

無憂出院免找數服務申請表 Cashless Facility for Hospitalization Application Form



查詢熱線 Enquiry Hotline (853) 8988 6060

申請書編號 Application No.
(只供內部填寫 For internal use only)

請填妥此表格並於入院前最少四個工作天，以電郵方式 (claims.mo@fwd.com) 遞交予富衛人壽保險 (澳門) 股份有限公司 (「公司」或「富衛」)。如被保險人獲成功安排優質高效理賠程序，富衛將為被保險人提供「無憂出院免找數服務」。

Please complete this form and send to FWD Life Insurance Company (Macau) Limited (the "Company" or "FWD") by email (claims.mo@fwd.com) at least 4 working days prior to the hospitalization. If Efficient and Seamless Resolution is successfully arranged for the Insured, FWD would provide Cashless Facility to the Insured.

甲部 (由被保險人 / 投保人填寫)

Part I (To be completed by Insured / Policyowner)

A. 被保險人資料 Insured's Particulars

保單編號 Policy No.	投保人姓名 Name of Policyowner	被保險人姓名 Name of Insured	身份證號碼 / 護照號碼 I.D. No. / Passport No.
聯絡電話 Contact Phone No.	電郵地址 E-mail Address		

B. 住院詳情 Details of Hospitalization

因意外導致住院，請填寫以下第1至3及6題。For Hospitalization due to Accident, please complete questions 1 to 3 and 6 below.

因疾病導致住院，請填寫以下第4至6題。For Hospitalization due to illness, please complete 4 to 6 below.

1. 意外在何時及何地發生？When and where did the accident occur?		
2. 意外發生經過？How did the accident occur?		
3. 受傷部位 (如左足踝) 及傷勢 Part of body injured (e.g. Left ankle etc.) and type of injury		
4. 請描述被保險人之病徵及病狀 Give a brief description of Insured's symptoms		
5. 在被保險人首次就診前，該等病徵已存在多久？How long had he/she been experiencing these symptoms prior to the first consultation?		
6. 請填報診治詳情 Give details of consultations	日期 (日 / 月 / 年) Date (DD/MM/YYYY)	醫生 / 醫院名稱及地址 Name(s) and Address of Doctor / Hospital
(a) 首次診治的醫生資料 The doctor first consulted for this illness	(a)	
(b) 建議入院的醫生資料 The doctor who referred the Insured to hospital	(b)	
(c) 曾診治此病 / 意外的其他醫生資料 All other doctors consulted during this illness / accident	(c)	
(d) 過往曾診治同類病況的醫生資料 Doctor seen for any similar condition in the past	(d)	

C. 聲明及授權 Declaration and Authorization

本人謹此聲明並同意：

1. 我謹在此聲明及同意以上之資料是完全及正確，並就此問卷之內容成為本人保單之一部份。
2. 由公司收集及持有本人或被保險人（如有不同）的任何個人資料，可使用、儲存、透露及轉予（無論本澳或海外）公司有關聯的人仕或機構團體，包括第三方服務提供者及其醫療網絡團隊、再保公司、賠償調查員、保險業協會 / 聯盟及追收欠款公司，以作為(i)承保及評估本申請；(ii)提供有關本申請的所有服務；以及(iii)因上述目的與本人或被保險人（如有不同）聯絡。
3. 本人明白，本人或被保險人（如有不同）有權要求查閱及於查閱後有權要求更正（如適當時），公司所持有之有關本人或被保險人（如有不同）的任何個人資料，或獲得任何拒絕查閱的理由；本人亦明白公司有權就處理任何查閱資料的要求，收取合理費用。（注意：任何查閱及更正要求可以書面方式寄往澳門商業大馬路301-355號財神商業中心12樓賠償部收。）

I HEREBY DECLARE AND AGREE THAT:

