



## Waiver of Premium Claim Form - Part I (To be completed by the Policy Payer) 豁免保費申請表格 - 第一部份 (由保單付款人填寫)

### Filling in this form 請填妥下列表格

Please fill in the appropriate section(s) of this form and return it together with the original discharge summary, receipt(s) and required documents to Heng An Standard Life (Asia) Limited ("Company") at 12/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. If you have any enquiries, please contact us at (852) 2169 0300.

請填妥下列適當部份，連同出院紙正本、收據正本及所需文件遞交香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓恒安標準人壽 (亞洲) 有限公司。若閣下有任何疑問，請電 (852) 2169 0300 與我們客戶服務部聯絡。

Policy Number (s):

保單編號

\_\_\_\_\_

Correspondence Address:

聯絡地址

\_\_\_\_\_

Name of Policy Payer:

保單付款人姓名

\_\_\_\_\_

\_\_\_\_\_

HK ID/Passport No:

香港身份證 / 護照號碼

\_\_\_\_\_

\_\_\_\_\_

Date of Birth:

出生日期

dd

日

mm

月

yyyy

年

\_\_\_\_\_

Is this a new or further claim?

這是一個新索償或再度索償？

New

新

Further

再度

(Please provide all relevant details and information on separate continuation sheet of paper if necessary.)  
(請提供所有有關資料。如有需要，可另附頁書寫。)

### 1. Nature of Disability 傷殘性質

#### 1. Please complete this section if disability was due to accident / injury.

若傷殘是由意外 / 損傷引致，請填妥此部份。

a) Type of injury and part of the body injured:

損傷類別及損傷之身體部位：

\_\_\_\_\_

b) Date, time and place of accident / injury:

意外 / 損傷之日期、時間及地點：

\_\_\_\_\_

c) Cause of accident / injury:

造成意外 / 損傷之成因：

\_\_\_\_\_

d) Was the accident reported to the police? If so, please provide details (e.g. police report number and which police station the case was reported to). If possible, please provide a copy of the police statement.

是次意外有否向警方報案？若有，請提供有關資料，如警方檔案號碼、報案警局或口供記錄副本。

\_\_\_\_\_

#### 2. Please complete this section if disability was due to illness.

若傷殘是由疾病引致，請填妥此部份。

a) Type and symptoms of the illness:

病類及病徵：

\_\_\_\_\_

b) Date on which the symptoms first appeared:

首次出現病徵日期：

\_\_\_\_\_

c) First consultation date, name and address of the physician for this condition:

列出此疾病的主診醫生的姓名、地址及首次診症日期：

\_\_\_\_\_

d) Name, address, diagnosis and treatment of all physicians for this condition:

列出曾因此疾病而就診的所有醫生姓名、地址、診斷結果及曾接受之治療：

\_\_\_\_\_

e) Name and address of the physician who referred the Policy Payer to hospital:

列出把保單付款人轉介到醫院之醫生姓名及地址：

\_\_\_\_\_

# Waiver of Premium Claim Form - Part I

## 豁免保費申請表格 - 第一部份

### 2. Employment Details 受僱資料

1. Job title prior to the above disability:  
傷殘前的工作職位：

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2. Exact nature of your occupational duties prior to the above disability:  
傷殘前的工作職務及性質：

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3. If your occupation involves manual work, please state percentage of time spent on it:  
若閣下的職業需要勞動工作，請列出其所佔全日工作的百份比：

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4. Are you self-employed? If so, how many employees do you have?  
閣下是否自僱？若是，閣下僱用多少名員工？

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5. Name and address of your employer:  
閣下僱主之姓名及地址：

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6. Did you file a sick leave certificate with your employer?  
閣下曾否向僱主遞交病假證明書？

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7. Dates of absence from work as a result of this disability:  
因是次傷殘而停止工作日期：

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8. Expected date of return to work:  
估計恢復工作日期：

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### 3. Other Details 其他資料

1. If this is a further claim for a disability which has been claimed before, please describe any change in the condition of your disability.  
若是次索償是同一傷殘的再度索償，請詳細說明有關傷殘狀況的變化。

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2. Please state the period and amount of social security, employee compensation or benefit of similar nature applied for or received in relation to this disability.  
請列明閣下在傷殘期間於社會福利保障、勞工賠償或其他的賠償中獲得的金額及賠償時期。

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# Waiver of Premium Claim Form - Part I

## 豁免保費申請表格 - 第一部份

### 3. Other Details 其他資料

3. Are you eligible for similar benefits with any other insurance company?  
閣下會否從其他保險公司獲得類似賠償？

Name of Company 保險公司名稱	Policy No. 保單編號	Amount of benefits 賠償金額	Benefit period 賠償時期
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### 4. Declaration & Authorisation 聲明及授權

I hereby declare and agree on behalf of myself and other persons referred to in this claim form ("Relevant Persons") that all statements and answers to all questions whether or not written by my own hand(s) are to the best of my knowledge and belief complete and true. I further declare that any personal information of Relevant Persons provided by me to the Company (whether provided under this claim application or otherwise provided) in relation to this claim application has been obtained by me in compliance with the Personal Data (Privacy) Ordinance and the Relevant Persons have agreed to the disclosure of their personal information to the Company in relation to this claim application for the purposes as set out in this personal information collection statement. I agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.

本人謹代表本人及其他在此索償申請表格內所提及之人士（“相關人士”）聲明及同意所述一切陳述及問題的所有答案，不論是否本人親手所寫，為本人所知所信的全部事實。本人再聲明，由本人就此索償申請提供予貴公司的任何相關人士之個人資料（無論載於此索償申請或從其他途徑所提供）乃由本人在遵守個人資料（私隱）條例的情況下獲得，且相關人士已同意為此等個人資料收集聲明所載之目的就此索償申請向貴公司提供其個人資料。本人同意應貴公司要求，就貴公司因發生任何違反本文中所示的聲明，而可能招致或與之相關的任何損失、責任及費用，對貴公司作出賠償，並使貴公司免受損害。

I, \_\_\_\_\_ of HK ID / Passport No. \_\_\_\_\_, do hereby authorise any employer, licensed physician, medical practitioner, hospital, clinic, other medically related facility, insurance company, bank, government institution, any association, federation or similar organisation of insurance companies, other organisation, institution or person, that has any records or knowledge of me and who has attended or may hereafter attend to myself to disclose such information to the Company; the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself in relation to this claim. This authorisation shall survive me and my estate. A photocopy of this authorisation shall be as valid as the original.

