



Claim Form 索償申請表

Please complete this Claim Form in BLOCK LETTERS and provide all supporting documentation to the Company within 30 days to avoid delay in claim process. The Company is entitled to request for further information, documents or other specific claim form to be completed, and assign a loss adjuster for investigation. Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

請以正楷填妥並簽署此索償申請表，連同有關證明文件於30天內交回本公司，以免延誤索償進程。本公司有權要求索償人/受保人提供更多資料、文件或填寫其他專用索償表格，以及委派公證人進行調查。填寫及遞交此索償申請表並不表示本公司承擔賠償責任。

PERSONAL DETAILS 個人資料	
Policy No. / Certificate of Insurance No. : 保單號碼/保險證書編號 :	Name of Policyholder (Insured) : 投保人姓名 :
Name of Claimant / Insured person (if different from Policyholder (Insured)) : 索償人/受保人姓名 (如非投保人) :	
Mobile phone number : 流動電話號碼 :	Email address : 電郵地址 :
Correspondence Address : 通訊地址 :	

GENERAL INFORMATION 一般事項	
Travel Period (DD/MM/YY) 旅遊時間 (日/月/年)	From 由 to 至
Is there any other insurance covering the loss / damage? 閣下是次索償申請之損失是否同時受其他保險保障? If "Yes", please provide the following information 如是，請提供以下資料: <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
(a) Name of the insurance company 保險公司名稱	
(b) Relevant policy number and policy type 有關之保險號碼及保險類別	
(c) Amount insured (if applicable) 投保金額(如適用)	
(d) Whether the claim will be submitted to them? 會否向該公司提出索償? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

CLAIM ITEMS & DOCUMENTATION 索償項目及文件	
Please tick the relevant section(s), submit the required documents together with this form to our company. Our company may request for additional documents. 請在申請索償項目方格填上☐號，並連同所需文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。	
Claim Items 申請索償項目	Claim documents checklist 索償文件清單 (Basic required document: Copy of Itinerary, Air Ticket &/or other travel ticket(s), Boarding Pass, HKID Card & Passport, etc.) (基本所需文件: 行程表、機票及/或其他交通票據、登機證、香港身份證及護照等文件的副本)
<input type="checkbox"/> • Personal Accident and Major Burns 人身意外及嚴重燒傷保障	<ul style="list-style-type: none"> Full medical report stating the nature of injury, date of disability commenced and extent of permanent disablement suffered, etc.; 詳細醫療報告，列明傷患名稱、傷患何時開始及永久傷殘程度等； Medical report/certificate, death certificate and/or autopsy report, if applicable; 醫療報告/證明，死亡證及/或驗屍報告，如適用； Local Police report and/or statement to police, if applicable. 當地警方報告及/或口供記錄，如適用。
<input type="checkbox"/> • Medical Expenses 醫療費用 <input type="checkbox"/> • Overseas Hospital Cash Allowance 海外住院現金津貼 <input type="checkbox"/> • Translation Service in Overseas Hospital 海外醫院翻譯服務	<ul style="list-style-type: none"> Full medical report stating the diagnosis, date of disability commenced, extent of claimed condition and summary of course of treatment, etc.; 詳細醫療報告，列明病症/傷患名稱、傷病何時開始及現況、治療摘要等； Original medical receipt(s) with a breakdown all charges, medicine prescribed and services rendered; 醫療費用單據正本必須列明收費分類、處方藥物及接受治療名稱； Copy of letter of hospital admission and discharge summary; 入院紙及出院紙副本； Original receipt(s) of translation service in overseas hospital; 海外醫院翻譯服務單據正本； For all claims under COVID-19 Extension, in addition to the abovementioned documents requirements, please provide: 所有 2019 冠狀病毒病延伸保障下的索償，除了上述指明的索償文件之外，請提供： <ul style="list-style-type: none"> COVID-19 polymerase chain reaction (PCR) test record; 2019 冠狀病毒病聚合酶連鎖反應(PCR) 核酸檢測結果證明； Proof of vaccination record. 疫苗接種紀錄。
<input type="checkbox"/> • Personal Liability 個人法律責任	<ul style="list-style-type: none"> Please do not make any promise or pay for any claim against you nor admit liability thereof without our prior knowledge and written consent; 受保人切勿未經本公司知悉及書面同意前，對第三者作出任何法律責任承諾，或同意任何賠償； Demand correspondences of claim from third party; 第三者索償文件； All writs, summons, letters or communications regarding any such claim must be sent to us immediately unanswered; 任何令狀、傳票、書信或通訊皆不須作出回覆，應立即郵寄到本公司作進一步處理；

