

## General Insurance & FirstCare Cancellation Form 一般保險及摯關懷醫療計劃取消申請表

- Please complete all related sections; failure to do so may result in your request being delayed. 請填妥有關部分，如有遺漏可能延誤有關申請。
- Please allow at least 10 working days for us to process your cancellation request. 此申請表需時最少十個工作天辦理您的保單取消申請。
- Please provide all information in English in BLOCK LETTERS 請以英文正楷填寫。

### Personal Data and Policy Details 個人資料及保單資料

Name of Insured Person(s) 受保人姓名 (Full Name in English 英文姓名)		I.D. No. 身份證明文件號碼
Mobile No. 手提電話	E-mail Address 電郵地址	
<input type="checkbox"/> To change mailing address, please tick and give details (Please fill in English) 如需更改郵寄地址，請 ✓ 及填上資料 (請以英文填寫)		
Policy Type and Policy Number 保單種類及保單號碼		
<input type="checkbox"/> Fire Insurance* 火險*	<input type="checkbox"/> Accident Surance 意外萬全保	<input type="checkbox"/> Accident Surance New 新意外萬全保
<input type="checkbox"/> Home Surance* 家居萬全保*	<input type="checkbox"/> Hospital Surance 住院萬全保	<input type="checkbox"/> MultiTrip Travel Surance 多程旅遊萬全保
<input type="checkbox"/> FirstCare 摯關懷醫療計劃	<input type="checkbox"/> Home Plus 家居綜合保險	<input type="checkbox"/> Others 其他
* Cancellation of policy with insured property address as follows: (applicable if you have more than one Home Contents/Fire Insurance policies) 需取消保單之投保物業地址 (適用於持有多於一張家居保單/火險保單的人士)		
(If the insured property address is not provided, cancellation request would be based on the policy number provided. 如您未能提供投保地址，我們將以所提供之保單號碼為準)。		

### Reason(s) for Cancellation 取消保單原因

<input type="checkbox"/> (PE) Promotional offer has expired 推廣優惠已完結 <input type="checkbox"/> (PR) My policy was replaced by other QBE policy 我的保單已由另一張昆士蘭保險的保單代替 <input type="checkbox"/> (IC) Insufficient coverage/compensation 保障範圍/保額不足夠 <input type="checkbox"/> (IE) Have signed up for another insurance company 已購買另一間保險公司的保單	<input type="checkbox"/> (PS) Property sold 物業已出售 <input type="checkbox"/> (IS) Insufficient after-sales service 售後服務不足夠 <input type="checkbox"/> (LS) Loan fully settled 按揭已結清 <input type="checkbox"/> (PH) Insurance premium is too high 保費太高 <input type="checkbox"/> (NP) Not the type of policy I need 不是我所需要的保單 <input type="checkbox"/> (MS) Others, please specify 其他，請說明：
--	--

### Cancel Policy 取消保單

With effect from 生效日期始於	①		(month 月份) applicable to monthly pay mode 適用於月繳保單
	②		(dd 日/mm 月/yyyy 年) applicable to annual pay mode 適用於年繳保單
Note 註：① For monthly payment policy, policy cancellation effective date will be on the first day of the renewal. 月繳保單之正式取消日期將為續保月的首天。 ② For annual payment policy, the short period rate and the minimum charge will be applied for calculating the premium refund. Premium cannot be refunded for FirstCare, China Medical Card under MultiTrip Travel Surance. If policy cancellation is required, the insured should return the card(s), including China Medical Card or China Hospital Deposit Guarantee Card under Accident Surance New to us. 年繳保單退回之保費將按短期保費計算表及最低付款額計算。摯關懷醫療計劃、「多程旅遊萬全保」的「中國醫療卡」將不設保費退還。若需安排取消保單，敬請退回「中國醫療卡」或「新意外萬全保」的「中國住院按金保證卡」予本公司。			

### Premium Refund Arrangement (If applicable) 保費退回安排 (如適用)

<input type="checkbox"/> Credit to Insured's "HSBC" A/C 退款到投保人的滙豐銀行戶口內：A/C No. 戶口編號：  Name of A/C Holder 戶口持有人名稱：	<input type="checkbox"/> Collect the cheque at QBE Hongkong & Shanghai Insurance Limited – Macau Branch (applicable if HSBC A/C had been cancelled or will be cancelled). 到昆士蘭聯保保險有限公司 – 澳門分公司收取支票 (適用於已經取消或將會取消滙豐銀行戶口客戶)。 Designed Name of Payee (Insured(s) only) 指定收款人姓名 (只限受保人)：
---	---

