG and furnish any additional medical evidence as may be required in support of my/our application/claims.  
本人（等）於投保/索償時會充分與三井住友保險合作，提供所需之額外健康資料。
4. I/We have read and agreed to the MSIG's Privacy Policy and Personal Information Collection Statement attached below.  
本人（等）已閱讀並同意於以下附件的三井住友保險的私隱政策及個人資料收集聲明。

## Appendix: Notice to customers relating to the Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

### PRIVACY POLICY

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone for any purposes. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agent, contractor or third party who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our privacy policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at [msig.com.hk](https://msig.com.hk). You should check the Privacy Policy regularly for changes.

### Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customers, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve the customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

Your personal data may be used for **obligatory purpose** or **voluntary purpose**. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The **obligatory purposes** for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes; complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

The **voluntary purposes** for which your personal data may be used are any sales, marketing, promotion of other general insurance services and products provided by MSIG. The personal data we intend to use for voluntary purposes are your name, your address, your phone number and email address.

If you do not wish MSIG to use your personal data for the voluntary purposes listed above, you should tick the box on the right and provide us with the following information. You may also notify us by filling in the General enquiry form - Opt-out from direct marketing activities on our website at [msig.com.hk](https://msig.com.hk). In your notification, you must supply the same required information as listed below.



To enable us to process your opt-out request, please provide us below information.
Full Name:
Contact Number:
HKID Number: <i>(for identification purpose)</i>
Policy/Certificate/Acknowledgement Number <i>(if you have one)</i> :
NOTE: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- fraud prevention organizations;
- other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph);
- the police; and
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access to and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

## 附錄：致各客戶有關個人資料（私隱）條例（“條例”）通知書

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

## 私隱政策

三井住友保險極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。三井住友保險採取預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁[msig.com.hk](http://msig.com.hk)下載。您應定期查閱此範本所修改的內容。

## 個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

您的個人資料可被用於強制性或自願性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下**強制性**之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。

而**自願性用途**則指任何三井住友保險提供的其他一般保險服務及保單產品之銷售、市場營銷及推廣。用作自願性用途之個人資料則為您的姓名、地址、電話號碼及電郵地址。

如您不欲三井住友保險將您的個人資料用作上述自願性用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕服務所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁[msiq.com.hk](http://msiq.com.hk)的一般查詢表格 - 拒絕直銷活動。



為讓我們能夠處理您以上提出的拒絕服務之請求，請提供以下資料。
姓名：
聯絡電話：
香港身份證號碼： (作識別之用)
保單號碼/證書編號/確認編號（如適用）：
附註：此拒絕服務要求將會取代您先前給予三井住友保險一切關於直接促銷的指示。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技 服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險公司聯會）及其會員；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據 庫或登記冊（及其運營者）。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道1111號9樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

如您對此個人資料收集聲明有任何疑問或須協助，請致電+852 3122 6922與我們聯絡。

Signature of employee  
僱員簽署

\_\_\_\_\_  
Name of employee  
僱員姓名

Date 日期 \_\_\_\_\_ (DD日/MM月/YYYY年)