保誠精選

安健寶

人身意外保障

2014更新版本

用心聆聽 更知你心

PRUDENTIAL 英國保誠

PRU*choice*

Personal Accident

Personal Accident Insurance

Revamped Version 2014

Always Listening
Always Understanding

PRUDENTIAL 英國保誠

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
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- **PRU***choice* BMX (Building Management Xtra)
- **PRU***choice* BOX (Business Owners Xtra)
- **PRU***choice* SOX (Small Office Xtra)
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- Fire Insurance

and many other insurance products.

To know more about our products, just call us or your fnancial 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
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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

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PRUDENTIAL 英國保誠

PRU*choice* Personal Accident Insurance

The pace of life is ever-increasing. Technological advances not only bring forth sophisticated machinery, faster traffic and more traveling opportunities, but also lead to more accidents. Therefore it is essential for you to take some extra precautions. With Prudential's **PRU***choice* Personal Accident Insurance, you will have total peace of mind because you know that it provides a comprehensive protection for you and your family.

Benefits at a Glance

I. Accidental Death and Permanent Disablemant

If you are bodily injured by an accident where death or permanent disablement results within 12 calendar months from the date of such accident, a lump sum compensation will be payable in accordance with the percentage specified in the Scale of Benefits. In addition, in case of the death, we will pay for the actual burial or cremation expenses necessarily incurred up to 2% of the total amount payable or HK$20,000, whichever is lesser.

Double Indemnity Benefit

The Accidental Death and Permanent Disablement benefit will be doubled up to a maximum total amount of HK$1,000,000 in any one period of insurance 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.

Home Assistance and Rehabilitation Services Subsidy

If you unfortunately suffer from permanent disablement by an accident and receive 50% or above of the Sum Insured under Section I, a subsidy equivalent to 10% of the Sum Insured under Section I or HK$300,000, whichever is lesser, will be provided to you for the cost of installing required equipment at home such as handle installation, washroom modification, etc., or the cost of attending physical fitness treatments or training classes under the recommendation of Registered Medical Practitioner.

II. Temporary Total Disablemant/ Temporary Partial Disablemant

If you are temporarily disabled, no matter totally or partially, as a result of an accident, so that you cannot attend to or follow your occupation, business or pursuits for more than 2 days, a weekly benefit at the amount chosen will be payable commencing from the 3rd day of temporary disablement up to a period of 104 weeks.

III. Medical Expenses

In the event that you have to receive medical treatment for injuries resulting from an accident, the actual medical hospital or surgical expenses necessarily and reasonably incurred within 104 weeks can be reimbursed, subject to the sum insured selected under this Section, provided that such treatment is received from a legally qualified and registered medical practitioner.

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 daily limit of HK$200, up to HK$3,000 per year.

* 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).

IV. Hospital Cash

A hospital cash benefit will be payable commencing from the 3rd day of confinement if you are necessarily hospitalised for more than 2 days as a result of an accident, up to a period of 104 weeks.

V. Free 24 Hours Emergency Assistance Services

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

No Claim Bonus

In the event of no claim being made, reported or arising under the Policy during the preceding period of insurance, upon the anniversary date of the Policy, a no claim bonus which is equivalent to 5% of the latest sum insured (excluding any no claim bonus earned from the Company or transferred from another insurance company under the Section of Accidental Death and Permanent Disablement) will be granted in a form of increase of sum insured for up to 5 consecutive renewals, subject to the total no claim bonus so accumulated not more than HK$500,000 for each Insured Person.

Transfer of No Claim Bonus

If you are currently entitled to no claim bonus under personal accident insurance with another insurance company, you can transfer the no claim bonus to your new application of **PRU***choice* Personal Accident. Simply present us the renewal notice issued by your existing insurance company, the benefit of Accidental Death and Permanent Disablement of **PRU***choice* Personal Accident will be increased by the amount of no claim bonus you have accumulated as per the renewal notice for free up to HK$100,000.

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 application(s) at the same time.