本人 \_\_\_\_\_ 香港身份證 / 護照號碼 \_\_\_\_\_，謹此授權任何僱主、註冊醫生、醫療從業員、醫院、診所、其他有關醫療機構、保險公司、銀行、政府機構、其他協會、聯會或類似保險公司之組織、其他組織、機構或人士，凡知道或持有任何有關本人之紀錄者，及曾診驗或可能將會診驗本人，均可將該等資料提供給貴公司。貴公司或任何其他指定之醫生或化驗所，可就此索償申請替本人進行所需之醫療評估及測試，作為審核本人之健康狀況。此授權在本人去世後繼續生效。本授權書的影印副本跟正本同樣有效。

I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declaration, agreements and authorisations.

本人聲明及同意已獲相關人士授權作出上述聲明，同意及授權。

Are you a resident for tax purposes of any countries or jurisdiction(s) other than Hong Kong, and in respect of such countries or jurisdiction(s) you have not previously provided Heng An Standard Life (Asia) Limited with information about your Tax Identification Number(s)?

請問閣下是否為除香港以外任何國家或司法管轄區的稅務居民，並且未曾向恒安標準人壽（亞洲）有限公司提供有關該國家或司法管轄區的稅務編號？

Yes  
是

No  
否

If the answer is yes, you must provide Heng An Standard Life (Asia) Limited a separate "Self-Certification Form."  
如答是，請閣下向恒安標準人壽（亞洲）有限公司單獨提交一份「自我證明表格」。

\_\_\_\_\_  
Name of Policy Player  
保單付款人姓名

\_\_\_\_\_  
Signature of Policy Player  
保單付款人簽署

\_\_\_\_\_  
HK ID / Passport No.  
香港身份證 / 護照號碼

\_\_\_\_\_  
Date of Signature (dd/mm/yy)  
簽署日期 (日 / 月 / 年)

# Waiver of Premium Claim Form - Part I

## 豁免保費申請表格 - 第一部份

### Explanatory Notes

#### 註釋

### Documents to be submitted

#### 所需呈交之文件

1. Waiver of Premium Claim Form - Part I to be duly completed by the Policy Payer;  
豁免保費申請表格 - 第一部份由保單付款人填寫；
2. Waiver of Premium Claim Form - Part II to be duly completed by the Medical Practitioner;  
豁免保費申請表格 - 第二部份由醫生填寫；
3. Copy(ies) of all sick leave certificate(s) for at least 6 consecutive months;  
最少連續六個月之病假證明書副本；
4. Copy(ies) of any specialist/hospital report(s), physiotherapy report(s), discharge summary together with any tests, readings or similar evidence to support the validity of the Policy Payer's claim.  
所有專科 / 醫院報告、物理治療報告、出院記錄、任何測試、閱讀報告或任何相關之證明以協助確實保單付款人之索償申請。

### Remarks

#### 注意事項

1. In order to be eligible to claim for the Waiver of Premium benefit, the Policy Payer must have been continuously totally disabled for a period of 6 consecutive months ("Deferred Period").  
保單付款人應完全傷殘，並此種殘疾情況持續至少六個月方符合豁免保費索償申請資格。
2. Any premium falling due before the approval of the Waiver of Premium claim will be payable in accordance with the terms of the policy.  
在批核豁免保費索償申請前到期之任何應付保費，需根據保單之條款支付。
3. Any premium paid within the Deferred Period and later waived will be refunded.  
任何已支付而稍後獲豁免之保費，將獲退還。
4. If within 6 months of recovery from any disability, the Policy Payer is again totally disabled as a result of the same illness or injury, we will treat this further disability as a continuation of the preceding period of disability. The start of the claim period will be taken as the date we first started waiving the premium.  
倘於任何殘疾康復後六個月內，保單付款人再次因相同之疾病或損傷而完全傷殘，本公司將視該再度傷殘為先前傷殘期之延續。倘此索償申請被視為前一段完全傷殘期之延續，則索償申請期將自本公司首次開始豁免保費時開始。
5. The frequency of premium payable under the policy cannot be changed during the continuance of the total disability.  
完全傷殘持續期間，保單規定之應付保費之付款方式一概不變。



## Waiver of Premium Claim Form - Part II 豁免保費申請表格 - 第二部分

(To be completed by the Medical Practitioner at patient's expense.)

(病人自費由醫生填寫)

### Filling in this form 請填妥下列表格

Name of Patient:

病人姓名

\_\_\_\_\_

Patient's HK ID/Passport No.:

病人香港身份證 / 護照號碼

\_\_\_\_\_

Patient's Date of Birth:

病人出生日期

dd

日

mm

月

yyyy

年

\_\_\_\_\_

Patient's Occupation:

病人之職業

\_\_\_\_\_

Patient's Job Duties:

病人之職務

\_\_\_\_\_

Name and Address of the Patient's Employer:

病人僱主之名稱及地址

\_\_\_\_\_

(Please provide all relevant details and information on separate continuation sheet of paper if necessary.)

(請提供所有有關資料。如有需要，可另附頁書寫。)

### Consultation Information 診症資料

1. Are you the Patient's usual physician? If yes, when and for what did the Patient first consult you?

閣下是否病人之經常就診的醫生？若是，請提供病人首次向閣下求診之時間及原因。

\_\_\_\_\_

2. What were the type and symptoms of the disability presented to you on the first consultation? Please provide details.

閣下首次會診時診斷之傷殘類別及病徵。請提供有關詳情。

\_\_\_\_\_

3. How long were those symptoms presented before the day of the first consultation?

首次會診前之病徵持續時間。

\_\_\_\_\_

4. When were you first consulted for the disability?

閣下就是次傷殘的首次會診時間。

\_\_\_\_\_

5. Please give details of all consultations and treatments given for this and all other related illnesses/disabilities.

請提供就是次傷殘及所有其他相關疾病 / 傷殘而進行的所有就診及治療之詳細資料。

Date 日期	Complaints & Symptoms 疾病及病徵	Diagnosis & Treatments 診斷及治療	Results of Treatments 治療結果
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\_\_\_\_\_

6. Hospital Records:

醫院紀錄：

Name of Hospital

醫院名稱

Date of Admission & Discharge

入院及出院日期

Diagnosis & Treatments

診斷及治療

\_\_\_\_\_

7. Was this disability a recurrent episode or related to a chronic illness? If yes, please provide details of such episode or chronic illness.

