

Health Protector

「安康保」住院醫療保險

One-stop protection for you and your family

為你和家人提供一站式醫療保障



Health Protector

Everyone wants to stay healthy, but the unfortunate reality is that illnesses or accidents can send us to the hospital. As medical expenses can be quite costly and can also increase with age, it is paramount to have sufficient insurance coverage to protect you and your family. QBE Hong Kong's Health Protector Insurance will protect you against rising medical expenses and hospital bills, providing peace-of-mind, even if the unfortunate or the unexpected happens.

Basic Cover

A. Hospitalization Expenses

Daily hospital charges for room and meals, drugs and medicines, dressing, x-ray and laboratory tests, as well as a daily hospital doctor's call.

B. Home Nursing

The actual charges made by a qualified nurse for the services provided at home following an operation and recommended by the attending doctor.

C. Surgical Expenses

Surgeon's fee, anaesthetist's fee and operation theatre fees resulting from a surgical operation.

D. Intensive Care

The hospital charges for stay in an Intensive Care Unit.

E. In-patient Specialist Fees

The expenses charged by a recognised specialist whose service is recommended in writing by the attending hospital doctor, including charges for consultation, pathology, radiology, and physiotherapy.

F. Post Surgery Outpatient Follow-up Care

The consultation charges incurred in relation to your surgical operation within six weeks of discharge from the hospital.

G. Compassionate Death

A cash relief payment to an immediate family member in the event of your death occurred during the period of hospital confinement.

H. Emergency Outpatient

Charges made by the emergency unit of a hospital for treatment of accidental injury.

Optional Cover

Supplementary Major Medical

This benefit provides extra protection in case you have exhausted the limits under Benefit items A, C and D and is subject to 80% reimbursement of the actual expenses incurred in excess of the above items.

Main Exclusions

- Pre-existing conditions
- Treatment for congenital abnormalities
- Pregnancy, childbirth, birth control, and treatment for infertility
- Cosmetic or plastic surgery
- Routine health checks, convalescence or rest care, dental treatment (unless necessitated by injury caused by an accident)
- Treatment arising from drugs abuse, alcohol, or self-inflicted injuries or any such attempt while sane or insane
- Treatment for sexually transmitted diseases, AIDS or HIV-related conditions
- Treatment received in health hydros or establishments which have become a permanent abode
- Treatment arising from geriatric, psychogeriatric or psychiatric condition
- Appliances such as spectacles, lenses, hearing aids, or wheelchairs, etc.
- Supportive treatment of renal failure
- Benefits compensated by law or other insurance policies
- Illness occur within 15 days after this policy is in force
- For illness pertaining to the female generative organs, or treatment or surgery for tonsils, adenoids and hernia, the waiting period is 120 days
- Expenses recoverable from a third party
- War or warlike operation, strikes, riots, and civil commotion
- Disease or sickness directly or indirectly arising from asbestos

Age Limit

From 15 days old to 70 years of age. Any person insured before 65 years of age may renew their policy up to 70 years of age. Children at 15 years of age or below must be insured together with their parents.

Remarks: This brochure is only a summary. Please refer to the Policy for full terms and conditions.

「安康保」住院醫療保險

每個人都希望身體健康，但實際上我們總會病倒或因意外受傷而入院。醫療支出可以非常昂貴，而這些費用更會隨著年齡增長，因此，購備足夠的醫療保險以備不時之需至為重要。昆士蘭保險香港的「安康保」住院醫療保險可助你和家人應付高昂的醫療費用，即使需要入院治療或接受手術，你也可從容面對，安枕無憂。

