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- PRUchoice China Accidental Emergency Medical
- PRUchoice Clinic
- PRUchoice Golfers
- PRUchoice HealthCare
- PRUchoice HealthCheck
- PRUchoice Home
- PRUchoice Home Deluxe
- PRUchoice Maid
- PRUchoice Medical
- PRUchoice MediExtra
- PRUchoice Motor
- PRUchoice Personal Accident
- PRUchoice Personal Accident Plus
- PRUchoice Travel
- PRUchoice BMX (Building Management Xtra)
- PRUchoice BOX (Business Owners Xtra)
- PRUchoice SOX (Small Office Xtra)
- PRUchoice Group Medical
- PRUchoice Group Life

- Fire Insurance
and many other insurance products.

To know more about our products, just call us or your financial consultant/broker.

產品服務 全面周到

保誠財險有限公司為您提供以下一系列的保險服務，全面保障您的每一天。

- 保誠精選 — 失卡寶
- 保誠精選 — 中國意外急救醫療保險
- 保誠精選 — 診療寶
- 保誠精選 — 高球樂
- 保誠精選 — 康療寶
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- 保誠精選 — 團體醫療寶
- 保誠精選 — 團體人壽寶

火險

及其他各類的保險服務

如欲查詢以上保險服務詳情，請致電本公司或您的理財顧問/經紀。

For further information, please contact:

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PRUDENTIAL
英國保誠

GI3/BR0021B/P01 (09/14)

保誠精選

康療寶



醫療保障

PRUchoice

HealthCare



Medical Insurance

用心聆聽 更知你心

PRUDENTIAL
英國保誠

Always Listening
Always Understanding

PRUDENTIAL
英國保誠

PRUchoice HealthCare Medical Insurance 保誠精選「康療寶」醫療保障計劃

It is always our dream of earning a healthy life. Traditional medical insurance can certainly provide you with emergent medical needs and expenses. Yet, while the medical fee is increasing, the actual medical expenses may be far beyond your expectation and the coverage of your existing medical insurance if you contract critical illness or come across accidents unfortunately. Listening to your needs, Prudential offers **PRUchoice** HealthCare Medical Insurance - a flexible top-up medical protection, to you and your family with two major options: Hospital Cash Protection Plan and Crisis Protection Plan.

人人都希望擁有健康的體魄。傳統的醫療保險固然能夠助您應付緊急的醫療開支需要。但隨著醫療費用與日俱增，倘若不幸罹患危疾或遭遇意外而入院，實際的醫療開支可能往往超出預算，甚至超越一般醫療保險的保障範疇。保誠財險有限公司用心聆聽您的需要，推出保誠精選「康療寶」醫療保障計劃，為您及您的家人提供靈活的額外醫療保障，保障項目包括：「住院現金保障計劃」及「危疾保障計劃」。

Special Features 計劃特點

1 Daily Cash Benefits 每日住院現金保障

PRUchoice HealthCare offers Hospital Cash Protection Plan to provide you a daily hospital cash for hospitalization. You are free to use the hospital cash as you may wish to meet your financial needs. The benefit amount shall be doubled during the days of receiving surgery operation or the period of admission to Intensive Care Unit (ICU).

保誠精選「康療寶」為您提供每日住院現金保障計劃。您可隨意運用所得現金，靈活地應付自己的財政需要。如您不幸需要進行手術或入住深切治療部時，期間您更可獲得雙倍的住院現金保障。

2 100% Cash Benefits for Critical Illnesses 100%危疾現金保障

PRUchoice HealthCare also offers you Crisis Protection Plan to provide you 100% cash benefits when you misfortunately contract any covered critical illnesses, helping you and your family getting through an unexpected dreadful burden.

假如您身患危疾，龐大的醫療費用定必使您的負擔上加斤。保誠精選「康療寶」為您提供百分百一筆過的現金賠償，以解您及您家人的經濟困局。

3 Rehabilitation Benefits with Chinese Medication and Supplement 中醫治療及調理康復保障

Use of Chinese Medication and supplement is getting popular in our community. In the Crisis Protection Plan of **PRUchoice** HealthCare, we provide lump sum cash benefits for rehabilitation with Chinese medication and supplement right after surgery treatment or receiving chemotherapy or radiotherapy for the covered critical illness.

利用中醫治療及調理身體已日漸普遍，在保誠精選「康療寶」的危疾現金保障下，我們會在您於患上危疾及接受手術治療或進行化療或電療後，為您提供中醫治療及調理康復保障，好使您在康復期間，揉合中醫治療，盡快調理好身體。

4 Health Check-Up Benefits 健康檢查保障

Prevention is better than cure. To encourage you to upkeep a healthy life at all times, we provide a health check-up indemnity for every 2 years.