是次傷殘是否與舊病復發或慢性疾病有關？若是，請提供舊病或慢性疾病的詳細資料。

\_\_\_\_\_

8. Were there any factors which may have contributed to or lengthened the period of disability?

有否其他因素導致或延長傷殘期間？

\_\_\_\_\_

# Waiver of Premium Claim Form - Part II

## 豁免保費申請表格 - 第二部份

9. What was the condition of the disability as at the last consultation date?

最後求診日期之傷殘狀況。

Date 日期	Physical Finding 檢查結果	Treatment 治療	Indication for Follow-up 後續跡象
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10. Please state the period that the Patient has been totally incapacitated by the disability.

請列明病人完全喪失活動能力之時期。

From 自	To 至
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11. If the Patient is still unable to return to his/her regular occupation, what is the expected date he/she may engage in any other occupation?

若病人仍無法返回處理日常工作，請預計該病人可從事任何其他工作的日期。

12. Was the Patient referred by another physician to your clinic/hospital? If yes, please provide the name & address of that other physician.

病人是否由其他醫生轉介到閣下的診所 / 醫院？若是，請提供該醫生的姓名及地址。

**We would be most grateful if you could provide copies of any specialist or hospital reports, physiotherapy reports, discharge summary(ies) together with any tests, readings or similar evidence to support the validity of the patient's claim.**

**謹請閣下提供所有專科 / 醫院報告、物理治療報告、出院紀錄、任何測試及閱讀報告或相關之證明以協助確實病人之索償申請。**

I hereby declare that any personal information of third parties provided by me to the Company (whether provided under this Waiver of Premium Claim Form or otherwise provided) has been obtained by me in compliance with the Personal Data (Privacy) Ordinance and the relevant third parties have agreed to the disclosure of their personal information to the Company for the purposes as set out in this personal information collection statement. I agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.

本人特此聲明，由本人就此申請提供予貴公司的任何第三方個人資料（無論載於此豁免保費申請表格或從其他途徑所提供）乃由本人在遵守個人資料（私隱）條例的情況下獲得，且有關第三方已同意為此等個人資料收集聲明所載之目的向貴公司提供其個人資料。本人同意應貴公司要求，就貴公司因發生任何違反本文中所載的聲明，而可能招致或與之相關的任何損失、責任及費用，對貴公司作出賠償，並使貴公司免受損害。

**I HEREBY CERTIFY** that I personally examined and treated the Patient in connection with the above condition and that the facts as given above represent my opinion of his/her condition. I agree to make the declaration on Part II of this Waiver of Premium Claim Form.

本人**謹此證明**已親自為病人就上述狀況進行檢查及治療，並確認上述資料為本人對病人情況作出之意見。本人同意就此豁免保費申請表格第二部分作出聲明。

Name of the Medical Practitioner  
醫生姓名

Qualification and Specialty  
資格及專業

Signature of the Medical Practitioner  
醫生簽署

Name and Address of the Hospital  
醫院名稱及地址

Date of Signature (dd/mm/yy)  
簽署日期 (日 / 月 / 年)

Phone Number(s)  
電話號碼

## Personal Information Collection Statement 個人資料收集聲明

1. Throughout this Personal Information Collection Statement (this "Statement" or "PIC Statement"), and the Foreign Tax Reporting and Withholding Obligations Statement (the "Tax Obligations Statement"), certain words and phrases have defined meanings as follows:

本個人資料收集聲明(「本聲明」或「個人資料收集聲明」)及外地稅報呈報/稅務責任聲明(「稅務責任聲明」)中,若干詞彙的定義如下:

