Comprehensive Products to Cater for Your Needs

Prudential General Insurance Hong Kong Limited takes care of your everyday needs by providing a comprehensive range of products, including:

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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)
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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。

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保誠精選 — 診療寶

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保誠精選 - 康療寶

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保誠精選 一 興業寶

保誠精選 — 團體醫療寶

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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:

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)

GI3/BR0022B/P01 (09/14)

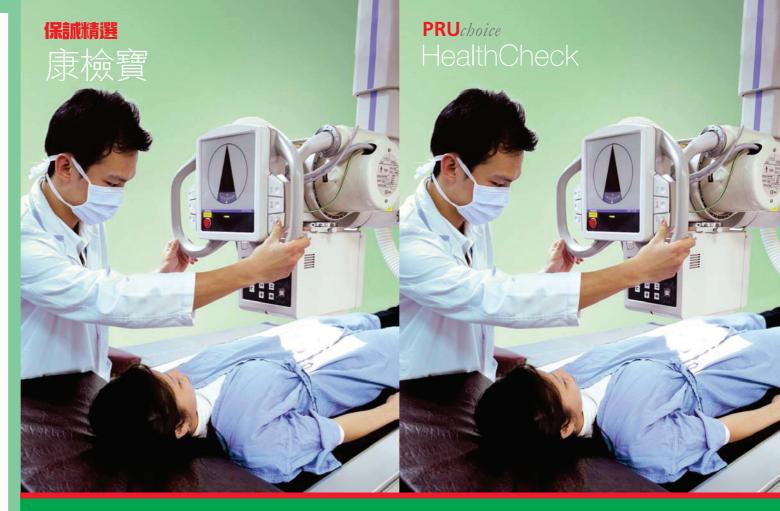
香港鰂魚涌華蘭路25號栢克大廈3樓

www.prudential.com.hk

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醫療保障

Medical Insurance

Always Listening Always Understanding





Common Cancer in Hong Kong 香港常見癌症

Smoker has a risk of Lung Cancer 士患肺癌的機會是非煙民的20倍。 20 times higher than a nonsmoker. 吸食二手煙患上肺癌的機會較其他 the risk of getting Lung Cancer 2 to 人高2-3倍。 3 times

1 in 10 smokers get Lung Cancer. 10%吸煙人士會患上肺癌。吸煙人

of Colorectal Cancer. Those aged over 50 with a family history should have regular check-up for early 檢測,及早偵測病發。

High-fat, high protein and 高脂肪、高蛋白質和低纖維飲食習 low-fiber diet may increase the risk 慣可能增加患上大腸癌的機會。年 過50歲而有家族病歷者應定期進行

55% of the world's Liver Cancer is 全球有55% 肝癌由乙肝病毒所致。 caused by Hepatitis B infection. 乙肝病毒攜帶者患肝癌機會比非乙 Caused by Departure The chance of carriers getting Liver 肝病毒攜帶者大約高100倍

is double of that of women. The 倍。50歲以後患胃癌的機會更高。 chance is even higher after age of

Chance of Stomach Cancer for men 男性發生胃癌的機會是女性的兩

1 in every 19 women stands a 每19個女性中, 便有1位有機會罹 chance of having Breast Cancer.

Chinese ranks No. 1 incidence rate 中國人的發病率高踞世界第一,華 Southern China and Hong Kong 與嗜吃鹹魚、醃菜有關 is and may be related to the predilection of salted fish and pickled vegetables.

in the world, which even higher in 南一帶及香港發病相對更高,估計

Male of age over 50 and with family 50歲以上及有前列腺癌家族史的男 history of Prostate Cancer carry 性,前列腺癌的發病機率大大增加。 higher risks

Due to the location of ovary is deep 由於卵巢位於骨盆腔深處,早期病 inside the pelvic cavity and the 徵並不明顯,因而耽誤治療,因此 undifferentiated early symptoms, diagnosis and treatment are often delayed and thus Ovarian Cancer results in high death rate.

