General Insurance - Variation Form
一般保險更改保單申請表

Only applicable to GI non medical products 只適用於一般非醫療保單

PRUDENTIAL 保誠保險

Please complete the following information and submit to P.O. Box No. 28162, Gloucester Road Post Office, Hong Kong, GI Policy Administration section or fax to 2977 1266 or email to gi.policy.admin@prudential.com.hk
請填寫以下資料及寄回香港告士打道郵政局郵政信箱28162號一般保險保單行政組收，或傳真致2977 1266或電郵致gi.policy.admin@prudential.com.hk

Section I - Policy Information 保單資料*

(*Mandatory 必須填寫)

Policy No. 保單編號* _____

Policy Holder 保單持有人* _____

Product Class 保單類別 _____

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 _____ / _____ / _____
DD (日) MM (月) YYYY (年)

☐ A. Change of Address 更改地址

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

Gross/ Saleable Floor Area 建築/ 實用面積 _____ (sq. ft 平方呎)

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

☐ 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 _____ / _____ / _____
DD (日) MM (月) YYYY (年) DD (日) MM (月) YYYY (年)

☐ D. Change of PRUChoice Maid Insurance Details 更改保誠精選「僱傭寶」保單資料

(*Mandatory 必須填寫)

i) Change of Domestic Helper / Post-Natal Care Helper 更改家庭傭工/ 陪月員

Name 姓名 _____ Gender 性別 _____

Place of Residence 原居地 _____ Date of Birth 出生日期 _____ / _____ / _____
DD (日) MM (月) YYYY (年)

HKID/ Passport No. 香港身份証/ 護照號碼 _____

Salary Declaration 薪金申報 (For Post-Natal Care Helper 只適用於陪月員)*

Salary for insured Post-Natal Care Helper is (Monthly) HK$_____ within the period of insurance.

該受保陪月員的工資（每月）為港幣$ _____ 。

ii) Application of Re-hiring Transition Period Protection 轉聘過度期保障申請

☐ 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
註：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

_____

Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "our" or "we") takes the privacy and protection of your personal information seriously. Our Personal Information Collection Statement ("PICS") outlines how we will collect and use your personal data and with whom we will share it so we can provide the required products and services and send marketing communications. The PICS is available on our website at https://www.prudential.com.hk/en/personal-information-collection-statement/.

By completing and progressing with this form, the policyholder/ insured person confirms that they have understood and agreed to the PICS.

Is the policyowner Currently a customer in mainland China?

☐ Yes

(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.)

☐ 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.

☐ No

保誠財險有限公司（簡稱「我們」）認真對待閣下個人資料的私隱及保護。我們的個人資料收集聲明概述了我們將如何收集和使用您的個人資料，以及我們將與誰共享這些資料，以便我們能夠提供所需的產品和服務並發送市場營銷通信。收集個人資料聲明可在我們的網站上查閱：https://www.prudential.com.hk/tc/personal-information-collection-statement/index.html 。
填妥並繼續提交本表格，即表示受保人/ 投保人確認他們已明白並同意此收集個人資料聲明中的內容。

保單持有人現在是否是個中國內地客户？

☐ 是

（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。）

☐ 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/ ）。

☐ 否

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 _____