\*Signature(s) of Policyholder 保單持有人簽署

\*Signature(s) of Joint Policyholder 聯名保單持有人簽署

Date Signed 簽署日期

S.V	S.V	
-----	-----	--

# Personal Information Collection Statement 個人資料收集聲明

- (a) In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited – Macau Branch (“QBE Macau”), I/we agree and acknowledge that:
- (b) the personal data requested is necessary for QBE Macau to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- (c) the personal data collected in this form may be used by QBE Macau for the purposes stated in its Privacy Policy found at <https://www.qbe.com/mo/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes).
- (d) QBE Macau may transfer the personal data to the following classes of persons (whether based in Macau or overseas) for the purposes identified in (b) above:
- third parties providing services related to the administration of my/our policy (including reinsurance);
  - financial institutions for the purpose of processing this application and obtaining policy payments;
  - in the event of a claim, loss adjusters, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
  - another member of the QBE group (for all of the purposes stated in (b)) in any country; or
  - other parties referred to in QBE’s Privacy Policy for the purposes stated therein.
- (e) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:  
**QBE Hongkong & Shanghai Insurance Limited – Macau Branch**  
**Address: Rua do Comandante Mata e Oliveira, No. 32, Edif. Associacao Industrial de Macau, 8 andar B & C, Macau**  
**Email: [info.mac@qbe.com](mailto:info.mac@qbe.com)**  
**Telephone: +853 2832 3909**
- (f) That where I/we are providing personal data on behalf of another person to QBE Macau, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE Macau in accordance with paragraphs (a), (b) and (c) above.
- (g) That in the event of differences between the English and Chinese, the English version shall prevail.

關於昆士蘭保險有限公司 – 澳門分公司 (“澳門昆士蘭保險”) 收集之個人資料，本人/我等同意並承認：

- (a) 索取之個人資料對於澳門昆士蘭保險處理本人/我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- (b) 澳門昆士蘭保險可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/mo/zh-mo/privacy-policy>。所載私隱政策當中表明之目的，其中包括承保和管理本人/我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- (c) 澳門昆士蘭保險可為以上 (b) 項指明之目的，將個人資料轉移至以下（不論位於澳門或海外）之各類人士：
- 提供與本人/我等的保險（包括再保險）之管理有關的服務的第三方；
  - 金融機構 – 為處理此項申請並獲得保單付款之目的；
  - 當發生索償時，損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅公司社；
  - 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
  - 昆士蘭保險私隱政策提及的其他人士 – 為著私隱政策所指的各種目的。
- (d) 本人/我等可以透過以下電郵或郵遞方式查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）：  
**昆士蘭保險有限公司 – 澳門分公司**  
**地址：澳門馬統領街 32 號廠商會大廈 8 樓 B 及 C 座**  
**電郵：[info.mac@qbe.com](mailto:info.mac@qbe.com)**  
**電話：+853 2832 3909**
- (e) 若本人/我等乃代表另一人士向澳門昆士蘭保險提供個人資料，本人/我等已徵得該人士同意根據以上 (a)、(b)、(c) 款將其個人資料披露予澳門昆士蘭保險。
- (f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

## Declaration / Consent 聲明 / 同意

- ☐ I/We have read, understood, and accepted the “Personal Information Collection Statement” and “Privacy Policy”. 本人/我等已閱讀、明白並接受『個人資料收集聲明』及『私隱政策』。
- ☐ I/We agree to receive marketing offers and promotions as prescribed in the “Personal Information Collection Statement” and “Privacy Policy”. 本人/我等們同意接收『個人資料收集聲明』及『私隱政策』中規定的行銷優惠和促銷訊息。

For Bank use only 銀行專用		Authorised Signature and Branch Chop	
Sales Process Handled by		Checked by	
Staff Name :		Staff Name :	
Staff I.A. NO.:		Staff I.A. NO. :	
Valid Till :		Valid Till :	
Contact Tel :		Contact Tel :	
Signature :		Signature :	