

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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新「太平旅遊寶」索償申請表

New "TAIPING COMPREHENSIVE TRAVEL INSURANCE SCHEME" CLAIM FORM

- 請用正楷填寫此索償申請表。如果表格空間不足或沒有適用之欄位，請以附件補充資料。
Please complete this Claim Form in BLOCK LETTERS. If the space is not enough or no applicable field available, please supplement information by attachment.
- 提交此表格並不代表本公司承擔賠償責任。本公司有權要求索償人提供更多資料以處理索償申請。如所提交的索償申請表未填妥或有關資料或文件不足，閣下的索償申請可能會受延誤或被拒絕。
Submission of this form is not construed as our admission of any liability. The Company is entitled to request for further information for handling the claim application. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
- 請於蒙受損失後三十天內填妥本表連同一切有關文件交回本公司處理，否則可能影響閣下之賠償。
Completed Claim Form together with supporting documents should be forwarded to us within 30 days following the loss. Otherwise, it may prejudice your claim under the policy.

(1) 索償人資料 (必須填寫) CLAIMANT'S INFORMATION (REQUIRED)			
保單號碼 Policy No.		賠償號碼 (由本公司填寫) Claim No. (For Office Use)	
索償人姓名 Name of Claimant		性別 Sex	出生日期 Date of Birth
聯絡電話 Contact Tel No.	電子郵件 E-mail Address	被保險人香港身份證/護照號碼 Insured Person's HKID No. / Passport No.	
通訊地址 Correspondence Address			
(2) 基本資料 GENERAL INFORMATION			
事件發生之日期及時間(年/月/日,時:分) Date and time of the incident(YY/MM/DD, HH:MM)		事件發生地點 Location of the incident occurred	
敘述事件發生的經過 Detailed description of the occurrence of the incident			
該事故是否受保於其他保單 Is this incident/loss covered by any other insurance 如是，請詳述 If "yes", please specify		<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	是否就此向其他保險公司索償或報警 Submitted claim to another insurer or reported to police 如是，請詳述 If "yes", please specify <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
請連同登機證/機票/電子機票/護照/航空公司或旅行社簽發的收據/其他文件副本一併呈交 Please return the form together with copies of boarding passes/air-tickets/e-tickets/passport/travel agent or airline's official receipt/other supporting documents.			
離境日期 Date of departure		入境日期 Date of return	
(年/月/日 YY/MM/DD)		(年/月/日 YY/MM/DD)	(年/月/日 YY/MM/DD)
(3) 索償保障項目 BENEFITS CLAIMED			
3.1 醫療費用 / 個人意外 / 現金津貼 Medical Expenses / Personal Accident / Cash Allowance			
發生意外或疾病的日期 Date of the injury/sickness:	第一次求診日期 Date of first consultation with doctor/hospital	傷勢/病況的診斷結果 Nature of injury/Diagnosis of sickness:	
(年/月/日 YY/MM/DD)	(年/月/日 YY/MM/DD)		
閣下曾否患上上述類似之疾病或舊病/傷復發? Have you ever suffered this or similar condition or a recurrence of such previous related injury or sickness? 若「是」，請敘述詳情 If "yes", please specify:			<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
閣下曾否因此次疾病或受傷而於旅途中住院? Were you hospitalized overseas as a result of this injury /sickness?			<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
入院日期 Date of admission:	出院日期 Date of discharge:		
(年/月/日 YY/MM/DD)	(年/月/日 YY/MM/DD)		
是否已痊癒? Are you completely recovered? 若「否」，請說明閣下現時接受的治療 If "No", please state what treatment(s) that you are now receiving.			<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
請列出索償項目(請一併呈交醫療收據正本) Please list items to be claimed (Please attach original medical receipts)		求診日期(年/月/日) Date of visit (YY/MM/DD)	索償金額 Claim amount 原有貨幣 Original currency 金額 Amount

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3.2 個人行李及物品 / 個人錢財及旅遊證件 Personal Baggage & Effects / Personal Money and Travel Document