Special Features

1. Accidental Death and Permanent Disablement benefit is payable in addition to any amount already paid as Temporary Disablement or Medical Expenses.
2. Provide Double Indemnity benefit up to HK$1,000,000 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 fare-paying passenger.
3. Provide Home Assistance and Rehabilitation Services Subsidy up to HK$300,000 after the event of an accident that causes severe permanent disablement.
4. We cover Temporary Partial Disablement and Burial or Cremation Expenses.
5. Temporary Disablement benefit is payable commencing from the 3rd day of the accident.
6. Benefit is payable for Temporary Disablement, Medical Expenses and Hospital Cash 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.
7. Provide full coverage for dangerous activities. For details, please refer to "Covered Sports and Activities List".
8. Any bodily injuries and loss due to terrorist attacks are covered.

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.

Classification of Occupations

Class 1

Professions and occupations involving mainly indoor work and of non-manual and non-hazardous nature, such as: accountant, bank teller, clinical nurse, disciplinary force – clerical work, housewife, lawyer and librarian.

Class 2

Professions and occupations requiring outdoor work or occasional manual work or use of light tools or machines of non-hazardous nature, such as: bonesetter, disciplinary force – unarmed activities, hair stylist, hospital nurse, insurance agent, photographer, tour guide and waiter or waitress.

Class 3

Professions and occupations of skillfull or semi-skillfull nature but not using heavy and hazardous machines, such as: ambulance driver, bell boy, life guard, taxi driver and van/lorry driver – in HK only.

Class 4

Professions and occupations involving mainly manual work or using heavy machines, such as: disciplinary force – armed activities, stone grinder, street cleaner, truck driver and van/lorry driver – in HK & China.

If you are not sure about the class of your current occupation. please contact us or visit our Corporate Website for inquiry.

Age Limits

Age Limits at Entry	: 3 - 65
Not Renewable after aged	: 70

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.	

Covered Sports and Activities List

Common sports and activities are covered* under **PRU***choice* Personal Accident, below is a list of examples that we are covering:

Winter Sports / Activities	
Skiing	Snowboarding
Water Sports / Activities	
Water Skiing / Wakeboarding	Surfing
Windsurfing	Jet-skiing
Snorkeling	Scuba Diving (not more than 45 metre depth)
Banana Boat	Parasailing
Sky Sports / Activities	
Hot-air Ballooning	Parachuting
Sky-Diving	Zorbing / Hydro Zorbing
Sports / Activities related to the Mountains	
Climbing / Rock Climbing	Trekking
Sports / Activities on the Land	
Bungee Jumping	Zippling / Jungle Flight
Horse Riding or Tracking	
Motor Sports / Activities	
Go-karting	Motorcycling

* Subject to the terms and conditions of the policy provision. In addition, sports and activities that are covered should not be taken in a professional capacity or on a competitive basis. Covered sports and activities are not limited to those mentioned in the list above. If you would like to check whether we will cover a particular sport or activity, please call us or your financial consultant or broker.

Table of Premium

Benefits	Classification of Occupation for Each Insured Person				
	Class 1	Class 2	Class 3	Class 4	Aged 3 - 17 Unmarried Full-Time Student
I. Accidental Death and Permanent Disablement[1] Minimum Sum Insured: HK$500,000 Maximum Sum Insured: 5 times of annual salary or subject to underwriting for higher Sum Insured	0.09%	0.13%	0.20%	0.30%	0.10%
II. Temporary Disablement (maximum 104 weeks)[2]	23.00%	34.00%	54.00%	66.80%	-
(a) **Total Disablement** Maximum weekly benefit is 0.5% of the amount insured under Section I, up to:	HK$5,000	HK$3,000	HK$2,000	HK$1,000	-
(b) **Partial Disablement** Maximum weekly benefit is 25% of the weekly benefit of Section II (a)					
III. Medical Expenses[3] Sum Insured per year	Inclusive of bonesetting treatment together with Chinese medication and treatment subject to HK$200 per day and up to HK$3,000 per year				
HK$10,001 - $20,000	3.74%	4.35%	6.43%	12.18%	3.33%
HK$20,001 - $30,000	3.09%	3.63%	5.36%	-	2.78%
HK$30,001 - $40,000	2.89%	3.40%	-	-	-
HK$40,001 - $50,000	2.70%	-	-	-	-
IV. Hospital Cash Sum Insured per day: HK$500 - $1,000	56.00%	75.00%	96.00%	138.00%	-
V. 24 Hours Emergency Assistance Services	Free Unlimited Cover of Medical Evacuation and Repatriation to Hong Kong				

Notes:

1. The maximum amount insurable by an unemployed person, a housewife or an overseas student (aged 18 or above) under Accidental Death and Permanent Disablement is HK$1,000,000.
2. a) The maximum Temporary Disablement benefit insurable by a self-employed person is 60% of the maximum weekly benefit shown in Section II.
   b) Renewal of Temporary Disablement will not be invited if the Insured Person is unemployed.
3. The maximum amount insurable by an overseas student under Medical Expenses is HK$30,000 per year.
4. 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.

