

First Policy No.:									
第一份保單編號:									

Second Policy No.:									
第二份保單編號:									

**REQUEST FOR ISSUE OF DUPLICATE POLICY / REPRINT OF E-POLICYHOLDER CARD 簽發副本保單/重印電子客戶卡 (A02)**

Name of Insured: 受保人姓名:	Name of Policy Owner: 保單持有人姓名:
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Please tick (✓) the appropriate box for service(s) requested. 請於適當方格內填上「✓」號

Issue duplicate Policy(ies) 簽發副本保單 (A handling fee of HK\$200 per policy will be charged 每份保單徵收港幣\$200手續費)

I, the policy owner of the above policy(ies) ("the Policy"), hereby declare that the Policy, issued by MassMutual Asia Ltd. ("the Company"), has been lost or destroyed and I have tried my best to find it but cannot be located.

I therefore, request your Company to issue a duplicate policy(ies) to replace the original policy(ies); and I agree that should the original policy(ies) be found or in any way come into my possession afterwards, I undertake to return it immediately to your Company. I understand and agree that the original policy(ies) shall become null and void immediately upon issuance of the duplicate policy(ies) herein requested.

本人為上述保單(“該保單”)的保單持有人，現聲明由美國萬通保險亞洲有限公司(“貴公司”)簽發的該保單經已遺失/損毀。本人已盡力尋找該保單，但無法尋獲。

本人因此要求貴公司簽發一份副本保單以取代原有保單。如本人於日後尋獲或因任何原因管有原有保單，本人承諾即時將原有保單交回貴公司。本人明白及同意副本保單一經簽發，原有保單將即時無效及廢除。

Reprint e-Policyholder Card(s) 重印電子客戶卡 (A handling fee of HK\$25 per e-policyholder card will be charged 每張電子客戶卡徵收港幣\$25手續費)

**Declaration and Authorization 聲明及授權**

I / We understand and agree that this application shall not take effect unless the same is duly approved by MassMutual Asia Limited ("the Company"). I / We further declare that this application is made during the lifetime or continued insurability of the insured.

I / We understand that I am / we are required to provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself / ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615. If I / we fail or refuse to do so, the Company shall have the right to disapprove the application.

**Personal Information Collection Statement:** I / We understand and agree my / our personal information (including a record of your image or voice by whatever means and your health information) collected by or held by the Company may be used for the purposes of: (1) approving, evaluating or processing my / our insurance application / policy service request; (2) administering, maintaining or reinsuring my / our policies; (3) adjudicating my / our claims, or conducting any investigation or analysis of my / our claims; or (4) data matching. I / We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my / our application / policy service request.

I / We understand and agree my / our personal information collected or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental / regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental / regulatory functions: (1) MassMutual Group companies and their associated / affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies / persons necessary for claims assessment / investigation; (4) industry associations / federations and their members; (5) governmental / regulatory bodies and law enforcement agencies; and (6) service providers and selected persons which are under a duty of confidentiality to the Company.

I / We understand that I / we have the right to access to, and to correct, any of my / our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address: 27/F, MassMutual Tower, 33 Lockhart Road, Wanchai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Praia Grande No. 517, Edificio Comercial Nam Tung 16-E2, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

I / We hereby authorize any individual or organization (including but not limited to my / our employer, registered medical practitioner, hospital, clinic, insurance company, bank, governmental department, private or public institution) that has information of mine / us to release or disclose the information to your company.

本人/我們明白及同意上述申請將不會生效，直至美國萬通保險亞洲有限公司(“貴公司”)批核後方可作實。本人/我們亦再三聲明此申請於受保人在生或仍可受保之情況下提出。

本人/我們必須提供符合貴公司要求之有效證明文件(例如身份證明及地址證明)予貴公司，讓貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第615章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。如本人/我們未符合此要求，貴公司有權不批核上述申請。

**個人資料收集聲明:** 本人/我們明白及同意貴公司所收集或持有本人/我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的:(1) 批核、評審及處理本人/我們之投保計劃申請/保單服務要求;(2) 就本人/我們之保單提供行政、持續或再保險的服務;(3) 評核本人/我們索償，或就本人/我們之索償進行調查或分析;或(4) 資料核對。本人/我們明白及同意必須提供貴公司所需的個人資料，否則，貴公司將不能處理本人/我們之投保申請或就本人/我們之保單提供服務。

本人/我們明白及同意貴公司可能為達到上述目的或讓政府/監管機構(不論在香港或海外)執行其職務而向以下任何一方(不論在香港或海外)轉移或透露由貴公司收集或持有屬於本人/我們的個人資料:(1) MassMutual集團成員公司及其關聯或相關公司;(2) 金融機構、保險公司、中介人或再保險公司;(3) 賠償調查公司及所需有關評核索償之公司及/或人士;(4) 行業組織/聯會及其成員;(5) 政府部門或監管機構和執法機構;及(6) 與貴公司有保密協議的服務提供者及其他人士。

本人/我們明白本人/我們有權查閱和更改任何由貴公司持有屬於本人/我們的個人資料。如有需要，本人/我們可與貴公司的資料保護主任提出有關要求，並以書面方式呈交(地址: 香港灣仔駱克道33號美國萬通大廈27樓(適用於香港簽發的保單)或澳門南灣大馬路517號南通商業大廈16樓E2室(適用於澳門簽發的保單))。處理上述要求時，貴公司可能會收取合理費用。

本人/我們現授權任何擁有本人/我們的資料之人士或機構(包括但不限於本人/我們的僱主、註冊醫生、醫院、診所、保險公司、銀行、政府部門、公共或私營機構)向貴公司披露有關資料。

Date 日期 (MM/DD/YY 月/日/年)

Signature of Policy Owner / Assignee  
保單持有人/承讓人簽署

Consultant's Information (To be completed by Consultant)

FOR OFFICE USE ONLY 公司內部專用

Consultant Code & Name 顧問編號及姓名

Signature of Consultant 顧問簽署

