Life Assurance Death Claim Form

人壽身故理賠申請書

PRUDENTIAL 保誠保險

Policy Number 保單號碼		Name of Policyowner 保單持有人姓名	
Email Address of Policyowner 保單持有人之電郵地址 *For claim status follow up and communication use 用作跟進理賠進度及聯絡		Name of Life Assured 受保人姓名	
Name of Financial Consultant 理財顧問姓名		Financial Consultant Contact No. 理財顧問聯絡電話號碼	
Financial Consultant Code 理財顧問編號		Division Code & Branch Office 分區編號及分行地點	

IMPORTANT NOTE 重要提示

1. Please complete in BLOCK LETTERS. 請以正楷填寫。
2. This form can be used for death / accidental death claim / payor benefit claim or parental premium waiver claim. 此表格適用於身故/意外身故/投保人保障或親子保費豁免保障之理賠。
3. Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
4. Any changes or amendments in this form must be countersigned by the Claimant in full signature. 索償人必須在此表格內任何更改或修改的地方簽署作實。
5. Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirement. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
6. Receipt of this form by your Financial Consultants or Broker does not constitute receipt by Prudential. 閣下的理財顧問或經紀收到此表格並不代表保誠亦已收到。
7. If Claimant is a company, please skip Part II and complete "Supplementary Form for Business Insurance". 如索償人為公司，第二部分並不適用，請填寫「商業保險補充表格」。
8. If necessary, please complete and submit the "Request for Certified True Copy of Medical Receipt(s)" form to request for return of the certified true copy ("CTC") of the medical receipt(s) which are submitted together with this form. 如需要退回隨附之醫療費用收據之核實副本，請填妥及交回「醫療費用收據核實副本申請書」。
9. If there is more than one claimant, EACH claimant should complete ONE separate claim form with signature. 如超過一個索償人，每位索償人必須各自填寫一份申請書及簽署。
10. In the event that the Life Assured and the Policyowner and/or the Policyowner's spouse die simultaneously, only the Death Benefit relating to the death of the Life Assured will be paid, the policy will be terminated and Parental Premium Waiver Benefit will not be eligible (Only applicable to Parental Premium Waiver claim). 倘若受保人及保單持有人及/或保單持有人配偶同時身故，將會就受保人之身故賠償，而保單會被終止及親子保費豁免保障將不受保 (只適用於親子保費豁免保障之理賠)。
11. The policyowner and/or policyowner's spouse should be the "covered person(s) shown on the Endorsement named "covered person(s) under Parental Premium Waiver Benefit" (Only applicable to Parental Premium Waive claim). 保單持有人及或保單持有人配偶需在親子保費豁免保障保單批注中列出之"受保人士"(只適用於親子保費豁免保障之理賠)。
12. Parental Premium Waiver Benefit is only applicable to some specific juvenile plan. For detail information, please contact your Financial Consultant or our Customer Service Hotline (Only applicable to Parental Premium Waiver claim). 親子保費豁免保障只適用於指定之兒童保單，如需查詢有關詳情，請聯絡理財顧問或客戶服務熱線(只適用於親子保費豁免保障之理賠)。

Part I – Claimant's Certificate (to be completed by Claimant)
第一部分 – 索償人報告（由索償人填寫）

A. Claim Details 理賠資料

Benefit(s) to claims 理賠類別	☐ Death / Accidental Benefit 身故/意外身故保障	☐ Payor Benefit – Death 投保人保障 ☐ Parental Premium Waiver Benefit 親子保費豁免保障 Specific Policy Number 指定保單號碼： _____

B. Deceased's Details 死者資料			
Name of Deceased 死者姓名			
Identity Document Number 身份證明文件號碼			
Date of Birth 出生日期	_____/_____/_____ Day日 Month月 Year年	Sex 性別	
Date of Death 身故日期	_____/_____/_____ Day日 Month月 Year年	Location of Death 身故地點	
Cause of Death 身故原因			
Deceased's Residential Address at time of Death 死者身故前住址			
Occupation and Job Duties at time of Death 身故前之職業及職責			
Name and Address of last Employer at time of Death 身故前之僱主(公司)名稱及地址			
Employer Contact Phone No. 僱主（公司）聯絡電話			

