

PRUchoice MediExtra Employee Medical Insurance Claim Form
保誠精選「健康寶」僱員醫療保障計劃 — 醫療保險索償申請表
(Please "√" the appropriate box) (請於適當空格內填上“√”)

New Claim
Follow-up Claim

新症 ☐
覆診 ☐



Claim Instructions 申請索償指示

- Completing Claim Form**
Part I: To be completed by the Insured / Claimant
Part II: To be completed by attending Physician / Surgeon (any cost incurred is to be borne by the Insured / Claimant)
- Submitting your Claim Form**
Please submit Claim Form together with original medical receipt(s) and all supporting documents, certificates, information and evidence. In all circumstances, a fresh claim form is required for follow-up visits at a later date.
Claim Form must be submitted within 90 days of the expenditure being incurred. Before returning the form, please make sure that all parts have been completed and that you have attached original medical receipt(s) and all supporting documents, certificates, and information. Receipt(s) will not be returned unless requested.
All consultation payment receipts must clearly indicate the consultation date, patient's name, description of charges, diagnosis and operation, (if any), together with the signature of Physician/Surgeon. Prudential General Insurance Hong Kong Limited reserves the right to request for medical report, to be obtained at the expenses of the Insured/claimant, and further information if information on the receipt is insufficient and to appoint an independent medical examiner at its own expenses.
Remarks: Please attach copies of histopathology, endoscopic, diagnostic / laboratory tests report, and/or operating theatre summary.
No Reimbursement of Claims shall be made for:
* Claim(s) submitted after 90 days from the date of the expenditure being incurred.
* Insufficiency of required information.
- Returning the completed claim form to :**
Prudential General Insurance Hong Kong Limited
3/F, DCH Commercial Centre, 25 Westlands Road,
Quarry Bay, Hong Kong
Telephone : (852) 3656 8322
Facsimile : (852) 2164 8445
- Getting Your Claim Payment**
Approved payment will be settled by autopay to the designated bank account of the Insured as provided in the Application Form.

- 填寫醫療保險索償申請表**
第一部份：須由保單持有人/索償人填寫
第二部份：須由主診醫生/外科醫生填寫（所需費用由保單持有人/索償人自行支付）
- 呈交索償申請表**
請將本索償申請表連同醫療單據正本、所有相關文件、證書、資料及證據一併交回。在任何情況下，如需於日後覆診，必須另外填寫新的索償申請表。

索償申請表必須在支付費用後90日內交回。在交回本表前，請確保各部份經已填妥，及已附上醫療單據正本、所有相關文件、證書及資料。除非有特別要求，否則有關單據將不會退還。

所有診視收據必須清楚列明診視日期、就診者姓名、收費資料、診斷及手術名稱（如適用），並由主診醫生/外科醫生簽署。如填報資料不足，保誠財險有限公司有權索取醫療報告及其他有關資料，取得取得報告之費用由保單持有人/索償人支付，保誠財險有限公司保留自付費用指派獨立醫療審核人之權利。

備註：請連同病理學、內視鏡、診斷性化驗/檢驗報告及/或手術室摘要交回本公司。
在以下情形，索償申請將不獲辦理：
 - 索償申請於支付費用 90天後遞交。
 - 所需資料不足。
- 請將填妥之索償申請表交回：**
保誠財險有限公司
香港鰂魚涌華蘭路25號
大昌行商業中心3樓
電話：(852) 3656 8322
圖文傳真：(852) 2164 8445
- 收取索償款項**
經批核後的索償款項將以自動轉賬形式，給予投保申請表上提供之保單持有人銀行戶口。

Part I - To be completed by the Insured / Claimant 第一部份 - 由保單持有人/索償人填寫

Name of the Insured / Claimant : 保單持有人/索償人姓名 _____	Patient's Date of Birth : 就診者出生日期 _____	Sex : 性別 _____
Name of Patient : 就診者姓名 _____	Daytime Contact Tel No. : 日間聯絡電話 _____	
Policy No. of Patient : 就診者保單號碼 _____		
Date of Claimed Treatment : From 索償治療日期 由 _____ To 至 _____		