<p>"Company" 「公司」</p>	<p>means Heng An Standard Life (Asia) Limited; 指 恒安標準人壽(亞洲)有限公司;</p>
<p>"Company's affiliates" 「公司聯屬公司」</p>	<p>means any of the Company's affiliates within the Company's group; 指 任何屬公司集團內的聯屬公司;</p>
<p>"Company's group" 「公司集團」</p>	<p>means Heng An Standard Life Insurance Company Limited registered in People's Republic of China (registered number 120000400008883) having its registered office at 18F, Tower II, The Exchange, 189 Nanjing Road, Heping District, Tianjin, People's Republic of China, 300051 together with its subsidiaries (including but not limited to the Company), subsidiary undertakings and associated companies (whether direct or indirect) from time to time and a <b>"member of the Company's group"</b> shall be construed accordingly; 指 根據公司法於中華人民共和國註冊的恒安標準人壽保險有限公司(註冊編號為120000400008883),註冊辦事處位於中國天津市和平區南京路189號津滙廣場2座18層(郵編300051)及其不時直接或間接擁有的子公司(包括但不限於本公司)、附屬公司與關聯公司,「<b>公司集團旗下公司</b>」亦按此詮釋;</p>
<p>"Consenting Person" 「同意人士」</p>	<p>means each of the following: 指 每位以下人士:</p> <ul style="list-style-type: none"> <li>(a) the policy owner; 保單持有人;</li> <li>(b) each person who has beneficial ownership of the Policy; 每位享有保單實益擁有權的人士;</li> <li>(c) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a Beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit under the Policy, including without limitation any policy claimant, assignee and nominated Beneficiary under the Policy; and 有權透過提款、退保、保單索償、收取利益等方法取用保單價值,更改受益人,索取或接受收取利益的人士,或根據保單每位日後享有收取利益權利的人士,包括但不限於任何保單索償人、單持承受人及訂明的受益人;及</li> <li>(d) each person who is entitled to receive a payment (such as a policy claimant, policy claimant and nominated Beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed. 當有責任根據保單付款或確定該責任時每位有權接受收取利益的人士(包括保單索償人及指定的受益人)。</li> </ul>
<p>"Compliance Obligations" 「合規責任」</p>	<p>means obligations of the Company or of any other members of the Company's group to comply with: 指 我們或公司集團任何成員須遵守以下規定的責任:</p> <ul style="list-style-type: none"> <li>(a) any applicable local or foreign law, ordinance, regulation, demand, guidance, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and 任何適用的本地或外國法律、法令、規定、要求、指引、條例和守則而不論是否有關兩個或以上司法管轄區的政府之間或監管機構之間的協議;及</li> <li>(b) any agreement between the Company (or that of any other member of the Company's group, as the case may be) and any government or taxation authority in any jurisdiction. 我們或公司集團其他成員(視情況而定)與任何司法管轄區的政府或稅務當局之間的協議。</li> </ul>
<p>"Customer" 「客戶」</p>	<p>means a person: 指</p> <ul style="list-style-type: none"> <li>(a) who is treated generally as a customer by the Company, whether the person is: 被公司一般當作客戶的人士,不論該人士為: <ul style="list-style-type: none"> <li>(i) a policy owner, proposed policy owner, policy assignee, life insured, proposed life insured, party under a trust, payer of insurance premium, beneficiary, payee of insurance benefits, or financial adviser in respect of a product or service of the Company; or 公司產品或服務下的保單持有人、準保單持有人、保單受讓人、受保人、準受保人,信託下的當事人,保費支付人、受益人、保險金受款人或財務顧問;或</li> <li>(ii) a director, shareholder, officer, or manager of a corporate applicant for insurance or corporate policy owner in respect of a product or service of the Company; and 正在申請或已是公司產品或服務的公司投保人或公司保單持有人之董事、股東、主管或經理;及</li> </ul> </li> <li>(b) who has provided personal data to the Company and therefore became data subject of the Company; 曾向公司提供個人資料而成為我們資料當事人的人士;</li> </ul>
<p>"data subject" 「資料當事人」</p>	<p>means, in relation to personal data, the individual (not being a corporate person) who is the subject of the data, and all such individuals as a whole shall be referred to as "data subjects"; 指 就個人資料而言,屬該資料的當事人的個人(並非法人),而所有該等個人統稱為「資料當事人」;</p>
<p>"Hong Kong" 「香港」</p>	<p>means the Hong Kong Special Administrative Region of the People's Republic of China; 指 中華人民共和國香港特別行政區;</p>
<p>"PDPO" 「私隱條例」</p>	<p>means the Personal Data (Privacy) Ordinance, Chapter 486 of the Laws of Hong Kong; 指 香港法例第486章之《個人資料(私隱)條例》;</p>
<p>"personal data" 「個人資料」</p>	<p>means (as defined in the PDPO) any data: 指 於私隱條例中符合以下說明的任何資料:</p> <ul style="list-style-type: none"> <li>(a) relating directly or indirectly to a living individual; 直接或間接與一名在世的個人有關的;</li> <li>(b) from which it is practicable for the identity of the individual to be directly or indirectly ascertained; and 從該資料直接或間接地確定有關的個人的身份是切實可行的;及</li> <li>(c) in a form in which access to or processing of the data is practicable. 該資料的存在形式令予以查閱及處理均是切實可行的。</li> </ul>



