



Blue Cross 藍十字

An AIA Company 友邦保險成員公司

Super Care 申請表格 – 公司登入 Super Care Application Form – Company Login

請以英文正楷填寫此表格。 Please complete this form in BLOCK letters.

所有申請須經藍十字審閱及批核，方可生效。 The application for Blue Cross Super Care's Company Login is subject to the final assessment and approval by Blue Cross.

保單持有人名稱
Name of Policyholder

保單號碼
Policy No.

公司登入
Company Login

主要保單
Master Policy

附屬保單
Sub-policy

公司登入管理人資料 Details of Administrator for Company Login

*管理人必須為已獲授權查閱保單、受保人及賠償資料的員工。

Administrator MUST be authorised to access Policy, Insured Person and claim information.

管理人姓名 Full Name of Administrator	受保人編號 Insured No. (及保單號碼如與上述不同 And Policy No. if not the same as above)	電郵地址 Email Address

聲明 Declaration

本人謹此聲明並同意：

- 藍十字（亞太）保險有限公司（「本公司」）將給予已獲保單持有人授權之管理人啟用公司登入「密碼」及啟用日期，並根據申請表格上（附有公司蓋印及授權人簽署）所指定的電郵地址發送給管理人。
- 為確保符合「個人資料條例」，保單持有人會持續確保其指定的管理人及其後所指定使用者必須妥善處理有關資料。
- 保單持有人／管理人了解不應將密碼給予非授權人士，並應將密碼絕對保密。未經授權而被他人使用密碼所引致保單持有人或受保人之任何損失，本公司將不會負任何責任。
- 本公司有權不時修訂服務範圍，退出或終止此服務而無需預先通知及對保單持有人和受保人負任何責任。
- 保單持有人須自費裝置合適之器材以便使用該等服務。

I hereby declare and agree that:

- Blue Cross (Asia-Pacific) Insurance Limited ("the Company") will provide the "Administrator" who is authorised by the policyholder with an initial Company Identification Number ("CIN") for Company login and a password for access to the Company Login section; and confirm the effective date of the Super Care by email altogether, upon receiving the application form with the authorised person's signature and company chop.
- The policyholder must regularly ensure that the "Administrator" and its subsequent designated users will take every-precaution and responsibility for enacting personal data privacy.
- The policyholder/Administrator acknowledges that the CIN is confidential and shall not disclose or cause to disclose to any unauthorised person(s). The Company shall not be liable in respect of any damage whatsoever suffered by the policyholder or any insured as a result of unauthorised use of the CIN.
- The Company shall have the absolute discretion from time to time to determine the scope of service, withdraw or discontinue the operations of this service without notice or responsibility to the policyholder and insured.
- The cost and expense to obtain and maintain suitable equipment to access the website shall be borne by the policyholder.

保單持有人簽署及公司蓋印
Policyholder's Authorised Signature with Company Chop

日期（日／月／年）
Date (dd/mm/yy)