



PRUChoice HealthCheck Medical Insurance

保誠精選「康檢寶」醫療保障計劃

"Prevention is better than cure". Staying healthy brings a promising life not only to you, but also to your family. Some illnesses do come about without any symptom but may be diagnosed during preventive check-ups. The earlier the illnesses are identified and treated, the higher the chance of recovery by early treatment. Prudential General Insurance Hong Kong Limited ("Prudential") is pleased to offer you, PRUChoice HealthCheck Medical Insurance, a package of health check-up and insurance protection to you and your beloved family to against unexpected extra cost if further health investigation is required.

(Applicable on or after 5 March, 2021)

預防勝於治療，時常保持身心健康，才可讓您及您的家人擁有一個美滿的人生。然而有些疾病往往在毫無先兆的情況下發生，但它們是可以及早在預防性身體檢查中被發現的。正所謂「病向淺中醫」，若我們能及早發現而對症下藥，便能大大提高根治的機會。保誠財險有限公司（「保誠」）綜合了身體檢查及保險元素，特意為您提供保誠精選「康檢寶」醫療保障計劃讓您及家人能從容面對因需要更深入的健康檢查而所帶來的額外開支。

(2021年3月5日或之後適用)



Special Features 計劃特點

1 Flexible Plans to Suit your Needs

靈活計劃組合以迎合您的需要

PRUChoice HealthCheck offers comprehensive health check-up plan with various optional choices of 7 Cancer Detection Options, Female Plan, Hepatitis B Tests and Helicobacter Pylori Test to fit your needs. Once your application has been approved and issued, you may entitle the health check-up right after the 15 days waiting period.

保誠精選「康檢寶」為您提供全面的健康檢查計劃，並讓您因應個人需要，提供不同的自選檢查項目包括7種癌症測試選項、女性計劃、乙型肝炎測試及幽門螺旋菌測試。申請一經批核，經過15天的等候期後，您便可進行身體檢查。

2 Follow-Up Tests to be provided on Abnormal Findings

遇異常結果可獲跟進檢驗

Should the results of some special check-up items reveal abnormal findings, don't worry! With the recommendations of doctor, we shall arrange further follow-up test(s) once for you in order to ascertain the findings.

假若有關檢查項目呈異常結果，請您不用擔心！在醫生的建議下，我們將為您安排一次更深入的跟進檢查，以進一步確認結果。

3 Doctor Consultation and Report Interpretation

醫生會診及解釋報告

On the check-up day, you will be provided one doctor consultation to allow the doctor to understand your health condition, so that you can enjoy a worry free health check-up. Whether there are abnormalities in your check-up result, we always believe you deserve to know more about your health condition. We will arrange doctor to explain your medical report to you with his/ her professional advice. One additional doctor consultation and report interpretation will be provided to you if any follow-up test(s) is/ are required.

於檢查當日，我們將為您提供一次醫生會診，以便醫生更清楚了解您的健康狀況，讓您安心進行健康檢查。我們相信，無論檢查報告中是否有異常的結果，您都應該多一點了解自己的身體狀況。我們會安排醫生向您詳細解釋您的檢查報告結果，為您提供專業意見。如需要進行跟進檢查，您將獲得額外一次醫生會診及解釋報告。