預防勝於治療，為鼓勵您有更健康的體魄，我們為您提供每兩年一次的健康檢查保障。

5 Extra 10% Discount if you insure both plans 同時投保，可額外獲得九折優惠

What's more? If you insure both Hospital Cash Protection Plan and Crisis Protection Plan now, an extra 10% client discount will be given.

現在您只要同時投保「住院現金保障計劃」及「危疾保障計劃」，保費均可獲九折優惠。

Table of Premium 保費表

Premiums are per person covered 保費按每投保人計算

Hospital Cash Protection Plan 住院現金保障計劃

Daily Cash Benefits 每日住院現金保障		(All figures in HK\$ 以港幣\$計算)					
Age Groups 年齡組別 (Inclusive 首尾日數計算在內)		Plan A 計劃A：500/day 天		Plan B 計劃B：1,000/day 天		Plan C 計劃C：1,500/day 天	
		Monthly 按月	Yearly 按年	Monthly 按月	Yearly 按年	Monthly 按月	Yearly 按年
15 days /天 - 9		90	1,008	180	2,016	270	3,024
10 - 19		56	622	111	1,245	167	1,867
20 - 29		46	521	93	1,042	139	1,562
30 - 39		58	652	116	1,304	174	1,955
40 - 49		94	1,058	189	2,117	283	3,175
50 - 59		135	1,518	271	3,036	406	4,554
60 - 64		281	3,147	561	6,293	842	9,440
65 - 69 ^a		281	3,147	561	6,293	842	9,440
70 - 75 ^a		462	5,180	924	10,361	1,386	15,541

Crisis Protection Plan 危疾保障計劃

Non-smoker 非吸煙者

Level of Cover 投保等級		(All figures in HK\$ 以港幣\$計算)					
Age Groups 年齡組別 (Inclusive 首尾日數計算在內)		Plan A 計劃A：250,000		Plan B 計劃B：500,000		Plan C 計劃C：1,000,000	
		Monthly 按月	Yearly 按年	Monthly 按月	Yearly 按年	Monthly 按月	Yearly 按年
15 days /天 - 14		95	1,060	151	1,695	235	2,639
15 - 19		79	882	123	1,383	183	2,057
20 - 29		92	1,035	147	1,651	228	2,557
30 - 39		128	1,431	209	2,348	344	3,854
40 - 49		232	2,604	393	4,408	686	7,691
50 - 59		523	5,865	904	10,140	1,638	18,364
60 - 64		882	9,885	1,535	17,205	2,812	31,520
65 - 69 ^a		1,241	13,911	2,166	24,281	3,987	44,696
70 - 75 ^a		1,717	19,247	3,003	33,660	5,545	62,161

Smoker 吸煙者

Level of Cover 投保等級		(All figures in HK\$ 以港幣\$計算)					
Age Groups 年齡組別 (Inclusive 首尾日數計算在內)		Plan A 計劃A：250,000		Plan B 計劃B：500,000		Plan C 計劃C：1,000,000	
		Monthly 按月	Yearly 按年	Monthly 按月	Yearly 按年	Monthly 按月	Yearly 按年
15 days /天 - 14		113	1,264	183	2,054	295	3,307
15 - 19		89	997	141	1,585	217	2,433
20 - 29		109	1,226	177	1,987	284	3,183
30 - 39		162	1,821	270	3,032	458	5,129
40 - 49		319	3,579	546	6,123	971	10,884
50 - 59		756	8,471	1,313	14,720	2,399	26,893
60 - 64		1,293	14,501	2,258	25,319	4,159	46,628
65 - 69 ^a		1,832	20,540	3,205	35,933	5,922	66,392
70 - 75 ^a		2,546	28,545	4,460	50,001	8,259	92,589

Note 附註：

a. The premium indicated for aged 65 or above is for renewal only. 以上所顯示65歲或以上投保人之外保費只供續保之用。

b. The Company shall underwrite and impose loading or/and exclusions for substandard risk. 本公司將核保所有申請，及對非標準風險的申請徵收額外保費或/及附加除外責任條款。

Benefits at a Glance 保障範圍一覽表

1 Hospital Cash Protection Plan 住院現金保障計劃

If you are unfortunately hospitalized due to illness or accident, we will provide a daily hospital cash benefit for your immediate relief of hospitalization expenses and it shall be paid from the first day of hospital confinement. The benefit will be as long as 1,000 days per hospital confinement and it will be doubled during the days of surgery treatment or the period of admission to Intensive Care Unit (ICU).

