



General Insurance Amendment Request Form 一般保險更改保單申請表

- 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。
- All changes are subject to approval by QBE Hongkong & Shanghai Insurance Limited – Macau Branch. For monthly payment policies, all changes will be effective on the next renewal day except Part 4, for annual payment policies, all changes will become effective upon acceptance of the request by QBE Hongkong & Shanghai Insurance Limited – Macau Branch. 任何更改須經昆士蘭聯保保險有限公司 – 澳門分公司批核。除第 4 項外，所有月繳保單的更改將於下一個保單續保日生效；所有年繳保單的更改將於獲任何更改須經昆士蘭聯保保險有限公司 – 澳門分公司批核後起生效。
- Please allow at least 10 working days for us to process your policy amendment request. 此申請表需時最少十個工作天辦理您的保單更改資料申請。
- Please provide all information in English in BLOCK LETTERS. 請以英文正楷填寫。

| | |
|---|------------------------|
| Policy Number 保單號碼： | Received Date 收表日期： |
| Name of Insured Person(s) 受保人姓名： | With effect from 生效日期： |
| Contact Phone No. 聯絡電話： | E-mail Address 電郵地址： |
| Plan Type <input type="checkbox"/> Home Plus 家居綜合保險 <input type="checkbox"/> MultiTrip TravelSurance 多程旅遊萬全保 計劃名稱： <input type="checkbox"/> AccidentSurance New 新意外萬全保 <input type="checkbox"/> Others (please specify) 其他（請註明）_____ | |

1. Change of Insured(s) Information 更改受保人資料

| | | |
|-----------------------------|-------------------------|----------------------|
| I.D. No. 身份證明文件號碼： | Contact Phone No. 聯絡電話： | E-mail Address 電郵地址： |
| Correspondence Address 通訊地址 | | |

2. Change of Premium Payment Account 更改繳付保費戶口 (Only applicable to AccidentSurance, AccidentSurance New and HospitalSurance) 更改計劃（只適用於「意外萬全保」、「新意外萬全保」及「住院萬全保」）

I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited, Macau Branch (referred to as "HSBC") to debit the following account as shall be instructed by QBE Hongkong & Shanghai Insurance Limited – Macau Branch from time to time.
 本人(等)謹此授權香港上海滙豐銀行有限公司(澳門分行)(簡稱「滙豐」)根據昆士蘭聯保保險有限公司 – 澳門分公司不時的指示從下列戶口中扣除。
New Premium Payment Account 繳付保費新戶口

| | |
|---|--|
| Account Number/Credit Card with HSBC 滙豐戶口 / 信用卡號碼： | Expiry Date (MM/YY) 有效期限（月 / 年）： |
| Name of Account Holder(s) 戶口持有人姓名： | |
| *Signature of Account Holder(s) 戶口持有人簽署 | *Signature of Joint Account Holder(s) (If any) 聯名戶口持有人簽署 (如適用) |
| (S.V.) | (S.V.) |

***The signature(s) is / are also confirmed that you have read and agreed to our Personal Information Collection Statement (Shown on page3).
 此(等)簽署亦確認閣下已閱讀及同意本公司的收集個人資料聲明(已列印在頁3)。**

3. Change of Plan (Only applicable to AccidentSurance, AccidentSurance New and HospitalSurance) 更改計劃（只適用於「意外萬全保」、「新意外萬全保」及「住院萬全保」）

| | | |
|--|----------------|---|
| <input type="checkbox"/> Change of Plan 更改計劃： From 由 _____ To 轉 _____ | | |
| <input type="checkbox"/> Add Insured Person(s) to 增加受保人至： | | |
| <input type="checkbox"/> Self and Spouse 個人及配偶 <input type="checkbox"/> Self and Child(ren) 個人及子女 <input type="checkbox"/> Self and Spouse and Child(ren) 個人、配偶及子女 | | |
| Name of Spouse 配偶姓名 (Full Name in English 英文姓名) | I.D. No. 身份證號碼 | Date of Birth 出生日期 |
| Declaration (to be completed for plan upgrade or addition of insured person) 聲明（提升計劃或增加受保人必須填寫） | | |
| a. I/We understand and accept the policy terms and conditions. 本人（等）明白及接受本保單之條款及條件。 | | Yes 是 No 否 <input type="checkbox"/> <input type="checkbox"/> |
| b. I/We have never been denied personal accident, medical or hospital insurance. 本人（等）從未被拒絕申請個人意外或醫療或住院保險。 | | <input type="checkbox"/> <input type="checkbox"/> |
| c. I am, and the insured spouse (if any) is, under 60 years of age and the insured child/children is/are between six months of age or under 18 years of age (for AccidentSurance, AccidentSurance New) or under 21 years of age (for HospitalSurance) or a/are full-time student(s) at a school, college or university under 23 years of age. 本人和受保配偶的年齡均低於 60 歲，而受保子女的年齡則介乎 6 個月至 18 歲（適用於意外萬全保、新意外萬全保）或 21 歲（適用於住院萬全保），或 23 歲以下的全日制學生。 | | <input type="checkbox"/> <input type="checkbox"/> |

