

## OFFICE INSURANCE

Office Insurance is an insurance plan that protects your business against both your own risks and your legal liability risks. You may develop your business without worry.

### Summary of Coverage

| Coverage  | Limits of Indemnity (HK\$)  |
|---|---|
| <b>Section 1 - Office Contents (Basic Coverage)</b>   |   |
| Item 1 Accidental physical loss of or damage to all office contents<br>- Office equipment or machinery<br>- Trade sample<br>- Works of art and valuable watches<br>- Deeds, documents and files<br>- Employees' personal effects  | 280,000 per item<br>120,000 in total<br>20,000 in total<br>5,000 per item<br>6,000 per person                               |
| Item 2 Accidental physical loss of or damage to stock (optional)  | Sum Insured   |
| Item 3 Accidental physical damage to building (optional)  | Sum Insured   |
| <b>Extension to Section 1</b>   |   |
| - Costs of removal of debris<br>- Damage to fixed glass<br>- Damage during temporary removal for cleaning or repair<br>- Fire extinguishing expenses after fire or explosion<br>- Capital additions<br><br>- Risk not prejudiced during alteration or repair with contract value below HK\$100,000<br>- Error and omissions<br>- Automatic reinstatement of sum insured after claim | 100,000 per period<br>20,000 per period<br>100,000 per period<br>100,000 per period<br>Actual loss up to 10% of Sum Insured |
| <b>Section 2 - Additional Rent and Expenses (Free Coverage)</b>   |   |
| Additional rent and expenses incurred within 12 months after business being interrupted or interfered as a result of loss and damage covered under Section 1  | 500,000 per event   |
| <b>Extension to Section 2</b>   |   |
| - Denial of access to the insured premises<br>- Professional accountant's charges for verification of claim<br>- Failure of public utilities causing interruption to the business   |   |
| <b>Section 3 - Loss of Money and Assault (Free Coverage)</b>  |   |
| Loss of money within Hong Kong  |   |
| - Crossed cheques<br>- Money in premises<br>• Kept in safe or strong room<br>• Not kept in safe or strong room<br>- Money at home of authorised employee<br>- Money in direct transit within Hong Kong  | 250,000 per event<br><br>50,000 per event<br>5,000 per event<br>2,500 per event<br>50,000 per event                         |
| <b>Extension to Section 3</b>   |   |
| - Death or permanent total disablement of employee as a result of assault by theft or attempted theft (age limit: 18 – 65)<br>- Fidelity guarantee arising from any fraudulent or dishonest act of employee   | 50,000 per person<br><br>30,000 per period  |
| <b>Section 4 - Third Party Liability (Free Coverage)</b>  |   |
| Legal liability in Hong Kong for injury to third party or accidental loss of or damages to third parties' property in connection with the business at the insured premises  | 10,000,000 per event  |
| <b>Extension to Section 4</b>   |   |
| - Tenant's liability arising from the damage to the premises<br>- Directors, business partners and non-manual employees overseas/local commercial visit<br>- Supply free of charge food and drink in connection with the business<br>- Independent contractor's liability with contract limit of HK\$100,000  | 5,000,000 per period<br>5,000,000 per period<br>2,000,000 per period<br>2,000,000 per period                                |
| <b>Section 5 - Employees' Compensation (Optional)</b>   |   |
| Liability under <i>Employees' Compensation Ordinance</i> for bodily injury or death to employees at work  | 100,000,000 per event   |
| <b>General Policy Excess</b>  |   |
| As specified in the Schedule for both section 1 and 4.  |   |
| <b>Major Exclusions</b>   |   |
| War and Terrorism, Pollution, Asbestos, Consequential Loss and Sanction Exclusion Clause etc.   |   |

This is a summary for reference only. For full terms and conditions, please refer to the Company's Policy document for details. Tugu Insurance Company Limited reserves the right of final approval.