倘若您不幸因病或意外而入院治療，即可由入院第一天起獲得每日住院現金津貼，每次賠償期長達1,000日。此外，如您需進行手術或入住深切治療部病房，該段期間將可獲得雙倍現金津貼。

Hospital Cash Protection Plan 住院現金保障計劃	(All figures in HK\$ 以港幣\$計算)		
	Plan A 計劃A	Plan B 計劃B	Plan C 計劃C
a. Daily Cash Benefits 每日住院現金保障 It starts payable from hospitalization for 1 day onwards with a maximum of 1,000 days for each hospital confinement, each day up to: 入院治療達1天或以上，將可獲得每日住院現金津貼，每次住院賠償期可長達1,000日，每日住院現金津貼為：	500	1,000	1,500
b. Double Cash Benefits 雙倍住院現金保障 We provide cash benefits during the days of surgery treatment or the period of admission to Intensive Care Unit (ICU) for a maximum of 30 days for each confinement, each day up to: 在進行手術或入住深切治療部病房期間，您更可獲得雙倍現金津貼，每次住院賠償期可長達30日，每日雙倍住院現金津貼為：	1,000	2,000	3,000

Note 附註：

a. Hospitalization for any illnesses shall not be covered during the waiting period of 30 days from the first effective date of the Hospital Cash Protection Plan. For illnesses pertaining to tonsils, adenoids, hernia, and for any illnesses peculiar to the female reproductive organs, the hospitalization shall not be covered too during the waiting period of 120 days from the effective date of the Hospital Cash Protection Plan.
住院現金保障計劃將不會就首生效日起計30日等候期內因疾病而入院的情況作出賠償；及不會就首生效日起計120日等候期內因扁桃腺、腺水腫、疝氣，或女性生殖器官疾病而入院的情況作出賠償。

b. The benefit areas of this plan include Hong Kong, Macau, Singapore, Malaysia, Japan, Taiwan, United Kingdom, member countries of the European Union, Switzerland, Channel Islands, Isle of Man, United States of America, Canada, Australia, New Zealand and Republic of South Africa. For any hospitalization outside the benefit areas, the Daily Cash Benefits and the Double Cash Benefits will be reduced by 50%, the maximum days of entitlement under Daily Cash Benefits shall be restricted to 90 days.
計劃保障地區包括香港、澳門、新加坡、馬來西亞、日本、台灣、英國、歐盟成員國、瑞士、海峽群島、馬恩島、美國、加拿大、澳洲、新西蘭及南非共和國。若您保障地區以外入院，每日住院現金津貼金額及雙倍住院現金津貼金額將被減少至百分之五十，而每日住院現金津貼亦以每次住院賠償期最多90日為限。

c. The Daily Cash Benefits shall not be payable for the period when the Double Cash Benefits is paid. Nevertheless, the days of entitlement for Double Cash Benefits shall be counted as the days of entitlement for Daily Cash Benefits.
客戶獲得雙倍住院現金津貼賠償時，便不能就同一時期提出每日住院現金津貼之索償，惟根據雙倍住院現金津貼獲賠償之日數，將被計算為每日住院現金津貼之日數。

d. Daily Cash Benefits shall be payable to the Insured Person in respect for any hospitalization for a minimum period of 1 day upon the recommendation of a Registered Medical Practitioner.
住院病人必需由註冊醫生轉介入院而住院時間達1天或以上，每日住院現金津貼始獲賠償。

2 Crisis Protection Plan 危疾保障計劃

Crisis Protection Plan covers as many as 40 major critical illnesses. Once you are diagnosed of suffering from any one of these critical illnesses, immediate cash will be provided to relieve you from the financial burden in receiving advanced medical treatments.

危疾保障計劃為多達四十種的嚴重疾病提供保障。假如您不幸被診斷患有任一受保危疾，便可獲得一筆過的現金賠償，好讓您安心接受先進治療，渡過難關。

Crisis Protection Plan 危疾保障計劃	(All figures in HK\$ 以港幣\$計算)		
	Plan A 計劃A	Plan B 計劃B	Plan C 計劃C
a. Crisis Cover Benefits 危疾保障	250,000	500,000	1,000,000
b. Rehabilitation Benefits with Chinese Medication and Supplement 中醫治療及調理康復保障 We provide a lump sum benefits for rehabilitation with Chinese medication and supplement if you are diagnosed with a critical illness and have undergone a surgical operation or received chemotherapy or radiotherapy. 當您患有任何一種受保危疾而接受手術治療或進行化療或電療後，我們將提供中醫康復保障，使您透過中醫治療，調理身體。		80,000	
c. Second Opinion Benefits 第二醫療意見服務 You can seek for professional and detailed second opinion oncology consultation at a discounted rate. 您可以優惠價徵詢專業及詳盡的腫瘤科第二意見。	This service is arranged by AmMed Health Services Limited. 此服務由安美香港醫務有限公司提供		
d. Health Check-up Benefits 健康檢查保障 We cover the expenses of health check-up once every two years to encourage you to live healthily, up to : 為鼓勵您時刻保持更健康的生活，我們更會為您支付健康檢查的費用，兩年一次，每次最多為：	80% of the expenses up to 500 8成費用以500為限	80% of the expenses up to 750 8成費用以750為限	80% of the expenses up to 1,000 8成費用以1,000為限

