

醫療寶 醫療保障

Medical Insurance



健康



HEALTH

用心聆聽 更知你心

PRUDENTIAL
英國 保誠

Always Listening
Always Understanding

PRUDENTIAL
英國 保誠

PRU^{choice} Medical Insurance 保誠精選「醫療寶」醫療保障計劃

Health is an invaluable asset. Yet, misfortunes do sometimes occur and if you contract illness or come across accidents unfortunately, you will have to pay the expensive medical and hospitalization costs. Choosing a medical plan that suits your needs is therefore your immediate concern. To help you plan better for these unexpected financial burdens, Prudential General Insurance Hong Kong Limited now offers **PRU^{choice} Medical Insurance** – the most comprehensive health protection for you and your family.

健康是您我擁有的無價寶，若不幸罹患疾病或遭遇意外而需要入院，您便要面對昂貴的醫療費用。因此，選擇一個適合您需要的醫療計劃實是當務之急。為幫助您及您的家人為突如其來的醫療負擔作好準備，保誠財險有限公司誠意為您獻上保誠精選「醫療寶」醫療保障計劃，全面保障您及您家人的健康。

Special Features 計劃特點



1 Special Benefit of Cancer Treatment and Renal Dialysis Care 特設「癌症治療」及「腎透析護理」

Under Basic Hospitalization and Surgical Plan, it especially provides Cancer Treatment and Renal Dialysis Care Benefits. After clients undergo surgeries, the related charges for cancer treatment for example chemotherapy, radiotherapy or immunotherapy, or for renal dialysis are covered.

於基本住院及手術保障計劃中，特設「癌症治療」及「腎透析護理」保障，讓客戶於相關手術後的癌症治療，如化療、電療、標靶治療或洗腎費用均得到保障。

2 Cover surgeries which take place in Clinic or Day Care Unit in Hospitals 保障於診所或醫院日間護理中心進行的手術

Some operations for example Cataract, Colonoscopy or Gastroscopy, can be performed in clinic or day care unit in hospital per doctor's recommendation, these related expenses can be covered in **PRU^{choice} Medical**.

部分手術，例如白內障、大腸/胃內窺鏡等，一般經醫生建議都可以於診所或醫院日間護理中心進行，有關費用同樣可以於保誠精選「醫療寶」得到保障。

3 Worldwide Lifetime Cover and Guaranteed Renewal for Basic Hospital and Surgical Plan 全球保障、終身受保及續保保證 (適用於基本住院及手術保障計劃)

Once you have taken out **PRU^{choice} Medical Insurance**, you can enjoy a worldwide cover without limitation for designated hospitals. What's more? The coverage is lifetime guarantee of annual renewal for Basic Hospital and Surgical Plan regardless of your health condition.

一旦您成為我們的受保客戶，無論您的健康情況如何，我們都會在基本住院及手術保障計劃中，為您提供全球保障，不設指定醫院限制。另外，保單亦提供續保保證，好讓您獲得終身保障。

4 Optional Medical Plus Plan and Hospital Cash Plan 自選「醫療寶上寶」計劃及「住院現金」計劃

With ever-increasing hospital expenses, an extra top-up and hospital cash plan cover will bring you extra protection and relieve you from the worries of having to pay the expensive medical bills in the event of major illnesses or serious accidents. Optional Medical Plus Plan provides covers starting from first day of hospitalization.

您更可選擇投保「醫療寶上寶」計劃及「住院現金」計劃，利用計劃所提供的額外醫療及住院保障，支付高昂的醫療費用。自選「醫療寶上寶」計劃由住院第一天開始起提供保障。

5 Family Discount 與家人同保可享額外折扣優惠

If you insure together with your spouse, or unmarried children aged below 18, an extra 10% discount will be given for all Insured Persons to be covered under the same policy. The discount will also be applicable to your unmarried children if they are full-time students, aged 18 or above but below 23 and, are making separate **PRU^{choice} Medical** application(s) at the same time.

現在只要您與配偶，或未滿18歲之未婚子女同時投保，於同一保單的所有投保人，保費可獲額外9折優惠。如閣下的未婚子女為年滿18歲而又未滿23歲的全日制學生，並以獨立保單同時投保保誠精選「醫療寶」，亦可享有此折扣優惠。

6 No Individual Loading Regardless of Claim Experience 並不因索償記錄而需獨自承受附加保費

Risk under **PRU^{choice} Medical** is managed on a community pool basis. You shall not be imposed of premium loading because of your claim experience.

保誠精選「醫療寶」的風險是由所有受保人共同承擔。您不需要擔心因為您的索償記錄而需獨自承受附加的額外保費。

7 No Medical Examination is required 投保無需驗身

Simply fill in the attached Application Form and enjoy the peace of mind that is brought by our **PRU^{choice} Medical Insurance**. No medical examination is required.