1. If hospitalization was due to illness 若因疾病而住院

a. Describe the symptoms and / or abnormalities which led to the hospitalization.
請列出導致是次住院的病徵及/或其他症狀。

b. Name of doctor first consulted for the illness 初診醫生姓名

c. Date of the first consultation 初診日期

d. When had these symptoms and / or abnormalities first appeared?
於何日首次出現上述病徵及/或其他症狀?

e. Has the patient been treated by other doctor(s) for similar or related illness in the past?
就診者曾否因相似或有關疾病接受其他醫生治療?
Yes 有 ☐ No 無 ☐ If yes, please specify 如有，請列明

Date of Treatment 治療日期 _____
Name & address of the doctor(s)/hospital(s) 醫生/醫院名稱及地址

2. If hospitalization was due to accident 若因意外而住院

a. When did it happen? 意外何時發生?
Date 日期 _____ Time 時間 _____

b. Where and how did it happen? 意外發生的地點及經過?

c. Please specify the injured area, type and severity of the injury.
請列明意外受傷部份、類別及傷勢。

d. Did the patient report to the Police? 就診者有否報警?
Yes ☐ Send us a copy of the Police Report
有 ☐ 請提交警察報告副本一份 No ☐
否 ☐

e. Was there any concurrent/predisposing illness at the time of the accident?
意外發生時，是否有其他已存在之疾病?

f. Other information 其他資料 _____

3. Is the patient making any compensation claim from Group Medical Insurances, Individual Medical Insurances or other insurances as a result of this treatment ?
有關是次治療，就診者有否從團體醫療保險、個人醫療保險或其他保險申請索償?
If yes, please specify the name of the Insurance Company / Organization:
如有，請列明保險公司/機構名稱 _____

Yes 有 ☐ No 無 ☐

Policy No.:
保單號碼 _____

Declaration & Authorization 聲明及授權書

I hereby declare that the above information given is true and correct. I further authorize any hospital, doctor, insurance company, organization or any person that has any record or knowledge of health, or that of the named patient, to furnish such information to Prudential General Insurance Hong Kong Limited. ("Prudential"). A photocopy of this authorization shall be considered as effective and valid as the original. I understand that if I or that of the named patient fail(s) to provide any information requested in the Claim Form, Prudential may not be able to accept or process this claim.

本人謹此聲明以上所填報之一切資料，均屬真確無訛，本人茲亦授權保誠財險有限公司（“保誠”）向持有上述就診者之健康或記錄資料的醫院、醫生、保險公司、機構或任何人士索取有關資料。此授權書之影印本與正本均具同等效力。本人明白，如本人或上述就診者未能就本索償申請表提供所需資料，可能會導致保誠不能接受或處理本索償申請。

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 perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 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 entities whose ultimate parent company is Prudential plc ("**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) 其他母公司為英國保誠集團的實體（「**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 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 DCH Commercial Centre, 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，地址是香港鯉魚涌華蘭路25號大昌行商業中心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。

The Applicant/ the Insured/ Insured/ Claimant 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/ 索償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。

Date 日期

Signature (The Insured/Claimant) 簽署（保單持有人/索償人）

Financial Consultant's Name and Contact Telephone No.:
理財顧問姓名及聯絡電話號碼
(To be completed by Financial consultant Only)
(由理財顧問填寫)

Part II - To be completed by the attending Physician / Surgeon (For Hospital Claim Only)

第二部份 - 由主診醫生/外科醫生填寫（只供住院索償申報）

Name of Patient :
就診者姓名

I.D. Card No. / Passport No.
身份證號碼 / 護照號碼

Date of Admission :
入院日期

Date of Discharge :
出院日期

A. Clinical History 診斷病歷紀錄

1. Date on which the patient first consulted you for the hospitalized illness or bodily injury. 就診者首次因疾病或身體損傷住院診視日期。

2. Please describe the symptoms and complaints of the patient for this hospitalization. 請描述是次就診者住院之病徵及申訴。

3. According to the medical history given by the patient, how long had the patient been experiencing these symptoms before the first consultation? 根據就診者提供的病歷，在就診者首次診視前，該病徵已存在多長時間？
Days (s) 日 Month(s) 月 Year(s) 年, or since 或由 開始

