

# Waiver of Premium Claim Form

## 保費豁免保障賠償申請表



To be completed by Insured / Claimant 由被保人/病者或索償人填寫

Type of Waiver of Premium Claims 賠償類別

Disability 傷殘

Termination of Employment 僱主裁員

### (I) Insured's Particulars / 被保人資料

|                      |   |                        |
|----------------------|---|------------------------|
| Policy No.<br>保單編號   | Name of Insured<br>被保人姓名                | I.D. No.<br>身份証編號      |
| Sex<br>性別            | Age<br>年齡                               | Date of Birth<br>出生日期  |
| Mailing Address 郵寄地址 |   | Telephone No. 聯絡電話:    |
| E-mail Address 電郵地址: |   | Mobile Phone No. 手提電話: |
| Occupation<br>職業     | Name of Employer and Address<br>僱主名稱及地址 |                        |

### (II) Working Details 工作詳情

|  |
|--|
| a) Did the condition require you to stop work entirely? 被保人目前是否完全停止工作。 |
| b) If yes, please state date ceased work. 如是，請詳述何時開始停止工作。              |
| c) If not, when do you expect to do so? 如否，何時可繼續工作。                    |

### (III) Accident / Medical Details 事故 / 醫療的詳情

|   |                                    |                           |                              |
|---|------------------------------------|---------------------------|------------------------------|
| a) If accident, please give accident details. 描述意外發生的經過。  |                                    |                           |                              |
| b) Has the Insured previously suffered from or received treatment for a similar or related illness? If yes, please give details.<br>被保人過往曾否患上此類疾病或相關的疾病或因該病而接受治療？如‘是’，請詳述。                  |                                    |                           |                              |
| c) (i) Details of any medical practitioners who have been consulted in connection with the Insured's Illness. (Please attach the relevant patient card copy)<br>被保人就有關疾病之求診紀錄。(請附上有關之覆診咭副本) |                                    |                           |                              |
| Doctor's Name<br>醫生姓名   | Address & Telephone No.<br>地址及電話號碼 | Patient No.<br>病歷編號       | Date of Consultation<br>求診日期 |
|   |                                    |                           |                              |
|   |                                    |                           |                              |
|   |                                    |                           |                              |
| (ii) Details of any hospitalizations in connection with the Insured's illness. 有關疾病之住院紀錄。   |                                    |                           |                              |
| Name of Hospital<br>醫院名稱  | Date of Admission<br>入院日期          | Date of Discharge<br>出院日期 |                              |
|   |                                    |                           |                              |
|   |                                    |                           |                              |
|   |                                    |                           |                              |
| d) Please give the name and address of the Insured's usual medical attendant. (Please attach the patient card copy)<br>請提供被保人過往慣常求診之醫生名稱及地址。(請附上覆診咭副本)                                      |                                    |                           |                              |

| e)  | Has any of the Insured's blood relatives suffered from a similar or related illness? If yes, state relationship of the relative, nature of the illness and the date when the illness was first diagnosed. 被保人之直系親屬曾否患上此病或相關疾病？如有，請列明親屬與被保人之關係，疾病性質及首次診斷患上該病之日期。  |   |                     |                                 |  |  |  |  |  |  |  |  |  |
|---|--|---|---------------------|---------------------------------|--|--|--|--|--|--|--|--|--|
| f)  | Does the Insured smoke cigarettes or drink alcohol? If yes, please give the details including the daily consumption and the duration of the hobby. 被保人有否吸煙或飲酒習慣？如有，請提供此習慣之詳情包括每日之數量及多久。  |   |                     |                                 |  |  |  |  |  |  |  |  |  |
| g)  | Does the Insured have any other disability benefits or similar benefits with any other insurance company? If yes, please give the details. 被保人是否受保於其他殘疾或類似保障於其他保險公司？如是，請提供有關資料。  |   |                     |                                 |  |  |  |  |  |  |  |  |  |
|   | <table border="1"> <thead> <tr> <th>Name of the Insurance Company &amp; Address<br/>保險公司之名稱及地址</th> <th>Policy Nos.<br/>保單號碼</th> <th>Benefit &amp; Coverage<br/>投保種類及投保總額</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Name of the Insurance Company & Address<br>保險公司之名稱及地址 | Policy Nos.<br>保單號碼 | Benefit & Coverage<br>投保種類及投保總額 |  |  |  |  |  |  |  |  |  |
| Name of the Insurance Company & Address<br>保險公司之名稱及地址 | Policy Nos.<br>保單號碼  | Benefit & Coverage<br>投保種類及投保總額                       |                     |                                 |  |  |  |  |  |  |  |  |  |
|   |  |   |                     |                                 |  |  |  |  |  |  |  |  |  |
|   |  |   |                     |                                 |  |  |  |  |  |  |  |  |  |
|   |  |   |                     |                                 |  |  |  |  |  |  |  |  |  |

12/F, Fortuna Business Centre, No. 301-355, Avenida Comercial De Macau, Macau

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

I HEREBY DECLARE AND AGREE THAT:

- The answers to all the above questions are complete, true and accurate and are given to the best of my knowledge and belief;
- I have read, understood and accepted the Personal Information Collection Statement attached to this application form and agreed to be bound by the same.

本人謹此聲明並同意：

- 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；
- 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 hereby authorize or authorize on behalf of the Insured (if different);

- any registered medical 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 or that has been or may hereafter be consulted to disclose to the Company such information as required by the Company in relation to this claim; and
- the Company or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my or the Insured's health status in relation to this claim.

本人在此授權或代表被保人（如有不同）授權：

- 當公司有需要時，公司可要求持有或瞭解本人或被保人（如有不同）的健康及醫療記錄；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被保人資料。
- 公司或公司許可的醫療人員或化驗所，就本賠償申請，進行必要的醫學評估及測試，以評估本人或被保人的健康狀況。

(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.)

(注意：本授權對本人或被保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。)

**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, Avenida Comercial De Macau, Macau.

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，FWD Life Insurance Company (Macau) Limited 資料保護主任收。

|                               |              |                                |   |
|-------------------------------|--------------|--------------------------------|---|
| Date (MM/DD/YY)<br>日期 (月/日/年) | Place<br>簽署地 | Signature of Claimant<br>索償人簽署 | Signature of Close Relative of Insured (if applicable)<br>被保人近親簽署 |
|-------------------------------|--------------|--------------------------------|---|

Please make sure that the above signature of Insured is consistent with that in policy application. In the event of the Insured being unable to sign the form, it should be completed and signed by a close relative or other responsible person in charge of the Insured during his disability.

被保人請確保以上簽名與保單申請書上之簽名一致。倘若被保人不能親自簽署表格，可由其近親或其他受委託之可靠人士在被保人失去能力期間代為填報及簽署。

**For Adviser's Use Only 理財顧問專用**

|                        |                                      |
|------------------------|--------------------------------------|
| Adviser Name<br>理財顧問姓名 | Adviser code & Location<br>理財顧問編號及地區 |
|------------------------|--------------------------------------|

### **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.

## 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的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／或身份核證；
  - 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、解決或和解除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。

富衛人壽保險(澳門)股份有限公司  
FWD Life Insurance Company (Macau) Limited

- 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。