	<ul style="list-style-type: none"> • Photo(s) relevant to the claim, if possible; 若情況允許，提供索償的損壞物品的相片； • Medical report containing particulars of the claim, if any; 列明索償詳情的醫療報告（如有）； • Obtain local police report or statement to police (if any). 由當地警方或相關機構發出的報告（如適用）。
<input type="checkbox"/> •Personal Baggage and Personal Effects 行李及個人財物 <input type="checkbox"/> •Personal Money 個人錢財	<ul style="list-style-type: none"> • Written proof of loss issued by relevant authorities/parties, e.g. local police, hotel, airline/public common carrier stating date and description of loss, nature of & value of lost/damaged items and value, etc.; 相關機構或部門簽發(如當地警署、酒店、航空公司)的損失報告，該報告內容包括事發日期及詳情、損失項目及價值等； • Local police report (which must be made within twenty-four (24) hours of the occurrence; 當地警方報告(必須於事發後二十四小時內發出)； • Proof of ownership of lost/damaged items, e.g. (purchase receipt, photo, guarantee certificate of other related documents); 提交損失物品擁有權利的證明（如購買發票、相片、保用證或相關的證明）； • If lost/damaged items will be compensated by airline/public common carrier or any other parties, the progress and result is required to report; 如損失物品將會由其它方面獲得賠償（如航空公司），受保人需要通知有關賠償進度及結果； • Any supporting documents showing the value of the amount of cash lost (e.g. exchange slip etc.); 任何損失現金價值的證明文件，例如外匯兌換收據.....等； • Copy of repair quotation of the damaged item(s) or repairer's confirmation of irreparable damage (if applicable); 損毀物件之維修報價單或不能維修之證明信(如適用)； • Copy of notification to the issuing authority in respect of loss of traveller's cheques (which must be made within 24 hours of the occurrence). 致旅遊支票簽發機構之遺失通知書副本(必須於事發後24小時內發出)。
<input type="checkbox"/> •Loss of Travel Documents 旅遊證件遺失	<ul style="list-style-type: none"> • Local police report (which must be made within twenty-four (24) hours upon discovery of loss); 當地警方報告及 / 或口供記錄（必須於發現遺失後24小時內向當地警方報告）； • Original receipts for extra accommodation fee, travelling expenses, replacement of lost travel documents &/or travel tickets. 額外住宿費用、交通費用、補發遺失之旅遊證件或旅行票之收據正本。
<input type="checkbox"/> •Baggage Delay 行李延誤	<ul style="list-style-type: none"> • Please check whether you will be compensated by the airline/public common carrier; 請查詢航空公司或客運公司會否作出賠償； • Obtain written confirmation from the airline/public common carrier stating the reason of delay and the duration (6 hours or above); 請向有關航空或客運公司索取報告，須註明受延誤原因及阻延的時間（6小時或以上）； • Original receipts for emergency purchases of essential toiletries or clothing; 緊急購買梳洗用品或衣物之收據正本； • Please keep your boarding pass stub. 請保留登機證存根。
<input type="checkbox"/> •Travel Delay 旅程延誤 <input type="checkbox"/> •Extra Accommodation Cost or Extra Re-routing Costs due to Travel Delay 因旅程延誤引致之額外住宿費或更改行程費用 <input type="checkbox"/> •Trip Re-routing 行程改道	<ul style="list-style-type: none"> • Official documentation such as delay confirmation report from the airline/ public common carrier including the reason, date, times and duration of the delay, ticket for original itinerary, and alternative arrangement; 提交正式文件，如航空公司/公共交通工具機構所發出的延誤報告，註明包括原因、日期、時間及延誤的時間及替代安排； • Evidence of any prepaid and recovered expenses of unused travel tickets and accommodation of the original itinerary; 任何就原有行程已預先付費及獲發還退款之未被使用的交通票據及住宿的證明； • Original receipt for extra paid travelling expenses &/or accommodation fee (if applicable). 額外住宿費用及 / 或交通費用之收據（如適用）。
