Please read the following carefully before you retrieve, print or complete this form.

在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

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For forms download from the Internet (the "Internet Printed Form"), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the "Displayed Form") which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction of difference of whatever kind between the Displayed Form and the Internet Printed Form.

CTF Life reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

意外保險賠償申請書
Accident Claim Form

提供此賠償申請書或進行有關此索償調查並不表示周大福人壽保險有限公司(以下簡稱"周大福人壽")確認此項索償或同意豁免保單條款中的任何規定。

By providing this claim form and subsequently investigating the claim, Chow Tai Fook Life Insurance Company Limited ("CTF Life") shall not be held to admit the validity of the claim nor to waive any requirement as provided under the provisions of the policy.

Important Notes: 重要事項:
For the required documents for claim, please scan the QR code.
有關理賠所需文件,請掃描二維碼。

❏ 首次索償　　　　　　　　　　❏ 再次索償
　　New Claim　　　　　　　　　　　Further Claim

索償類別 Benefit to Claim
❏ 意外每週入息賠償 Weekly Indemnity　　　　❏ 意外醫療費用賠償 Medical Reimbursement

保單號碼 / 保障名稱 Policy Number / Benefit Name

1) _____(_____)　　2) _____(_____)

3) _____(_____)　　4) _____(_____)

註: 如沒有指定理賠次序，本公司將決定是次理賠次序。
　　CTF Life will determine the claim sequence if no claim sequence is indicated.
　　周大福人壽保留決定最終理賠次序的權利。
　　CTF Life reserves the right for determining the final claim sequence.

聯絡方式 (索償申請將由以下人士跟進)
Contact Method (Claim application will be followed up by below selected person)

以下二選一 **Choose 1 only**
<u>註 Notes:</u>
如未有選擇保險顧問或經紀，我們將以郵寄方式直接與保單持有人聯絡。
If no Consultant or Broker is selected, we will contact Policy Owner directly via mail.

❏ 保險顧問或經紀 (請填寫以下資料)
　Consultant or Broker (Please fill in the details below)

姓名 Name	
保險顧問或經紀編號 Consultant or Broker Agent Code	
電話號碼 Phone Number	

❏ 保單持有人 (請填寫以下資料)
　Policy Owner (Please fill in the details below)

姓名 Name	
電話號碼 Phone Number	

請將填妥的賠償申請書連同所需文件一併交予本公司理賠部辦理。地址: 九龍觀塘海濱道 123 號綠景 NEO 大廈 7 樓。電話: 2866 8898
Please send the completed claim form and supporting documents to our Claim department. Address: 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon. Tel. 2866 8898

賠付安排 Claim Settlement Arrangement
<u>註 Notes:</u>
如沒有指明賠付方式，直接轉賬服務（如已登記）將預設為是次索償之賠付安排。
Default Faster Payment Service will be applied (if registered) if no option is specified.

❏ 直接轉賬服務 Faster Payment Service

❏ 支票 Cheque(s)

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第一部份-由受保人填寫 (如受保人未滿 **18** 歲, 則由保單持有人代填)(請於適當之方內加上"✔"號)
Part I - To be completed by the Insured (or Policy Owner if insured is under age 18) (Please tick the appropriate box(es))

A. 受保人個人資料 Personal Particulars of the Insured		
1. 受保人姓名 Name of the Insured	2. 身份證 / 護照號碼 ID / Passport No.	3. 年齡 / 性別 Age / Sex
4. 現時職業及詳細職責 Current occupation and job duties with details	5. 僱主名稱(如僱主與投保時不同，請說明何時轉工) Name of the Employer (If the employer is different from the one stated in the application, please state when it was changed)	
6. 僱主地址 Address of Employer		

B. 意外發生情況 Occurrence of Accident	
1. a. 意外日期 (日/月/年) : Date of accident (DD/MM/YY): _____ b. 意外發生的確實時間: Time of accident: _____ c. 意外發生的地點: Place of accident: _____	2. a. 意外如何發生? How did the accident happen? _____ b. 有否報警? Did you report this case to police?　❑ 否 No ❑ 是 Yes 如有，請附口供紙或警察報告影印本 If yes, please attach a photocopy of witness statement or police report
3. 受傷部位? Which parts of the body were injured? _____	4. 受傷程度? What was the extent of the injury? _____