## Declaration & Authorisation 聲明及授權

- “Personal Information”  
「個人資料」
- in respect of a Consenting Person, means:  
有關同意人士的個人資料指：
- (a) where the Consenting Person is an individual, his/her full name, date and place of birth, residential address, mailing address, contact information (including telephone number), and any taxpayer identification number, social security number, citizenships, residency(ies) and tax residency(ies);  
倘同意人士為個人，即其全名、出生日期及地點、居住地址、郵寄地址、聯絡資料（包括電話號碼），及任何納稅人識別編號、社會保障號碼、公民身分、居住地及稅務上的常駐國家；
  - (b) where the Consenting Person is a corporate/entity, its date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as the Company may reasonably require regarding each of its substantial shareholders and controlling persons.  
倘同意人士為公司/機構，即其註冊或成立日期及地點、註冊地址、營業地址、稅務識別編號、稅務狀況、稅務上的常駐國家或（倘適用）我們合理要求的主要股東及控權人士資料。
- “Policy Information”  
「保單資料」
- means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.  
指 有關保單的任何資料，包括但不限於保單編號、保單結餘或價值、總收入、從保單提取及支付的款項。
- “Tax Information”  
「稅務資料」
- in respect of a Consenting Person, means:  
有關同意人士的稅務資料指：
- (a) any documentation or information (and accompanying statements, waivers and consents as the Company may from time to time require or the Consenting Person may from time to time give) relating, directly or indirectly, to the tax status of the Consenting Person; 與同意人士稅務狀況直接或間接有關的文件或資料，以及我們不時要求或同意人士不時提供的隨附陳述、放棄及同意文件；
  - (b) Personal Information of the Consenting Person; and  
同意人士的個人資料；及
  - (c) Policy Information.  
保單資料。
2. Nothing in this Statement shall limit the right of Customers as a data subject under the PDPO.  
本聲明並不局限客戶作為資料當事人根據私隱條例所享有的權利。
3. From time to time, personal data of Customers are (or will be) collected by or on behalf of the Company to enable it to carry on its day-to-day business and to provide services to Customers. **Failure to obtain personal data from Customers may result in the Company being unable to process an insurance application or to provide after-sales services to the Customer.**  
為使公司能進行其日常業務及向客戶提供服務，客戶的個人資料會不時由公司收集或由他人代為收集。**若公司未能向客戶取得個人資料，則便可能導致公司無法處理投保申請或無法向客戶提供售後服務。**
4. Personal data of Customers held by the Company will generally be kept confidential, but the Company may provide, disclose or transfer these personal data to the following persons (whether they are in or outside Hong Kong) for one or more of the purposes set out in paragraph 5 below:  
由公司持有的客戶個人資料一般會被保密，惟公司有可能會向以下人士（不論是在香港境內或境外）提供、披露或轉交該等個人資料以便達到下文第 5 段中述及的一個或多個目的：
- (a) any reinsurance company to whom any part of the Company's business is ceded;  
任何承保公司業務之任何部分的再保公司；
  - (b) any financial institution or financial service provider who is in a position to process the payment of, or handle the payment instruction or authorization of any monies to or by the Customer;  
任何處於適當崗位可處理向客戶支付或收取款項，或可執行向客戶支付或收取款項之付款指示或授權的金融機構或金融服務機構；
  - (c) any healthcare service provider who is engaged to carry out medical assessment on the health of a Customer which will affect the Company's decision on processing an insurance application or a claim;  
任何受聘負責檢驗客戶健康狀況而該檢驗結果會影響公司處理投保申請或索償決定的醫療服務機構；
  - (d) any professional adviser or service provider who is engaged to provide independent advice or service in a specialised area to the Company and/or the Company's affiliates;  
任何受聘向公司及 / 或公司聯屬公司提供獨立意見或專門範疇服務的專業顧問或服務機構；
  - (e) any person in connection with any claims made by the Customer or otherwise involving the Customer in respect of any products and/or services provided by the Company or the Company's affiliates, including any claims investigation agency;  
任何就公司或公司聯屬公司產品及 / 或服務與客戶提出索償（或以別的形式涉及客戶）有關的人士，包括任何索償調查機構；
  - (f) any person to whom the Company and/or the Company's affiliates are under an obligation to make disclosure under any Compliance Obligations or the requirements of any present or future laws, rules, regulations, codes, treaties or guidelines binding or enforceable on them, including any regulators, government authorities, international organisations or alliances, courts, adjudicators, and/or any industry bodies, associations or federations;  
任何公司及 / 或公司聯屬公司根據所須遵守的任何合規責任或現有或未來法例、規則、法規、守則、條約或指引而對其有披露責任的人士，包括任何監管機構、政府部門、國際組織或聯盟、法院、裁判機構及 / 或任何行業團體、協會或聯會；
  - (g) any insurance intermediary authorised by the Company and/or the Company's affiliates to promote, sell, or provide after-sales services in relation to, any of the products and services of the Company and/or the Company's affiliates;  
任何獲公司及 / 或公司聯屬公司授權以進行推廣或銷售公司及 / 或公司聯屬公司任何產品及服務，或就有關產品及服務提供售後服務的保險中介機構；
  - (h) any actual or proposed assignee of the Customer's insurance policy issued by the Company and/or the Company's affiliates;  
任何獲發公司及 / 或公司聯屬公司繕發保單的客戶之實際或準受讓人；
  - (i) any actual or proposed purchaser of parts or all of the Company's business and/or those of the Company's group together with its advisers in the transaction;  
任何公司及 / 或公司集團部分或全部業務的實際或準買家，及其交易顧問；
  - (j) any agent, contractor or external service provider who is engaged to provide administrative, audit, data processing, document managing, mailing, printing, payment, storage, technology, telecommunication, or other services to the Company and/or the Company's affiliates in connection with the daily operation of their respective businesses;  
任何受聘向公司及 / 或公司聯屬公司就其日常之營運提供行政、審計、資料處理、文檔管理、郵遞、印刷、付款、儲存、技術、電訊，或其他服務的代理商、承包商或外界服務供應商；
  - (k) any external service provider who is engaged to provide any service which will enhance or add value to the overall experience of the Customer in enjoying the products and/or service of the Company and/or the Company's affiliates;  
任何受聘向客戶提供讓其對公司及 / 或公司聯屬公司產品及 / 或服務更為滿意或享有提升服務的外界服務機構；
  - (l) any research agent or service provider who is engaged to carry out any market surveys or studies;  
任何受聘進行市場調查或研究的調查代理或服務供應商；
  - (m) any of the Company's affiliates; and  
任何公司聯屬公司；及



## Declaration & Authorisation 聲明及授權

- (n) any person described in paragraph 7(d) below for the purpose of direct marketing, in case the Customer has given consent for using personal data in relation to such purpose.  
任何在客戶同意讓其個人資料被用作直接促銷用途的前提下，於下文第 7(d) 段所述的人士。
5. The purpose(s) for which the personal data of Customers may be used will vary depending on the circumstances and their context of collection, but the purposes perceived by the Company will include the following:  
客戶個人資料的用途會因不同情況及收集的背景有異，惟公司屬意的用途將包括：
- (a) to offer a quotation for insurance to a Customer, and to assess, evaluate (including the merits and/or suitability of a product or service to a Customer), process, approve and/or underwrite an insurance application, a claim and/or service request from a Customer arising from the application or thereafter; 提供投保報價予客戶，以及評估、衡量 (包括產品及 / 或服務是否有利於及 / 或適合客戶)、處理、批准及 / 或受理客戶的投保申請、索償及 / 或源於客戶投保申請或其後的服務要求；
  - (b) to provide subsequent or ongoing services to a Customer in relation to an insurance application or policy; 提供有關投保申請或保單的跟進或持續服務予客戶；
  - (c) to carry out matching procedures as defined in the PDPO; 執行私隱條例中界定的核對程序；
  - (d) to carry out credit assessments on Customers whose credit worthiness is under regular or special review; 進行客戶信用評估，不論該評估為定期或特別審查；
  - (e) to carry out surveys for gathering Customer opinion and/or statistical analysis on Customer's behavior or mentality; 進行調查以收集客戶意見及 / 或作出客戶行為或心態的統計分析；
  - (f) to process a payment or a Customer's payment instructions and/or direct debit authorisations; 處理付款或執行客戶的付款指示及 / 或直接付款授權；
  - (g) to determine any amount of indebtedness owing to or from a Customer; 確定欠付客戶或客戶欠付的任何款項；
  - (h) to verify a Customer's identity in accordance with any compliance procedures, including those intended to combat terrorist financing, fraud and/or money laundering, or otherwise for the purpose of ensuring the Company Group's Compliance with the Compliance Obligations; 按任何合規程序驗證客戶的身份，包括旨在打擊恐怖活動融資、欺詐及 / 或洗黑錢活動的程序或在其他情況下用以確保公司集團遵守合規責任；
  - (i) to maintain an update database of personal data of Customers; 設立及更新客戶個人資料的數據庫；
  - (j) to facilitate research or design of insurance or other related financial services and/or products which may be suitable for Customers; 促進研究或設計可能適合客戶的保險或其他相關金融服務及 / 或產品；
  - (k) to enforce a Customer's obligations in respect of an insurance application or policy; 執行客戶在投保申請或保單下的責任；
  - (l) to enable an actual or proposed assignee of the Customer's insurance policy, or an actual or proposed purchaser of the Company's business, to evaluate the transaction intended to be the subject of the assignment or purchase; 協助客戶保單的實際或準受讓人或公司業務的實際或準買家，以評估在有關轉讓或買賣交易下的事宜；
  - (m) to fulfill the disclosure requirements of any Compliance Obligations, laws, legislation, regulations, codes or guidelines as may in present or future and from time to time be applicable to the Company and/or the persons as listed in paragraph 4 above to whom the Company had transferred personal data of the Customer; 遵守現時或將來不時適用於公司及 / 或上文第 4 段所列從公司手上取得客戶個人資料之人士的任何合規責任、法例、法規、規章、守則或指引底下的披露規定；
  - (n) to enable the Company to carry on its normal business and day-to-day operations and to meet its liquidity and solvency requirements according to law; 令公司能繼續經營其正常業務及日常運作，以及符合有關法例對流動資金及償付能力的規定；
  - (o) to procure any service which will enhance or add value to a Customer's enjoyment of the products and/or service of the Company and/or the Company's affiliates; 取得任何讓客戶對公司及 / 或公司聯屬公司產品及 / 或服務更為滿意或享有額外價值的服務；
  - (p) to exercise the Company's rights as more particularly provided in the insurance policy, including the right of subrogation; 行使公司在保單中列明的權利，包括代位權；
  - (q) to comply with any obligations, requirements, policies, procedures, directives, or guidelines in respect of sharing data and information within the Company's group and/or any other use of data and information in accordance with group-wide compliance procedures; and/or 遵守公司集團內對共享數據與資料，及 / 或根據集團通用的合規程序將數據與資料用作其他用途的相關責任、規定、政策、程序、指令或指引；及 / 或
  - (r) to market the service, product and/or subject as further described in paragraph 7 below. 推廣下文第 7 段所詳述的服務、產品及 / 或事項。