## 辦公室保險

辦公室保險為您提供全面的財物損毀及法律責任保障，助您無後顧之憂，全力拓展業務。

| 保障範圍摘要  |                              |
|---|------------------------------|
| 保障項目  | 賠償限額 (港幣)                    |
| <b>第一節 - 辦公室財物 (基本保障)</b>                               |                              |
| 項目一 辦公室財物意外損失或損毀  |                              |
| - 辦公室機器及工具  | 每件 280,000                   |
| - 業務樣本  | 總數 120,000                   |
| - 藝術品及貴價手錶  | 總數 20,000                    |
| - 契約、文件及檔案  | 每件 5,000                     |
| - 僱員的個人物品   | 每人 6,000                     |
| 項目二 存貨意外損失或損毀 (自選保障)                                    | 投保金額                         |
| 項目三 建築物物質性的意外損毀 (自選保障)                                  | 投保金額                         |
| <b>第一節之額外保障</b>   |                              |
| - 碎片清理費用  | 每一段保險期 100,000               |
| - 固定玻璃損毀  | 每一段保險期 20,000                |
| - 暫時遷離作清潔或修理時的損毀  | 每一段保險期 100,000               |
| - 火災或爆炸後的滅火設備費用   | 每一段保險期 100,000               |
| - 資產添置  | 實際損失 (以投保額 10%為限)            |
| - 工程費少於港幣 100,000 的改建及維修時不影響風險                          |                              |
| - 非蓄意及無意的錯誤及漏報  |                              |
| - 索償後自動回復投保額  |                              |
| <b>第二節 - 額外租金及支出 (免費保障)</b>                             |                              |
| 因第一節所承保的損失或損毀而導致業務中斷或受阻，為恢復業務正常運作而引致損失或損毀十二個月內的額外租金及支出。 | 每宗事故 500,000                 |
| <b>第二節之額外保障</b>   |                              |
| - 通往受保物業通道受阻  |                              |
| - 處理索償所需專業會計師費用   |                              |
| - 因公共設施損毀引致業務中斷   |                              |
| <b>第三節 - 金錢損失及遇襲 (免費保障)</b>                             |                              |
| 在香港境內的金錢損失  |                              |
| - 劃線支票  | 每宗事故 250,000                 |
| - 在辦公室內的金錢  |                              |
| - 存放於夾萬或保險庫中  | 每宗事故 50,000                  |
| - 非存放於夾萬或保險庫中   | 每宗事故 5,000                   |
| - 金錢存放在獲授權僱員的住所中  | 每宗事故 2,500                   |
| - 金錢在香港境內運送途中   | 每宗事故 50,000                  |
| <b>第三節之額外保障</b>   |                              |
| - 僱員因偷竊或企圖偷竊而受襲擊而導致死亡或永久完全傷殘 (只適用於 18 歲至 65 歲的僱員)       | 每位僱員 50,000                  |
| - 僱員因欺詐或不誠實行為的忠誠保障                                      | 每位僱員 / 每年 30,000             |
| <b>第四節 - 第三者責任 (免費保障)</b>                               |                              |
| 在受保物業內因公司業務有關之原因引致第三者身體損傷或蒙受財物損失的香港法律責任。                | 每宗事故 10,000,000              |
| <b>第四節之額外保障</b>   |                              |
| - 對物業造成損毀的租戶責任  | 每一保險期 5,000,000              |
| - 董事、業務夥伴及非體力勞動僱員海外 / 本地商務公幹                            | 每一保險期 5,000,000              |
| - 因業務關係免費提供的食物及飲品                                       | 每一保險期 2,000,000              |
| - 工程費少於港幣 100,000 的獨立承包商責任                              | 每一保險期 5,000,000              |
| <b>第五節 - 僱員賠償 (自選保障)</b>                                |                              |
| 根據《僱員補償條例》對僱員在工作過程中導致身體損傷或死亡之法律責任。                      | 每宗事故 100,000,000             |
| <b>一般自負額</b>  |                              |
| 第一節 - 因水浸/颱風、風暴和洪水所引致的損失或損毀                             | 3,000 或損失價值之 10%<br>(以較高者為準) |
| - 其他  | 3,000                        |
| 第四節 - 第三者財物損失或損毀  | 3,000                        |
| - 因水災造成第三者財物損失或損毀 / 第三者身體損傷                             | 3,000 或損失價值之 10%<br>(以較高者為準) |
| <b>主要不保事項</b>   |                              |
| 戰爭、恐怖活動、污染、石棉、任何後果損失及制裁除外條款等。                           |                              |