1. If Death was caused by ILLNESS, please state: 如因疾病導致身故，請詳述如下：			
Sign and symptoms 徵狀		When did the symptoms first appear to the deceased? 死者於何時首次出現此徵狀?	_____/_____/_____ Day日 Month月 Year年
When did the deceased **FIRST** consult physician for the related illness? (Please attach patient card if available) 死者何時因相關之疾病**首次**向醫生求診?（請附上病歷卡，如有）	_____/_____/_____ Day日 Month月 Year年	Name of Physician / Hospital for **First** Consultation **首次**求診之醫生 / 醫院名稱	
		Address and Contact Phone No. for Physician / Hospital for **First** Consultation **首次**求診之醫生 / 醫院地址及聯絡電話	
Please provide details of the last attending physician /hospital 請提供最後主診之醫生或醫院資料	Name of Physician 醫生名稱		
	Name of Hospital 醫院名稱		
	Address and Contact Phone No. 地址及聯絡電話		

Please provide details of usual Physician(s) / Hospital(s). Please provide the information in reverse chronological order.
請提供慣常求診之醫生或醫院資料。請由最近期起按時序填寫醫生 / 醫院資料。

Since (Month/Year) 由（月/年）	Name of Physician / Hospital 醫生 / 醫院名稱	Contact Phone No. 聯絡電話

2. If Death was caused by ACCIDENT or other causes, please state: 如因意外或其他事故導致身故，請詳述如下：			
Date of Accident 意外發生日期	_____/_____/_____ Day日 Month月 Year年	Time of Accident 意外發生之時間	☐ AM 上午 ☐ PM 下午 _____:_____ Time 時間
Location of Accident 意外發生之地點			
Details of Accident 意外詳情			
Has this accident been reported to the Police?曾否就是次意外報警？	☐ No 沒有 ☐ Yes, please provide information on the right 有，請提供右面所需的資料	Police Station 警署地點	
		Case Ref. Number 檔案編號	
		Reporter name and relationship to the deceased 報案者名稱及與死者之關係	
Remarks: Please attach a copy of the Police Report / Traffic Accident Report / Police Statement / Newspaper Clipping. 註：請附上警察報告、交通意外報告、口供紙或新聞剪報影印本。			

3. Other Medical Details 其他醫療資料			
Has there been or will there be a death inquest? 是否經已或將會進行死因研究?	☐ No 沒有	☐ Uncertain 不確定	☐ Yes, date 有，日期： _____/_____/_____ Day日 Month月 Year年
Has there been or will there be an autopsy? 是否經已或將會進行解剖?	☐ No 沒有	☐ Uncertain 不確定	☐ Yes, date 有，日期： _____/_____/_____ Day日 Month月 Year年
Remarks: If you are in possession of the verdicts or findings, please provide a copy to us for reference. 註：如閣下持有裁決結果或驗屍報告，請提供副本以作參考。			

C. Insurance Coverage with other Companies 其他保單/保險保障資料			
Name of Company 公司名稱	Policy No. 保單號碼	Policy Effective Date (Day/Month/Year) 保單生效日期（日/月/年）	Amount of Assurance (Currency) 投保額（貨幣）

D. Claimant's Details 索償人資料				
Family Name 姓				
Given Name 名				
Name in Chinese 中文姓名				
Identity Document Number 身份證明文件號碼				
Date of Birth 出生日期	____/____/____ Day日 Month月 Year年	Sex 性別		
Relationship to the Deceased 與死者之關係				
Place of Birth (Not compulsory) 出生地點（可不填寫）	Town/City 鎮 / 城市	Province/State 省 / 州	Country / Region 國家 / 地區	
Current Residential Address 現時居住地址	Flat / Room 室	Floor 樓	Block 座	Building / Estate 大廈 / 屋苑名稱
	Street / Road 街道名稱	District / City 地區 / 城市		
	Province 省	Country / Region 國家 / 地區	Postal Code 郵政編號	
Correspondence Address 通訊地址	☐ Same as the above Claimant's Residential Address 與上述索償人居住地址相同			
	Flat / Room 室	Floor 樓	Block 座	Building / Estate 大廈 / 屋苑名稱
	Street / Road 街道名稱	District / City 地區 / 城市		
	Province 省	Country / Region 國家 / 地區	Postal Code 郵政編號	
Contact Phone No. 聯絡電話 (Please provide telephone no. with its Country / Region name and mark the Country / Region code in the bracket. 請提供聯絡電話及其所屬國家/地區名稱，並於括號內填寫國家/地區編號) For policies purchased via Pulse, it must be a Hong Kong mobile number that is registered with FPS. 如保單在Pulse購買，必須為已綁定轉數快服務的香港手機號碼	Country / Region 國家 / 地區	☐ HK 香港 ☐ China 中國 ☐ Others, please specify 其他，請註明 _____		
	Telephone Number 電話號碼	( )_____		