6. Under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI") and the U.S. Foreign Account Tax Compliance Act ("FATCA"), financial institutions are required to identify account holders (including certain policy owners and beneficiaries) and controlling persons of certain entity policyholders who are reportable foreign tax residents and report their Tax Information (including but not limited to their name, address, jurisdiction(s) of tax residence, tax identification number in that jurisdiction(s), account balance and income information) to the local tax authority where the financial institution operates or directly to the U.S. Internal Revenue Service. The local tax authority will provide this information to the tax authority of the reportable foreign tax resident's country of tax residence on a regular, annual basis. Without limiting the generality of this Personal Information Collection Statement, the Company will use the Tax Information for the purposes of AEOI and FATCA. The Tax Information may be transmitted by the Company to the Hong Kong Inland Revenue Department or any other relevant domestic or foreign tax authority for transfer to the tax authority of another jurisdiction. The Tax Information may be transmitted by the Company to the U.S. Internal Revenue Service.

根據實施的自動交換財務帳戶資料 (「自動交換資料」) 和美國海外帳戶稅收合規法案 (「合規法案」) 的法律、法規及國際協定，財務機構須辨別具有須申報外國稅務居民身份的帳戶持有人 (包括某些帳戶持有人及保單受益人) 和某些實體保單持有人的控權人，並向財務機構營運當地的稅務部門或直接向美國國稅局申報其稅務資料 (包括但不限於姓名、地址、稅務居住地、該稅務居住地的稅務編號、帳戶結餘及收入資料)。當地稅務部門將每年定期將上述資料交予須申報外國稅務居民所屬稅務居住地的相關稅務部門。在不限制個人資料收集聲明下，本公司會將收集的稅務資料用於自動交換資料及合規法案。本公司會將稅務資料傳遞給香港稅務局或其他本地或海外稅務部門用於轉交其他司法管轄區的稅務部門。本公司亦可能將稅務資料轉交給美國國稅局。

### 7. Use of Personal Data in Direct Marketing 使用個人資料作直接促銷用途

The Company intends to use the personal data of Customers for direct marketing purpose and the Company requires their consent (including an indication of no objection) for the purpose. In this connection:

公司擬使用客戶個人資料作直接促銷用途，惟公司的該用途須取得客戶同意 (包括其表示不反對)。就此，請留意：

- (a) the name, contact details (including telephone numbers, mailing addresses and email addresses), gender, date of birth, transaction pattern or behavior, financial background, and demographic data (collectively, "Selected Personal Data") being held by the Company may from time to time be used in direct marketing; and 公司所持有客戶的姓名、聯絡資料 (包括電話號碼、郵寄地址及電郵地址)、性別、出生日期、交易模式及行為、經濟背景及人口統計數據 (統稱「選定個人資料」) 可被不時用作直接促銷用途；及
- (b) information delivered by post, electronic mails, SMS, telephone calls, and/or other means of communication may be used by the Company in achieving its direct marketing purpose; and 公司可透過以郵寄、電郵、短訊、電話及 / 或其他通訊方式轉遞的資料以達到其直接促銷用途；及
- (c) the classes of service, product and subject in relation to the Company's direct marketing may include: 有關公司作直接促銷的服務、產品及項目可包括：

