



Falcon Insurance Company (Hong Kong) Limited
富勤保險(香港)有限公司

富康寶
WinBloom
Plus



WinBloom Plus Medical Plan 富康寶醫療計劃

WinBloom Plus is well designed with the following features 富康寶之特點:

3 different levels of hospitalization cover in order to suit your needs: Private Room, Semi-Private Room and Ward
提供三種住院計劃以配合你的需要：私家病房，半私家病房及普通病房

Free choice of hospitals and doctors
自由選擇醫院及醫生



Lifelong cover up to age 100 - Maximum entry age is 64 (Applicable to basic Hospitalization and Surgical benefits only)

終身受保至100歲 - 初次投保年齡上限為64歲
(只適用於基本住院及手術保障)

Full Refund for Hospital Special Services Fee
醫院雜項全數賠償

Guarantee renewable
保證續保

Companion Bed for Child

兒童住院陪床費用保障

5% Family Cover Discount on the first year total premium

投保人與配偶及/或子女同時投保
可享有首年總保費5%折扣優惠



Separate coverage for Cancer Treatment and Renal Dialysis
獨立癌症治療及腎透析治療保障

No Claim Renewal Discount
無索償之續保保費折扣

Optional Supplementary Major Medical Benefit
自選附加醫療保障



Special coverage for Medical Appliances
特設醫療裝置費用保障

Hospital Cash for General Ward of Public Hospitals
政府醫院大房現金津貼

Easy to enrol; no medical examination required
投保手續簡單無需驗身

Cooling-off period of 7 days
保單特設7天冷靜期

Schedule of Benefits 保障範圍

A.	HOSPITALIZATION & SURGICAL BENEFITS 住院及手術保障	WinBloom Plus		
		Plan 1	Plan 2	Plan 3
	Room Class 病房級別	Private 私家病房 HK\$	Semi-Private 半私家病房 HK\$	Ward 普通病房 HK\$
	Annual Overall Limit Per Policy Year 每年最高賠償額	600,000	350,000	150,000
1.	Room Benefit (Per day limit) 病房費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	2,500 180	1,300 180	700 180
2.	Meal Allowance (Per day limit) 膳食費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	300 180	250 180	200 180
3.	In-Hospital Doctor Visits (Per day limit) 醫生巡房費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	2,500 180	1,300 180	700 180
4.	Intensive Care Unit (Per day limit) 深切治療室費 (每日限額) Max. no. of days per confinement 每次住院最高可達日數	4,000 10	2,500 10	1,500 10
5.	Hospital Special Services 住院雜費 Per confinement limit 每次住院最高限額	Full Refund 全數賠償		
6.	Surgical Benefit 手術費 Per confinement limit 每次住院最高限額	80,000	55,000	40,000
		Subject to Surgical Schedule of Fees 以手術費用表為限		
7.	Anaesthetist Fee 麻醉師費 Per confinement limit 每次住院最高限額	Subject to 30% of Surgical Benefit Actually Paid 以實際賠償手術費之30%為限		
8.	Operation Theatre Fee 手術室費 Per confinement limit 每次住院最高限額	Subject to 30% of Surgical Benefit Actually Paid 以實際賠償手術費之30%為限		
9.	In-Hospital Specialist Consultation 住院專科醫生費 Per confinement limit 每次住院最高限額	20,000	15,000	10,000
10.	Cancer Treatment and Renal Dialysis 癌症治療及腎透析治療費 Per policy year limit 每保單年度最高限額 (chemotherapy/radiotherapy/targeted therapy for cancer/renal dialysis performed in an in-patient or out-patient setting)於醫院或診所內進行之化療/電療/標靶治療/腎透析治療	100,000	70,000	50,000
11.	Out-Patient Surgical Benefit 門診手術費 Per policy year limit 每保單年度最高限額	20,000	15,000	10,000
12.	Medical Appliances 醫療裝置費 Per policy year limit 每保單年度最高限額 Only applicable to the following medical appliances which are medically necessary to be implanted during surgery or to be used for replacement procedures: 只適用於下列因醫療必需而於手術期間植入或於置換手術中所用之裝置： (a) Pacemaker 起搏器 (b) Stents for Percutaneous Transluminal Coronary Angioplasty 經皮冠狀動脈腔內成形術之支架 (c) Fixed monofocal intraocular lens for cataract surgery 白內障手術所用之單焦距眼內人造晶體 (d) Artificial joint 人造關節 (e) Artificial cardiac valve 人造心瓣 (f) Artificial intervertebral disc 人造椎間盤	45,000	30,000	15,000
13.	Pre / Post-Hospitalization Treatment 入院前或出院後之門診治療費 Per policy year limit 每保單年度最高限額 (For out-patient treatment including one pre-admission consultation and all follow-up treatment within 90 days after discharge from Hospital) (包括1次入院前及出院後90天之門診治療費)	3,000	2,000	1,000
14.	Private Nursing / Nursing Aide (Per day limit) 私家看護/醫護助理費 (每日限額) Max. no. of days per policy year 每保單年度最高可達日數	800 10	500 10	300 10
15.	Companion Bed for Child (Per day limit) 兒童住院陪床費 (每日限額) Max. no. of days per policy year 每保單年度最高可達日數 (Only applicable to child aged 16 or below) (只適用於16歲或以下之兒童)	400 10	250 10	150 10
16.	Hospital Cash (Per day limit) 住院現金保障 (每日限額) Max. no. of days per policy year 每保單年度最高可達日數 (Only applicable to confinement in general ward of HA's hospitals and in lieu of all other hospitalization benefits) (只限入住醫院管理局轄下醫院之大房及用以代替其他住院福利)	800 20	400 20	150 20
17.	Additional Benefits for Accident 附加意外醫療保障 Per policy year limit 每保單年度最高限額	18,000	12,000	5,000