E. Settlement Option 理賠支付方式	
☐ Cheque in Hong Kong Dollar 港元支票	
☐ Cheque in Policy Currency 保單貨幣支票	If Policy Currency is **USD**, please indicate: 如保單貨幣為**美元**，請選擇： ☐ Local USD Cheque 本地美金支票 ☐ Overseas USD Cheque 海外美金支票
☐ Cheque Collection 支票領取方式	☐ Pick up in person at Prudential Tower (8/F, The Gateway, Harbour City, 21 Canton Road, Tsim Sha Tsui) 親臨英國保誠保險大樓領取 (香港九龍尖沙咀廣東道21號海港城港威大廈8樓)

Remark 註：

1. HKD cheque will be issued if settlement currency option is not specified (except for selected RMB products). 如沒有註明理賠貨幣，本公司將發出港元支票（特選人民幣產品除外）。
2. Local USD cheque will be issued if local or overseas is not specified for USD cheque. 如沒有註明本地或海外美元支票，本公司將發出本地美元支票。
3. For policies purchased via Pulse, claim settlement will be paid via FPS to beneficiary's default Hong Kong bank account that is registered with the mobile number provided in this claim application.
   如保單在Pulse購買，理賠金將會以轉數快發放到受益人在是次理賠申請提供之手機號碼綁定的預設香港銀行戶口。
4. Claimant(s) shall need to pick up in person if cheque collection option is not specified. 如沒有註明支票領取方式，索償人將要親臨英國保誠保險大樓領取。

F. Document Submission Checklist 所需文件檢核表	
Basic Required Documents **基本文件**	• Completed Claim Form Part I to Part III 已填寫之理賠申請書第一至第三部分 • Original Death Certificate of Life Assured / Policyowner / Policyowner's spouse受保人或保單持有人或保單持有人配偶的死亡證正本* • Original Policy Document 保單正本 • Copy of Identity Document of Life Assured / Policy owner/ policyowner's spouse and Claimant 受保人或保單持有人或保單持有人配偶及索償人之身份證明文件副本* • Copy of Relationship Proof 關係證明副本 • Copy of Relationship Proof of the Policyowner and Policyowner's spouse Only applicable to Parental Premium Waiver claim) 保單持有人與保單持有人配偶的關係證明副本 (只適用於親子保費豁免保障之理賠) • Claimant's Address Proof 索償人住址證明
Additional Documents for Accidental Death **意外死亡所需之附加文件**	• Copy of Post-Mortem Report 驗屍報告副本 • Copy of Police Report / Traffic Accident Report / Police Statement 警察報告/交通意外報告/口供紙副本 • Newspaper Clippings 新聞剪報
Additional Documents for Death in China **於香港境外死亡之附加文件**	• Original Notarial Death Certificate 死亡公證書正本* • Copy of Hong Kong Identity Card Cancellation Certification (ROP35a) from Registration of Persons Office (Immigration Department) (for resident of Hong Kong) 由入境處發出的香港身份證註銷證明副本(ROP35a)(如香港居民) • Copy of Proof of household registration cancellation (for Mainland China visitors/Taiwan citizens) 戶籍註銷證明副本(內地訪港旅客 / 台灣公民)
*We will require you to present the related original copy for verification purpose 閣下需要於領取身故理賠時出示相關正本以供核實。	

G. Declaration of Loss of Policy and Indemnity 遺失保單及彌償聲明

Is policy provision under eContract? 保單是否以電子保單形式發出?	☐ Yes 是 ☐ No, Please complete the below Declaration and Indemnity if loss of Policy 否，如遺失保單請填寫以下遺失保單及彌償聲明

