



Tugu Insurance Company Limited 德高保險有限公司

(Incorporated in Hong Kong) (在香港註冊成立)

28/F, China Online Centre, 333 Lockhart Road, Wanchai, Hong Kong Tel: (852)2824-2939 Fax: (852)2824-3070

香港灣仔駱克道 333 號中國網絡中心二十八樓 電話: (852)2824-2939 傳真: (852)2824-3070

Website 網址: www.tuguhk.com E-mail 電郵: info@tuguhk.com

PROPOSAL FOR INSURANCE AGAINST ACCIDENTS

For broker business
經紀業務適用

(Cover is not in force until the application has been accepted by the Company)

Period of Insurance Required:

From **DD/MM/YYYY** To **DD/MM/YYYY (both dates inclusive)**

Name of Proposer (in full):

Address (in full):

Profession or Occupation:

Telephone No.:

Please state whether administrative, executive, clerical, commercial duties only, Master Superintending, Master Working with or without Machinery or workman with or without Machinery:

If you have more than one profession or occupation please state all:

Date of Birth:

Height:

Weight:

1. Are there any circumstances connected with your occupation, habits or pastimes which render you specially liable to accidents?

2. (a) For what illnesses or accidents have you received medical attention during the last five years?

(b) Are you now in sound health and free from any physical defect or infirmity?

3. Have you ever suffered from any affection of the eyes, ears or heart, from fits, paralysis, nervous disorders, varicose veins, rupture or any chronic ailments?

4. If weekly indemnity is proposed, do you require deduction of benefit for the first week(s) of temporary total or partial disablement?

5. (a) Does your average weekly income exceed the weekly indemnity under all policies carried by you, including that now applied for?

(b) Does the weekly indemnity now applied for exceed 75% of your average weekly income?



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6. Do you engage in any of the activities normally excluded from this insurance (see overleaf); or any abnormally hazardous adventure or any other activity involving additional risk of accident? If so, please give full details if cover against such risks is required.																			
7. (a) Are you now insured or proposing to effect further insurance against Personal Accident with this Company or any other Insurer? (If so, please give details.) (b) Does any Life Assurance you hold make provision for additional benefits in the event of death as a result of accident? (If so, please give details.) (c) Have you ever had a Personal Accident, Sickness or Life Assurance declined, terminated or subjected to special terms or increased premium by any Insurer? (If so, please give details.)	(a) (b) (c)																		
BENEFITS SELECTED (OCCUPATION CLASS)																			
	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%; text-align: center;">Amount (HKD)</th> <th style="width: 50%; text-align: center;">Premium (HKD)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1. Death</td> <td style="text-align: center; padding: 5px;">1.</td> <td></td> </tr> <tr> <td style="padding: 5px;">2. (a) Permanent Disablement without Extended Permanent Disablement Benefit OR (b) Permanent Disablement with Extended Permanent Disablement Benefit</td> <td style="text-align: center; padding: 5px;">2. (a)</td> <td></td> </tr> <tr> <td style="padding: 5px;">3. Temporary Total Disablement Per Week</td> <td style="text-align: center; padding: 5px;">3.</td> <td></td> </tr> <tr> <td style="padding: 5px;">4. Temporary Partial Disablement Per Week</td> <td style="text-align: center; padding: 5px;">4.</td> <td></td> </tr> <tr> <td style="padding: 5px;">5. Medical Expenses Per Accident</td> <td style="text-align: center; padding: 5px;">5.</td> <td></td> </tr> </tbody> </table>		Amount (HKD)	Premium (HKD)	1. Death	1.		2. (a) Permanent Disablement without Extended Permanent Disablement Benefit OR (b) Permanent Disablement with Extended Permanent Disablement Benefit	2. (a)		3. Temporary Total Disablement Per Week	3.		4. Temporary Partial Disablement Per Week	4.		5. Medical Expenses Per Accident	5.	
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Important Notes

1. You are required to disclose in this Application all material facts which you know or ought to know. Otherwise, you may receive no benefits under the insurance. If you are in doubt whether certain facts are material you should disclose them.
2. You are reminded to keep a copy of the completed application for your record and future reference.
3. A specimen copy of the policy is available on request.
4. No liability is undertaken until the application has been accepted by the Company.

