

保單編號 Policy No. :

重要事項:

- (1) 每個索償人須個別填寫個人意外保障 – 索償人表格。
- (2) 如保單持有人同時為受保人，第四部份將不適用。
- (3) 索償人將負責提供準確及完整的資料。若未能完整及詳細提供相關資料，賠償將有機會被延誤。
- (4) 如有任何醫療報告的費用，將會由索償人承擔。
- (5) Aviva Life Insurance Company Limited, trading as Blue (即此表格內所稱之「本公司」) 將不需為此承擔任何法律責任。
- (6) 請在適當方格填上「剔」號。

Important Note:

- (1) Each Claimant needs to fill in an individual Personal Accident Benefit – Claimant's Statement.
- (2) If the Policyholder is the Life Assured, part 4 will not be applicable.
- (3) The Claimant will be responsible for the accuracy and integrity of the information provided. Failure to provide details or disclose all relevant information may delay the claim assessment.
- (4) The fees for medical reports (if any) will be borne by the Claimant.
- (5) Aviva Life Insurance Company Limited, trading as Blue (referred throughout this form as “the Company”) does not admit any liability by the mere issue of this or any other form.
- (6) Please tick the applicable box.

1. 賠償種類 Benefit(s) to Claim

- | | | | |
|-------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> 完全永久傷殘賠償
Total Permanent Disability Benefit | <input type="checkbox"/> 嚴重皮膚燒傷賠償
Serious Skin Burn Benefit | <input type="checkbox"/> 傳染疾病賠償
Infectious Disease Benefit | <input type="checkbox"/> 意外斷肢賠償
Accidental Dismemberment Benefit |
|-------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------------------------|

2. 受保人資料 Information of Life Assured

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. 姓名 : _____
Name
3. 出生日期 : _____
Date of Birth (DD/MM/YYYY)
5. 國籍 : _____
Nationality
<small>美國公民或居民請填寫美國社會保障號碼
U.S. Citizens or Residents Please Provide U.S. Social Security Number(SSN)</small>
7. 居留司法管轄區 : _____
Jurisdiction(s) of Tax Residence | 2. 香港身份證/護照號碼 : _____
HKID / Passport No.
4. 性別 : _____
Gender
6. 電話號碼 : _____
Telephone No.
8. 稅務編號 (香港及其他外地居留司法管轄區, 如適用) : _____
Taxpayer Identification Number(s) (in Hong Kong and other foreign jurisdictions, if applicable)
10. 通訊地址 (若通訊地址與住宅地址不同, 請填寫此欄) : _____
Correspondence Address (please complete this field if Correspondence Address is different from Residential Address) |
| 9. 住宅地址 : _____
Residential Address | |

3. 職業詳情 Occupation Details

1. 僱主名稱 : _____
Name of Employer
2. 僱主地址 : _____
Address of Employer
3. 職業及職務 : _____
Occupation and duty
4. 有否向僱主申請病假 : _____
Did you report your sick leave to your employer
5. 意外前最後上班日期 : _____
Last date of work before accident (DD/MM/YYYY)

若原因為意外 If Caused by Accident

1. 意外發生日期 : _____ (DD/MM/YYYY)
Date of Accident
2. 意外發生地點及經過 : _____
Where and how did it happen
3. 受傷部位及傷勢 : _____
Part of body injured and type of injury
4. 有否報警 (如有, 請提供警察報告副本) : 沒有 有 警署地點 : _____
Did you report to the police (Please attach a : No Yes Police Station : _____
photocopy of the Police Report, if yes) 檔案編號 : _____
Case Ref. No. : _____

若原因為傳染疾病 If Caused by Infectious Disease

1. 症狀及異常 : _____
Symptoms and abnormalities
2. 在首次求診之前, 症狀何時開始出現 : _____
How long had the Insured been having these : _____
symptoms prior to the first consultation (DD/MM/YYYY)
3. 次求診日期 : _____
First consultation date (DD/MM/YYYY)
4. 最後診斷 : _____
Final Diagnosis
5. 診斷日期 : _____
Date of diagnosis (DD/MM/YYYY)