Table of Benefits 保障一覽表

Section I – Health Check-Up¹ 項目一 – 健康檢查¹

Standard Plan 基本計劃

| Benefit Description 保障內容 | Abnormal Finding Suggests the Likelihood of 如有異常結果，可能患有 | Follow-Up Test for Abnormal Finding ² to be provided 提供異常結果跟進檢查 ² |
|--|--|--|
| 1. Physical Examination and Doctor Consultation 體格檢查及醫生會診 Height & Weight 身高及體重 Body Mass Index 身體質量指數 | Obesity or Malnutrition 癡肥或營養不良 | N/A 不適用 |
| 2. Haematological Tests 血液學檢查 Complete Blood Count 血全計數 | Anaemia or Thalassaemia 貧血或地中海貧血 | Complete Blood Count for two Direct Family Members (including Spouse & Children) if suspected of having Thalassaemia 如懷疑帶有地中海貧血特性，可安排兩位直系家庭成員（包括配偶及子女）進行血全計數檢查 |
| 3. Diabetes Screening 糖尿病測試 Fasting Blood Glucose 空腹血糖 | Diabetes Mellitus 糖尿病 | N/A 不適用 |
| 4. Cholesterol Screening 膽固醇檢查 Total Cholesterol 總膽固醇 HDL-Cholesterol 高密度膽固醇 LDL-Cholesterol 低密度膽固醇 Triglyceride 三酸甘油酯 | Stroke, Coronary Heart Diseases or Fatty Liver Disease 中風、冠心病或脂肪肝 | N/A 不適用 |
| 5. Renal Function Tests 腎功能檢查 Urinalysis 尿液常規 Creatinine 肌酸酐 Urea 尿素 | Proteinuria, Haematuria, Diabetes Mellitus, Nephritis, Infection or Inflammatory Disease in Renal System, Renal Stone, and other underlying Renal Diseases 蛋白尿、血尿、糖尿、腎炎、尿道炎、腎石及其他腎臟問題 | N/A 不適用 |
| 6. Liver Function Tests 肝功能測試 SGPT 谷丙轉氨酶 SGOT 谷草轉氨酶 Alkaline Phosphatase 鹼性磷酸酶 | Liver Failure or Cirrhosis 肝功能衰退或肝硬化 | N/A 不適用 |
| 7. Gout Disease Screening 痛風症檢查 Uric Acid 尿酸 | Gout 痛風症 | N/A 不適用 |
| 8. Thyroid Gland Function Test 甲狀腺功能測試 T4 甲狀腺素 | Hyper/ Hypothyroidism 甲狀腺分泌異常 | N/A 不適用 |
| 9. Cardiopulmonary Examination 心肺檢查 Chest X-ray 胸部X光 | Tuberculosis, Pneumonia, Lung Cancer or Heart Enlargement 肺結核、肺炎、肺癌或心臟擴大 | CT Thorax (Plain) recommended by Radiologist if suspected of Lung Cancer 如懷疑患有肺癌，並由放射科醫生建議，可安排進行胸腔電腦掃描（平片） |
| 10. Cardiology Examination 心臟檢查 Electrocardiogram with Computer Interpretation (ECG) 靜態心電圖 | Coronary Heart Diseases 冠心病 | Treadmill Test 運動心電圖 |
| 11. Faecal Test 糞便檢查 Occult Blood 隱血 | Colorectal Diseases 腸道疾病 | N/A 不適用 |

Report Interpretation and Advice by Doctor 醫生解釋報告及提供意見

Optional Items 自選項目

| Benefit Description 保障內容 | Abnormal Finding Suggests the Likelihood of 如有異常結果，可能患有 | Follow-Up Test for Abnormal Finding ² to be provided 提供異常結果跟進檢查 ² |
|-----------------------------|---|---|
|-----------------------------|---|---|

A. Cancer Detection Options 癌症測試選項

| | | |
|--|------------------------------|---|
| A.1 Total PSA [#] 前列腺癌抗原 [#] | Prostate Cancer 前列腺癌 | Free PSA and/ or TRUS Prostate 游離前列腺癌抗原及/ 或前列腺超聲波 |
| A.2 Pap Smear ^{#3} 柏氏子宮頸抹片檢查 ^{#3} | Cervical Cancer 子宮頸癌 | Pap Smear ³ and/ or Colposcopy (with Biopsy and Histopathology if applicable) ⁴ 柏氏子宮頸抹片檢查 ³ 及/ 或陰道鏡 (連組織檢驗及組織病理學檢驗，如適用) ⁴ |
| A.3 Ultrasound of Breasts [*] 乳房超聲波 [*] | Breast Cancer 乳癌 | Mammogram 乳房造影 |
| A.4 CA72.4 癌抗原72.4 | Stomach Cancer 胃癌 | Oesophago-Gastro Duodenoscopy "OGD" (with Biopsy and Histopathology (max. 1 specimen) if applicable) ⁴ 食道胃十二指腸內視鏡檢查 (連組織檢驗及組織病理學檢驗 (最多1個樣本)，如適用) ⁴ |
| A.5 EBV IgA 鼻咽癌病毒抗體 | Nasopharyngeal Cancer 鼻咽癌 | MRI Nasopharynx and Neck (Plain) 鼻咽及頸部磁力共振(平片) |
| A.6 AFP 甲種胎兒蛋白 | Liver Cancer 肝癌 | Ultrasound of Liver, Gall Bladder & Biliary System 肝、膽及膽管超聲波 |
| A.7 CEA 癌胚抗原 | Colorectal Cancer 結腸直腸癌 | Colonoscopy (with Biopsy and/ or Polypectomy, and Histopathology (max. 3 specimens) if applicable) ⁴ 大腸鏡(連組織檢驗及/ 或瘻肉切除， 及組織病理學檢驗(最多3個樣本)， 如適用) ⁴ |

