

恢復保單效力申請表及聲明書

Reinstatement Application & Declaration Form

保單號碼 Policy no. _____

身份證明文件 / 出生證明文件號碼 Identity document/Birth cert. no. _____

保單受保人 Insured _____

保單持有人 Policyowner _____

本 / 我等於此申請根據保單條款恢復上述保單效力。

I/We hereby apply for reinstatement of the above numbered Policy in accordance with the general provisions of the policy.

健康狀況聲明書

本人 / 我等現聲明：(1)本人 / 我等自上述保單之「人壽保險投保申請書」簽署日期起，直至現在並沒有任何健康狀況之改變（註：如有任何健康狀況之變更，請於本健康狀況聲明書詳細列明）；(2) 如在簽署本「恢復保單效力申請表及聲明書」後至成功批核前，受保人身體健康狀況有任何改變，本人 / 我等必須立刻通知貴公司該改變，而本人 / 我等亦明白貴公司仍保留權利取消保單及 / 或就改變而重新簽發保單；(3)本人 / 我等明白及同意此保單乃依據上述聲明均為真實無訛之情況下恢復；(4)此復效申請須經貴公司核准後及所需之保費款項必須全部繳清後才會生效；(5)任何於本申請表送達本公司前之任何事故引致保單受保人 / 保單持有人死亡，本公司將不會因此而構成任何要求索償或支付任何利益之責任。

Declaration of Health

I/We hereby declare that: (1) there is no change in my/our health condition since the sign date of my "Application For Life Insurance" for the said policy (Note: If it is not the case, please state all the changes on this form in full details.); (2) If the health status of the life insured changes after this "Reinstatement Application & Declaration Form" is signed and before I/we receive approval notice, I/we shall immediately notify the Company of the change. As such, I/we understand that the Company shall reserve the right to cancel the policy and/or to re-issue the policy with changes; (3) I/we understand and agree that the reinstatement of the Policy is conditioned on the truth of the above statement; (4) this application shall not take effect unless it is approved by the Company and any outstanding premium is paid in full; (5) any event which has caused the death of the insured/Policyowner has occurred before this reinstatement application has arrived the Company shall not constitute the liability of the Company to pay a benefit under the policy.

<p>日期 Date</p>	<p>疾病性質 Nature of disease or illness</p> <p>下列之回覆是有關 Answer the following with respect to:</p> <p><input type="checkbox"/> 保單受保人 Insured <input type="checkbox"/> 保單持有人 (只適用於兒童保單) Policyowner (for juvenile policy only)</p>	<p>請詳述該疾病持續多久，療法及結果，主診醫生之姓名及地址 Full details including duration, treatment and result, name and address of attending physician</p>

收取個人壽險保費徵費

本人 / 我等在此確認：泰禾人壽保險有限公司，為一家獲授權的保險公司，按香港保險業監管局(下稱「保監局」)的要求及授權向每位保單持有人所持有的新造或現行保單徵收徵費，有關徵費將按照訂明安排匯付予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。閣下保單所需支付的徵費由泰禾人壽支付至2019年3月31日止。自2019年4月1日起到期繳交之保費，保單持有人該就保費繳付徵費。有關徵費的詳情，請瀏覽 https://www.tahoelife.com.hk/tl/doc/Levy_IC.pdf 或致電 (852) 3767 8777。

Collection of Premium Levy on Individual Life Insurance Policy

I/We hereby acknowledge that: Tahoe Life Insurance Company Limited, as an authorised insurer, is statutorily required to collect premium levy ("Levy") on any new or inforce policy from Policyowner on behalf of the Insurance Authority of Hong Kong ("IA") and would be remitted in accordance with prescribed arrangement to the IA. IA may take legal proceedings against Policyowners in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. The levy payable for your policy will be absorbed by Tahoe Life until 31 March 2019. Policyowner shall pay the levy on insurance premium due from 1 April 2019. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

個人資料收集聲明

1. 目的：泰禾人壽保險有限公司 / 泰禾保險服務有限公司(「本公司」)就向閣下收集之個人資料(「個人資料」)乃為以下目的使用：

- (i) 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；
- (ii) 提供與本文件和本保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本次申請的服務或相關服務；
- (iii) 就行政目的與閣下聯絡；
- (iv) 調查、處理及繳付閣下保單的理賠申請；
- (v) 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織的要求，配合調查及作出披露；
- (vi) 將閣下的個人資料發送給任何保險公司聯會或類似組織(「聯會」)以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；
- (vii) 統計或精算研究；
- (viii) 其他直接與以上目的相關的目的；

就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「使用個人資料作直接促銷用途」一節。未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。

2. 轉移：閣下提供的個人資料將保密處理，惟會因以上所述之目的將此等資料轉移給以下各方：

- (i) 本公司的任何成員公司，包括附屬公司及聯屬公司；
- (ii) 任何其他從事保險、強制性公積金暫行受託人或再保險相關業務的非本公司成員公司；
- (iii) 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；
- (iv) 提供與閣下的保單有關的索償、調查或其他服務的提供者；
- (v) 現有或不時成立的相關行業協會及聯會；
- (vi) 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士(包括代理商、承包商或第三方服務提供者)；
- (vii) 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織；
- (viii) 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；
- (ix) 閣下的保險代理人或中介人或介紹人。

3. 查閱：閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港太古城英皇道1111號太古城中心一座15樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

