

身故索償申請表 Death Claim Form



此身故索償申請表適用於個人及團體人壽保險計劃

This Death Claim Form is applicable to both individual and group life insurance

保單號碼

Policy Number: _____

掃描二維碼了解索償程序

Scan to read our claim procedure



受保人姓名

Name of the Insured: _____

身份證號碼

ID Number: _____

Section I. 索償詳情 Particulars of the Claim (*由索償人填寫 To be completed by the Claimant)

Part 1. 索償人資料 Claimant Information

索償人姓名

Name of the Claimant: _____

身份證號碼

ID Number: _____

與受保人關係

Relationship with the Insured: 受益人 Beneficiary 監護人或父母 Legal Guardian or Parent 其他 (請註明) Others (please specify): _____

通訊地址

Correspondence Address: _____

聯絡電話

Contact no: _____

電郵

E-mail Address: _____

銀行名稱

Name of Bank: _____

戶口持有人姓名

Account holder name: _____

銀行編號

Bank Code: _____

戶口號碼

Account Number: _____

*提示 Notes:

如受益人年齡未滿18歲，則由其法定父母、監護人或受託人代其行事。

If the beneficiary is below age 18, the legal parents, guardians or trustees will act on his / her behalf.

每位索償人須個別簽署一份身故索償申請表。

Each Claimant needs to sign an individual Death Claim Form.

銀行戶口持有人必須為索償人及以個人名義登記。

The bank account holder must be the Claimant and we only accept a personal bank account.

索償金額將以港元支付予閣下指定之銀行戶口。

The claim payment will be paid in Hong Kong dollar to your designated bank account.

Part 2. 身故詳情 Particulars of Death

死者姓名

Name of the Deceased

身份證號碼

ID Number

身故日期

Date of death DD / 月MM / 年YY

身故地點

Place of death

直接導致身故之原因

Immediate cause of death

1. 若身故是由意外、自殺或他殺事故導致，請提供以下資料

If the death is caused by an accident, suicide or homicide, please provide the details below

意外發生日期 Date of the accident	日DD /月MM /年YY	意外發生時間 Time of the accident	<input type="checkbox"/> 早上AM <input type="checkbox"/> 下午PM
自殺或他殺事故發生日期 Date of the suicide or the homicide	日DD /月MM /年YY	自殺或他殺事故發生時間 Time of the suicide or the homicide	<input type="checkbox"/> 早上AM <input type="checkbox"/> 下午PM
意外或事故如何發生及事發地 Where and how did it happen?			

2. 若身故是由疾病導致，請提供以下資料

If the death is caused by an illness, please provide the details below

(a) 請提供身故日期及描述死者在當日的病徵 Please provide the date of death and a brief description of the Deceased's on that date	日DD /月MM /年YY
(b) 在身故當日，該等病徵已存在多久？ How long had these symptoms existed on the date of death?	
(c) 請提供診治詳情 Please provide details of consultations	
首次診治該疾病的醫生 The doctor first consulted for this illness	診治日期 Consultation Date 日DD /月MM /年YY 醫生姓名 Name of the doctor
(如死者於醫院身故) 轉介死者入院的醫生 (If the Deceased passed away in a hospital) The doctor who referred the Deceased to the hospital	轉介日期 Referral Date 日DD /月MM /年YY 醫生姓名 Name of the doctor
所有曾診治該疾病的其他醫生 (如有) All other doctors consulted for this illness (if any)	診治日期 Consultation Date 日DD /月MM /年YY 醫生姓名 Name of the doctor 如多於一位醫生，請提供每位醫生的診治日期及姓名。 If there is more than one doctor, please provide the consultation date(s) and name for each of them.

<p>曾診治與該疾病類似病況的醫生（如有） All other doctors consulted for conditions similar to this illness (if any)</p>	<p>診治日期 Consultation Date 日DD /月MM /年YY</p> <p>醫生姓名 Name of the doctor _____</p> <p>如多於一位醫生，請提供每位醫生的診治日期及姓名。 If there is more than one doctor, please provide the consultation date(s) and name for each of them.</p>
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Part 3. 文件清單 Document Checklist

請遞交以下文件。請在已遞交的文件旁邊加上「✓」號。

Please submit the following documents. Please put a "✓" next to the document(s) you have submitted.