Schedule of Benefits 保障範圍 (Optional Benefit) (自選項目)

B. SUPPLEMENTARY MAJOR MEDICAL BENEFIT			
附加醫療保障	Plan 1	Plan 2	Plan 3
Room Class 病房級別	Private 私家病房	Semi-Private 半私家病房	Ward 普通病房
	HK\$	HK\$	HK\$
Per policy year limit 每保單年度最高限額	200,000	100,000	50,000
Deductible per claim 每次索償之自負額	1,000	1,000	1,000
Reimbursement % 賠償比率	80%	80%	80%
(a) Apply after any items of 1 - 10 under Hospitalization & Surgical Benefits are exhausted. 必須於住院及手術保障項目1-10任何一項耗盡時才適用。			
(b) If the hospital confinement is at a room class higher than that specified under the selected Plan, the reimbursement percentage will be changed to: 若所住病房級別高於投保時所選擇之級別，賠償比率會調整如下：			
<u>Change of Room Class 病房級別改變</u>		<u>Reimbursement % 賠償比率</u>	
From Ward to Semi-Private 由普通病房轉至半私家病房：		50%	
From Ward to Private 由普通病房轉至私家病房：		25%	
From Semi-Private to Private 由半私家病房轉至私家病房：		50%	
Notes:			
(1) This benefit will not be payable for hospital confinement in room class higher than standard Private Room. 此保障不包括入住標準私家病房級別以上之住院索償。			
(2) In case of hospitalization outside Hong Kong, only medical Emergency Case will be covered. 如需於香港以外地方入院，此保障只限於緊急之住院治療。			
(3) This benefit is not available to Insured Persons aged 65 and above. 此保障不適用於年齡已屆65歲或以上之投保人。			

Free Overseas Emergency Assistance Benefits* 免費全球緊急支援服務 24 hours worldwide coverage 24小時全球保障

- ◆ Medical Advice and Referral Services
- ◆ Medical Evacuation
- ◆ Repatriation to Hong Kong after treatment
- ◆ Repatriation of Mortal Remains / Ashes
- ◆ Compassionate Visit
- ◆ Return of Unattended Dependent Child to Hong Kong
- ◆ Deposit Guarantee of Hospital Admission
- ◆ Hotel Accommodation for Convalescence
- ◆ Unexpected Return to Hong Kong
- ◆ Emergency Rerouting Arrangement
- ◆ Information for replacement of Lost Personal Identification Documents
- ◆ Travel Information, Luggage Retrieval, Legal Assistance
- ◆ 醫療服務諮詢及轉介
- ◆ 醫療轉送
- ◆ 治療後接載返香港
- ◆ 運送遺體或骨灰
- ◆ 親屬探訪病人
- ◆ 子女護送返香港
- ◆ 提供入院保證金
- ◆ 酒店住宿予康復者
- ◆ 緊急折返香港
- ◆ 更改行程之緊急安排
- ◆ 提供遺失個人身份證明文件之補領資料
- ◆ 旅遊資訊 行李追蹤 法律支援

* Provided directly by Inter Partner Assistance Hong Kong Limited
直接由國際救援(亞洲)公司提供