以上內容僅供參考，惟有關保障計劃的內容及細則將詳列於保單內，德高保險有限公司保留最終批核權。



**OFFICE INSURANCE**

Please complete in **BLOCK Letters** 請以英文正楷填寫

| 1. Information of Proposer 投保人資料   |                                 |   |   |   |
|--|---------------------------------|---|---|---|
| Company Name 公司名稱  |                                 |   |   |   |
| Business Registration Number (Please provide a copy of valid Business Registration Document) 商業登記號碼 (請提供有效的商業登記副本)           |                                 |   | Company Website 公司網頁  |   |
| Correspondence Address 通訊地址  |                                 |   |   |   |
| Business Nature 業務性質   |                                 |   | Business Hours 營業時間   |   |
| General Description of the Business Activities/Profession 概述公司的業務活動 / 專業   |                                 |   | Any Shift Duty 員工是否需要輪班工作<br><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 |   |
| Name of Contact Person 聯絡人姓名   |                                 |   | Contact Number 聯絡電話號碼   |   |
| Insured Location 投保地址 / Place of Employment 工作地址 <input type="checkbox"/> Same as the above Correspondence Address 與上述通訊地址相同 |                                 |   |   |   |
| 2. Selection of Coverage 投保項目  |                                 |   |   |   |
| Coverage 保障項目  |                                 |   | Sum Insured 投保金額  |   |
| Section 1<br>第一節   | Item 1: Contents<br>項目一: 財物     | Including decorations, improvements and employees' personal effects. Please specify those insured items which exceed the plan item limit.<br>包括裝飾、裝修、僱員的私人物品等。請詳細列明超出本計劃每件限額的投保物件。  | HK\$<br>港幣  |   |
|  | Item 2: Stock<br>項目二: 存貨        | Description of stock 存貨種類 _____<br>Article limit 每件最高價值 _____   | HK\$<br>港幣  |   |
|  | Item 3: Building<br>項目三: 建築物    | Hire Purchase Owner : (if any) 財務公司 (如有者)   | HK\$<br>港幣  |   |
| Section 5<br>第五節   | Employees' Compensation<br>僱員補償 | Information of Employees 僱員資料<br>Please provide a copy of latest waggeroll (e.g. latest MPF contribution records, financial statements, tax returns or other relevant documents) of employee(s) 請提供最近的僱員工資副本 (例如: 最近的強積金供款記錄、財務報告、報稅表或其他相關文件) |   |   |
|  |                                 | Occupation of Employee(s) by Categories<br>僱員職業類別   | Number of Employees<br>僱員人數   | Estimated Annual Salaries/Wages & Other Earnings<br>預計的年薪 / 工資及其他收入<br>*Earnings include salaries, commissions, bonuses, overtime, allowance, etc., in accordance with the Employees' Compensation Ordinance (Chapter 282 of the Laws of Hong Kong).<br>根據《僱員補償條例》(香港法例第282章)·收入包括薪金、佣金、獎金、加班費、津貼等。 |
|  |                                 |   |   | HK\$ 港幣   |
|  |                                 |   |   | HK\$ 港幣   |
|  |                                 |   |   | HK\$ 港幣   |
|  |                                 |   |   | HK\$ 港幣   |
|  |                                 |   |   | HK\$ 港幣   |
|  |                                 |   |   | HK\$ 港幣   |