閣下是否在 24 小時內向當地警方報案 Did you report it to the police within 24 hours at the place of loss? 若「是」·請附上當地警方報告 If "yes", please attach the local police report.	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
閣下是否已就遺失或損毀財物向承運商/航空公司/其他機構索償或投訴? Have you lodged a claim or complaint against any carrier/airline/other authority for the loss or damage to your property? 若「是」·請提供相關證明 If "yes", please attach copies of correspondence. 承運商/航空公司/其他機構名稱 Name of carrier/airline/ other authority:	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes
有關承運商/航空公司/其他機構有否提供任何形式的賠償(包括維修或更換) Did the carrier/airline/other authority offer compensation in any form (including repair or replacement) 若「是」·請敘述詳情 If "yes", please specify:	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes

損失/損壞的物品 Item(s) lost/damaged	購買日期(年/月/日) Date of purchase (Y/M/D)	原價 Original purchase price	維修報價 (如有) Repair quotation (if applicable)	索償金額 Claim amount

3.3 行程延誤 / 行李延誤 Travel Delay / Baggage Delay

延誤原因 Reason for delay				
<input type="checkbox"/> 行程延誤 Travel Delay	出發日期及時間(年/月/日,時:分) Departure date and time (Y/M/D, HH:MM)	到達日期及時間(年/月/日,時:分) Arrival date and time (Y/M/D, HH:MM)	航班編號 Flight No.	
原定時間 Scheduled time			延誤時數 Hours of Delay	
延誤後實際時間 Actual time				
<input type="checkbox"/> 行李延誤 Baggage Delay	原定到達日期及時間(年/月/日,時:分) Scheduled arrival date and time (Y/M/D, HH:MM)	實際到達日期及時間(年/月/日,時:分) Actual arrival date and time (Y/M/D, HH:MM)	延誤時數 Hours of Delay	
<input type="checkbox"/> 額外交通/住宿費用 Extra transportation / accommodation expenses	索償金額(請註明貨幣) Claim amount (Please indicate the currency)		地點 Location	
	住宿費用 Accommodation expenses	交通費用 Transportation expenses		

3.4 取消旅程 / 縮短旅程 Cancellation of Journey / Curtailment of Journey

旅行社名稱及地址 Name and address of travel agent			
<input type="checkbox"/> 取消旅程 Cancellation of Journey <input type="checkbox"/> 縮短旅程 Curtailment of Journey	取消或縮短原因 Reason for the cancellation or curtailment		
原定行程 Period of scheduled journey	由 From	至 To	(年/月/日) (YY/MM/DD)
縮短後之行程 Period of curtailed journey	由 From	至 To	(年/月/日) (YY/MM/DD)
如旅程取消或提早結束旅程原因是因為被保險人本人或被保險人的直系親屬或緊密業務伙伴或旅遊伙伴死亡、嚴重受傷或患病·請提供以下資料 If the journey cancellation /journey curtailment was due to death, serious injury or sickness of the Insured Person /immediate family member/close business partner/traveling companion, please state clearly the following:			
死亡、受傷或患者姓名 Full name of deceased/injured/ sick person	與被保險人關係 Relationship to the Insured Person	Diagnosis 診斷	
索償金額(請註明貨幣) Claim amount(Please indicate the currency)	航空公司、酒店及旅行社的退款金額 Amount compensated by airline, hotel and travel agent		

3.5 其他 Others

索償保障項目(請選擇適當保障項目) Benefits Claimed (Please select the appropriate benefit(s) (請一併附上證明文件 Please attached supporting documents)		
<input type="checkbox"/> 個人責任 Personal Liability <input type="checkbox"/> 租車自負額 Rental Vehicle Excess <input type="checkbox"/> 其他·請註明 Other(s), please specify :		
索償項目 Claim item	索償原因 Claim reason	索償金額 Claim amount

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(4) 賠償支付方法 CLAIM PAYMENT METHOD

在保單條款許可情況下，閣下可選擇以快速支付系統(「轉數快」)或銀行轉帳方式收取賠償款項。
Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of Faster Payment System ("FPS") or Bank Transfer.

