

Worldwide Elite Medical Plan – Out-patient, Dental and Optical Claim Form
環球滙晉醫療計劃 - 門診、牙科及眼科賠償表

Remarks 備註：

- A) Applicable for Worldwide Elite Medical Plan (for claims under Optional Out-patient Plan, Optional Dental Plan and Optional Optical Plan only) 只適用環球滙晉醫療計劃之自選門診計劃、自選牙科計劃及自選眼科計劃的索償申請。
- B) Documents required to be submitted with this form 以下文件連同此表格一併交回：
 1) Original Receipt(s) 正本單據
 2) Copy of Referral Letter (if any) 醫生轉介信副本 (如有)
- C) Please note that if the applied claim is approved, the claim payment will be reimbursed by autopay to the account specified by the policyholder on the application form. 賠償申請一經核准，賠償金額將會存入投保人在申請書上所指定的戶口內。
- D) No reimbursement shall be made for claims submitted after 90 days from the date of consultation. 索償申請必須在診治日 90 天內寄回，否則不作任何賠償。
- E) Any administrative expenses incurred or to be incurred in relation to the request of medical report(s) or other documentation as supportings, including those requested by AXA, will be borne by the policyholder. 一切就此索償所產生的醫療報告 (包括安盛所要求的醫療報告) 或其他證明文件之行政費用須由投保人所承擔。

Would you like us to provide a certified true copy of the original receipt for filing claims with another insurance company? Please note that the original receipt(s) will be destroyed three months after claims processing has been completed. 你是否需要我們退回正本收據的核實副本以向其他保險公司作出索償申請？請注意正本收據將於索償處理完成之後三個月被銷毀。

Yes 是 No 不是

Part I - to be completed by the patient
甲部 - 由病人填寫

Name of Policyholder 保單持有人姓名	Policy no. 保單編號	
If patient is not the policyholder, please also indicate 如病人不是保單持有人，請填寫		
Name of patient 病人姓名	Membership no. 會員編號	
Occupation 職業	Date of birth 出生日期	I.D. card/passport no. 身份證 / 護照號碼
<p>If you would like to claim for the remaining balance of the medical expense under your other in-force AXA policy(ies), please provide the policy information of the relevant policy(ies) and indicate the order of preference you would like the claim processed under. Your claim documents will be transferred to the relevant parties for claims processing under such policy(ies). Please note that any missing policy information will affect the internal transfer of claim. 如欲將此次索償之餘額於另一 AXA 安盛生效之保單上提出索償，請提供以下有關保單資料及索償優先次序，有關資料將會被轉移至相關部門進行進一步有關該保單的索償處理。請注意：遺漏任何重要資料將會影響索償之內部轉移。</p> <p><input type="checkbox"/> Life Policy no. 人壽保險號碼 _____</p> <p><input type="checkbox"/> Non-Life Policy no. 非人壽保險號碼 _____</p> <p><input type="checkbox"/> Group Medical Policy no. 團體醫療保險號碼 _____</p>		

A. Out-patient - only if you have chosen the Optional Out-patient Plan, which is stated in your policy schedule.

門診 - 若申請人已選擇自選門診計劃 (已列明於您的保障項目表內)，可申請此項賠償。

Please check the appropriate box(es) 請於適當空格中填上 (✓) 號

- | | |
|--|--|
| <input type="checkbox"/> Consultation with Medical Practitioner 醫生診療 | <input type="checkbox"/> Psychiatric and Psychological Treatment 精神及心理治療 |
| <input type="checkbox"/> Prescribed Health Supplements 處方健康營養品 | <input type="checkbox"/> Medical Prosthesis 假肢 |
| <input type="checkbox"/> Diagnostic Tests 診斷測試 | <input type="checkbox"/> Hormone Replacement Therapy 荷爾蒙補充療法 |
| <input type="checkbox"/> Physiotherapy 物理治療 | <input type="checkbox"/> Child Annual Eye and Hearing Tests 兒童年度視力及聽覺測驗 |
| <input type="checkbox"/> Speech Therapy, Oculomotor Therapy and Occupational Therapy
言語治療、動眼神經治療及職業治療 | <input type="checkbox"/> Child Wellness Tests 兒童健康檢查 |
| <input type="checkbox"/> Traditional Chinese Medicine 中醫治療 | <input type="checkbox"/> Adult Annual Check-Up 成人年度檢驗 |
| <input type="checkbox"/> Chiropractic, Acupuncturist, Osteopathic and Homeopath
脊骨治療、針灸、整骨療法及順勢療法 | <input type="checkbox"/> Vaccinations 接種疫苗 |
| <input type="checkbox"/> Dietician 營養師 | |

