

# 死亡賠償申請表 Death Claim Form

每位申請人須填寫一份申請書  
To be completed by Each Claimant



由申請人填寫 (To be completed by Claimant)

## (I) 死者資料 Deceased's Particulars

保單號碼 Policy No.	死者姓名 Name of Deceased	身份証號碼 I.D. No.
性別 Sex	年齡 Age	出生日期 Date of Birth
生前地址 Residence Prior to Death		
生前僱主名稱及地址 Name & Address of Employer Prior to Death		生前職業 Occupation Prior to Death
死者之私人醫生姓名及地址 Name and Address of the Deceased's Personal Doctor		

## (II) 索償人資料 Information of Claimant

姓名 Name	性別 Sex	年齡 Age	出生地點 Place of Birth	國籍 Nationality	身份証號碼 I.D. No.
聯絡地址 Address			電話號碼 Telephone No.  Country name 國家名稱 Telephone No. 電話號碼		
閣下是否美國人士·即美國公民·符合美國所得稅目的之美國居民·或擁有美國居民身份之外僑(即美國綠卡持有人)·不論閣下是否在美國境外定居? 如閣下為法人·閣下之實益擁有人中是否有美國公民·美國居民或美國機構直接或間接持有大於10%閣下之股權? Are you a United States person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e. a so-called U.S. green card holder), whether or not you reside outside of the U.S.? If you are a body corporate, do you have any beneficial owner(s) holding a 10% or more direct or indirect interest in you who is a U.S. citizen, resident or U.S. entity. <input type="checkbox"/> 是 (本人在此向公司提供本人之 IRS W-9表格) Yes (and I hereby provide the Company with my IRS Form W-9) <input type="checkbox"/> 否 No  (注意: 美國人士/公司需提供補充資料或填寫附加表格) (Note: For U.S. person / entity, further information or form will be required)					
與死者關係 Relationship with the Deceased					
1. 閣下是否所指定之受益人? (若否·閣下現以何等身份索償?) Are you one of the named beneficiaries? (If no, in what capacity or by what title do you claim this assurance?)				<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
2. 保險單在誰手中? Who has possession of the policy document?					

## (III) 死亡詳情 Particulars of the Death

(因意外死亡者·請填寫以下1-2題。For death due to accident, please complete questions 1-2 below.)

1. 意外在何時及何地發生? When & where did the accident occur?
2. 意外發生經過? How did the accident occur?

(因病死亡者，請填寫以下3-5題。For death due to sickness, please complete questions 3-5 below.)

3. 請描述病徵、病狀及死亡日期。 Give a brief description of Insured's symptoms and date of death.		
4. 在被保險人身故前，該等病徵已存在多久？ How long had he/she been experiencing these symptoms prior to death?		
5. 請填報診治詳情 Give details of consultations.	診治日期 Date	醫生 / 醫院名稱及地址 Name(s) & Address(es) of Doctor(s) / Hospital(s)
(a) 首次診治的醫生資料 The doctor first consulted for this illness		
(b) 建議入院的醫生資料 The doctor who referred the Insured to hospital		
(c) 曾診治此病及其他醫生資料 All other doctors consulted during this illness		
(d) 過往曾診治同類病況的醫生資料 Doctors seen for any similar condition in the past		
6. 死者有否吸煙、飲酒或用藥習慣？若有，請詳細說明。 Did the deceased have habit of smoking, alcohol drinking or taking drug? If yes, please give details.		

#### (IV) 其他保險資料 Other Insurance Coverage

1. 死者有否在其他保險公司投保？（若有，請詳述。） Was the life of the deceased assured with other insurance company? If yes, please state.			<input type="checkbox"/> 是 Yes	<input type="checkbox"/> 否 No
保險公司名稱及地址 Name of Company & Address	保單編號 Policy No.	保額 Amount of Assurance		

#### (V) 有關《外國帳戶稅務合規法》的聲明 Declaration relating to Foreign Account Tax Compliance Act

本人 / 吾等謹此聲明、同意及承認 I/We hereby declare, agree and acknowledge that :

