無索償保費回贈

如在保險期間，以每連續三個保單年度計算，沒有於保單中報告或提出任何索償，我們將於三個保單年度完結後回贈您在該三年期間所繳付保費的20%。

家人同保額外折扣

現在只要您與配偶，或未滿18歲而就讀全日制學校的未婚子女同時投保，於同一保單的所有投保人，保費均可獲額外9折優惠。若您的未婚子女為年滿18歲而又未超過23歲的全日制學生，並以獨立保單形式同時投保**保誠精選「倍安寶」**，亦可享有此折扣優惠。

計劃特點

1. 保費劃一適用於所有職業類別。
2. 在處理因意外而引致之終身傷殘或死亡索償時，將不扣除任何「醫療費用」已獲得之賠償。
3. 本計劃中之「醫療費用」保障，賠償期最長可達104週。我們更提供跌打醫師治療及由註冊中醫所提供的中醫治療保障。
4. 一些危險活動，例如冬季運動、需用呼吸器的水底活動、滑水跳躍、降傘、各式滑翔活動或吊索跳等，均已被納入保障範圍內。
5. 保障因恐怖主義活動所導致的任何身體傷害及損失。
6. 如在保險期間以每連續三個保單年度內無任何索償記錄，我們將提供無索償保費回贈，而回贈將相等於該三年期間所繳付保費的20%。
7. 如駕駛或乘坐私家車輛或以支付票價乘客身份乘搭公共交通工具時遇上意外，我們將提供雙倍的「意外死亡及永久性傷殘」賠償。