投保手續簡易，只需填妥附頁之保誠精選「醫療寶」醫療保障計劃申請表，無需驗身即可成為保誠財險有限公司的受保客戶。

Major Exclusions 主要不受保障項目



- Treatment arising from war, invasion, civil war, hostilities and act of terrorism
- Illness or injury which originated before the effective date
- Pregnancy, miscarriage, abortion, childbirth, birth control and treatment of infertility
- Treatment arising from abuse of drugs, alcohol, self-inflicted injuries or sexually transmitted diseases
- Treatment of AIDS or HIV-related conditions which originate during the first five years of insurance
- Treatment relating to congenital or hereditary conditions or diseases
- Hospitalization primarily for diagnostic scanning X-ray examinations unless provided under Section I (15) or for physical therapy only
- 因戰爭、入侵、內戰、開戰及恐怖主義活動等引致之治療
- 在保障生效日期前已存在之疾病或損傷
- 懷孕、流產、墮胎、分娩、節育及治療不育
- 因濫用藥物、酗酒、經自傷身體或因性接觸感染之疾病所引致的治療
- 在投保的首5年內，因後天免疫力缺乏症(愛滋病)或與人類免疫力缺乏之相關病毒[HIV]引致的治療
- 任何有關先天性或遺傳性情況或疾病的治療
- 所有純粹因斷症掃描，X光檢查[惟在I項(15)部份另有提供則除外]或作物理治療程序而住院的治療

Frequently Asked Questions 常見問題



Q1: Does PRUchoice Medical cover expenses for day case surgeries, like cataract operation, colonoscopy, gastroscopy?
一些可於日間門診進行的手術，如白內障、大腸內窺鏡、胃內窺鏡等，是否可於保誠精選「醫療寶」中得到保障？

Yes, though these surgeries may just take few hours in hospital or even the stay is within day care unit of a hospital or clinic, the medical expenses involved for room and board, surgeon, anaesthetist and operating theatre fee can be reimbursed as according to the benefit items of Basic Hospital and Surgical Plan. Related excess will be covered under the Optional Medical Plus Plan up to 80% of eligible expenses when these amounts have reached the maximum limits under Basic Hospital and Surgical Plan.

可以，雖然這類手術只需留院幾小時，甚至只是在醫院日間診所或門診進行，當中的住院費、醫生費、麻醉師費用及手術室費等，便會按基本住院及手術保障的各個保障項目，逐一支付。當此類費用在基本住院及手術保障計劃中的有關部分最高保障額不敷應用時，自選「醫療寶上寶」計劃將支付當中超出的8成費用。

Q2: Does PRUchoice Medical cover expenses for cancer treatment, like radiotherapy or chemotherapy?
癌症的治療，如電療或化療，是否可以於保誠精選「醫療寶」中得到保障？

Yes. Having been diagnosed as suffered from cancer, the Insured Person may undergo operation to excise the cancer region. The medical expenses involved can be reimbursed as according to the benefit items of Basic Hospital and Surgical Plan. After surgery, the Insured Person may need to take chemotherapy or radiotherapy in hospital, day care unit or clinic, such related charges can be covered under the Cancer Treatment.

可以。若受保客戶患上癌症，需要入院進行切除癌細胞手術時，當中的費用會按基本住院及手術保障的各個保障項目，逐一支付。在接受手術後，受保客戶仍可能需要在醫院、日間護理中心或診所進行化療或電療，「癌症治療護理」將可以支付有關的治療費用。

Q3: If client has been diagnosed with renal failure, does PRUchoice Medical provide any coverage?
如客人不幸患上腎衰竭，需要接受洗腎，保誠精選「醫療寶」是否提供醫療保障？

If client has suffered from chronic and irreversible renal failure, he/she requires receiving on-going and regular renal dialysis. In this regard, PRUchoice Medical provides "Renal Dialysis Care" benefit in Basic Hospital and Surgical Plan to cover the charges of haemodialysis or peritoneal dialysis performed during hospital confinement or in day care unit of a hospital or Renal Dialysis centre.

如果客人不幸患上慢性及不可復原之腎衰竭而需要長期及定期接受洗腎時，保誠精選「醫療寶」特別在「腎透析護理」中，支付於住院期間或醫院日間診所或洗腎中心進行的血液或腹膜透析的洗腎費用。

Q4: Does PRUchoice Medical cover implant appliance required during the operations?
若客戶接受手術時，需要植入儀器，保誠精選「醫療寶」是否能保障所需費用？

Yes, some common implant appliances, such as the intraocular lens for cataract operation, stent and pacemaker in heart operation, and prosthesis in operation for arthritic joint stiffness, are covered under the Miscellaneous Hospital Services section. When the maximum limits are reached under Basic Hospital and Surgical Plan, the related excess will be covered under the Optional Medical Plus Plan up to 80% of eligible expenses.

