



澳門大學
UNIVERSITY OF MACAU

學生醫療保險服務自願性福利提升計劃申請書
VOLUNTARY BENEFITS TOP UP PROGRAM FOR STUDENT MEDICAL INSURANCE

投保人之詳盡資料
DETAILS OF PROPOSED INSURED

學生姓名(英文) Full Name of the Student	學生姓名(中文) Full Name of the Student
出生日期 Date of Birth (DD/MM/YYYY)	性別 Gender
手提電話 Mobile Phone No.	學生編號 Student ID
住宅地址 Home Address	電郵 Email

請詳閱以下問題並全部作答

PLEASE READ THE FOLLOWING QUESTIONS CAREFULLY AND ANSWER IN FULL

1. 過去一年內閣下曾否接任何醫生之診治或檢查? Have you been treated or examined by a doctor in the last 12 months?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
2. 閣下之身體或四肢有無任何殘缺? Do you have any impairment in physical condition?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
3. 閣下是否現時正接受, 或企圖接受任何醫藥治療、外科手術或服食任何藥物? Are you now receiving or contemplating any medical attention or surgical treatment or taking any medicine?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
4. 閣下過去五年內曾否在任何醫院、療養院或醫療機構進行外科手術或治療? Have you had a surgical operation or been confined or treated in any hospital, sanatorium or other institution in the past 5 years?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
5. 閣下曾否患有或治療過以下疾病: 心臟病、高血壓、糖尿、癌症、腫瘤、潰瘍、肺結核、哮喘、癲癇、氣腫、肋膜炎、結腸炎、風濕性高熱症、梅毒、或任何與腦部中樞神經系統、生殖泌尿器、胰或腸胃肝臟等有關之疾病 Have you ever been treated for or told having heart trouble, high blood pressure, diabetes, cancer, tumor, ulcer, tuberculosis, asthma, epilepsy, emphysema, pleurisy, colitis, rheumatic fever, syphilis, or any other disease of brain, central nervous system, genitourinary organs, gastro-intestinal tract, liver, pancreas, etc?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
6. 閣下曾否投保人壽或醫療保險而被拒絕受保或擁有任何保單經額外加保費或經修改保單條款或被拒續保? Have you ever been refused any form of life or health insurance or ever had a policy rated, modified or renewal refused?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
7. 閣下曾否使用任何可成癮藥物、吸毒或過量喝酒或曾接受戒毒或戒酒治療? Have you ever used any habit forming drugs or narcotics or alcohol excessively or been treated for alcoholism or drug habits?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無
8. 閣下之家屬中曾否有人患肺病, 糖尿病, 心臟病或精神病? Has any of your immediate family member(s) ever had tuberculosis, diabetes, heart disease or mental disease?	<input type="checkbox"/> Yes / <input type="checkbox"/> No 有 / 無

聲明
DECLARATION

本人明白及同意: 1) 此申請書內之陳述與回覆全部屬實及詳盡; 2) 該陳述與回覆及此申請書將成為簽發保險證書之依據。
IT IS UNDERSTOOD AND AGREED: 1) that all answers to all questions are to the best of my knowledge and belief complete and true; 2) that all answers to such questions, together with this agreement, shall form the basis.

本人授權任何內外科醫生、醫院、診所、保險公司或任何組織, 及凡熟悉本人之健康情況之人, 均可以將該過往之病狀, 病歷詳細資料供給亞洲保險有限公司或其代表。此授權書之影印本屬有效。

I hereby authorize any licensed physician, hospital, clinic or other medical or medically related facility, insurance company, institution or persons, that has any records or knowledge of me, to give to Asia Insurance Co., Ltd. any such information. To facilitate rapid submission of such information. I authorize all said sources to give such records or knowledge to agent of the insurance company to collect and transmit such information. A photographic copy of this authorization shall be as valid as the original.

投保人簽署

Proposer's Signature

Date

日期



個人資料收集聲明

PERSONAL INFORMATION COLLECTION STATEMENT

It is the policy of Asia Insurance Co., Ltd. ("Asia Insurance") to safeguard and keep confidential the personal data of all our customers. Asia Insurance shall at all times observe and ensure our staff strictly adhere to all the requirements under the Personal Data Protection Act.

1. Personal Data collected and/or held by Asia Insurance

Personal data such as first name, last name, ID Card, date of birth, email address, telephone number, policy number, medical and health records, and question or comment will be collected by us when you make enquires or submit any forms for products or services provided by Asia Insurance.

