



General Insurance Amendment Request Form 一般保險更改申請表

Please complete the form in BLOCK CAPITALS. 請以英文正楷填寫。

Please tick the appropriate boxes and * delete where inappropriate. 請在適當的空格內填上 號及於 * 號刪去不適用者。

Please complete all related sections, failure to do so may result in your request being delayed. 請填妥相關部分，如有遺漏可能令申請延誤。

Plan Type 計劃名稱	<input type="checkbox"/> Asia Superior Helper Insurance 亞洲卓越家傭保	<input type="checkbox"/> Asia Superior Home Insurance 亞洲卓越家居保
	<input type="checkbox"/> Asia Superior Housemaid Insurance 亞洲卓越家務助理保	<input type="checkbox"/> Asia Superior Travel 亞洲卓越旅遊保
	<input type="checkbox"/> Fire Insurance / Property All Risks Insurance 火險 / 財物全險	<input type="checkbox"/> Private Car Insurance / Commercial Vehicle Insurance 私家車保險 / 商業汽車保險
	<input type="checkbox"/> Others 其他	

Policy Details 保單資料

Name of Insured 投保人姓名	Policy No. 保單號碼
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Proposed Effective Date 建議生效日期 (D日/M月/Y年)

Please change the policy records as follows with effect from: 請由此日期起更改保單紀錄如下:	D 日	M 月	Y 年
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Change of Insured/Insured Person's* Personal Information 更改投保人/受保人* 個人資料

Name 姓名	Date of Birth 出生日期	Sex 性別	<input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Surname 姓	Given Name 名	(D日/M月/Y年)	
Telephone No. 電話號碼	Correspondence Address 通訊地址		
(<input type="checkbox"/> Mobile Phone 手提 <input type="checkbox"/> Home 住宅 <input type="checkbox"/> Office 公司)			
Email Address 電郵地址			
Passport or HKID Card * No. (The first 4 characters/digits) 護照或香港身份證 * 號碼 (首 4 個英文字/數字)	Nationality 國籍	<input type="checkbox"/> Indonesia 印尼 <input type="checkbox"/> Philippines 菲律賓 <input type="checkbox"/> Others 其他	

Change of Period of Insurance 更改保險期限

From 由	To 至	(both days inclusive 包括首尾兩天)
(D日/M月/Y年)	(D日/M月/Y年)	

Change of Insurance Particulars 更改投保細則

<input type="checkbox"/> Asia Superior Helper Insurance 亞洲卓越家傭保
Place of Employment 家傭工作地址
Duties of Domestic Helper 家傭工作性質
<input type="checkbox"/> Domestic works 一般家務
<input type="checkbox"/> Domestic works with driving duty 家務工作附帶駕駛職務



Asia Superior Housemaid Insurance 亞洲卓越家務助理保 (Home Assistant 家務助理 / Postnatal Care Helper 陪月員 *)

Monthly Salary (per person) 月薪(每人) HK\$ _____ Total Salary (per person) 總薪金(每人) HK\$ _____

Asia Superior Home Insurance 亞洲卓越家居保

Address of Home
住所地址 _____

Area of Home (Gross Floor Area 建築面積/Saleable Area 實用面積 *)
住所面積 _____ sq. ft. 平方呎

Age of Building
住所樓齡 _____ Year 年

Plan Selection Smart Plan 智選計劃
選擇計劃 Excellence Plan 優越計劃

Add 增加 / Delete 刪除 *

Optional Cover Worldwide Personal Effects "All Risks" Insurance 全球個人財物全險
自選附加保障 Domestic Helper Insurance 家庭僱傭保險 (No. of Domestic Helper 家傭人數 _____)

Asia Superior Travel Insurance 亞洲卓越旅遊保

Destination
旅遊目的地 _____

Area "Asia Only" [亞洲區域]
地區 Worldwide 環球

Plan Selection Single Trip Plan (Plan A) 單次旅遊計劃 (計劃 A)
選擇計劃 Single Trip Plan (Plan B) 單次旅遊計劃 (計劃 B)
 Annual Travel Plan (Plan A) 全年旅遊計劃 (計劃 A)
 Annual Travel Plan (Plan B) 全年旅遊計劃 (計劃 B)

Private Car Insurance / Commercial Vehicle Insurance 私家車保險 / 商業汽車保險 *

- Vehicle Registration Number 車牌號碼 _____
- Estimated car value (sum insured) 估計汽車價值 (投保額) HK\$ 港元 _____
- Insured Motor Vehicle (Make & Model) 受保汽車 (廠名及型號) # _____
- Hire Purchase Owner 貸款公司名稱 _____
- Delete No Claim Discount (NCD) 刪除享有『無賠償記錄折扣』
- Entitled No Claim Discount (NCD), information as below 可享有“無賠償記錄折扣”，資料如下：

Details of present motor insurance "No Claim Discount" 現正享有『無賠償記錄折扣』之汽車保險資料:-

Name of Insurer 保險公司名稱 _____

Present Policy No. 有效保單號碼 _____

Registration Mark 車輛登記號碼 _____ NCB(%) 無賠償記錄折扣 _____ %

Transfer the NCD to the above policy? 是否將轉移至上述保單? Yes 是 No 否

Updated Named Driver(s) 最新保單指定駕駛人 #

Full Name of Driver 駕駛人姓名	Nominated as Named Driver? 是否提名為保單指定駕駛人?	Relationship with Insured 與投保人之關係	Occupation 職業	Age 年齡	No. of Years of Driving 持續駕駛年資
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				
	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否				