是的，一些手術中常見的植入儀器，例如白內障手術中需植入人工晶體、心臟病手術的血管支架及起搏器、及醫治關節炎引起之關節硬化之人工關節等，均可在「住院雜項」中獲得保障。而有關費用在基本住院及手術保障計劃中有關部分最高保障額不敷應用時，自選「醫療寶上寶」計劃將支付當中超出的八成費用。

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:

- **PRUchoice** Card Protection Plus
- **PRUchoice** China Accidental Emergency Medical
- **PRUchoice** China Protection
- **PRUchoice** Clinic
- **PRUchoice** Cruise Travel
- **PRUchoice** Golfers
- **PRUchoice** HealthCare
- **PRUchoice** HealthCheck
- **PRUchoice** HealthCheck Deluxe
- **PRUchoice** Home
- **PRUchoice** Home Deluxe
- **PRUchoice** Home Landlord
- **PRUchoice** Maid
- **PRUchoice** Medical
- **PRUchoice** MediExtra
- **PRUchoice** Motor
- **PRUchoice** Personal Accident
- **PRUchoice** Personal Accident Plus
- **PRUchoice** Travel
- **PRUchoice** Travel Oversea Study
- **PRUchoice** Travel Working Holiday
- **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 — 中國安心寶
- 保誠精選 — 診療寶
- 保誠精選 — 郵輪旅遊樂
- 保誠精選 — 高球樂
- 保誠精選 — 康療寶
- 保誠精選 — 康檢寶
- 保誠精選 — 尊尚康檢寶
- 保誠精選 — 家居寶
- 保誠精選 — 名家寶
- 保誠精選 — 業主寶
- 保誠精選 — 僱傭寶
- 保誠精選 — 醫療寶
- 保誠精選 — 健康寶
- 保誠精選 — 駕駛寶
- 保誠精選 — 安健寶
- 保誠精選 — 倍安寶
- 保誠精選 — 旅遊樂
- 保誠精選 — 海外留學寶
- 保誠精選 — 工作假期寶
- 保誠精選 — 樓宇寶
- 保誠精選 — 商舖寶
- 保誠精選 — 興業寶
- 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 :

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

Note : This brochure is for reference only and does not constitute any contract or any part thereof between Prudential General Insurance Hong Kong Limited and any other parties. Regarding other details and the terms and conditions of this insurance, please refer to the policy document. Prudential will be happy to provide a specimen of the policy document upon your request.

註 : 此小冊子只作參考之用，不能作為保誠財險有限公司與任何人士或團體所訂立之任何合約或合約之任何部份，有關本保險之其他詳情及條款及條件，請參閱保單。如有需要，保誠樂意提供保單樣本以供閣下參考。所有中文簡譯，如與英文有異，概以英文為準。

Table of Benefits 保障金額表



The following table and their notes must be read in conjunction with the Policy and the Certificate of Insurance issued to the Insured.
參閱保障金額表及其附註時，必須連同保單及發給保單持有人之保單證書一併考慮。

Section Description 各項保障內容	Level of Cover 投保等級	Maximum Limit 最高限額 (Per Insured Person in HK\$ / 每位受保人以港幣\$計算)			
		Private Room 私家病房	Semi-Private Room 半私家病房	Ward Bed 大房病床	
I. Basic Hospital & Surgical Plan 基本住院及手術保障計劃 (See Note a 參閱附註 a)					
1. Room and Board 住院及膳食費用 (include room and board and meal charges 包括住宿及膳食費用) (maximum of 182 days each year, each day up to 每年最多182日，每日最高金額為)		4,000	1,900	850	
2. Miscellaneous Hospital Services 住院雜項 (each year up to 每年最高金額為) (include medicines, X-rays, laboratory examinations, implant appliances including intraocular lens, stent and pacemaker etc. 包括藥物、X光片、實驗室化驗及植入儀器例如植入眼內的晶體、血管支架及心臟起搏器等。)		35,000	23,000	18,500	
3. Intensive Care* 深切治療* (each year up to 每年最高金額為) * See Note a(1.) 參閱附註 a(1.)		25,000	22,500	19,400	
4. Special Nursing Services 特別看護服務 Both at home and in hospital by a Qualified Nurse and recommended by the attending Physician (maximum of 91 days each year, each day up to) 有關住院期間或在家中之看護服務，必須由合資格護士負責及主診醫生推薦 (每年最多91日，每日最高金額為)		800	500	300	
5. Surgeon's Fee 外科醫生費 (For each operation up to) (按每次手術之最高金額為)	• Complex Major Operation • Major Operation • Intermediate Operation • Minor Operation	• 複雜大手術 • 大手術 • 中手術 • 小手術	66,700 48,100 20,800 7,200	42,000 32,600 13,800 5,800	30,600 25,100 10,100 4,800
6. Anaesthetist's Fee 麻醉科醫生費 (For each operation up to) (按每次手術之最高金額為)	• Complex Major Operation • Major Operation • Intermediate Operation • Minor Operation	• 複雜大手術 • 大手術 • 中手術 • 小手術	22,100 15,900 6,900 3,200	13,300 10,700 4,600 2,100	10,100 8,200 3,300 1,800
7. Operating Theater Fee 手術室租金 (For each operation up to) (按每次手術之最高金額為)	• Complex Major Operation • Major Operation • Intermediate Operation • Minor Operation	• 複雜大手術 • 大手術 • 中手術 • 小手術	22,100 15,900 6,900 3,200	13,300 10,700 4,600 2,100	10,100 8,200 3,300 1,800
8. In-Patient Physician's Fee 住院治療之醫生費用 (maximum of 182 days each year, each day up to 每年最多182日，每日最高金額為)		2,650	1,150	650	
9. In-Patient Specialist's Fee for treatment including consultation, pathology, radiology, physiotherapy and chiropractic 住院專科醫生費用，包括診症、病理研究、放射性治療、物理治療及脊醫治療等費用 (each year up to 每年最高金額為)		10,400	3,700	2,200	
10. Pre-admission* and Follow-up Outpatient Care 入院前*及出院後之門診護理 (each year up to 每年最高金額為) Include two related pre-admission outpatient consultations and all related follow-up outpatient consultations including that of specialist consultation, physiotherapy and chiropractic treatment within 6 weeks after discharge from hospital. 包括兩次入院前與住院有關門診費用，和出院後六星期內所有與住院治療有關之門診費用、專科醫生、物理治療及脊醫治療費用。 * See Note a(2.) 參閱附註a(2.)		4,600	2,600	1,750	
11. Cancer Post-hospitalization Chinese Medication Care 癌症出院後之中醫治療 Cover the related consultation and medication fee of Chinese Medicine Practitioner within 6 weeks immediately after discharge from hospital arising out of Cancer (maximum of 15 consultations each year, each consultation up to) 在出院後六星期內提供與因癌症住院治療有關的中醫師診症及治療費用 (每年最多15次，最高金額為)			200		
12. Cancer Treatment 癌症治療 Cover related cancer treatment including the charges of Chemotherapy (e.g. Targeted Therapy), Immunotherapy and Radiotherapy taken during hospital confinement, in day care unit of hospital or clinic (each year up to) 支付於住院期間或醫院日間診所或診所的癌症治療包括進行化療(如標靶治療)、免疫療法及電療的費用等 (每年最高金額為)		120,000	100,000	80,000	

