

**INSURANCE AUTHORITY  
POLICYHOLDERS' PROTECTION SCHEME  
FOR THE INSURANCE INDUSTRY OF HONG KONG  
DATA COLLECTION TEMPLATE**

<Sign-off>

**Name of insurer:** \_\_\_\_\_

**I certify that:**

- i. The information contained in the submission pack is properly prepared in accordance with the requirements stated in data collection notes and tab <Read\_Me> within the Data Collection Template.
- ii. The submission pack is prepared based on our best effort with sufficient and reasonable controls and review.
- iii. The submission pack is prepared without any changes to the format and design of the template as provided by Insurance Authority.

**Personal Information Collection Statement**

**I understand and agree that:**

The provision of personal data is voluntary. However, failure to provide such data may make it impossible to communicate with you.

Purpose of Collection: The personal data you provide will be used for future correspondence and in relation to this data collection exercise of the Policy Holders' Protection Scheme.

Transfer of Personal Data: For the purposes of collection mentioned above, the personal data you provide may be disclosed to organisations that are directly involved in this exercise.

Access to / Correction of Personal Data: In accordance with the Personal Data (Privacy) Ordinance, you have the right to request access to and correct the personal data provided. Requests should be made in writing to the Data Privacy Officer of the Insurance Authority at 19/F, 41 Heung Yip Road, Wong Chuk Hang, Hong Kong.

**Sign-off by Chief Executive or delegate (please specify in Title)**

**Signature** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_