基本保障

A. 住院費用

因疾病或意外受傷的住院費用，包括病房膳食及一般性護理費用、雜費（醫藥、繃帶及紗布、診斷性的X光、化驗和各種一般性之醫院服務），及醫生每日巡房費等。

B. 家庭看護

由主診醫生推薦，聘請註冊看護於家中提供手術後之護理服務的費用。

C. 手術費用

因疾病或意外受傷而需接受手術之費用，包括醫生手術費、麻醉師費及手術室費等。

D. 深切治療

住院期間需入住深切治療病房之費用。

E. 住院專科醫生費用

住院期間由主診醫生推薦的專科醫生所收取的費用，包括診治費、病理治療費、放射治療費及物理治療費等。

F. 手術後門診護理

出院後六星期內覆診與住院治療有關之病症，可獲賠償有關費用。

G. 身故恩恤金

若不幸於住院期間因病身故，你的家人將可獲恩恤賠償。

H. 緊急門診治療

遇意外後於醫院急症室接受治療之費用。

自選保障

額外醫療保障

如你的住院、手術或深切治療費用超逾所選計劃的限額，若你已購買額外醫療保障，上述超額費用，可獲80%賠償。

不保事項

- 已存在的疾病
- 先天性不正常的疾病
- 懷孕、分娩、節育及醫治不育
- 美容及整容手術
- 例行健康檢查休養或療養；牙科治療（意外引起者除外）
- 因未經註冊醫生處方之藥物、酗酒、自傷身體所引致之治療（不論事發時神智清醒與否）
- 性病、愛滋病或其併發症
- 在水療中心或已成為永久住所之機構接受之治療
- 因老年病、老年精神病或精神病引致之治療
- 儀器如眼鏡、鏡片、助聽器或輪椅等
- 因腎機能衰退而引致之輔助性治療
- 法律規定及其他保險計劃已支付的賠償
- 在保單生效期的首15日內所患之疾病
- 有關扁桃腺、腺狀腫或疝氣之治療或手術，或女性因生殖器官疾病住院，有關保障要在保單生效滿120日後方開始
- 可由第三者賠償之費用
- 戰爭或任何類似戰爭行動、罷工、暴亂或民事騷亂
- 直接或間接由石棉引起之疾病

年齡限制

15日至70歲。65歲之前投保者可續保至70歲。15歲或以下人士必須與父母一起投保。

注意：此小冊子只供作參考之用，所有條款及細則概以保險單為準。

Benefits Schedule

保障範圍一覽表

BENEFITS 保障	MAXIMUM LIMIT (HK\$) 最高保障額 (港元)			
	PLAN 1 計劃一	PLAN 2 計劃二	PLAN 3 計劃三	PLAN 4 計劃四
BASIC COVER 基本保障				
A. Hospitalization Expenses 住院費用				
1. Room and Board 病房及膳食費 Maximum 180 days per disability 每症最高為180天 Maximum limit per day 每天最高限額	2,400	1,500	750	500
2. Miscellaneous Services 雜費 (including drugs, dressings, special nursing, x-ray and laboratory fees) (包括醫藥、繃帶及綿紗、看護、X光檢驗及化驗) Maximum limit per disability 每症最高限額	30,500	19,000	12,500	6,000
3. Doctor's Visit Fees 醫生巡房費 Maximum 180 days per disability 每症最高為180天 Maximum limit per day 每天最高限額	2,400	1,500	750	500
B. Home Nursing 家庭看護				
Maximum 91 days per disability 每症最高為91天 Maximum limit per day 每天最高限額	560	360	200	140
C. Surgical Expenses 手術費用				
Surgeon's Fees Per Disability (including doctor visits for surgical cases) 每症外科醫生費 (包括手術治療的醫生巡房費)				
Complex Operation 複雜大手術	60,000	48,000	40,500	33,000
Major Operation 大手術	40,000	32,000	27,000	22,000
Intermediate Operation 中手術	20,000	16,000	13,500	11,000
Minor Operation 小手術	8,000	6,400	5,400	4,400
Anaesthetist's Fee Per Disability 每症麻醉師費				
Complex Operation 複雜大手術	18,000	14,400	12,150	9,900
Major Operation 大手術	12,000	9,600	8,100	6,600
Intermediate Operation 中手術	6,000	4,800	4,050	3,300
Minor Operation 小手術	2,400	1,920	1,620	1,320
Operating Theatre Fees Per Disability 每症手術室費				
Complex Operation 複雜大手術	18,000	14,400	12,150	9,900
Major Operation 大手術	12,000	9,600	8,100	6,600
Intermediate Operation 中手術	6,000	4,800	4,050	3,300
Minor Operation 小手術	2,400	1,920	1,620	1,320
D. Intensive Care 深切治療				
Maximum limit per disability 每症最高限額	19,500	16,000	15,000	10,800