<input type="checkbox"/> •Trip Cancellation 取消行程 <input type="checkbox"/> •Trip Curtailment 縮短行程 <input type="checkbox"/> •Single Occupancy 單人啟程	<ul style="list-style-type: none"> • Reason(s) for the necessary cancellation or curtailment of the trip together with all relevant supporting documents, for example: 提供註有必須取消或縮短行程原因的有關文件，例如： <ul style="list-style-type: none"> • diagnosis and treatment, including insured person/immediate family member/travel companion's name, diagnosis and date of diagnosis certified by medical practitioner, and receipt; 經醫生證明的診斷及治療，包括受保人/直系親屬/同行人士的姓名、症狀、診治日期及收據； • police report, 警方報告； • summons to a witness or jury service or subpoena; 證人/陪審員傳票或傳召出庭令之文件； • written advice from the transport provider confirming the circumstances of interruption or delay (including causes and details of the delay and alternative arrangement); 由交通服務機構就旅程阻礙或延誤的情況發出之書面證明（包括延誤之原因、詳情及另作之安排）； • Documentary evidence which can verify the seriousness of damage to the insured person's principal home; 受保人的主要居所損毀證明； • Original booking invoices together with original confirmation from the relevant authorities regarding the amount refundable for any prepaid costs or deposits made and all bills, receipts, coupons, credit card invoices or presentation of the actual ticket; 訂定行程的發票正本，及有關機構對已預繳的費用或訂金所作退款金額數目確認書正本及所有賬單、收據、代用券、信用卡繳費單或門票； • Document certifying the relationship e.g. copy of marriage certificate or birth certificate or business relationship proof, whenever appropriate. 用以證實關係的文件，如結婚證書、出生證明書、或業務關係之證明，以適當者為準。
<input type="checkbox"/> •Home Care Benefit 家居保障	<ul style="list-style-type: none"> • Receipts including date of purchase, price, model and type of items lost or damaged; 收據包括遺失或損毀物品的購買日期、價格、型號及類別； • Photos showing the visible marks of force or violence and the damaged household contents and personal belongings; 能顯示出明顯的暴力痕跡及損毀之家居物品及個人財物之相片； • HK police report (which must be made within twenty-four (24) hours upon return from the insured journey) and HK police statement taken by the Insured Person. 香港警方報告(必須於受保旅程結束後24小時內發出)及受保人的香港警方口供副本。
<input type="checkbox"/> •Overseas Rental Vehicle Excess 海外租車自負額保障	<ul style="list-style-type: none"> • Copy of vehicle rental agreement; 租車合約之副本； • Copy of the comprehensive motor vehicle insurance taken out by the insured person for the rental vehicle which contains details of coverage and deductible; 已詳細列出保障範圍及自負額的出租車輛的汽車綜合保險單副本； • Copy of incident report issued by vehicle rental company and/or local police report, which contains details of the accident; 由租車公司及/或當地警方發出有關事故之報告，該報告需詳細列明事故的細節； • Original invoice/receipt for the charge of the rental vehicle and excess paid; 租車費用及自負額費用的收據正本； • Copy of International Driving Permit / Overseas Driving License. 國際駕駛許可證 / 海外駕駛執照副本。