For AccidentSurance and AccidentSurance New only 只適用於意外萬全保及新意外萬全保：

d. I (insured) am/We (insured, insured spouse and insured child/children) are in good health and free from physical impairment or deformity. 本人（等）現在身體健康，身體並無任何缺陷。 ☐ ☐

For HospitalSurance only 只適用於住院萬全保：

e. I/We did not have, during the last 7 years, any illness, injury, ailment or condition requiring in-patient treatment or consultation with a specialist, and do not have any foreseeable need for treatment or for consulting any medical practitioner. 本人（等）在過去 7 年內，未曾因患上疾病、受傷、生理失調或任何情況而需要入院治療或接受專科診治及在可見的未來沒有需要接受治療或醫生診治。 ☐ ☐

4. Change of Travel Region and/or add Insured Person(s) (Applicable to MultiTrip TravelSurance)
更改旅遊地域及/或增加受保人（適用於「多程旅遊萬全保」）

| | | |
|---|-----------------------|---------------------------|
| <input type="checkbox"/> Change of Travel Region 更改旅遊地域： From 由 Area 區 To 轉至 Area 區 | | |
| <input type="checkbox"/> Add Insured Person(s) to 增加受保人至： | | |
| <input type="checkbox"/> Insured and Spouse 受保人及配偶 <input type="checkbox"/> Insured & Child(ren) 受保人及子女 <input type="checkbox"/> Insured and Spouse and Child(ren) 受保人、配偶及子女 | | |
| Name of Spouse 配偶姓名 (Full Name in English 英文姓名) | I.D. No. 身份證號碼 | Date of Birth 出生日期 |
| | | |
| Name of Child(ren)子女姓名 (Full Name in English 英文姓名) | I.D. No. 身份證號碼 | Date of Birth 出生日期 |
| | | |

5. Change of Insured Location, Sum Insured and/or Plan (Only applicable to Home Plus Protection Package, HomeSurance, Fire Insurance) 更改受保地址、投保額及計劃（只適用於「家居綜合保險」、「家居保險」、及「火險」）

| | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> New Insured Address 新受保地址： Gross Floor Area 建築面積 _____ sq. ft. 平方呎 | | | | |
| <input type="checkbox"/> Change of Plan 更改計劃： Only applicable to Home Plus 只適用於「家居綜合保險」 | <input type="checkbox"/> Occupancy 物業用途 | <input type="checkbox"/> Owner (self-occupied) 業主 (自住) | <input type="checkbox"/> Tenant 租客 | <input type="checkbox"/> Landlord (renting out) 業主 (出租) |
| | <input type="checkbox"/> Plan Type 計劃類別 | <input type="checkbox"/> Basic 基本 | <input type="checkbox"/> Premier 尊貴 | <input type="checkbox"/> Prestige 卓越 |
| <input type="checkbox"/> Change of Sum Insured 更改投保額 | | | | |

6. Others (Please Specify) 其他 (請說明)

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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
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.

關於昆士蘭聯保保險有限公司 – 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）：
昆士蘭聯保保險有限公司 – 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
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

| *Signature(s) of Insured(s) 受保人簽署 | Date Signed 簽署日期 |
|---|------------------|
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| For Bank use only 銀行專用 | | | | | |
|--------------------------|--|------------------|--|--------------------------------------|--|
| Sales Process Handled by | | Checked by | | Authorised Signature and Branch Chop | |
| Staff Name : | | Staff Name : | | | |
| Staff I.A. NO.: | | Staff I.A. NO. : | | | |
| Valid Till : | | Valid Till : | | | |
| Contact Tel : | | Contact Tel : | | | |
| Signature : | | Signature : | | | |