卵巢癌的死亡率偏高。

Persistent HPV infection increases 持續感染人類乳頭瘤病毒者,有較 can reduce the chance of Cervical Cancer by 90%.

the risk of CIN. Regular Pap Smear 高機會造成子宮頸細胞變異。定期 進行柏氏塗片檢查, 可減低子宮頸 癌發病率達九成。



PRUchoice HealthCheck Insurance

"Prevention is better than cure". Staving healthy brings a promising life not only to you, but also to your family. Some illnesses do come about without any signs, however, they may be diagnosed during preventive check ups. As early treatment is good for recovery, the earlier the illnesses are identified and treated, the higher the chance of total recovery. Listening to your needs. Prudential offers PRUchoice HealthCheck Insurance - a package of health check up and insurance protection to you and vour family.

預防勝於治療,時常保持身心健康,才可讓您及您的家人擁有一個 美滿的人生。雖然部份疾病往往在毫無先兆的情況下發生,但它們 是可以及早在預防性身體檢查中被發現的。正所謂「病向淺中醫」, 若我們能及早對症下藥,便能大大提高根治的機會;保誠用心聆聽 您的需要,綜合了身體檢查及保險元素,推出保誠精選「康檢寶 | 醫療保障計劃,保障您和您家人的健康。

Special Features 計劃特點

1. Flexible Plans to Suit your Needs 靈活計劃組合以迎合您的需要

PRUchoice HealthCheck offers comprehensive Standard health check up plan, and let you select up to 7 Cancer Markers, Female Plan. Hepatitis B Tests and Helicobacter Pylori Test according to your needs. Once your application has been approved and issued, you may receive the health check up right after the 15 days waiting period.

保誠精撰「康檢寶 | 提供全面基本健康檢查計劃,並讓您因應個人 需要,選取多達7項的癌症指標測試、女性計劃、乙型肝炎測試及 幽門螺旋菌測試。申請一經批核,經過15天的等候期後,您便可 接受身體檢查。

2. Free Follow Up Tests on Abnormal Findings 遇異常結果可獲免費跟進檢驗

Should the results of some specific check up items reveal abnormal findings, don't worry! On the recommendations of our doctor, you shall be arranged with free in-depth follow up tests in order to ascertain the findings.

假若有關項目的檢查結果呈異常結果,請您不用擔心!在我們的醫 生建議下,您將可獲安排推行一次更深入的跟推檢查,以進一步確 認結果,費用全免。

3. Doctor's Consultation

(Applicable to Section I - Health Check Up under Standard Plan)

醫生讀解報告 (適用於項目 健康檢查中的基本計劃)

Whether there are abnormalities in your check up result, we always believe you deserve to know more about your health status. Under Standard Plan of PRUchoice HealthCheck, we would provide you an appointment with designated doctor for his/her professional advices on your check up results.

我們相信,無論檢查報告中是否有異常的結果,您都應該多一點了 解自己的身體狀況。在保誠精撰「康檢寶」的基本計劃中,我們特別 包括了一次與指定醫生會面的機會,以便您聽取指定醫生對檢查報 告結果的專業意見。