AXA General Insurance Hong Kong Limited 安盛保險有限公司

Mailing Address: Claims Department - P.O. Box No. 90852 Tsim Sha Tsui Post Office, Kowloon, Hong Kong

郵遞地址：索償部 - 香港九龍尖沙咀郵政局郵政信箱 90852 號

Office Address: Unit A, 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

公司地址：香港黃竹坑黃竹坑道 38 號安盛匯 5樓A室

Worldwide Elite Customer Service Hotline 環球滙晉客戶服務熱線：(852) 2867 8611

B. Dental - you are entitled to dental benefits if you have chosen the Optional Dental Plan which is stated in your policy schedule.

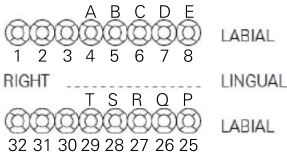
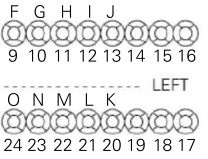
牙科 - 若申請人已選擇自選牙科計劃 (已列明於您的保障項目表內), 可申請此項賠償。

Please ask your dentist to fill in the section below if you have received dental treatments or services. 如已接受牙科治療或服務, 請牙醫填寫以下部分。

If treatments or services were necessitated as result of an accident, please also provide brief details of the accident below 如治療或服務由意外引致, 請於下方提供意外簡要描述:

To be completed by dentist 由牙醫填寫

Please mark teeth treated or area of oral treatment on the following chart:
請在下圖標記出所治療的牙齒位置或其他口腔治療的部位:

Date 日期	Particulars 項目	Charges 收費	<input type="checkbox"/> PERMANENT TEETH 恆齒	<input type="checkbox"/> DECIDUOUS TEETH 乳齒
1 _____	_____	_____		
2 _____	_____	_____		
3 _____	_____	_____		

Name of dentist (with qualification)/Signature of dentist 牙科醫生姓名 (附資歷) / 牙科醫生簽名 _____

Telephone 電話 _____

Date 日期 _____

C. Optical - you are entitled to optical benefits if you have chosen the Optional Optical Plan which is stated in your policy schedule.

眼科 - 若申請人已選擇自選眼科計劃 (已列明於您的保障項目表內), 可申請此項賠償。

Please check the appropriate box(es) 請於適當空格中填上 (✓) 號

- Contact lenses, frames and glasses (excluding sunglasses) / Ophthalmologist visit 隱形眼鏡、鏡框及鏡片 (不包括太陽眼鏡) / 眼科治療
- Lasik surgery and lens implants 準分子激光手術及晶片植入

Personal Information Collection Statement 收集個人資料的聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the “Company”) recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group (“our affiliates”) or our business partners (see “Use and provision of personal data in direct marketing” below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company’s business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. *The Hongkong and Shanghai Banking Corporation Limited (“HSBC”) for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers’ obligations;
3. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

For our policy on using your personal data for marketing purposes, please see the section below “Use and provision of personal data in direct marketing”.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on “Access and correction of personal data.” The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer

AXA General Insurance Hong Kong Limited
5/F AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company’s administrative and actual costs incurred in complying with your data access requests.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company’s distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company’s distribution agent.