- A completed and signed motor proposal form is attached. 現附上已填妥及簽署的汽車保險投保書。
(# New motor proposal form must be submitted. 必須提交新填妥的汽車保險投保書。)



Fire Insurance / Property All Risks Insurance 火險 / 財物全險 *

Address of Insured Premises

受保處所 _____

Area (Gross Floor Area 建築面積/Saleable Area 實用面積 *)

面積 _____ sq. ft. 平方呎

Year of Building

樓宇建築年份 _____ Year 年

Change of Mortgagee/Lien Holder 更改承接人/銀主 (Add 增加 / Delete 刪除 / Change 更改)
Mortgagee/Lien Holder
承接人/銀主 _____

Change of Sum Insured/ Property Insured 更改投保額/所保財產

Total Sum Insured 總投保額 : HK\$ 港元 _____

Sum Insured will be amended as below 投保額分配如下:-

1. HK\$ 港元 _____ Building 樓宇結構

2. HK\$ 港元 _____ Others 其他 (Please specify 請說明) _____

3. HK\$ 港元 _____ Others 其他 (Please specify 請說明) _____

Others 其他 (Please specify 請說明)

Class of Insurance 保險種類 : _____

Item to be changed 更改事項 : _____

Declaration and Authorisation 聲明與授權

1. I/We declare that the statements and particulars given in this application are to the best of my/our knowledge and belief, true and complete and that this application will form the basis of my/our contract with Asia Insurance Co., Ltd. ("the Company"). 本人/本公司謹此聲明就本人/本公司所知所信, 本申請書內的各項陳述及細節均屬真實無訛及完整, 且本申請書將會成為本人/本公司與亞洲保險有限公司(「亞洲保險」)所簽署合約的依據。
2. I/We understand that no request shall take effect unless accepted by the Company and the relevant additional premium[^] due is fully paid (if any). 本人/本公司明白所有更改申請須經亞洲保險接納及有關額外應繳保費[^](如適用)收訖後方為有效。
3. I/We further request that this policy will be changed in accordance with the above particulars on the understanding and agreement that a copy of this request shall be attached to and form a part of the said policy. 本人/本公司要求亞洲保險按照上述細則更改保單, 並同意本申請表的副本將附於保單內, 且成為保單的一部分。
4. I/We understand that at least 10 working days from the date of my/our request of change is required for being approved by the Company to update my/our records. 本人/本公司明白此更改申請需時最少10個工作日並須經亞洲保險批核, 始能更新本人/本公司的記錄。
5. I/We acknowledge and confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this request form. 本人/本公司確認已閱讀及明白隨本申請表附上有關亞洲保險的收集個人資料聲明。

[^] Premium Levy payable to the Insurance Authority by policyholders has been imposed on relevant policy at the applicable rate and would be collected through insurance companies. For further information, please visit www.asiainsurance.hk or contact (852) 3606 9933. 保監局將透過保險公司向保單持有人根據訂明的徵費率按保單保費收取保費徵費。如要進一步資料, 請瀏覽本公司網頁 www.asiainsurance.hk 或致電 (852) 3606 9933.

OCBC Bank (Hong Kong) Limited
華僑銀行(香港)有限公司

Signature of Insured (with company chop, if applicable)
投保人簽署 (及公司蓋章, 如適用)

Name of Licensed Insurance Intermediary
持牌保險中介人名稱
License No. 牌照號碼 : FA3485

Policy No. 保單號碼 : _____

Date Signed 簽署日期 : _____



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

- 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.
- 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".
- "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.
- 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").
- The Company may use the personal data the Company collect about you for the following purposes:
 - processing and assessing of applications or requests for any insurance products and daily operation of the related services;
 - administering your insurance policy and providing services in relation to your insurance policy;
 - investigating, analyzing, processing and paying claims made under your insurance policy;
 - exercising any right under the insurance policy including right of subrogation, if applicable;
 - detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
 - developing insurance and other financial services and products;
 - developing and maintaining credit and risk related models;
 - carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - for statistical or actuarial research undertaken by the Company or any member of the Group;
 - complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
 - contacting you for any of the above purposes;
 - other ancillary purposes which are directly related to the above purposes.
- 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:
 - 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;
 - organisations that consolidate claims and underwriting information for the insurance industry;
 - fraud prevention organisations;
 - 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;
 - 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;
 - any members of the Federation by the Federation for any of the above or related purposes;
 - regulators;
 - lawyers;
 - accountants, financial advisors, auditors;
 - other members of the Group;
 - 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.
- 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.
- 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.
- In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
- 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

- 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。
- 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」。
- 「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。
- 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。
- 本公司將所收集閣下的個人資料，可能用作下列的用途：
 - 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；
 - 管理閣下的保單及為閣下的保單提供相關服務；
 - 閣下保單索償的調查、分析、處理及賠償；
 - 行使有關保險單賦予的任何權利包括代位權，如適用；
 - 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；
 - 發展保險及其他金融服務及產品；
 - 發展及維持本公司信貸及風險之相關模型；
 - 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；
 - 作本公司或本集團的任何成員的統計或精算研究；
 - 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；
 - 為上述任何用途與閣下聯絡；
 - 與上述用途直接有關之其他附帶的目的。
- 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：
 - 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；
 - 整合保險業申索和承保資料的組織；
 - 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；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）；
 - 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，或使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；
 - 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；
 - 監管機構；
 - 執業律師；
 - 會計師、財務顧問、認可核數師；
 - 本集團的其他成員；
 - 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。
- 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。
- 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。
- 中英文版本如有差異，將以英文版為準。
- 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。