Benefits at a Glance 保障範圍一覽表

I. Health Check Up 健康檢查△

Standard Plan 基本計劃

Standard Plan 奉本計劃						
Benefit Description 保障內容	Abnormal Finding Suggests the Likelihood of 如有異常結果,可能患有	FREE Follow Up Test for Abnormal Finding 免費異常結果跟進檢查				
1. General Fitness Examination 體格檢查 Height & Weight 身高及體重 Body Mass Index 身體質量指數	Obesity or Malnutrition 癡肥或營養不良	N/A 不適用				
2.Haematological Tests 血液學檢查 Complete Blood Count 血全計	Anaemia or Thalassaemia 貧血或地中海貧血	Complete Blood Count for two Direct Family Members (including Spouse & Children) if suspected of having Thalassaemia 如懷疑帶有地中海貧血特性,兩位直系親屬(包括配偶及子女)可安排進行血全計檢查				
3. Diabetes Screening 糖尿病測試 Glucose 血糖	Diabetes Mellitus 糖尿病	N/A 不適用				
4. Cholesterol Screening 膽固醇檢查 Total Cholesterol 總膽固醇 HDL Cholesterol 高密度脂蛋白膽固醇 LDL Cholesterol 低密度脂蛋白膽固醇 Triglyceride 三酸甘油脂	Stroke, Coronary Heart Diseases or Fatty Liver Disease 中風、冠心病或脂肪肝	N/A 不適用				
5. Renal Function Tests 腎功能檢查 Macro and Micro Urinalysis 小便常規測試 Creatinine 肌酸酐 Urea 尿素	Nephritis, Diabetes Mellitus or Renal Failure 腎炎、糖尿病或腎功能衰退	N/A 不適用				
6. Liver Function Tests 肝功能測試 SGPT 谷丙轉氨酶 SGOT 谷草轉氨酶 Alkaline Phosphatase 鹼性磷酸酶	Liver Failure or Cirrhosis 肝功能衰退或肝硬化	N/A 不適用				
7. Gout Disease Screening 痛風症檢查 Uric Acid 尿酸	Gout 痛風症	N/A 不適用				
8.Thyroid Gland Function Test 甲狀腺功能測試 T4 甲狀腺素	Hypothyroidism 甲狀腺分泌失調	N/A 不適用				
9. Cardiopulmonary Examination 心肺檢查 Chest X-ray 胸部X光平片	Tuberculosis, Pneumonia, Lung Cancer or Heart Enlargement 肺結核、肺炎、肺癌或心臟發大	CT Thorax (low dose screening) if suspected of having Lung Cancer 如懷疑有肺癌,可安排進行胸部電腦掃描(低劑量普查)				
10.Cardiology Examination 心臟檢查 Electrocardiogram with Computer Interpretation (ECG) 電腦分析心電圖	Coronary Heart Diseases 冠心病	Treadmill Test 運動心電圖				
11.Faecal Test 糞便檢查 Stool Test for Occult Blood 糞便潛血檢查	Colorectal Diseases 腸道疾病	N/A 不適用				
12. Report Interpretation and Advice by Registere 由註冊醫生解釋報告及提供意見	ed Medical Practitioner	N/A 不適用				

Optional Plan 自選計劃

Benefit Description 保障內容	Abnormal Finding Suggests the Likelihood of 如有異常結果,可能患有	FREE Follow Up Test for Abnormal Finding 免費異常結果跟進檢查
A. Cancer Marker Options 自選癌症抗	上 上標測試	
Total PSA# 總前列腺特異抗原#	Prostate Cancer 前列腺癌	Free PSA and/or TRUS Prostate 游離前列腺特異抗原及/或 前列腺超聲波
Pap Smear (ThinPrep)* 柏氏子宮頸塗片檢查 *	Cervical Cancer 子宮頸癌	Pap Smear (ThinPrep) and/or Colposcopy and Biopsy 柏氏子宮頸塗片檢查及/或 陰道鏡及活組織檢驗
Ultrasound of Breasts* 乳房超聲波 *	Breast Cancer 乳癌	Mammogram 乳房造影
CA72.4 癌抗原72.4	Stomach Cancer 胃癌	OGD 上消化道內窺鏡
EBV IgA 鼻咽癌病毒抗體	Nasopharyngeal Cancer 鼻咽癌	MRI Nasopharynx and Neck 鼻咽及頸部磁力共振
AFP 甲胎蛋白	Liver Cancer 肝癌	Ultrasound of Liver, Gall Bladder & Biliary System 肝、膽及膽管超聲波
CEA 癌胚抗原	Colorectal Cancer 結腸直腸癌	Colonoscopy 大腸內窺鏡
B. Female Plan 女性計劃 *		
Pap Smear (ThinPrep) 柏氏子宮頸塗片檢查	Cervical Cancer 子宮頸癌	Pap Smear (ThinPrep) and/or Colposcopy and Biopsy 柏氏子宮頸塗片檢查及/或 陰道鏡及活組織檢驗
Ultrasound of Breasts 乳房超聲波	Breast Cancer 乳癌	Mammogram 乳房造影
Ultrasound of Pelvis 盆腔超聲波	Ovarian Cancer 卵巢癌	N/A 不適用
C. Hepatitis B Tests 乙型肝炎測試		
Hepatitis B Surface Antigen 乙型肝炎表面抗原	Hepatitis B Carrier	N/A
Hepatitis B Surface Antibody 乙型肝炎表面抗體	乙型肝炎病毒攜帶者	不適用
D. Helicobacter Pylori Test 幽門螺旋	菌測試	
Helicobacter Pylori Breath Test 幽門螺旋菌呼氣測試	Helicobacter Pylori 幽門螺旋菌	N/A 不適用