Note 附註：

a. Any illnesses diagnosed during the waiting period of 90 days from the first effective date of Crisis Protection Plan shall not be covered.
任何在危疾保障計劃首生效日起計90日等候期內被診斷患有任一受保疾病將不獲保障。

b. The Insured Person must be alive for at least 14 days after being first diagnosed of a covered critical illness.
受保人需於首次診斷及證實患上受保危疾後，仍能最少生存十四天。

c. Health check-up is referred to the general health examination taken place during the period of insurance (except as specified in (c)), excluding examination primarily for teeth, eyesight, hearing and fertilization. All health check-up should be signed and certified by registered doctors or professional technicians.
健康檢查保障只包括於保單保障內進行的一般健康檢查，純為牙齒、視力、聽力及與生育有關的檢驗並不包括在內。所有健康檢查需由註冊醫生或合資格的專業技術人士簽署確認。

d. The Health Check-Up Benefits shall only be provided upon expiry of waiting period under Crisis Protection Plan.
在危疾保障計劃中的健康檢查保障，只在保單等候期後始獲提供。

List of Critical Illnesses covered in Crisis Protection Plan 危疾保障計劃之受保危疾名單

Cancer 癌症

1. Cancer 癌症

Illnesses related to the Heart 與心臟相關的疾病

2. Cardiomyopathy 心肌病
3. Coronary Artery Disease Requiring Surgery 需要進行外科手術的冠狀動脈病
4. Heart Attack 心臟病發作
5. Heart Valve and Structural Surgery 心瓣及結構性手術
6. Primary Pulmonary Arterial Hypertension 原發性肺動脈高血壓
7. Surgery to the Aorta 大動脈外科手術

Illnesses related to the Nervous System 與神經系統相關的疾病

8. Alzheimer's Disease 阿耳滋海默氏症
9. Bacterial Meningitis 細菌感染腦膜炎
10. Benign Brain Tumour 良性腦腫瘤
11. Brain Surgery 腦部外科手術
12. Coma 昏迷
13. Encephalitis 腦炎
14. Major Head Trauma 嚴重頭部創傷
15. Motor Neurone Disease 運動神經元病
16. Multiple Sclerosis 多發性硬化症
17. Muscular Dystrophy 肌營養不良
18. Paralysis 癱瘓
19. Parkinson's Disease 柏金遜病
20. Poliomyelitis 脊髓灰質炎（小兒麻痺症）
21. Stroke 中風

Illnesses related to Major Organs and Functions

與主要器官及功能相關的疾病

22. Blindness 失明
23. Chronic Liver Disease 慢性肝病
24. Deafness 失聰
25. End Stage Lung Disease 末期肺病
26. Fulminant Viral Hepatitis 暴發性病毒肝炎
27. Kidney Failure 腎衰竭
28. Loss of Independent Existence (before age 65)
失去獨立生活能力 (65歲前)
29. Loss of Speech 喪失語言能力
30. Major Burns 嚴重燒傷
31. Major Organ Transplantation 主要器官移植
32. Medullary Cystic Disease 腎髓質囊腫病
33. Severance of Limbs 肢體切斷
34. Total and Permanent Disability (before age 65)
完全及永久傷殘 (65歲前)

Other Major Illnesses 其他嚴重疾病

35. AIDS due to Blood Transfusion 因輸血引致的愛滋病
36. Aplastic Anaemia 障礙性貧血
37. Elephantiasis 象皮病
38. Occupationally Acquired HIV
因職業而感染的人類免疫力缺乏病毒
39. Severe Rheumatoid Arthritis 嚴重類風濕關節炎
40. Terminal Illness 末期疾病