4. 索償人資料 (如非受保人) Information of Claimant (If not Life Assured)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ol style="list-style-type: none"> 1. 姓名 : _____
Name 3. 出生日期 : _____ (DD/MM/YYYY)
Date of Birth 5. 國籍 : _____
Nationality
美國公民或居民請填寫美國社會
保障號碼
U.S. Citizens or Residents
Please Provide U.S. Social
Security Number(SSN) 7. 居留司法管轄區 : _____
Jurisdiction(s) of Tax
Residence 9. 住宅地址 : _____
Residential Address | <ol style="list-style-type: none"> 2. 香港身份證 / 護照號碼 : _____
HKID / Passport No. 4. 性別 : _____
Gender 6. 電話號碼 : _____
Telephone No. 8. 稅務編號 (香港及其他外地居留司法管轄
區, 如適用) : _____
Taxpayer Identification
Number(s) (in Hong Kong and other
foreign jurisdictions, if applicable) 10. 通訊地址 (若通訊地址與住宅地址不同, 請
填寫此欄) : _____
Correspondence Address (please
complete this field if Correspondence Address
is different from Residential Address) |
| <ol style="list-style-type: none"> 11. 以何名義申請索償? : <input type="checkbox"/> 保單持有人 Policyholder
By what title are you submitting this claim? <input type="checkbox"/> 受益人 Beneficiary
<input type="checkbox"/> 其他 Others _____ | |

5. 遞交申請所需文件指引 Guidelines for Document Submission

請於連同申請書遞交文件之方格內加上「✓」號。如需要閣下或其他機構提供進一步資料作閣下申請，本公司將會通知閣下。由於收集有關之資料時間有異，閣下之申請時間有可能因此而延長。

Please tick against the documents you have submitted together with this application. We will notify you if we need to obtain extra information from you or from other parties to assess your application. As the time required for obtaining the information varies, the processing time of your application will likely take longer time.

- 受保人的香港身份證 / 護照之核證副本
Certified true copy of HKID / Passport of Life Assured
- 索償人的香港身份證 / 護照之核證副本 (如索償人並非受保人)
Certified true copy of HKID / Passport of Claimant (if Claimant is not the Life Assured)
- 所有醫療證明副本
Copy of all medical proofs
- 所有病假證明副本
Copy of all sick leave certificates
- 所有僱主信件副本 (證明殘疾持續時期)
Copy of all employer letters (subject to the duration of the disabled period)
- 警察報告
Police report
- 個人意外保障 – 醫生表格正本(由主診醫生填寫)
Personal Accident Benefit – Physician's Statement (completed by Attending Physician)

*請注意，所需文件的核證副本必須經由執業律師或本公司的客戶服務主任辦理。

*Please note that the true copy of document(s) must be certified by a solicitor or our Customer Service Executives.

美國《海外賬戶納稅法案》及《自動交換財務帳戶資料》須知 Notice on U.S. "Foreign Account Tax Compliance Act" and "Automatic Exchange of Financial Account Information"