FAQs 常見問題

1. Who is eligible to join the WinBloom Plus Medical Plan 富康寶之投保資格?
Any Hong Kong resident aged 18 to 64 with HKID card, his legal spouse and unmarried children aged 15 days to 17 years or 23 years (if full-time student).
凡年齡為18至64歲持有香港身份證之香港居民，其合法配偶及年齡為15日至17歲或23歲(如屬全日制學生)之未婚子女。
2. What is the premium payment method 如何繳付保費?
Premium can be paid annually or semi-annually by cash, cheque or credit card.
保費可按年繳或半年繳方式以現金，支票或信用卡支付。
3. Does the plan guarantee renewable 本計劃是否保證續保? ^{Note (a)}
Yes. The plan guarantees renewable on annual basis. Renewal notice will be sent to policyholder about one month before policy anniversary.
是。本計劃保證每年續保。而續保通知書會於保單週年日前約一個月寄予保單持有人。
4. Is there any waiting period 設有等候期嗎?
Yes. The waiting period is 30 days calculated from the 1st date of coverage of an insured person.
有。本計劃設有30天等候期，而等候期由投保人保障生效首天起計算。
5. What is a "Confinement" 本計劃的“住院”定義是什麼?
It means an insured person's admission in a hospital for a minimum of 6 consecutive hours except that no minimum period of confinement is required for surgical operation or accidental emergency treatment. Each confinement is considered as a new claim.
“住院”是指投保人住院最少連續六小時，但因手術或緊急意外事故之住院除外。而每次住院均被視作一次全新的索償。
6. What is "No Claim Renewal Discount" “無索償之續保保費折扣”是什麼?
If an insured person who has no claim records within a specified period of time, he can enjoy a discount on renewal premium which is calculated according to the insured person's attained age at each renewal.
若投保人在指定期間沒有任何索償紀錄，可在續保時享有保費折扣優惠。續保保費乃根據續保時投保人之已屆年齡所定。

No-Claim-Record Policy Year	Renewal Discount	無索償保單年度	續保折扣
2-3 consecutive years	5%	連續2至3年	5%
4 or more consecutive years	10%	連續4年或以上	10%

Note (a) The Policy may be renewed annually during the lifetime of the Insured provided this cover continues to be available. On any Policy Anniversary Date or renewal, we have the right to revise the premium and the policy terms & conditions by giving a 30-day prior written notice.
此保障於受保人在生時可供每年續保，惟屆時此計劃須仍然可供續保。本公司亦可於任何一個保單週年日或續保時，以三十日前以書面通知修訂此保障之保費，保障範圍及/或任何其他計劃細則。

Major Exclusions 主要不受保項目

- ◆ Pre-existing conditions; treatment of any illness during the waiting period of 30 days
- ◆ Hospitalization primarily for diagnostic scanning purposes, X-ray examination or physical therapy
- ◆ Routine medical examinations; treatment in rehabilitation institution, sanatorium or home for the aged
- ◆ Birth defects and congenital illnesses; treatment relating to pregnancy
- ◆ Correction of eye refraction; abuses of alcohol and drug addiction
- ◆ Prostheses, crutches, wheelchairs, hearing aids, CPAP machine, or guest meals, etc.
- ◆ Treatment of mental, behavioural, emotional, psychological, psychiatric, or developmental disorders
- ◆ Cosmetic or plastic surgery for beautification purposes
- ◆ Sexually transmitted diseases or their sequel; AIDS and ARCS
- ◆ Racing (except foot-racing); professional sports and hazardous sports
- ◆ Treatment resulting from war, terrorism, criminal act; suicide or self-infliction
- ◆ 所有在受保前已存在之傷病；於30日等候期內發生之疾病
- ◆ 純粹為進行診斷掃描、X光檢查或物理治療而住院
- ◆ 例行健康檢查；康復機構、療養院及老人院之治理服務費用
- ◆ 先天性疾病或缺陷；懷孕及有關之治療
- ◆ 近視、遠視等視力問題之矯正治療；酗酒或濫用藥物
- ◆ 假體、拐杖、輪椅、助聽器、呼吸正壓機或客人膳食等
- ◆ 成長障礙及關於精神、心理、情緒或行為異常之病症
- ◆ 任何美容或外科整形手術
- ◆ 性病及其他後遺症；後天免疫力缺乏綜合症及其相關之複雜症候群
- ◆ 競賽(賽跑除外)；職業運動或危險性運動
- ◆ 因戰爭、恐怖活動、非法活動而引致之傷病；自殺或自殘傷害



About Falcon Insurance 富勤保險簡介

Falcon Insurance Company (Hong Kong) has been writing medical business in Hong Kong for over 20 years, providing coverage for both individual and corporate clients. We strive to settle all hospital claims within 10 working days.