Insuring Example

Client Occupation : Banking Officer Occupation Class : Class 1

Benefits	Sum Insured (HK$)	Premium Rate	Premium (HK$) (Sum Insured x Premium rate)
I. Accidental Death and Permanent Disablement	$500,000	0.09%	$450 ($500,000 x 0.09%)
II. Temporary Disablement	$2,500	23.00%	$575 ($2,500 x 23.00%)
III. Medical Expenses	$11,500	3.74%	$430 ($11,500 x 3.74%)
Premium : (For Monthly Premium Payment by Credit Card or Autopay, the monthly installment amount is equal to: Annual Premium x 0.0892.)			$1,455 (Annual) $130 (Monthly)

保誠精選「安健寶」人身意外保險計劃

科技日新月異，為我們帶來了更有效率的機器，更快捷的交通工具，和更多的旅遊機會；但同時也大大提高了意外發生的次數。因此，我們應為自己和家人防範未然，及早購買人身意外保險。保誠精選「安健寶」人身意外保險計劃，全面保障您及家人的平安，令您安枕無憂。

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，我們將根據本保險計劃內保障償表所列之百分率作出賠償。另外，就意外死亡賠償個案，我們將額外支付所需的殮葬費用，其數額最高相等於意外死亡賠償額的2%或港幣$20,000，以較低者為準。

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，我們將雙倍支付您的意外死亡及永久性傷殘賠償，您在任何一個保險期間可獲得的雙倍利益賠償總額可高達港幣$1,000,000。

家居康復服務資助

您若因意外，不幸導致永久性傷殘而獲得項目I的投保額的50%或以上的賠償，我們將提供相等於項目I投保額的10%或港幣$300,000（以較低者為準）的資助，用以補助您在註冊醫生建議下所需的家居設施如加設扶手、改裝浴室等安裝費用，或參加體能鍛鍊療程或課程的費用。

II. 暫時喪失全部或部份工作能力

您若遭遇意外，暫時喪失全部或部份工作能力，以致未能如常處理業務或工作超逾2天，由第3天起，將可獲發賠償，賠償以每週計算，賠償期最長可達104週。

III. 醫療費用

如您因意外受傷，而需接受註冊認可醫生診治，我們將根據本計劃之投保額，支付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，每日最高賠償金額為港幣$200，全年以港幣$3,000為上限。

* 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。

IV. 住院現金

如因意外受傷，必須入院接受治療超逾2天，由第3天起，我們給予您住院現金，最長保障期可達104週。

V. 免費24小時緊急支援服務

投保成為保誠精選「安健寶」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。

無索償記錄優惠

如在保險期間無任何索償記錄，您可於下一年度續保時，獲贈無索償記錄優惠；透過此優惠，您可獲贈額外投保額，其金額相等於最新投保額（不包括在「意外死亡及永久性傷殘」保障中於本公司獲得或從另一間保險公司轉移的無索償記錄優惠）的5%；每名受保人最多可在連續5個續保年份內獲贈此優惠，惟所累積的無索償記錄優惠總額不能超逾港幣$500,000。

轉移無索償記錄優惠

如您現於另一間保險公司投保人身意外保障，並同時已享有無索償記錄優惠，當將保障轉至本公司投保保誠精選「安健寶」時，只要您出示現有保險公司所發出的續保通知書，我們會根據續保通知書上所示，將已累積的無索償記錄優惠免費加至您在本公司保誠精選「安健寶」的「意外死亡及永久性傷殘」保障中，惟每名受保人最高可轉移的無索償記錄優惠不能超逾港幣$100,000。