B. Female Plan 女性計劃^{*}

| | | |
|--|-------------------------|--|
| Pap Smear ³ 柏氏子宮頸抹片檢查 ³ | Cervical Cancer 子宮頸癌 | Pap Smear ³ and/ or Colposcopy (with Biopsy and Histopathology if applicable) ⁴ 柏氏子宮頸抹片檢查 ³ 及/ 或陰道鏡 (連組織檢驗及組織病理學檢驗，如適用) ⁴ |
| Ultrasound of Breasts 乳房超聲波 | Breast Cancer 乳癌 | Mammogram 乳房造影 |
| Ultrasound of Pelvis 盆腔超聲波 | Ovarian Cancer 卵巢癌 | N/A 不適用 |

C. Hepatitis B Tests 乙型肝炎測試

| | | |
|---|----------------------------------|------------|
| Hepatitis B Antigen 乙型肝炎抗原 Hepatitis B Antibody 乙型肝炎抗體 | Hepatitis B Carrier 乙型肝炎病毒攜帶者 | N/A 不適用 |
|---|----------------------------------|------------|

D. Helicobacter Pylori Test 幽門螺旋菌測試

| | | |
|--|------------------------|------------|
| Helicobacter Pylori Breath Test 幽門螺旋菌呼氣測試 | Stomach Diseases 胃病 | N/A 不適用 |
|--|------------------------|------------|

For Male Only 只適用於男性

* For Female Only 只適用於女性

Section II – Follow-Up Tests for Abnormal Findings^{1,2}

項目二 – 遇異常結果的跟進檢查^{1,2}

We will arrange follow-up tests if abnormal findings are shown from Section I above such that the doctor of Designated Medical Centre recommends you to follow up for further investigation and confirm the abnormal findings. The cost of the follow-up test(s) listed in Section I above will be paid by Prudential.

One consultation for report interpretation and advice by doctor at the Designated Medical Centre(s) will be provided to you after the completion of all follow-up tests under Section II (if applicable) regardless of number of follow-up test applicable.

若以上項目一的檢查中呈異常結果，而指定醫療中心的醫生建議您需要接受跟進檢查，以進一步調查及確定當中異常結果時，我們會為您安排有關跟進檢查。明列於項目一的跟進檢查費用將由保誠全數支付。

根據項目二，於所有跟進檢查項目（如適用）完成後，指定醫療中心的醫生會為您提供一次解釋檢查報告及提供臨床諮詢意見（不論適用的跟進檢查數目）。

Section III – Blood Tests to Direct Family Members for Thalassaemia^{1,2}

項目三 – 為直系家庭成員測試地中海貧血症^{1,2}

Should the check-up reveal that you are suspected of having Thalassaemia trait, two of your Direct Family Members (including Spouse & Children) are entitled to a Complete Blood Count examination.

若您被驗出懷疑帶有地中海貧血特性時，可安排您的兩位直系家庭成員（包括配偶及子女）進行血全計數檢查。

20% Discount on **PRUChoice Medical** and/ or **PRUChoice MediExtra** and/ or **PRUChoice HealthCare**⁵
保誠精選「醫療寶」及/ 或保誠精選「健康寶」及/ 或保誠精選「康療寶」八折保費優惠⁵

Within the 6-month period after you have taken the health check-up under **PRUChoice HealthCheck**, you can enjoy 20% first year premium discount upon the acceptance of your application in applying for **PRUChoice Medical** and/ or **PRUChoice MediExtra** and/ or **PRUChoice HealthCare** and using the relevant check-up report for underwriting purpose.