BENEFITS 保障	MAXIMUM LIMIT (HK\$) 最高保障額 (港元)			
	PLAN 1 計劃一	PLAN 2 計劃二	PLAN 3 計劃三	PLAN 4 計劃四
BASIC COVER 基本保障				
E. In-patient Specialist's Fees 住院專科醫生費用 Maximum limit per disability 每症最高限額	10,000	8,000	6,000	4,000
F. Post Surgery Outpatient Follow-up Care 手術後門診護理 Maximum limit per disability 每症最高限額	3,900	2,200	1,400	1,000
G. Compassionate Death 身故恩恤金	20,000	15,000	10,000	10,000
H. Emergency Outpatient (per accident) 緊急門診治療 (每宗意外)	5,000	4,000	3,000	2,000
OPTIONAL COVER 自選保障				
Supplementary Major Medical (SMM*) 額外醫療保障 Maximum limit per disability 每症最高限額	200,000	150,000	100,000	50,000

- * Under SMM, the Room and Board Benefit 額外醫療保障之病房及膳食費用
- Is only payable for hospital confinement in excess of 180 consecutive days, and 只適用於住院180日後之費用；及
- The maximum payable is 80% of the actual daily expenses or the maximum Room and Board limit as in Benefit Item A1, whichever is the lower. 最高賠償額為項目A1，病房及膳食費用賠償限額的80%，或每天的實付病房及膳食費用之80%，以較低者為準。

Annual Premium Table 全年保費表 (HK\$港元)

BASIC COVER 基本保障

Age 年齡	PLAN 1 計劃一		PLAN 2 計劃二		PLAN 3 計劃三		PLAN 4 計劃四	
	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性
15 days日-17	3,844	3,844	2,520	2,520	1,484	1,484	983	983
18-25	3,969	5,143	2,610	3,282	1,765	2,242	1,169	1,492
26-30	4,380	5,676	2,896	3,642	1,943	2,466	1,283	1,639
31-35	4,863	7,004	3,218	4,489	2,109	2,971	1,392	1,974
36-40	5,757	8,143	3,803	5,212	2,530	3,499	1,675	2,332
41-45	6,496	8,761	4,276	5,671	3,091	4,123	2,045	2,737
46-50	7,894	10,646	5,213	6,915	3,749	4,999	2,476	3,312
51-55	9,170	11,448	6,049	7,487	4,586	5,690	3,036	3,776
56-60	11,744	14,569	7,755	9,619	5,952	7,401	3,941	4,907
61-64	14,479	17,961	9,556	11,854	7,400	9,201	4,896	6,098
65-70*	19,035	23,948	12,742	15,806	9,492	11,802	6,283	7,824

BASIC COVER + SUPPLEMENTARY MAJOR MEDICAL 基本保障 + 額外醫療保障

Age 年齡	PLAN 1 計劃一		PLAN 2 計劃二		PLAN 3 計劃三		PLAN 4 計劃四	
	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性	Male 男性	Female 女性
15 days日-17	4,804	4,804	3,150	3,150	1,855	1,855	1,229	1,229
18-25	4,961	6,696	3,263	4,274	2,209	2,919	1,460	1,943
26-30	5,474	7,389	3,620	4,741	2,429	3,211	1,604	2,133
31-35	6,078	9,119	4,023	5,846	2,638	3,868	1,740	2,571
36-40	7,197	10,798	4,754	6,910	3,162	4,640	2,094	3,091
41-45	8,120	10,950	5,345	7,089	3,865	5,152	2,557	3,420
46-50	9,867	13,307	6,516	8,643	4,687	6,249	3,095	4,140
51-55	11,463	14,309	7,561	9,358	5,731	7,113	3,795	4,719
56-60	14,680	18,349	9,693	12,025	7,441	9,252	4,925	6,135
61-64	18,099	22,622	11,945	14,817	9,251	11,501	6,121	7,623
65-70*	24,131	30,161	15,927	19,758	11,865	14,752	7,854	9,782