保費表

	月繳保費（港幣）	年繳保費（港幣）
計劃A	$124	$1,390
計劃B	$248	$2,780

* 每份保單保險期之最低及不可退回付款額為港幣$270，或在保單/任何承保表/背書條文中另有註明的金額。

年齡限制

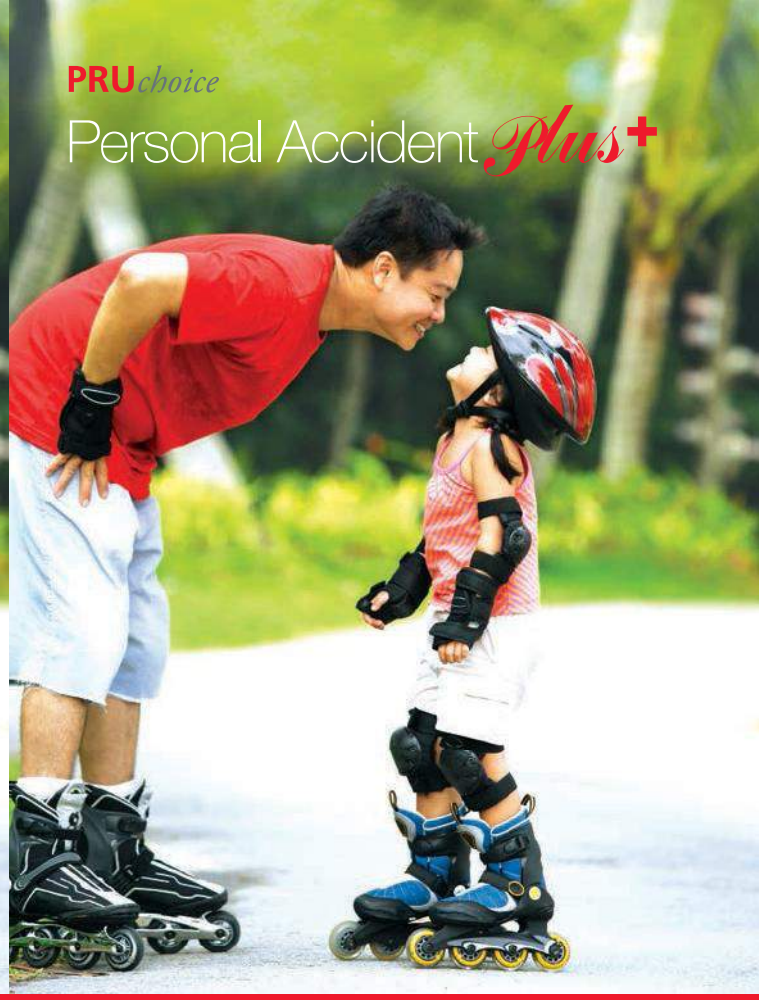
投保年齡 ： 計劃A - 15日至65歲
計劃B - 3歲至65歲

在此年齡後恕不續保 ： 70

年齡介乎15日至2歲而投保計劃A的受保人，當年齡達到3至5歲而獲得本公司邀請續保時，可獲保證升級至計劃B。

主要不保範圍

不保範圍包括疾病、蓄意自傷身體、刑事行為、濫用酒精或藥物、懷孕或與生育有關之治療、以支付票價乘客以外身份參與飛行活動、戰爭、參與危險活動或任何在保單生效日期前驗明的傷勢。
有關詳情，請參閱保單內容。



人身意外保障

Personal Accident Insurance

用心聆聽 更知你心

PRUDENTIAL 英國保誠

Always Listening
Always Understanding

PRUDENTIAL 英國保誠

保誠精選「倍安寶」人身意外保險計劃

突如其來的意外，不但為我們帶來身體和精神上的痛苦，也會造成難以估計的財政負擔。有見及此，保誠財險有限公司特意推出**保誠精選「倍安寶」**人身意外保險組合計劃，在提供全面意外保障同時，讓您及家人安然度過困難。

保障一覽表

	計劃A	計劃B
保障項目	最高保障額（港幣）	
I. 意外死亡及永久性傷殘	$500,000	$1,000,000
(i) 雙倍利益賠償	$500,000	$1,000,000
(ii) 殮葬費用	$20,000	
II. 醫療費用	每宗意外$10,000	每宗意外$20,000
	包括本地跌打醫師治療及中醫治療 每宗意外為$500	
III. 24小時緊急支援服務	免費 提供無限額的醫療救援及護送回港服務	

保障範圍一覽表

I. 意外死亡及永久性傷殘

您若因意外事故，導致在意外發生後12個月內，不幸死亡或永久性傷殘，我們將根據下列保障賠償表所列之百分率作出賠償。

保障賠償表

因意外而引致之	賠償金額為「意外死亡及永久性傷殘」投保金額之百分率
A. 死亡	100%
B. 永久性傷殘	
1. 完全及永久傷殘及喪失所有工作能力	100%
2. 一隻或雙眼完全及永久喪失視力（包括對光線的感覺）	100%
3. 完全斷離以下身體部份或完全及永久喪失其活動能力	
(a) 一肢或兩肢	100%
(b) 一手或雙手	100%
(c) 手肘以上的手臂	100%
(d) 於手肘或以下的手臂	100%
(e) 膝蓋以上的腿	100%
(f) 於膝蓋或以下的腿	100%
4. 永久及無法治療的精神錯亂	100%
5. 完全及永久喪失一眼的視力（但對光線仍有感覺）	50%
6. 完全斷離以下身體部份或完全及永久喪失其活動能力	
(a) 一隻手之拇指及四隻手指	50%
(b) 一隻手之四隻手指	40%
(c) 拇指（兩節指骨）	25%
(d) 拇指（一節指骨）	10%
(e) 食指（三節指骨）	15%
(f) 食指（兩節指骨）	8%
(g) 食指（一節指骨）	4%
(h) 中指（三節指骨）	10%
(i) 中指（兩節指骨）	4%
(j) 中指（一節指骨）	2%
(k) 無名指（三節指骨）	8%
(l) 無名指（兩節指骨）	4%
(m) 無名指（一節指骨）	2%
(n) 尾指（三節指骨）	6%
(o) 尾指（兩節指骨）	3%
(p) 尾指（一節指骨）	2%
(q) 一腳的所有足趾	17%
(r) 大足趾（兩節趾骨）	5%
(s) 大足趾（一節趾骨）	2%
(t) 其餘任何足趾	3%
7. 達二級或三級程度的燒傷	
(a) 身體表面有45%或以上面積被燒傷	100%
(b) 身體表面有27%或以上面積被燒傷	60%
(c) 身體表面有18%或以上面積被燒傷	50%
(d) 身體表面有9%或以上面積被燒傷	30%
(e) 身體表面有4.5%或以上面積被燒傷	20%
8. 完全及永久喪失	
(a) 雙耳的聽覺	75%
(b) 單耳的聽覺	15%
(c) 語言能力	50%
9. 除喪失牙齒、味覺及嗅覺外，任何未列明之永久性部份傷殘，賠償百分率將由本公司醫療顧問按上列比率評估，投保人之職業不在考慮之內。	