為符合香港特別行政區（「香港」）或 Aviva Life Insurance Company Limited, trading as Blue（「本公司」）將來必須或可能要符合的任何外國法域的法律、法規或業務/行為守則（包括現時生效，經不時修訂和補充的，根據香港與美國之間的跨政府協議（Intergovernmental Agreement）下可能執行的美國《海外賬戶納稅法案》（Foreign Account Tax Compliance Act, 下稱「FATCA」），《稅務條例》（第 112 章）中有關自動交換財務帳戶資料（Automatic Exchange of Financial Account Information）的法律條文，及經濟合作暨發展組織（OECD）作出的規定，包括為履行其共同匯報標準（Common Reporting Standard）的主管當局協定（Competent Authority Agreement），本公司必須或可能被要求向香港和/或海外的相關機關匯報閣下的傳記資料、個人資料、保單編號、保單價值、退保價值、保單貨幣及收入資料（統稱「資料」）。根據《稅務條例》（第 112 章），本公司可能將收集所得的資料向香港稅務局（「稅務局」）申報。稅務局會將資料與閣下為稅務居民的相關須申報國家的稅務機構交換。就 FATCA 而言，如若干閣下的保單享有（或有權利從該保單提取）權益和利益的人（「保單參與者」）為特定美國人士（定義見下文），資料將匯報給美國國家稅務局（「美國國稅局」）。「特定美國人士」一般為美國公民（包括雙重國籍的公民）或就稅務目的之美國外籍居民（即綠卡持有人）、私人擁有的美國企業、美國合夥、或美國的信託或產業。如保單參與者被特定美國人士「控制」，類似的匯報要求亦為適用。如一個人擁有規定的門檻或以上（視乎實體種類而定）的所有權，則一般假定为控制。本公司將必須向美國國稅局以總額形式匯報本公司未能核實其各自的公民身份及稅收居民身且未能與本公司合作提供所要求的相關資料和文件之保單的保單價值、付款金額及參與者數目根據上述的所有資料，美國國稅局可向稅務局要求以集合形式提供進一步資料。如稅務局未能回覆美國國稅局的要求，相關的美國來源收入將被徵收 FATCA 預扣（於 2014 年開始逐步引入），直至稅務局提供所要求的資料為止；相關保單亦可能被終止。已提供所要求的 FATCA 資料、文件及證書以確認公民身份及稅收居民身份的保單參與者便無需繳納 FATCA 預扣稅。

*就本條的目的而言，終止的權利存在於非投資相連壽險計劃之產品。

In compliance with the law, regulations or code(s) of practice/conduct in Hong Kong Special Administrative Region ("Hong Kong") or any foreign jurisdiction to which Aviva Life Insurance Company Limited, trading as Blue (the "Company") is or may in the future be subject (including the U.S. Foreign Account Tax Compliance Act ("FATCA") which may be implemented pursuant to an intergovernmental agreement ("IGA") between Hong Kong and the United States, the legal provisions for automatic exchange of financial account information ("AEOI") provided under the Inland Revenue Ordinance (Cap. 112), and provisions issued by the Organisation for Economic Co-operation and Development, including a Competent Authority Agreement to implement its Common Reporting Standard ("CRS"), all as currently in force and as amended and supplemented from time to time), the Company is or may be required to report your biographical information, personal details, policy number(s), policy value, surrender value, denominated currency(ies) of the policy, and income information ("the Information") to the relevant authorities in Hong Kong and / or abroad. Pursuant to the Inland Revenue Ordinance (Cap. 112), the Company may be required to report to the Hong Kong Inland Revenue Department ("IRD") the Information. The IRD may exchange the Information with the tax authority(ies) of the relevant reportable country (or countries) where you are tax resident. In the case of FATCA, the Information will be reported to the U.S. Internal Revenue Service ("IRS") if certain persons with interests and benefits in, or rights to withdraw from, your policy ("Policy Participants") are Specified U.S. Persons (as defined below). A "Specified U.S. Person" is generally a U.S. citizen (including dual citizen) or U.S. resident alien for tax purposes (i.e., a Green Card holder), privately owned U.S. corporation, U.S. partnership, or a U.S. trust or estate. Similar reporting requirements apply if a Policy Participant is "controlled" by a Specified U.S. Person. Control is generally presumed if a person has ownership at or above (depending on the type of entity) a prescribed threshold. The Company will be required to report to the IRS on an aggregate basis information of policy values, payment amounts and number of those Policy Participants in relation to which the Company is unable to verify their respective citizenships and tax residencies and who do not cooperate with the Company by providing the relevant requested information and documentation. Based on such aggregate information, the IRS may make group requests to IRD for supply of further information.

If the IRD fails to respond to an IRS request, then until the IRD supplies the requested information, the FATCA withholding tax (which was phased in starting 2014) would be levied against U.S. source income and we may exercise the right to terminate your policy*. Policy Participants who have provided the required FATCA information, documents and certificates to validate citizenship and tax residency will not be subject to the FATCA withholding tax.

* For the purpose of this provision, the right to terminate subsists in non-Investment Linked Assurance Scheme products.