* For renewal only 只適用於續保

Premium payable is according to the Insured Person's attained age at the time of application or renewal.
應付之保費將根據投保或續保時的實際年齡而定。

Family Discount 家庭投保優惠

Insure with your spouse or children** to enjoy a 5% family discount.
與配偶或子女**一起投保，可享5%家庭保費折扣。

** Children are those unmarried children of the Insured who are aged between 15 days and 18 years, or full-time students aged below 23.
子女需為投保人之未婚子女，年齡介乎15日至18歲或23歲以下之全日制學生。

Health Protector Proposal Form

「安康保」住院醫療保險投保書

Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及於適當位置加上✓號。

Applicant Details 申請人資料

Name of Applicant 申請人姓名 Occupation / Profession 職業

Marital Status 婚姻狀況 Single Married Telephone No. 電話號碼 Home 住宅 Office 辦公室

Address 地址

Particulars of Persons to be Covered (Including the Applicant) 受保人之個人資料 (包括申請人)

Any applicant at 15 years of age or below must be insured together with his/her parents 年齡在15歲或以下之申請人需與父母一起投保

Name 姓名	HKID Card No. / Birth Cert no. 香港身份證號碼 / 出世紙號碼	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Gender 性別	Height 身高	Weight 體重	Occupation 職業
Applicant 申請人	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse 配偶	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child 子女	1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan of Cover Required 保障選擇

Please tick 請以“✓”選擇

- Basic Cover 基本保障 Basic Cover + Supplementary Major Medical 基本 + 額外醫療保障
- Plan 1 計劃一 Plan 2 計劃二 Plan 3 計劃三 Plan 4 計劃四

Total Premium (HK\$) 總保費 (港元)

Questions 問題

All questions must be answered in full. Please attach a separate sheet if space provided is insufficient. 所有問題必須詳細作答，如空位不足填寫，請加附頁作答。

1. Do you or any family members applying to be covered engage in or plan to engage in any hazardous sports or races? If 'Yes', please state: Yes No
是 否
你或申請投保之家庭成員是否參與或考慮參與任何危險運動或競賽？如「是」，請列詳情：
Who 何人 Nature of event 性質 Frequency per year 每年次數 Type of equipment 所需裝備
2. Previously have you or any of your family members applying to be covered ever been refused any form of life or health insurance or had any insurance cancelled or renewal refused? If 'Yes', please state: Yes No
是 否
你或申請投保之家庭成員曾否投保人壽或醫療保險時遭拒絕，或保險單被取消，又或被拒絕續保？如「是」，請列詳情：
Who 何人 Date 日期 Reason 理由
Name of insurance company 保險公司名稱
3. In the past five years, have you or any of your family members applying to be covered had a surgical operation or been confined in any hospital or sanatorium? Yes No
是 否
在過去五年內，你或申請投保之家庭成員是否曾接受外科手術或入院接受治療？
4. Currently, are you or any of your family members applying to be covered receiving or contemplating any surgical or medical treatment? Yes No
是 否
你或申請投保之家庭成員是否正接受或將會接受手術或其他治療？

5. Do you or any of your family members applying to be covered have any impairment in physical condition? Yes No
你或申請投保之家庭成員是否有身體殘缺？ 是 否

6. Within the last five years, have you or any of your family members suffered from or been treated for any of the following disorders or disease? (Tick as many as appropriate) Yes No
在過去五年內，你或申請投保之家庭成員曾否感染下列疾病或接受有關治療：