- 公司及 / 或其任何附屬機構須遵從法律、法規、命令、指引、守則和包括《外國帳戶稅務合規法》適用規定的要求，或任何公眾、司法、稅務、政府和 / 或其他監管機構協定的要求，包括美國國家稅務局（以下簡稱「監管機構」）在不同司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。  
The Company and/or its affiliates are obliged to comply with the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority" ) in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements").
- 在本賠償申請表處理過程中就本人 / 吾等向公司提供的任何資料，尤其是對於本人 / 吾等的國籍/註冊地、稅務狀況或稅籍所在地的變動，或若本人 / 吾等擁有多於一個國家的稅籍，本人 / 吾等同意在三十天內書面通知公司。若發生這些變動，或若任何這種變動的其他資料已為大家所知，公司可能會要求本人 / 吾等提供某些文件或資料，包括正式填妥及 / 或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。  
Pending the processing of this Claim Form, I/we agree to notify the Company in writing within 30 days if there is any change of any of the details previously provided to the Company, in particular, my/our nationality/ place of incorporation, tax status or tax residency changes or if I/we become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.
- 本人 / 吾等同意公司可能會根據適用規定的要求，向任何在澳門境內或境外的監管機構披露本人 / 吾等的個人資料或任何資料。基於前述的原因，以及儘管在本表格或公司與本人 / 吾等之間的任何其他協議所載的任何內容，本人 / 吾等可能需要向公司在要求的時間內提供進一步資料，以便公司應任何監管機構向其透露。本人 / 吾等亦同意向公司提供協助，使公司能夠就本人 / 吾等或相關保單的死亡賠償，遵行公司在適用規定下的義務。  
I/we agree that the Company may disclose my/our particulars or any information to any Authority (in or outside Macau) in connection or adherence with the Applicable Requirements. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between the Company and myself/ourselves, I/we may need to provide the Company with further information and within such time as may be required for disclosure to any Authority. I/We also agree to provide the Company with such assistance as may be necessary to enable the Company to comply with its obligations under all Applicable Requirements concerning myself/ourselves or the death claims under relevant policy(ies).
- 如果本人 / 吾等未能及時向公司提供資料或文件，或本人 / 吾等所提供的資料或文件並非最新、準確或完整，引致公司無法確定它可以持續遵從適用規定，本人 / 吾等同意公司可以按適用規定的要求，就公司於相關保單應支付本人 / 吾等的任何款項或死亡賠償中作出扣留，並 / 或按相關監管機構的要求，代本人 / 吾等向相關監管機構支付所扣留的款項。  
If I/we do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete such that the Company is unable to ensure its ongoing compliance or adherence with the Applicable Requirements, I/we agree that the Company may withhold payment of any amount due to myself/ourselves or the death claim under the relevant policy(ies) in compliance with the Applicable Requirements and/or pay the same to any relevant Authority on my/our behalf as the relevant Authority may require.

**(VI) Declaration relating to Automatic Exchange of Financial Account Information**  
**有關自動交換財務帳戶資料的聲明**

1. 本人/吾等確認·根據《金融賬戶信息報送和盡職調查的統一標準》·公司及/或其附屬公司須收集有關本人/吾等的稅務居民身分的資料及在適用的情況下·向澳門特別行政區政府的財政局提供有關資料。  
 I/We acknowledge that pursuant to the Guidelines on the Common Reporting and Due Diligence Standards for Financial Account Information, the Company and/or its affiliates are required to collect information concerning my/our tax residency\* and, if applicable, to furnish such information to the Financial Services Bureau of the Macau Special Administrative Region.