C. 治療情況 Medical Treatment	
1. 首次醫治日期 (日/月/年) Date of first treatment of the injury (DD/MM/YY):	2. 首次診治的醫生名稱和地址 Name and address of the doctor who first treated the injury:
3. a. 曾否因是次受傷而入住醫院？ Was the Insured admitted to hospital due to the above injury?　❑ 否 No　❑ 是 Yes b. 如有，請說明入院及出院日期：　　　　由　　　　　　　　　　(日/月/年)　至　　　　　　　　　　(日/月/年) If yes, please state the exact confinement period:　From　　　　　(DD/MM/YY) to　　　　　(DD/MM/YY) c. 醫院名稱及地址 Name & address of hospital:	

D.其它資料 Other Information	
1. 受保人是否仍須繼續接受治療？ Any further treatment required? ❑ 否 No　　❑ 是 Yes	2. 受保人是否經已康復? Has the Insured recovered yet? ❑ 否 No　　❑ 是 Yes
3. 最後工作日期 (日/月/年) Date you last worked (DD/MM/YY): 何時恢復工作（如否，預期何時可恢復工作）(日/月/年): Date you returned to work (If no, then give expected date of return) (DD/MM/YY):	4.有否或將會就是次意外申請勞工賠償？ Does / Did the Insured file a claim for Employee's Compensation for this accident?　❑ 否 No　　❑ 是 Yes 如有，請提供由勞工處發出的「補償評估證明書」（表格 5）及「評估證明書」（表格 7） If Yes, please provide the Certificate of Compensation Assessment (Form 5) and Certificate of Assessment (Form 7) issued by the Labour Department
5. 有否或將會接受任何物理/職業治療？ Does / Did the Insured attend physiotherapy/occupational therapy for this accident? ❑ 否 No　　❑ 是 Yes 如有，請提供物理治療/職業治療報告 If Yes, please provide the physiotherapy/occupational therapy report	6. 閣下有否於其他保險公司遞交是次保險賠償？ Did you submit this insurance claims to other insurance company? ❑ 否 No ❑ 是 Yes 保險公司名稱 Company Name: _____ 保險號碼 Policy number: _____ 索償次序 Claim sequence: _____

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F. 個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白周大福人壽保險有限公司（以下簡稱 "周大福人壽"）之個人資料收集聲明 ("該聲明")。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及/或披露/分享任何個人資料（不論是否從此表格或以其他 方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供 產 品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露/共享給該聲明所指明的第三方; 執法機構; 保險業就現有資料而對所提供 的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人/我們明白該聲明的最新版本可於周大福人壽的網址 下載：www.ctflife.com.hk，及可向貴公司索取。

I /We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited ("CTF Life")'s Personal Information Collection Statement ("PICS"). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life's website: www.ctflife.com.hk, and will be made available upon request.

G. 聲明及授權書 Declaration and Authorization

對於報銷索償，本人 / 我們聲明索償費用已實際支付給醫療服務提供者，而不會也沒有就該等費用向其他保險公司 / 機構重複索償。
For reimbursement claim, I/We declare that the payment of the claiming medical expenses have been made to medical service providers, and such reimbursement claim(s) amount(s) will not be and have not been claimed at other insurers / institutions for duplicated reimbursement.

本人 / 我們聲明上述一切陳述及對問題的所有答案，就本人 / 我們所知所信均為事實之全部，並確實無訛。
I/We declare that the above statements and answers made by me/us are true and complete to the best of my knowledge.

本人 / 我們茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給周大福人壽保險有限公司。即使本人或受保人死亡或喪失能力，此授權書仍然有效，所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。
I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Insured(s) named to give such information to Chow Tai Fook Life Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

本人 / 我們明白若此意外保險賠償申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I/We understand that if there is any inconsistency or ambiguity between the English versions and the Chinese versions of this Accident Claim Form, the English versions should prevail.