In consideration of Prudential Hong Kong Limited ("Prudential") agreeing to make a payment under this policy without meeting its requirement of providing policy document. I (please fill in your name and sign below), indemnify Prudential from and against all claims, demands, actions, proceedings, damages, costs and expenses whatsoever which Prudential may be liable to or incur by reason of Prudential making payment without the Prudential's normal requirements being met.
鑑於保誠保險有限公司同意在其提供保單之要求未被符合的情況下，就保單支付款項，本人（請在以下填寫姓名及簽署）同意就保誠因其一般要求未被符合的情況下付款而可能須承擔法律責任或招致的所有申索、索求、法律行動、法律程序、賠償、費用及開支，對保誠作出彌償。

Name of Beneficiary / Person entitled to give good receipt of the Death Benefit: 受益人 / 就身故賠償能給予有效收據人士之姓名：	
Signature of Beneficiary / Person entitled to give good receipt of the Death Benefit: 受益人 / 就身故賠償能給予有效收據人士之簽名：	

H. Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (referred to as "**Company**", "**our**", "**we**", or "**us**") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information ("**Personal Information**") to provide you with the insurance or financial products or services. "Personal information" shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

China Personal Information Protection Law (PIPL)

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China.
The PIPL Addendum is available on our website at https://www.prudential.com.hk/en/china-personal-information-protection-law/

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

2. Classes of Transferees

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited ("**companies within the Prudential Group**") and their respective insurance agents, and to our financial/medical/wellness/health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant 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. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

H. Personal Information Collection Statement (Continued) 收集個人資料聲明（續）

3. Use and Transfer of Personal Data for Direct Marketing Purposes

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/wellness/health related products, reward/loyalty programme services and subjects ("**Classes of Marketing Subjects**").

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and / or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

4. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

5. Access and Correction Rights

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. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or contact us using the details on "Contact Us" section of the Company website (https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html) or our Privacy Notice.

If you move/moved to a European Union ("**EU**") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/loyalty/privileges programs, medical/health/wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

保誠保險有限公司（簡稱「**本公司**」或「**我們**」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務 ，遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康 / 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「**個人資料**」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務 / 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

《中華人民共和國個人信息保護法》

中國內地補充內容是對本個人信息收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 https://www.prudential.com.hk/tc/china-personal-information-protection-law/ 查閱中國內地補充內容。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列目的：(a) 管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b) 處理閣下的申請；(c) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(d) 處理付款指示；(e) 核實閣下申請保險、金融或財富管理產品及服務的資格；(f) 設計及為閣下提供保險、金融及相關的產品和服務；(g) 與閣下進行通訊；(h) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第 2 部分所列的任何第三方實施），包括但不限於打擊洗錢和認識你的客戶 (KYC) 義務；

(i) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）及 / 或其他非法行為或安全 / 技術問題；(j) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核查；(k) 提供客戶服務；(l) 執行自動決策或資料剖析；

(m) 進行保單審查或需求分析；(n) 進行研究和統計分析（包括使用新科技）；(o) 進行管理幸運抽獎和其他比賽；(p) 使我們能夠履行對閣下的義務；(q) 保持閣下的資料記錄並執行其他內部業務管理；(r) 為直接市場推廣需要並在有需要時經閣下的特定同意下，如以下第 3 部分所述，為閣下量身訂製個性化的促銷、消息和建議；及 (s) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下述第 3 部分所列使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. 被資料轉交者的類別

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體包括但不限於保誠財險有限公司（「**保誠集團內的公司**」）及他們各自的保險代理，及我們的金融/ 醫療/ 保健/ 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料： (a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核查現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、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（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT 服務及平台供應商、保險中介、投資經理、代理、退休金受託人（及其他持份者）、計劃顧問、介紹人及選定的第三方金融和保險產品供應商）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；

(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及 / 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. 使用及轉移個人資料作直接促銷用途

經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做: 保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療 / 保健 / 健康相關產品；獎賞 / 優惠計劃服務及目的（「**促銷標的類別**」）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。 我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及 / 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡 (service@prudential.com.hk)。

4. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

5. 查閱和更正的權利

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。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請聯絡我們，閣下可以發送電郵至 service@prudential.com.hk 或使用本公司網站 (https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html) 或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟（「**歐盟**」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。該私隱通知可在本公司網站〔https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html〕上查閱 。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們，以使我們能夠經營我們業務，會計師、審計師、IT 服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人（和其他持分者）、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞 / 會員 / 優惠計劃、醫療 / 健康 / 保健相關產品、贖回或其他服務，以使我們能夠經營我們業務、保險中介、退休金受託人（和其他持分者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Are you currently a customer in mainland China? 您現在是否是個中國內地客戶？

☐ Yes 是
(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application.
如「是」，請勾選以下選項以同意下列聲明。如您不同意以下聲明，我們可能無法處理您的指示/申請。)

☐ By ticking this box, you agree that as an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China. Please refer to our Privacy Notice (https://www.prudential.com.hk/en/china-personal-information-protection-law/) for more information.
勾選此項，表示您同意，我們作為國際集團公司，為提供保險相關產品或服務，可能需要在中國內地境外存儲或處理您的個人信息。更多資訊，請參閱我們的隱私聲明 (https://www.prudential.com.hk/tc/china-personal-information-protection-law/)。

☐ No 否

I. Declaration & Authorization 聲明及授權

I / We, Policyowner / Claimant, declare that the above information is true and complete to the best of my / our knowledge and belief.

I / We, Policyowner / Claimant, hereby confirm my / our understanding of and agreement to the above Personal Information Collection Statement.

I / We, Policyowner / Claimant, authorize on behalf of myself / ourselves and the minor Life Assured (if any) / the late Life Assured that (1) any doctors, hospitals, clinics, insurance companies, employers, organizations and persons that have any medical history or records or knowledge of me / us / the late Life Assured / the minor Life Assured, whom I / we / the late Life Assured / the minor Life Assured have attended or may hereafter attend may disclose such information to Prudential Hong Kong Limited ("the Company") for the purpose of assessing and processing the proposal for assurance and claims and providing subsequent services. To avoid any uncertainty, this authorization shall binding on my / our successors, assignees, executors and administrators and shall remain valid notwithstanding my / our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorization shall be deemed to be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to underwrite and evaluate the health status of myself / ourselves / the late Life Assured / minor Life Assured in relation to the proposal for assurance and any claims arising therefrom.

I / We, the Life Assured / Policyowner / Claimant, hereby confirm my / our understanding and agree the Company may deduct any outstanding amount / amount payable (including Levy collected by Insurance Authority) from the claims payment according to the applicable statutory and / or regulatory requirement(s).

本人/吾等，保單持有人/索償人，特此聲明就本人/吾等所知所信，以上資料均為正確無訛及完整。

本人/吾等，保單持有人/索償人，在此確認本人/吾等明白並同意上述之收集個人資料聲明。

本人/吾等，保單持有人/索償人，代表本人/吾等及尚未成年之受保人（如有）/ 及已故受保人茲授權(1)任何醫生、醫院、診所、保險公司、僱主、機構或人士，將已經或其後存錄的有關本人/吾等/尚未成年之受保人/及已故受保人之醫療病歷、紀錄或其他資料披露予保誠保險有限公司（"貴公司"），作為評估及處理此投保申請及索償及提供其後服務之用。為免任何疑問，本授權書對本人/吾等之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人/吾等死亡或無行為能力（包括但不限於精神上無行為能力），本授權書仍具有約束力。本授權書之副本將被視為與正本具同樣效力; (2)貴公司或任何由貴公司指定之醫生、醫務人員或化驗所，可就此投保申請或任何有關索償申請替本人/吾等/尚未成年之受保人/已故受保人進行所需之醫療評估及測試，以審核本人/吾等/尚未成年之受保人/已故受保人之健康狀況。

本人/吾等，受保人/保單持有人/索償人，在此確認本人/吾等明白及同意貴公司會根據適用法定及/或規管要求於保單的理賠金額中扣除任何逾期/ 應付金額(包括保險業監管局收取的徵費)。

_____/_____/_____
Day日 Month月 Year年

Signature of Claimant
索償人簽名

Name of Claimant
索償人姓名

Identity Document Number of Claimant
索償人身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。

