



REQUEST FOR CHANGE FORM FOR PERSONAL LINES PRODUCTS

個人財物保險產品 - 更改保單申請表

保單編號	:	C	8	8											
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Agency Name/Area Code 業務代表組別/區域編號	_____	Representative Name/Code 業務代表姓名/編號	_____
Broker/IFA Name/Code 保險顧問/投資顧問名稱/編號	_____	Contact Phone No. 聯絡電話號碼	_____
Insured's Name 受保人姓名	_____	Insured's ID No. 受保人身分證號碼	_____

Part A 甲部:
Please tick the appropriate item(s) 請選擇需要事項

Change 更改及修正事項	Details 細則	
<input type="checkbox"/> Change of Correspondence Address 更改郵寄地址 <input type="checkbox"/> Change of Location of Risk 更改受保地址	New correspondence address: 新郵寄地址:	_____
	New location of risk: 新受保地址:	_____
	Gross area of new location of risk: 新受保地址建築面積:	_____ (in sq. ft.平方呎)
	Year of new location of risk: 新受保地址樓宇年份:	_____
<input type="checkbox"/> Change of Domestic Helper 更改受保家庭僱傭資料	Domestic helper's name: 家庭僱傭姓名:	_____
	ID / Passport Number: 身分證或護照號碼:	_____
	Date of Birth: 出生日期:	_____ (MM/DD/YYYY)
<input type="checkbox"/> Change of Mortgagee 更改按揭財務機構名稱	Name of New Mortgagee: 新按揭財務機構名稱:	_____
<input type="checkbox"/> Cancellation of Policy 取消保單 (For all monthly autopay policies, a 30-day prior notice is required for policy cancellation 所有經自動轉賬月繳之保單，請於三十日前通知本公司取消保單)	Effective Date to cancel the Policy: (The date of cancellation shall be the day that Company actually receives the said request in writing) 取消保單之生效日期: (取消保單之生效日期以本公司收到此申請書之日為準)	_____ (MM/DD/YYYY)
	<input type="checkbox"/> Others 其它	Please specify: 請詳細列明:

AMERICAN INTERNATIONAL ASSURANCE COMPANY (BERMUDA) LIMITED
美國友邦保險（百慕達）有限公司
AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED
美國友邦保險有限公司
(hereinafter called "AIA/AIAB", whichever is applicable 以下簡稱“友邦保險”，視何者適合而定)

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DECLARATION AND AUTHORIZATION 聲明及授權

I/We request that this Policy be changed according to the above particulars in Part A. I/We understand and agree that a copy of this request form will be attached to and form a part of this policy.

I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by AIA/AIAB by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by AIA/AIAB for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that AIA/AIAB may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with AIA/AIAB and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by AIA/AIAB, in each case whether within or outside of Hong Kong, for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to AIA/AIAB in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by AIA/AIAB. Such request can be made to any of AIA/AIAB's Customer Service Centres. If I/we do not wish to receive marketing information or materials, I/we will send an opt-out notice to AIA/AIAB, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst AIA/AIAB's associated partners for reference.

本人/我們在此要求保單按照甲部之細則更改，本人/我們並明白及同意申請表之副本將附於本保單契約內，且構成保單契約之一部份。

本人/我們現聲明並同意友邦保險可使用、保留、處理、儲存、轉交、透露及/或共用友邦保險所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/我們的個人資料或其他有關本人/我們的保單或投資資料，用作處理、管理、落實及實行在此申請表所載或本人/我們從任何其他申請表所提出之要求，及介紹或提供其稍後或其他的服務或產品予本人/我們、直接促銷、資料核對及/或聯絡本人/我們之用途。本人/我們再聲明並同意友邦保險可向與友邦保險有關的本港或海外的人士、團體及/或機構及/或任何被選的第三機構(包括並不限於再保險及賠償調查公司，及有關的行業協會/聯會、基金管理公司、金融機構或提供有關服務之公司)轉交、透露、授權取得或共用本人/我們之個人或其他資料，用作以上列明之用途及/或友邦保險業務運作之用，包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/我們明白到本人/我們有權向友邦保險查閱及申請更改友邦保險儲存或管理與本人/我們有關的個人資料。有關的申請可於友邦保險任何一間客戶服務中心辦理。若本人/我們不想收到友邦保險的銷售資料或刊物，本人/我們會發出信函通知友邦保險，而本人/我們的個人或其他資料會存於友邦保險之中央資料檔內的非聯絡客戶名單，並會供友邦保險及有關人士/機構作參考。

Signature of Insured
受保人簽名

MM月/DD日/YYYY年

PLEASE RETURN WITHIN 14 DAYS
PLEASE DO NOT SIGN ON BLANK FORM

請簽署後14天內遞交
請勿在空白表格上簽