<p>基本文件 Basic documents</p>	
<p><input type="checkbox"/> 已填妥之身故索償申請表 Completed Death Claim Form</p> <p><input type="checkbox"/> 索償人的香港身份證或護照之副本 Copy of HKID card or passport of the Claimant</p> <p><input type="checkbox"/> 死者與索償人之關係證明之副本 Copy of documentary proof of relationship between the Deceased and the Claimant</p> <p><input type="checkbox"/> 由受益人授權第三者代為處理索償事宜的授權書之副本 (如適用) Copy of authorization letter from the beneficiary authorizing a third party to handle the claim on their behalf (if applicable)</p>	<p><input type="checkbox"/> 死者的香港身份證或護照之副本 Copy of the Deceased's HKID card or passport</p> <p><input type="checkbox"/> 死者的死亡登記證明書之副本 Copy of the death certificate of the Deceased</p> <p><input type="checkbox"/> 由醫院或醫生發出有關的醫療文件之副本 (如有) Copy of relevant medical documents issued by the hospital or doctor (if any)</p>
<p>香港境外身故所需之額外文件 Additional documents for death outside of Hong Kong</p>	
<p><input type="checkbox"/> 取消戶籍證明書 (如死者是中國內地公民) 之副本 Copy of Household Registration Cancellation Certification (if the Deceased is a citizen of Mainland China)</p> <p><input type="checkbox"/> 死亡醫學證明書公證書之副本 (如身故於中國內地) Copy of notarized medical certificate for cause of death certificate (if death occurred in Mainland China)</p> <p><input type="checkbox"/> 由身故當地的醫院 / 醫生發出的死亡醫學證明書之副本 (如身故於中國內地或香港以外的地區) Copy of medical certificate of death issued by the hospital / doctor of the place of death (if death occurred in places other than Mainland China or Hong Kong)</p>	<p><input type="checkbox"/> 死亡公證書之副本 (如身故於中國內地) Copy of notarized death certificate (if death occurred in Mainland China)</p> <p><input type="checkbox"/> 死亡登記證明書之副本 (如身故於中國內地或香港以外的地區) Copy of death registration certificate (if death occurred in places other than Mainland China or Hong Kong)</p> <p><input type="checkbox"/> 由香港入境事務處發出的「身份證註銷證明」之副本 (如死者是香港居民) Copy of "Hong Kong Identity Card Cancellation Certification" issued by the Hong Kong Immigration Department (if the Deceased is resident of Hong Kong)</p>
<p>意外死亡所需之額外文件 Additional documents for death due to accident</p>	
<p><input type="checkbox"/> 解剖報告之副本 (如有) Copy of autopsy report (if any)</p> <p><input type="checkbox"/> 有關該意外之新聞剪報之副本 (如有) Copy of news clippings related to the accident (if any)</p>	<p><input type="checkbox"/> 警方調查報告，交通意外報告或口供紙之副本 (如有) Copy of police report, traffic accident report or police statement (if any)</p>

* 註 Note:

我們有權索取支持索償的額外證據，包括但不限於任何文件的正本及經由執業律師或我們的客戶服務主任核實的副本。

We may require additional proof in support of the claim, including but not limited to originals of any documents and copies certified by a solicitor or our customer service officer.

Part 4. 聲明及授權 Declaration and Authorization

本人聲明及同意下列各點：(a) 本身故索償申請表上所載的聲明及答案，以及經本人所簽署之醫療問卷或所遞之其他文件，均屬真確無訛，詳細完整。(b) 倘本人未能提供此申請所需資料，可導致保泰人壽保險有限公司（保泰）未能處理此賠償申請。

本人謹此授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關受保人之記錄者，詳情或醫療資料，及/或曾診驗或可能將會診驗受保人者，均可將該等資料提供給保泰人壽保險有限公司。此授權對本人之繼承人及受讓人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人承認並確認本人已閱讀並理解個人資料收集聲明。本人確認已被建議閱讀並已仔細閱讀此個人資料收集聲明，及已仔細考慮其對保泰收集或持有的本人的個人資料的效果和影響（無論是否包含在本申請/資料遞交中）。

I HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this Death Claim Form together with those in any required medical questionnaire or other document signed or submitted by me in connection with this claim are full, complete and true. (b) Bowtie Life Insurance Company Limited (Bowtie) may be unable to process this claim if I fail to provide any information related to this claim.

