

# Domestic Helper Insurance



**Comprehensive Helper Protection**  
 Help your life easier

SECTION OF BENEFITS	MAXIMUM LIMIT(HK\$)
<b>1. Employer's Liability</b> Employer's legal liability under the Hong Kong Employees' Compensation Ordinance and Common Law.	\$100,000,000 per event
<b>2. Clinical Expenses</b> Reimbursement of clinical expenses incurred by the Domestic Helper due to sickness or accident up to Provided that the first medical treatment was received from a legally qualified and registered medical practitioner, expenses for treatment by bonesetter or registered physiotherapist are payable up to  Total maximum amount payable per year under this Section	\$150 per visit per day  \$100 per visit per day / \$500 per year \$3,000
<b>3. Surgical &amp; Hospitalization Expenses</b> Reimbursement of surgical and hospitalization expenses incurred by the Domestic Helper due to sickness or accident up to  Room, board & other miscellaneous hospital charges Surgical benefit per disability Anaesthesia and its administration benefit per disability  Operating theatre benefit per disability  Total maximum amount payable per year under this Section (Hospital means a hospital providing 24 hours service by qualified and registered medical practitioner for the care and treatment of sickness and injured person and is not primarily a clinic, a place for custodial care, alcoholics or drug addicts, a nursing, rest or convalescent home or home for the aged.)	\$300 per day \$10,000 25% of payable surgical benefit but not exceeding \$2,500  12.5% of payable surgical benefit but not exceeding \$1,250 \$20,000
<b>4. Dental Expenses</b> Reimbursement of two-thirds of the dental expenses incurred by the Domestic Helper up to	\$1,500 per year
<b>5. Personal Accident Benefits</b> Death or Permanent Disablement resulting from accidental injury occurring in Hong Kong during the rest days of the Domestic Helper  Accidental Death or Permanent Total Disablement Loss of two or more limbs Loss of sight of both eyes Loss of one limb and sight of one eye Loss of one limb or sight of one eye  (Loss of limb shall mean physical severance of a hand or foot at or above the wrist or ankle or of an arm or leg at or above elbow or knee. Loss of sight shall mean total and irrecoverable loss of all sight.)	\$200,000 \$200,000 \$200,000 \$200,000 \$100,000
<b>6. Loss of Services Cash Allowance</b> Cash allowance for loss of services commencing from the 4th day of insured Domestic Helper's confinement in a hospital.	\$200 per day / \$6,000 per year
<b>7. Repatriation Expenses</b> i) Emergency repatriation of the Domestic Helper in the event of serious sickness or injury; ii) Post-mortem treatment and repatriation of mortal remains.	\$20,000 per year
<b>8. Replacement Helper Expenses</b> Extra expenses reasonably and necessarily incurred for employing a new helper in the event the insured Domestic Helper is repatriated due to serious injury, illness or death.  (A valid claim must be payable under Section 7 "Repatriation Expenses")	\$3,000 per year

## BRIEF EXCLUSIONS

### GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS

War and allied perils, suicide, pregnancy or childbirth, intoxication by alcohol, narcotics or drugs not prescribed by a legally qualified and registered medical practitioner, pre-existing conditions, acquired immune deficiency syndrome (AIDS) or AIDS related complex (ARC) and any injury, illness or death which occurs or results from events taking place outside Hong Kong.

### SPECIFIC EXCLUSIONS APPLICABLE TO

#### 1. Employer's Liability

Any late payment surcharge that the Insured may become liable under the legislation. Any accident outside Hong Kong, unless arise out of and in the course of employment while accompanying the insured on an overseas trip.

#### 2. Clinical Expenses and

#### 3. Surgical and Hospitalization Expenses

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

#### 4. Dental Expenses

Routine examination, scaling, polishing or cleaning, crowning, bridges, braces and dentures.

#### 5. Personal Accident Benefits

Driving or riding in any kind of race, underwater activities involving the use of breathing apparatus.