Major Exclusions 主要不受保障項目

- Arising from war, invasion, civil war, hostilities and act of terrorism
因戰爭、入侵、內戰、開戰及恐怖主義活動等引致
- Pre-existing conditions, and any critical illness diagnosed or any hospitalization received during the waiting period
任何已存在之情況，及任何在保單等候期間診斷之危疾或住院
- Hospitalization for pregnancy, miscarriage, abortion, childbirth, birth control and treatment of infertility
因懷孕、流產、墮胎、分娩、節育及醫治不育之住院治療
- All illnesses including any relating hospitalization arising from abuse of drugs, alcohol, self-inflicted or sexually transmitted diseases
因濫用藥物、酗酒、自傷身體或經性接觸傳染而引致之疾病及住院
- All illnesses including any relating hospitalization arising from AIDS or HIV-related conditions. (If you have insured Crisis Protection Plan, this exclusion is not applicable to AIDS due to Blood Transfusion or Occupationally Acquired HIV under this protection.)
因後天免疫力缺乏症(愛滋病)或與人類免疫力缺乏病毒(HIV)有關而引致之疾病及住院治療 (如您已投保危疾保障計劃，此保障中的不受保障項目將不適用於因輸血而引致的愛滋病或因職業而感染的人類免疫力缺乏病毒。)
- Hospitalization relating to congenital or hereditary conditions
有關先天性或遺傳症狀或疾病之住院治療
- Hospitalization primarily for diagnostic scanning, X-ray examinations or physical therapy only
所有純粹因斷症掃描，X光化驗或作物理治療程序之住院

For more details, please refer to the Policy.
欲知詳情請參閱保單。

Important Notes to Applicant 申請人須知

- Disclosure - The applicant is requested to disclose any other facts known to the applicant which are likely to affect acceptance or assessment of the insurance cover the applicant is applying for. Should the applicant have any doubts about what should be disclosed, please feel free to contact us or your financial consultant/broker. The applicant is recommended to keep a record (including copies of letters) of any additional information given for the applicant's future reference. Failure to disclose may mean that the Policy will not provide with the cover the applicant require, or perhaps may invalidate the Policy altogether.
透露 - 申請人必須就申請表內所有問題作出確實回答，並就申請需要提供一切有關資料，如有懷疑請向本公司或有關理財顧問/經紀查詢。如作出不確實回答或提供不正確資料，會令本保單作廢及不能生效。請保留申請表副本（包括信件影印本）以作日後參照。
- A 30-day Policy Review Period counting from the first effective date of the Policy is available for the applicant to review the coverage. If the applicant would like to cancel the Policy for any reason, simply return the Policy, the Insurance Schedule together with a written notice to us; premium will be fully refunded provided that the said documents are received by us within the Policy Review Period and the applicant has not filed any claims under the Policy.
申請人可享有由保單生效日起計算為期三十日的保單審候期以細閱保單。如需取消保單，申請人只須在保單審候期內將保單、保險承保表及書面通知交回，本公司將取消保單及退回所繳保費，惟該保單必須無任何索償申請紀錄。
- Premium for the full 12 months' Period of Insurance will be due from the Effective Date of this Insurance regardless of yearly or monthly payment mode. Health Check-Up Benefits is provided for any two consecutive years of cover under Crisis Protection Plan. The Company reserves the right to take any action including civil proceedings to claw back the outstanding premium for remaining Period of Insurance, or the expenses for the Health Check-Up Benefits should the Policy or the Section of Crisis Protection Plan be terminated earlier than as required.
無論本保單選擇以月繳或年繳模式供款，於生效日起計，保費將以十二個月形式期繳付。危疾保障計劃中所提供的健康檢查保障，必須在連續兩年保有關保障的情況下始獲提供。若本保單或危疾保障計劃並未按此要求投保而提早取消，則本公司將保留採取一切行動包括民事訴訟的權利，追討餘下保障期未繳的逾期保費，或就健康檢查保障一項所付出的費用。
- A specimen copy of the Policy and a copy of the applicant's completed Application Form will be supplied on request.
如有需要，本公司可提供保單樣本及申請表影印本予申請人作參考。
- All benefits and exclusions are only briefly outlined here. For more details, please refer to the Policy.
上述保障及不保項目並未包括所有細節，欲知詳情請參閱保單。
- The application form must be signed by a person who has attained age 18 or above.
申請表必須由年滿18歲或以上的申請人簽署。
- The application covers any applicant's child who has not yet attained age 18, and a new application will need to be signed and submitted by such applicant's child when he/she has attained age 18.
本申請表可包括申請人所有未滿18歲之子女。當此申請表的受保子女年滿18歲後，該子女屆時必須簽署及遞交另一張申請表。

Personal Information Collection Statement 收集個人資料聲明

Prudential General Insurance 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.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，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. Purpose of Collection 收集資料之目的

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.

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. Classes of Transferees 被資料轉交者的類別

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.

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. Consequence of failing to provide Personal Information 未能提供個人資料的影響

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.