請以“☑”作出選擇: Please “☑” the appropriate box to indicate your choice:

快速支付系統 (「轉數快」) (「轉數快」的註冊用戶必須為被保險人)
Faster Payment System ("FPS") (the FPS account must be registered under Insured Person)
 請提供下列其中一種識別代號 Please provide either one of below Proxy ID
 手機號碼 Mobile number : _____ 電郵 Email : _____ 「轉數快」識別碼 FPS identifier : _____

銀行轉帳 (只適用於被保險人/家長或監護人(適用於 18 歲以下之索償人)之香港銀行戶口)
Bank Transfer (Only applicable to Insured Person's / Parent or Guardian's (applicable to Insured Person under 18 years old) bank account in Hong Kong)
請提供相關銀行資料 Please provide your bank account details
銀行名稱 Bank Name _____ 銀行戶口號碼 Bank Account Number _____
銀行戶口持有人的英文姓名 Full name in English of Account Holder(s) : _____

註解 Remarks:

- 請務必提供賠償支付信息，否則本公司將無法向閣下支付合資格賠償款項。
Please provide claim payment information, or your eligible claims will not be paid by the Company.
- 如賠償金額超過 1,000,000 港元，賠償款項將以支票形式支付。
The claims will be paid by cheque if the claim payment is over HKD 1,000,000.
- 請確保以上提供的信息正確無誤，本公司不會就索償人提供不正確的資料包括但不限於「轉數快」識別代碼及或銀行賬戶號碼及或戶口持有人名稱等導致本公司錯誤將賠款存至非被保險人戶口，而令任何人蒙受之損失承擔任何法律責任或賠償經濟損失。
Please ensure the information provided above is correct. We shall not liable for any of the legal liability or economic loss if incorrect information including but not limited to "FPS" Proxy ID and/or incorrect bank account number and /or account holder name etc. has been provided and the claim payment is remitted to a non-Insured Person.
- 如被保險人未滿 18 歲，請提供他/她與家長或監護人之關係證明以供理賠審核。
If Insured Person is below the age of 18, please provide the relationship proof between he/she and his/her parent or guardian for claim purposes.
- 本公司保留自行決定賠償支付方法的權利。
We reserve the right to determine the claim payment method at our absolute discretion.

(5) 聲明及授權書 DECLARATION AND AUTHORIZATION

本人 / 我們茲聲明上述所填報之資料皆為確實詳情，並沒有隱瞞任何與此索償有關之重要情況。本人 / 我們清楚明白如上述資料有誤或不實，可能導致本人 / 我們的賠償申請無效。

I/We hereby warrant the truth of the above statements and declare that I/we have not withheld any material information connected with this claim. I/We understand that any misrepresentation of the above statement and answers will cause my/our claim invalid.

本人 / 我們謹此代表本人 / 我們 / 所有被保險人授權任何僱主、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本人 / 我們 / 所有被保險人記錄者，及 / 或曾診驗或可能將會診驗本人 / 我們 / 所有被保險人者，均可將該等資料提供給中國太平保險(香港)有限公司，此授權對本人 / 我們之繼承人及被保險人具有約束力；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。

I/We hereby authorize on behalf of myself/ourselves/the Insured Person any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/us/the Insured Person and who has attended or may hereafter to myself/ourselves/the Insured Person to disclose such information to China Taiping Insurance (H.K.) Company Limited. This authorization shall bind my successors and the Insured Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

本人 / 我們聲明及同意已獲被保險人授權及同意本人 / 我們作出上述授權。

I/We declare and agree that I/we have the full authority from and consent of the Insured Person to make the above authorizations.

本人 / 我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

I/We confirm having read and understand the Company's Personal Information Collection Statement as accompanied with this form.

簽署人姓名 (請以正體填寫)

Signatory (Please fill in block capitals)

.....

被保險人/索償人/家長或監護人簽署 (適用於 18 歲以下之索償人)

Signature of the Insured Person / Claimant / Parent or Guardian (applicable to claimant under 18 years old)

.....

日期 (年/月/日)

Date (YY/MM/DD)

.....