2. Importance of Personal Data Collection

From time to time, you will be requested to provide your personal data to Asia Insurance. Provision of personal data to Asia Insurance by you is voluntary. However, Asia Insurance may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

3. Purposes of Personal Data Collection and Usage

Your personal data held by Asia Insurance may be used for the following purposes:-

- Administration of insurance or reinsurance related business, which include underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing.
- Make disclosure to any applicable regulators, governmental bodies or industry recognized bodies as required by any law, rule, regulation, code of practice or guideline, binding on Asia Insurance or our affiliates.

4. Personal Data Confidentiality

The personal data you provide to Asia Insurance will be kept confidential, except that it may be shared with following parties:-

- Any insurance broker, independent financial advisor acting on your behalf for any of the purposes related to insurance business;
- Any subsidiary, holding company, associated company or affiliates of Asia Insurance for any of the purposes related to insurance business;
- Any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, internet, payment or other services to Asia Insurance for any of the purposes related to insurance business;
- Any actual or proposed reinsurers of Asia Insurance for any of the purposes related to insurance business;
- Any co-branding partners and our business partners for any of the purposes related to insurance business; and
- Any person to whom Asia Insurance is under an obligation to make disclosure under the requirement of any law or regulation binding on or applicable to Asia Insurance or any of our group companies.

5. Personal Data Access / Correction Request

- You have the right to check whether Asia Insurance holds personal data about you and of access to and correction of your personal data.
- Asia Insurance has the right to charge a reasonable fee for the processing of any personal data access request.
- Requests shall be made in writing to our Personal Data Protection Officer, Asia Insurance Company Limited, Avenida da Praia Grande, No.762, Edf. China Plaza, 10 andar B-D, Macau SAR.

6. We reserve the right to change this Statement.

維護和保密所有客戶的個人資料是亞洲保險有限公司(「本公司」)的政策。本公司會一直遵守和確保員工嚴格遵守《個人資料保護法》的所有規定。

1. 本公司所收集及/或持有的個人資料

在閣下查詢或提交由本公司提供的產品或服務的表格時，本公司將會收集個人資料如姓名、身份證、出生日期、電郵地址、電話號碼、保單號碼、醫療及健康紀錄、以及問題或意見。

2. 個人資料收集的重要性

本公司會不時地要求提供閣下的個人資料。向本公司提供閣下的個人資料是自願的。若閣下沒有按照本公司的要求提供該等資料，可能會令本公司無法向閣下提供或繼續提供保險產品及服務。

3. 個人資料收集和使用的目的

閣下的個人資料可能會用於以下目的:-

- 保險管理或再保險業務有關的用途，其中包括承保、處理和評估申請、身份和信用檢查、適用性檢查、保單服務、理賠處理、調查、賬戶/債務追收、訴訟、通訊、編制統計、數據分析和研究、內部/外界審計、保持優質的服務、銷售和營銷；
- 在對本公司或其附屬機構具有約束力的任何法律、法規、規例、實務守則或指引的要求下，向任何適用的監管機構、政府機構或相關行業的認可機構進行披露。

4. 個人資料保密

本公司會對閣下的個人資料加以保密，但可能會與下列各方透露該等資料:-

- 任何代表閣下的保險經紀、獨立財務顧問作保險業務相關的任何用途；
- 任何本公司的附屬公司、控股公司、聯營公司或聯屬公司作保險業務相關的任何用途；
- 任何本公司的代理人、承包商或會向本公司提供行政、電訊、電腦、網際網路、付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問、公證行、私人調查員、信函裝封服務機構及收數公司）作保險業務相關的任何用途；
- 任何本公司的實際或建議再保險公司作保險業務相關的任何用途；
- 任何品牌合作伙伴及本公司生意伙伴作保險業務相關的任何用途；及
- 在對本公司或其任何集團公司具有約束力或適用性的任何法律或法規的要求下而使本公司有責任對其進行披露的任何人士。

5. 個人資料的查閱/改正要求

- 閣下有權查詢本公司是否持有關於閣下的個人資料及查閱這些資料及改正不準確的資料；
- 本公司有權就處理任何個人資料查閱要求收取合理的費用；
- 有關要求須以書面提交澳門南灣大馬路 762 號中華廣場 10 樓 B-D 座亞洲保險有限公司的個人資料保護負責人。

我們保留更改本聲明的權利。