Part II – Individual Tax Residence Self-Certification
第二部分 – 個人稅務居住地自我申報證明書

Important Notes 重要提示：

- Claimant must provide his / her information (unless otherwise stated) in this part. This part is a self-certification provided by claimant, who may be Individual Account Holder, to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction. 索償人必須提供其資料於本部分（除另有規定外）。本部分是索償人（可能作為個人帳戶持有人）向申報財務機構提供的自我證明，以作自動交換財務帳戶資料用途。申報財務機構可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。
- Account Holder should report all changes in his / her tax residency status to the reporting financial institution. 如帳戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報財務機構。
- Please read instruction and glossary in below websites before completing the form: 填表前請先細閱以下連結之指引及定義
  摘要：http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm

A. Identification of Individual Claimant 個人索償人身分識辨資料

Claimant's Full Name, Identity Document No., Date of Birth, Place of Birth (country / region, province / state and town / city), Residential Address and Correspondence Address as completed in Part I will be considered as part of your self-certification.
索償人在第一部分填寫的姓名，身份證明文件號碼，出生日期，出生地點（國家/地區、省/州及鎮/城市），居住地址及通訊地址將被視為閣下的自我申報證明書一部分。

B. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")
居留司法管轄區及稅務編號或具有等同功能的識辨編號（以下簡稱「稅務編號」）

Complete the following table indicating 提供以下資料，列明

a) the jurisdiction of residence (including Hong Kong) where the Claimant is a resident for tax purposes and
索償人的居留司法管轄區，亦即索償人的稅務管轄區（香港包括在內）及

b) the Claimant's TIN for each jurisdiction indicated.
該居留司法管轄區發給索償人的稅務編號。

Indicate **all** (not restricted to five) jurisdictions of residence. 列出**所有**（不限於 5 個）居留司法管轄區。
If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號，必須填寫合適的理由：

Reason 理由 A - The jurisdiction where the Claimant is a resident for tax purposes does not issue TINs to its residents.
索償人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason 理由 B - The Claimant is unable to obtain a TIN. Explain why the Claimant is unable to obtain a TIN if you have selected this reason.
索償人不能取得稅務編號。如選取這一理由，解釋索償人不能取得稅務編號的原因。

Reason 理由 C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.
索償人毋須提供稅務編號。居留司法管轄區的主管機關不需要索償人披露稅務編號。

	Jurisdiction of Residence 居留司法管轄區	TIN# 稅務編號 #	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號，填寫理由 A、B 或 C
1			
2			
3			
4			
5			

Explain why the Claimant is unable to obtain a TIN if you have selected Reason B in corresponding line.
如選擇理由 B，請於相對的欄位解釋索償人不能取得稅務編號的原因。

1	
2	
3	
4	
5	

B. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") (Continued)
居留司法管轄區及稅務編號或具有等同功能的識辨編號（以下簡稱「稅務編號」）（續）

If the Claimant is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.
如索償人為香港稅務居民，稅務編號是其香港身份證號碼。
If the Claimant is a tax resident of China, the TIN is the China Identity Card Number.
如索償人為中國稅務居民，稅務編號是其中國身份證號碼。
If the Claimant is a U.S. citizen, permanent resident ("Green Card" holder), or otherwise a U.S. tax resident, the TIN is the U.S. social security number.
如果索償人為美國公民，永久居民（"綠咭"持有人），或美國稅務居民，稅務編號是其美國社會福利保障號碼。

C. Declaration 聲明

I, the Claimant, acknowledge and agree that (a) the information contained in this part is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Account Holder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I, the Claimant, am reminded that it is my sole responsibility to seek independent legal and / or tax advice on any such legal and / or tax consequences (in all applicable jurisdictions) before making this self-certification to Prudential Hong Kong Limited. I acknowledge and confirm that neither Prudential Hong Kong Limited nor anyone on the behalf of Prudential Hong Kong Limited has given me any legal and / or tax advice in that regard.

I, the Claimant, certify that I am the Account Holder or I am authorized to sign for the Account Holder of all the account(s) to which this part relates.

I, the Claimant, undertake to advise Prudential Hong Kong Limited of any change in circumstances which affects the tax residency status of the individual identified in this part or causes the information contained herein to become incorrect, and to provide Prudential Hong Kong Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I, the Claimant, declare that the information given and statements made in this part are, to the best of my knowledge and belief, true, correct and complete.