雙倍利益賠償

如您駕駛或乘坐任何私家車輛或以支付票價乘客身份乘搭任何公共交通工具（如巴士、旅遊巴士、地下鐵路、火車、電車、的士、渡輪等等）時發生意外，您將可獲得雙倍利益賠償。

殮葬費用

如因意外不幸死亡，我們將額外支付所需的殮葬費用。

II. 醫療費用

如您因意外而受傷，我們將賠償必須及合理之醫療住院或手術費用，賠償期最長為104週。

此外，您若需於香港接受本地跌打醫師治療，或註冊中醫*治療（其中包括中草藥及針灸治療），亦可獲得賠償，每宗意外最高賠償金額為港幣$500。

* 註冊中醫乃根據香港《中醫藥條例》下註冊的中醫師。如需查詢有關註冊中醫名單，可瀏覽香港中醫藥管理委員會網頁www.cmchk.org.hk 。

III. 免費24小時緊急支援服務

投保成為**保誠精選「倍安寶」**人身意外保險計劃的客戶，您更可免費獲24小時緊急支援服務，享有無限額之全球緊急醫療救援及護送回港保障。

職業分類

任何職業類別的人士均可投保，惟從事或受僱於下列高危職業類別的人士則除外：

高危職業類別

需於高危環境中工作或需處理危險物品
• 保鏢
• 地盤工人或於建築地盤從事勞動工作
• 升降機（安裝或維修）
• 製造、生產或處理軍火、爆炸品、易燃物或煙花
• 職業潛水員
• 在大廈外牆工作
• 離地面或樓面30尺或以上工作
• 於地底工作
於賭博場所工作 （香港賽馬會櫃檯職員或文書職員除外）
• 賭場
• 麻將娛樂中心
其他
• 空中工作人員
• 持槍護衛員
• 收賬員（直接受僱於銀行除外）
• 公共小巴或重型車司機
• 流動攤檔小販
• 騎師
• 按摩師
• 職業運動員
• 記者
• 航海的工作人員
• 裝卸工人
• 從事演藝事業（如: 演員 / 歌手 / 特技人 / 製片等等）
• 於夜總會、的士高、卡拉OK俱樂部或酒廊工作

PRU*choice* Personal Accident *Plus* Insurance

Accidents may come suddenly at all times. It brings us distress not only physically and mentally, it results in unexpected financial burden as well. Prudential General Insurance Hong Kong Limited is pleased to offer you a packaged personal accidental insurance, **PRU*choice* Personal Accident *Plus***. **PRU*choice* Personal Accident *Plus*** provides you and your family comprehensive accidental coverage and it supports you to get through the misfortune.

Table of Coverage

	Plan A	Plan B
Benefits	**Maximum Sum Insured (HKD)**	
I. Accidental Death & Permanent Disablement	$500,000	$1,000,000
(i) Double Indemnity Benefit	$500,000	$1,000,000
(ii) Burial Expenses	$20,000	
II. Medical Expenses	$10,000 per accident	$20,000 per accident
	Inclusive of local bonesetting treatment together with Chinese medication and treatment subject to a maximum of $500 per accident	
III. 24 Hours Emergency Assistance Services	Free Unlimited cover of medical evacuation and repatriation to Hong Kong	

Benefits at a Glance

I. Accidental Death and Permanent Disablement

If you are bodily injured by an accident where death or permanent disablement results within 12 calendar months from the date of such accident, you will receive a lump sum compensation in accordance with the Scale of Benefits.