I HEREBY AUTHORIZE any employer, registered practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records, knowledge or medical information of the insured and who has attended or may hereafter attend the insured to disclose such information to Bowtie Life Insurance Company Limited. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I ACKNOWLEDGE AND CONFIRM that I have read and understood the Personal Information Collection Statement ("PICS"). I confirm that I have been advised to read and have carefully read the PICS, and I have carefully considered its effect and impact in respect of my personal data collected or held by Bowtie Life Insurance Company Limited ("Bowtie") (whether contained in this application/data submission or otherwise).

本人不同意保泰使用和轉讓本人的個人資料作為直接促銷用途。

I do not agree Bowtie to use and transfer my personal data for direct marketing purposes.

索償人姓名

Name of the Claimant : _____

身份證號碼

ID Number : _____

簽署

Signature : _____

日期

Date : _____

醫生報告 (由死者生前最後的主診醫生填寫，費用由索償人自行承擔)

Section II. Physician Statement (To be completed by the last attending physician of the Deceased before his / her death at the Claimant's own expenses)

死者姓名 Name of the Deceased	身份證號碼 ID Number
身故日期 Date of death 日DD /月MM /年YY	身故地點 Place of death
1. 閣下是否死者的慣常醫生? Are you the Deceased's usual doctor?	<input type="checkbox"/> 是, 自 Yes, Since 日DD /月MM /年YY <input type="checkbox"/> 否 No
2. 直接導致身故之原因 Immediate cause of death	
3. 若身故是由疾病導致, 請提供該疾病首次求診日期 If the death is caused by an illness, please provide the date of the first consultation of the illness	日DD /月MM /年YY
4. 若身故是由疾病導致, 請提供該疾病於首次求診時之主訴和病徵 If the death is caused by an illness, please provide the chief complaint and symptoms related to this illness at the first consultation	
5. 在首次求診時, 該等病徵已存在多久? How long had these symptoms existed at the first consultation?	
6. 身故是否由於復發或慢性病況繼發而來? Was the death secondary to a recurrent or chronic condition?	<input type="checkbox"/> 是, 請提供詳情 Yes, please provide details <input type="checkbox"/> 否 No
7. 是否有任何因素可能促使或導致身故? Were there any precipitating factors which may have contributed to or hastened the death?	<input type="checkbox"/> 是, 請提供詳情 Yes, please provide details <input type="checkbox"/> 否 No
8. 死者曾否患有任何其他的嚴重、慢性或先天疾病? Had the Deceased suffered from any other major, chronic or congenital disease?	<input type="checkbox"/> 是, 請提供詳情 Yes, please provide details <input type="checkbox"/> 否 No

<p>9. 如死者由其他醫生轉介，請提供轉介醫生的姓名和地址 If the Deceased was referred by another doctor, please provide the referring doctor's name and address</p>	<p>轉介醫生姓名 Name of the referring doctor _____</p> <p>轉介醫生地址 Address of the referring doctor _____</p>
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10. 請提供死者曾向閣下求診過之所有醫療病況詳情，包括下列資料（如有）
Please provide the details (including the follows) of all medical conditions that the Deceased had ever consulted you with (if any)

求診日期 Consultation Date	主訴，病徵及其持續時間 Complaint, Symptoms & Duration	診斷檢驗及結果 Diagnostic Tests & Results	診斷及治療 Diagnosis & Treatments

11. 請提供死者的住院記錄（如有）
Please provide the Deceased's hospitalization records (if any)

醫院名稱 Name of the Hospital	住院時期 Confinement Period	手術程序及手術日期（如有） Details of the Surgical Procedure & the Surgery Date (if any)	診斷及治療 Diagnosis & Treatments

12. 死者過往有否下列的病歷或習慣？

Did the Deceased have the following medical history or habit ?