1. The above particulars and answers are complete and true, and this questionnaire will form part of the contract of the desired insurance on my life. I also authorize the Company to obtain, if necessary, confidential reports from any doctor/hospital that I have referred above.
2. Any personal data of myself or the Insured (if different) collected and held by the Company may be used, stored, disclosed and transferred (whether within or outside Macau) to such individuals/organizations associated with the Company and this Cashless Facility Service (the "Service"). These include any third party service provider and its healthcare network team which is involved in providing this Service, reinsurers, claims investigators, industry associations/federations and debt collectors for the purposes of (i) assess and evaluate this application; (ii) provide all services related to this application; and (iii) communicating with me or the Insured (if different) for such purpose.
3. I understand that I have or the Insured (if different) has the right to request access to and to request correction (if appropriate) of any personal information concerning myself or the Insured (if different) held by the Company or be given reasons for any refusal of access. I also understand that the Company has the right to charge a reasonable fee for process of any access. [Note: Any request for access or correction can be made in writing and addressed to the Claims Department at 12/F, Fortuna Business Centre, No. 301-355, Av. Comercial De Macau, Macau.]

本人在此授權或代表被保險人（如有不同）授權：

1. 當有需要時，富衛人壽保險(澳門)股份有限公司（「公司」）可要求持有或瞭解本人或被保險人（如有不同）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、政府機構或其他團體透露有關被保險人資料。
2. 公司或公司許可的醫療人員底化驗所，就本賠償申請，進行必要的醫學評估及測試，以評估本人或被保險人的健康狀況。
3. 若貴公司曾為本人 / 我們 / 受保人支付任何不在受保範圍內的費用，或支付超出有關保障限額的費用時，貴公司將有權向本人 / 我們 / 受保人收取該筆差額。若貴公司因不論任何其他原因以至未能收取該筆差額，貴公司將有權（法律允許的範圍內）把應收款項從此或任何本人於貴公司持有之其他保單的金額中抵銷扣除，包括但不限於任何身故賠償、股息、紅利或保費退還（不論何種原因）。

I HEREBY AUTHORIZE AND AUTHORIZE ON BEHALF OF THE INSURED (if different):

1. Any registered practitioner, hospital, clinic, insurance company, government institution or other organization that has record or knowledge of my or the Insured's (if different) 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.
2. The Company or any its approved medical examiners or laboratories to perform necessary medical assessment and tests to evaluate my or the Insured's health status in relation to this claim.
3. In the event that the Company has settled any charges not covered by the policy or has made any payment over my/our/the Insured's eligible benefit limit of such policy, the Company shall have the right to collect such charges or amount overpaid from me/us/the Insured. If the Company cannot collect such shortfall due to any reason whatsoever, the Company shall have the right, to the extent permitted by law, to deduct or set off the shortfall amount against any benefit or amount due or payable to me/us/the Insured or any account value, credit balance or accumulations under such policy or any other insurance policy between me and the Company, including but not limited to any death benefit, dividend, bonus or return of premium (for whatever reason).

本人同時明白貴公司擁有隨時終止或更改此服務條款之最終權利而不需要另行通知，並且貴公司不會就第三方服務提供者及其醫療網絡團隊任何行為、疏忽或失責承擔任何責任。

I ALSO UNDERSTAND that the Company may terminate or vary the terms of the Service in its sole discretion without further notice, and that the Company will not be responsible for any act, negligence or failure to act on the party of any third party service provider and its healthcare network team which is involved the provision of this Service.

（注意：本授權對本人或被保險人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 and 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

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。

Data Protection

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, Av. Comercial De Macau, Macau.

日期 (日 / 月 / 年) Date (DD/MM/YYYY)	簽署地 Place
投保人簽名 Signature of Policyowner	被保險人簽名 Signature of Insured

乙部 (由被保險人之主診醫生填寫) **Part II (To be completed by Attending Doctor of the Insured)**

請在適當方格內填上「√」 Please tick "√" where appropriate

A. 診斷詳情 Diagnostic Details

病者姓名 Name of Patient	性別 Sex ☐ 男 Male ☐ 女 Female
是次就診之主訴 Chief Complaint of the Current Consultation	病徵出現日期 (日 / 月 / 年) Onset Date of Symptoms
診斷 Diagnosis	是否慢性 / 復發疾病 Is it chronic / recurrent illness ☐ 是 Yes 首次病徵出現日期 (日 / 月 / 年) ☐ 否 No First Onset Date (DD/MM/YYYY) _____
轉介 / 家庭醫生之姓名 Name of Referring Doctor / Usual Doctor (請提供轉介信 Please enclose referral letter)	