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。

4. Access and Correction Rights 查閱和更正的權利

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 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

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，地址是香港鰂魚涌華蘭路25號栢克大廈3樓。根據條例的規定，我們有權就處理查閱及更正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 ticking the opt-out box below, and returning the form to us in person or at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, 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，請在以下拒絕接受方格內劃上「✓」號以讓我們知道閣下的意向，並親身交回本表格或送交本表格至香港鰂魚涌華蘭路25號栢克大廈3樓。

☐ Opt-out box 拒絕接受方格

The Applicant/ Policyholder/ Insured Person hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

I hereby apply to be the Insured with myself and/or spouse and/or children as the person to be insured under the **PRU**choice HealthCare Insurance.

本人茲申請為保單持有人並為本人及/或配偶及/或子女申請為保誠精選「康療寶」醫療保障計劃之受保人。

I acknowledge that benefits are not payable under the **PRU**choice HealthCare Insurance for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me in this Application Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential").

本人知道，根據保誠精選「康療寶」醫療保障計劃之規定，凡因已存在之疾病、損傷或其他情況而引致之治療，除非本人在申請表內已詳細列出及獲得保誠財險有限公司（“保誠”）接納，否則一律不予賠償。

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential.

就本人/吾等知悉範圍內，此申請表上填報的一切資料，均屬確實完整，本人/吾等並同意以此申請表作為本人與保誠之間所訂合約的根據。

I declare and agree that the insurance will not be in force until the application has been accepted by the Company and the premium has been paid.

本人聲明及同意，保障需在敝公司覆核、接納申請表及已收妥保費後才能生效。

Prudential reserves the right to ask for submission of more details of health status or medical reports of me and other person(s) to be covered as listed above at my own cost.

保誠有權要求本人提供更多有關本人及上述其他受保人之健康狀況或醫療報告，一切費用將由本人支付。

I authorize that any doctor, hospital, clinic, insurance company, organization or any person that has any medical history or record or knowledge of me/the person(s) to be covered by **PRU**choice HealthCare Insurance has attended or may hereafter attend to disclose such information to Prudential for the purpose of assessing and processing this application or claims or subsequent services. A photocopy of this authorization shall be valid as the original.

本人茲授權任何醫生、醫院、診所、保險公司、機構或任何人士，將已經或準備存錄的本人/其他受保人之病歷、紀錄或其他資料給予保誠，作為評估及辦理此保誠精選「康療寶」醫療保障計劃之申請、索償和售後服務之用。此授權書之影印本與正本均具同等效力。

Signature of Applicant 申請人簽署		Date 日期
Financial Consultant's Name 理財顧問名稱 (Please complete in BLOCK LETTERS 請用正楷填寫)		Financial Consultant's Division and Code 理財顧問組別及編號
Mobile Number 流動電話號碼	Office Location 辦公室地址	For Office Use Only 本公司專用
ES1/CC/CRB/PT/PT2/FTW/EWT / F		Approved by : Date : Loading : Effective Date: Restrictions : ☐ No / ☐ Yes



Application Form for

PRUchoice HealthCare

Medical Insurance

保誠精選「康療寶」醫療保障計劃

申請表

For further information, please contact:
Prudential General Insurance Hong Kong Limited
(A member of Prudential plc group)
3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
Tel: (852) 3656 8362 Fax: (852) 2164 8445

如有查詢，請致電或親臨本公司，地址如下：
保誠財險有限公司
(英國保誠集團成員)
香港鰂魚涌華蘭路25號栢克大廈3樓
電話：(852) 3656 8362 傳真：(852) 2164 8445
www.prudential.com.hk
G13/APP0021B/P01 (09/14)

Details of Applicant 申請人資料

(Please complete in BLOCK LETTERS 請用英文正楷填寫)

Surname 姓

Given Name 名

Home Tel No. 住宅電話號碼

Mobile No. 手提電話號碼

Email Address 電子郵箱

I.D.No./ Passport No. 身份證號碼 / 護照號碼

Date of Birth (dd/mm/yy) 出生日期 (日/月/年)

Gender 性別
Female 女
Male 男

Nationality 國籍

Country/State Where You Reside for Most of the Year 申請人全年主要居住國家/城市

Marital Status 婚姻狀況

Occupation 職業

Correspondence Address 通訊地址

Flat/Room 室

Floor 樓

Block 座

Building/Estate 大廈/屋苑

Street/Road & District Area 街道及地區

HK 香港

KLN 九龍

NT 新界

Bank Account for Claim Reimbursement (The holder of the bank account must be the Applicant as declared above)
作賠償入賬的銀行戶口號碼(戶口持有人必需為申請人本人)

