


# Authorization for Critical Illness Case Management

## 危重疾病案件管理授權書

(Only applicable to the insured person of the designated insurance plan(s) 只適用於特定保險計劃的受保人)

A. Insured Particulars 受保人資料			
1. Policy no. 保單編號			
2. Insured person's name 受保人姓名		3. Sex 性別	
4. HKID card/passport no. 香港身份證 / 護照號碼		5. Date of birth 出生日期	____/____/____ Day 日 Month 月 Year 年
6. Tel. no. 電話號碼		7. Email address 電郵	
If the insured person is under the age of 18, please complete the information below: 如受保人為18歲以下，請填寫以下資料:			
8. Policyholder's name 保單持有人姓名		9. HKID card/passport no. 香港身份證 / 護照號碼	
10. Tel. no. 電話號碼		11. Email address 電郵	

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

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this Authorization, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under the Authorization which is a condition precedent for me/us to apply for the Service. Failure to supply the required information may result in the Company being unable to process the Authorization. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

就簽署此授權書，本人/吾等確認、聲明及同意安達人壽保險香港有限公司（「貴公司」）可以使用、處理、儲存、披露、轉移任何貴公司所收集或持有任何本人/吾等的個人資料至在本人/吾等的人壽保險申請書中的個人資料收集聲明所訂明的資料轉移接收方，包括但不限於，貴公司的任何分行、附屬公司、控股公司、聯營公司或聯繫公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查公司、理賠調查員、醫療顧問、索償代理、保險行業協會及聯會、信貸資料機構、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，及貴公司指定的第三方代理、承包商及顧問，不論在香港及中國大陸境內或境外。此外，貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集的個人資料。本人/吾等有責任提供此授權書上所需資料，以作為申請服務之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本授權書。有關安達人壽保險香港有限公司個人資料及私隱保障政策的詳情，請參閱安達人壽保險香港有限公司的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十五樓。

**C. Consent and Authorization for Critical Illness Case Management 危重疾病案件管理同意及授權書**

I, the insured person indicated above (or the policyholder of the above policy (applicable if the insured person indicated above is below the age of 18), hereby give my consent to the Company to conduct the Critical Illness Case Management service (the "Service") under the above policy.

I understand that: (1) The Service is only a value-added service, and it is not part of the policy. (2) The above policy must be in force when using the Service. (3) The Company has the absolute discretion to vary or terminate the Service anytime without giving me and/or the policyholder prior notice. (4) Only registered medical practitioners can provide diagnosis and prescribe medical treatment on my symptoms or conditions, or any other individual's symptoms or conditions. The Company is not a medical institution and will not provide any medical advice. Any information provided through the Service is not a medical advice, diagnosis, treatment or service and should not be construed as such. I shall consult my own medical practitioner's advice if necessary. I should call my own medical practitioner immediately if I have a medical emergency. The Service shall not be regarded as admission or assumption of any responsibility or liability on the part of the Company. (5) The Company only covers the costs for the administrative support of the Service for the insured person. I am responsible for all the actual costs of the service (if any) referred to or arranged for the insured person.

I hereby authorize or authorize on behalf of the insured person (if different) any employer, doctor, hospital, clinic, insurance company, government office or any organizations or persons who have any records, knowledge or information (whether medical or otherwise) of me or the insured person (if different) to disclose, release or transfer to the Company or its representative such information pertinent to the Service. This Authorization shall bind my or the insured person's (if different) successors and assignees and remain valid notwithstanding my or the insured person's (if different) death or incapacity in so far as legally possible. A photocopy of this Authorization shall be valid as the original.

本人，即上述受保人（或以上保單的保單持有人（適用於受保人為18歲以下）），特此同意貴公司就以上保單進行危重疾病案件管理（以下簡稱「服務」）。

本人明白：（1）此服務只是一項增值服務，且並非保單的一部份。（2）在使用此服務時，以上保單需仍然生效。（3）貴公司可按照其絕對酌情權隨時更改或終止此服務，而無須向本人及／或保單持有人作出事先通知。（4）只有註冊醫生才能針對本人的症狀或狀況，或任何其他人士的症狀或狀況提供診斷並開具處方。貴公司並非醫療機構，不會提供任何醫療建議。任何通過此服務提供的資訊不是亦不應被視為醫療建議、診斷、治療或服務。如有需要，本人應該徵詢本人的註冊醫生的意見。如果出現緊急醫療情況，本人應該立即致電本人的註冊醫生。此服務不能被視為貴公司承認或承擔任何有關義務及／或責任。（5）貴公司僅涵蓋受保人使用此服務之行政安排的費用。所有為受保人轉介或安排的服務之實際費用（如有）均由本人承擔。

本人特此／代表受保人（如有不同）授權任何僱主、醫生、醫院、診所、保險公司、政府部門，或其他機構及人士，如具有本人／受保人（如有不同）的任何紀錄、知識或資料，可將該等資料向貴公司或貴公司代表透露、發放或移交，用以作為此服務的參考。該授權書對本人／受保人（如有不同）的繼承人及承讓人均有約束力，即使在本人／受保人（如有不同）死亡或喪失行為能力後仍然有效。該授權書的影印本具有與正本同等的效力。

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day 日 / Month 月 / Year 年

\_\_\_\_\_  
Signature of Insured  
受保人簽名

\_\_\_\_\_  
Name of Insured  
受保人姓名

\_\_\_\_\_  
Identity Document Number of Insured  
受保人身份證明文件號碼

**If the insured person is under the age of 18**  
如受保人為18歲以下

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Day 日 / Month 月 / Year 年

\_\_\_\_\_  
Signature of Policyowner  
保單持有人簽名

\_\_\_\_\_  
Name of Policyowner  
保單持有人姓名

\_\_\_\_\_  
Identity Document Number of Policyowner  
保單持有人身份證明文件號碼