Scale of Benefits

In the event of an accident causing	% of the Sum Insured selected under Accidental Death and Permanent Disablement Benefit
A. Death	100%
B. Permanent Disablement	
1. Total and permanent disablement from attending to or following any employment or occupation	100%
2. Total and permanent loss of sight (including perception of light) in one or both eyes	100%
3. Total loss by physical severance or total and permanent loss of use of:	
(a) one or two limbs	100%
(b) one or both hands	100%
(c) arm above the elbow	100%
(d) arm at or below the elbow	100%
(e) leg above the knee	100%
(f) leg at or below the knee	100%
4. Permanent and Incurable Insanity	100%
5. Total and permanent loss of sight in one eye (except perception of light)	50%
6. Total loss by physical severance or total and permanent loss of use of:	
(a) thumb and four fingers of one hand	50%
(b) four fingers of one hand	40%
(c) thumb (both phalanges)	25%
(d) thumb (one phalanx)	10%
(e) index finger (three phalanges)	15%
(f) index finger (two phalanges)	8%
(g) index finger (one phalanx)	4%
(h) middle finger (three phalanges)	10%
(i) middle finger (two phalanges)	4%
(j) middle finger (one phalanx)	2%
(k) ring finger (three phalanges)	8%
(l) ring finger (two phalanges)	4%
(m) ring finger (one phalanx)	2%
(n) little finger (three phalanges)	6%
(o) little finger (two phalanges)	3%
(p) little finger (one phalanx)	2%
(q) all toes of one foot	17%
(r) great toe (two phalanges)	5%
(s) great toe (one phalanx)	2%
(t) any other toe	3%
7. Second Degree or Third Degree Burn:	
(a) on 45% or more of body surface	100%
(b) on 27% or more of body surface	60%
(c) on 18% or more of body surface	50%
(d) on 9% or more of body surface	30%
(e) on 4.5% or more of body surface	20%
8. Total and permanent loss of:	
(a) hearing in both ears	75%
(b) hearing in one ear	15%
(c) speech	50%
9. For any permanent partial disablement not specified above other than loss of tooth, loss of sense of taste or smell, the percentage will be assessed by the Company as in the opinion of the Company's medical advisers regardless of the Insured Person's occupation and which shall not be inconsistent with the foregoing.	

Double Indemnity Benefit

The Accidental Death and Permanent Disablement benefit will be doubled in the event that the accident occurs while you are driving or traveling in a private car or riding as a fare-paying passenger in a public common carrier such as bus, coach, MTR, train, tram, taxi, ferry, etc.

Burial Expenses

Indemnity of burial or cremation expenses will be provided in case of accidental death.

II. Medical Expenses

You can reimburse for the actual medical hospital and surgical expenses as a result of accidental bodily injury necessarily and reasonably incurred within 104 weeks.

Treatment by a local bonesetter, Chinese medication and treatment by a Registered Chinese Medicine Practitioner* (including Chinese herbal medicines and acupuncture) incurred in Hong Kong are also payable subject to a maximum limit of HK$500 per accident.

* Registered Chinese Medicine Practitioner is referred to those medical practitioners registered pursuant to the Chinese Medicine Ordinance of Hong Kong. For list of registered Chinese Medicine Practitioner, please visit the website of Chinese Medicine Council of Hong Kong (www.cmchk.org.hk).

III. Free 24 Hours Emergency Assistance Services

Once you enrol under **PRU*choice* Personal Accident *Plus***, free 24 hours assistance services with unlimited cover for worldwide emergency medical evacuation and repatriation to Hong Kong are provided.