Name of bank 銀行名稱

Bank No. 銀行編號

Branch No. 分行編號

Account No. 賬戶編號

Detail of Persons to be Covered 受保人詳情

Spouse under the age of 65 and all unmarried children up to the age of 18 can be included in this application. If you have more than 2 children, please provide details on a separate sheet. 此申請可包括閣下年齡在65歲以下之配偶及所有未滿18歲之未婚子女。如閣下超過兩名子女，請另加紙填寫。

Relationship with Applicant 與申請人關係	Applicant 申請人	Spouse 配偶	Child (1) 子女	Child (2) 子女
Surname 姓				
Given Name 名				
Gender 性別				
Height 身高 cm / feet 厘米 / 尺				
Weight 體重 kg / lb 公斤/ 磅				
I.D. Card No. / Passport No. / Birth Cert. No. 身份證號碼 / 護照號碼 / 出生證明書號碼				
Occupation 職業				
Date of Birth(dd/ mm/ yy) 出生日期 (日/ 月/ 年)				
Country/State Where Insured Reside for Most of the Year 投保人全年主要居住國家及城市				
(Please "✓" the appropriate 請在適當方格加上「✓」號)				
Hospital Cash Protection Plan 住院現金保障計劃				
	HK\$500			
Daily Cash Benefits 每日住院現金保障	HK\$1,000			
	HK\$1,500			
Crisis Protection Plan 危疾保障計劃				
	HK\$250,000			
Level of Cover 投保等級	HK\$500,000			
	HK\$1,000,000			
Premium (HK\$)(Please refer to Table of Premium) 保費 (港幣\$) (請查閱保費表)				
Total Annual Premium (HK\$) 每年總保費(港幣\$)				

Period of Insurance 保單生效日期

Policy commence on:

for one year.

本 保 單 由

dd日

mm月

yy年

起生效，為期一年。

Details of Usual/Family Doctor 私人 / 家庭醫生詳情

Relationship with Applicant 與申請人關係	Name of Clinic and Doctor 診所及醫生名稱	Address 地址	Telephone Number 電話號碼
Applicant 申請人			
Spouse 配偶			
Child 子女(1)			
Child 子女(2)			

Declaration 聲明

(Please ensure you have completed all details of all persons to be covered before signing this declaration.) (請先填妥所有受保人之資料後，才簽署此聲明。)
Please read the following questions carefully and tick as appropriate. Please sign next to the box whenever any correction is done.
請詳閱以下問題，並在適當空格內填上「✓」號。如有塗改，請於方格旁簽署作實。

1. Has any person to be covered had any symptoms, illness or disorders of the following: 本申請表內所包括之受保人曾否有下列病徵、疾病或問題:

a. The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine?
與肌肉及骨骼系統或皮膚有關的疾病，如:關節炎、風濕病、痛風、坐骨神經痛、其他骨骼或脊椎問題?

Yes是

No否

b. The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy?
與神經系統、精神或與腦有關的疾病，眼或耳有問題，如：癱瘓、精神緊張、失明、失聰、暈眩或癲癇?

Yes是

No否

c. The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, abnormal blood pressure, stroke or anaemia?
與循環系統、心臟或血液有關的疾病，如：心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血?

Yes是

No否

d. The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre?
與呼吸系統或內分泌系統有關的疾病，如：哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹?

Yes是

No否

e. The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder?
與消化系統或泌尿系統、乳房或生殖器有關的疾病，如：潰瘍、肝炎 (包括乙型肝炎帶菌者)、乳房炎、子宮頸炎、子宮內膜移位或其他胃、肝、腸、腎或膀胱有問題?

Yes是

No否

f. Enlarged glands, tumours, cysts, cancer, growth or other malignancy? 腺脹大、腫瘤、水囊、癌或其他惡性病變?

Yes是

No否

2. Apart from the symptoms, illness or disorders mentioned in question 1, has any person to be covered had any other illness, injury, physical impairment/deformity or condition requiring in-patient treatment, operation, or consultation with a doctor?
除於問題1提及之病徵、疾病或問題外，本申請表內所包括之受保人曾否因任何疾病、受傷、身體受損/畸形或其他情況，而需入院接受治療、手術、或向醫生求診?

Yes是

No否

3. Has any person to be covered taken or been advised to have X-ray, ECG, blood tests, biopsies, ultrasound, mammogram or PAP smears, etc?
本申請表內所包括之受保人曾否接受或被建議接受X光、心電圖、抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等?

Yes是

No否

4. Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related conditions?
本申請表內所包括之受保人曾否被建議接受與人體免疫力缺乏病毒、性病、愛滋病、愛滋衍生疾病及其他因愛滋病而引致之疾病的有關測試或忠告?

Yes是

No否

5. Has any person to be covered taken or been advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?
本申請表內所包括之受保人曾否因血友病或其他原因，被禁止捐血、接受輸血或其它血類產品?