#### 6. Loss of Services Cash Allowance

Nervous or mental disease, venereal disease, congenital anomalies or deformities, infertility, sterilization, heart disease, cancer, rest cure, physical check-ups, preventive medication and cosmetic or plastic surgery unless to correct an injury covered under the policy.

#### 7. Repatriation Expenses and

#### 8. Replacement Helper Expenses

Any repatriation or transportation of mortal remains originating outside Hong Kong.

Please refer to the policy for detailed exclusions.

### WAITING PERIOD

A 15-day waiting period from the inception date of the policy for each Domestic Helper shall be applicable to Sections 2, 3, 4 and 6 of the Schedule of Benefits. No benefits shall be payable under these Sections during the waiting period.

## COMPANY PROFILE

Wing Lung Insurance Co. Ltd., incorporated in 1981, is a wholly-owned subsidiary of Wing Lung Bank Ltd. Since the acquisition of Wing Lung Bank by China Merchants Bank (CMB) in 2008, Wing Lung Bank has become a member of CMB Group.

As a general insurance company authorized by the Office of Commissioner of Insurance of the Hong Kong Special Administrative Region, we provide various products including property insurance, motor insurance, liability insurance, personal accident and medical insurance, catering for the needs of both corporate and individual customers in Hong Kong. Wing Lung Insurance is also a member of the Hong Kong Federation of Insurers and the Insurance Claims Complaints Bureau.

# 家傭綜合保險



## 全面家傭保障 助您生活更從容自在

保障範圍	最高賠償額 (港幣)
<b>1 僱主責任</b> 僱主在香港僱員補償條例及普通法下須要承擔之責任。	每次意外 100,000,000 元
<b>2 門診醫療費用</b> 家傭因疾病或意外導致身體受傷所引致之門診醫療費用。經由註冊醫生首次診斷後而需接受跌打或物理治療之費用亦可獲賠償。 此項目每年最高總賠償額	每天每次診療150 元 每天每次診療100 元 / 每年500 元 3,000 元
<b>3 外科手術及住院費用</b> 家傭因疾病或意外導致身體受傷須入住醫院所引致之醫療或外科手術費用。 住院費用及雜費 外科手術費用 麻醉師費用 手術室費用 此項目每年最高總賠償額 (醫院是指由註冊西醫診診及管理，提供24 小時緊急護理及醫療服務之醫院，但不包括診所、護理院、戒毒所、療養院及護老院等)	每天300 元 每病症10,000 元 每病症不超過外科手術獲償款項之25%或2,500 元 每病症不超過外科手術獲償款項之12.5%或1,250 元 20,000 元
<b>4 牙科費用</b> 家傭因牙齒疾患所引致之醫療費用，可獲三份之二賠償。	每年1,500 元
<b>5 個人意外保障</b> 家傭在休假期間並非因工作而身體意外受傷，導致死亡或永久性傷殘，可獲賠償。 意外死亡或永久性完全傷殘 喪失任何兩肢或以上 雙目失明 喪失一肢及一目失明 喪失一肢或一目失明 (喪失肢體即在手腕或足踝或以上斷失，而失明即不可復原的永久性視力完全喪失。)	200,000 元 200,000 元 200,000 元 200,000 元 100,000 元
<b>6 中斷服務現金津貼</b> 受保家傭因患病或受傷住院連續超過三天而未能提供服務，於其住院第四天起，可獲現金津貼。	每天200 元 / 每年6,000 元
<b>7 緊急醫療運送</b> i) 家傭在香港患重病或嚴重受傷，可獲緊急護送服務回原居地； ii) 運送家傭之遺體回原居地。	每年20,000 元
<b>8 補聘新家傭費用</b> 因受保家傭患重病、嚴重受傷或死亡而須送回原居地，補聘新家傭所引致之合理及必須費用。 (此賠償必須在第七項“緊急醫療運送”中已獲得賠償)	每年3,000 元