Falcon Insurance Company (Hong Kong) Limited is a wholly owned subsidiary of Fairfax Financial Holdings Limited, a financial services holding company with its corporate headquarters in Toronto, Canada. Fairfax is listed on the Toronto stock exchange under stock symbol "FFH". Its assets exceed US\$27 billion (HK\$210 billion). Fairfax employs about 10,000 people worldwide, and has operations in North America, Europe and Asia. Through its subsidiaries, Fairfax is engaged in Property & Casualty insurance and reinsurance and investment management.

Through acquisitions and organic growth, Falcon Insurance Company (Hong Kong) Limited now ranks amongst the territory's major general insurance companies. Falcon is led and staffed by a highly qualified and experienced team, which understands the needs of the local market, and is able to make decisions locally to meet those needs. All solutions are backed by dedicated service standards, a fair and fast approach to claims settlement.

Falcon is rated A- by Standard & Poor's.

富勤保險(香港)有限公司從事醫療保險逾20年，為個人及公司客戶提供醫療保障。所有住院賠償申請一般會於10個工作天內支付。

富勤保險(香港)有限公司是Fairfax Financial Holdings Limited 之全資附屬機構。Fairfax 集團總辦事處位於加拿大多倫多，並於多倫多證券交易所，以股票代號FFH上市。集團資產總值逾2,100億港元，全球僱員超過10,000人，營運遍達北美洲、歐洲及亞洲。集團透過其附屬機構，從事財物保險、意外保險、分保及投資管理等業務。

透過收購及內部增長，富勤保險(香港)有限公司已成為香港主要一般保險公司之一。其經驗豐富之專業團隊，非常瞭解香港市場之需要。富勤保險一向以公正的態度、快捷的處理手法面對承保事宜。

富勤保險並已獲得標準普爾高度評級為 A-

Producer name and address:

代理或經紀名稱及地址:

Address 地址 : Suites 307-11 3/F Cityplaza Four
12 Taikoo Wan Road, Hong Kong
香港太古城太古灣道十二號太古城中心第四期三樓七至十一室
Tel 電話 : (852) 2232-2777
Fax 傳真 : (852) 2232-2799
Website 網址 : <http://www.falconinsurance.com.hk>

Note 註:

The contents of this brochure are for reference only. Please refer to the Policy for full details of the terms and conditions and exclusions. In the event of any discrepancy in respect of the meaning between the Chinese and English version, the English version shall prevail.
此小冊子內容只供參考之用。有關條款細則及不受保項目之詳情，請參閱保單。中、英文之意思如有差異，以英文為準。

WinBloom Plus Medical Plan Application Form 富康寶醫療計劃投保書

Please complete this form in BLOCK letters and return it together with a crossed cheque payable to "Falcon Insurance Company (Hong Kong) Limited".
請以英文正楷填寫此份投保書，並連同劃線支票抬頭「富勤保險(香港)有限公司」寄回本公司。

A. Particulars of Applicant 投保人資料

1. Full Name of Applicant (as shown on HKID Card/Passport) 投保人姓名 (以香港身份證/護照為準)
2. Correspondence Address 通訊地址
3. Place of Residence 居住地
4. Contact Telephone Number 聯絡電話
Mobile手提 Office公司 Home 住宅
5. Email Address 電郵地址

B. Particulars of Proposed Insured(s) 準受保人資料

Name of Proposed Insured(s) 準受保人姓名	Sex 性別	Date of Birth 出生日期 DD 日/MM 月/YY 年	HKID Card/Passport No. 香港身份證/護照號碼	Nationality 國籍	Height/Weight 身高/體重	Occupation 職業	Average stay in HK per year (months) 每年平均居港時間(月)
Applicant 投保人		/ /			/		
Spouse 配偶		/ /			/		
Children 子女^		/ /			/		
		/ /			/		
		/ /			/		

^ Unmarried children aged 15 days to 17 years or 23 years (if full-time student) 未婚子女年齡為 15 日至 17 歲或 23 歲(如屬全日制學生)

C. Plan Details 保障計劃

1. Plan Chosen 選擇計劃: ☐ Plan 1 計劃一 ☐ Plan 2 計劃二 ☐ Plan 3 計劃三
2. Benefits Chosen 選擇保障: ☐ Hospitalization Only 住院保障 ☐ Hospitalization & Supplementary Major Medical (SMM) 住院及附加醫療保障
3. Proposed Policy Effective Date 建議保單生效日期: ____/____/____ (subject to final approval by the Company 最終由本公司決定)
Date Month Year
4. Premium Payment Mode 保費繳付形式: ☐ Annual 每年繳付 ☐ Semi-annual 半年繳付

5. Premium Due (HK\$) 應付保費:

	Hospitalization 住院保障	Supplementary Major Medical (Optional) 附加醫療保障 (自選)	No. of Persons 人數	Sub-total 小計
Applicant 投保人	_____	_____	_____	= _____
Spouse 配偶	_____	_____	_____	= _____
Children 子女	_____	_____	x (_____)	= _____