Yes是

No否

6. Does any person to be covered have any foreseeable need for treatment or for consulting any doctor?
本申請表內所包括之受保人是否有可預見之治療或診視需要?

Yes是

No否

7. Is any person to be covered currently under medical attention or receiving medical treatment or medication?
本申請表內所包括之受保人是否現正接受治療、或有就診需要、或服用藥物?

Yes是

No否

8. Have the parents, brothers or sisters of any person to be covered had or died from stroke, heart disease, diabetes, kidney disease, multiple sclerosis and inherited disease before the ages of 60?
本申請表內所包括之受保人的父母或兄弟姊妹中，曾否於60歲前患有或死於中風、心臟病、糖尿病、腎病、多發性硬化、癌病、遺傳病病症?

Yes是

No否

9. Has any person to be covered had the following habit? If so, please list out his/her name. 本申請表內所包括之受保人是否有以下習慣？如「是」，請列出受保人之姓名。
a. Smoking 吸煙 (within the last 12 months in 過去的十二個內)
(Name姓名:)
If "Yes", please specify the amount consumed per day. 如「是」，請註明每日之用量 。

Yes是

No否

b. Drink alcohol 飲酒
(Name姓名:)
If "Yes", please specify the amount consumed per day. 如「是」，請註明每日之用量 。

Yes是

No否

c. Use any habit-forming drugs or narcotics 服用任何成癮藥物或毒品
(Name姓名:)
If "Yes", please specify the name and dose of the drug. 如「是」，請註明所服藥物的名稱及劑量 。

Yes是

No否

10.Has any person to be covered engaged in any hazardous pursuit (e.g. motor car, motor cycle racing or diving, etc)? If yes, please complete related questionnaires.
本申請表內所包括之受保人是否曾參加有危險性之活動 (如賽車、電單車賽事或潛水等)? 若「是」，請繼續填寫有關問卷。

Yes是

No否

11.Has any person to be covered ever been insured against critical illnesses or with any Medical Insurance? If yes, please specify the name of Insurance Company and advise whether the person's application has been declined, deferred or accepted at special terms.
本申請表內所包括之受保人是否曾購買任何醫療保險，或就危疾購買保險？若「是」，請列明保險公司之名稱及該受保人之申請曾否不被接納或被延或附加特別條款。
(Name of Insurance Company 保險公司名稱:)

Yes是

No否

If you reply "Yes" in any of the above questions (except question 9), please give name(s), date and full details in the spaces provided below. Please also provide the relevant medical report, if any. 如上述任何問題回答「是」 (問題9除外)，請在下方列出其姓名、日期及詳細情況。如有醫療報告，請連同此申請一併遞交。

If you need more than one sheet, please tick this box. 如需另加紙填寫，請在此格填上「✓」號。

Question No. 問題號碼	Name / Relation with the Insured 姓名 / 與受保人之關係	Nature of Condition, Diagnosis and Related Treatment / Name of Medication 情況、診斷及相關治療 / 藥物名稱	Date of Onset / Recovery 病發 / 痊癒日期	Degree of Recovery 痊癒程度	Name & Address of Doctor 醫生姓名及地址	Name of Insurance Company / Policy No. / Special Conditions 保險公司名稱 / 保單號碼 / 附加條款

Payment Method 付款方法

☐ Yearly by Credit Card 以信用卡年繳 ☐ Monthly by Credit Card 以信用卡月繳 ☐ Yearly by Cheque 以支票年繳 (Please attach cheque* for first year premium 請連同首年保費之支票*寄回)

* Cheque payment must accompany this Application Form. Please make the cheque payable to "Prudential General Insurance Hong Kong Limited". *申請表須連同保費支票一併繳交。請註明支票抬頭人為「保誠財險有限公司」。

Credit Card Account Details 信用卡戶口資料

Applicable to premium payment by credit card only. 只供選擇以信用卡繳付保費之客戶填寫

☐ VISA ☐ MasterCard

Credit Card Number
信用卡號碼

Credit Card Expiry Date
信用卡有效期至

mm月

yy年

I/We hereby authorize Prudential General Insurance Hong Kong Limited to collect from my/our designated credit card account for all payment(s) and recurring payment(s) of this insurance including that/those related to subsequent endorsement(s) and its renewal(s).
本人/吾等授權保誠財險有限公司，經由本人/吾等指定的信用卡戶口內，扣除有關本保單所有及經常性保費，包括與其後背書及續保有關之所有及經常性保費。

Cardholder's Name
信用卡持有人姓名

Cardholder's Signature
信用卡持有人簽名

Date
日期