### 主要不保事項摘要

#### 所有保障項目之不保事項

戰爭及有關風險、自殺、懷孕或生育、酗酒、或服用非經註冊醫生處方指定之麻醉品或藥物、保險生效前已存在的傷病、愛滋病或其他相關的病症，以及在香港範圍外發生之事項所引致之受傷、疾病或死亡。

#### 特定不保事項 (適用於個別保障項目)

- 1 僱主責任**  
法例下僱主因不依期作工傷賠償而須付之罰款。在香港以外發生之意外，除非家傭是因工作與僱主一同離開香港期間及因工作引起。
- 2 門診醫療費用及**
- 3 外科手術及住院費**  
精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌病、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。
- 4 牙科費用**  
口腔檢查、洗牙、磨牙、鑲裝牙冠、牙橋、牙箍及假牙等。
- 5 個人意外保障**  
任何形式之賽車或策騎比賽及用供氧設備輔助呼吸之水中活動。
- 6 中斷服務現金津貼**  
精神病、性病、先天性異常或畸形、不育、絕育、心臟病、癌病、療養、體格檢查、防疫注射、美容或整形手術 (但由本保單保障範圍內損傷引致之矯形手術除外)。
- 7 緊急醫療運送 及**
- 8 補聘新家傭費用**  
在香港範圍外所發生引致家傭或其遺體送返原居地之事件。

(詳情請參閱保單內不保事項之條款與細則)

#### 等候期

受保家傭在受保日期起首十五天之等候期內，本保單第二、三、四及第六項保障暫緩生效。

### 公司簡介

永隆保險有限公司成立於1981年，為永隆銀行有限公司全資附屬公司。隨著2008年招商銀行成功併購永隆銀行，永隆銀行已正式成為招商銀行集團成員。

永隆保險獲香港特別行政區政府保險業監理處授權經營一般保險業務，並且是香港保險業聯會和保險索償投訴局之會員。我們提供的保險產品範圍全面，包括財產險、汽車險、各類責任保險、個人意外及醫療險等多種業務，同時為商業及個人客戶提供多方面的保險保障和服務。

代理：Agent:



傳真 Fax: (852) 2525 5183, (852) 2526 7045, (852) 2804 6695

永隆保險有限公司  
Wing Lung Insurance Company Limited

永隆銀行有限公司全資附屬公司  
A Wholly Owned Subsidiary of Wing Lung Bank Limited

香港中環德輔道中45號  
45 Des Voeux Road Central, Hong Kong

**家傭綜合保險投保書 DOMESTIC HELPER INSURANCE PROPOSAL FORM**

本投保書及聲明是作為保單的根據。注意：所有問題均必須回答並適用於僱主/僱員。  
 The Proposal Form and declaration shall be the basis of the Policy. All questions must be answered in full and apply to the Employer/ Employee.

請以英文正楷填寫，在適當空格加上[✓]和刪去不適用者  
 Please complete in BLOCK LETTERS, tick the appropriate box and delete whichever is inapplicable.


**投保人/投保詳情 THE PROPOSER / PARTICULARS OF INSURANCE**

僱主姓名 (先生/女士/小姐) \_\_\_\_\_ (中文 Chinese)  
 Employer Name (Mr. / Mrs. / Miss) \_\_\_\_\_ (中文 Chinese)

香港身份證 / 護照號碼  
 HKID Card / Passport No. \_\_\_\_\_

職業<sup>^</sup>  
 Occupation<sup>^</sup> \_\_\_\_\_

\_\_\_\_\_ (英文 English)

通訊地址  
 Correspondence Address \_\_\_\_\_

僱員工作地點  
 Place of Employment \_\_\_\_\_

(若與上址不同，請填此項。If different from above address, please fill in this item)

聯絡電話 (住家) \_\_\_\_\_ (手提)<sup>^</sup> \_\_\_\_\_ 電郵<sup>^</sup>(如適用)  
 Contact No (Home) \_\_\_\_\_ (Mobile)<sup>^</sup> \_\_\_\_\_ Email<sup>^</sup>(if applicable) \_\_\_\_\_