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(6) 索償文件 CLAIM DOCUMENTATION	
請提供下列所需之文件連同本表格一併交回。如有需要，本公司將要求索償人提供額外之有關文件以供處理索償事宜用途並保留權利要求閣下提交文件正本。 Please ensure the documents required in relation to the claim section below are submitted with this form together. Additional documents relevant to the claim may be required and to be forwarded upon request by our company and reserves the right to request for original documents if the company deemed necessary.	
索償保障項目 BENEFITS CLAIMED	賠償所需的基本文件 BASIC SUPPORTING DOCUMENTS REQUIRED
適用於所有項目 Applying to all benefits	旅遊證明，例如機票、登機證、航空公司或旅行社簽發的收據 Travel proof, such as air-ticket, boarding pass, airline or travel agent's official receipt
人身意外 Personal Accident	1. 醫療報告 / 法醫官報告 Medical report/coroner's report 2. 死亡證(如適用) Death certificate (if applicable) 3. 警方報告，如有 Police report, if any
身故恩恤金 Compassionate Death Allowance	4. 遺產管理書之正本/核實副本 Original/Certified true copy for the Letters of Administration 5. 關係證明(如出世紙、結婚證明書等) Proof of relationship (e.g. Birth certificate, Marriage certificate, etc)
醫療及相關費用 Medical and Relevant Expenses	1. 由註冊醫生發出的醫療報告/收據正本，並註明診斷結果及受傷或疾病發生日期 Original hospital medical report/medical bills(s)/receipt(s) stating diagnosis and the date of the injury/sickness commenced and certified by a qualified medical practitioner
現金津貼 Cash Allowance	2. 出院總結(包括入院和出院日期) Hospital discharge summary (including date of hospital admission and discharge)
行李延誤 Baggage Delay	1. 有關公共交通工具公司發出之文件以證明延誤原因及時間 Written report from the related public common carrier with reason and duration for the delay
行程延誤 Travel Delay	2. 行程、機票及登機證之複印件 Copies of the itinerary, Travel Ticket and boarding pass 3. 未使用的原行程機票及購買額外機票及住宿費用的收據或證明 The unused original itinerary travel tickets and receipts or proofs of extra trip tickets and accommodation
取消旅程 Cancellation of Journey	1. 有關取消或縮短旅程理由之證明，例如醫療報告或死亡證 Cancellation or curtailment of journey proof, e.g. medical report or death certificate
縮短旅程 Curtailment of Journey	2. 關係證明(如出世紙、結婚證明書等) Proof of relationship (e.g. Birth certificate, Marriage certificate, etc)
缺席海外特別活動 Absence of Overseas Special Events	3. 已支付的旅費及/或住宿費用正式收據 Official receipts of traveling and/or accommodation expenses incurred 4. 由旅行社、航空公司、酒店或相關機構發出關於是否可退還旅費之文件證明 Written confirmation from travel agent, airlines, hotel or relevant parties indicating if the paid travel fare is refundable 5. 已預先購買之海外大型運動賽事、音樂劇、演唱會、博物館、主題公園之門票(票據及付款證明)(如適用) Booked ticket cost to overseas major sporting events, musicals, concerts, museums and theme parks (receipt or payment details) (if applicable)
個人行李及物品 Personal Baggage & Effects	1. 當地警方報告 Local police report 2. 附運途中發生的損失/損壞，須向公共交通工具機構報告並索取該公司的正式書面收條或證明 A copy of the immediate notification to airline/carrier and get their official acknowledgment in writing when loss or damage has occurred 3. 顯示損壞物品程度的相片 Photographs showing the extent of damage to the claim item 4. 遺失 / 損壞物品之正本購買收據 Original purchase receipts of lost/damage items 5. 損壞物品之維修單據(如適用) Repair receipts of the damaged item (if applicable)
個人錢財 Personal Money	1. 當地警方報告 Local police report
旅遊證件/機票 Travel Document/Travel Tickets	2. 額外住宿費用、交通費用及補發遺失之旅行證件或機票之收據正本 Original official receipts for extra accommodation fee, traveling expenses and replacement of lost travel document or travel tickets
信用卡被盜用 Unauthorized Use of Credit Card	3. 信用卡被盜用之月結單及有關調查結果(如適用) Statement and investigation report issued by the credit card company showing the details of unauthorized use of credit card (if applicable)
家居物品損失 Loss of Home Contents	1. 警方報告 Police report
個人責任 Personal Liability	2. 損失 / 丟失物品之正本購買收據 Original purchase receipts of lost/broken items 3. 事故發生之詳情，及第三者索償文件 Details of incident, and letter of claim from third parties 4. 損毀項目證明及賠償金額 Certificate of loss/ damage item(s) and claim paid receipts 5. 當地警方報告或警方口供記錄(如有) Local police report or statement to police, if any 6. 其他有關此事件之文件(如法院傳票、法院文件、律師函件等) Other related documents (e.g. copies of summons, all court documents, solicitors' correspondences etc.)
信用卡保障 Credit Card Protection	1. 受保旅程期間所購買商品的發票及收據正本 Invoices and original receipts of the goods purchased during the insured journey 2. 受保旅程期間所購買的商品的信用卡月結單 Credit card monthly statement(s) of the goods purchased during the insured journey
殮葬費用 Funeral Expenses	1. 殮葬費用之收據(如適用) Receipt of funeral expenses (if applicable)
傷殘設施津貼 Mobility Extension	1. 購買設備及其安裝費用之收據 Receipt for purchase of the equipment and installation expenses
滑雪項目 Skiing Events	1. 已向警方或相應的當地執法人員報告損失的書面證明 The written proof of loss from the police or equivalent local law enforcement officials 2. 滑雪入場證、滑雪用品的實際費用及學費之收據 Any receipts of actual expenses from the ski pass, hiring the skiing equipment and tuition cost 3. 到達最近滑雪場的交通費用的收據 The receipts of travel expenses for reaching the nearest skiing site 4. 滑雪場地的服務商的未能提供服務之書面文件 The written documents relating to the occurrence of the incident which interrupts the skiing events from the service provider 5. 不適宜參與滑雪活動的醫生診斷報告(如適用) The certified document by a Medical Practitioner as rendering that the Insured Person unfit to participate in the skiing activity (if applicable)
租車自負額 Rental Vehicle Excess	1. 被保險人與租車公司之間的租借協議，包含詳細之條款及細則 Rental agreement with detailed terms and conditions between the Insured Person and the rental vehicle company 2. 租車公司發出以證明租車之費用之發票正本 Original receipts issued by the rental vehicle company evidencing the rental charges 3. 警方報告(如適用) Police report (if applicable) 4. 被保險人向其租車之汽車所屬的保險公司提出索償之文件 Documents of the claim which the Insured Person has lodged with the insurer of the rental vehicle 5. 租車公司發出以證明「被保險人」需負責支付自負額之報告 Written report from the rental vehicle company confirming that the Insured Person is liable to pay the excess