Section Description 各項保障內容	Level of Cover 投保等級	Maximum Limit 最高限額 (Per Insured Person in HK\$ / 每位受保人以港幣\$計算)		
		Private Room 私家病房	Semi-Private Room 半私家病房	Ward Bed 大房病床
13. Companion Bed 住院陪床 (stay with the Insured Person "aged 17 or below" or "aged 65 or above" 只供陪伴「17歲或以下」或「65歲或以上」的受保人) (maximum of 90 days each year, each day up to 每年最多90日，每日最高金額為)		900	600	300
14. Emergency Transportation Subsidy 緊急醫療交通費用 (each hospital confinement up to 每次住院最高金額為) Cover the taxi fare for immediate hospitalization arising out of accident 支付因意外而導致緊急送院治療所需之的士費用		400	300	200
15. In-patient Diagnostic Examination* 住院診斷性檢查保障* (each year up to 每年最高金額為) *See Note a(3.) 參閱附註a(3.)		7,300	6,700	6,000
16. Renal Dialysis Care 腎透析護理 Cover the charges of haemodialysis or peritoneal dialysis arising out of chronic and irreversible renal failure whether the procedure is taken during hospital confinement, in day care unit of hospital or Renal Dialysis centre (each year up to) 支付因慢性及不可復原之腎衰竭而無論是於住院期間或在醫院日間診所或洗腎中心進行的血液透析或腹膜透析的費用 (每年最高金額為)		100,000	75,000	50,000
17. Accident and Emergency Outpatient Care 意外及緊急門診護理 Cover consultations, treatment, diagnostic examination and medication fees incurred at the outpatient department or accident and emergency department of hospital arising out of the accident (each year up to) 支付因意外引致而於醫院門診或急症部以門診形式接受治療的費用，包括診症、治療、診斷性檢查及藥物 (每年最高金額為)		11,000	8,500	6,500
Annual Overall Limit 每年最高保障額: Application to Insured Person(s) aged 65 or over at commencement of Period of Insurance subject to annual hospital benefits per year up to: 於保障期生效時，年齡達65歲或以上之受保人，全年總計的醫療保險金額為：		700,000	315,000	150,000

II. Optional Medical Plus Plan 自選「醫療實上實」計劃 (See Note b 參閱附註 b)

80% of the eligible expenses in excess of the maximum benefits payable under Section I, (1-3,5-9) of the Basic Hospital and Surgical Plan (each year up to) 根據基本住院及手術保障計劃中I項1-3及5-9部分索償時，如該部分的最大保障金額不敷應用，自選「醫療實上實」計劃將支付其超出之80%醫療費用 (每年最高金額為)	550,000	280,000	110,000
---	---------	---------	---------

III. Optional Hospital Cash Plan 自選「住院現金」計劃 (See Note c 參閱附註 c)

Payable from the 3rd day of the hospital confinement (maximum of 182 days each year, each day eligible for) 由住院第三天起支付 (每年最多182日，每日可獲金額為)	500	400	300
---	-----	-----	-----

IV. 24 Hours Emergency Assistance Services Benefits include 24小時緊急支援服務保障包括:

- Access to 24-hour emergency telephone service
 - Medical evacuation (Unlimited Cover)
 - Repatriation to Hong Kong (Unlimited Cover)
 - Repatriation of mortal remains / ashes (Unlimited Cover)
 - Arrangement of medical equipment / medication
 - Dispatch of physician
 - Travel information, medical information, legal referral, interpreter referral, etc.
 - Hospital deposit guarantee up to HK\$39,000
 - An extra benefit up to HK\$120,000 in addition to the Basic Hospital & Surgical Plan in case of immediate hospitalization right after emergency evacuation
- 提供24小時緊急電話服務
 - 醫療救援 (無限額保障)
 - 護送回港 (無限額保障)
 - 遇身故後，將遺體或骨灰運返原居地 (無限額保障)
 - 安排運送所需藥物 / 醫療器材
 - 必要時派遣醫生到您身處的地方進行診治
 - 旅遊及醫療資料諮詢服務、法律及傳譯轉介服務等
 - 提供住院按金保障，最高可達港幣\$39,000
 - 進行緊急醫療護送後，若入院治療該病症的費用超出基本住院及手術保障計劃內之住院保障額，病者將可獲得額外住院保障，最高可達港幣\$120,000