保單持有人姓名 (大寫)
Name of Policy Owner (in block letters): _____

身份證 / 護照號碼
ID / Passport No.: _____

保單持有人簽署
Signature of Policy Owner:　　　　x _____

日期 (日/月/年)
Date (DD/MM/YY): _____

受保人姓名 (大寫)
Name of Insured (in block letters): _____

身份證 / 護照號碼
ID / Passport No.: _____

受保人簽署 (如與保單持有人不同及年滿 18 歲)
Signature of Insured　　　　　　x _____
(If different with Policy Owner & attained age 18)

日期 (日/月/年)
Date (DD/MM/YY): _____

見證人姓名 (大寫)
Name of Witness (in block letters): _____

身份證 / 護照號碼
ID / Passport No.: _____

見證人簽署
Signature of Witness　　　　　x _____

日期 (日/月/年)
Date (DD/MM/YY): _____

保險顧問 / 保險經紀 / 保單持有人備註 Consultant / Broker / Policy Owner's Remarks

第二部份-申請人自費由主診醫生填寫

Part II – To be completed by the Attending Doctor at the claimant's own expenses

1. a. 病人姓名 Name of the Patient	b. 身份證 / 護照號 ID / Passport No.	c. 年齡 / 性別 Age / Sex	d. 職業 Occupation

2. a. 意外日期 (日/月/年) :
Date of accident (DD/MM/YY):
 	
b. 意外發生的地點及經過？
Where and how did the accident happen?
 	
c. 閣下首次診治該傷患之日期 (日/月/年) :
Your first consultation date for this injury (DD/MM/YY):
 	
d.在向 閣下求診之前，病人曾否向其他醫師求診？
Did the patient consult any other medical practitioner before consulting you?
❑ 否 No   ❑ 有，請提供其姓名及地址
                     Yes, please give the name and address of
                     the medical practitioner
	e. 表面及明顯証明
	External and visible evidence of
	
	否 No 有 Yes
	❑ ❑ 瘀痕 Bruises
	❑ ❑ 腫脹 Swelling
	❑ ❑ 割傷 / 擦傷 / 傷口 Laceration / abrasion / wound
	❑ ❑ 挫傷 Contusion
	❑ ❑ 如有其他，請說明 Others, please specify
	
	若有，請詳述受傷部位、範圍及其程度。 If yes, please describe the location, size and the severity.

3. a. 病人有否作 X 光或其他診斷性檢查？ Had the patient been X-rayed or undergone any diagnostic examination? ❑ 否 No   ❑ 是 Yes
若有，填下欄： If yes, please give details below: 檢查日期 (日/月/年)   類別   結果 Exam Date (DD/MM/YY)   Type   Result   b. 有沒有發現任何骨骼/韌帶受傷或退化性轉變？ Was there any bony / ligament injury or degenerative change detected?

4. a. 有沒有進行任何治療？ Was there any treatment administered?   ❑ 否 No   ❑ 是 Yes 若有，請提供詳情，包括治療日期及進展。 If yes, please give details, including treatment dates and progress.   b. 此次受傷有沒有需要住院、或進行手術？ Did injury require hospitalization, or surgery?   ❑ 否 No   ❑ 是 Yes 若有，請提供詳情。If yes, please give details

5. a. 病人的職業和職業性質 Patient's occupation and exact nature of occupational duties   b. 請列明病人喪失部分工作能力的時間(日/月/年) Please state period in which patient is not able to perform some of his job duties (DD/MM/YY)   c. 請列明病人喪失全部工作能力的時間（日/月/年）Please state period in which patient is not able to perform all of his job duties (DD/MM/YY)   d. 請列明所有身體或精神損傷 - 其影響，受傷程度和持續時間 (請提供能力喪失程度鑑定證明文件) Specify all physical or mental impairment - impact, severity and duration as a result of this disability (Provide documentation supporting the degree of disability)   e. 根據受保人申報之學歷、認可知識及訓練，請評估受保人能夠從事之工作或職業。 According to the Insured's academic qualification, qualified knowledge and training, what duties of the Insured's job is he/she incapable of performing?   f. 請提供以上傷勢的預後(如適用) Provide the prognosis for each of the above (if any)