No Claim Premium Refund

In the event of no claim being made, reported or arising under the Policy for every period of 3 full consecutive policy years, we will pay you back a No Claim Premium Refund equal to 20% of premium paid during the 3 policy years after the end of that 3-year period.

Family Discount

If you insure together with your spouse, or unmarried children aged below 18 in full-time education, an extra 10% discount will be given for all Insured Persons to be covered under the same policy. This 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* Personal Accident *Plus*** application(s) at the same time.

Occupational Classes

People in any occupations can apply except those engaging in work or activities listed in the following Hazardous Occupation List:

Hazardous Occupation List

Working in Hazardous Environments or with Hazardous Objects
• Bodyguard
• Construction site worker or manual worker in a construction site
• Lift (installation / maintenance)
• Manufacturing, producing or working with ammunitions, explosives, flammable or fireworks
• Professional diver
• Working at building facade
• Working at height of 30 feet or higher from ground or floor level
• Working in underground
Working in Gambling Establishments (Excluding counter staff and clerical staff of Hong Kong Jockey Club)
• Casino
• Mahjong centre
Others
• Aircrew
• Armed collector
• Debit collector (other than directly employed by bank)
• Driver of public light bus or heavy vehicle
• Hawker – non-fixed store
• Jockey
• Massagist
• Professional sportsman
• Reporter
• Ship crew
• Stevedore
• Working in entertainment business (e.g. actor / actress / singer / stuntman / film production, etc.)
• Working in nightclub, disco, karaoke club or bar

Special Features

1. Single premium rate applies to all occupation classes.
2. Accidental Death and Permanent Disablement benefit is payable in addition to any amount already paid as Medical Expenses.
3. Benefit is payable for Medical Expenses up to 104 weeks. Treatment by a bonesetter and Chinese medication and treatment by a Registered Chinese Medicine Practitioner are also provided under the protection of Medical Expenses.
4. Provide full coverage for dangerous activities such as winter sports, underwater activities requiring breathing apparatus, water-ski jumping, parachuting, hang gliding / gliding or bungee jumping.
5. Any bodily injuries and loss due to terrorist attacks are covered.
6. No Claim Premium Refund will be provided if no claim is payable or made for every period of 3 full consecutive policy years. The No Claim Premium Refund is equal to 20% of premium paid during the 3 policy years after the end of that 3-year period.
7. Provide Double Indemnity Benefit under "Accidental Death and Permanent Disablement" in case of an accident while driving or traveling in a private car or a public common carrier as a fare-paying passenger.

Table of Premium

	Monthly Premium (HKD)	Yearly Premium (HKD)
Plan A	$124	$1,390
Plan B	$248	$2,780

* The minimum non-refundable premium for every period of insurance is HK$270 per policy, or any amount which will be specified in the policy, schedule and endorsement.

Age Limits

Age Limit at Entry : Plan A - 15 days to aged 65
Plan B - aged 3 to aged 65

Not Renewable after aged : 70

Subject to renewal offered by the Company, the Insured Person at 15 days to aged 2 who has insured with Plan A can enjoy guarantee upgrade to Plan B during the age of 3 to 5 of the Insured Person.

Major Exclusions

Any injuries contracted prior to the Policy effective date, sickness, self-inflicted injuries, participation in criminal acts, alcoholism or drug addiction, pregnancy or childbirth, aviation except as a fare-paying passengers, acts of war, or engaging in hazardous activities.

For details, please refer to the Policy contract.

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:

-**PRU***choice* Card Protection Plus
-**PRU***choice* China Accidental Emergency Medical
-**PRU***choice* Clinic
-**PRU***choice* Golfers
-**PRU***choice* HealthCare
-**PRU***choice* HealthCheck
-**PRU***choice* Home
-**PRU***choice* Home Deluxe
-**PRU***choice* Maid
-**PRU***choice* Medical
-**PRU***choice* MediExtra
-**PRU***choice* Motor
-**PRU***choice* Personal Accident
-**PRU***choice* Travel
-**PRU***choice* BMX (Building Management Xtra)
-**PRU***choice* BOX (Business Owners Xtra)
-**PRU***choice* SOX (Small Office Xtra)
-**PRU***choice* Group Medical
-**PRU***choice* 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
保誠精選—康檢寶
保誠精選—家居寶
保誠精選—名家寶
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—旅遊樂
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