Declaration

I declare and agree that the particulars and statements given above are to the best of my knowledge and belief true and complete. I agree that this application shall be the basis of the contract between me and Tugu Insurance Company Ltd.

I understand and agree that the information collected is to enable the Company to carry on business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of them: any claim or analysis or it: and may be transferred to any related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time.

I understand that I have the right to obtain access to and to request correction of any personal information concerning myself held by the Company. Request for such access can be made to The Senior Office Manager of the Company at 28/F, China Online Centre, 333 Lockhart Road, Wanchai, Hong Kong.

Commission Disclosure 佣金披露

The Applicant/Proposer understands, acknowledges and agrees that, as a result of the Applicant/Proposer purchasing and taking up the policy to be issued by Tugu Insurance Company Limited ("the Company"), the Company will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Applicant/Proposer is a body corporate, the authorized person who signs on behalf of the Applicant/Proposer further confirms to the Company that he or she is authorized to do so.

The Applicant/Proposer further understands that the above agreement is necessary for the Company to proceed with the application.

投保人明白、確知及同意，德高保險有限公司（“本公司”）會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如投保人為法人團體，代表投保人簽署的獲授權人員須向本公司確認他/她已獲該法人團體授權。

投保人亦明白本公司必須取得投保人以上的同意，才可以處理其保險申請。

Signature of Proposer:

Date:

Please Note Carefully:

1. This Proposal Form including the answers and declaration hereof shall be the basis of the contract and be deemed to be incorporated thereto forming part of the Policy.
2. It is the duty of the Proposer to disclose all material facts (i.e. those facts which an Insurer would regard as likely to influence the acceptance and assessment of this Proposal), as non-disclosure could render your Policy null and void. If you are in any doubt as to whether or not a fact is material, you should disclose it.
3. Liability of the Company does not commence until acceptance of the Proposal has been intimated by the Company or an official Cover Note has been issued.



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PERSONAL ACCIDENT INSURANCE SELECTIVE BENEFITS

This Personal Accident Policy is designed to provide benefits to suit your particular requirements. A Policy may be effected for one or more of the benefits shown overleaf, which may be varied in amount at premiums proportionate to those quoted.

AGE LIMITS

The premiums quoted apply to healthy, sober and temperate persons without physical defect or infirmity and between the age of 16 and 65.

The Company shall not be bound to accept any renewal premium or to send any notice of the renewal premium becoming due and the Policy shall not be renewable after the end of the Period of Insurance during which the Insured has attained the age of 65.

MEDICAL EXAMINATION

Medical examination is not required provided the answers given on the proposal are satisfactory.

AVIATION

This Policy covers (without additional charge) flying as a passenger in a fully licensed passenger aircraft not as a member of the crew nor for the purpose of undertaking any trade or technical operation therein. Cover also includes Bodily Injury sustained as a result of the hijacking of an aircraft in which you are travelling.

EXCLUSIONS

The standard form of policy does not cover accidents consequent upon the Insured engaging in hunting, steeplechasing, motorcycling as driver or passenger, racing of any kind or any practice therefor (other than on foot), mountaineering, gliding including hang gliding, parachuting, diving, winter sports, ski-ing, water ski-ing, water ski-jumping, ice-hockey, rugby, polo, pot-holing, or using power-driven woodworking machinery or any abnormally hazardous adventure which expression shall include but in no way be limited to skin diving, deep sea fishing, yachting other than inshore sailing, tobogganing, bobsleighbing, under water pastimes, mountain or rock climbing necessitating the use of ropes or guides, expeditions, boxing, wrestling, judo, karate, unarmed combat, skating, show jumping, but in approved cases certain of these risks may be included for an additional premium which will be quoted on application.

All policies exclude Death or Disablement arising out of war and kindred risks, contamination by radioactivity from any nuclear fuel, nuclear weapons material, flying (except as stated above) suicide or intentional self-injury or sustained whilst the Insured is under the influence of intoxicants or drugs or suffering from venereal disease or insanity or caused by childbirth or pregnancy.

Subject to the usual Policy Terms, Exceptions and Conditions.

A specimen Policy is available on request.