<sup>^</sup> 投保人補充資料(非必須資料) Proposer supplementary information (optional information)

**家傭資料 PARTICULARS OF DOMESTIC HELPER**

僱員姓名 \_\_\_\_\_ 性別  男M  女F 出生日期 \_\_\_\_\_ (日/月/年)  
 Employee Name \_\_\_\_\_ Gender  男M  女F Date of Birth \_\_\_\_\_ (dd/mm/yy)

國籍 \_\_\_\_\_ 香港身份證 / 護照號碼  
 Nationality \_\_\_\_\_ HKID Card / Passport No. \_\_\_\_\_

估計全年薪金 \_\_\_\_\_ 起保日期 \_\_\_\_\_ (日/月/年)  
 Estimated Annual Salary \_\_\_\_\_ Effective Date \_\_\_\_\_ (dd/mm/yy)

**保費表 Premium Table**

保期1年 Insurance Period 1 year 保期2年 Insurance Period 2 years

投保全套保障 All Sections  
 投保家傭年齡限制 Age Limit:18-60  
 只限外籍家傭投保  
 Restricted for foreign domestic helper only

HK\$600

HK\$1,080

註：保費已包括政府徵款、恐怖活動保障費用及保險公司(僱員補償)無力償債管理局供款。 Remarks: Premium is inclusive of Government Levies.

請回答以下問題。(如任何問題未有回答，該答案將作「否」論。)

Please answer the following questions. (If any question is not answered, a negative reply shall be deemed to be given.)

- |  |                   |
|--|-------------------|
| 1) 閣下的家傭是否正在接受或打算接受任何醫療護理或手術或服食任何藥物?<br>Is your domestic helper receiving or contemplating any medical attention or surgical treatment or taking any medicine?   | 是 / 否<br>Yes / No |
| 2) 閣下過往是否曾在申請投保家傭保險而被保險公司拒絕受保、附加任何條款、或在保期中被取消保險、或被拒絕續保?<br>Have you ever been declined or imposed special conditions or cancelled or refused to renew your domestic helper insurance by any insurance company? | 是 / 否<br>Yes / No |
| 3) 閣下的家傭在過去三年內曾否因患病或意外受傷而需入院接受手術或治療?<br>Has your domestic helper confined in hospital for surgery or treatment of sickness or injury resulting from an accident in the past 3 years?                           | 是 / 否<br>Yes / No |

如在上述任何一項回答「是」，請詳加說明。  
 If your answer is "Yes" in one of the above questions, please provide full details. \_\_\_\_\_

## 重要事項投保人須知

### IMPORTANT NOTES TO PROPOSER

1. 此投保書在永隆保險有限公司(「本公司」)接納後，保險契約始正式生效。
2. 只承保年齡由18至60歲之家傭。
3. 只承保外籍家傭。
4. 每份保單最低及不可退回之保費為港幣400元。
5. 本保單不得轉讓。
6. 閣下必須在本申請中披露**一切**重要事實，而有關事實將構成據此簽發的任何保單的根據。如有任何重要事實未有披露，則所發出的保單將告無效或可予作廢。如閣下不清楚某一事項是否重要，請將此事詳加說明。任何在本投保書內的改動或更正，須得保單持有人加簽作實。
7. 投保人對於所有提供給本公司用以投保之資料(包括書信之副本)應予保留紀錄。
8. 如中英文本有任何歧異，皆以英文本為準。
9. 本簡章僅為保險撮要，只作參考之用，詳細內容請參閱保險合約之條款及細則。

1. The Insurance will not become effective until this proposal form has been accepted by Wing Lung Insurance Co. Ltd. ("the Company").
2. Age limit for domestic helper is restricted from 18 to 60.
3. Only foreign domestic helper can be insured.
4. The minimum and non-refundable premium of each policy is HK\$400.
5. This policy is not assignable.
6. You have to disclose in this Proposal Form **ALL** material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this Proposal Form should be endorsed by the Policyowner.
7. Proposer should keep a record (including copies of letters) of all information supplied to the Company for the purpose of application for this insurance.
8. In case of discrepancies between the English and Chinese version, the English version shall prevail.
9. This leaflet is simply a general summary for your reference and information only. For details, please refer to the insurance policy.