4. What was your clinical diagnosis and when was it made? 閣下曾作出甚麼診斷及在何時作出？

5. How long, in your opinion, has the patient suffered from these symptoms? 根據閣下的專業意見，就診者已患有此病徵多長時間？

B. Hospitalization History 住院病歷紀錄

Final diagnosis
最後診斷結果

When was it made?
何時診斷？

Operation performed
所作手術名稱

Date of operation
手術日期

Name of Surgeon
外科醫生姓名

Recommended treatment & the reason for the treatment 建議接受治療之名稱及原因

Recommended diagnostic tests & the reason for the tests 建議接受診斷性檢查之名稱及原因

1. If you have referred other Physician to the patient during the hospitalization, please provide the following relevant information. 於住院期間，如閣下已將就診者轉介予其他醫生，請提供下列有關資料。
Name of referred Physician 轉介醫生姓名 Reason of referral 轉介原因 What treatment performed 治療名稱

2. Brief discharge summary (including onset & duration of sign & symptoms/illness, etiology, types & results of major examination, treatment, complication & follow-up plan). 出院摘要（請列出有關病徵 / 疾病的病發及痊癒日期、病因、檢驗性質及結果、治療、併發症及跟進計劃）

3. Has the patient taken any home leave during this hospitalization? 於住院期間，就診者有否請假外出？
No 無 Yes 有 Please state the date, time and reason 請列明日期、時間及原因

C. Professional Comment 專業意見

1. In your opinion, was the hospitalized illness a recurrent episode or a chronic disease? If so, when would be the first episode? 就閣下意見，是次疾病是否為復發性病症或慢性病症？如是，何時為首次病發日期？

2. Has the patient ever had the same or similar symptoms(s) before? 就診者以前曾否患有同類或類似病徵？
No 無 Yes 有 Please state when and describe details 請列明日期及描述病徵詳情

3. Was the above condition due to or associated with the following problems ? (circle the appropriate answers) 上述情況是否因以下問題所致？（請圈出合適答案）
accidental bodily injury \ abuse of drugs or alcohol \ AIDS\HIV related illness \ venereal disease or sexually transmitted disease \ pregnancy, infertility or sterilization \ eye refraction \ cosmetic or plastic surgery \ mental or nervous disorder \ congenital condition \ hereditary condition \ developmental condition \ self-inflicted injury \ general check up or vaccination \ NONE OF THE ABOVE
意外身體損傷\濫用藥物或酒精\後天免疫力缺乏症（愛滋病）\與人類免疫力缺乏之相關病毒(HIV)\性病或因性接觸感染之疾病\懷孕、不育或絕育\視力折射問題\美容或整容手術\精神或神經病\先天性情況\遺傳性情況\發育中出現異常情況\自我傷害\一般身體檢查或防疫注射\以上全部不是

4. Had the patient been previously treated or hospitalized for this or any other illness? If so, please give brief summary (including onset & duration of sign & symptoms / illness; etiology; type & results of major examination; treatment, complication & follow-up results) 就診者過去曾否因此疾病或其他疾病而需接受治療或住院？如是，請撮要說明（請列出有關病徵 / 疾病的病發及痊癒日期、病因、檢驗性質及結果、治療、併發症及跟進結果。）
Date 日期 Illness/ Disorder / Complaint 疾病/失調/申訴 Details of treatment / hospitalization 治療/住院詳情 Name of Physician or Surgeon / Hospital 主診醫生或外科醫生姓名/醫院名稱

(Please use any separate sheet with the signature of Physician or Surgeon on it if more space is needed) （若需另頁填寫，每張紙都需有主診醫生或外科醫生的簽署作實）

D. Others 其他

1. Are you the patient's usual Physician/Surgeon? 閣下是否就診者的長期主診醫生/外科醫生？
i. Yes Please fill in question 2 是，請填寫問題 2
ii. No Does the patient have any other usual/family Physician(s)/Surgeon(s)? If Yes, please give us the name(s). 不是，就診者是否有其他的長期/家庭主診或外科醫生？如是，請提供姓名。