<input type="checkbox"/> •Unauthorized use of Lost Credit Card 信用卡盜用	<ul style="list-style-type: none"> Local police report (which must be made within twenty-four (24) hours of the occurrence); 當地警方報告(必須於事發後 24 小時內發出) ; Copy of statement(s) and investigation report issued by the credit card company showing the details of unauthorized use of credit card; 信用卡被盜用之月結單及有關調查結果副本 ; Copy of notification to credit card co. regarding the incident of unauthorized use of credit card. 致信用卡發卡機構有關信用卡被盜用的通知書副本。
<input type="checkbox"/> •Trauma Counselling 創傷輔導	<ul style="list-style-type: none"> Incident report from the relevant authority; 由有關方面發出的事件報告 ; Written referral letter from a medical practitioner for the trauma counselling; 醫生發出有關創傷輔導治療的轉介信 ; Original consultation receipt from a registered psychologist. 輔導費用收據正本。詳細列明由主診醫生證明的診斷。

Please fill in the relevant claim item column 請在相關的索償項目欄內填上資料:

Personal Accident and Major Burns / Medical Expenses / Overseas Hospital Cash Allowance / Translation Service in Overseas Hospital 人身意外及嚴重燒傷保障 / 醫療費用 / 海外住院現金津貼 / 海外醫院翻譯服務				
Please <input checked="" type="checkbox"/> the applicable option 請在索償項目空格內填上☑號	<input type="checkbox"/> Personal Accident and Major Burns 人身意外及嚴重燒傷保障	<input type="checkbox"/> Medical Expenses 醫療費用	<input type="checkbox"/> Overseas Hospital Cash Allowance 海外住院現金津貼	<input type="checkbox"/> Translation Service in Overseas Hospital 海外醫院翻譯服務
Date of sickness/accident (D/M/Y, H:M) 患病/意外日期及時間(日/月/年 .時:分)			Amount claimed 總索償額為	
Condition (please <input checked="" type="checkbox"/> the box) 狀況(請於空格內填上☑號)	<input type="checkbox"/> sickness 患病	<input type="checkbox"/> Injury 受傷	<input type="checkbox"/> death 死亡	Diagnosis of sickness/Nature of injury 所患為何種疾病/受傷性質
When did the sickness/symptom first appear ? /Please describe how you got injured: 何時首次出現疾病/病徵? /請描述受傷經過:				
Place of sickness /injury 患病/受傷地點	Name and address of medical practitioner who attended you immediately following the sickness/injury: 於患病/受傷後首次為閣下診治的醫生姓名及地址:			
If hospitalisation is required, please state 如需留院治療, 請提供: Date of admission入院日期: _____ Date of discharge出院日期: _____			Is further follow up treatment in Hong Kong required? 還需要於香港覆診? <input type="checkbox"/> Yes 需要 <input type="checkbox"/> No不需要	
Can you get compensation from other sources for the sickness now you suffered? If "yes", please state where and how 閣下可否從其他途徑獲取是次患病的醫療費用的賠償? 如答案為“可以”, 請提供索取有關醫療費用賠償的途徑及如何取得賠償				
Name and address of your attending medical practitioner in Hong Kong 日常替閣下診治的醫生姓名及地址				
Have you ever had such sickness/injury before? If yes, please state when 以前有否患過該種疾病/受過同樣傷患? 如有, 請提供患過該種疾病/傷患日期				

Travel Delay / Baggage Delay / Trip Re-routing / Extra Accommodation Cost or Extra Re-routing Costs due to Travel Delay 旅程延誤 / 行李延誤 / 行程改道 / 因旅程延誤引致之額外住宿費或更改行程費用				
Please <input checked="" type="checkbox"/> the applicable option 請在索償項目空格內填上☑號	<input type="checkbox"/> Travel Delay 旅程延誤	<input type="checkbox"/> Baggage Delay 行李延誤	<input type="checkbox"/> Trip-reouting 行程改道	<input type="checkbox"/> Extra Accommodation Cost or Extra Re-routing Costs due to Travel Delay 因旅程延誤引致之額外住宿費或更改行程費用
Expenses/ Fee 有關支出/費用(請註明貨幣)				
Reason 原因				
Scheduled date & time of departure (D/M/Y, H:M) 原定出發日期及時間 (日/月/年 .時:分)			Scheduled date & time of arrival (D/M/Y, H:M) 原定到達日期及時間 (日/月/年 .時:分)	
Actual date & time of departure (D/M/Y, H:M) 實際出發日期及時間 (日/月/年 .時:分)			Actual date & time of arrival (D/M/Y, H:M) 實際到達日期及時間 (日/月/年 .時:分)	
Applicable to Baggage Delay: 適用於行李延誤:	Scheduled date & time of arrival 原定到達日期及時間	Actual date & time of arrival 實際到達日期及時間		