## Declaration & Authorisation 聲明及授權

- (i) insurance, investment, financial planning, asset and wealth management and related services and/or products;  
保險、投資、財務策劃、資產和財富管理及相關服務及 / 或產品；
  - (ii) lucky draw, games, media event and/or seminar; and  
抽獎、遊戲、傳媒活動及 / 或講座；及
  - (iii) reward, loyalty, privilege and/or special-offer programs;  
獎勵、長期客戶、優惠及 / 或特惠計劃；
- (d) the classes of service, product and subject described above may be provided or solicited by the Company and/or:  
上述服務、產品及項目可能由公司及 / 或下述各方提供或取得：
- (i) any of the Company's affiliates;  
任何公司聯屬公司；
  - (ii) third party financial institutions, investment firms, investment advisers and investment service providers; and  
第三方金融機構、投資行、投資顧問及投資服務機構；及
  - (iii) third party providers of reward, loyalty, privilege and/or special-offer programs;  
獎勵、長期客戶、優惠及 / 或特惠計劃的第三方提供者；
- (e) in addition to marketing the classes of service, product and subject described above for and by itself, the Company also intends to provide the Selected Personal Data of Customers to all or any of the persons described in paragraph 7(d) above for use by them in marketing those classes of service, product and subject, and the Company requires the consent of those Customers (including an indication of no objection by them) for such purpose; and  
除為自己或靠自己直接促銷上述服務、產品及項目外，公司亦擬提供選定個人資料予上文 7(d) 段所述之全部或任何人士用於其促銷該等服務、產品及項目上，惟公司須取得該等客戶的同意 (包括其表示不反對)；及
- (f) if a Customer does not wish to allow the Company to use or provide to other persons any of his/her Selected Personal Data for direct marketing purpose, the Customer can exercise his/her right of objection and notify the Company.  
客戶如欲拒絕公司使用，或提供選定個人資料予其他人士使用作直接促銷，可行使反對權並通知公司。**
8. Under and in accordance with the PDPO, a data subject has the following rights:  
根據私隱條例，資料當事人有權：
- (a) to check whether the Company holds data relating to him/her and access to such data;  
查證公司是否持有其資料及查閱有關資料；
  - (b) to require the Company to correct any data relating to him/her which is inaccurate; and  
要求公司改正有關其本人不準確的任何資料；及
  - (c) to ascertain the Company's policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company; and  
查閱公司有關個人資料的政策及實際程序，以及了解公司所持個人資料的種類；及
  - (d) to request the Company not to use his/her data for direct marketing purpose and the Company must then cease the use for that purpose without charge.  
免費要求公司不得就直接營銷目的使用其資料，以及公司隨後必須停止就該用途使用其資料。
9. In accordance with the PDPO, the Company has the right to charge a reasonable fee for processing any data access request.  
根據私隱條例，公司有權就處理任何查閱資料的要求收取合理費用。
10. The requests described above may be made in writing to the Data Protection Officer, Heng An Standard Life (Asia) Limited, 12/F, Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.  
上述要求可以書面形式郵寄予恒安標準人壽 (亞洲) 有限公司之資料保護主任，地址為香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓。
- 11. Foreign Tax Reporting and Withholding Obligations Statement ("Tax Obligations Statement")  
外地稅務呈報 / 稅務責任聲明 (「稅務責任聲明」)**
- (a) Provision of information  
提供資料
- (i) I/We agree to provide the Company with the Personal Information of myself/ourselves and, where reasonably required by the Company, of any other Consenting Person in such manner, in such form and within such time, as the Company may from time to time require.  
本人 / 吾等同意向公司提供本人 / 吾等的個人資料，亦會應公司的合理要求，按公司不時要求的方式、形式及時間向公司提供其他同意人士的個人資料。
  - (ii) Where there is any change or addition to the Personal Information of myself, and, where applicable, any other Consenting Person, I/we agree to update the Company promptly (and in any event no later than 31 days of the change or addition) of the change or addition.  
倘本人 / 吾等及任何同意人士 (倘適用) 的個人資料有任何更改或增加，本人 / 吾等同意當有更改或增加會盡快 (無論如何不遲於更改或增加後的 31 天) 通知公司有關的更改或增加。
  - (iii) I/We agree that I/we shall, and, where applicable, shall procure such other Consenting Person(s) to, complete and sign such documents and do such things, as the Company may reasonably require from time to time for the purposes of ensuring the Company's compliance with the Compliance Obligations.  
本人 / 吾等同意會應公司不時合理的要求，自行及 (倘適用) 促使有關的其他同意人士填妥及簽署有關文件及辦理有關事宜，以確保公司遵守合規責任。
  - (iv) I/We agree that the Company may directly require any other Consenting Persons to provide or confirm accuracy of their Personal Information without involving me/us if the Company reasonably considers it to be appropriate.  
本人 / 吾等同意，倘公司有理由認為恰當，可毋須通過本人 / 吾等直接要求其他同意人士提供其個人資料或確認個人資料是否準確。
- (b) Disclosure of information  
資料披露
- (i) I/We agree that the Company and/or any other members of the Company's group may disclose the Tax Information of myself/ourselves and any other Consenting Person(s) to any government or tax authority in any jurisdiction for the purpose of ensuring compliance with Compliance Obligations (including but not limited to obligations under the laws, regulations and international agreements for the implementation of automatic exchange of financial account information ("AEOI") and the U.S. Foreign Account Tax Compliance Act ("FATCA")) on the part of the Company or on the part of the Company's group.  
本人 / 吾等同意公司及 / 或公司集團任何成員可向任何司法管轄區的政府或稅務當局披露本人 / 吾等及任何同意人士的稅務資料，以確保公司或公司集團遵守合規責任 (包括但不限於任何實施的自動交換財務帳戶資料 (「自動交換資料」) 和美國海外帳戶稅收合規法案 (「合規法案」) 的法律、法規及國際協定)。
  - (ii) I/We hereby waive, and, where reasonably required by the Company, agree to procure any other Consenting Person(s) to waive, any applicable restrictions which would otherwise hinder the ability of the Company and/or any other members of the Company's group to disclose Tax Information in the manner as described in this paragraph 11(b) of the Tax Obligations Statement (or in the relevant policy provision relating to foreign tax reporting and withholding obligations).  
本人 / 吾等謹此放棄並 (倘公司合理要求) 同意促使其他同意人士放棄可能妨礙公司及 / 或 [公司集團] 其他成員按稅務責任聲明第 11(b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 所述方式披露稅務資料的任何相關限制。
  - (iii) I/We agree that the Company may directly require any other Consenting Person to agree to the disclosure as described in this paragraph 11(b) of the Tax Obligations Statement (or in the relevant policy provision relating to foreign tax reporting and withholding obligations) and/or waive any otherwise applicable restrictions on such disclosure, if the Company reasonably considers appropriate.  
本人 / 吾等同意，倘公司有理由認為恰當，可毋須通過本人 / 吾等直接要求其他同意人士同意按稅務責任聲明第 11(b) 段 (或有關外地稅務呈報或稅務責任的相關保單條文) 所述作出披露及 / 或放棄相關披露的相關限制。
- (c) Failure to Provide Information  
無法提供資料