- | | | |
|--|---|---|
| <input type="checkbox"/> A. Kidney stones or kidney disorders
腎石或腎病 | <input type="checkbox"/> B. Ulcer of any kind
各類型潰瘍症 | <input type="checkbox"/> C. Cancer or tumor of any kind
各類型癌症或腫瘤 |
| <input type="checkbox"/> D. Asthma or respiratory disease
氣喘病或呼吸疾病 | <input type="checkbox"/> E. Mental disorder or psychiatric problems or disease
精神病 | <input type="checkbox"/> F. Venereal disease
性病 |
| <input type="checkbox"/> G. Arthritis
關節炎 | <input type="checkbox"/> H. Malaria
瘧疾 | <input type="checkbox"/> I. Hemorrhoids
痔瘡 |
| <input type="checkbox"/> J. Varicose veins
靜脈曲張 | <input type="checkbox"/> K. Hernia
疝氣 | <input type="checkbox"/> L. Nasal sinusitis
鼻竇炎 |
| <input type="checkbox"/> M. Diabetes
糖尿病 | <input type="checkbox"/> N. Hypertension
高血壓 | <input type="checkbox"/> O. Cardiovascular or circulatory disease
心臟血管循環系統疾病 |
| <input type="checkbox"/> P. Spinal or muscular skeletal condition or disease
脊柱或肌肉及骨骼病 | <input type="checkbox"/> Q. Rheumatic fever
風濕熱 | <input type="checkbox"/> R. Epilepsy
癲癇 |
| <input type="checkbox"/> S. Acquired Immune Deficiency Syndrome (AIDS) or HIV-related conditions
愛滋病或人類免疫力缺乏病毒及其併發症 | <input type="checkbox"/> T. Gout
痛風 | <input type="checkbox"/> U. Alcoholism or drug addiction
酗酒或藥癮 |
| | <input type="checkbox"/> V. Thyroid problem
甲狀腺疾病 | |

Women only 只限女性

- | | |
|--|--|
| <input type="checkbox"/> W. Gynecological conditions
婦科疾病 | <input type="checkbox"/> X. Disease / complications or conditions associated with pregnancy
與妊娠有關之疾病及其併發症 |
|--|--|

7. Are there any material health or physical conditions not mentioned above that may affect your or any of your family members applying to be covered well being? Yes No
你或申請投保之家庭成員的健康狀況是否受任何以上並未提及的身體症狀所影響？ 是 否

If your answer to any of the questions above is 'Yes', please give full details below:

以上各問題中如答案為「是」者，請詳述：

Question No. Name of person treated
問題編號 病人姓名

Details of diagnosis and treatment
疾病說明

Period of treatment Whether fully recovered Yes No
治療期間 是否痊癒 是 否

Name and address of attending doctor
診治醫生姓名及地址

Declaration and Signature 聲明及簽署

- I declare that all particulars and answers given above are true and complete to the best of my knowledge and belief. I agree that this application form and declaration shall be the basis of the contract between myself and the QBE Hongkong & Shanghai Insurance Limited.
本人聲明根據本人所知及深信本投保書填報之一切資料均屬確實完整並同意以本投保書及聲明作為本人與昆士蘭聯保保險有限公司之間所訂合約之根據。
- I also authorise any medical practitioner, hospital, clinic or insurance company that has any records or knowledge of me to give any such information to QBE Hongkong & Shanghai Insurance Limited. A copy or photocopy of this authorisation shall be as valid as the original.
本人並授權任何醫生、醫院、診所或保險公司提供一切有關本人之記錄或資料予昆士蘭聯保保險有限公司。此授權書之副本或影印本均屬有效。
- I / We confirm that I / we have read and agreed the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice"). I / We acknowledge and agree that the personal data and information with respect to me / us which are provided by me / us in our application may be held, used, processed or disclosed to such parties for the purposes as set out in the Notice.
本人 / 吾等確認本人 / 吾等已細閱並同意昆士蘭聯保保險有限公司之收集個人資料聲明（通知），於是次申請由本人 / 吾等所提供的有關本人 / 吾等的個人資料及其他資料，將可能被持有、使用、處理或披露予有關方面以作「通知」所載的用途上。

(本投保書及章程中的中文內容力求符合英文原義，惟有關係文解釋及引用，則以英文為準。)

For Office Use Only 本公司專用

Account No. 賬戶號碼

Policy No. 保單號碼

If the intermediary who serves you is an Insurance Broker, please read this:

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

如為你服務的中介人為保險經紀，請閱讀下文：

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期內（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他/她已獲該法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Signature of Applicant 申請人簽署

