Prudential General Insurance Hong Kong Limited
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PRUDENTIAL
保誠保險

保誠財險有限公司
保誠集團成員
香港告士打道郵政局
郵政信箱28162號

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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。

Personal Details 個人資料

Name of the Insured (in English) 保單持有人姓名（英文）	HKID /Passport Number 香港身份證/ 護照號碼	Daytime Telephone Number 日間聯絡電話

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 and levy 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徵費及/或在你已確認續保後適用。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。

If you change to settle the premium and levy by Autopay, please also complete the following Direct Debit Authorization Form, together with cheque for first year premium and levy (yearly mode), and cheque for first two months premium and levy (monthly mode). Please make the cheque payable to "Prudential General Insurance Hong Kong Limited". For details of levy information, please visit www.prudential.com.hk/levy. 如改以自動轉賬繳付保費及徵費，請同時填寫以下的直接付款授權書，並連同首年保費及徵費（年繳）及首兩個月保費及徵費（月繳）的支票交回本公司辦理。請註明支票抬頭人為「保誠財險有限公司」。有關徵費詳情請瀏覽www.prudential.com.hk/levy。

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 and levy will be collected from the designated credit card or bank account. For **PRU**Choice Medical, **PRU**Choice HealthCare (Crisis Protection Plan only) and **PRU**Choice 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及徵費，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及徵費。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。

	Policy No. 保單號碼	Yearly by Credit Card 以信用卡年繳	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
Accident 意外						
PRUChoice China Protection **保誠精選**「中國安心寶」		☐	☐			
PRUChoice Personal Accident **保誠精選**「安健寶」		☐	☐	☐	☐	☐
PRUChoice Personal Accident Plus **保誠精選**「倍安寶」		☐	☐	☐	☐	☐
Home and Pet 家居及寵物						
PRUChoice Home **保誠精選**「家居寶」		☐	☐			
PRUChoice Home Deluxe **保誠精選**「名家寶」		☐	☐			
PRUChoice Home Landlord **保誠精選**「業主寶」		☐	☐			
PRUChoice Maid **保誠精選**「僱傭寶」		☐	☐			
PRUChoice Motor **保誠精選**「駕駛寶」		☐	☐			
PRUChoice Furkid Care **保誠精選**「寵愛寶」		☐	☐			
Leisure 消閑						
PRUChoice Card Protection Plus **保誠精選**「失卡寶」		☐	☐			
PRUChoice Golfers **保誠精選**「高球樂」		☐	☐			
PRUChoice Hong Kong Study Care **保誠精選**「來港尚學寶」		☐	☐			
PRUChoice Travel **保誠精選**「旅遊樂」		☐	☐			
PRUChoice Travel Overseas Study **保誠精選**「海外留學寶」		☐	☐			
PRUChoice Travel Working Holiday **保誠精選**「工作假期寶」		☐	☐			
Medical 醫療						
PRUChoice HealthCare **保誠精選**「康療寶」		☐	☐		☐	
PRUChoice HealthCheck **保誠精選**「康檢寶」		☐	☐			
PRUChoice Medical **保誠精選**「醫療寶」		☐	☐	☐	☐	☐
PRUChoice MediExtra **保誠精選**「健康寶」		☐	☐		☐	

GI3/FR0033B/P01 (04/25)

DIRECT DEBIT AUTHORIZATION FORM 直接付款授權書 (Applicable to payment by Autopay only. 只供選擇以自動轉賬繳費之客戶填寫。)

Name of party to be credited (The Beneficiary) 收款之一方(受益人)

Prudential General Insurance Hong Kong Limited

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 _____

1. I/We hereby authorize my/our above-named Bank to effect transfer(s) from my/our account to that of Prudential General Insurance Hong Kong Limited in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.
   現授權本人/吾等之上述銀行，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財險有限公司之賬戶。
2. 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。
3. I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as aresult 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。
4. 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。
5. 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。
6. This authorization shall have effect until further notice.
   本授權書將繼續生效至另行通知為止。
7. 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

CREDIT CARD ACCOUNT DETAILS 信用卡戶口資料 (Applicable to payment by Credit Card only. 只供選擇以信用卡繳費之客戶填寫。)

I/We hereby authorize Prudential General Insurance Hong Kong Limited to collect from my/our designated credit card account for all payment(s) and recurring payment(s) of this insurance including that/those related to initial instalment, subsequent endorsement(s) and its renewal(s).
本人/吾等授權保誠財險有限公司之賬戶，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及徵費，包括因其後背書所需的保費及徵費以及每年續保的保費及徵費。

☐ VISA ☐ MasterCard

Credit Card Number 信用卡號碼 _____

Credit Card Expiry Date 信用卡有效日期至 ____/____(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 and levy 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及徵費。

Declaration and Authorisation 聲明及授權

Prudential General Insurance 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 for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. 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, financial and medical information (**"Personal Information"**) to provide you with the insurance or financial products or services. 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.

保誠財險有限公司（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的個人資料。為向閣下提供保險或金融產品或服務，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、財務及醫療資料（「**個人資料**」）。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。

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 Policyholder
保單持有人簽署 _____

Date
日期 _____

For Office Use Only 本公司專用	Financial Consultant's Name & Code 理財顧問姓名及編號	Mobile Number 流動電話號碼