- 有 - 請在下列適當位置劃上剔號並提供詳情 (如適用)
Yes - Please tick where appropriate and provide details (if applicable)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> 心臟病
Cardiac problem | <input type="checkbox"/> 糖尿病
Diabetes Mellitus | <input type="checkbox"/> 曾接受手術
Previously operation on | <input type="checkbox"/> 吸煙習慣
Smoking habit |
| <input type="checkbox"/> 高血壓
Hypertension | <input type="checkbox"/> 乙型肝炎
Hepatitis B | <input type="checkbox"/> 濫用藥物
Drug addiction | <input type="checkbox"/> 飲酒習慣
Drinking habit |
| <input type="checkbox"/> 自殺未遂
Attempted suicide | <input type="checkbox"/> 其他嚴重、慢性或先天性疾病
Other major, chronic or congenital illness | | |

病歷 Medical History:

詳情

Details

診斷日期

Diagnosis date 日DD /月MM /年YY

醫生姓名

Name of doctor

以上病情在身故之日的情況

Status of the above condition(s) as at the date of death 完全康復
Fully Recovered 治療中
On Treatment

吸煙習慣於何時開始

When did the smoking habit start? 日DD /月MM /年YY

飲酒習慣於何時開始

When did the drinking habit start? 日DD /月MM /年YY

- 非本人所知
Not within my knowledge

13. 其他與此索償有關的資料

Other information relevant to this claim

醫生資料 Physician Details

本人謹此聲明曾為死者作出治療，以上之所陳述乃是本人所知之事實及本人對死者健康狀況之意見。

I hereby certify that I did personally treat the Deceased and the facts as given above are to the best of my knowledge and represent my opinion of his / her condition.

主診醫生姓名 Name of Attending Physician	資歷 Qualification
地址 Address	聯絡電話 Telephone No.
主診醫生簽署及蓋印 Signature and stamp of Attending Physician	日期 Date DD /MM /YY

Section III. 個人資料收集聲明 Personal Information Collection Statement

個人資料收集聲明

收集目的

保泰人壽保險有限公司(「保泰」)可以將從你所收集的個人資料作以下目的，而保泰亦需要你的個人資料以達致該目的：

1. 處理及評估申請/資料遞交；
2. 確認和核實身份；
3. 管理你所持有的保泰產品，並提供相關服務；
4. 處理及調查你所持有的保泰產品的索償個案；
5. 進行客戶調查；
6. 為客戶研究，設計及/或優化保泰的產品與服務；
7. 為你甄選及參與獎賞、忠實或特選客戶計劃，並提供予你有關的服務；
8. 因上述目的與你聯絡；
9. 為遵守所有保泰及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或保泰及其關連公司與任何管轄區域的監管機構或政府之間的協議項目下的義務或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)；
10. 核實資料，不管是否用來對你作出不利行動；及
11. 與上述任何目的直接有關的其他目的。

你可自願提供予保泰有關你的個人資料。倘若你未能提供所需個人資料，保泰或不能處理你的申請/資料遞交，或繼續提供予你所須的產品或服務。

「你的個人資料」包括由你提供有關你本人、你的受養人、受益人、代表及其他人士的資料(包括但不限於身份辨識資料、聯絡資料、生物辨識資料(例如面部圖像及自拍錄像))。如你代表他人提供個人資料，你確認你乃是他們的父母或監護人或你已取得有關人士之同意提供有關人士之個人資料予保泰作本聲明之用途。

個人資料承轉人的類別

保泰可為以上目的披露你的個人資料予下列承讓人：

1. 為協助保泰就上述用途(不論在香港或其他地方)而提供服務的第三方，包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料)；
2. 你的銀行作繳款用途；
3. 保泰的商業夥伴、服務提供者或被保泰任命的人；
4. 保泰的關連公司(根據公司條例訂明)；
5. 香港保險業聯會及其會員，以及其他保險公司及金融服務機構；
6. 保泰及其關連公司因受(香港或其他國家之)法例、法規、法規指引、法庭命令或保泰與任何管轄區域的監管機構，政府，或於香港境內或境外存在的財務服務供應商的自律監管或行業組織或協會所提供的，或之間的協議項目下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局；
7. 保泰及/或其資產的實際或建議受讓人等、或保泰就其權利的參與人等或附屬參與人等，可以讓其評核擬成為轉讓、參與或附屬參與的交易，及讓實際受讓人等在運作被轉讓的業務或權利中使用你的資料；
8. 代表你行事的任何授權人士、收款人、受益人、戶口代名人或往來及代理銀行；及
9. 研究調查公司，信貸評級機構及保泰僱用的其他公司，藉以加強保泰向你所提供的服務。

