

General Insurance - Variation Form

一般保險更改保單申請表



Only applicable to GI non medical products. 只適用於一般保險非醫療保單。

Please complete the following information and submit to 3/F DCH Commercial Centre 25 Westlands Road Quarry Bay Hong Kong
GI Policy Administration section or fax to 2164-8445 or email to gi.policy.admin@prudential.com.hk
請填寫以下資料及寄回鰂魚涌華蘭路25號大昌行商業中心3樓一般保險保單行政組收，或傳真致2164-8445或電郵致gi.policy.admin@prudential.com.hk

Section I – Policy Information 保單資料

Policy No. 保單編號*: _____

Policy Holder 保單持有人: _____

Product Class 保單類別: _____

(* Mandatory 必需填寫)

Section II – Policy Information Amendment 保單資料更改 (Please tick the appropriate 請於適當方格內✓)

Effective Date of the Amendment 資料更改生效日期 _____ / _____ / _____

☐ A. Change of Address 更改通訊地址

Flat / Room 室 _____ Floor 樓 _____ Block 座 _____ Building 大廈 _____

Estate 屋苑 _____ Street / Road 街道 _____

District 地區 _____ ☐ HK 香港 ☐ KLN 九龍 ☐ NT 新界

Applicable to 適用於 ☐ Correspondence Address 通訊地址 ☐ Situation of Risks 受保地址 ☐ Both 全部地址

☐ B. Change of Contact Information 更改聯絡資料

Mobile 手提電話 _____ Home Tel 住宅電話 _____ Office Tel 辦公電話 _____

Fax 傳真 _____ Email Address 電郵地址 _____

☐ C. Change Period of Insurance 更改保單保障日期

Effective Date 生效日期 _____ / _____ / _____ Expiry Date 到期日 _____ / _____ / _____

☐ D. Change of Maid 更改家庭傭工 (Applicable to PRUchoice Maid only 只適用於保誠精選「僱傭寶」)

☐ Maid Name 家庭傭工姓名 _____ ☐ Date of Birth 出生日期 _____ / _____ / _____

☐ Nationality 國籍 _____ ☐ HKID / Passport No. 香港身份證 / 護照號碼 _____

☐ Re-hiring Transition Period Protection 轉聘過渡期保障

☐ Re-hiring Transition Period Protection 轉聘過渡期保障

☐ Extension of Coverage 順延保障期 OR 或 ☐ Hiring Local Maid 聘用本地家務助理

☐ E. Change of Mortgagee / Hire Purchase Owner 更改按揭銀行/分期付款機構

Name 名稱 _____

☐ F. Termination of Policy 終止保單

Note: Subject to Policy Cancellation Clause and Policy Minimum Premium and Short Period Rate for premium refund

以保單終止條款為依據及保費退款將以保單最低付款額和短期率計算

☐ G. Others 其他 (Please specify below 請註明) Please attach additional paper if necessary 如有需要請另加紙張

Section III – Declaration 聲明

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

本人謹此要求將上述之保單依據此申請表所填寫的細則作出修改。

Section IV – 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

X

(The signature of this form is only valid for 30 days from the date of signature 此表格上的簽署只於簽署日起30日內有效)

To be completed by Financial Consultant Only 由理財顧問填寫

Financial Consultant Information (if any) 理財顧問資料 (如有)

Financial Consultant Name 理財顧問姓名: _____

Financial Consultant Code and Division 理財顧問編號及組別: _____

Contact No. 聯絡電話: _____