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

1. 本個人資料收集聲明書（「聲明書」）是按照（i）由香港個人資料私隱專員公署所發出的指引；和（ii）《個人資料（私隱）條例》（第 486 章）（《個人資料（私隱）條例》）及其修訂條例而編寫的。「個人資料」是指《個人資料（私隱）條例》所界定的個人資料。本聲明書列出向個別資料當事人收集個人資料的原因、個人資料將會被使用的方式、該等個人資料可能轉移予何種類別的人士及個別資料當事人在《個人資料（私隱）條例》下所享有的權利。
2. 就本聲明書而言，「本公司」、「我們」、「我們的」指 Aviva Life Insurance Company Limited, trading as trading as Blue（包括其業務名稱），而「Aviva Group」指本公司及其控股公司、分公司、附屬公司、代表處及聯屬公司（不論該公司位於何地）。聯屬公司包括本公司的控股公司之分公司、附屬公司、代表處及聯屬公司（不論該公司位於何地）。
3. 閣下可自願提供在申請表上或本公司進行正常業務運作中所要求的個人資料。如閣下未能提供所要求的資料，本公司可能會因缺乏所需資料而無法評估 / 處理閣下的申請，以及無法向閣下提供保險和相關的服務、產品和設施。如閣下拒絕給予上述明確的同意，本公司亦可能被要求向相關監管機構匯報保單項下的價值和付款金額或保留保單項下的部分或所有利益。在特定情況下（包括香港稅務局（「稅務局」）未能就美國國稅局對拒絕披露資料帳戶的資料提出的要求作出回應），本公司可能終止保單。

收集資料之目的

4. 閣下須不時就向閣下提供保險及 / 或相關服務及產品、處理本公司發出的保單索償事宜、處理閣下提出的任何及所有要求、查詢及投訴及 / 或為遵守在香港境內或境外的監管或其他機關頒佈的任何法律、發出的指引或要求（包括但不限於《稅務條例》第 112 章（IRO）、根據香港特別行政區（「香港」）與美國之間的跨政府協議（Intergovernmental Agreement, 下稱 "IGA"）執行美國《海外帳戶納稅法案》（Foreign Account Tax Compliance Act, 下稱 "FATCA"）、香港與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》及經濟合作暨發展組織（OECD）作出的規定（包括關於其為履行其共同匯報標準（Common Reporting Standard, 下稱 "CRS"）的主管當局協定（Competent Authority Agreement, 下稱 "CAA"）相關的監管機制）、香港所簽訂並不時修改的稅務事宜自動交換財務帳戶資料，適用的稅務資料交換協定及全面性避免雙重課稅協定）而向本公司提供個人資料。該要求的資料可能包括姓名、住址、稅務所在地法域、稅務編號（如有）、出生日期及出生地點。向閣下收集的資料也將用作以下用途（在本第 4 段詳列的所有用途將統稱為「有關用途」）：
 - a. 處理閣下的保險、金融或財富管理產品或服務的申請及核實相關的資格；
 - b. 管理閣下與本公司的帳戶（包括帳戶收款服務）；
 - c. 轉讓處理；
 - d. 設計、提供及安排保險或金融產品或相關服務；
 - e. 處理任何信貸、醫療、抵押及承保檢查及保險索償；
 - f. 處理付款指示；
 - g. 統計和研究；
 - h. 為閣下提供本公司及 Aviva Group 內其他公司之保險、金融服務或相關財富管理產品的推廣資料；
 - i. 為推廣以下服務或產品：i) 獎賞、年資或優惠計劃及相關服務及產品；ii) 為慈善及 / 或非牟利用途的捐款及捐贈；
 - j. 進行保單檢閱及需求分析；
 - k. 為執行客戶盡職審查及打擊洗錢的篩查而搜集情報資料；
 - l. 符合根據任何本地或外國法律、法例或法規或任何本地或外國的法律、監管、政府、稅務、執法或其他機構發出或出具的指引或指導，或本公司及 / 或 Aviva Group 內的公司所承擔的或對其施加的、與本地或外國的法律、監管、政府、稅務、執法或其他機構、或金融中介人、或金融服務供應商之自我監管或行業組織或協會之間的任何現有或將來之契約或其他承諾（包括但不限於 IRO、IGA、FATCA、CAA 和 CRS）項下之任何披露規定；
 - m. 與閣下聯絡；及
 - n. 達致與以上第(a)至(m)項有關之任何其他目的。