^{*} For Female Only 女性適用

[#] For Male Only 男性適用

[△] See Note a 參閱附註a

II. Free Follow Up Tests for Abnormal Findings (See Note b) 遇異常結果的免費跟進檢查 (參閱附註b)

We will arrange free follow up tests for the above if our doctor recommends you with further investigations to confirm the abnormal findings. The relevant expenses will be fully subsidized by Prudential General Insurance Hong Kong Limited.

若我們的醫生建議您在以上測試後需要接受跟進檢查,以進一步確定 當中異常結果時,我們將會為您安排有關檢查。有關費用將由保誠財 險有限公司全數資助。

III. Free Blood Tests to Direct Family Members for Thalassaemia (See Note b)

為直系親屬免費測試地中海貧血症 (參閱附註b)

Should the check up reveals that you are suspected of having Thalassaemia trait, two of your Direct Family Members (including Spouse & Children) are entitled to a Complete Blood Count examination.

若您不幸於檢查中,被驗出懷疑帶有地中海貧血特性時,您的兩位直 系親屬(包括配偶及子女)亦可獲安排進行血全計檢查,以確定是否亦 有同樣的懷疑。

IV. Second Opinion Consultation Service for Abnormal Findings 就異常結果提供的第二醫療意見服務

Should there be any abnormal findings in your health check up and you have been diagnosed by the designated Registered Medical Practitioner as suffering from stroke, heart diseases or cancer, you can seek professional and detailed second medical opinion. You will pay for it at a discount rate. This service is arranged by the Inter Partner Assistance Hong Kong Limited (I.P.A.).

如在身體檢查中發現有異常結果及經指定註冊醫生診斷患有中風、心 臟病或癌症時, 您可以優惠價徵詢專業及詳盡的第二醫療意見。此服 務由國際救援(亞洲)公司安排提供。

V. 20% Discount on PRUchoice Medical and/or PRUchoice MediExtra and/ or PRUchoice HealthCare (See Note c)

保誠精選「醫療寶 | 及/或保誠精選「健康寶 | 及/或保誠精選「康療寶 | 八折保費優惠(參閱附註c)

Within the 6-month period after you have taken the health check up under PRUchoice HealthCheck, you can enjoy 20% first year premium discount upon the acceptance of your application in applying for PRUchoice Medical and/or PRUchoice MediExtra and/or PRUchoice HealthCare and using the relevant check up report for underwriting purpose.

凡依保誠精選「康檢寶」進行了健康檢查後,只要在其後半年內,新 申請投保保誠精選「醫療寶 | 及/或保誠精選「健康寶 | 及/或保誠精選 「康療寶」,並提交有關檢查報告作核保之用,在有關申請獲接納後, 首年保費即可獲八折優惠。

Note a: All health check ups are to be carried out at Designated Medical Centres.

附註 a: 所有健康檢查需於指定醫療中心進行。

Note b: Under policy coverage of PRUchoice HealthCheck and its subsequent renewals, if any, every eligible Insured Person is entitled to each follow up test and complete blood count examination to Direct Family Members only once.