EXTENDED PERMANENT DISABLEMENT BENEFIT

Percentage of Permanent total and absolute disablement
Capital Sum under Section 2 of the

Description or Disablement

TABLE OF BENEFITS

1. Complete and incurable insanity	100%
2. Complete and incurable paralysis	100%
3. Complete and irrecoverable loss of lens of one eye	50%
4. Complete and irrecoverable loss of lens of both eyes	100%
5. Complete and irrecoverable loss of hearing in one ear	15%
6. Complete and irrecoverable loss of hearing in both ears	50%
7. Complete and irrecoverable loss of speech	50%
8. Loss of one thumb -	
both phalanges	20%
one phalanx	10%
9. Loss of one index finger -	
three phalanges	15%
two phalanges	8%
one phalanx	4%
10. Loss of middle finger -	
three phalanges	6%
two phalanges	4%
one phalanx	2%
11. Loss of little finger -	
three phalanges	4%
two phalanges	3%
one phalanx	2%
12. Loss of metacarpals -	
first or second (additional)	3%
third, fourth or fifth (additional)	2%
13. Loss of great toe -	
both phalanges	5%
one phalanx	2%
14. Loss of any other toe -	
both phalanges	2%
one phalanx	1%



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Permanent total loss of use of a member specified above shall be deemed to be loss of the member.

In the case of Permanent Disablement not specified above the degree of disablement shall be assessed by comparison with the percentage shown in this scale without taking into account the occupation of the Insured.

Any payment under this Extended Permanent Disablement Benefit will be set off against the Capital Sum hereunder which from the date of the Bodily Injury will stand reduced by that amount. The payment of 100% of the Capital Sum in respect of one or more claims during a period of insurance shall cancel this insurance.

PERSONAL ACCIDENT INSURANCE THE BENEFITS

SECTION	CONTINGENCIES In the event of accident causing within twelve months:	BENEFIT IN CURRENCY UNITS	ANNUAL PREMIUMS		
			Class 1	Class 2	Class 3
1	Death	10,000	5.50	7.00	10.60
2	Loss of a hand or foot, or both hands or both feet, or one or two eyes Total and Permanent Disablement (other than loss of hand or foot or eye) (a) without Extended Permanent Disablement Benefit as shown overleaf (b) with Extended Permanent Disablement Benefit as shown overleaf	10,000	2.50 5.00	3.00 6.00	4.35 8.75
3	Temporary Total Disablement	100 per week	15.00	20.00	31.25
4	Temporary Partial Disablement (must be insured with Section 3)	50 per week	3.75	5.00	7.80
5	Medical Expenses actually incurred as a result of an accident Limited in respect of any one accident to	1,000 3,000 5,000 10,000	18.00 35.00 45.00 80.00	22.00 43.00 58.00 100.00	33.00 63.00 77.00 166.00

NOTES -

- The above rates are for healthy persons without physical defect or infirmity.
- Benefit Unit for Section 2 must not exceed 3 times of the Benefit Unit for Section 1.
- Benefit Unit for Section 4 must not exceed 50% of the Benefit Unit for Section 3.
- The Temporary Disablement benefits commence from the first day of incapacity.
- Benefits for Temporary Disablement under Sections 3 and 4 together are limited to a period of 104 weeks in all.
- Minimum policy premium HK\$300.00 or equivalent in other currencies.
- Unless the Company duly agrees, the weekly indemnity in respect of Temporary Total Disablement & Temporary Partial Disablement under Section 3 & 4 either singly or together must not exceed 75% of the Insured's average weekly income.

CLASSIFICATION (FOR REFERENCE/COMPARISON ONLY)

Class 1	Professional, administrative and Clerical Occupations such as Accountants, Architects, Auctioneers (not live-stock), Auditors, Bankers, Clergymen, Civil Engineers (not visiting sites), Clerks, Dentists, Estate Agents, Housewives, Import/Export Executives, Lawyers, Merchants, Medical Practitioners, Salesmen, Secretaries, Stockbrokers, Schoolmasters, Surgeons other than Veterinary Surgeons, Teachers.
Class 2	Occupations involving light manual work occasionally and are of supervisory nature such as Bakers (excluding delivery), Cafe and Restaurant Proprietors, Builders (superintending), Civil Engineers, Commercial Travellers, Decorators (superintending), Foremen, Grocers, Hairdressers, Pharmacists, Plumbers (superintending), Tailors, Shopkeepers.
Class 3	Occupations involving manual work such as Bakers (including delivery), Builders (not using woodworking machinery), Carpenters and Decorators (not using woodworking machinery), Electrical Engineers, Fishmongers, Motor or Mechanical Engineers, Painters (excluding work on ships), Radio and Television Engineers, Taxi Drivers.