2. 本人/吾等聲明本人/吾等就以下問題作出的答案均為真實無誤：  
 I/We declare that my/our answers to the questions below are true and accurate:  
**只適用於個人投保人 For INDIVIDUAL Applicant Only**  
 閣下是否為其他司法管轄區（除澳門及美國以外）的稅務居民？  
**Are you a tax resident\* in other jurisdiction(s) (except Macau and U.S.)?**  
 (如答案為「是」·請向公司提供已填妥的「個人自我證明表格」·If “YES”, please provide the Company with a completed “Self-Certification Form for Individual”.)  
 是 YES  否 NO

**只適用於實體投保人 For ENTITY Applicant Only**  
 所有實體投保人均須填寫及交回「實體自我證明表格」及（如適用）「控權人自我證明表格」（欲知是否需要提交「控權人自我證明表格」·請參閱「實體自我證明表格」的第3部分）  
 All entity applicants are required to fill in and return the “Self-Certification Form for Entity”, and if applicable, the “Self-Certification Form for Controlling Person” as well (Please refer to Part 3 of the “Self-Certification Form for Entity” to see if it is necessary to submit the “Self-Certification for Controlling Person”).

\* 個人或實體可為多於一個司法管轄區的稅務居民·如對稅務居民司法管轄區有任何疑問·請諮詢閣下/貴公司的稅務顧問·An individual or entity may be a tax resident of more than one jurisdiction. If you have any questions about your tax residency in any jurisdiction(s), please consult your tax advisors.

3. 就本人/吾等向公司提供的以上任何資料如在申請時或其他任何時間有任何變動·本人/吾等同意在三十天內書面通知公司有關之變動·尤其是本人/吾等的國籍/註冊地·稅務狀況或稅籍所在地的變動·或若本人/吾等成為其他國家的稅務居民·如任何這些變更·或任何其他信息顯示有相關變更·公司可能要求本人/吾等提供某些文件或資料·包括已填妥及簽署（並且如有需要·由公證人作出公證）的聲明或表格。  
 I/We agree to notify the Company in writing within 30 days if there is any change of the above information provided to the Company, whether at time of application or at any other times, in particular, my/our nationality/place of incorporation, tax status or tax residency changes or if I/we become tax resident in other country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request certain documents or information from me/us, including duly completed and/or executed (and, if necessary, notarized) declarations or forms.

**(VII) 聲明及授權 Declaration and Authorization**

本人謹此聲明並同意 I HEREBY DECLARE AND AGREE THAT:

1. 上述所有問題的答案均是完整·真實及準確·並且是盡本人所知及所信而作答的；  
 The answers to all the above questions are complete, true and are given to the best of my knowledge and belief.

2. 本人已閱讀·明白及接受隨本申請表所附的收集個人資料聲明·並同意接受其約束。  
 I have read, understood and accepted the Personal Information Collection Statement attached to this application form and agreed to be bound by the same.

本人在此授權 I HEREBY AUTHORIZE :  
 當有需要時·富衛人壽保險(澳門)股份有限公司可要求持有或瞭解死者的健康及醫療紀錄；或任何治療或忠告或曾向其求診或以後向其求診之任何註冊醫生·醫院·診所·保險公司·政府機構或其它團體透露有關死者資料。  
 Any registered practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of the deceased's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to FWD Life Insurance Company (Macau) Limited in relation to this claim.  
 (注意·本授權對本人或被保的承繼人及轉讓人均有約束力·並且如法律上可行時·不論本人或被保險人死亡及失去行為能力·本授權仍然有效·本授權的影印本與正本同樣有效。)  
 (Note: This authorization shall bind my or the Insured's successors and assigns and remain valid notwithstanding my or the Insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be as valid as the original.)

資料保護 Data Protection  
 公司已委任一位資料保護主任·處理有關閣下個人資料的任何書面查詢·如閣下對資料保護有任何查詢·請來信寄澳門商業大馬路301-355號財神商業中心12樓·富衛人壽保險(澳門)股份有限公司資料保護主任收。  
 The Company has appointed a Data Protection Officer to handle any enquiries relating to your personal information. If you would like to obtain a copy of the FWD Life Insurance Company (Macau) Limited Personal Data Policy and Practices, please write to the Corporate Data Protection Officer at 12/F, Fortuna Business Centre, No. 301-355, Avenida Comercial De Macau, Macau.