## 聲明 DECLARATION

1. 本人/我們謹聲明，就本人所深知及確信投保書內提供之陳述及細節均為真實及完整，所有對風險評估有影響的重要事實均已作出披露，而本投保書內提供之資料及答案均屬本人/我們填寫或經本人/我們全權授意下填寫。  
I/ We declare that the statements and particulars given in this Proposal Form are, to the best of my/our knowledge and belief, true and complete, all material facts affecting in assessment of the risk have been disclosed and the information and answers given on this Proposal Form are filled in by me/us or by any other person under my/our full instruction.
2. 本人/我們明白及同意如有任何重要事實隱瞞，即使保單已簽發，永隆保險有限公司仍可將本保單作廢。  
I /We understand and agree that failure to disclose any material facts may cause Wing Lung Insurance Co. Ltd. to declare the policy void even after the policy has been issued.
3. 本人/我們謹承認本投保書及聲明是本人/我們與永隆保險有限公司的保險契約及以後續約之根據，並視為已收納其中，而投保書及聲明乃由投保人作出，投保人就此而言視為本人/我們之代理人(而非永隆保險有限公司之代理人)。  
I /We agree that this Proposal Form and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between Wing Lung Insurance Co. Ltd and made by the Proposer hereof and the proposer shall for the purpose be deemed to be my / our agent and not the agent of Wing Lung Insurance Co. Ltd.
4. 本人/我們確認已閱讀並清楚明白附於本投保書內之「收集個人資料聲明」。  
I /We confirm that I/We have read and understood the "Personal Information Collection Statement" attached to this Proposal Form.

投保人簽署  
Signature of Proposer \_\_\_\_\_

日期  
Date \_\_\_\_\_

**Extended to Cover Major Illness Medical Insurance for Domestic Helpers**

As you are aware, your existing cover for Domestic Helper specifically excludes medical expenses incurred in treating heart disease and/or cancer of your Insured Helper.

It may also have come to your knowledge that under the relevant laws/contracts of employment, employers are responsible for such medical expenses, in spite of the fact that they are not covered by the traditional Domestic Helper insurance policies which have been available in the market until recently.

We have therefore come to the conclusion that there is a demand for such insurance cover from employers of Domestic Helpers. In response to this, we are pleased to advise that, “**Wing Lung Insurance Co. Ltd.**” are prepared to grant covers on Clinical, Surgical and Hospitalization Expenses for “Major Illness Medical Insurance”, it is an extension cover (as indicated below) and subject to an additional premium to renewal policyholders/ new buyers of Domestic Helper Insurance Policies:

**Optional Cover (Extended to cover Major Illness Medical Insurance)**

<b>Benefits</b>	<b>Maximum Limit</b>
<b>Clinical Expenses</b>	HK\$3,000 per year - HK\$150 per visit per day
<b>Surgical &amp; Hospitalization Expenses Benefits Payable due to Cancer, Heart Disease or Stroke</b>	
Room and Board	HK\$300 per day
Hospital Special Services	HK\$15,000 per disability
Surgical Benefit	HK\$30,000 per disability
Anaesthesia	35% of payable surgical benefit but not exceeding HK\$7,000 per disability
Operating Theatre	25% of payable surgical benefit but not exceeding HK\$5,000 per disability

**The total maximum amount payable under this extension is HK\$120,000 per year**

**Additional Premium:**

- HK\$200 for one year cover
- HK\$350 for two years cover

**This extension is optional and will be granted subject to the condition that the Insured Helper must be in good health and has never been diagnosed or treated for heart disease and/or cancer at the time of cover. To avoid any doubts, payment of any claims under this extension is subject to there being no pre-existing condition at the time of cover.**