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Personal Information Collection Statement

Tugu Insurance Company Limited ("the Company") may collect personal information to enable the Company to carry on insurance business. The personal information may be used for the following purposes of:

- processing and assessing of applications for any insurance products and daily operation of the related services;
- any alterations, variations, cancellation or renewal of any insurance and related services;
- any claims or investigation or analysis of such claims;
- exercising any right under the insurance policy including right of subrogation, if applicable;
- meeting the requirements under any law and regulation, requests from regulators, industry bodies, government agencies and court order; and
- any activities directly relating to the above purposes.

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, 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;
- any association, federation or similar organization 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;
- auditors; and
- any party under a duty of confidentiality to the Company including a group company of the Company which has undertaken to keep such information confidential.

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 application and render the services.

You may seek access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, Tugu Insurance Company Limited, 28/F, China Online Centre, 333 Lockhart Road, Wanchai, Hong Kong.

(If there is any inconsistency between the English and Chinese version of this Personal Information Collection Statement, the English version shall prevail.)

Privacy Policy Statement

Tugu Insurance Company Limited ("the Company") is committed to full compliance with the requirements of the Personal Data (Privacy) Ordinance, Cap.486 ("the Ordinance") in respect of the collection, use, retention and disclosure of personal information.

At all times, the Company shall endeavour to ensure all collection and/or storage and/or transmission and/or usage of personal data from individuals be done in accordance with the obligations and requirements of the Ordinance. In doing so, the Company will ensure that staff involved in handling personal data comply with the strictest standards of security and confidentiality.

We collect personal data in a number of ways. The most common circumstances in which we collect personal data are when you enquire about products we offer, you apply for an insurance product, or make a claim.

The types of personal data we collect from you will depend on the circumstances in which that information is collected. We may collect details including your name, HKID, date of birth, contact details and other personal data which is relevant to the insurance product you are applying for or the claim you are making.

The purposes for which your personal data will be used will depend on the circumstances in which that personal data is collected. We will inform you of the purposes for which we intend to use your personal data in the Personal Information Collection Statement at or before the time we collect your personal data.

Generally, we may use your personal data for the purpose for which you provided it to us; for the purposes which are directly related to the purposes for which you provided it to us; and any other purposes to which you have consented.

Your personal data may be provided or transferred to other third party. The third parties to whom your personal data will be disclosed will depend on the purposes for which that personal data is used. We will inform you of the third parties to whom your personal data will be disclosed in the Personal Information Collection Statement at or before the time we collect your personal data.

Generally, we may disclose your personal data as necessary for the purpose for which you provided it to us; for the purposes which are directly related to the purposes for which you provided it to us; and any other purposes to which you have consented.

In exceptional circumstances, we may be required or permitted by law to disclose personal data, for example to law enforcement authorities or to prevent a serious threat to public safety.

We will only retain the personal data for as long as it is necessary to fulfill the original or directly related purposes for which such data was collected, unless the personal data need to be retained to satisfy any applicable statutory, contractual or tortious obligations.

Under the Ordinance, individuals have the right to request access to and correction of their personal data held by the Company. Should you wish to access or correct your personal information held by us, please present your enquiry by writing to the Data Protection Officer of the Company at 28/F, China Online Centre, 333 Lockhart Road, Wanchai, Hong Kong. Any requests or access to and correction of personal information will be dealt with promptly and we will use our best endeavours to handle such requests before the expiry of 40 days maximum. A reasonable fee may be charged to offset the Company's administration and actual costs incurred in the complying with your data access request.