Annual Premium 全年保費 = _____

For Semi-annual Premium Mode 半年繳付保費為:

Annual Premium 全年繳保費 x 0.52 = _____

*Less 5% Family Discount (if any) 扣除家庭投保優惠 5% (如適用) = _____

* Only when applicant joins the plan with the spouse and/or child(ren) at the same time 只限申請人與配偶及/或子女同時投保

Total Premium Due 總保費

D. Health Declaration 健康聲明

All Proposed Insured(s) included in this application must answer the following questions 所有準受保人必須回答下列問題

Do you have any physical defect or any sign of slow physical or mental development? ☐ Yes 是 ☐ No 否
閣下是否有缺陷或有生理或心智發展遲緩之跡象？

1. Have you ever been diagnosed and/or treated for any of the following disorders or diseases? ☐ Yes 是 ☐ No 否
閣下曾否經診斷患有下列任何一種病症，或曾經/正在接受診治或藥物治療？

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Hypertension
高血壓 | <input type="checkbox"/> Spinal or musculoskeletal diseases
脊椎或肌肉骨骼疾病 | <input type="checkbox"/> Hemorrhoid
痔瘡 | <input type="checkbox"/> Mental or psychiatric disorders
精神病 |
| <input type="checkbox"/> Hyperlipidaemia
高血脂 | <input type="checkbox"/> Arthritis
關節炎 | <input type="checkbox"/> Hernia
疝氣 | <input type="checkbox"/> Stones of any kind
各類型結石 |
| <input type="checkbox"/> Hypercholesterolaemia
高膽固醇 | <input type="checkbox"/> Gout
痛風 | <input type="checkbox"/> Anal fistula
肛瘻 | <input type="checkbox"/> Ulcer of any kind
各類型潰瘍 |
| <input type="checkbox"/> Rheumatic fever
風濕熱 | <input type="checkbox"/> Hallux valgus
姆趾外翻 | <input type="checkbox"/> Hepatitis B
乙型肝炎 | <input type="checkbox"/> Asthma
哮喘 |
| <input type="checkbox"/> Cardiovascular or
circulatory disorders
心臟血管或循環系統疾病 | <input type="checkbox"/> Gynaecological disorders
婦科病 | <input type="checkbox"/> Kidney diseases
腎病 | <input type="checkbox"/> Other respiratory diseases
其他呼吸疾病 |
| <input type="checkbox"/> Infection by Human
Immunodeficiency Virus (HIV)
後天免疫力缺乏症病毒感染 | <input type="checkbox"/> Medical conditions associated
with pregnancy
與懷孕有關之疾病 | <input type="checkbox"/> Diabetes
糖尿病 | <input type="checkbox"/> Drug addiction
藥癮 |
| <input type="checkbox"/> Venereal diseases
性病 | <input type="checkbox"/> Cancer or tumour of any kind
各類型癌症及腫瘤 | <input type="checkbox"/> Thyroid disorders
甲狀腺疾病 | <input type="checkbox"/> Epilepsy
腦癇症 |
| | | <input type="checkbox"/> Varicose veins
靜脈曲張 | <input type="checkbox"/> Others 其他 |

2. Within the past 5 years, have you:
在過去五年內，閣下是否

- a. experienced any of the following symptoms in a repeated/persistent way? ☐ Yes 是 ☐ No 否
曾反覆/持續出現以下病徵？

Chest pain or discomfort, palpitation, shortness of breath, blood splitting, hoarseness or cough, fever, headache, dizziness, night sweating, loss of consciousness, seizure, indigestion, vomiting, abdominal pain, diarrhea, jaundice, blood in the stool or urine, abnormal vaginal bleeding, dysuria, incontinence, allergy, back and/or leg pain, or joint pain/swelling, etc.

胸痛或胸部不適、心悸、氣促、血痰(吐血)、聲音沙啞或咳嗽、發熱、頭痛、頭暈、夜間出汗、失去知覺、抽搐、消化不良、嘔吐、腹痛、肚瀉、黃疸、血尿或血便、異常陰道出血、排尿困難、失禁、敏感、腰腳痛或關節痛/腫脹等。

- b. received any hospitalization treatment, operation or physiotherapy treatment? ☐ Yes 是 ☐ No 否
曾接受任何入院治療、手術或物理治療？

- c. had any medical investigations, examinations or check up? ☐ Yes 是 ☐ No 否
曾接受任何醫療檢查或身體檢查？