本人，作為索償人，知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，(a) 收集本部分所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。

本人，作為索償人，知悉在向保誠保險有限公司提交自我申報證明書前，本人須全權負責就任何此法律及 / 或稅務後果（在所有適用的管轄範圍）尋求獨立法律及 / 或稅務諮詢。本人知悉及確認保誠保險有限公司或保誠保險有限公司的任何代表均沒有向本人在這方面提供任何法律及 / 或稅務諮詢。

本人，作為索償人，證明，就與本部分所有相關的帳戶，本人是帳戶持有人或本人獲帳戶持有人授權簽署本部分。

本人，作為索償人，承諾，如情況有所改變，以致影響本部分所述的個人的稅務居民身分，或引致本部分所載的資料不正確，本人會通知保誠保險有限公司，並會在情況發生改變後 30 日內，向保誠保險有限公司提交一份已適當更新的自我證明表格。

本人，作為索償人，聲明就本人所知所信，本部分內所填報的所有資料和聲明均屬真實、正確和完備。

_____ / _____ / _____
Day 日 Month 月 Year 年

_____
Signature of Claimant
索償人簽署

_____
Name of Claimant
索償人姓名

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e.$10,000).

警告：根據《稅務條例》第 80(2E) 條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級(即$10,000)罰款。

Policy Number 保單號碼：_____

Part III – Medical Certificate (to be completed by the Attending Physician, duly qualified and registered, at the claimant's expense)
第三部分 – 醫療報告（由索償人自費聘請主診註冊西醫填寫）

Deceased's Details 死者資料

1. Name of Deceased 死者姓名			
2. Identity Document Number 身份證明文件號碼			
3. Age 年齡		4. Sex 性別	
5. Date of Death 身故日期	_____/_____/_____ Day日 Month月 Year年	6. Time of Death 身故時間	☐ AM 上午 ☐ PM 下午 _____:_____ Time 時間
7. Location of Death 身故地點			
8. Cause of Death 身故原因			
9. Has there been or will there be an autopsy?是否經已或將會進行解剖?	☐ No 沒有 ☐ Uncertain 不確定 ☐ Yes, date 有，日期： _____/_____/_____ Day日 Month月 Year年		

If death was caused by ACCIDENT/SUICIDE/HOMICIDE, please provide following details:
如因意外 / 自殺 / 他殺事故導致身故，請詳述如下：`

10. Date of Accident 意外發生日期	_____/_____/_____ Day日 Month月 Year年	11. Time of Accident 意外發生時間	☐ AM 上午 ☐ PM 下午 _____:_____ Time 時間
12. Date of Suicide or Homicide 自殺或他殺事故發生日期	_____/_____/_____ Day日 Month月 Year年	13. Time of Suicide or Homicide 自殺或他殺事故發生時間	☐ AM 上午 ☐ PM 下午 _____:_____ Time 時間
14. Where and how did it happen? 意外或事故如何發生及事發地點			

Consultation Details 診治資料

15. How long have you been the medical physician for this patient? 閣下為死者診症了多久?	_____ Day(s) 日 _____ Month(s) 月 _____ Year(s)年 Or since 或自 _____/_____/_____ Day日 Month月 Year年
16. When was the **FIRST** ever consultation date this patient had with you? 閣下為死者的**首次**診治日期	_____/_____/_____ Day日 Month月 Year年
17. What was the diagnosis in the **FIRST** ever consultation? 閣下為死者的**首次**診治的診斷結果?	

18. Please provide details on your consultation to the deceased to the **LAST ILLNESS** in relation to his / her Cause of Death:
請提供閣下就診斷死者與其身故原因相關之**最後疾病**的詳情：

a) **FIRST** Consultation Date **首次**診治之日期	_____/_____/_____ Day日 Month月 Year年
b) Presenting Symptoms in the **FIRST** consultation 於**首次**診治所發現之病徵	
c) Diagnosis 診斷	