凡依保誠精選「康檢寶」進行了健康檢查後，只要在其後半年內，新申請投保保誠精選「醫療寶」及/ 或保誠精選「健康寶」及/ 或保誠精選「康療寶」，並提交有關檢查報告作核保之用，在有關申請獲接納後，首年保費即可獲八折優惠。

Notes

- All health check-ups are to be carried out at Designated Medical Centres and advance booking is required.
- Insured person will be eligible for the follow-up test(s) once i) if abnormal finding shown in the tests listed in Section I, ii) subject to the medical advice of the doctor of Designated Medical Centre that the relevant follow-up test is necessary and physically suitable for the insured person; and iii) with Prudential's prior written approval, the cost of the relevant follow-up test will be paid by Prudential. Under policy coverage of **PRUChoice HealthCheck** and its subsequent renewals (if any), every eligible insured person shall receive each follow-up test once only. All follow-up test(s) (except for Pap Smear) should be taken within a period of three months from the date of medical advice by doctor. Follow-up test(s) for Pap Smear should be taken within a period of six months from the date of medical advice by doctor.
- Pap Smear is only applicable to the female who ever had sexual experience.
- The test will be examined by a Pathologist subject to the medical advice of doctor and the physical condition of the insured person. During the examination procedure, intravenous sedation (if applicable) will be administered to alleviate anxiety and discomfort related to the procedure, and medical equipment (if applicable) will then be introduced into the body to perform the examination. Medical risk(s) exist in the examination procedure.
- For the insured person to enjoy the 20% first year premium discount on **PRUChoice Medical** and/ or **PRUChoice MediExtra** and/ or **PRUChoice HealthCare**, he/ she should attach a copy of the latest medical report issued by the service provider of **PRUChoice HealthCheck** together with the relevant application form for underwriting purpose.

The above Table of Benefit and notes must be read in conjunction with the policy and the certificate of insurance.

附註

- 所有健康檢查必須要預約，並於指定醫療中心進行。
- 如 i) 在項目一的檢查中呈異常結果，ii) 在指定醫療中心的醫生醫學建議下，有關的跟進檢查獲認為有需要及適合受保人的身體狀況進行，iii) 並獲得保誠的事先書面批准，受保人將可獲安排進行一次跟進檢查，有關跟進檢查的費用由保誠支付。在保誠精選「康檢寶」下，包括其後續保的保障內（如適用），每位合資格的受保人最多只可獲得各項跟進檢查一次。所有跟進檢查（柏氏子宮頸抹片檢查除外）必須從有關醫生的醫學建議當日起三個月內進行。柏氏子宮頸抹片檢查的跟進檢查必須從有關醫生的醫學建議當日起計六個月內進行。
- 柏氏子宮頸抹片檢查只適用於曾經有性經驗的女士。
- 檢查將根據註冊醫生的醫學建議及受保人的身體狀況而進行，並由病理醫生審視有關檢查。在檢查過程中，受保人會接受靜脈鎮靜劑注射（如適用）以減輕程序帶來的緊張及不適的感覺。此外，醫療工具（如適用）會置入受保人的身體內進行檢查。檢查過程涉及醫療風險。
- 如受保人欲享有保誠精選「醫療寶」及/ 或保誠精選「健康寶」及/ 或保誠精選「康療寶」首年保費八折優惠，他/ 她必須隨相關申請表附上一份由保誠精選「康檢寶」健康檢查服務提供者發出最近期的體檢報告，以作核保之用。

參閱上述保障一覽表及其附註時，必須連同保單及保單證書一併閱讀。

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Major Exclusions 主要不保事項



General Exclusions

- Any health check-ups conducted during the waiting period.
- Any health check-up(s) or follow-up test(s) conducted in a place other than the Designated Medical Centre(s) or other examination centre(s) approved by the Designated Medical Centre(s).

Exclusions to Section II (Follow-Up Tests for Abnormal Findings) and Section III (Blood Tests to Direct Family Members for Thalassaemia)

- The insured person has already been advised of or diagnosed with abnormal findings in Complete Blood Count, Chest X-ray, Electrocardiogram with Computer Interpretation (ECG), Total PSA, Pap Smear, Ultrasound of Breasts, CA72.4, EBV IgA, AFP or CEA prior to the first inception date of this Policy.
- The insured person has any symptom, or already been advised of or diagnosed with tumor/ cancer (any nature), coronary heart disease, anaemia, thalassaemia, or any chronic illness prior to the first inception date of this Policy.
- Cost of any follow-up test not listed in the Table of Benefit, or the follow-up test(s) were taken without the medical advice of doctor of the Designated Medical Centre(s) and Prudential's prior approval in writing.