- d. had any sudden body weight change in the past 12 months? ☐ Yes 是 ☐ No 否
在過去 12 個月曾有突然體重變化？ + / - lb/kg
增/減 磅/公斤

3. Are you currently taking/has taken any regular medications? If "Yes", please state the name of the drug: ☐ Yes 是 ☐ No 否
閣下是否現正或過去曾經定期服用藥物？如“是”，請註明藥物名稱：

4. Are you a Hepatitis B or C carrier? ☐ Yes 是 ☐ No 否
閣下是否乙型或丙型肝炎帶菌者？

5. Are you drinker? ☐ Yes 是 ☐ No 否
閣下是否飲用酒精飲料？ 每週 ml(s) per week
毫升

6. Are you smoker? ☐ Yes 是 ☐ No 否
閣下是否吸煙者？ 每日 piece(s) / pack(s) per day
支 / 包

7. Have you ever had a policy or application for life, accident, critical illness or medical insurance declined or withdrawn or had any special terms (including extra premium or exclusions) imposed? ☐ Yes 是 ☐ No 否
閣下之醫療、意外、危疾或人壽保單或投保書曾否被拒絕或不獲續保或被加上特別條款(如額外保費或不受保項目)？

8. Have you ever been covered by medical insurance? If "Yes", please state: ☐ Yes 是 ☐ No 否
閣下曾否參加任何類型之醫療保險計劃？如“是”，請註明：

Name of insurance company and policy no.
保險公司名稱 及保單編號

If the answer to any of the above questions 1 to 5 is “Yes”, please provide full details in the following table.
若上述1至5項問題的答案為「是」者，請詳述於下列空格內。

Question No. 問題	Name of Proposed Insured(s) 準受保人姓名	Diagnosis 病症	Treatment/Operation date and details 治療／手術日期及詳情	Name and address of the attending physician 主診醫生姓名及地址

Please provide the details in a separate sheet, if necessary, with your signature如有需要請將詳情列於附加紙張上並簽署

Declaration 聲明

I understand and agree that: (i) insurance will be effective on the date specified by **Falcon Insurance Company (Hong Kong) Limited** (the “Company”) after approval of the Application; (ii) any misrepresentation or omission may nullify coverage for the Insured Person(s) and (iii) the insurance will be governed by the terms and conditions of the Policy. 本人清楚明白及同意：(i) 此保險計劃經由**富勤保險(香港)有限公司**（「貴公司」）核對及批准方予生效，而生效日期乃由貴公司決定；(ii)如有任何資料錯誤遲報或不詳盡，可能導致喪失受保人之保障；及 (iii) 此保險計劃乃根據保單之內容及條款。

I hereby apply to be enrolled in the medical plan together with the proposed insured(s) listed above. I hereby declare to the best of my knowledge and belief that the information given in this Application is true and complete. It is agreed that this declaration and information given in this Application shall form the basis of the contract(s) between the Insured Person(s) and the Company. 本人聯同本投保書所填報之準受保人決定申請參與本醫療保險計劃。本人謹以最高誠信聲明本投保書所列之全部資料皆為真實及完整。本聲明及本投保書內所有資料均已被吾等同意其將會構成吾等與貴公司之間所訂立合約之根據。

I understand and acknowledge that the Company shall pay the authorized insurance broker (if any) a commission for arranging the Policy, as a result of purchasing and taking up the Policy issued by the Company as well as renewing the Policy thereafter. I further understand that the above agreement is necessary for the Company to proceed with the application. 本人明白及確認貴公司會就本人購買及接受貴公司簽發的保單及其後續保該保單，向負責安排有關保單的獲授權保險經紀（如有）支付佣金。本人亦明白貴公司必須取得上述的同意，才可以處理有關保險申請事宜。

Consent 同意書

I/We acknowledge that I/we have been provided with a copy of the Personal Information Collection Statement (the “Statement”) issued by Falcon Insurance Company (Hong Kong) Limited (the “Company”). I/We confirm that I/we have read and understood the Statement. I/We hereby give my/our consent and authorise that the Company may collect, use, transfer, store, disclose and otherwise process my/our personal data in accordance with the Terms of the Statement. 本人／吾等確認，本人／吾等已獲提供一份由富勤保險（香港）有限公司（「本公司」）發出的個人資料收集聲明（「該聲明」）。本人／吾等確認已經閱讀並且明白該聲明。本人／吾等同意本公司可依照該聲明的條款收集、使用、轉移、保存、透露及以其他方式處理本人／吾等的個人資料。