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「安健寶」，亦可享有此折扣優惠。

計劃特點

1. 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「暫時喪失工作能力」或「醫療費用」已獲得之賠償。
2. 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」利益賠償，最高賠償額為港幣$1,000,000。
3. 若因意外導致嚴重的永久性傷殘，我們將資助您所需的家居康復服務的費用，最高數額為港幣$300,000。
4. 本計劃特設「暫時喪失部份工作能力」保障，及在受保人意外死亡後額外提供殮葬津貼。
5. 若因意外導致暫時喪失工作能力，可由意外後第3天起計算賠償。
6. 本計劃中之「暫時喪失工作能力」、「醫療費用」及「住院現金」保障，賠償期最長可達104週。在「醫療費用」一項，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。
7. 我們將為危險活動提供百分百賠償，詳情請參閱「受保障的運動及活動列表」。
8. 保障因恐怖主義活動所導致的任何身體傷害及損失。

主要不保範圍

不保範圍包括疾病、蓄意自傷身體、形事行為、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。

職業分類

第一類

主要從事室內、非體力勞動及非危險性的工作，如會計員、銀行出納員、診所護士、紀律部隊-文書工作、家庭主婦、律師和圖書館員等。

第二類

須外出或間竭作輕度體力勞動或使用輕型機械的非危險性工作，如跌打醫師、非持械紀律部隊、髮型師、醫院護士、保險公司營業員、攝影師、導遊及侍應生等。

第三類

從事技術性或半技術性職務，但毋須使用重型及危險機械，如救護車司機、酒店服務生、救生員、的士司機及客貨車/貨車司機 — 香港等。

第四類

須體力勞動及使用重型機械的工作，如持械紀律部隊、磨石打磨工人、街道清潔工人及客貨車/貨車司機 — 在香港/中國等。

如您未能確定所屬職業類別，可向本公司查詢或瀏覽本公司網頁。

年齡限制

投保年齡	：3 - 65
在此年齡後恕不續保	：70

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。	

受保障的運動及活動列表

保誠精選「安健寶」覆蓋一般運動及活動*，以下為一些受保例子：

冬季運動 / 活動	
滑雪	滑雪板
水上運動 / 活動	
滑水 / 滑水板	滑浪
滑浪風帆	乘坐水上電單車
浮潛	水肺潛水 (不深於45米)
水上香蕉船	以快艇拉動的降傘
空中運動 / 活動	
熱汽球飛行	降傘
空中漫遊	太空球 / 大汽球 (有人在內移動)
山上進行的運動 / 活動	
攀山 / 攀石	高山遠足
陸地上進行的運動 / 活動	
吊索跳	滑索 / 叢林飛行
騎馬 或 騎馬踱步	
汽車運動 / 活動	
高卡車	騎電單車

* 須受保單條款及細節所限。另外，受保運動及活動須以非專業運動形式，或在非競爭情況下參與。受保運動及活動並不只限於上述所列，如欲查詢某一類別的運動或活動是否受保，請致電本公司或您的理財顧問或經紀。

保費表

保障項目	每位受保人的職業類別				
	第一類	第二類	第三類	第四類	年齡介乎3歲至17歲的未婚全日制學生
I. 意外死亡及永久性傷殘[1] 最低投保額：港幣$500,000 最高投保額：5倍年薪或更高投保額需個別核保	0.09%	0.13%	0.20%	0.30%	0.10%
II. 暫時喪失工作能力（最長可達104週）[2]	23.00%	34.00%	54.00%	66.80%	-
(a) **喪失全部工作能力** 每星期最高投保額為項目I投保額之0.5%，惟最高不得超逾每星期：	港幣$5,000	港幣$3,000	港幣$2,000	港幣$1,000	-
(b) **喪失部份工作能力** 每星期最高投保額為項目II(a)投保額之25%					
III. 醫療費用[3] 全年投保額：	包括跌打醫師治療費用及中醫治療費用，每日最高港幣$200，以全年港幣$3,000為上限				
港幣$10,001 - $20,000	3.74%	4.35%	6.43%	12.18%	3.33%
港幣$20,001 - $30,000	3.09%	3.63%	5.36%	-	2.78%
港幣$30,001 - $40,000	2.89%	3.40%	-	-	-
港幣$40,001 - $50,000	2.70%	-	-	-	-
IV. 住院現金 每日投保額：港幣$500 - $1,000	56.00%	75.00%	96.00%	138.00%	-
V. 24小時時緊急支援服務	免費 提供無限額的醫療救援及護送回港服務				