(For more details, please refer to the policy.)

一般不受保障項目

- 任何在保單等候期間所進行之健康檢查。
- 於任何非指定醫療中心或非由指定醫療中心批准的其他檢查中心進行的健康檢查或跟進檢查。

項目二（遇異常結果的跟進檢查）及項目三（為直系家庭成員測試地中海貧血症）的不受保障項目

- 如受保人在本保單的首個生效日前已經被告知或被診斷在全血計數、胸部X光、靜態心電圖、前列腺癌抗原測試、柏氏子宮頸抹片檢查、乳房超聲波、癌抗原72.4測試、鼻咽癌病毒抗體測試、甲種胎兒蛋白測試或癌胚抗原測試等檢查中有異常結果。
- 如受保人在本保單的首個生效日前就腫瘤/ 癌症（任何類別）、心臟病、貧血、地中海貧血或其他長期疾病已經出現有關的症狀或已被診斷患有有關疾病。
- 在保障一覽表內沒有列明的有關跟進檢查的相關費用、任何沒有在指定醫療中心的醫生的醫學建議下進行及沒有獲得保誠的事先書面批准下進行的跟進檢查。

(詳情請參閱保單條款。)

Table of Premium 保費表



| Coverage 保障範圍 | Premium 保費 (HK\$ 港幣) |
|-------------------------------------|----------------------|
| Standard Plan 基本計劃 | 1,580 |
| Optional Items 自選項目 | |
| A. Cancer Detection Options 癌症測試選項 | |
| A.1 Total PSA* 前列腺癌抗原* | 550 |
| A.2 Pap Smear* 柏氏子宮頸抹片檢查* | 420 |
| A.3 Ultrasound of Breasts* 乳房超聲波* | 1,130 |
| A.4 CA72.4 癌抗原72.4 | 650 |
| A.5 EBV IgA 鼻咽癌病毒抗體 | 520 |
| A.6 AFP 甲種胎兒蛋白 | 350 |
| A.7 CEA 癌胚抗原 | 550 |
| B. Female Plan* 女性計劃* | 2,080 |
| C. Hepatitis B Tests 乙型肝炎炎測試 | 390 |
| D. Helicobacter Pylori Test 幽門螺旋菌測試 | 950 |

- You can choose to take health check-up plan once every year or once every two years. 您可選擇每年一次或每兩年一次健康檢查。
- It is applicable to insured person aged between 18–65 years old. 適用於年齡介乎18至65歲的受保人。

For Male Only 只適用於男性
* For Female Only 只適用於女性

Important Note 重要事項



As a benefit to the insured person of this insurance, Prudential General Insurance Hong Kong Limited ("the Company") at its own costs arranges cover of the health check-up and test provided by Designated Medical Centre(s) and its doctor(s) under the above Section I to Section III to the insured person. For the avoidance of doubt, the Company is not an agent of the Designated Medical Centre(s) and its doctor(s) for the health check-up and test and makes no representation, warranty or undertaking as to the suitability of the health check-up, the accuracy or completeness of the test results, the professional standard and quality of the Designated Medical Centre(s) and its doctor(s). In any event, the Company shall not be responsible or liable for any act, omission, default or negligence of the Designated Medical Centre(s) and its doctor(s). The provisions of the health check-up and test by the Designated Medical Centre(s) and/ or the acceptance thereof by the insured person shall constitute a contract between the Designated Medical Centre(s) and the insured person separate and independent from this insurance.

The medical information including but not limited to examination procedure and intravenous sedation (if applicable) is supplied by Designated Medical Centre(s). Such information is provided for reference only and does not constitute nor is intended to be construed as health/ medical advice. Prudential does not guarantee its accuracy or completeness. Prudential shall accept no liability or responsibility in relation to the use of or reliance on any such information. Should you have any medical enquiries, please consult the doctor of Designated Medical Centre(s) and/ or your family doctor.