使用個人資料作直接促銷用途

除了以上所述的用途，本公司擬把閣下的個人資料包括姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據透過郵寄、傳真、電郵、電話及短訊形式用於直接促銷，當中包括以下的服務、產品和類別：(a) 保險、財務及相關服務及產品；(b) 獎賞、年資獎勵或優惠計劃及相關服務和產品；(c) 本公司的聯名合作夥伴提供之服務和產品(有關服務和產品的申請表/宣傳單張/海報上會提供聯名合作夥伴的名稱，視屬何情況而定)；閣下的個人資料可提供予第三方金融機構、保險公司、醫療機構、電話服務公司、市場營銷或研究服務、獎賞、年資獎勵及優惠計劃服務及/或相關服務作直接促銷。

使用閣下的個人資料進行本公司或任何第三方直接促銷前，本公司必須得到閣下的同意及只有在本公司收到閣下的同意後，本公司才可使用或提供閣下的個人資料作直接促銷用途。

閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，地址為香港太古城英皇道1111號太古城中心一座15樓。此後，本公司須停止使用閣下的個人資料作直接促銷之用。

個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明，本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

Personal Information Collection Statement ("PICS")

1. Purpose: Among the personal data collected from you to Tahoe Life Insurance Company Limited/Tahoe Insurance Services Limited ("the Company"), it is collected for the purpose of:

- (i) processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time;
- (ii) providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates;
- (iii) communicating with you in relation to the administrative purposes;
- (iv) investigating, processing and paying claims made under your insurance policy;
- (v) co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region ("HKSAR");
- (vi) transferring your Personal Data to any federation or similar organization of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members;
- (vii) statistical or actuarial research;
- (viii) other ancillary purposes which are directly related to the purposes set above.

For using the personal data provided by you for promotional/marketing purposes, please refer to the section titled "**Use of Personal Data in Direct Marketing**".

The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

2. Transfer: Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for purposes set above:

- (i) any related company(ies), including subsidiaries or affiliates of the Company;
- (ii) any other unrelated company carrying on insurance, provisional trustee of mandatory provident fund or reinsurance related business;
- (iii) financial services intermediaries that are authorised by the Company for the distribution of products and services provided by the Company;
- (iv) a claims, investigation or other services provider providing services relevant to your insurance policies;
- (v) relevant industry association and federation that exists or is formed from time to time;
- (vi) any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you;
- (vii) any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR;
- (viii) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR,
- (ix) your insurance agents, intermediaries or referrers.

3. Access: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company.

Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purposes, the Company may use your personal data including name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data for direct marketing by mail, fax, email, telephone or SMS that may include the following classes of services, products and subjects: (a) insurance, financial and related services and products; (b) reward, loyalty or privileges programmes and related services and products; and (c) services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be). Your personal data may also be provided to third party providers of financial, insurance, medical/health, call centre, marketing or research services, rewards, loyalty or privileges program services and/or related services for their use in direct marketing.

Before using your personal data for the purposes of direct marketing conducted by the Company or any third parties indicated in this section, the Company must obtain your consent and only after your consent is received by the Company, the Company may use or provide your personal data for direct marketing purpose.

You may, in future, withdraw your consent to the use of your personal data by the Company and any third parties on direct marketing purposes. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong and the Company shall cease to use your personal data for direct marketing purposes.

Amendment to the PICS

The Company reserves the right at any time, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

本人 / 我等謹此聲明及同意：(1) 上列各項陳述，據本人 / 我等所知均屬完全及真實無訛；(2) 上述各項陳述及本同意書，將成為恢復保單效力申請表之一部分。

本人 / 我等現不可撤銷地授權：(1) 任何醫生、醫院、診所、保險公司或對本人 / 我等的健康情況有任何記錄或知悉的其他組織、機構或人士，向貴公司或貴公司的代表，及貴公司向其他保險公司或組織提供所有此等資料，及披露任何及所有關於本人 / 我等之健康及病歷及住院、建議、治療、疾病或不適等資料；(2) 貴公司或任何其他其指定之醫生、醫療人員或化驗所因此申請表及由此出現的賠償申請而進行所需之醫療評估及測試，以評核本人 / 我等之健康狀況。此授權對本人 / 我等之繼承人及受讓人具有法律約束力，並儘管本人 / 我等離世或無行為能力時，此授權仍具效力。此授權書之影印本與正本均有同等效力。

I/We HEREBY DECLARE AND AGREE THAT: (1) all the statements made above are to the best of my/our knowledge and belief complete and true; (2) all the statements together with this agreement, shall form the basis and become a part of the Application for Reinstatement.

I/We hereby irrevocably authorise: (1) any physician, hospital, clinic, insurance company or other organization, institution or person that/who has any records or knowledge of my/our health, to disclose to The Company or its representative and for The Company to provide all these information to other insurance companies or organizations any and all information about me/us with reference to my/our health and medical history and hospitalization, advice, treatment, disease or ailment; (2) The Company or any of its appointed physician, medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate my/our health condition in relation to this application and any claim arising therefrom. This authorisation shall legally bind my/our successors and assignees and remains valid notwithstanding my/our/the proposed insured's death or incapacity. A photostatic copy of this authorisation shall be as valid as the original.

Signed at _____ on _____
 簽署地Place _____ 簽署日期 (日DD / 月MM / 年YY) _____ 保單持有人簽署 Signature of Policyowner _____ 保單持有人聯絡電話 Contact phone number of Policyowner _____

_____ 簽署日期 (日DD / 月MM / 年YY) _____ 受讓人簽署(如有) Signature of Assignee (if any) _____ 受讓人聯絡電話 Contact phone number of Assignee _____

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 業務顧問簽署及編號 _____ 簽署日期 (日DD / 月MM / 年YY) _____ 保單受保人簽署 (已成年) Signature of insured (adult) _____
 Signature of sales personnel & code