Declaration of Loss of Policy and Reissue Form
遺失保單聲明及重發申請表格

PRUDENTIAL 英國保誠

Please darken the appropriate circle 請塗黑適當的選項。 **Correct form** 正確方式為：●

Policy Number 保單號碼 * **Please complete the boxes and darken the appropriate numbered circles to indicate the policy number** 請填寫方格和塗黑適當號碼格，以註明保單號碼。												**Name of Policyowner** 保單持有人姓名	
												Name of Life Assured 受保人姓名	
⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	⓪	**Name of Consultant** 顧問姓名	
①	①	①	①	①	①	①	①	①	①	①	①		
②	②	②	②	②	②	②	②	②	②	②	②	**Consultant Code** 顧問編號	
③	③	③	③	③	③	③	③	③	③	③	③		
④	④	④	④	④	④	④	④	④	④	④	④		
⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	⑤	**Division Code & Branch Office** 分區編號及分行地點	
⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥	⑥		
⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦	⑦		
⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	⑧	**Consultant Contact No.** 顧問聯絡電話號碼	
⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨	⑨		

Important Note 重要提示

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. Please return to Prudential Hong Kong Limited ("Prudential") within 30 days after signing this form. 請於簽署此表格後30天內交回保誠保險有限公司（「保誠」）處理。
3. Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
4. Any changes or amendments in this form must be countersigned by the Policyowner in full signature. 保單持有人必須在此表格內任何更改或修改的地方簽署作實。
5. Policyowner MUST sign and date in Part 3 of this form. 保單持有人必須在此表格第三部分簽署及填寫簽署日期。
6. The Policy Schedule will be posted to the policyowner's mailing address in our record while the reissued policy document will be delivered via your financial consultant, unless specified. 除特別註明，保單附表會直接郵寄到保單持有人在本公司紀錄上的通訊地址，而重發之保單文件則會經閣下的理財顧問送呈給您。
7. This form is not valid until (i) it is received and recorded by Prudential during the life time of both the policyowner and the life assured of the policy stated above (the "Policy"), and (ii) it is finally confirmed by Prudential by way of a letter. 此表格需於(i)上述保單（「本保單」）之保單持有人及受保人生存期間獲保誠收到並存檔及(ii)最終經保誠以信函確認方為有效。
8. Please complete the form as instructed, any information written in non-designated blank spaces will not be processed. 請根據此表格之指示於適當的位置填寫資料，於其他非指定空白位置填寫的資料恕不受理。
9. Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirements. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
10. Receipt of this form by Financial Consultants or your broker does not constitute receipt by Prudential. 理財顧問或閣下的經紀收到此表格並不代表保誠亦已收到。
11. In any circumstances, a person who is not a party to the above policy (including but not limited to the Life Assured or the Beneficiary) has no right to enforce any of the terms of the above policy. 任何不是上述保單某一方的人士或實體（包括但不限於受保人或受益人），在任何情況下均不能強制執行上述保單的任何條款。

Part 1 第一部分 Reissuance of Document 申請重發文件

I, the policyowner, declare that the above life assurance policy has been lost/destroyed and, to the best of my knowledge, it is not in the possession of any person, firm or company. I agree to hold Prudential Hong Kong Limited ("the Company") harmless and free from all claims or actions as a result of issuance of the replacement policy. If the original policy is subsequently found, I shall return the replacement policy to the Company. I further declare that I have never been bankrupt or insolvent and have never assigned or agreed to assign the policy, except as indicated below by the signature of the assignee.

本人為保單持有人，謹此聲明，以上壽險保單經已遺失／損毀，而據本人所知，保單並非由任何人士、企業或公司持有。本人同意使保誠保險有限公司（"貴公司"）免於一切因發出替代保單而引致的索償或法律行動的責任。若其後尋獲原有的保單，本人將即時向貴公司退回替代保單。本人進一步聲明，除以下受讓人簽署指明外，本人從未破產或無力償債，亦從未轉讓保單權益或同意轉讓保單權益。

○ **Reissue Policy Document** 申請重發保單文件
Please return the form with a crossed cheque payable to "Prudential Hong Kong Limited" for handling fee of HKD150 (per policy).
請以劃線支票支付手續費 150 港元（每份保單），抬頭寫上「保誠保險有限公司」，並連同此表格同時交回。

○ **Issue Policy Schedule** 申請保單附表

Please note that the above-mentioned documents will be delivered to Policyowner's correspondence address by registered mail. If you prefer other delivery option please specify below.
請注意以上文件將以掛號形式郵寄至保單持有人的通訊地址，如需選擇其他送遞方式，請於下列部分註明。

○ **Collect at Customer Service Centre** 親身到客戶服務中心領取 **Location** 地點：_____

○ **Via Consultant** 經顧問轉遞 **Name of Consultant** 顧問姓名：_____

Remarks 備註：_____

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Part 2 第二部分 Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (referred to as “the Company”, “our”, “we”, or “us” in this Part entitled “Personal Information Collection Statement”) may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

2. Classes of Transferees

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and / or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "**Ordinance**"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

保誠保險有限公司（在題為「收集個人資料聲明」之本部分，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「保誠集團內的公司」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局實施的披露要求。

2. 被資料轉交者的類別

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和 / 或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

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Part 2 第二部分 Personal Information Collection Statement (Continued) 收集個人資料聲明 (續)

4. 查閱和更正的權利

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港告士打道郵政局郵政信箱28058號。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。

Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by checking the box below, and returning the form to us in person at our Customer Service Center or by post at P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明的）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下方格上填「✓」號以讓我們知道閣下的意向，並請親身交回此表格至我們的客戶服務中心或郵遞此表格至香港告士打道郵政局郵政信箱28058號。

☐ Opt-out Marketing Communications or Materials **拒絕接受促銷信息或資料**

The Life Assured / Policyowner, and Irrevocable Trustee / Collateral Assignee (if applicable), hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

受保人 / 保單持有人及不可撤換信託人 / 抵押轉讓之承讓人（如適用）特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Part 3 第三部分 Signature 簽署

If the signatory is a Limited Company / Partnership / Sole Proprietorship, its authorized signatories should sign and chop. 如簽署方為有限公司／合夥／獨資經營持有，須由公司授權人員簽署及蓋章。

Day 日 / Month 月 / Year 年	Signature of Policyowner 保單持有人簽署 (It must be consistent with that in our record 保單持有人的簽署必需與本公司的記錄相符)	Signature of Irrevocable Trustee / Collateral Assignee (if applicable) 不可撤換信託人 / 抵押轉讓之承讓人簽署(如適用)
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If the Policyowner uses signature chop or fingerprint, two witnesses are required. The witness must be an individual third party aged 18 or above. The personal particulars of the witness(es) will only be used for the purpose of verification and confirmation of the identity(ies) of the signatory(ies) of this form. 若保單持有人以圖章蓋印或指紋簽署，必須有兩位見證人。見證人必須為年滿18歲或以上的第三者。見證人之個人資料只會用於處理本申請及確認此表格簽署人的身份之用。

Signature of Witness 見證人簽署	Name & Identity Document Number of Witness 見證人姓名及身份證明文件號碼	Signature of Witness 見證人簽署	Name & Identity Document Number of Witness 見證人姓名及身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

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