

Please complete a Medical Questionnaire instead of a Newborn Additions form, for any child:

- whose mother has not been covered under the policy identified below for 366 consecutive days;
- who is 28 days old or older
- who was adopted or was carried by a surrogate; or
- who was born following assisted conception.

Name of Insured Mother: _____

Policyholder Name: _____

Policy Number: _____

Newborn Details

Name (Last, First, Middle): _____

Date of Birth (DDMMYYYY): ____ / ____ / ____ Gender (M/F): ____ Height (cm): ____ Weight (kg): ____

Date of Discharge from Hospital (DDMMYYYY): ____ / ____ / ____

1. Was your newborn discharged from hospital in a healthy state?

- Yes No (please explain)

2. Does your newborn have, or have symptoms suggestive of, any birth defects or congenital condition(s)?

- No Yes (please explain)

3. Other than well child examinations, have you been advised to have your newborn undergo any test, treatment, procedure, or hospitalisation?

- No Yes (please explain)

Notice to Customers relating to the Personal Data Ordinance

In relation to: (i) the personal data collected by APRIL Hong Kong Limited (“APRIL”) in this application form, and (ii) any personal data about me/us which may be collected by APRIL in the future if a policy is issued (collectively “my/our personal data”), I/we agree and acknowledge that:

(a) providing my/our personal data is necessary for APRIL to process this application and provide insurance coverage. If any such data is not provided, APRIL may not be able to process this application or provide insurance coverage.

(b) my/our personal data will be transferred to Liberty International Insurance Limited (“Liberty International”) and/or other members of the Liberty Mutual Group of Companies (“Liberty Mutual Group”) for all the purposes stated in its privacy policy, available at www.liuhongkong.com.hk/footer/privacy-policy.

(c) my/our personal data may be used by APRIL and Liberty Mutual Group for the following obligatory purposes:

1. to decide whether to issue an insurance policy or to modify an existing policy;
2. to manage and administer products and services you purchase;
3. to provide customer service to you and respond to your enquiries;
4. to compile statistics and to conduct research, insurance surveys and analysis for the purpose of product design and development;
5. to provide claims service, including assessing, investigating, analysing and paying claims, and to exercise Liberty International's rights as defined in the policy wording including rights of subrogation;
6. to carry on our business in areas such as finance and accounting, billing and collections, audits, IT system management, reporting, and obtaining reinsurance;
7. enabling an actual or proposed assignee of Liberty International to evaluate the transaction intended to be the subject of the assignment;
8. conducting identity and/or credit checks and/or debt collection;
9. conducting medical or health reference checks for relevant insurance products;
10. meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on them or their affiliates; and
11. complying with the legitimate requests or orders of any court of competent jurisdiction and any regulator or self-regulatory entity including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding APRIL or the Liberty Mutual Group of Companies.

(d) unless I/we have indicated otherwise by ticking the “Marketing Communications Opt-out” box below, my/our contact details (name, address, phone number and e-mail address) may be used:

1. by APRIL, to contact me/us about other insurance products provided by APRIL and its affiliates; and
2. by Liberty Mutual Group to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group and/or other financial services providers.

(e) APRIL may transfer my/our personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (c) above:

1. any affiliate of APRIL (HK);
2. any Liberty Mutual Group of Companies;
3. any other company carrying on insurance or reinsurance related business, or an intermediary;
4. third parties providing services related to the administration of my/our policy (including reinsurers, accountants and data processors);
5. any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;
6. financial institutions for the purpose of processing this application and obtaining policy payments or making claim settlements;
7. in the event of a claim, loss adjustors, assessors, third party administrators, emergency assistance companies, legal services providers, investigators, retailers, medical providers and medical professionals, and travel carriers;
8. any person to whom APRIL, Liberty International and/or Liberty Mutual Group is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply, or subject to any order of a court of competent jurisdiction;
9. any actual or proposed assignee or transferee of the Liberty Mutual Group's rights in respect of the policy owners;
10. providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;
11. credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
12. other banking/financial institutions, commercial or charitable organizations with whom APRIL, Liberty International and/or Liberty Mutual Group maintain business referral or other arrangements for marketing communication, or third party marketing service providers and insurance intermediaries, unless you have indicated that you wish to opt-out of receiving marketing communications; and
13. other parties referred to in APRIL's Privacy Policy for the purposes stated therein.

(f) I/we may gain access to or request correction of my/our personal data held by APRIL, or opt out of my/our personal data being used for direct marketing at any time, by writing to the Data Privacy Officer of APRIL Hong Kong Limited at 9th Floor Chinachem Hollywood Centre, 1-13 Hollywood Road, Central, Hong Kong or privacy@april.com.

I/we may gain access to or request correction of my/our personal data held by Liberty International, or opt out of my/our personal data being used for direct marketing at any time, by writing to the Personal Data Privacy Officer of Liberty International Insurance Limited, 13/F DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong.

APRIL and Liberty International reserve the right to charge a reasonable fee for access to data.

(g) if I am providing information about another person, such as a family member or employee, I confirm that they have consented to me providing that information to APRIL. If appropriate, I have provided them with this personal information collection statement or the APRIL Privacy Policy.

(h) the full version of APRIL's Privacy Policy is available to me upon request from the Data Privacy Officer (see (e) above) or can be found at <http://en.april-international.com/general-terms-of-use/hong-kong-privacy-statement>. APRIL may make changes to the privacy policy by posting them at <http://en.april-international.com>.

- Please tick this box if you do not wish to receive any marketing communications from APRIL Hong Kong Limited (see d(1) above).**
- Please tick this box if you do not wish to receive any marketing communications from Liberty Mutual Group or companies with whom it maintains marketing arrangements (see d(2) above).**

Declaration by Proposer

I declare that the statements contained in this application form are correctly recorded, and that they are full, complete and true. I further declare that I have not withheld any material fact and that except as declared herein, all persons to be insured are currently in good health. I will notify APRIL Hong Kong Limited immediately if after signing this application and before a policy is issued I become aware of material facts not disclosed in this form, or if the health of any person to be insured changes such that any answer on this form is not full complete, and true. If a policy is issued to me, this proposal and the statements made herein shall form the basis of the policy between me/us and Liberty International Insurance Limited. I understand that no insurance shall be in force until and unless the application has been accepted and the appropriate premium paid.

Name and Title:	Signature:	Date:

Producer Details (for official use only)

Producer Name:
Company Name:
Tel:
Email:

Or Stamp Above

Please send completed form to APRIL Hong Kong Limited

Arranged and administered by:

APRIL Hong Kong Limited

9th Floor Chinachem Hollywood Centre

1-13 Hollywood Road, Hong Kong

Telephone: (852) 2526-0918 Fax: (852) 2526-0769

Email: ops.hk@april.com