

HOSPITALIZATION & SURGICAL CLAIM FORM 住院及手術索償表格

This Claim Form is applicable to both inpatient and outpatient surgical claim 本索償表格適用於住院或門診手術索償

Claim Notes

- This Form is applicable to hospitalization and day case surgery in hospital / clinic claims.
- Each Claim Form is for one Claimant (Patient) only.**
- Original itemized bills and receipts and this completed Claim Form must be submitted within 90 days of incurring such expenses.

Claim Procedures

- Attach the **Original** receipt(s) issued by the doctor and / or hospital or certified true copy of receipt(s) issued by other insurers (if applicable). Each receipt **MUST** state the following information:
 - Full name of patient
 - Date of treatment
 - Diagnosis
 - Breakdown of charges
 - Doctor's signature and official stamp
 - Name of surgery (if applicable)
 - Name of Hospital or Clinic
- Please attach copies of hospital discharge summary, laboratory test report(s), pathology report, physician's statement and any other related information. All information required by us shall be furnished at the Claimant (Patient)'s own expense.
- Complete and sign this Form.**
- Provide copy of claim settlement advice from other insurers, if applicable.
- Please tick the appropriate box if certified true copy of receipt is required.
Falcon Insurance Company (Hong Kong) Limited will retain the original receipt for record purpose.

索償注意事項

- 此索償表格適用於住院及醫院 / 門診日間手術索償。
- 每張索償表格只限一名索償人(病人)。**
- 請於費用支出後 90 日內將正本詳列之賬單及收據連同填妥之索償表格一起遞交。

索償程序

- 附上由醫生及 / 或醫院簽發的收據**正本**或由其他保險公司發出的收據核實副本(如適用)。每張收據**必須**列明以下資料:
 - 病人姓名
 - 治療日期
 - 病症名稱
 - 收費項目說明
 - 醫生簽署及蓋章
 - 手術名稱(如適用)
 - 醫院或診所之名稱
- 請同時附上出院紙、化驗報告、病理報告、醫生報告及其他相關資料之副本。本公司要求遞交的資料之費用須由索償人(病人)支付。
- 填妥此索償表格及簽署。**
- 如適用,請提供其他保險公司之賠償結算通知書副本。
- 如需索取收據之核實副本,請於適當空格內畫上**✓**號。
收據正本將存檔於富勤保險(香港)有限公司。

PART 1 - TO BE COMPLETED BY CLAIMANT (PATIENT) 第一部份 - 由索償人(病人)填寫

1a. Policy No. 保單號碼		1b. Policyholder Name 保單持有人名稱	
2. Employee 僱員		2b. Type of Personal Identification Document and Number 身份證明文件類別及號碼 (Please tick the appropriate box 請於適當方格內畫上 ✓ 號)	
2a. Name in English 英文姓名 Surname 姓 Other Name 名		<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼 <input type="checkbox"/> Member Ref. No. 會員參考編號 <input type="checkbox"/> Staff No. 職員編號	
3. Claimant (Patient) (if other than Employee) 索償人(病人) (如非僱員)			
3a. Name in English 英文姓名 Surname 姓 Other Name 名		3b. Relationship 關係	
		3c. Type of Personal Identification Document and Number 身份證明文件類別及號碼 (Please tick the appropriate box 請於適當方格內畫上 ✓ 號)	
		<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼 <input type="checkbox"/> Member Ref. No. 會員參考編號 <input type="checkbox"/> Staff No. 職員編號	

Please fill in Section A for hospitalization due to illness OR Section B for hospitalization due to accident. 如因疾病入院,請填寫A欄;如因意外入院,請填寫B欄。