Note a: Basic Hospital and Surgical Plan

1. As a Supplement to the normal benefit under Section I (1), Prudential General Insurance Hong Kong Limited will pay an additional benefit to the amount shown for room and board charges necessitated by an intensive care phase of critical illness.
2. Under the benefit of Section I (10), the pre-admission outpatient consultations cover visits to the attending doctor or the family doctor as stated in the application form by the applicant.
3. Under the benefit of Section I (15), if the Insured Person has the sign and symptom of illness and is recommended and referred by his / her attending doctor to receive diagnostic examination in a hospital, we will pay the relevant and necessary expenses for room and board, miscellaneous hospital services (including diagnostic examination in hospital) and in-patient physician's fee, even though no follow up treatment in hospital is needed. If the diagnostic examination reveals treatment in hospital is further required, all the aforementioned relevant expenses for room and board, miscellaneous hospital services (including diagnostic examination charges) and in-patient physician's fee, shall be covered as per the respective Sub-Sections under Section I. In case any expenses payable under Section I (15), all expenses incurred in the same Hospital Confinement shall not be eligible to be paid under the other respective Sub-Sections of Section I.

Note b: Optional Medical Plus Plan

1. The benefits of this Section will be pro-rated if the room & board is upgraded.
2. Except for overseas emergency treatment certified by a Physician, Optional Medical Plus Plan is applicable to in-patient hospitalization in Hong Kong only.

Note c: Optional Hospital Cash Plan

1. The Optional Hospital Cash Plan should be at the same level of cover as that of the Basic Hospital and Surgical Plan.
2. Days of hospital confinement are calculated based on the number of days room & board charge is incurred.
3. Except for overseas emergency treatment certified by a Physician, Optional Hospital Cash Plan is applicable to in-patient hospitalization in Hong Kong only.

附註a：基本住院及手術保障計劃

1. 除應得之I項（1）部分的住院保障外，保誠財險有限公司將另賠償因病情危殆而需入住深切治療之住院及膳食費用，最高金額如表所示。
2. 在I項（10）部分中有關入院前之門診費用，我們會保障由主診醫生，或申請人在投保時已在本申請表中填寫之家庭醫生所診治的門診費用。
3. 在I項（15）部分中有關住院診斷性檢查保障，若受保人因身體出現病徵及病狀，在應主診醫生建議轉介入住醫院接受診斷性檢查後，在無需要繼續住院接受跟進診治的情況下，我們會賠償在檢查期間的相關費用，例如住院及膳食費用、住院雜項（包括住院診斷性檢查費用）及住院醫生費用。若經診斷性檢查後被確定需要繼續住院接受跟進診治時，所有以上提及的相關住院及膳食費用、住院雜項（包括住院診斷性檢查費用）及住院醫生費用將在I項其他有關部分中獲得保障。若任何費用應在I項（15）予以支付，就該次相同住院涉及之住院費用將不會符合I項其他有關部份的賠償資格。

附註b：自選「醫療寶上寶」計劃

1. 如住院及膳食等級獲得提升時，自選「醫療寶上寶」計劃之賠償按比例計算。
2. 除由註冊醫生所證明之海外緊急治療外，自選「醫療寶上寶」計劃只適用於在香港住院之情況下而作出的賠償。

附註c：自選「住院現金」計劃

1. 自選「住院現金」計劃之投保等級須與基本住院及手術保障計劃之投保等級相同。
2. 住院日數須以醫院收取的住院及膳食費用之日數為準。
3. 除由註冊醫生所證明之海外緊急治療外，自選「住院現金」計劃只適用於在香港住院之情況下而作出的賠償。