永隆保險有限公司  
 Wing Lung Insurance Company Limited  
 永隆銀行有限公司全資附屬機構  
 A Wholly Owned Subsidiary of Wing Lung Bank Limited  
 電話 Tel: (852) 2826 8259  
 傳真 Fax: (852) 2526 7045  
 電郵 Email: enquiry@wlins.com  
[www.winglungbank.com](http://www.winglungbank.com)

**DOMESTIC HELPER INSURANCE –  
 MAJOR ILLNESS MEDICAL INSURANCE SUPPLEMENTARY PLAN - PROPOSAL FORM**

This insurance plan is only offered to the existing customers of “Domestic Helper Insurance”

This Proposal Form forms the basis of the Policy. Please give a full reply to each question. A negative reply shall be deemed to be given if any question on this proposal is not answered. Please Complete in BLOCK LETTERS and tick the appropriate box.

**INSURED**

Name of Insured \_\_\_\_\_

**EXISTING “DOMESTIC HELPER INSURANCE”**

Policy No. \_\_\_\_\_ Expiry Date \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y

**PERIOD OF INSURANCE REQUIRED**

Period of Insurance Required :  1-year Premium HK\$ 200  2-year Premium HK\$ 350

Effective Date of Major Illness Medical Insurance Supplementary Plan : From \_\_\_\_\_D \_\_\_\_\_ M \_\_\_\_\_ Y up to the above Expiry Date

Waiting Period : A 15-day waiting period from the inception date of the policy shall be applicable to the benefits. No benefits shall be payable under this supplementary insurance plan for events or treatments that occur during the waiting period

**PREVIOUS INSURANCE PARTICULARS OF PERSON TO BE INSURED (DOMESTIC HELPER)**

- Is your domestic helper receiving or contemplating any medical attention or surgical treatment or taking any medicine?  Yes  No
- Have you ever been declined or cancelled or imposed conditions on or refused renewal of your domestic helper insurance by any insurance company?  Yes  No

If any of the above answer is “Yes”, please give full details:



永隆保險有限公司  
Wing Lung Insurance Company Limited  
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A Wholly Owned Subsidiary of Wing Lung Bank Limited  
電話 Tel: (852) 2826 8259  
傳真 Fax: (852) 2526 7045  
電郵 Email: enquiry@wlins.com  
[www.winglungbank.com](http://www.winglungbank.com)

### IMPORTANT NOTES TO THE INSURED

1. You have to disclose in this application ALL material facts which shall form the basis of any policy issued hereunder, otherwise the policy issued may be void or voidable. If in doubt whether a fact is material, please disclose. Any alterations or corrections on this application should be endorsed by the Insured.
2. Minimum and non-refundable premium of the “Domestic Helper Insurance” policy is HK\$400, if a supplementary “Major Illness Medical Insurance” plan is added, the minimum and non-refundable premium would be HK\$550.
3. This application serves as a general summary for reference only. For details, please refer to the terms, conditions and exclusions of the policy which can be obtained upon request.
4. The Insurance will not become effective until this proposal form has been accepted by Wing Lung Insurance Co. Ltd.
5. You should keep a record (including copies of letters) of all information supplied to Wing Lung Insurance Co. Ltd. for the purpose of application for this insurance.

### DECLARATION

1. I / We declare that to the best of my / our knowledge and belief : (i) the foregoing answers are true and complete in every respect (ii) all material facts affecting the assessment of the risk have been disclosed. (iii) that the information and answers given on this form are filled in by me / us or by any other person under my / our full instruction.
2. I / We understand and agree that failure to disclose any material facts may cause Wing Lung Insurance Co. Ltd. to declare the policy void even after the policy has been issued.
3. I / We agree that this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me / us and Wing Lung Insurance Co. Ltd. If any answer has been written by any other person such person shall for the purpose be deemed to be my / our agent and not the agent of Wing Lung Insurance Co. Ltd.
4. I / We confirm that I/We have read and understood the “Personal Information Collection Statement” attached in this Proposal Form.