Section A: 4. Describe the symptoms and abnormalities leading to this hospitalization. 請描述因何不適及有何異常引致是次入院 _____ 5. Name, address & telephone no. of doctor / hospital first consulted for the illness. 首次求診之醫生姓名 / 醫院名稱, 地址及電話號碼 _____ 6. Date of the first consultation 首次求診日期 _____ 7. Since when did these symptoms first appear? 病徵於何日首次出現? _____			Section B: 4. When (date & time) did the accident happen? 意外於何時(日期及時間)發生? _____ 5. Where did the accident happen? 意外於何地發生? _____ 6. How did the accident happen? 請詳述意外發生經過? _____ 7a. Was the accident reported to the police? 就此意外有否向警方報案? <input type="checkbox"/> Yes 有 (please provide copy of the police report 請提供警方報告副本) <input type="checkbox"/> No 沒有 7b. Was the accident a workplace injury? 此次意外是否工傷? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否								
8. If any prior treatment for the same or closely related cause was received, please provide details below: 如閣下以前曾接受過同樣或相關原因之治療,請填此欄: <table border="1"> <thead> <tr> <th>Date admitted / Treated 入院 / 治療日期</th> <th>Date discharged 出院日期</th> <th>Cause 原因</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Date admitted / Treated 入院 / 治療日期	Date discharged 出院日期	Cause 原因				Name & Address of Doctor 醫生姓名及地址 _____ Name & Address of Hospital 醫院名稱及地址 _____		
Date admitted / Treated 入院 / 治療日期	Date discharged 出院日期	Cause 原因									
9a. Have you ever filed or will you file any other insurance or compensation claim as a result of this treatment? 閣下有否因此次治療而曾經或將會申請其他保險賠償或補償? <input type="checkbox"/> Yes 有 (please provide relevant claim settlement advice with breakdown & complete 9b & 9c) (請提供有關賠償明細表及填妥問題 9b 及 9c) <input type="checkbox"/> No 沒有			9b. (i) Name of the Insurance Company 保險公司名稱 _____ (ii) Policy No. & Membership No. 保單編號及會員編號 _____		9c. Type of Insurance / Compensation 保障或補償類別 _____						

Return certified true copy of receipt(s) after claim processing. 如欲索回收據之核實副本,請於方格內填上**✓**號。

Declaration and Authorization 聲明及授權書

1. I/We hereby declare that the foregoing statements, including any statement attached, are true, correct and complete to the best of my/our knowledge and belief. 本人/吾等謹在此聲明,以上所述一切是根據本人/吾等所知所信正確填寫,並為完全和真確。

2. Consent & Authorization

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. I hereby authorize / and on behalf of the Claimant 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 / the Claimant* (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to the claim herein and / or the disability resulting from the said claim; (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 / the Claimant* in relation to (i) above. This authorization shall bind the successors and assignees of me / the Claimant* and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original. (*Delete where appropriate)

同意及授權書

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。本人謹此授權 / 謹此代表索償人授權* (i) 任何擁有本人 / 索償人*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士,向貴公司或其代表透露及提供關於本人 / 索償人*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 / 索償人*進行與(i)有關之身體檢查及化驗。此授權對本人 / 索償人*之繼承人及受讓人均有約束力,即使在本人 / 索償人*身故或喪生行為能力後仍然有效。此授權書之副本,與正本同樣有效。(*請將不適用者刪除)

Signature of Claimant (Patient) / Parent or Legal Guardian (if Claimant (Patient) aged below 18)
索償人(病人)簽署 / 父母或合法監護人簽署 (如索償人(病人)年齡少於 18 歲)

Date 日期 (DD/MM/YY)

If there is any discrepancy between the English and Chinese versions, the English version shall apply and prevail. 英文版本與中文版本之間如有任何歧異,均以英文版為準。

EMPLOYEE BENEFITS DIVISION 僱員福利部

PART 2 - TO BE COMPLETED BY ATTENDING PHYSICIAN (at the claimant (patient)'s own expenses)
第二部份 - 由主診醫生填寫 (所需費用由索償人(病人)自付)