附註 b: 在保誠精選「康檢寶」下,包括其後續保的保障內,每位合資格的受保人最多只可獲 导各項跟進檢查及提供予直系親屬的血全計檢查一次。

Note c: For the Insured Person to enjoy the 20% first year premium discount on PRUchoic Medical and/or PRU-brice MediExtra and/or PRU-brice HealthCare, he/she should attach a copy of the latest medical report issued by the service provider of PRU-brice HealthCheck together with the relevant application form for underwriting

附註 c: 如受保人欲享獲保誠精選「醫療寶」及/或保誠精選「健康寶」及/或保誠精選「康療寶」首年保費八折優惠,他/她必須隨相關申請表附上一份由保誠精選「康檢寶」健 康檢查服務提供者發出最近期的體檢報告,以作核保之用。

Note d: The above table and their notes must be read in conjunction with the Policy and the Certificate of Insurance issued to the Insured.

附 計 d: 參閱保障範圍表及其附計時,必須連同保單及發給保單持有人之保單證書一併考慮。

Table of Premium 保費表

Coverage 保障範圍 Premium 保費 Standard Plan 基本計劃 HK\$1,155 Optional Plan 自選計劃 A. Cancer Marker Options 自撰癌症指標測試 Ultrasound of Breasts HK\$790 乳房超聲波 Others HK\$340 其他 (Each Item/每項) B. Female Plan HK\$2.030

女性計劃

C. Hepatitis B Tests 乙型肝炎測試

HK\$255

D. Helicobacter Pylori Breath Test 幽門螺旋菌呼氣測試

HK\$790

- You can choose to take health check up plan once every year or once every 您可選擇每年一次或每兩年一次健康檢查。
- It is applicable to Insured Person aged between 18-60 years old. 適用於年齡介平18至60歲的受保人。

Major Exclusions 主要不受保障項目

General Exclusions 一般不受保障項目

• Any health check ups conducted during the waiting period. 任何在保單等候期間所進行之健康檢查。

Exclusions to Section II (Free Follow Up Tests for Abnormal Findings) and Section III (Free Blood Tests to **Direct Family Members for Thalassaemia)**

項目Ⅱ(遇異常結果的免費跟進檢查)及項目Ⅲ(為直系親屬免 費測試地中海貧血症)的不受保障項目

• The Insured Person has already been advised of or diagnosed with abnormal findings in AFP, CEA, Total PSA, Pap Smear, CA 72.4, EBV IgA, or in Complete Blood Count examination or in ECG, or in Chest X-ray test, or in Ultrasound of Breasts, prior to the first effective date of the policy.

若受保人於保單首個保障生效日前,已知道或被診斷出在甲胎蛋 白、癌胚抗原、總前列腺特異抗原、柏氏子宮頸塗片檢查、癌抗原 72.4或鼻咽癌病毒抗體的檢驗中、或血全計檢查中、或電腦分析心 電圖中或胸部X光平片檢驗中、或乳房超聲波檢驗中有異常結果。

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

Locations of the Designated Medical Centres 指定醫療中心地點

Prudential Hong Kong Limited - Medical Department 保誠保險有限公司 - 醫務部

Suites 1705-09, 17/F, Hang Lung Centre, 2-20 Paterson Street, Causeway Bay, Hong Kong

香港銅鑼灣百德新街二至二十號恆隆中心十七樓1705-09室

Hong Kong Imaging and Diagnostic Centre 香港醫療診斷中心

Suite 515-519 Central Building, 1-3 Pedder Street, Central, Hong Kong

香港中環畢打街1-3號中建大廈515-519室

Premier Healthcare & Medical Centre

卓越醫務中心

Suite 1101 11/F Champion Buliding, 301-309 Nathan Road, Jordan, Kowloon

九龍佐敦彌敦道301-309號嘉賓大廈11樓1101室

■ Alpha Medical Diagnostic & Laboratory Center 雅博醫學診斷及化驗中心

Suite 836 8/F One Grand Tower, 639 Nathan Road, Mongkok, Kowloon

九龍旺角彌敦道639號雅蘭中心一期8樓836室

■ Yuen Foong Medical Diagnostic Centre

元豐醫學診斷中心

G/F Mai Kei Building, 138 Ho Pong Street, Tuen Mun, New Territories

新界屯門河傍街138號美基樓地下

Shop 19-20, Golden Plaza, 28 Shui Che Kwun Street, Yuen Long, New Territories

新界元朗水車館街28號萬金中心19-20號

Prudential General Insurance Hong Kong Limited shall have the right to alter the Designated Medical Centres from time to time.