2. Please fill in the date of consultation, the symptoms and complaints of the patient for each consultation 請填寫診視日期，及每次診視的病徵及申訴
Consultation date 診視日期 Symptoms / Complaints 病徵/申訴 Recommended tests / treatment 接受的檢查 / 治療

3. If you are referred by other Physician/Surgeon, please provide the name, contact number and address of the Physician/Surgeon. 如閣下乃其他主診醫生/外科醫生轉介，請提供該醫生姓名、聯絡電話及地址。

Signature of attending Physician / Surgeon with Chop / Hospital Stamp
主診醫生/外科醫生簽署及執業印鑑/醫院蓋章

Address & Telephone
地址及電話

Name of attending Physician / Surgeon
主診醫生/外科醫生姓名

Date
日期

PRUchoice SERIES - PAYMENT DETAILS AMENDMENT FORM
保誠精選系列 - 更改付款資料申請表



Please complete all related sections. Failure to do so may result in your request being delayed. 請填妥有關部份，如有遺漏可能延誤有關申請。
Please allow at least 10 working days from the date of this instruction being approved by Prudential General Insurance Hong Kong Limited to update your records.
此申請表經保誠財險有限公司批核後，需時最少十個工作天更新您的紀錄。

Prudential General Insurance Hong Kong Limited
3/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong
Telephone: (852) 2977 3888 Facsimile: (852) 2164 8445

保誠財險有限公司
香港鰂魚涌華蘭路25號大昌行商業中心3樓
電話：(852) 2977 3888 圖文傳真：(852) 2164 8445

PERSONAL DETAILS 個人資料

Name of the Insured (in English) 保單持有人姓名 (英文)	I.D. / Passport Number 身份證 / 護照號碼	Daytime Telephone Number 日間聯絡電話
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POLICY DETAILS 保單資料

Please select your Policy Type and a new Payment Method (if necessary). The new Payment Method will be applicable only upon next premium collection and/or you have confirmed renewal. Please tick as appropriate and fill in your policy number and allow at least 10 working days to update the policy record. 請選擇您的保單種類及新的付款方法(如適用)。新的付款方法只會在下次收取保費及/或在您已確認續保後適用。請在適當空格內填上「✓」號，並填寫保單的保單號碼。請預留最少十個工作天以更新您的保單紀錄。
Prudential Hong Kong Limited is the authorized collection agent for Prudential General Insurance Hong Kong Limited. If you change to settle the premium by Autopay, please also complete the following Direct Debit Authorization Form, together with cheque for first year premium (yearly mode), and cheque for first two months premium (monthly mode). Please make the cheque payable to "Prudential Hong Kong Limited". 保誠保險有限公司是保誠財險有限公司授權的收款代理人。如改以自動轉賬繳付保費，請同時填寫以下的直接付款授權書，並連同首年保費(年繳)及首兩個月保費(月繳)的支票交回本公司辦理。請註明支票抬頭人為「保誠保險有限公司」。
If the selected Payment Method is by either Credit Card or Autopay, the following policy will be renewed automatically on a yearly basis subject to underwriting approval and premium will be collected from the designated credit card or bank account. For PRUchoice Medical, PRUchoice HealthCare (Crisis Protection Plan only) and PRUchoice MediExtra, the policy is guaranteed renewable, re-underwriting at renewal is not required. 如選擇以信用卡或自動轉賬繳付保費，保單於核保後將每年自動續保及從指定的信用卡戶口或銀行賬戶內扣除保費。惟保誠精選「醫療寶」、保誠精選「康療寶」(只限於危疾保障計劃)及保誠精選「健康寶」均保證續保，不會於續保時再次核保。