Table of Premium 保費表

Age Groups (Inclusive) 年齡組別首尾歲數計算在內	Level of Cover 投保等級	(All figures in HK\$ / 以港幣\$計算)					
		Private Room 私家病房		Semi-Private Room 半私家病房		Ward Bed 大房病床	
		Monthly 按月	Annually 按年	Monthly 按月	Annually 按年	Monthly 按月	Annually 按年
1. Basic Hospital & Surgical Plan 基本住院及手術保障計劃							
15 days/天 - 5 ages/歲		541	5,815	308	3,314	194	2,091
6 - 12		503	5,405	286	3,080	181	1,944
13 - 17		493	5,303	281	3,022	177	1,907
18 - 24		508	5,458	278	2,985	159	1,706
25 - 29		517	5,561	283	3,042	162	1,739
30 - 34		852	9,165	476	5,120	269	2,890
35 - 39		891	9,581	498	5,352	281	3,022
40 - 44		1,016	10,929	568	6,105	320	3,446
45 - 49		1,068	11,486	597	6,417	337	3,621
50 - 54		1,608	17,292	876	9,424	518	5,569
55 - 59		1,737	18,675	946	10,177	559	6,015
60 - 64		1,898	20,404	1,034	11,120	611	6,572
65 - 69		3,553	38,204	1,860	20,002	1,074	11,545
70 - 74		3,688	39,654	1,931	20,761	1,114	11,983
75 - 79*		3,756	40,390	1,966	21,145	1,135	12,205
80 and over 80歲或以上*		3,989	42,891	2,088	22,456	1,205	12,962
2. Optional Medical Plus Plan 自選「醫療實上實」計劃							
15 days/天 - 5 ages/歲		174	1,873	99	1,069	63	675
6 - 12		162	1,738	92	992	58	626
13 - 17		158	1,704	90	972	57	614
18 - 24		145	1,554	79	850	45	485
25 - 29		147	1,585	81	867	46	495
30 - 34		288	3,093	161	1,729	91	974
35 - 39		293	3,154	164	1,763	92	993
40 - 44		302	3,243	169	1,813	95	1,021
45 - 49		335	3,604	187	2,015	106	1,135
50 - 54		660	7,102	360	3,871	213	2,288
55 - 59		739	7,941	403	4,328	238	2,557
60 - 64		751	8,070	409	4,398	242	2,600
65 - 69		1,252	13,467	685	7,367	368	3,962
70 - 74		2,518	27,079	1,387	14,913	730	7,848
75 - 79*		2,864	30,799	1,569	16,867	842	9,058
80 - 85*		2,984	32,082	1,634	17,571	877	9,435
86 - 100*		4,585	49,297	2,632	28,300	1,358	14,606
Not Renewable at 101 and over 101歲及以上，恕不續保		-	-	-	-	-	-
3. Optional Hospital Cash Plan 自選「住院現金」計劃							
Hospital Cash per day 每日住院現金		500		400		300	
15 days/天 - 5 ages/歲		48	521	39	417	29	313
6 - 12		48	521	39	417	29	313
13 - 17		48	521	39	417	29	313
18 - 24		34	361	27	289	20	216
25 - 29		34	361	27	289	20	216
30 - 34		48	511	38	409	29	307
35 - 39		48	511	38	409	29	307
40 - 44		48	511	38	409	29	307
45 - 49		48	511	38	409	29	307
50 - 54		92	987	73	789	55	592
55 - 59		92	987	73	789	55	592
60 - 64		92	987	73	789	55	592
65 - 69*		162	1,746	129	1,391	97	1,045
70 - 74*		255	2,740	203	2,182	153	1,640
Not Renewable at 75 and over 75歲及以上，恕不續保		-	-	-	-	-	-
Premiums are per person covered 保費按每受保人計算							

*For renewal only. 只供續保之用。



Application Form for
PRUchoice Medical Insurance
保誠精選「醫療寶」醫療保障計劃
申請表

Applicable on or after 23 May, 2017
2017年5月23日或之後適用

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/APP0004B/P01 (05/17)

Details of Applicant 申請人詳情 (Please complete in BLOCK LETTERS 請用英文正楷填寫)

☐ As Insured Person as well 同時申請成為受保人

Surname 姓	Given Name 名	I.D.No./ Passport No. 身份證號碼/護照號碼	
Gender 性別 ☐ Female 女 ☐ Male 男	Date of Birth 出生日期 (dd/mm/yy 日/月/年)	Height 身高* (cm/feet 厘米/尺)	Weight 體重* (kg/lb 公斤/磅)
Occupation 職業	Email Address 電子郵箱	Nationality 國籍	Marital Status 婚姻狀況
Home Tel No. 住宅電話號碼	Mobile No. 手提電話號碼	Country/State Where You Reside for Most of the Year 申請人全年主要居住國家/城市	

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 作賠償入賬的銀行戶口號碼 (The holder of the bank account must be the Applicant as declared above 戶口持有人必須申請人本人)^g
Name of bank 銀行名稱

Bank No. 銀行編號	Branch No. 分行編號	Account No. 帳戶編號
---------------	-----------------	------------------

² If a bank account is not provided, the claims payment will be settled by cheque. In case of lost cheque, the Insured may need to pay the related administrative charges.
如未能提供銀行戶口，賠償將以支票支付。惟如有失票，保單持有人需支付有關行政費用。

* Optional if the applicant is not one of the persons to be covered.
如申請人並非其中一位受保人，非必須填寫。

Details of Persons to be Covered 受保人詳情

Spouse under the age of 75, and unmarried children age below 18 can be included in this application. If you have more than 2 children, please provide details on a separate sheet. For the application of children aged under 18, a photocopy of Birth Certificate must be submitted together with this application form.