保誠財險有限公司保留一切有關轉換或更改指定醫療中心之權利。



Application Form for PRUchoice HealthCheck Insurance

保誠精選「康檢寶 | 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

GI3/APP0022B/P01 (09/14)

Declaration 聲明

Please ensure you have completed all details below before signing this declaration. 請先填妥以下資料,才簽署此聲明作會。

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 格填上「√│號。如有塗改,請於方格旁簽署作實。

Use separate sheet if more space is needed. 如有需要另加紙填寫。

1. Has any person to be covered been advised to have abnormal findings in previous check up, chest X-ray, ECG test, blood tests, ultrasound test, mammogram test or Pap Smear, or been recommended for more tests based on the findings (whether there is abnormality or not)? If yes, please give details

驗、超	聲波測記 有關結身	t、乳房X	光測試頭	受身體檢查、X光測試、心電圖測試、抽血檢 成柏氏子宮頸塗片檢查時得知有異常結果,或 常情況),被建議接受進一步測試?如「是」,
	lo 否	Ye	s 是	
of or tre give de	eatment etails. 4	of Coror	nary Hea 的受保人	have any foreseeable need for consultation art Disease or Thalassaemia? If yes, please 是否就冠心病或地中海貧血症有可預見之治述。
	lo 否	Ye	s 是	
nature?	? If yes	, please (give deta	been diagnosed with cancer or tumor of any ails. 具有任何形式的癌病或腫瘤?如「是」,請詳
	lo 否	Ye	s 是	

Important Notes to Applicant 申請人須知

1. Disclosure - The applicant is requested to disclose all 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 the cover which the applicant requires, or perhaps may invalidate the Policy altogether.

披露,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

2. A waiting period of 15 days starting from the date the Company receives the Application

保障計劃設有由本公司收訖申請表起計算為期十五日的等候期。

- 3. Premium for the full Period of Insurance must be paid in full before the Effective Date of this Insurance and shall not be refundable. Health check up shall be conducted within the Period of Insurance, Failure to take the health check up within the Period of Insurance shall be considered as voluntary giving up by the Insured. The Company shall not be required to refund or compensate in any form whatsoever for any not taken health check up. 保費將須於牛效日前全數繳付,保障方始牛效,而保費亦不作仟何退款安排。健康檢查必須在
- 保單有效期內進行始獲提供。任何於保單有效期內未進行的健康檢查均視作受保人自願放棄 論,本公司毋須為餘下未進行的健康檢查作任何形式的退款或補償。
- 4. A specimen copy of the Policy and a copy of your completed Application Form will be supplied on request.

如有需要,本公司可提供保單原文及申請表副本以作參考。

5. All benefits and exclusions are only briefly outlined here. For further details, please refer to

上述保障及不保範圍並未包括所有細節,詳情請參閱保單。

- 6. 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。
- 7. The document is intended to be distributed in Hong Kong and shall not be construed as an offer to sell or as a solicitation to buy or provision of any insurance product outside of Hong Kong, Prudential General Insurance Hong Kong Limited does not offer or sell any insurance product in jurisdictions outside of Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

此文件僅旨在香港派發,並不能詮釋為在香港境外提供或出售或游説購買任何保險產品。如在 香港境外之任何司法管轄區的法律下提供或出售任何保險產品屬於違法,保誠財險有限公司 不會在該司法管轄區提供或出售該保險產品。

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 (i) 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;(q) 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(i) 符合法律或監管當局

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: (i) 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; (i) 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推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 for myself and/or spouse as the person to be insured under the PRUchoice HealthCheck Insurance.
 - 本人茲申請為保單持有人並為本人及/或配偶申請為保誠精選「康檢寶」醫療保障計劃之受保人。
- I acknowledge that benefits are not payable under the PRUchoice HealthCheck Insurance for any
 costs and payment arising from any existing illnesses or 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「康檢寶」醫療保障計劃之規定,凡因已存在之疾病或情況而引致之支 出及款項,除非本人在申請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 不予保障。