轉移個人資料

5. 閣下於此保單申請時所提供之個人資料或會於香港境內或境外被轉移至：
 - a. 其他 Aviva Group 內的公司；
 - b. 任何進行保險及 / 或再保險有關業務之公司；
 - c. 任何與本公司有代理人或經紀合約的保險中介人；
 - d. 任何保險索償調查人員；
 - e. 任何公證行；
 - f. 任何夥伴金融機構；
 - g. 任何第三方管理人；
 - h. 任何專業諮詢顧問團體；
 - i. 任何不時存在之保險業協會及聯會；
 - j. 任何提供保險及 / 或再保險相關業務之其他服務供應商；
 - k. 任何向本公司提供行政、電訊、電腦、付款、印刷、贖回或其他服務之代理、聯屬公司、承包商或第三方服務供應商，而所提供之服務乃與本公司之業務經營有關；
 - l. 任何代表本公司向閣下提供服務 / 優惠之代理、聯屬公司、承包商或第三方服務供應商；
 - m. 任何信貸資料服務機構；
 - n. 任何收賬代理；
 - o. 調查機構 / 人員；
 - p. 根據任何法律規定，本公司或其任何聯屬公司或商業夥伴，本公司有責任向其披露資料之任何人士及法團實體；
 - q. 由於上文第 4(l) 段所述的本公司及 / 或 Aviva Group 內的公司之披露要求所引起或與之有關之任何本地或外國政府及司法機構、法律、監管、政府、稅務、執法或其他機構、或金融中介人、或金融服務供應商之自我監管或行業組織或協會；
 - r. 醫療賬單審查公司；及
 - s. 情報資訊服務供應商。

6. 本公司在有關影響到本公司全部或大部份業務的控制權、管治、結構及 / 或管理的交易時，或在必須符合適用法律或法規的要求下，可轉移閣下的個人資料。

使用個人資料作直接促銷用途

7. 除上述用途外，在法律允許的情況下，本公司擬使用閣下的姓名及聯絡資料作宣傳或市場推廣用途，包括向閣下寄發宣傳資料，及就以下產品、服務、建議及目的作直接促銷：（包括但不限於）本公司及本公司所屬機構下的其他公司的保險、金融服務或財富管理相關產品、醫療 / 健康治療、教育、獎賞 / 年資獎勵/優惠計劃等相關之宣傳資料（「促銷標的類別」）。

就此直接促銷的用途，在法律允許的情況下，我們或會將閣下的個人資料提供予任何上述促銷標的類別以及熱線中心、市場推廣或研究服務供應商，讓他們可就提供的產品及服務向閣下寄發宣傳資料及進行直接促銷（有關資料可透過郵寄、電郵或其他方式送達予閣下）。在法律允許的情況下，我們或會將閣下的個人資料提供予任何上述促銷標的類別的供應商以獲得利益。

根據法律要求，就上述有關用途使用及向上述第五點受讓方提供閣下的個人資料前，我們必須先取得閣下的書面同意，並僅會在取得有關書面同意後，方可使用或提供閣下的個人資料，作任何宣傳或直接促銷用途。

本公司擬使用及提供作上述直接促銷用途之個人資料，為閣下的姓名和相關聯絡資料；然而，我們可管有更多的個人資料。

如要求閣下同意，而閣下有給予該等同意，閣下可於其後撤回對本公司使用並向第三方提供閣下個人資料作直接促銷用途之同意；此後，本公司須停止使用或提供該等資料作直接促銷之用。

如閣下已給予同意但欲將其撤回，可以書面或電郵方式通知我們，書面通知可郵寄至「查閱資料」一節所載地址。閣下於有關請求中應清楚列明，要求撤回讓本公司使用閣下個人資料作直接促銷用途的同意。

查閱資料

8. 閣下有權提出在《個人資料（私隱）條例》下所享有有關查閱或更改由本公司所持有閣下之個人資料的要求。閣下可將有關要求遞交至：

顧客服務部客戶中心經理
Aviva Life Insurance Company Limited, trading as Blue
 香港九龍灣宏遠街 1 號「一號九龍」30 樓