保誠財險有限公司（「本公司」）在本保險下為受保人提供保障，安排指定醫療中心及其醫生向受保人提供上述項目一至項目三的健康檢查及測試，本公司負責有關所需的費用。為免混淆，本公司並非提供健康檢查及測試的指定醫療中心及其醫生的代理，並沒有就健康檢查之適合性、測試結果之準確性或完整性、指定醫療中心及其醫生的專業標準及質素，作出任何陳述、保證或承諾。在任何情況下，本公司將毋須就指定醫療中心及其醫生的行為、失當、過失或疏忽負上任何責任。指定醫療中心提供的健康檢查及測試及/ 或受保人對其服務之接受將構成指定醫療中心及受保人所訂立的合約，與此保險計劃，乃獨立而互不關連。

醫學資料包括但不限於檢查過程及靜脈鎮靜劑注射（如適用）由指定醫療中心提供。此等資料僅供參考，並不構成或不旨在詮釋為健康/ 醫療建議。保誠概不保證其準確性或完整性。有關使用或依據任何此等資料的情況，保誠概不承擔任何責任和義務。如有任何醫學疑問，請向指定醫療中心的醫生及/ 或閣下的家庭醫生查詢。

Locations of the Designated Medical Centres 指定醫療中心地點



Quality HealthCare Medical Centre 卓健醫療體檢中心

Sheung Wan 上環

17/F, CS Tower, No. 50 Wing Lok Street, Sheung Wan, Hong Kong
香港上環永樂街50號昌盛大廈17樓

Central 中環

Rooms 706 – 709 & 710A – 710B, 7/F, Crawford House, 70 Queen's Road Central, Central, Hong Kong
香港中環皇后大道中70號卡佛大廈7樓706 – 709, 710A – 710B室

North Point 北角

Suites 2101 – 2102, 21/F, North Point Asia Pacific Center, 10 North Point Road, North Point, Hong Kong
香港北角北角道10號北角亞太商業中心21樓2101 – 2102室

Tsim Sha Tsui 尖沙咀

Room 608 – 613, 6/F, HK Pacific Centre, 28 Hankow Road, Tsim Sha Tsui, Kowloon
九龍尖沙咀漢口道28號亞太中心6樓608 – 613室

Jordan 佐敦

LG & UG Floors, 8 Jordan Road, Jordan, Kowloon
九龍佐敦佐敦道8號LG & UG

Mongkok 旺角

8/F, Wai Fung Plaza, 664 Nathan Road, Mongkok, Kowloon
九龍旺角彌敦道664號惠豐中心8樓

Tseung Kwan O 將軍澳

Shops 234 – 236, Level 2, Metro City Plaza 1, Tseung Kwan O, New Territories
新界將軍澳新都城中心一期商場二樓234 – 236號舖

Tuen Mun 屯門

Unit 18, 23/F, South Wing, Tuen Mun Parklane Square, 2 Tuen Hi Road, Tuen Mun, New Territories
新界屯門屯喜路2號屯門柏麗廣場23樓18室

Prudential General Insurance Hong Kong Limited shall have the right to alter the Designated Medical Centres from time to time.
保誠財險有限公司保留一切有關轉換或更改指定醫療中心之權利。

Comprehensive Products to Cater for Your Needs

Prudential General Insurance Hong Kong Limited takes care of your everyday needs by providing a comprehensive range of products, including:

- PRUChoice Card Protection Plus
- PRUChoice China Accidental Emergency Medical
- PRUChoice China Protection
- PRUChoice Clinic
- PRUChoice Cruise Travel
- PRUChoice Golfers
- PRUChoice HealthCare
- PRUChoice HealthCheck
- PRUChoice HealthCheck Deluxe
- PRUChoice Home
- PRUChoice Home Deluxe
- PRUChoice Home Landlord
- PRUChoice Hong Kong Study Care
- PRUChoice Maid
- PRUChoice Medical
- PRUChoice MediExtra
- PRUChoice Motor
- PRUChoice Personal Accident
- PRUChoice Personal Accident Plus
- PRUChoice Relocation Care
- PRUChoice Travel
- PRUChoice Travel Overseas Study
- PRUChoice Travel Working Holiday
- PRUChoice BMX (Building Management Xtra)
- PRUChoice Shop
- PRUChoice Office
- PRUChoice Group Medical
- PRUChoice Group Life
- Fire Insurance

and many other insurance products.

To know more about our products, just call us or your financial consultant/ broker.