使用個人資料作直接促銷

保泰打算使用和轉移你的姓名和聯絡資料給保泰的合作夥伴、服務提供者或關連公司，以不同的渠道包括電話、郵件、電郵、電話短訊或任何電子信息等方法，聯絡你以直接促銷保泰及其合作夥伴、服務提供者或關連公司在包括但不限於保險、健康及生活消閒等方面的產品、服務和優惠。

除非得到你的同意(包括表示不反對該用途)，否則保泰不可使用你的資料作為該用途。未經你明確同意，我們不會將您的個人資料提供給第三方用於其直接促銷活動。如你不願意保泰使用你的個人資料作直接推廣之用途，請於保泰每一次收集個人資料(例如，經保泰網站)時所提供的方格，表示你的意願。如你沒有根據以上所述表達你的意願，你於下列確認這個人資料收集聲明，即代表你同意保泰可能使用你的個人資料作直接推廣用途。

如將來你希望更改你對保泰上述使用你的個人資料以作直接推廣用途的意願，請聯絡保泰的私隱保障主任(參考下述聯絡方法)。

保留資料

保泰將僅在必要時保留你的個人資料，以實現收集資料的目的。我們亦可能保留存檔的個人資料以作統計之用。不再需要的個人資料將會被銷毀。

安全措施

除上述情況外，你的個人資料(無論如何存取)將只會由獲得授權的保泰員工或承包商查閱。如果個人資料以電子方式存取，它將會被保存在獨立的伺服器上，並受密碼保護(或在相等的保護下)，亦只能由授權人士查閱。保泰指定處理個人資料的員工和承包商將會按指示，根據上述目的使用個人資料。

查閱及更正個人資料

你有權查閱保泰持有有關你的個人資料；要求更正在保泰的紀錄內任何有關你的個人資料；及確定保泰有關個人資料的政策及慣例。有關要求可以書面形式郵寄至香港灣仔皇后大道東 58-64 號帝后商業中心 1 樓，或 cs@bowtie.com.hk，保泰的私隱保障主任。保泰可就處理該等要求收取合理費用。

修改個人資料收集聲明

保泰保留權利可隨時且在無須通知的情況下修改本個人資料收集聲明。倘保泰決定修改其個人資料政策，保泰將於其網站或以電子訊息更新其個人資料收集聲明。任何有關修改將在刊登後即時生效。

你/你們承認並確認你/你們已閱讀並理解個人資料收集聲明。你/你們確認已被建議閱讀並已仔細閱讀此個人資料收集聲明，及已仔細考慮其對保泰收集或持有的你/你們的個人資料的效果和影響（無論是否包含在本申請/資料遞交中）。基於上述內容，你/你們特此承認並同意保泰根據個人資料收集聲明使用和轉讓你/你們的個人資料，包括使用和提供你/你們的個人資料，以作直接推廣。

Personal Information Collection Statement

Purpose of collection

Bowtie Life Insurance Company Limited ("Bowtie") may use the personal data collected from you for the following purposes, and your personal data is necessary for the same:

1. Processing and evaluating applications/data submissions;
2. Checking and authenticating identity;
3. Administering and providing services in relation to the Bowtie products you hold;
4. Processing and investigating claims in relation to the Bowtie products you hold;
5. Conducting customer surveys;
6. Researching, designing and/or enhancing Bowtie's products and services;
7. Selecting you to participate in reward, loyalty or privileges program and providing you with related services;
8. Contacting you for the above purposes;
9. Complying with all applicable laws, regulations, regulatory guidance and/or court orders; or obligation or requirement under an agreement, or other commitment, between Bowtie or its associated companies and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Bowtie and its associated companies are subject to (of Hong Kong or any other countries);
10. Verifying data, whether or not for the purpose of taking adverse action against you; and
11. Fulfilling other purposes which are directly related to any of the above purposes.

It is voluntary for you to provide the personal data to Bowtie. If you do not provide the requested personal data, Bowtie may not be able to process your application/data submission or continue to provide you with the products or perform the services you require.

Your personal data includes the data relating to you, your dependents, your beneficiaries, your delegates and other persons provided by you (including but not limited to identification information, contact information, biometric data (including facial image and selfie video)). If you provide personal data on behalf of another person, you confirm that you are either his/her parent or guardian or you have obtained that person's consent to provide his/her personal data for use by Bowtie for the purposes set out in this PICS.