(本申請書之英文譯本祇供參考之用·如有爭議·應以中文原議為準)

日期 Date	簽署地 Place	索償人簽署 Signature of Claimant	索償人姓名及身份證號碼 Name of Claimant & ID No.
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**理財顧問專用 For Adviser's Use Only**

理財顧問姓名 Adviser Name	理財顧問編號 Adviser Code
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## 收集個人資料聲明

- 閣下需要不時向**富衛人壽保險(澳門)股份有限公司**（「本公司」）或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司（統稱「本集團」）處理。
- 閣下的個人資料可能用於以下用途：
  - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品；
  - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求，以及維持閣下在本公司的賬戶；
  - 發展保險及其他金融服務及產品；
  - 發展及維持本公司信貸及風險之相關模型；
  - 處理付款指示；
  - 釐訂任何欠付閣下或閣下所欠的負債，及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款；
  - 行使與本公司的服務及／或產品有關的任何權利；
  - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
  - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索，包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及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）所需的目的；
  - 進行保單審閱及需求分析（不論是否定期進行）；
  - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引（不論在澳門境內或境外適用）要求而須作出披露，包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構（包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動）或向任何獨立監管或行業團體（如保險業聯會或協會等）作出披露；
  - 作本公司或本集團的任何成員的統計或精算研究；及
  - (xiii) 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用：
  - 本集團的其他成員；
  - 任何因本公司業務而聘用之經營保險相關及／或再保險相關業務之人士或公司；
  - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、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定的其他人士）、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）、法律顧問及／或其他專業顧問；
  - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商；及／或
- 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引（不論在澳門境內或境外適用）作出披露的官員、規管者、部門、執法代理或其他人士（不論在澳門境內或境外）。
- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途，或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言，本公司擬：
  - 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途；銷售本公司、本集團其他成員及／或本公司之業務夥伴（即以下產品及服務的供應商）不時提供的下列服務及產品：
    - 保險服務及產品；
    - 財富管理服務及產品；
    - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品；
    - 健康檢查及健康服務及產品；
    - 媒體、娛樂及電信服務；
    - 獎賞、客戶忠誠或優惠計劃及相關服務及產品；及
    - 為慈善及／或非牟利用途的捐款及捐贈。
  - 將閣下的姓名及聯絡資料提供予本集團任何成員及／或本公司之業務夥伴，讓其用於直接促銷上文第9(i)段所載的服務或產品（如為業務夥伴，則包括作金錢或其他商業利益）。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用，閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址，藉以行使閣下不同意此項安排的權利：

資料保護主任

富衛人壽保險(澳門)股份有限公司  
澳門商業大馬路 301-355 號財神商業中心 12 樓

- 為達成上文第5及第9段所列出的目的，本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在澳門以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料保護法》大致相同或用作同一用途的資料保護法。
- 根據《個人資料保護法》，閣下有權要求查閱本公司所持有關閣下的個人資料，並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求，應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問，敬請致電本公司之客戶服務熱線 8988 6060。
- 中英文本如有歧異，概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利，並任何更改將於發出通知時起生效。

## **Personal Information Collection Statement ("PICS")**

1. From time to time, it is necessary for you to supply **FWD Life Insurance Company (Macau) Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
  - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
  - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
  - (iii) developing insurance and other financial services and products;
  - (iv) developing and maintaining credit and risk related models;
  - (v) processing payment instructions;
  - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
  - (vii) exercising any rights that the Company may have in connection with our services and/or products;
  - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
  - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
  - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
  - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Macau) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
  - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
  - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
  - (i) other members of the Group;
  - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
  - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
  - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
  - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Macau) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Macau).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.

9. In connection with direct marketing, the Company intends:
  - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
    - a. insurance services and products;
    - b. wealth management services and products;
    - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
    - d. health-check and wellness services and products;
    - e. media, entertainment and telecommunications services;
    - f. reward, loyalty or privileges programmes and related services and products; and
    - g. donations and contributions for charitable and/or non-profit making purposes; and
  - (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).

**The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:**

Corporate Data Protection Officer  
FWD Life Insurance Company (Macau) Limited  
12/F, Fortuna Business Centre,  
No. 301-355, Avenida Comercial De Macau Macau

10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Macau and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data Protection Act.
11. Under the Personal Data Protection Act you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 8988 6060.
13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.