執行《個人資料（私隱）條例》

9. 本聲明書不會限制閣下在《個人資料（私隱）條例》下所享有的權利。

1. This Personal Information Collection Statement ("PICS") is made in accordance with the (i) guidelines issued by the Privacy Commissioner for personal data; and (ii) Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO") together with amendments thereto. "Personal Data" means personal data as defined in the PDPO. The PICS sets out the purposes for which Personal Data of individual data subjects will be used following collection, the manner in which Personal Data will be used, the classes of persons to which Personal Data may be transferred and rights of individual data subjects under the PDPO.
2. For the purposes of this PICS, "the Company", "we", "us" and "our" mean Aviva Life Insurance Company Limited trading as [brand name] (including its trade name) and "Aviva Group" means the Company and its holding companies, branches, subsidiaries, representative offices and affiliates, wherever situated. Affiliates include branches, subsidiaries, representative offices and affiliates of the Company's holding companies, wherever situated.
3. It is voluntary for you to provide the Personal Data requested in the application form and in the ordinary course of our business relationship. However, if you fail to do so, we may not be able to assess / process your application and provide you with the insurance and related services and products and facilities due to lack of information. We may also be required to report to applicable regulatory authority(ies) the values and payment amounts under the insurance policy or withhold some or all benefits under the insurance policy if you refuse to give the said express consent, and in specific circumstances (including where the Hong Kong Inland Revenue Department ("IRD") fails to respond to requests from the U.S. Internal Revenue Service ("IRS") for information about non-consenting U.S. accounts) we may terminate the policy.

Purposes of Collection

4. From time to time, it is necessary for you to supply the Company with Personal Data in connection with the provision of insurance and / or related products and services to you, the processing of claims under insurance policies issued by the Company, the processing of other requests, enquiries and complaints from you, and / or compliance with any laws, guidelines or requests issued by regulatory or other authorities within or outside of Hong Kong (including but not limited to the Inland Revenue Ordinance (Cap. 112) ("IRO") implementation of U.S. Foreign Account Tax Compliance Act ("FATCA") pursuant to the intergovernmental agreement between Hong Kong Special Administrative Region ("Hong Kong") and the U.S. ("IGA"), the tax information exchange agreement that Hong Kong signed with the U.S. on 25 March 2014, and the provisions issued by the Organization for Economic Co-operation and Development ("OECD"), including the regulatory scheme relating to its Competent Authority Agreement ("CAA") to implement its Common Reporting Standard ("CRS"), Automatic Exchange of Financial Account Information and applicable tax information exchange agreements and comprehensive avoidance of double taxation agreement to which Hong Kong is a party) as amended from time to time. Such required information may include name, address, jurisdiction of tax residence, taxpayer identification number (if any), date of birth and place of birth. The information collected from you will also be used for the following purposes (all purposes particularized in this paragraph 4 shall collectively be referred to as the "Purposes"):
- a. processing your application and verifying your eligibility for insurance, financial or wealth management products or services;

- b. managing your account with us (including account collection);
- c. assignment processing;
- d. designing, providing and arranging of insurance / financial products or related services;
- e. processing of any credit, medical, security and underwriting checks and insurance claims;
- f. processing payment instructions;
- g. statistics and research;
- h. providing you with promotional materials relating to our insurance or financial services or related wealth management products, and those of other companies within the Aviva Group;
- i. marketing the following services / products: i) reward, loyalty or privileges programmes and related services and products; ii) donations and contributions for charitable and / or non-profit making purposes;
- j. performing policy review and needs analysis;
- k. information intelligence including customer due diligence and anti-money laundering screening;
- l. meeting any disclosure requirements pursuant to any local or foreign law, legislation or regulations or any guidelines or guidance given or issued by any local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or any present or future contractual or other commitment with a local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers assumed by or imposed on the Company and / or companies within the Aviva Group, including without limitation, the IRO, IGA, FATCA, CAA and CRS;
- m. communication with you; and
- n. fulfilling any other purposes directly related to (a) to (m) above.