Authorization 授權

I hereby authorize/and on behalf of all proposed insured(s) hereby authorize* (i) any doctor, hospital, clinic, or insurance company, government office or any organization or persons who has any records/knowledge/information of me/all proposed insured(s)* (whether medical or otherwise) to disclose, release or transfer to **Falcon Insurance Company (Hong Kong) Limited** (the "Company") or its representative such record, knowledge or information pertinent to this Application and any claim arising therefrom; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform necessary medical assessment and tests to evaluate the health status of me/all proposed insured(s)* in relation to (i) above. 本人謹此授權/謹此代表所有準受保人授權* (i) 任何擁有本人/準受保人* 的醫療記錄或資料之醫生、醫院、診所、保險公司、政府部門或其他機構及人仕，向**富勤保險(香港)有限公司**（「貴公司」）或其代表透露及提供關於本人/準受保人* 之記錄或資料; (ii) 貴公司或其指定之醫護檢查人員或化驗所對本人/準受保人* 進行與(i)有關之身體檢查及化驗。

This authorization shall bind the successors and assignees of me/all proposed insured(s)* and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original. 此授權對本人/準受保人* 之繼承人及受讓人均有約束力，即使在本人/準受保人* 身故或喪失行為能力後仍然有效。此授權書之副本，與正本同樣有效。

*delete where appropriate 請將不適用者刪除

Signature of Applicant 投保人簽署

(on behalf of all Proposed Insured(s))
(謹代表所有準受保人)

Date 日期

Broker / Agent Name

經紀/代理人姓名

Signature of Broker / Agent with Company Chop

經紀/代理人簽署及公司蓋章

Date 日期

For Office Use Only 本公司專用

Remarks 備註:

The Chinese copy of this application form is for reference only. In case of any discrepancy between the Chinese and the English versions, the English version shall apply and prevail. 本投保書的中文譯本祇供參考之用，如有爭議，應以英文原義為準。

05/2020

Personal Information Collection Statement (the “Statement”)

In compliance with the Personal Data (Privacy) Ordinance (Cap. 486) (the “Ordinance”), Falcon Insurance Company (Hong Kong) Limited (the “Company”) would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services. Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you. Data may also be collected by the Company from you in the ordinary course of the Company’s business, for example, when you lodge insurance claims with the Company or generally communicate verbally or in writing with the Company, by means of documentation or telephone recording system, as the case may be.

(2) **PURPOSES FOR COLLECTING PERSONAL DATA**

Personal data relating to you held or collected by the Company (including but not limited to credit information and claims history) may be used for the following purposes:

- (i) processing applications for insurance products and services;
- (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, setting up of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
- (iii) processing, adjudicating, settling and defending insurance claims as well as conducting any incidental investigation, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
- (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
- (v) exercising the Company’s rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
- (vi) designing insurance products and services with a view to improving the Company’s service;
- (vii) preparing statistics and conducting research;
- (viii) complying with the obligations, requirements and/or arrangements for disclosing and using data that bind on or apply to the Company or that it is expected to comply according to:
 - (a) any law binding or applying to it within or outside the Hong Kong Special Administrative Region (“Hong Kong”) existing currently and in the future;
 - (b) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside Hong Kong existing currently and in the future; or
 - (c) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations;
- (ix) complying with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
- (x) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
- (xi) any other purposes relating to the purposes listed above.

(3) **TRANSFER OF PERSONAL DATA**

Personal data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties for the purposes set out in paragraph (2) of this Statement:-

- (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as insurance adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);

- (ii) reinsurance companies with whom the Company has or proposes to have dealings;
- (iii) any person or entity to whom the Company is under an obligation or otherwise required to make disclosure under the requirements of any law or rules, regulations, codes of practice, guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers binding on or applying to the Company or with which the Company is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future;
- (iv) any actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business; and
- (v) the following persons who carry out any of the purposes described in paragraphs (2)(i)-(2)(iii) of this Statement: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, 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.

Such information may be transferred to a place outside Hong Kong.

(4) **DATA ACCESS AND CORRECTION RIGHT**

In accordance with the Ordinance, you have the right to check whether the Company holds personal data about you and to require the Company to provide a copy of such data and to correct the data which is inaccurate. Such requests can be made in writing to the Data Protection Officer of the Company at the following address, email or fax number:

Data Protection Officer
Falcon Insurance Company (Hong Kong) Limited
Suites 7-11, 3/F,
No.12 Taikoo Wan Road,
Taikoo Shing,
Hong Kong
Email: info@falconinsurance.com.hk
Fax: (852) 2232 2899

According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.