安盛保險有限公司（下稱“本公司”）明白其就《個人資料（私隱）條例》（香港法例第486章）（“條例”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“有關目的”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（“安盛關聯方”）或本公司的商業合作夥伴（參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份）之產品／服務，以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品／服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. * 就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司（“滙豐”）：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項
3. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
4. 在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
5. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：
 - a) 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b) 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及／或以下機構提供：
 - a) 任何安盛關聯方；
 - b) 第三方金融機構；
 - c) 提供上文2.所列之服務及產品之本公司及／或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - d) 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文1.段部份所述的資料提供予上文3.段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不收任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲得資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

資料保護主任
安盛保險有限公司
香港黃竹坑黃竹坑道38號安盛匯5樓

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

* 此僅適用於閣下透過滙豐（作為本公司的分銷代理人）申請本公司的產品和／或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求的場合。如果閣下並未透過滙豐（作為本公司的分銷代理人）申請本公司的產品和／或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求，閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

Authorisation 授權

I (on behalf of the Insured Person (Patient), If applicable) HEREBY AUTHORISE that (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the Insured Person (Patient) and/or who has attended or may hereafter attend to the Insured Person (Patient) to disclose such information to AXA General Insurance Hong Kong Limited ("the Company"); (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the Insured Person (Patient) in relation to this claim. This authorisation shall bind the successors of the Insured Person (Patient) and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original. 本人 (代表受保人 (病人), 如適用) 謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士、凡知道或持有任何有關受保人 (病人) 之紀錄者、及/或曾診驗或可能將會診驗受保人 (病人), 均可將該等資料提供給安盛保險有限公司; (2) 安盛保險有限公司或任何其指定之醫生或化驗所, 可就此賠償申請替受保人 (病人) 進行所需之醫療評估及測試, 作為審核受保人 (病人) 之健康狀況。此授權對受保人 (病人) 之繼承人具有約束力; 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 (on behalf of the Insured Person (Patient), If applicable) AGREE TO MAKE THE DECLARATIONS AND AGREEMENTS STATED AS FOLLOWS. 本人 (代表受保人 (病人), 如適用) 同意作出以下之聲明及協議。

I (on behalf of the Insured Person (Patient), If applicable) HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true.

本人 (代表受保人 (病人), 如適用) 謹此聲明及同意上述一切陳述及問題的所有答案, 就本人 (代表受保人 (病人), 如適用) 所知所信, 均為事實全部並確實無訛。

I (on behalf of the Insured Person (Patient), If applicable) understand and agree to repay AXA General Insurance Hong Kong Limited any medical expenses not covered by the policy or shortfall incurred.

本人 (代表受保人 (病人), 如適用) 明白並同意向安盛保險有限公司償還任何不受保治療及超過賠償額的費用。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing.

本人/我們確認本人/我們已閱讀並明白收集個人資料的聲明《該聲明》。本人/我們確認本人/我們已被通知本人/我們須詳細閱讀《該聲明》, 而本人/我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人/我們的個人資料的影響 (不論是否此表格所載或從其他途徑所取得)。根據以上所述, 本人/我們特此確認並同意安盛保險有限公司根據《該聲明》使用及轉移本人/我們的個人資料, 包括在直接促銷中使用及將本人/我們個人資料提供予其他人士。

[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use and provision of personal data in direct marketing", please tick the box below and we will not use your personal data for direct marketing. 重要通知: 如閣下不同意根據 "收集個人資料的聲明" 使用和轉移閣下的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份), 請在下列方格內 加上剔號 ("✓"), 本公司將不會使用閣下的個人資料作為直接促銷用途。]

I/we do not agree with the use and provision of my/ our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials. 本人/我們不同意貴公司根據 "收集個人資料的聲明" 使用和轉移本人/我們的個人資料作直接促銷用途 (參閱 "在直接促銷中使用及將其個人資料提供予其他人士" 部份) 及並不願意接收任何貴公司的推廣及直接促銷的材料。

Insured Person (Patient)'s Signature:

受保人 (病人) 簽署:

Date (DD/MM/YYYY):

日期 (日/月/年):

The Policyholder / Legal Guardian should sign on behalf of the patient who is under 18 years of age.

如果病人是十八歲以下人士, 請由保單持有人/合法監護人代為簽署。

Please state the name and the relationship 請說明姓名及與病人之關係

Important Notes 重要事項:

The above policy is underwritten by AXA General Insurance Hong Kong Limited ("AXA"), which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. General insurance plans are products of AXA but not HSBC. 以上保單由安盛保險有限公司 ("AXA 安盛") 承保, AXA 安盛已獲香港保險業監管局授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司 ("滙豐") 乃根據保險業條例 (香港法例第 41 章) 註冊為 AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。一般保險計畫乃 AXA 安盛之產品而非滙豐之產品。

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