## Declaration & Authorisation 聲明及授權

I/We agree that:

本人 / 吾等同意：

- (i) where I/we fail to comply with my/our obligations under paragraph 11(a) of the Tax Obligations Statement; or  
倘若本人 / 吾等不遵守稅務責任聲明第 11(a) 段所載本人 / 吾等的責任；或
- (ii) where any of the other Consenting Persons fails to comply with the Company's requirements described in paragraph 11(a)(iv) or 11(b)(iii) of the Tax Obligations Statement; or  
倘若其他同意人士不遵守稅務責任聲明第 11(a)(iv) 段或第 11(b)(iii) 段所述貴公司的要求；或
- (iii) where the Personal Information (regardless of whether it is in relation to me/us or any other Consenting Person) is inaccurate, incomplete or not promptly updated; or  
倘若個人資料 (不論是否與本人 / 吾等或任何其他同意人士有關) 不準確、不完整或未有及時更新；或
- (iv) for whatever reason the Company and/or any other members of the Company's group is prevented (under Hong Kong law or otherwise) from making the disclosure of the Tax Information of myself/ourselves and/or any other Consenting Person(s) to the relevant government or tax authorities in the relevant jurisdiction,  
公司及 / 或 [ 公司集團 ] 任何其他成員不論任何原因 ( 根據香港法律或其他原因 ) 遭禁止向相關司法管轄區的相關政府或稅務當局披露本人 / 吾等及 / 或任何其他同意人士的稅務資料，

the Company may take one or more of the following actions at any time:

公司可按其需要隨時採取以下一項或多項行動：

- (I) deduct from or withhold part of any amounts payable under the Policy;  
扣減或不予支付任何保單應付款項；
- (II) terminate the Policy (in which case, the Company will pay me/us the Policy Account Value less any applicable fees and charges and less any withholding or deductions required pursuant to the Compliance Obligations); and  
終止保單 ( 在此情況下，公司會向本人 / 吾等支付經扣減任何相關費用及收費和根據合規責任所指定的任何不予支付或扣減款項後的保單賬戶價值 ) ；及
- (III) provide (whether before or after the termination of the Policy) the Tax Information relating to me/us and/or any other Consenting Persons to such government or tax authority(ies) in any jurisdiction,  
向任何司法管轄區的相關政府或稅務當局提供 ( 不論在保單終止之前或之後 ) 有關本人 / 吾等及 / 或任何其他同意人士的稅務資料，

as may be required for the Company to ensure its compliance with the Compliance Obligations.

如公司按其需要以確保其遵守合規責任。

### (d) Confirmations

確認

I/We confirm and agree that:

本人 / 吾等確認並同意：

- (i) any agreement, waiver, confirmations given in, or to be given pursuant to, the Tax Obligations Statement or the relevant policy provision relating to foreign tax reporting and withholding obligations are irrevocable;  
根據稅務責任聲明或有關外地稅務呈報或稅務責任的相關保單條文作出的任何協議、放棄及確認均不可撤銷；
- (ii) neither the Company nor any member of the Company's group shall be liable for any costs or loss that I/we (or any other Consenting Persons) may incur because of the Company and/or any member of the Company's group taking any actions permitted by or exercising any powers under the Tax Obligations Statement or the relevant policy provision relating to foreign tax reporting and withholding obligations;  
由於公司或恒安標準人壽 ( 亞洲 ) 有限公司任何成員根據稅務責任聲明或有關外地稅務呈報或稅務責任的相關保單條文所容許或授權採取的行動引致本人 / 吾等 ( 或任何其他同意人士 ) 蒙受的任何費用或損失，公司或恒安標準人壽 ( 亞洲 ) 有限公司任何成員均毋須負責；
- (iii) I/we must obtain or, as the case may be, have obtained the requisite consent from each Consenting Person for the provision of his/her Tax Information to the Company and the disclosure of any of such Tax Information by the Company and/or any of the Company's affiliates under paragraph 11(b) of the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations);  
本人 / 吾等必須或 ( 視乎情況而定 ) 已經取得每位同意人士所需的同意，以提供彼等的稅務資料予公司，而公司及 / 或公司任何聯屬公司可根據稅務責任聲明第 11(b) 段 ( 或有關外地稅務呈報或稅務責任的相關保單條文 ) 披露任何該等稅務資料；
- (iv) I/we must inform each Consenting Person of the Company's powers under the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations);  
本人 / 吾等必須將稅務責任聲明 ( 及有關外地稅務呈報或稅務責任的相關保單條文 ) 所載公司的權力告知每位同意人士；
- (v) the Tax Obligations Statement (and the relevant policy provision relating to foreign tax reporting and withholding obligations) are without prejudice, and in addition, to any of the Company's rights or powers under any other policy provisions or this application form; and  
稅務責任聲明 ( 及有關外地稅務呈報或稅務責任的相關保單條文 ) 並不影響任何其他保單條文或本申請表格所載公司的權利或權力並屬於以外的權力；及
- (vi) where there is any withdrawal or payment under the Tax Obligations Statement (or the relevant policy provision relating to foreign tax reporting and withholding obligations) for any reason, the withdrawal amount or payment amount will at all times be subject to the exercise of the Company's powers under paragraph 11(c)(I) and (II) of the Tax Obligations Statement.  
無論任何原因凡有稅務責任聲明 ( 或有關外地稅務呈報及扣稅責任的相關保單條文 ) 所指的任何提款或付款，提款金額或付款金額均任何時間須受限於稅務責任聲明第 11(c)(I) 及 (II) 段所述公司權力的行使。
- (vii) the Tax Obligations Statement shall form an integral part of the Policy.  
稅務責任聲明即屬保單的一部分。

12. If there is any inconsistency between the English and Chinese versions of this Statement, the English version shall prevail.

中英文版本如有歧異，概以英文版為準。

Heng An Standard Life (Asia) Limited (662679) is registered in Hong Kong at 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to write Class A, Class C and Class I long term business in Hong Kong.

恒安標準人壽 ( 亞洲 ) 有限公司 (662679) 的註冊公司地址為香港鰂魚涌皇皇道 979 號太古坊林肯大廈 12 樓，其已獲香港的保險業監管局授權於香港承保 A 類、C 類及 I 類之長期業務。

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