中國太平保險(香港)有限公司
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收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)有限公司(下稱“本公司”)明白其在《個人資料(私隱)條例》下就個人資料的收集、持有、處理或使用所負有的責任。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄)·是為了本公司提供保險業務所需·本公司並可能使用閣下的個人資料作以下用途：

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)及其它相關的服務)·或該等產品或服務的任何更改、變更、取消或續期；
- (ii) 本公司行使任何代位權；
- (iii) 就以上用途聯絡閣下；
- (iv) 其它與上述用途有直接關係的附帶用途；及
- (v) 遵循適用法律·條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方·而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問·或任何從事與保險或再保險業務有關的公司·或閣下的保險中介人(若有)·保險理算人或索償調查員/公司·或其他保險業務有關的服務提供者；
- (b) 僱主；醫護專業人士；醫院；會計師；財務顧問；律師；整合保險業申索和承保資料的組織；防欺詐組織；其他保險公司(無論是直接地·或是通過防欺詐組織或本段中指名的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
- (c) 本公司的關連公司(以《公司條例》內的定義為準)；
- (d) 政府及市場認可的保險業監管機構：保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員；
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外)·而就此而言·閣下同意將閣下的資料移轉至香港境外。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料。如有需要·請以書面形式向本公司的總經理辦公室提出·地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com·歡迎查閱。

本公司為預防保險詐騙偵測系統成員·詳情請參閱www.hkfi.org.hk/ifpcd/tr/index.html。

本聲明的中英文版本如有任何歧異或不一致·概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company’s related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members ; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

Your personal data may be provided to any of the above organizations, located in Hong Kong or outside of Hong Kong, for the above purposes, and in this regard you consent to the transfer of your data outside of Hong Kong.

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company’s Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.