Classes of transferees

Bowtie may disclose your personal data to the following transferees for the purposes mentioned above:

1. Third parties who provide services in Hong Kong or elsewhere which assist Bowtie to carry out the above purposes, including, but not limited to, claims investigators, medical advisors, medical service providers, emergency assistance service providers, investment management companies, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services);
2. Your bank for payment purposes;
3. Bowtie's business partners, service providers and appointed persons of Bowtie;
4. Bowtie's associated companies (as defined in the Companies Ordinance);
5. Hong Kong Federation of Insurers and its members, and other insurance companies and financial services companies;
6. Any person or authority or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong to whom Bowtie is required to disclose under applicable law, regulation, regulatory guidance or court order or obligation or requirement under an agreement, or other commitment, between Bowtie & its associated companies and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) that Bowtie and its associated companies are subject to or required to comply with (of Hong Kong or any other countries);
7. Actual or proposed assignees of Bowtie's business and/or assets, or participants or sub-participants of Bowtie's rights in respect of you, to allow them to evaluate the intended assignment, participation or sub-participation, and enable the actual assignees to use your data in the operation of the business or rights assigned;
8. Any authorised persons acting on your behalf, payment recipients, beneficiaries, account nominees, correspondent and agent banks; and
9. Research companies, rating agencies and other companies engaged by Bowtie to enhance the products and services Bowtie provides to you.

Use of personal data for direct marketing

Bowtie intends to use and transfer your name and contact information to its business partners, service providers or associated companies for the purpose of direct marketing on the products, services and offers of Bowtie, its service providers, associated companies or business partners relating to areas including but not limited to insurance, healthcare and lifestyle, through various communication means such as phone call, mail, email, SMS or any type of electronic message.

Bowtie may not so use your data unless Bowtie has received your consent (which includes an indication of no objection of the intended use). We will not transfer your personal data to third parties for their use in direct marketing without your express consent to the same. If you object to Bowtie's use of your personal data for direct marketing purposes, please tick the box enclosed with each of our information request (e.g., via Bowtie's website) to indicate your preference. If you do not indicate your preference, then by acknowledging this PICS below you agree that Bowtie may use your personal data for direct marketing purposes.

If you wish to change your preference in the future in respect of Bowtie's use of your personal data for direct marketing purposes, please contact Bowtie's Privacy Officer (see below for contact details).

Retention of data

Bowtie will keep your personal data only for as long as necessary to fulfil the purpose(s) for which the data was collected. We may also retain archived personal data for statistical purposes. Personal data which is no longer required will be destroyed.

Security

Except as mentioned above, your personal data, however stored, will be accessed only by Bowtie's employees or contractors who are authorised to do so. Where personal data is stored electronically, it will be kept on a separate server, password-protected (or under some equivalent form of protection) and accessible only by authorised personnel. Bowtie employees and contractors authorised to handle personal data will be instructed to do so for the above mentioned purposes for which personal data are to be used.

Access to and correction of personal data

You have the right to request access to and correction of any of your personal data relating to you in any of Bowtie's records, or ascertain Bowtie's policies and practices in relation to personal data, by sending a written request to Bowtie's Privacy Officer at 1/F, Queen's Centre, 58-64 Queen's Road East, Wan Chai, Hong Kong, or to cs@bowtie.com.hk. Bowtie may charge a reasonable fee for processing such requests.

Amendment of this PICS

Bowtie reserves the right to amend this PICS at any time and without prior notice. If Bowtie changes its personal data policy, Bowtie may update the PICS on Bowtie's website or through electronic messages. All amendments will be effective immediately upon posting.

YOU ACKNOWLEDGE AND CONFIRM that you have read and understood the Personal Information Collection Statement ("PICS"). You confirm that you have been advised to read and have carefully read the PICS, and you have carefully considered its effect and impact in respect of your personal data collected or held by Bowtie Life Insurance Company Limited ("Bowtie") (whether contained in this application/ data submission or otherwise). Based on the foregoing, you hereby acknowledge and agree to the use and transfer of your personal data by Bowtie in accordance with the PICS, including the use and provision of your personal data for the purpose of direct marketing.