此申請可包括閣下在75歲以下的配偶及所有年齡未滿18歲之未婚子女。如閣下有超過兩名子女，請另紙填寫。若為年齡未滿18歲的子女申請投保，有關子女的出生證明書副本亦需隨申請表一併遞交。

Relationship with Applicant 與申請人關係	Spouse 配偶	Child (1) 子女 (1)	Child (2) 子女 (2)
Surname 姓			
Given Name 名			
Gender 性別			
Date of Birth (dd/mm/yy) 出生日期 (日/月/年)			
I.D. No. / Passport No./Birth Cert. No. 身份證號碼/護照號碼/出生證明書號碼			
Height (cm/feet) 身高 (厘米/尺)			
Weight (kg/lb) 體重 (公斤/磅)			
Occupation 職業			

	Basic Hospital & Surgical Plan ⁺ 基本住院及手術保障計劃 ⁺			Optional Plan 自選計劃		Premium (HK\$) (Please refer to Table of Premium) 保費 (港幣\$) (請查閱保費表)
	Private Room 私家病房	Semi-Private Room 半私家病房	Ward Bed 大房病床	Medical Plus ⁺ 醫療寶上寶 ⁺	Hospital Cash [^] 住院現金 [^]	
Applicant 申請人						
Spouse 配偶						
Child (1) 子女 (1)						
Child (2) 子女 (2)						
(Please "✓" the appropriate boxes 請於適當方格內填上「✓」號)					Total Annual Premium (HK\$) 每年總保費(港幣\$)	

+ For below aged 75
適用於75歲以下人士

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 No. 電話號碼
Applicant 申請人			
Spouse 配偶			
Child (1) 子女 (1)			
Child (2) 子女 (2)			

Period of Insurance 保單生效日期	Policy commence on 本保單由	(dd/mm/yy) (日/月/年)	for one year. 起生效，為期一年。
-----------------------------------	----------------------------	-----------------------	----------------------------

Policy commence on 本保單由	(dd/mm/yy) (日/月/年)	for one year. 起生效，為期一年。
----------------------------	-----------------------	----------------------------

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、或其他骨骼或脊椎問題？ 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？ 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？ 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？ e The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervicitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder? 與消化系統或泌尿系統、乳房或生殖器官有關的疾病，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？ 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？ 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？ 3 Has any person to be covered taken or been advised to have X-ray, ECG or 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、心電圖或抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等？ 4 Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted diseases, 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、愛滋衍生病及其他因愛滋病而引致之疾病的有關測試或忠告？ 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？ 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？ 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？ 8 Has any person to be covered ever been insured against Medical Insurance? 本申請表內所包括之受保人曾否購買醫療保險？ Please specify the name of Insurance Company: 請列明保險公司名稱： 9 Has any person to be covered ever been declined for Medical Insurance or had any special conditions or exclusions imposed? 本申請表內所包括之受保人曾否因醫療保險而被保險公司拒絕受保、或附加特別條款？	No 否	Yes 是
If you reply "YES" in any of the questions, please give name(s), date and full details in the spaces provided below. Please also provide the relevant medical report, if any. 如任何問題回答「是」，請列出其姓名、日期及詳細情況，如有醫療報告，請連同此申請表一併遞交。			
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。 ☐			

If you reply "YES" in any of the questions, please give name(s), date and full details in the spaces provided below. Please also provide the relevant medical report, if any. 如任何問題回答「是」，請列出其姓名、日期及詳細情況，如有醫療報告，請連同此申請表一併遞交。

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 病發日期	Date of Recovery 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

- I hereby apply to be the Insured with myself and/or spouse and/or children as the person to be Insured under the **PRUchoice** Medical 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「醫療寶」醫療保障計劃之受保人。
- I acknowledge that benefits are not payable under the **PRUchoice** Medical 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「醫療寶」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立的根據。
- Prudential reserves the right to ask for submission of more details of health status or medical reports for 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 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。
- 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** Medical 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、記錄或其他資料給予保誠，作為評估及辦理此保誠精選「醫療寶」醫療保障計劃之申請、索償及售後服務之用。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/吾等聲明已細閱及清楚明白有關小冊子內容，及有權要求索取保單樣本了解有關保障詳細範圍。

Important Notes to Applicant 申請人須知

- 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 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。如作出有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 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投保書副本以作參考。
- A 30-day Policy Review Period counting from the 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 Certificate of Insurance 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. In addition, A waiting period of 15 days from the effective date of the Policy is applicable except for treatment relating to bodily injury as a direct result of an accident.
申請人享有由保單生效日起計算為期30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、保單證書及書面通知交回，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。此外，此保障計劃設有由保單生效日起計算為期15日的等候期，惟此等候期將不適用於因意外而導致身體損傷之治療。
- All benefits and exclusions are only briefly outlined here. For further details, please refer to the Policy.
上述保障及不保範圍並未包括所有細節，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歲或以上申請人簽署。
- Any bodily injury or sickness which exists prior to the effective date of the policy will not be covered under the policy.
任何在有關保障生效前已經存在的身體損傷或疾病，一概不受保障。
- The application covers any applicant's spouse or 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的配偶及所有未滿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。
- This product is underwritten by Prudential General Insurance Hong Kong Limited ("PGHK"). The copyright of the contents of this document are owner by PGHK.
此產品由保誠財險有限公司（「保誠財險」）承保。此文件內容之版權由保誠財險所擁有。
- PGHK has the right to adjust premium rates on a community pool basis because of several factors, including PGHK's claims and persistency experience.
在共同承擔的基礎下，保誠財險有權就不同因素，包括保誠財險的索償及續保經驗，調整保費率。
- This document is for Hong Kong distribution only. It is not an offer to sell or solicitation to buy or provision of any insurance product outside of Hong Kong. PGHK does not offer or sell any insurance product in any jurisdictions outside 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遊說購買任何保險產品。如在香港境外之任何司法管轄區提供任何保險產品屬於違法，保誠財險不會在該司法管轄區提供或出售該保險產品。