Personal Baggage and Personal Effects / Personal Money / Loss of Travel Documents / Home Care Benefit / Unauthorized Use of Lost Credit Card 行李及個人財物 / 個人錢財 / 旅遊證件遺失 / 家居保障 / 信用卡盜用				
Please <input checked="" type="checkbox"/> the applicable option 請在索償項目空格內填上☑號	<input type="checkbox"/> Personal Baggage 行李及個人財物	<input type="checkbox"/> Personal Money 個人錢財	<input type="checkbox"/> Loss of Travel Documents 旅遊證件遺失	<input type="checkbox"/> Home Care Benefit 家居保障
Date of loss / damage 財物遺失/損毀日期	D日/M月/Y年		Time of loss / damage 財物遺失/損毀時間	a.m.上午/p.m.下午
Place of loss / damage 財物遺失/損毀地點			Conditions after the loss/damage 該財物遺失/損毀時之狀況	
Please describe how the loss/damage occurred 請詳述財物遺失/損毀的經過				
Loss/Damaged Items 遺失/損毀之物件	Date of Purchase 購買日期	Original Purchase Price購買價值 (please state the currency請註明貨幣)	Repairing Cost (please state the currency) 維修費 (請註明貨幣) (如適用)	
Date of loss reported 向當地警方報告遺失財物日期	D 日 / M 月 / Y 年		Time of loss reported 向當地警方報告遺失財物時間	a.m.上午 / p.m.下午
Reference No. of the loss reported to the local police 當地警方檔案編號			Amount claimed 總索償額為	
Please give details if you have lodged complaint against any carriers/airlines/hotels/other parties concerning the damage/lost: 如有就財物遺失 / 損毀一事向任何客運公司/航空公司/酒店/有關人士作出投訴, 請提供詳情:				

Trip Cancellation / Trip Curtailment / Single Occupancy 取消行程 / 縮短行程 / 單人啟程			
Please <input checked="" type="checkbox"/> the applicable option 請在索償項目空格內填上☑號		<input type="checkbox"/> Trip Cancellation 取消行程	<input type="checkbox"/> Trip Curtailment 縮短行程
		<input type="checkbox"/> Single Occupancy 單人啟程	
Reason 原因			
Name & address of your travel agent 旅行社名稱及地址		The flight no. & /or tour reference No. 航班編號及/或行程編號	
Date of travel arrangement made (D/M/Y) 訂妥行程日期 (日/月/年)		Date of deposit paid (D/M/Y) 支付按金日期(日/月/年)	
Scheduled date & time of departure (D/M/Y, H:M) 原定出發日期及時間 (日/月/年 .時:分)		Scheduled date & time of arrival (D/M/Y, H:M) 原定到達日期及時間 (日/月/年 .時:分)	
Actual date & time of departure (D/M/Y, H:M) 實際出發日期及時間 (日/月/年 .時:分)		Actual date & time of arrival (D/M/Y, H:M) 實際到達日期及時間 (日/月/年 .時:分)	
Can the pre-paid amount be recovered from other sources? If "yes", please state where and how 已支付的金額可否從其他途徑獲得發還？如答案為“可以”，請提供要求發還按金的途徑及如何獲得發還按金 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			

Personal Liability 個人法律責任	
Date of incident 事故發生日期	D日/M月/Y年
Place of incident 事故發生地點	Time of incident 事故發生時間 a.m.上午/p.m.下午
Full description of incident 請詳述事故的始末	
Name & address of the third party claimant and other involved parties 要求索償的第三者或有關係人士的姓名及地址	
Extent of injury/damage caused with estimate on quantum if possible 請提供第三者的損失/傷亡程度。在可能情況，請提供第三者索償的約數	
Has formal claim been received from the third party claimant? 閣下有否正式收到第三者之索償要求？ <input type="checkbox"/> Yes有 <input type="checkbox"/> No沒有	
* IMPORTANT – Please furnish us with all correspondence directly relating to the third party claim and do not admit any liability to the third party. 重要事項 –如收到第三者的索償信件，請勿私下作出回覆。閣下必須將該等信件呈交本公司。	

Other Coverage(s) 其他保障	
Please <input checked="" type="checkbox"/> the applicable option 請在索償項目空格內填上☑號	<input type="checkbox"/> Overseas Rental Vehicle Excess 海外租車自負額
	<input type="checkbox"/> Trauma Counselling 創傷輔導
	<input type="checkbox"/> Other(s), please specify: 其他，請註明：
Date of incident 事故發生日期	D日/M月/Y年
Place of incident 事故發生地點	Time of incident 事故發生時間 a.m.上午/p.m.下午
Full description of incident 請詳述事故的始末	