Date 日期

Personal Information Collection Statement 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited (The Company) may use the personal data the Company collects about you, which may include your name, address and other contact details, date of birth, bank account or credit card details, Hong Kong identity card number, information about your dependents and health records, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/or you correspond with us for the following purposes:

Insurance Services (Marketing)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellations or renewals of any insurance and related services;
4. investigating, analysing, processing and paying claims made under your insurance policy;
5. providing and/or arranging of financial and other services from us;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from consumers, related bodies, government agencies, law enforcement agencies and court orders;
8. to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you;
9. for statistical or actuarial research undertaken by the Company, other members of the QBE Group, any agents, third parties or business partners of the Company or its regulators;
10. for the management of the Company's internal business including without limitation any corporate reorganization;
11. contacting you for any of the above purposes; and
12. for other purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons in Hong Kong or overseas for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a. any agent, advisor, contractor or third party service provider (whether within or outside the QBE Group) which provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person carrying on insurance or reinsurance related business, or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business;
- b. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- c. any members of the Federation by the Federation for any of the purposes referred to in (b) above or directly related purposes;
- d. government bodies, regulators or any other body to whom the Company or any company within the QBE Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries overseas, namely Australia, Philippines, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company, any companies within the QBE Group, or its or their brands or substantially all of any of its or their assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. By providing your personal data to the Company, you agree that the Company may disclose your personal data on a confidential basis, to any prospective transferee and its professional advisors for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data for example the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry, it would not be possible for the Company to process your application and render the services to or otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address) alongside information that you provide voluntarily but not limited to your age, gender, occupation, personal interests, marital status, family and education (the "Marketing Personal Data"), to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services, education schemes and general insurance products but the Company cannot do so without your consent.

If you personally intend to share your Marketing Personal Data with any agents, third parties or business partners of the Company for the purpose of marketing to you their insurance, investment fund, other products and services, and other financial products and services including general insurance products and services, but we will not do so without your written consent.

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's Data Protection Officer below.

Your Rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent for direct marketing, or for further information about our data privacy policies and practices, can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 33/F Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

In case of discrepancies between the English and Chinese versions, the English version shall prevail.

November 2018

昆士蘭聯保保險有限公司（本公司）所收集閣下的個人資料，包括姓名、地址及其他聯繫方式、出生日期、銀行帳戶或信用卡資料、香港身份證號碼、有關閣下的家屬資料和醫療記錄，以及本公司日後可能會在閣下投保、續保、索償或與我們討論時所收集的資料，本公司可能用於下列用途：

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下保險產品為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單覆核的調查、分析、處理及賠償；
5. 保費追收、收賬費和索款項；
6. 行使有關保單單項的任何權利包括代位權（如適用）；
7. 遵守及符合任何法例規定的要求、行業守則、指引、監管機構、相關行業認可機構、政府機構、執法機構及法院等的指令；
8. 從事研究、保險調查及開發產品和設計之分析及改善本公司為閣下提供的服務；
9. 由本公司、本集團成員、代理人、商業夥伴、第三方或其監管機構進行的統計或精算研究；
10. 本公司內部業務的運作和管理，包括但不限於本公司組建；
11. 就上述任何用途與閣下聯絡；及
12. 以上用途並直接有關任何其他附帶目的。

- 閣下向本公司提供的個人資料可能會提供或轉予下列在香港或海外的各方人士作前段所述的用途或任何其他用途：
- 甲. 任何代理人、顧問、承辦商及非律管、電匯、電腦、付帳、債務追討、保安、研究、評核、諮詢服務、產品設計、市場營銷（閣下已予同意而直接銷售）、數據處理或提供有關服務的其他第三方服務供應商，不論能否及否聯絡閣下閣下的個人資料，以作他們業務用途的用途，或直接或間接與保險業務有關的人士，或中介人，或提供索償或調查或其他與保險業務有關的服務供應商；
 - 乙. 現存或不時成立的任何保險公司協會或聯盟組織（「協會」），以達到以上所述或有關的用途，或以協助履行其監管職能，或其他基於保險業或任何有關會員的利益而不時在法例要求下賦予有關的職能；
 - 丙. 透過閣下提供授予任何用途的會員，以達到任何上述（乙）中提到的或直接相關的用途；
 - 丁. 政府機構、監管機構、任何其他本公司或本集團內的任何公司可擔任任何適用的法律或法規必須必須同意向其披露有關資料的機構；
 - 戊. 精算師；
 - 己. 註冊核數師；及
 - 庚. 本集團內已承諾將資料保密的其他保險公司。