B. 治療詳情 Treatment Details

醫院名稱 Name of Hospital		住房級別 Room class ☐ 普通 Ward ☐ 半私家 Semi-Private ☐ 私家 Private	
預計入院日期 (日 / 月 / 年) Estimated date of admission	預計住院日期 (日 / 月 / 年) Estimated length of stay (number of days)	手術名稱 Name of surgery	麻醉 Anesthesia ☐ 局部麻醉 L.A. ☐ 全身麻醉 G.A.
此病是否與下列情況有關或因其引致? Was the medical condition caused by or related to the followings?			
☐ 牙科治療或手術 ☐ 先天性・遺傳性或發育異常 ☐ 濫用藥物或酗酒 ☐ 妊娠・不育或絕育 dental treatment or surgery congenital, hereditary or developmental conditions abuse of drugs or alcohol pregnancy, infertility or sterilization ☐ 美容或外科整形手術 ☐ 精神紊亂・心理或精神疾病 ☐ 企圖自殺或自殘 ☐ 預防性治療或健康檢查 cosmetic or plastic surgery mental, psychological or psychiatric conditions attempted suicide or self-inflicted injury preventive treatment or health checks ☐ 治療過度肥胖或控制體重 Obesity or weight control			
如是次住院目的為檢查・進行診斷掃描或一般日症手術・請說明住院之原因。 If hospitalization is arranged for scans, diagnostic testing or a procedure that is normally carried out in a day case, please explain why hospital confinement is necessary.		每日 醫生 巡 房 費 用 (港元) Attendance Fee per day (HK\$)	手術費用 (港元) Surgeon's Fee (HK\$)
			預計是次住院總費用 (港元) Estimated Total Costs for this hospitalization (HK\$)

醫生資料及簽署 Doctor's Particulars and Signature

醫生姓名 (連帶資歷) Name of Doctor (with qualification)	電話號碼及地址 Telephone No. and Address
醫生簽名 Signature of Doctor	日期 (日 / 月 / 年) Date (DD/MM/YYYY)

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 (such as phone number, email address and mailing address), gender, 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 services and products 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 (such as phone number, email address and mailing address), gender, services and products portfolio information, financial background and demographic data to any members of the Group and/or Our Business Partners for their use in direct marketing for 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, ICBC Tower,
No. 301-355, Avenida Comercial De Macau
Macau

10. To facilitate the purposes set out in paragraphs 5 and 9 above, as well as to ensure that Your Personal Data is stored safely, 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 Chinese version shall apply and prevail.
14. A Privacy Addendum under the Personal Information Protection Law of the People's Republic of China supplements this PICS and is available at <https://www.fwd.com.mo/en/personal-data-protection-policy-and-practices/>. The Privacy Addendum applies to you if you are within mainland China.

Jan 2026

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
 - 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名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)、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：
 - 使用本公司持有閣下的資料作不定期直接促銷用途，資料包括閣下的姓名、聯絡資料(例如：電話號碼、電郵地址、郵寄地址)、性別、於本公司的服務及產品組合，及財務背景，以及人口統計資料。此等直接促銷涵蓋本公司、本集團其他成員及/或本公司之業務夥伴(即以下服務及產品的供應商)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(例如：電話號碼、電郵地址、郵寄地址)、性別、服務及產品組合資料，及財務背景，以及人口統計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)段所載的服務及產品(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號中國工商銀行大廈12樓

- 為達成上文第5及第9段所列出的目的以及為確保閣下的個人資料安全儲存，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，概以中文本為準。
- 根據《中華人民共和國個人資訊保護法》制定的私隱附錄是本聲明的補充，可在 <https://www.fwd.com.mo/tc/personal-data-protection-policy-and-practices/> 取得。如果閣下位於中國大陸，則該私隱附錄適用於閣下。

2026年1月