1. Name of patient 病人姓名	2. Name of Hospital 醫院名稱	3a. Date admitted 入院日期	3b. Date discharged 出院日期
4. Final diagnosis for hospitalization 住院之診斷		5. Symptoms and onset date 病徵及其何時開始	
6. Aetiology of the medical condition 病因		7. Date of Operation 手術日期	
8. Brief description of operating procedure performed 請簡述手術進行之步驟			
9. When did the patient first consult you for this condition or other related symptoms? 病人何時因這種病症或其他有關病徵向閣下首次求診?		10. Was the patient referred to you by another doctor? 病人是否由另一醫生轉介? <input type="checkbox"/> Yes 是 (please state the name of the doctor 請提供該醫生之姓名) _____ <input type="checkbox"/> No 否	
11. Has the patient ever been treated or hospitalized for the same or closely related condition before? If 'yes', please complete: 病人以往曾否因同樣或相關之病症而接受治療或住院? 如 '有', 請填寫: Date of consultation / admission 門診 / 入院日期 Cause 原因 Treatment 治療 Name of Doctor / Hospital 醫生 / 醫院名稱 _____ _____			
12. Have you recommended and secured the opinion or services of a Specialist? 閣下曾否獲得專科醫生之意見或服務? <input type="checkbox"/> Yes 有 Please give the name of the Specialist and the reason why his/her opinion or services were required. 請提供該專科醫生之姓名及需要其意見或服務之理由。 _____ <input type="checkbox"/> No 沒有		13. In-hospital Doctor Visit Fees charged 醫生巡房收費 日數 _____ days 每日 @ _____ Total Fees 費用總額: _____	
14. Are you the patient's usual physician? 閣下是否病人者慣常求診之醫生? <input type="checkbox"/> Yes 是 Please fill in the medical history 請填寫病歷: (please use additional paper if necessary 如有需要, 請用附加紙張) Date of consultation 門診日期 Symptoms / complaints 病徵 / 不適 Recommended tests / treatment 檢查 / 治療 _____ _____ <input type="checkbox"/> No 否 Please give the name(s) of the patient's usual doctor(s) that you know. 請提供閣下知悉之病人者慣常求診之醫生姓名 _____			
15. Was the condition due to or associated with the following? 上述情況是否因以下問題所致? (a) AIDS, venereal disease or sexually transmitted disease 愛滋病, 性病或因性接觸感染之疾病 Yes 是 No 否 (i) Infertility or sterilization 不育或絕育 Yes 是 No 否 (b) Accidental bodily injury 意外身體受傷 <input type="checkbox"/> <input type="checkbox"/> (j) Mental disorder 精神疾病 <input type="checkbox"/> <input type="checkbox"/> (c) Congenital condition 先天性異常 <input type="checkbox"/> <input type="checkbox"/> (k) Pregnancy 懷孕 <input type="checkbox"/> <input type="checkbox"/> (d) Contraception 避孕 <input type="checkbox"/> <input type="checkbox"/> (l) Refractive error or correction of eyesight 屈光不正或矯視 <input type="checkbox"/> <input type="checkbox"/> (e) Treatment for cosmetic purpose 美容性質的治療 <input type="checkbox"/> <input type="checkbox"/> (m) Rest cure or sanitarium care 休養或療養 <input type="checkbox"/> <input type="checkbox"/> (f) Developmental condition 發育問題 <input type="checkbox"/> <input type="checkbox"/> (n) Self-inflicted injury 自我傷害 <input type="checkbox"/> <input type="checkbox"/> (g) General medical check-up 一般身體檢查 <input type="checkbox"/> <input type="checkbox"/> (o) The influence of drugs or alcohol 酒精或藥物之影響 <input type="checkbox"/> <input type="checkbox"/> (h) Hereditary condition 遺傳性問題 <input type="checkbox"/> <input type="checkbox"/> (p) Vaccination 疫苗 <input type="checkbox"/> <input type="checkbox"/>			
16a. Was the confinement due to childbirth 因分娩住院? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		16b. Approximate date of commencement of pregnancy 懷孕開始之大概日期 Day 日 Month 月 Year 年	
16c. It should be classified as a 分娩類別 <input type="checkbox"/> Normal Delivery 順產 <input type="checkbox"/> Miscarriage 流產 <input type="checkbox"/> Caesarian Birth 剖腹生產 <input type="checkbox"/> Legal Abortion 合法墮胎 (please provide supporting documents 請提供有關文件)			
I hereby declare that I was the Attending Physician of the above-named patient during hospital confinement, and that the answers given by me as above are full, complete and true to the best of my knowledge. 本人謹在此聲明, 本人乃上述住院病人之主診醫生。以上所述一切是根據本人所知正確填寫, 並為完全和真確。			
Attending Physician's Signature & Official Stamp 主診醫生簽署及蓋章		Name, Qualifications & Address of Attending Physician 主診醫生之姓名, 資歷及地址	
		Date 日期 (DD/MM/YY)	

If there is any discrepancy between the English and Chinese versions, the English version shall apply and prevail. 英文版本與中文版本之間如有任何歧異, 均以英文版為準。

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、承包商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