☐ PRUchoice Personal Accident 保誠精選「安健寶」 Policy No. 保單號碼	☐ PRUchoice Personal Accident Plus 保誠精選「倍安寶」 Yearly by Credit Card 以信用卡年繳	☐ PRUchoice Medical 保誠精選「醫療寶」 Yearly by Cheque 以支票年繳	☐ Yearly by Autopay 以自動轉賬年繳	☐ Monthly by Credit Card 以信用卡月繳	☐ Monthly by Autopay 以自動轉賬月繳
☐ PRUchoice Travel 保誠精選「旅遊樂」	☐ PRUchoice Home 保誠精選「家居寶」	☐ PRUchoice Maid 保誠精選「僱傭寶」	☐ PRUchoice Motor 保誠精選「駕駛寶」	☐ PRUchoice Golfers 保誠精選「高球樂」	
☐ PRUchoice HealthCheck 保誠精選「康檢寶」 Policy No. 保單號碼	☐ PRUchoice Card Protection Plus 保誠精選「失卡寶」 Yearly by Credit Card 以信用卡年繳	☐ PRUchoice Home Deluxe 保誠精選「名家寶」 Yearly by Cheque 以支票年繳			
☐ PRUchoice HealthCare 保誠精選「康療寶」 Policy No. 保單號碼	☐ PRUchoice MediExtra 保誠精選「健康寶」 Yearly by Credit Card 以信用卡年繳	☐ Yearly by Cheque 以支票年繳	☐ Monthly by Credit Card 以信用卡月繳		

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 HONG KONG LIMITED			
Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶編號
Name of Account Holder(s) (as recorded in statement/passbook - please complete in block letters) 戶口持有人之姓名 (在月結單/存摺上所記錄之名稱，請用英文正楷填寫)		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	☐ Business Registration 商業登記證	☐ Passport 護照
	☐ Certificate of Incorporation 公司註冊證明書	☐ Others 其他	

- I/We hereby authorize my/our above-named Bank to effect transfer(s) from my/our account to that of Prudential 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/吾等之上述銀行，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保險有限公司之賬戶。
- 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 Amendment 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/吾等在此申請表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。

Signature of Account Holder(s) 戶口持有人之簽署 (Signature must correspond to your bank's record. 簽名必須與銀行檔案相同)	Date日期
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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。)

I/We hereby authorize Prudential 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/吾等授權保誠保險有限公司，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。

☐ VISA	☐ MasterCard
Credit Card Number 信用卡號碼	Credit Card Expiry Date 信用卡有效期至 ____/____(MM月/YY年)
Cardholder's Name 信用卡持有人姓名	Cardholder's Signature 信用卡持有人簽署
	Date日期

Policy will be renewed automatically on a yearly basis subject to underwriting approval and premium will be collected from the designated credit card account, 保單於核保後將每年自動續保及從指定的信用卡戶口內扣除保費。

Personal Information Collection Statement 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as “the Company”, “our”, “we”, or “us” in this Part entitled ‘Personal Information Collection Statement’) may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information (“**Personal Information**”) from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「**個人資料**」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc (“**companies within the Prudential Group**”) or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「**保誠集團內的公司**」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities’ insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

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

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

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

Under the Personal Data (Privacy) Ordinance (the “**Ordinance**”), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F DCH Commercial Centre, 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號大昌行商業中心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 DCH Commercial Centre, 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號大昌行商業中心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 Policyholder
保單持有人簽署

Date
日期

For Office Use Only 公司專用	Financial Consultant's Name & Code 理財顧問姓名及編號	Mobile Number 流動電話號碼
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PRUchoice MediExtra Employee Medical Insurance – Variation Form
保誠精選「健康寶」僱員醫療保障計劃 — 更改保單申請表



Please complete Section 1 and 2 as required and return the completed form to: 請依指示填寫第一及第二部份，及將填妥之申請表寄回：

Prudential General Insurance Hong Kong Limited
3/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong
Telephone: 3656 8322 Facsimile: 2164 8445

保誠財險有限公司
香港鰂魚涌華蘭路25號大昌行商業中心3樓
電話：3656 8322 傳真：2164 8445

Name of the Insured
保單持有人姓名

Telephone No.
電話號碼

Policy No.
保單號碼

Facsimile No.
圖文傳真號碼

Section 1 - Types of Changes 第一部份 - 更改項目

(Please tick the change(s) requested and fill in details as required.)
(請用“√”號選擇所需更改，並填妥有關資料。)