AUTHORISATION AND DECLARATION 授權及聲明
<p>I/We hereby authorise any hospital, physician, person, party and/or authority that has any records or is holding any information of the insured person or me /us to disclose to Asia Insurance Company Limited ("the Company") or its authorised representative, any and all information with respect to the insured person's or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.</p> <p>I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.</p> <p>I/We confirm having read and understand and agreed to all the Declarations, terms and conditions and the Company's Personal Information Collection Statement as accompanied with this form.</p> <p>本人 / 我們謹此授權任何持有受保人或本人 / 我們之任何記錄或資料的醫院、醫生、人士、有關人等、及/或有關當局，向亞洲保險有限公司（「貴公司」）或其授權代表提供任何或所有有關受保人或本人/我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。</p> <p>本人 / 我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償申請表之發出及填妥並不代表貴公司確認責任或保證賠償。</p> <p>本人 / 我們確認已閱讀及明白並同意所有聲明、條款及細則及隨本表格附上有關貴公司的收集個人資料聲明。</p>

Signature of Claimant/Insured Person
索償人/受保人簽署 : _____

Signed Date (dd/mm/yy)
簽署日期 (日/月/年) : _____

Name of Claimant/Insured Person
索償人/受保人姓名 : _____

(If any conflict or inconsistency between the English and Chinese versions of this document, the English version shall prevail. 中文譯本內容如與英文本有歧異，一概以英文為準。)

ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The Company may use the personal data the Company collect about you for the following purposes:
 - (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
 - (b) administering your insurance policy and providing services in relation to your insurance policy;
 - (c) investigating, analyzing, processing and paying claims made under your insurance policy;
 - (d) exercising any right under the insurance policy including right of subrogation, if applicable;
 - (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - (f) developing insurance and other financial services and products;
 - (g) developing and maintaining credit and risk related models;
 - (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
 - (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
 - (k) contacting you for any of the above purposes;
 - (l) other ancillary purposes which are directly related to the above purposes.
6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
 - (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
 - (b) organisations that consolidate claims and underwriting information for the insurance industry;
 - (c) fraud prevention organisations;
 - (d) other insurance companies (whether directly or through fraud prevention organisation 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;
 - (e) any association, federation or similar organisation of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
 - (f) any members of the Federation by the Federation for any of the above or related purposes;
 - (g) regulators;
 - (h) lawyers;
 - (i) accountants, financial advisors, auditors;
 - (j) other members of the Group;
 - (k) any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.
7. If you do not agree to the use of Your Personal Data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.
8. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.
9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

亞洲保險有限公司 – 收集個人資料聲明

1. 亞洲保險有限公司（「本公司」）可能會要求閣下就本公司提供的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，代表閣下確認閣下乃是該等人士之父母或監護人或閣下確認已取得該等人士同意提供其之個人資料予本公司作本聲明之用途。
4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
5. 本公司將所收集閣下的個人資料，可能用作下列的用途：
 - (a) 處理及評估任何保險產品之申請或要求，及有關服務之日常運作；
 - (b) 管理閣下的保單及為閣下的保單提供相關服務；
 - (c) 閣下保單索償的調查、分析、處理及賠償；
 - (d) 行使有關保險單賦予的任何權利包括代位權，如適用；
 - (e) 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）所需的用途；
 - (f) 發展保險及其他金融服務及產品；
 - (g) 發展及維持本公司信貸及風險之相關模型；
 - (h) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及/或身份核証；
 - (i) 作本公司或本集團的任何成員的統計或精算研究；
 - (j) 遵守及符合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
 - (k) 為上述任何用途與閣下聯絡；
 - (l) 與上述用途直接有關之其他附帶的目的。
6. 閣下的個人資料可能會轉移或披露予下列各方在香港或海外單位作前段所述的用途：
 - (a) 任何保險理算人、代理和經紀、僱主、醫護專業人士、醫院、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
 - (b) 整合保險業中索和承保資料的組織；
 - (c) 防欺詐組織；
 - (d) 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定的其他人）；警察，和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）；
 - (e) 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
 - (f) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
 - (g) 監管機構；
 - (h) 執業律師；
 - (i) 會計師、財務顧問、認可核數師；
 - (j) 本集團的其他成員；
 - (k) 任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人；本公司承諾將資料保密並純粹用作上述的用途。
7. 如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之保單及/或索償申請及為閣下提供服務。
8. 閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，及本公司有權就處理閣下的查閱資料要求而收取合理費用。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。
9. 中英文版本如有差異，將以英文版本為準。
10. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，任何更改將於發出通知時起生效。