註：

1. 任何非在職人士、家庭主婦、在海外留學的學生（年齡在18歲或以上），如欲投保「意外死亡及永久性傷殘」保障，最高投保金額為港幣$1,000,000。
2. a) 任何自僱人士，如欲投保「暫時喪失工作能力」保障，最高投保金額為上表項目II所列金額之60%。
   b) 受保人士若非在職，將不獲邀續保「暫時喪失工作能力」保障。
3. 海外留學的學生如欲投保「醫療費用」保障，每年最高投保額為港幣$30,000。
4. 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。

投保例子　客人職業：銀行主任　職業分類：第一類

保障項目	投保額（港幣$）	保費率	保費（港幣$）（投保額 x 保費率）
I. 意外死亡及永久性傷殘	$500,000	0.09%	$450 ($500,000 x 0.09%)
II. 暫時喪失工作能力	$2,500	23.00%	$575 ($2,500 x 23.00%)
III. 醫療費用	$11,500	3.74%	$430 ($11,500 x 3.74%)
保費：			$1,455 （年繳）
（若每月以信用卡或自動轉賬形式繳費，每月保費為: 每年保費x 0.0892。）			$130 （月繳）

PRUDENTIAL
英國保誠

Application Form for

PRU*choice* Personal Accident Insurance

保誠精選「安健寶」人身意外保險計劃

申請表

Applicable on or after 3 December, 2014
2014年12月3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/APP0008B/P01 (11/14)

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 & 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 3 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3歲至17歲，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 & 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 "✓" or circle as appropriate 請於適當地方填上「✓」號或圈出正確答案)

	Applicant 申請人	Spouse 配偶	Child (1) 子女 (1)	Child (2) 子女 (2)
Classification of Occupation for Each Person 每位受保人的職業類別	Class 1 / 2 / 3 / 4 第一/二/三/四類	Class 1 / 2 / 3 / 4 第一/二/三/四類	Class 1 / 2 / 3 / 4 第一/二/三/四類	Class 1 / 2 / 3 / 4 第一/二/三/四類
Aged 3 - 17 unmarried full-time student 年齡介乎3歲至17歲的未婚全日制學生	N/A 不適用	N/A 不適用	☐	☐
Self - employed* 自僱人士*	☐	☐	N/A 不適用	N/A 不適用
Benefits 保障項目	Please fill in the Sum Insured (HK$) 請填寫投保額 (港幣$)			
I. Accidental Death and Permanent Disablement 意外死亡及永久性傷殘				
II. Temporary Disablement 暫時喪失工作能力				
III. Medical Expenses 醫療費用				
IV. Hospital Cash 住院現金				
I + II + III + IV Annual Premium (HK$) 每年保費 (港幣$)				
Total Annual Premium for all Person to be covered (HK$)** 所有受保人之每年總保費 (港幣$) **				

* Self-employed shall mean you receive income from your provision of services or goods in a capacity other than an employee. The maximum Temporary Disablement benefit insured by a self-employed person is 60% of the maximum weekly benefit shown in Section II of Table of Premium. Example: Maximum weekly benefit insured by a self-employed taxi driver (Class 3) shall be $2,000 x 60% = $1,200.
自僱人士指閣下並非受聘於任何人士或公司，而是以非僱員身份提供服務或貨品來賺取入息。任何自僱人士，如欲投保「暫時喪失工作能力」保障，每星期最高投保額為保費表項目II所列每星期最高投保額之60%。例子：自僱的士司機（第三類）在項目II的每星期最高投保額為$2,000 x 60% = $1,200。

** For Monthly Premium Payment by Credit Card or Autopay, the monthly installment amount is equal to: Annual Premium x 0.0892.
若每月以信用卡或自動轉賬形式繳付保費，每月保費為：每年保費 x 0.0892。

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。

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 companies, 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

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 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

☐ Monthly by Credit Card 以信用卡月繳

☐ Yearly by Cheque 以支票年繳
(Please attach cheque* for first year premium)
(請連同首年保費之支票*寄回)

☐ 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)

* 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 ☐ Certificate of Incorporation 公司註冊證明書 ☐ Others 其他 _____ ☐ Passport 護照 ☐ Business Registration 商業登記證			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.
產品小冊子所列之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 辦公室地點 ES1 / FTW / PT PT2 / CC / CRB / EWT / F