6. a. 最後之診治日期為 (日/月/年)：Last consultation date (DD/MM/YY):

   b. 於最後求診時，估計康復程度為 _____% Recovery at last consultation was estimated to be _____ %.

   c. 未來之治療計劃。What is the future treatment plan?

   d. 病人是否已到達醫療上可復原的極限？Has the patient reached maximum medical improvement?　❑ 否 No　❑ 是 Yes

7. 有否其他原因延長其傷殘時間？例如：傷口感染、糖尿病、再次受傷或其他原因？
   Was there any contributory factor that lengthened the disability period,
   e.g. wound infection, diabetes, re-injury and other underlying disease?　❑ 否 No　❑ 是 Yes
   若有，請詳述：If yes, please state the details as below:

病發日期	診斷	醫生/醫院名稱
Onset date	Diagnosis	Name of doctor/hospital

8. 其他求診日期及詳情：
   Subsequent consultation dates & details:

求診日期 (日/月/年)	進展
Consultation date (DD/MM/YY)	Progress

9. 病人是否經其他醫生或醫院轉介？
   Was the patient referred by other doctor or hospital?　❑ 否 No　❑ 是 Yes
   若是，請提供轉介醫生姓名或醫院名稱及地址。If yes, please provide name & address of referral doctor or hospital.

10. 你曾否轉介該病人往其他醫生或醫院？
    Did you refer the patient to other doctor or hospital?　❑ 否 No　❑ 是 Yes
    若有，請提供醫生或醫院名稱及地址。If yes, please give name & address of doctor or hospital.

11. 此受傷是否由以下因素導致？Was such injury caused by the following factors?

有 Yes	否 No	
❑	❑	自致傷害 (原因及經過) Self-inflicted injury (How it happened & underlying cause)
❑	❑	酗酒及濫用藥物 (酒類/藥物名稱、份量及飲食/服食多久) Drug abuse and Alcohol abuse (Name & dosage of drug/alcohol, quantity and duration of consumption)
❑	❑	退化性轉變 (發病日期及求診詳情) Degenerative changes (Onset date & consultation details)
❑	❑	過往受傷/疾病 (原因及求診詳情) Past injury or illness (Cause and details of consultation)
❑	❑	精神病(發病日期及求診詳情) Psychiatric condition (date of onset & details of consultation)
❑	❑	愛滋病或其他性病 AIDS and/or other sexually transmitted diseases (date of onset & details of consultation)

若有，請詳述。If yes, please give details

12. 其他資料 Other remarks

本人謹此證明本人已親自為此病人就上述之病症或受傷進行檢查及治療，並確認上述病人現時及過去的情況乃本人所知的實情及其全部。
I hereby certify that I have personally examined & treated the patient and attended to his illness or injury, and that the information about his current and past condition as stated above is true to the best of my knowledge and belief.

_____
主診醫生姓名(專業資歷)
Name of Attending Doctor (with qualification)

_____
地址及電話號碼
Address & Phone No.

_____
簽署 (及印章)
Signature (with chop)

_____
日期（日/月/年）
Date (DD/MM/YY)

電子核證副本（醫療收據）申請書
Electronic Certified True Copy (Medical Receipts) Request Form

CTF Life
周大福人壽

保單號碼: Policy Number:	
門診手術 / 入院 / 意外日期 (日/月/年): Date of Outpatient Surgery / Hospital Admission / Accident (DD/MM/YY):	

本人 / 我們特此要求周大福人壽保險有限公司就上述日期之賠償申請中已遞交之醫療收據以電郵形式發出電子核證副本給以下收件人：(二選一)
I / We hereby request Chow Tai Fook Life Insurance Company Limited to issue Electronic Certified True Copy for the medical receipts submitted in the captioned date of claim to the following recipient: (Choose 1 only)

❑ **保險公司**
Insurer

保險公司名稱： Insurer Name:	
保單號碼： Policy Number:	