☐ A. Addition of Insured Person(s) 增加受保人

(Please complete Section 2 as well. 請同時填寫第二部份。)

Relationship with the Insured 與保單持有人關係	Surname 姓	Given Name 名	Sex 性別	Height 身高	Weight 體重	I.D. Card No./Passport No./Birth Cert. 身份證號碼 / 護照號碼 / 出世紙號碼	Occupation 職業	Date of Birth 出生日期 dd/mm/yy 日/月/年	Basic Top Up Medical Plan* 基本住院附加醫療保障計劃* (*Please fill in the appropriate deductible option. 請在空格內填寫適當的墊底費選擇。)			Optional Hospital & Surgical Plan 自選住院及手術保障計劃 (Please tick as appropriate 請在適當空格內填上“√”號)
									Private Room 私人病房	Semi-Private Room 半私家病房	Ward Bed 大房病床	
Self 自己				cm/feet 厘米/尺	Kg / Lb 公斤/磅							
Spouse 配偶				cm/feet 厘米/尺	Kg / Lb 公斤/磅							
Child 子女				cm/feet 厘米/尺	Kg / Lb 公斤/磅							
				cm/feet 厘米/尺	Kg / Lb 公斤/磅							

* Each Insured Person can choose one deductible option only. Change of the deductible option under same level of cover is not allowed once the Policy has been effected.

每名受保人只能挑選一項墊底費選擇。保單生效後，所有在同一投保等級中的墊底費選擇之更改均不被接納

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 variation form.
如閣下有超過兩名子女，請另加紙填寫。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。

☐ B. Deletion of Insured Person(s) 減除受保人

(Application is only allowed at renewal. Please make sure that this form is received by us 1 month before the renewal date.)
(只可於續保時申請。請於續保到期前一個月將申請表寄抵本公司。)

Name
姓名

☐ C. Change of Level of Cover 更改投保等級

(Application is only allowed at renewal. Please complete Section 2 as well and make sure that this form is received by us 1 month before the renewal date.)
(只可於續保時申請。並請同時填寫第二部份及於續保到期前一個月將申請表寄抵本公司。)

☐ For Insured Person 受保人 (Name 姓名 _____)

Please write down the appropriate deductible option on the space provided. 請於橫線上填寫適當的墊底費選擇。

☐ Private Room 私家病房 _____ ☐ Semi-Private Room 半私家病房 _____ ☐ Ward Bed 大房病床 _____

☐ D. Change of Bank Account for Claim Reimbursement 更改作賠償入賬的銀行戶口號碼

(The holder of the bank account must be the Insured.)
(銀行戶口持有人必須為保單持有人。)

Bank Name
銀行名稱

Account Holder
戶口持有人姓名

Account No.
戶口號碼

For changing of direct debit, please fill in the Payment Details Amendment Form.
如欲更改以自動轉賬繳付保費的銀行戶口號碼，請另填更改付款資料申請表。

☐ E. Change of Correspondence Address / Telephone Number 更改通訊地址 / 電話號碼

New Address
新地址

Telephone No.
電話號碼

☐ F. Termination of Policy 終止保單

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)
(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

Note : Premium paid is not refundable.
注意：已繳保費，一概不發還。

☐ G. Cancellation of Basic Top Up Medical Plan 取消基本住院附加醫療保障計劃

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)
(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

Basic Top Up Medical Plan 基本住院附加醫療保障計劃

☐ I would like to cancel the Basic Top Up Medical Plan* but keep the Optional Hospital & Surgical Plan effective.
本人欲取消基本住院附加醫療保障計劃*，但保留生效中的自選住院及手術保障計劃。

*Once cancelled, reapplication on this Plan shall not be accepted. 保障一旦被取消，您便不能再次提出申請。

☐

H. Addition of Optional Hospital and Surgical Plan 參加自選住院及手術保障計劃

Application of Optional Hospital and Surgical Plan is allowed to the Insured Person(s) who has/have successfully Insured with Basic Top Up Medical Plan at renewal or resignation of current employment only. Should the application is submitted at renewal, please make sure that this form is received by us 1 month before the renewal date. Should the application is submitted at resignation of current employment, the Insured Person(s) must submit this application together with a reference letter issued by the employer within 45 days after the resignation. (Not applicable to cancellation)