|                        |   |  |
|------------------------|---|--|
| Effective Date 生效日期    | From 由 / /<br>DD日 MM月 YYYY年   | To 至 / /<br>DD日 MM月 YYYY年                                    |
| <b>3. Questions 問題</b> |   |  |
| 1                      | How long has the business been established?<br>公司成立多少年?   | _____ Year(s) 年  |
| 2                      | Is your premises not solely occupied by you? If yes, please give details of other occupancy.<br>閣下的辦公室是否並非獨佔? 如「是」者, 請提供其他佔用人資料。  | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 3                      | Any working experience/qualification/certificate that you or employee(s) possesses in relation to the business? If yes, please give details.<br>閣下或員工在相關的業務方面具有任何工作經驗 / 資格 / 證書? 如「是」者, 請詳述說明之。   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 4                      | Do you need to insure your liability under the <i>Employees' Compensation Ordinance</i> to the employees of sub-contractors? If yes, please give details.<br>閣下是否需要根據《僱員補償條例》投保承包商的責任? 如「是」者, 請詳述說明之。   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 5                      | a) Do you want the Geographical Area of the Policy under Section 5 – Employees' Compensation to be extended to apply outside Hong Kong in respect of employee(s) working abroad? If yes, please give details.<br>閣下是否需要將保單第五節「僱員補償」的保障範圍延伸至在香港境外工作的僱員? 如「是」者, 請詳述說明之。               | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
|                        | b) Do any employee(s) need to station more than 3 months at anywhere outside Hong Kong? If yes, please give details.<br>是否有僱員需要駐守在香港境外地方超過三個月? 如「是」者, 請詳述說明之。   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 6                      | a) Do you hire any self-employed persons? If yes, please give details.<br>閣下是否有聘用自僱人士? 如「是」者, 請詳述說明之。   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
|                        | b) Do you hire any part-time employees? If yes, please give details.<br>閣下是否有聘用兼職僱員? 如「是」者, 請詳述說明之。   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
|                        | c) Do you plan to increase the number of the employees substantially or add different occupations in a short period of time? If yes, please give details.<br>閣下是否有計劃在短時間內大幅增加僱員人數或增加不同職業? 如「是」者, 請詳述說明之。  | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 7                      | Do your employee(s) need to work on ships, chemical works, off-shore structures, oil or gas refineries? If yes, please give details.<br>閣下的僱員是否需要在船上、化學工場、離岸設施、石油或天然氣煉油廠工作? 如「是」者, 請詳述說明之。  | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 8                      | Do your employee(s) need to work over 30 feet or work underground? If yes, please give details.<br>閣下的僱員是否需要在高於地面 30 呎或在地底工作? 如「是」者, 請詳述說明之。  | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 9                      | Do your employee(s) need to work at construction site?<br>閣下的僱員是否需要在建築工地工作?   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 10                     | Do your employee(s) need to use, handle, store or transport any hazardous substances such as toxic chemicals, explosive substances, gases, asbestos or radioactive substance? If yes, please give details.<br>閣下的僱員是否需要使用、處理、儲存或運載任何有害物質, 例如: 有毒化學品、爆炸品、氣體、石棉或放射性物品? 如「是」者, 請詳述說明之。 | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |
| 11                     | Have you suffered any loss or damage covered by this plan during the past 3 years? If yes, please give details.<br>閣下於過往三年是否就本計劃的承保範圍內的保障招致有關的損失或損毀? 如「是」者, 請詳述說明之。   | Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> |



|  |   |  |                                 |                                  |                               |
|--|---|--|---------------------------------|----------------------------------|-------------------------------|
| 12   | Any employee(s) wounded or dead due to business operation in the past 3 years? If yes, please give details.<br>是否有僱員在過去三年內·因執行職務而受傷或死亡?如「是」者·請詳述說明之。<br>[Note: Employer shall make request on the previous insurers for providing written evidence of such records]<br>【提示:僱主應向前保險公司要求提供意外記錄證據】 |  |                                 | Yes 是 <input type="checkbox"/>   | No 否 <input type="checkbox"/> |
|  | Accident Year<br>發生意外的年份  | Paid Claim(s)<br>(including partial claim payment)<br>已支付的賠償<br>(包括部分已支付的賠償)   | Outstanding Claim(s)<br>尚待解決的賠償 | Total for the Year<br>年度總計       |                               |
|  |   | Amount (HK\$)<br>金額 (港幣)   | Amount (HK\$)<br>金額 (港幣)        | Number of Case<br>意外次數           | Amount (HK\$)<br>金額 (港幣)      |
|  |   |  |                                 |                                  |                               |
|  |   |  |                                 |                                  |                               |
| Details of any Claim with amount over HK\$50,000. 如賠償金額超過港幣 50,000·請詳述說明之。 |   |  |                                 |                                  |                               |
|  | Date of Accident<br>發生意外的日期   | Details of each accident<br>(including cause of loss, degree of injury, current status, etc.)<br>每宗事故的細節 (包括意外原因、受傷程度和現狀等) |                                 | Claim Amount (HK\$)<br>賠償金額 (港幣) |                               |
|  |   |  |                                 | Paid 已支付                         | Outstanding<br>尚待解決           |
|  |   |  |                                 |                                  |                               |
|  |   |  |                                 |                                  |                               |
| 13   | Are you at present insured, or have you ever proposed for an Office Insurance or Employees' Compensation Insurance in respect of your liability to your employee(s)? If yes, please state the name of Insurer.<br>閣下現在或以前是否曾為僱員投保辦公室保險或勞工保險?如「是」者·請列明該保險公司名稱。                                   |  |                                 | Yes 是 <input type="checkbox"/>   | No 否 <input type="checkbox"/> |
| 14   | Has any proposal /renewal ever been declined or cancelled or increase premium rate or imposed restricted terms or refused to renew? If yes, please give details.<br>閣下投保或續保時·是否曾經被保險公司拒絕或取消保單或增加保險費或附加限制條款或拒絕續保?如「是」者·請詳述說明之。   |  |                                 | Yes 是 <input type="checkbox"/>   | No 否 <input type="checkbox"/> |
| 15   | Is a burglary alarm installed in your premises? If yes, please give details.<br>受保地址是否裝有防盜警報系統?如「是」者·請詳述說明之。  |  |                                 | Yes 是 <input type="checkbox"/>   | No 否 <input type="checkbox"/> |