Payment Method 付款方式

- ☐ Yearly by Credit Card 以信用卡年繳
- ☐ 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)
- ☐ Yearly by Autopay 以自動轉賬年繳
(Please attach cheque* for first year premium with
Direct Debit Authorization Form)
(請連同首年保費之支票*及直接付款授權書寄回)
- ☐ Monthly by Credit Card 以信用卡月繳
- ☐ Monthly by Autopay 以自動轉賬月繳
(Please attach cheque* for two months' premium with
Direct Debit Authorization Form)
(請連同兩個月保費之支票*及直接付款授權書寄回)

*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」。

This Policy will be automatically renewed upon each policy anniversary disregard the premium payment mode is yearly or monthly. If the monthly or yearly premium is settled by Credit Card or Bank Account Autopay mode, the applicant, cardholder and bank account holder are deemed agreed our Company to deduct such premium automatically from the designated credit card or bank account as according to below signature and mentioned sign date for new application and forthcoming renewal; without further notice. This Policy is on yearly basis and no mid term cancellation is allowed disregard the premium payment mode is yearly or monthly. No refund of premium shall be allowed once the Policy has been effected.

不論以月供或年供方法繳付保費，本保單會於每保單周年自動續保。如以信用卡或銀行戶口自動轉賬繳付月供或年供之保費，則申請人，信用卡及銀行戶口持有人均憑以下之簽署及簽署日期同意本公司於指定信用卡或銀行戶口自動扣除新成立之保單及其後的續保保費，而毋須另行通知。本保單以每年度形式計算。無論按年或按月繳付保費，中途終止保單亦不獲受理。保單生效後，所有已繳保費均不可退回。

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 Card
VISA 卡

☐  MasterCard
萬事達卡

Credit Card Number
信用卡號碼

Credit Card Expiry Date
信用卡有效期至

(mm/yy)
(月/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 initial instalment, 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，扣除有關本保單的所有及首期保費，包括因其後背書所需的保費以及每年續保的保費。

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

Direct Debit Authorization Form 直接付款授權書

Applicable to premium payment by autopay only.
只供選擇以自動轉賬繳付保費之客戶填寫。

Name of party to be credited (The Beneficiary) 收款之一方 (受益人)
Prudential General Insurance Hong Kong Limited

I/We hereby authorize my/our below-named Bank to effect transfer(s) from my/our account to that of Prudential General Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.

現授權本人/吾等之下述銀行，根據受益人不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予保誠財險有限公司之賬戶。

I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer(s) has been given to me/us.
本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否已交予本人/吾等。

I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人/吾等之賬戶出現透支 (或令現時之透支增加)，本人/吾等將共同及分別承擔全部責任。

I/We confirm that my/our signature(s) on this Application Form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer(s).
本人/吾等證明本人/吾等在此表格上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。

I/We agree to notify Prudential General Insurance Hong Kong Limited of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer(s) hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer(s) in which event the Bank may make the usual service charge to be paid by me/us.
本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知保誠財險有限公司，銀行賬戶並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用。

This authorization shall have effect until further notice.
本授權書將繼續生效至另行通知為止。

I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be at least two working days prior to the date on which such cancellation/variation is to take effect.
本人/吾等同意，本人/吾等如同意取消或更改本授權書之任何資料，須於通知取消/更改生效日最少兩個工作天前交予本人/吾等之銀行。

Bank Name 銀行名稱	Bank No. 銀行編號		Branch No. 分行編號		A/C No. to be credited 收款賬戶之號碼														
Name of Account Holder(s) 戶口持有人之姓名 (As recorded in statement/passbook — please complete in BLOCK LETTERS) (在月結單/存摺上所記錄之名稱 — 請用英文正楷填寫)				Signature of Account Holder(s) 戶口持有人之簽名 (Signature must correspond to your bank's record) (簽名必須與銀行檔案相同)															
I.D. No. of Account Holder(s) 戶口持有人身份證明文件號碼																			
I.D. Type 身份證明文件類別	☐ HKID 香港身份證	☐ Certificate of Incorporation 公司註冊證明書	☐ Others 其他		Date 日期														
	☐ Passport 護照	☐ Business Registration 商業登記證																	

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 on us or any third parties mentioned in Section 2 below 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向我們或在下述第二部分所列的第三方實施的披露要求。

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 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。

Signature of Applicant* 申請人簽署* X	Financial Consultant's Name (Please complete in BLOCK LETTERS) 理財顧問名稱 (請用正楷填寫)	
	Financial Consultant's Division and Code 理財顧問組別及編號	
Date 日期	Mobile Number 流動電話號碼	Office Location 辦公室地點 /F

* The signature of this application form is only valid for 30 days from the date of your signature. 此申請表上的簽署只於簽署日期起30日內有效。

For Office Use Only 本公司專用		
Approved by	Date	Effective Date
Restrictions ☐ No ☐ Yes		