只提供予已成功投保基本住院附加醫療保障計劃的受保人於續保或離職時申請自選住院及手術保障計劃。如在續保時提出申請，請於續保到期前一個月將申請表寄抵本公司。如在離職時提出申請，受保人必須在離職45日後連同一封離職時由僱主發出的轉介信一併遞交。(取消除外)

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For Insured Person 受保人 (Name 姓名 _____)

Optional Hospital & Surgical Plan 自選住院及手術保障計劃

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I would like to apply for Optional Hospital & Surgical Plan
本人欲申請自選住院及手術保障計劃
(Please complete Section 2 as well. 請同時填寫第二部份。)

Section 2 - Evidence of Insurability 第二部份 - 可保證明

(For addition of persons to be covered and change of Level of Cover only.)

(只供增加受保人及更改投保等級者填寫。)

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。

	Yes 是	No 否
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 test, 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，心电图或抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢驗等？	☐	☐
4. Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related conditions? 本申請表內所包括之受保人曾否被建議接受與人體免疫力缺乏病毒、性病、愛滋病、愛滋衍生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？	☐	☐

If you replied "Yes" in any of the above questions, please give name(s), date and full details on a separate sheet. Please also provide the relevant medical report, if any.
如上述任何問題回答「是」，請於另紙列出其姓名、日期及詳細情況。如有醫療報告，請連同此申請表一併遞交。

Declaration 聲明

I hereby request to change my policy in accordance with the particulars set out in Section I of this Form.

本人謹此要求將上述之保單依據此申請表第一部份所填寫的細則作出修改。

I acknowledge that benefits are not payable under the **PRU^{choice}** MediaExtra Employee Medical Insurance for any cost of treatment arising from any existing illness, injuries or other conditions unless complete current details are fully disclosed by me in this Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential"). I hereby apply to be the Insured and to include the Insured Person listed above in the Policy under this application. I declare that, to the best of my knowledge and belief, the statements contained in this Form are true and complete. Prudential reserves the right to ask for submission of more details of health status or medical reports for me and other Insured Person(s) as listed at my own cost. I have read and agree to be bound by the Policy of the **PRU^{choice}** MediaExtra Employee Medical Insurance and I agree that this declaration and the answers given in this Form shall be the basis of the contract between me and Prudential.

本人知道，根據保誠精選「健康寶」僱員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起之治療，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。本人茲申請為保單持有人，並在本申請中，將上列人士增加成本保單的受保人。本人聲明，就本人所知所信，本申請表填報之一切資料，均屬確實完整。保誠有權要求提供更多有關本人及受保人之健康情況或醫療報告，一切費用將由本人支付。本人已細讀並同意遵守保誠精選「健康寶」僱員醫療保障計劃之保單條款，並同意以本申請表內之聲明及填報之一切資料，作為本人與保誠之間所訂合約之根據。

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as “the Company”, “our”, “we”, or “us” in this Part entitled ‘Personal Information Collection Statement’) may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information (“**Personal Information**”) from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records,

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「**個人資料**」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc (“**companies within the Prudential Group**”) or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於本公司以及其他母公司為英國保誠集團的實體（「**保誠集團內的公司**」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料，；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

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

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

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

Under the Personal Data (Privacy) Ordinance (the “**Ordinance**”), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F DCH Commercial Centre, 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號大昌行商業中心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 DCH Commercial Centre, 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號大昌行商業中心3樓。

☐ Opt-out box 拒絕接受方格

The Applicant / the Insured / 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 the Insured
保單持有人簽署

Date
日期

Name & Contact Telephone No. of Financial Consultant 理財顧問姓名及聯絡電話號碼
(To Be Completed by Financial Consultant Only. 由理財顧問填寫)

For Office Use Only 本公司專用

Approved by _____ Date _____ Effective Date _____
Restrictions ☐ No
☐ Yes _____

註：所有中文簡譯，如與英文有異，一概以英文為準。