GI3/BR0025B/P01 (09/14)

PRUDENTIAL 英國保誠

PRUDENTIAL
英國保誠

Application Form for

PRU*choice*

Personal Accident Plus Insurance

保誠精選「倍安寶」人身意外保險計劃

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
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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/APP0025B/P01 (09/14)

Details of Applicant 申請人詳情

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

☐ One of Insured Person(s) 其中一位受保人 ☐ Contact Person 聯絡人

Name of Applicant 申請人姓名

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)	Marital Status 婚姻狀況	Height 身高 (cm/feet) (厘米/尺)	Weight 體重 (kg/lb) (公斤/磅)
Occupation and Title 職業及職銜	Home Tel No. 住宅電話號碼	Mobile No. 手提電話號碼	Email Address 電子郵箱

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

Details of Persons to be Covered 受保人詳情

Spouse aged 65 or below and all unmarried children aged between 15 days and 17 under full-time education 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歲或以下的配偶及年齡介乎15日至17歲而就讀全日制學校的未婚子女。如閣下有超過兩名子女，請另紙填寫。

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	☐ Female 女 ☐ Male 男	☐ Female 女 ☐ Male 男	☐ Female 女 ☐ Male 男
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			
Occupation and Title 職業及職銜			
Height (cm/feet) 身高 (厘米/尺)			
Weight (kg/lb) 體重 (公斤/磅)			

Benefits Required 投保選擇

(Please "✓" as appropriate 請於適當地方填上「✓」號)

	Plan A (15 days - aged 65) 計劃 A (只限15日至65歲)		Plan B (aged 3 - aged 65) 計劃 B (只限3歲至65歲)		Total Annual Premium (HK$) 每年總保費 (港幣$)
Premium (HK$) 保費 (港幣$)	Monthly 月費	Yearly 年費	Monthly 月費	Yearly 年費	
	$124	$1,390	$248	$2,780	
Applicant 申請人	☐	☐	☐	☐	
Spouse 配偶	☐	☐	☐	☐	
Child (1) 子女 (1)	☐	☐	☐	☐	
Child (2) 子女 (2)	☐	☐	☐	☐	

Insurance Details 投保資料

1 Does any person to be covered suffer from any illness, mental disease, physical impairment, defects or deformities and/or any condition affecting mobility, sight, speech and/or hearing? If yes, please give details.
本申請表內所包括之任何人士是否有任何疾病、精神病、身體傷殘、缺陷、畸形，及/或其他情況，以致影響行動、視覺、說話及／或聽覺?若「是」，請詳述。

☐ Yes 是 ☐ No 否

2 Does any person to be covered engage in or intend to engage in any hazardous activities (no matter is covered by the Policy or not), pursuits or duties? If yes, please give details and indicate the frequency
本申請表內所包括之任何人士是否參與或準備參與任何危險性之活動(無論是否在受保範圍內)或工作或職務？若「是」，請詳述及列明參與的次數。

☐ Yes 是 ☐ No 否

3 Has any person to be covered received any surgical and medical treatment or encountered any accidents during the past 5 years which have prevented he/she from following his/her occupations, business or pursuits for a period of longer than 7 days? If yes, please give details.
本申請表內所包括之任何人士在過去五年內，是否曾接受外科手術或醫療護理，或因意外事故，而停止主要職務連續超逾七天？若「是」，請詳述。

☐ Yes 是 ☐ No 否

4 Is any person to be covered holding other personal accident policies with a total aggregate sum insured of HK$1,000,000 or above? If yes, please state the name of the insurance company(ies), benefit and period of insurance.
本申請表內所包括之任何人士是否持有其他個人意外保險，而總保障額相等或大於港幣$1,000,000? 若「是」，請列明承保公司、投保金額及該保單有效日期。