Consultation Details (Continued) 診治資料（續）			
d) ICD 9 Code 國際疾病分類編碼 (ICD-9)		e) **LAST** Consultation Date **最後**一次診治日期	_____/_____/_____ Day日 Month月 Year年
f) According to the deceased, how long had he / she been experiencing these symptoms before the first consultation? 在死者第一次向閣下求診時，其病徵已存在多久?	_____ Day(s) 日 _____ Month(s) 月 _____ Year(s)年 Or since 或自 _____/_____/_____ Day日 Month月 Year年		
g) How long, in your opinion, had the deceased suffered from this disease prior to his / her first attendance? 根據閣下的意見，死者在接受第一次診治之前，該病症已持續多久?	_____ Day(s) 日 _____ Month(s) 月 _____ Year(s)年 Or since 或自 _____/_____/_____ Day日 Month月 Year年		

19. Had the deceased ever been treated for the same / related conditions or for any other serious disorders? (If yes, please give details)
死者曾否因相同 / 相關情況 或 其他嚴重疾病而接受治療?（如有，請提供詳情）

☐ No 沒有	☐ Yes, please provide information as follow: 有，請提供以下資料	
	a) Consultation Date 診治日期	_____/_____/_____ Day日 Month月 Year年
	b) Disease / Disorder 疾病	
	c) Details of Treatment(s) / Hospitalization 治療 / 住院詳情	

20. Had the deceased been previously referred by other physician / hospital?
死者是否由其他醫生或醫院轉介?

☐ No 不是	☐ Yes, please provide information as follow: 是，請提供以下資料	
	a) Date 日期	_____/_____/_____ Day日 Month月 Year年
	b) Name of physician / hospital 醫生 / 醫院名稱	
	c) Address of physician / hospital 醫生 / 醫院地址	
	d) Phone No. of physician/ hospital 醫生 / 醫院電話	

21. Other Physician(s) / Hospital(s) who attended the deceased for the same / related conditions:
其他曾就死者相同 / 相關的病徵提供治療的醫生 / 醫院：

Consultation Date (Day/Month/Year) 診治日期 （日/月/年）	Physician(s) / Hospital(s) 醫生 / 醫院名稱	Disease / Disorder 疾病

Consultation Details (Continued) 診治資料（續）
22. Was the deceased's death directly or indirectly due to or aggravated by the following? 死者是否因以下原因，直接或間接引致或加劇死亡？

☐ No 不是

☐ Yes, please tick where it is appropriate and give details.
是，請在適當的位置劃上剔號及提供詳情

- ☐ unfavorable family health history 家族病史
- ☐ alcoholism / alcohol / narcotics / drugs 酗酒 / 酒精 / 毒品 / 藥物
- ☐ engaging in hazardous sport / activity / occupation 參與危險性運動 / 活動 / 職業
- ☐ mental disorders 精神紊亂
- ☐ poison / gas / fumes (voluntarily or involuntarily) 中毒 / 氣體 / 濃煙（自願或非自願）
- ☐ congenital / inherited condition 先天 / 遺傳性情況
- ☐ AIDS / AIDS related complex disease 後天免疫力缺乏症 / 與後天免疫力缺乏症相關的綜合症
- ☐ pregnancy / childbirth 妊娠 / 分娩
- ☐ suicide / self-inflicted 自殺/ 自我傷害
- ☐ others, please specify 如有其他，請說明: _____

Please provide details:
請提供詳情: _____

23. Did the deceased have the following habit? 死者過往有否以下之習慣？	No 沒有	Yes, please provide more details 有，請提供更多資料		
a) Smoking Habit 吸煙習慣	☐	☐	Daily smoking amount 每日之吸煙數量	
			No. of years smoked 已維持多少年	
b) Drinking Habit 飲酒習慣	☐	☐	Drinking type 飲酒類別	
			Daily consumption amount 每日之飲酒量	
			No. of years drank 已維持多少年	
c) Drug Addiction 濫用藥物	☐	☐	Type of drug consumed 藥物類別	
			Daily consumption amount 每日用量	
			No. of years taken the drug 已維持多少年	
24. Additional information you consider relevant to this claim 其他與此索償有關的資料				

Physician Details 醫生資料			
Name of Physician 醫生名稱		Qualification 資歷	
Hospital Name (if applicable) 醫院名稱（如適用）		Telephone No. 聯絡電話	
Address 地址			
Signature & Hospital / Physician's Chop 醫院 / 醫生簽署及蓋印		Date 日期	_____/_____/_____ Day日 Month月 Year年