❑ **本人**
Self

電郵地址： Email Address:	
電話號碼： Phone Number:	

個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白周大福人壽保險有限公司（以下簡稱 "周大福人壽"）之個人資料收集聲明 ("該聲明")。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及 / 或披露 / 分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露 / 共享給該聲明所指明的第三方; 執法機構; 保險業就現有資料而對所提供的資料作出分析和檢查 而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人 / 我們明白該聲明的最新版本可於周大福人壽的網址下載：www.ctflife.com.hk，及可向貴公司索取。

I/We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited ("CTF Life")'s Personal Information Collection Statement ("PICS"). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life's website: www.ctflife.com.hk, and will be made available upon request.

保單持有人姓名 (大寫)
Name of Policy Owner (in block letters): _____

身份證 / 護照號碼
ID / Passport No.: _____

保單持有人簽署
Signature of Policy Owner: x _____

日期 (日/月/年)
Date (DD/MM/YY): _____

中華人民共和國附錄（"本附錄"）
The People's Republic of China Addendum (this "Addendum")

本聲明可能會不時更新，以反映我們因應個人資料保護和/或個人資料/數據私隱法律和法規變化而產生的政策變更。如有重大變更，我們將通知您並徵得您對變更、同意和/或選擇（必要或適用時）的許可。如果您不接受變更和/或提供您的許可，那麼我們可能無法執行目的和/或向您提供商品與服務。我們建議您定期查看應用程式和/或網站（視情況而定）以獲取本聲明的更新版本。

This Statement may be updated from time to time to reflect changes to our policy with respect to personal data protection and/or changes to personal data/data privacy laws and regulations. Where there are significant changes, we will notify you and obtain your acceptance of the changes, consents, and/or opt in (as necessary or applicable). If you do not accept the changes and/or provide your consent, then we may not be able to perform the Purposes and/or provide goods or services to you. You are advised to check the Application and/or the Website (as the case may be) for updates to this Statement on a regular basis.

本聲明中的任何內容均不限制您根據《私隱條例》所享有的權利。
Nothing in this Statement shall limit your rights under the PDPO.

如果您是：
If you are:

(i) 位於中國內地的個人，於中國內地訪問周大福人壽相關網站或使用周大福人壽相關流動應用程式或從中國內地通過手機或任何其他方式使用周大福人壽產品及/或服務；及/或
an individual located in Mainland China who visits CTF Life's relevant website(s) or uses relevant mobile application(s) of CTF Life, or otherwise uses CTF Life's products and/or services by phone or any other means from Mainland China; and/or

(ii) 持有中國內地護照及/或居民身份證的個人，到訪周大福人壽在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用周大福人壽產品及/或服務，
an individual holding a Mainland China passport and/or resident identity card who visits the service centres or other physical premises of CTF Life in Hong Kong or otherwise uses CTF Life's products and/or services by phone or any other means in Hong Kong,

除(i)周大福人壽私隱政策和(ii)本聲明以及中國內地適用的數據保護法律和法規外，周大福人壽將根據"中華人民共和國附錄"處理您的個人資料。就此處目的而言，中國內地是指除香港、中華人民共和國澳門特別行政區和台灣以外的地區。

your personal data will be processed by CTF Life in accordance with the "People's Republic of China Addendum" in addition to the (i) CTF Life Privacy Policy Statement and (ii) this Statement, as well as the applicable data protection laws and regulations in Mainland China which, for the current purposes, excludes Hong Kong, the Macau Special Administrative Region of the People's Republic of China and Taiwan.

中華人民共和國附錄：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum
The People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum

中華人民共和國附錄之附件1：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix1
Index 1 to the People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix1

中華人民共和國附錄之附件2：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix2
Index 2 to the People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix2

中華人民共和國附錄之附件3：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix3
Index 3 to the People's Republic of China Addendum: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix3

中華人民共和國附錄之附件A-關於處理未成年人個人資料的規則：https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/annexA
Annex A to the People's Republic of China Addendum – Rules on processing minors' personal data: https://www.ctflife.com.hk/en/disclaimer/prcaddendum/annexA

我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用）已閱讀理解並同意周大福人壽的中華人民共和國附錄（"附錄"）及附錄之附件A（"附件A"）(如適用) 全部內容。
I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), have read, understood and agreed to all content contained in the CTF Life's People's Republic of China Addendum ("Addendum") and Annex A to the Addendum ("Annex A") (where applicable).