- 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/吾等與保誠之間所訂合約的根據。
- The insurance will not be in force until the application has been accepted by Prudential and the premium has been paid, except to the extent of any official cover note which may be issued. 除持有保誠簽發的臨時保單外,保障需在保誠覆核、接納申請及**已繳付保費**後才生效。
- 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 PRUchoice
 HealthCheck 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「康檢寶」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。

I/We hereby declare that I have read and understood the content of the brochure, and have the
right to request for the policy specimen for the details of the coverage.
 本人/吾等明己細閱及清楚明白有關小冊子內容,及有權要求素取保單樣本了解有關保障詳細範圖。

Signature of Applicant 申請人簽署				
X				
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 No. 手提電話號碼	Office Location 辦公室地點			
	(ES1/FTW/PT/CRB/PT2/CC/EWT) /F			
For Office Use Only 本公司專用				
Approved by :				
Date :	Loading:			
Effective Date :				
Restrictions: No / Yes				

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□ One of the Insured Person(s) 其中一位受保人 □ Contact Person 聯絡	8人		
Name 姓名 Given Name 名	I.D. No. / Passport No. 身份證	/護照號碼 Date of Birth 出生	日期(dd日 / mm月 / yy年)
Gender 性別	Nationality 國籍	Occupation 職業	
Home Tel No. 住宅電話號碼	Mobile No. 手提電話號碼	E-mail Address 電子郵箱	
Correspondence Address 通訊地址			
Details of Person to be Covered 受保人詳情 (If different from the application)	ant 如非申請人)	Spouse with age 60 or below can be included in this application.	比申請可包括閣下年齡在60歲或以下之配偶。
Name 姓名	I.D. No. / Passport No. 身份證/護照號碼	Date of Birth 出生日期 (dd日 / mm月 / yy年)	Gender 性別 □ Male 男 □ Female 女
Nationality 國籍 Occupation 職業	Mobile No. 手提電話號碼	E-mail Address 電子郵箱	
Coverage Options 保障選擇	(Please ✓ as the appropriate. 請在適當方	_{格加上√號∘)} Payment Method 付	款方法

Coverage 保障範圍	Applicant 申請人	Spouse 配偶	Premium 保費
Coverage Period 投保年期	☐ Once Every Ye	ar 每年一次 Once Every Tw	o Years 每兩年一次
Standard Plan 基本計劃			HK\$1,155
Optional Plan 自選計劃			
A. Cancer Marker Options 自選癌症指標測試			
• Ultrasound of Breasts 乳房超聲波*			HK\$790
● Total PSA 總前列腺特異抗原#			
Pap Smear (ThinPrep) 柏氏子宮頸塗片檢查*			
• CA72.4 癌抗原72.4			HK\$340
● EBV IgA 鼻咽癌病毒抗體			(Each Item/每項)
• AFP 甲胎蛋白			
● CEA 癌胚抗原			
	Total items / 總項	Total items / 總項	
B. Female Plan 女性計劃* Pap Smear (ThinPrep), Ultrasound of Breasts and Ultrasound of Pelvis 柏氏子宮頸塗片檢查、乳房超聲波及盆腔超聲波			HK\$2,030
C. Hepatitis B Tests 乙型肝炎測試 Hepatitis B Surface Antigen and Surface Antibody 乙型肝炎表面抗原及表面抗體			HK\$255
D. Helicobacter Pylori Test 幽門螺旋菌測試 Helicobacter Pylori Breath Test 幽門螺旋菌呼氣測試			HK\$790
Total Premium 總保費			

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Cred	t Card Aut	horisation	信用卡付	款授權 書		
		ayment by credit			缴付保費之容	客戶填寫。
Credit 信用卡 I/We he designatincludin 本人/吾	ed credit card that/those relat 手授權保誠財險和		payment(s) a endorsemen 人/吾等指定的	and recurring parties and its ren	payment(s) o ewal(s).	of this insur
 Cardh	older's Name	き信用卡持有/	人姓名			
X	older's Signa	uture 信用卡持	 右人簽名			
Cardh						