Transfer of Personal Data

5. The data that you have supplied in this insurance application for the Purposes may be transferred within or outside of Hong Kong to the following parties:
- a. other companies within the Aviva Group;
 - b. any companies carrying on insurance and / or reinsurance related business;
 - c. any insurance intermediaries who have an agency or brokerage agreement with the Company;
 - d. any insurance claim investigators;
 - e. loss adjusters;
 - f. partnering financial institutions;
 - g. third party administrators;
 - h. professional advisors;
 - i. any associations and federations of the insurance industry that exist from time to time;
 - j. any other service providers providing insurance and / or reinsurance related business;
 - k. any agents, affiliates, contractors or third party service providers who provides administrative, telecommunications, computer, payment, printing, redemption or other services to the Company in relation to the operation of the business of the Company;
 - l. any agents, affiliates, contractors or third party service providers who provide service / benefit to you on behalf of the Company;
 - m. any credit reference agencies;
 - n. any debt collection agencies;
 - o. researchers;
 - p. any persons and corporate entities to whom the Company is obliged to disclose under the requirement of any law relating to the Company or any of its affiliates or business partners;
 - q. any local or foreign governmental and judicial bodies, legal, regulatory, governmental, tax, law enforcement or other authorities, or financial intermediary, or self-regulatory or industry bodies or associations of financial services providers arising out of or in connection with the disclosure requirements of the Company and / or companies within the Aviva Group as mentioned in paragraph 4(l) above;
 - r. medical bill review companies; and
 - s. information intelligence provider(s).
6. The Company may transfer your Personal Data in connection with a transaction with another company which affects the control, governance, structure and / or management of all or a substantial part of its business, or if required to satisfy applicable legal or regulatory requirements.

Use of Personal Data for Direct Marketing purposes

7. In addition to the purposes set out above, where permitted by law, the Company may use your name and contact details for promotional or marketing purposes including sending you promotional materials and conducting direct marketing in relation to the following products, services, advice and subjects: (including without limitation) promotional materials relating to our insurance, financial services or related wealth management products, medical/health treatment, education, reward/loyalty/privilege programmes, and those of other companies under the same organization as the Company ("Classes of Marketing Subjects").
- For the purposes of direct marketing, the Company may, where permitted by law, provide your personal information to the parties of any of the Classes of Marketing Subjects described above and call centre, marketing or research services so that they can send you promotional materials and conduct direct marketing in relation to the products and services they offer (these materials may be sent/provided to you by post, electronically or any other means). Where permitted by law, we may provide your personal data to parties of any of the Classes of Marketing Subjects for gain.

Before using or providing your personal data for the Purposes and to the parties set out in paragraph 5, we may be required by law to obtain your written consent, and in such cases, only after having obtained such written consent, may we use and provide your personal data for any promotional or direct marketing purpose.

The types of personal data that the Company would use and provide for direct marketing purposes as described above are your name and relevant contact details, although we may possess additional personal data.

If your consent is required, and you provide such consent, you may thereafter withdraw your consent to the use and provision to the parties by the Company of your personal data for direct marketing purposes and thereafter the Company shall cease to use or provide such data for direct marketing purposes.

If you have provided consent and wish to withdraw it, please inform us by writing to the address in the section on "Access to Data" or sending us an e-mail. Your request should clearly state that you wish to withdraw your consent to use your personal data for direct marketing purposes.

Access to data

8. You have the right under the PDPO to make a request for data access or correction concerning your Personal Data held by us. You may make such request by writing to:

**Att. Contact Centre Manager of Customer Services Department
Aviva Life Insurance Company Limited, trading as Blue
30/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Hong Kong**

Application of the PDPO

9. Nothing in this PICS shall limit your rights under the PDPO.

直接促銷及市場推廣資料 Direct Marketing and Promotional Materials

「本人（索償人）確認已閱畢個人資料收集聲明，並明白 Aviva Life Insurance Company Limited, trading as Blue（「本公司」）可根據此個人資料收集聲明收集、使用及轉移本人的個人資料作直接促銷用途。」

（請在以下方格內加上剔號表示同意。）

本人（索償人）確認上述聲明，並同意本公司可根據其個人資料收集聲明使用本人的個人資料作直接促銷用途。」

"I (the Claimant) confirm I have read the Personal Information Collection Statement (PICS) and understand that Aviva Life Insurance Company Limited, trading as Blue (the "Company") may collect, use and transfer my personal data for direct marketing as set out in the PICS.