- (5) You also have the right, by writing to the Company’s Data Protection Officer at the address, email or fax number provided in paragraph (4) of this Statement, to request for the Company’s policies and practices in relation to personal data and to be informed of the kinds of personal data held by the Company.
- (6) The Company keeps your personal data only for a period reasonably necessary for any of the above purposes or as prescribed by the applicable laws or regulations.
- (7) Should you have any query with this Statement, please do not hesitate to contact our Customer Service Hotline at (852) 2232 2888.
- (8) Nothing in this Statement shall limit the rights of the customers under the Ordinance.
- (9) The Company retains the right to change this Statement.

May 2020

Issued by Falcon Insurance Company (Hong Kong) Limited

個人資料（私隱）條例 — 個人資料收集聲明（「本聲明」）

為依從個人資料（私隱）條例（「條例」），富勤保險（香港）有限公司（「本公司」）特此通知閣下以下事項：

- (1) 在申請及接受保險產品及服務時，及當本公司提供與保險產品及服務相關之其他服務時，閣下有需要不時向本公司提供個人資料。若閣下未能提供該等資料，可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務及／或其他相關服務。本公司亦可能會在日常業務運作的過程中向閣下收集資料，例如當閣下向本公司提出保險索償或當在一般情況下以口頭或書面形式與本公司溝通。

(2) **個人資料收集目的**

本公司所存下或收集的關於閣下的個人資料（包括但不限於信用資料和以往申索紀錄）可能會用作下列用途：

- (i) 處理保險產品及服務的申請；
- (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求，包括但不限於要求增加、更改或刪除保障項目或受保成員，訂立直接付款安排及保單取消、更新或復效申請；
- (iii) 處理、判定、結清保險索償及就索償抗辯，包括進行任何附帶調查，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）；
- (iv) 執行與所提供的保險產品及服務相關的功能及活動，如核實身份、資料核對及再保險之安排；
- (v) 行使本公司因不時向閣下提供保險產品及服務而享有的權利，例如向閣下追討欠款；
- (vi) 設計保險產品及服務以提升本公司的服務質素；
- (vii) 製作數據及進行研究；
- (viii) 履行根據下列對本公司具有約束力或適用或期望其遵守的就披露及使用資料的義務、規定及／或安排：
 - (a) 不論於香港特別行政區（「香港」）境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；或
 - (b) 不論於香港境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出的任何指引或指導；或
 - (c) 本公司因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向該等本地或外地的法律、監管、政府、稅務、執法或其他機關，或有關的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
- (ix) 符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動；
- (x) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或附屬參與人，就擬涉及的轉讓、出讓、參與或附屬參與的交易進行評估；及
- (xi) 與上述有關的其他用途。

(3) **個人資料的轉移**

存於本公司的個人資料將會保密，但本公司可能會向以下各方透露該等資料作本聲明第 (2) 段所列出的用途：

- (i) 任何代理人、承辦人或就本公司之業務運作，包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務，或就與保險產品及服務相關之其他服務，向本公司提供服務的第三方服務供應者（如保險理算人、理賠調查員、收數公司、資料處理公司及專業顧問）；
- (ii) 與本公司有或將有商業往來的再保險公司；
- (iii) 本公司為遵守任何法律規定，或根據法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會所作出或發出對本公司具有約束力或適用或期望其遵守的規則、規例、實務守則、指引或指導，或根據本公司向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港境內或境外及不論目前或將來存在的），而有義務或以其他方式被要求向其作出披露的任何人士或機構；
- (iv) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或附屬參與人；及
- (v) 為履行任何本聲明第 (2)(i)-(2)(iii) 段所列明的用途的以下人士：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；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）。

該等資料可能被轉移至香港境外。

(4) **查閱及改正資料權利**

根據條例規定，閣下有權查詢本公司是否持有閣下的個人資料及要求索取該等資料的複本（查閱資料要求），並要求本公司就不準確的資料作出改正。閣下如欲行使有關權利，請以書面經以下聯絡方法向本公司的資料保護主任提出：

資料保護主任
富勤保險（香港）有限公司
香港太古城
太古灣道 12 號
3 樓 7 - 11 室
電郵：info@falconinsurance.com.hk
傳真：(852) 2232 2899

根據條例，本公司有權就辦理任何查閱資料要求收取合理費用。

- (5) 閣下亦有權根據本聲明第 (4) 段所提供的聯絡方法向本公司的資料保護主任索取本公司有關個人資料私隱的政策及實務，並獲告知本公司持有的個人資料的種類。
- (6) 本公司只會根據上述任何用途上的合理需要或適用法例或規例規定的期間保存閣下的個人資料。
- (7) 如閣下對本聲明有任何疑問，請致電本公司的客戶服務熱線(852) 2232 2888。
- (8) 本聲明不會限制客戶在條例下所享有的權利。
- (9) 本公司保留修改本聲明的權利。

2020 年 5 月
由富勤保險（香港）有限公司發出