☐ Yes 是 ☐ No 否

5 Has any person to be covered ever made any claims in respect of life, accident or medical insurance during the last 5 years? If yes, please give details.
本申請表內所包括之任何人士有否在過去五年就人壽、意外或醫療保險提出索償? 若「是」，請詳述。

☐ Yes 是 ☐ No 否

6 Has any person to be covered ever been declined of life or accident insurance, or been refused to renew your insurance, or had any special conditions imposed, or at a lowered sum insured? If yes, please give details.
本申請表內所包括之任何人士曾否被保險公司拒絕承保或續保人壽或意外保險，或需附加任何特別條款或減少保障額? 若「是」，請詳述。

☐ Yes 是 ☐ No 否

Period of Insurance 保單生效日期

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

Declaration 聲明

I/We hereby declare and agree that 本人/ 吾等現聲明及同意：

- 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 form shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.
  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/ 吾等與保誠財險有限公司之間所訂合約的根據。
- the insurance will not be in force until the application form has been accepted by Prudential General Insurance Hong Kong Limited and **the premium has been paid**, except to the extent of any official cover note which may be issued.
  除持有 保誠財險有限公司簽發的臨時保單外，保障需在 保誠財險有限公司覆核、接納申請表及**已繳付保費**後才能生效。
- I/We 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。
- any person covered under this insurance do not engage in any work and activities as listed in the Hazardous Occupation List on the brochure.
  此保單所有受保人並非從事或執行任何列於產品小冊子中高危職業類別內的工作或活動。
- any person covered under this insurance is a resident of Hong Kong SAR.
  此保單所有受保人均為香港特別行政區居民。

Payment Method 付款方法

If the selected payment method is either by Credit Card or Autopay, the policy will be renewed automatically on a yearly basis subject to underwriting approval and premium will be collected from the designated account. 如選擇以信用卡或自動轉賬繳付保費，保單於核保後每年自動續保及從指定的戶口內扣除保費。

☐ Yearly by Credit Card 以信用卡年繳　☐ Yearly by Autopay 以自動轉賬年繳 (Please attach cheque* for first year premium) (請連同首年保費之支票*寄回)　☐ Monthly by Autopay 以自動轉賬月繳 (Please attach cheque* for two months premium) (請連同兩個月保費之支票*寄回)　☐ 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)

☐ Monthly by Credit Card 以信用卡月繳

* Please make the cheque payable to "Prudential General Insurance Hong Kong Limited".
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 VISA Card VISA 卡　☐ MasterCard Master Card 萬事達卡

Credit Card Number 信用卡號碼 | | | | |　Credit Card Expiry Date 信用卡有效日期至 | | (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 installment, 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之號碼			
I.D. Type 身份證明文件類別 ☐ HKID 香港身份證 ☐ Passport 護照 ☐ Certificate of Incorporation 公司註冊證明書 ☐ Business Registration 商業登記證 ☐ Others 其他 _____		Date 日期	

Important Notes to Applicant 申請人須知

1. 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 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 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。

3. All benefits and exclusions are only briefly outlined in the brochure. For further details, please refer to the Policy.
   產品小冊子所列保障及不保範圍並未包括所有細節，詳情請參閱保單。

4. If applicant's premium payment is made by credit card or autopay, the Policy will be renewed automatically.
   若申請人以信用卡或自動轉賬形式繳付保費，保單將會自動續保。

5. The application covers the spouse and 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、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。

6. The application form must be signed by a person who 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. This document is intended to be distributed in Hong Kong and shall not be construed as an offer to sell or 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說購買任何保險產品。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 (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.

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。

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.

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。

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.

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。

Signature of Applicant 申請人簽署 X	Name in BLOCK LETTERS 姓名（請用英文正楷填寫）	Date 日期

For Office Use Only 本公司專用	
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
Mobile Number 流動電話號碼	Office Location ES1 / FTW / PT 辦公室地點 PT2 / CC / CRB / EWT / F