上述各方可能位於海外，包括澳洲及菲律賓。這些海外國家保護個人資料的法律不一定與香港的有關法律相同，亦不一定能達到相同目的。閣下的資料可能得不到相等或相若於香港法律下的保障水平。然而，本公司將閣下的個人資料轉給服務供應商或轉送到外間，本公司會確保接收資料的一方對有關資料有足夠的保護以保障資料的完整性及信息安全，並遵守資料的來源和個人資料保護法律。

一旦本公司、本集團內的其他公司、或本集團的品牌或實質上的全部或部份被無關閣下的第三方收購，閣下的個人資料可能會成為被轉讓的資產之一。當閣下向本公司提供個人資料的同時，亦表示閣下同意本公司可能會在保留的前提下，向有關收購方轉讓閣下的個人資料，以作他們業務用途的用途，或直接或間接與保險業務有關的人士作用途。

閣下有權拒絕本公司提供個人資料，但如閣下不向本公司提供其他個人資料（如申請表格、註冊表格或確保表格必須填寫的資料，或閣下查詢時沒有留下聯絡方法），本公司便不能夠處理閣下的申請，為閣下提供保險服務或與閣下聯絡。

本公司致力確保閣下個人資料的安全和保密，資料的保留時間亦不會超過實際所需。

直接市場推廣產品及服務

為了提供一個更全面的金融及保險服務，本公司會使用閣下的姓名及閣下提供的聯絡方式（如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子地址）以及其資料，包括但不限於年齡、性別、職業、個人興趣、婚姻狀況、家庭及教育程度（「市場推廣用途的個人資料」），作為本公司產品及服務的接洽支持，包括但不限於本公司的保險、銀行及金融服務、公積金計劃及一般保險產品。本公司在未經閣下的同意之前不能將閣下的個人資料作上述用途。

閣下可向本公司提供個人資料，但閣下亦可以隨時向閣下作為市場推廣用途的個人資料，以用作向閣下推銷相關的保險、投資基金、公積金計劃及其他金融產品及服務，包括一般保險產品及服務。本公司在未經閣下的同意之前不能將閣下的個人資料作上述用途。

閣下不欲收取任何直接市場推廣或銷售，閣下可以在任何時候聯絡本公司的資料保護主任免費聯絡閣下的同意。

閣下的權利

閣下有權查閱本公司關於閣下的個人資料的收集及處理，並有權要求更正或更正本公司持有有關閣下的個人資料。查閱閣下的個人資料可能需支付行政費用。有關閣下更正的要求，或有關閣下個人資料用於直接市場推廣的同意，或要求索償更多有關本公司的個人資料政策及服務，可致電香港熱線號碼97926264或透過本報3樓昆士蘭聯保保險有限公司，向資料保護主任提出。

中文版本如有歧異，概以英文版本為準。

Company Profile 公司簡介

QBE Hongkong & Shanghai Insurance Limited (QBE Hong Kong) offers a comprehensive range of non-life insurance solutions for both corporate and personal customers. QBE Hong Kong is part of the QBE Insurance Group.

QBE Insurance Group is a general insurance and reinsurance company with operations in key insurance markets. Listed on the Australian Securities Exchange, QBE Insurance Group is headquartered in Sydney and employs more than 12,000 people in 31 countries and territories.

昆士蘭聯保保險有限公司（昆士蘭保險香港）為企業及個人客戶提供全面的非人壽保險方案，屬昆士蘭保險集團之成員公司。

昆士蘭保險集團為一般保險及再保險公司，業務遍及主要保險市場。昆士蘭保險集團於澳洲證券交易所上市，其總部位於悉尼，在31個國家及地區有超過12,000名員工。



QBE Hongkong & Shanghai Insurance Ltd.

昆士蘭聯保保險有限公司

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