**4. Personal Information Collection Statement ("PICS") 個人資料收集聲明**

**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;
- detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
- 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;
- health care professionals; hospitals;





- g. auditors;
- h. organisations that consolidate claims and underwriting information for the insurance industry;
- i. fraud prevention organisations;
- j. other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph);
- k. the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- l. 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 Tugu Insurance Company Limited, 28/F., United Asia Finance 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 Company at 28/F., United Asia Finance 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.

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

#### **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：

- a. 處理及評估任何保險產品的申請和相關服務的日常工作；
- b. 修改、變更、取消或更新任何保險和相關服務；
- c. 任何申索或調查或分析有關申索；
- d. 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）；
- e. 如適用，行使任何保險單內訂明的權利，包括代位權；
- f. 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
- g. 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：

- a. 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；
- b. 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；

- c. 聯會任何成員由聯會作任何上述或相關用途；
- d. 監管機構；
- e. 律師；
- f. 醫護專業人士；醫院；
- g. 核數師；
- h. 整合保險業申索和承保資料的組織；
- i. 防欺詐組織；
- j. 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）；
- k. 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）；及
- l. 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 號亞洲聯合財務中心二十八樓德高保險有限公司。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 號亞洲聯合財務中心二十八樓德高保險有限公司表達有關要求。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。）

2019 年 8 月

#### **Important Notes 重要事項**

You should provide us with all relevant facts which are likely to influence whether we accept your proposal and on what terms and conditions. Failure to do so may not provide you with the cover you want and gives us the right to refuse any claims and void the policy completely. If you are in any doubt about a particular fact, you should tell us or your broker or insurance agent. You should keep a record (including copies of letters) of all information supplied to us in connection with this insurance. We will provide you with a copy of the completed proposal form on request.

若有任何資料或事項可能影響本公司對該項投保的接受或評估，均必須填報。如未能確定應否填報，請即通知本公司或閣下的經紀人或保險代理。敬請閣下保存所有提供的資料(包括信件副本)的紀錄，以便日後參考。為保障閣下本身利益，務請確保填報全部有關事項。漏報可能使保單不能提供閣下所需要的保險，甚至使該保單完全失效。



**Declaration 聲明**

I declare that to the best of my knowledge and belief the information given on this form is true and complete in every respect. I agree that this proposal and declaration will be the basis of the contract between me and Tugu Insurance Company Limited. I agree that the insurance will not be in force until the proposal has been accepted by the Company.

(If there is any inconsistency between the English and Chinese version of this Proposal Form and Regulation, the English version shall prevail.)

本人謹此聲明本投保書所列全部資料乃就本人所知一切據實填報。本人明白本投保書及聲明將構成本人與德高保險有限公司之間的合約依據。本人同意有關保險須在該公司接受本投保書後才生效。

(本投保書及章程之中文譯本如與英文原文有歧異，概以英文為準。)

**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: 投保人簽署:**

\_\_\_\_\_  
**Date: 日期:**