(Please tick the box below to confirm your consent.)

I (the Claimant) hereby acknowledge my confirmation above and give my consent to use my personal data for direct marketing by the Company referred to in the Company's PICS."

聲明及授權 Declaration & Authorisation

本人（索償人）特此同意並贊成為上文所載收集、使用及轉移本人（索償人）的個人資料之目的，包括由 Aviva Life Insurance Company Limited, trading as Blue（「本公司」）為符合（所有均為目前生效及不時經修訂和補充的）根據 IGA 執行 FATCA 的所有要求、香港與美國在 2014 年 3 月 25 日簽署的《稅務資訊交換協議》、《稅務條例》（香港法例第112章）（IRO）有關自動交換財務帳戶資料的法律條文，及經濟合作暨發展組織出具之規定（包括為履行其共同報告標準(CRS)之主管機關協議(CAA)），並為符合任何相關的本地或外國法律、監管、政府、稅務、執法機關或其他機構規定的所有其他匯報職責、要求和查詢之目的在香港境內或境外轉移本人（索償人）之個人資料。本人（索償人）進一步同意，如有任何影響本人（索償人）已向本公司提供之任何文件或資料的情況變更，本人（索償人）應在 30 天內通知本公司有關變更。此外，本人（索償人）承諾根據法律（或其適用性或解釋）的任何變更提供任何所需的額外資料、表格、披露、證明或文件。

本人（索償人）同意 Aviva Life Insurance Company Limited, trading as Blue（「本公司」）從任何診所、醫院、醫生、第三者、組織或僱主收集與此索償有關的資料及信息，並授權提供有關資料予本公司。此授權的複印件會被視為如同正本文件有效。

本人（索償人）特此確認，本人（索償人）均自願提供上述個人資料，但如果本人（索償人）不這樣做，本公司可能因為缺乏所需資料而因此無法評估 / 處理是次索償。

本人（索償人）謹聲明在此表格中提供的所有資料於各方面均真實及準確，並無重大隱瞞及省略。

I (the Claimant) hereby agree and consent to the collection, use and transfer of my (the Claimant's) Personal Data for the purposes set out in the PICS including the transfer of my (the Claimant's) Personal Data within or outside of Hong Kong by Aviva Life Insurance Company Limited, trading as Blue (the "Company") for the purposes of complying with all requirements for the implementation of FATCA under the IGA, the tax information exchange agreement that Hong Kong signed with the U.S. on 25 March 2014, the legal provisions for automatic exchange of financial account information provided under the Inland Revenue Ordinance (Cap. 112), provisions issued by the Organisation for Economic Co-operation and Development, including a Competent Authority Agreement to implement its Common Reporting Standard, and with all other reporting duties, requests and inquiries from any relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities all as currently in force and as amended and supplemented from time to time. I (the Claimant) further agree that in the event of any change of circumstances affecting any of the documentation or information that I (the Claimant) have provided to the Company, I (the Claimant) shall inform the Company of the change(s) within 30 days. In addition, I (the Claimant) undertake to provide any additional information, form, disclosure, certification or documentation required pursuant to any change in law, the claim or interpretation thereof.

I (the Claimant) further give consent to the Company to seek information from any clinic, hospital, physician, third party, organisation or employer that may be required in connection with this claim and I (the Claimant) authorise the giving of such information to the Company. A photocopy of this authorisation shall be considered as effective and valid as the original.

I (the Claimant) hereby acknowledge that it is voluntary for me (the Claimant) to provide the Personal Data but if I (the Claimant) fail to do so, the Company may be unable to assess / process this claim due to lack of the required information.

I (the Claimant) hereby declare that the information in this form provided by me (the Claimant) is in every respect true and correct with no material information having been withheld or omitted.

索償人簽署
Signature of Claimant : _____

香港身份證 / 護照號碼
HKID / Passport No. : _____

索償人姓名
Name of Claimant : _____

日期
Date : _____ (DD/MM/YYYY)