Insured's Signature \_\_\_\_\_

Date \_\_\_\_\_



永隆保險有限公司  
Wing Lung Insurance Company Limited  
永隆銀行有限公司全資附屬機構  
A Wholly Owned Subsidiary of Wing Lung Bank Limited  
電話 Tel: (852) 2826 8259  
傳真 Fax: (852) 2526 7045  
電郵 Email: enquiry@wlins.com  
[www.winglungbank.com](http://www.winglungbank.com)

## PERSONAL INFORMATION COLLECTION STATEMENT

The information you provide to Wing Lung Insurance Co. Ltd. (“the Company”) is collected to enable us to carry on our business by providing insurance and other financial products and services in Hong Kong (“the Business”). This includes but not limited to the personal data contained in the proposal form or in any document in relation to the general insurance services and products or any claim made under the product.

Provision of the personal data to the Company by you is voluntary. However, failure to supply personal data may result in the Company being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the Company, and/or process any of all other requests, enquiries, complaints from you and/or to comply with any laws or guidelines issued by the regulatory or other authorities.

You agree that your personal data may be used by us for the purposes of:

- the evaluation, assessment, communication, daily operation, administration and enforcement of services and facilities in relation to any insurance or any financial related product or service or any alternations, variations, cancellation or renewal of the such product or service;
- assessment and processing of any claim or investigation or analysis of such claim and any subsequent legal proceedings;
- any sales, promotion, marketing of other general insurance products and services provided by us;
- exercising any right of subrogation, if applicable;
- compliance with the laws, statutes, rules, regulations and codes of conduct and practice binding on the Company in relation to our business;
- purposes of statistical or actuarial researches carried out by the Company; and
- other purposes connected with, or necessary to carry out any of the activities set out above.

Your personal data will be kept confidential by us, but you agree that we may be transferred to:

- any related subsidiary or affiliated company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes in or out of Hong Kong;
- 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;
- any member(s) of the Federation by the Federation for any of the above or related purposes;
- any auditors, accountants, lawyers, other professional advisers, employees, sub-contractor, agent, contractor or third party who provides administrative, telecommunications, computer, payment, debt collection, data processing or storage or other services provider providing services relevant to the Company’s business; and
- Wing Lung Bank Group for the purposes of :-
  - management, operation and maintenance of the Company’s business; and
  - design and improvement of the Company’s business.

In this statement, the following terms shall have these following meanings:

“Bank” means Wing Lung Bank Ltd.;

“Wing Lung Bank Group” mean the Bank, any subsidiary undertaking of the Bank, any related company of the Bank, any associated company of the Bank, any direct and/or indirect parent undertaking of the Bank, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance of doubt, undertakings within the group of China Merchants Group Ltd (and “Group member” shall be construed accordingly); and

The expressions “subsidiary undertaking”, “parent undertaking” and “undertaking” bear the meanings under the Companies Ordinance (Cap.32).

Moreover, we are hereby authorized to obtain access to and/or to verify any of your and/or the Insured Person(s) data with the information collected by the Federation from the insurance industry.

Under the relevant laws and regulations, you have the right to check whether we hold your personal data and to obtain access to that data, to request correction of any personal information concerning yourself held by the Company, to ascertain our policies and practices in relation to the data and to be informed of the kind of data held by us. We reserve the right to charge you a reasonable fee for complying with any request for access to your data. You also have a right, at any time and without charge, to request to opt out from receiving any direct marketing communication from us. If you wish to exercise these rights, please write to our Data Protection Officer. Nothing in this statement shall limit your rights under the relevant laws and regulations.

If there is any inconsistency or conflict between the English and Chinese versions, the English version shall prevail.

The Data Protection Officer  
Wing Lung Insurance Co. Ltd.  
45 Des Voeux Road,  
Central, Hong Kong  
Tel: 2826 8259  
Fax: 2526 7045

March 2012  
Wing Lung Insurance Co. Ltd.