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Mar 2017



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個人資料收集聲明

德高保險有限公司(「本公司」)會收集個人資料以經營保險業務。個人資料會被用作下列用途：

- 處理及評估任何保險產品的申請和相關服務的日常工作；
- 修改、變更、取消或更新任何保險和相關服務；
- 任何申索或調查或分析有關申索；
- 如適用，行使任何保險單內訂明的權利，包括代位權；
- 符合任何法例和附屬法例的規定，監管機構、行業團體和政府代理的要求及法庭命令；及
- 任何與上述用途直接有關的活動。

本公司可就上一段列明的用途把閣下給予本公司的資料提供或轉交至以下列在香港境內或海外的各方：

- 任何代理、承包商或第三方服務供應商，包括提供行政、電訊、電腦、付款、收債、數據處理或儲存或相關服務的供應商，或任何其他經營保險或分保相關業務的公司、或中介人、或提供申索或調查或其他提供與保險業務有關的服務供應商，作任何上述或相關的用途；
- 任何已成立或不時成立的協會、聯會或與保險公司相似的組織(「聯會」)作任何上述或相關的用途，或協助聯會履行其規管職責或其他不時獲分配的職責，而該等職責乃是為了保險行業或聯會任何會員的利益而合理地要求；
- 聯會任何成員由聯會作任何上述或相關用途；
- 監管機構；
- 律師；
- 核數師；及
- 任何一方對本公司有保密責任，包括承諾將該等資料保持機密的本公司集團公司。

如閣下不同意使用其個人資料作上述用途，本公司則無法處理閣下的申請和提供服務。

閣下可查閱和更正本公司持有有關閣下的任何個人資料。閣下可就有關查閱和更正的要求致函至香港灣仔駱克道 333 號中國網絡中心二十八樓德高保險有限公司資料保障主任。本公司有權收取相關的行政費用。

(若此個人資料收集聲明之中、英文版本有歧異之處，應以英文版為準。)

私隱政策聲明

德高保險有限公司(「本公司」)致力恪守第 486 章《個人資料(私隱)條例》(「條例」)有關收集、使用、保留和披露個人資料的規定。

本公司將無時無刻盡力確保所收集及/或儲存及/或傳送及/或使用的所有個人資料，須遵照條例規定的責任和要求處理。在執行上，本公司將確保負責處理個人資料的員工遵守最嚴格的保安及保密標準。

我們以多個途徑收集個人資料，當中最常見的情況包括當閣下查詢本公司提供的產品、向本公司申請保險產品或提出申索時。

我們向閣下收集個人資料所屬的類別，視乎該資料是在甚麼情況下收集，可能包括閣下的姓名、香港身份證號碼、聯絡詳情及與閣下申請的保險產品或閣下的索償相關的其他個人資料。

閣下的個人資料用作甚麼用途視乎收集該資料的情況而定。我們會於收集閣下的個人資料時或之前，在「個人資料收集聲明」內通知閣下我們打算使用其個人資料的用途。

一般而言，我們可使用閣下的個人資料作閣下提供有關資料予我們的用途、與該等用途直接相關的用途及任何其他閣下已同意的用途。

我們可提供或轉交閣下的個人資料至其他第三方。我們向哪些第三方披露閣下的個人資料，視乎該資料被用作甚麼用途。我們會於收集閣下的個人資料時或之前，在「個人資料收集聲明」內通知閣下我們打算向哪些第三方披露閣下的個人資料。

一般而言，我們可因應閣下提供有關資料予我們的用途、與該等用途直接相關的用途及任何其他閣下已同意的用途的需要而披露閣下的個人資料。

在特殊情況下，我們可因應法律規定或准許，如按照執法機關的要求或為防止危害公眾安全，披露有關個人資料。

我們保留有關個人資料的時間並不會長於達致收集該等資料原來或直接相關的用途，除非個人資料須受任何適用的法定、合約或侵權責任的規限而被保留。

根據條例規定，個人有權要求查閱和更正本公司持有關於其本人的個人資料。若閣下欲查閱或更正本公司持有關於其本人的個人資料，請致函至香港灣仔駱克道 333 號中國網絡中心二十八樓德高保險有限公司資料保障主任表達有關要求。我們會將盡快處理任何關於查閱或更正個人資料的要求，並盡力於收到有關要求的 40 天限期內予以回覆。本公司或會收取合理的費用作行政和實際成本以便處理閣下的有關要求。

(若此私隱政策聲明之中、英文版本有歧異之處，應以英文版為準。)

2017 年 3 月