保單持有人 Policy Owner	受保人 Insured	未成年人的父母或法定監護人 Parent or legal guardian of the Minor	
☐	☐	☐	本人同意根據"附錄" 及 "附件A" （如適用） 目的對本人及/或未成年人的個人信息（包括敏感個人信息）的收集、使用及處理。 I consent to the collection, use and processing of my and/or the Minor's personal data (including sensitive personal data) in connection with the Purposes set out in the "Addendum" and "Annex A" (if applicable).
☐	☐	☐	本人同意將本人及/或未成年人的個人信息（包括敏感個人信息）轉移至中國內地以外地區。 I consent to the transfer of my and/or the Minor's personal data (including sensitive personal data) to outside Mainland China.
☐	☐	☐	本人同意向第三方提供本人及/或未成年人的個人信息（包括敏感個人信息）。 I consent to providing my and/or the Minor's personal data (including sensitive personal data) to third parties.

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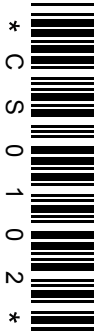
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我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用），**確認上述本人勾選 "同意"(i) 有關根據"附錄"及 "附件A"目的對本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)的收集、使用及處理及/或 (ii) 轉移本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)至中國內地以外地區及/或(iii) 向第三方提供本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)，此等 "同意" 將適用於本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）在周大福人壽作為保單持有人及/或受保人的所有現行生效及/或等候復效的保單（如適用）。**

I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), **confirm my respective consent given above in relation to** (i) the collection, use and processing of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) in connection with the Purposes set out in the "Addendum" and "Annex A" and/or (ii) the transfer of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to outside Mainland China and/or (iii) providing personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to third parties, **shall be applicable to all existing policies which are in-force and/or waiting for reinstatement of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) as the Policy Owner and/or the Insured at CTF Life (if applicable).**

本聲明受香港法律約束並據其進行解釋。
This Statement shall be governed by, and construed in accordance with, the laws of Hong Kong.

我已閱讀並理解以上周大福人壽的《個人資料收集聲明》。
I have read and understood the above Personal Information Collection Statement of CTF Life.

☐ 我同意接收來自周大福人壽的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。
I consent to receive direct marketing from CTF Life, details of which have been set out in the Personal Information Collection Statement mentioned above.

☐ 我同意接收來自周大福人壽的關聯公司和/或周大福人壽的營銷合作夥伴的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。
I consent to receive direct marketing from CTF Life's Affiliates and/or from CTF Life's Marketing Partners, details of which have been set out in the Personal Information Collection Statement mentioned above.

申請人/保單持有人姓名 (如非準受保人/受保人)
Name of the Applicant / Policy Owner
(if other than the Proposed Insured / Insured)

X_____
申請人/保單持有人簽署 (如非準受保人/受保人)
Signature of the Applicant / Policy Owner
(if other than the Proposed Insured / Insured)

_____
簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)

準受保人/受保人姓名 (適用於18歲或以上)
Name of the Proposed Insured / Insured
(Applicable to age 18 or above)

X_____
準受保人/受保人簽署 (適用於18歲或以上)
Signature of the Proposed Insured / Insured
(Applicable to age 18 or above)

_____
簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)

準受保人/受保人父母姓名或法定監護人
(如準受保人/受保人18歲以下)
Name of Proposed Insured / Insured's parent
or legal guardian (if proposed insured / Insured
aged 18 below)

X_____
準受保人/受保人父母或法定監護人簽署
(如準受保人/受保人18歲以下)
Signature of Proposed Insured / Insured's
parent or legal guardian (if proposed insured /
Insured aged 18 below)

_____
簽署日期 (日 / 月 / 年)
Signed on (DD / MM / YY)

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