產品服務 全面周到

保誠財險有限公司為您提供以下一系列的保險服務，全面保障您的每一天。

- 保誠精選「失卡寶」
- 保誠精選「中國意外急救」
- 保誠精選「中國安心寶」
- 保誠精選「診療寶」
- 保誠精選「郵輪旅遊樂」
- 保誠精選「高球樂」
- 保誠精選「康療寶」
- 保誠精選「康檢寶」
- 保誠精選「尊尚康檢寶」
- 保誠精選「家居寶」
- 保誠精選「名家寶」
- 保誠精選「業主寶」
- 保誠精選「來港尚學寶」
- 保誠精選「僱傭寶」
- 保誠精選「醫療寶」
- 保誠精選「健康寶」
- 保誠精選「駕駛寶」
- 保誠精選「安健寶」
- 保誠精選「倍安寶」
- 保誠精選「移居寶」
- 保誠精選「旅遊樂」
- 保誠精選「海外留學寶」
- 保誠精選「工作假期寶」
- 保誠精選「樓宇寶」
- 保誠精選「商舖寶」
- 保誠精選「興業寶」
- 保誠精選「團體醫療寶」
- 保誠精選「團體人壽寶」
- 火險

及其他各類的保險服務。

如欲查詢以上保險服務詳情，請致電本公司或您的理財顧問/ 經紀。

Prudential General Insurance Hong Kong Limited

For further information, please contact:

(A member of Prudential plc group)

3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
Tel: (852) 3656 8362 Fax: (852) 2977 1266

如有查詢，請致電或親臨本公司，地址如下：

保誠財險有限公司

(英國保誠集團成員)

香港鰂魚涌華蘭路25號栢克大廈3樓

電話：(852) 3656 8362 傳真：(852) 2977 1266

www.prudential.com.hk

Note: This brochure is for reference only and does not constitute any contract or any part thereof between Prudential General Insurance Hong Kong Limited ("Prudential") and any other parties. Regarding other details and the terms and conditions of this insurance, please refer to the policy document. Prudential will be happy to provide a specimen of the policy document upon your request.

註：此小冊子只作參考之用，不能作為保誠財險有限公司（「保誠」）與任何人士或團體所訂立之任何合約或合約之任何部份，有關本保險之其他詳情及條款及條件，請參閱保單。如有需要，保誠樂意提供保單樣本以供閣下參考。所有中文簡譯，如與英文有異，概以英文為準。



Application Form for
PRUChoice
HealthCheck Medical Insurance
保誠精選「康檢寶」
醫療保障計劃
申請表

Applicable on or after 5 March, 2021
2021年3月5日或之後適用

For further information, please contact:

Prudential General Insurance Hong Kong Limited

(A member of Prudential plc group)

3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

Tel: (852) 3656 8362 Fax: (852) 2977 1266

如有查詢，請致電或親臨本公司，地址如下：

保誠財險有限公司

(英國保誠集團成員)

香港鰂魚涌華蘭路25號栢克大廈3樓

電話：(852) 3656 8362 傳真：(852) 2977 1266

www.prudential.com.hk

G13/APP0022B/P01 (03/21)

PRUChoice HealthCheck Medical Insurance 保誠精選「康檢寶」醫療保障計劃

Details of Applicant 申請人詳情 (Please complete in BLOCK LETTERS 請用英文正楷填寫)

| | | | | | |
|---|--|--|---|--------------------------------------|------------------------------------|
| Applicant 申請人 | <input type="checkbox"/> Insured Person 受保人 | <input type="checkbox"/> Contact Person 聯絡人 | Gender 性別 | <input type="checkbox"/> Female 女 | <input type="checkbox"/> Male 男 |
| Surname 姓 | | | Given Name 名 | | |
| HKID 香港身份證 | | | Date of Birth (dd/ mm/ yy) 出生日期 (日/ 月/ 年) | | |
| Home Tel No. 住宅電話號碼 | | | Mobile No. 流動電話號碼 (Policy number will be sent to you via SMS 保單號碼將會透過短訊傳送給您) | | |
| Email Address 電郵地址 (Upon the issuance of the Policy, eDocument will be activated immediately, the hard copies of policy documents and renewal documents issued thereafter will no longer be mailed to you. Please register myPrudential – General Insurance account to access those aforesaid documents. Whenever a notification email is sent to your designated email address, you are deemed to have received the corresponding new eDocument. 保單簽發後，電子文件便會立即啟用，日後發出之保單及續保文件將不會再郵寄列印本給您。您必須有myPrudential – 一般保險賬戶，去查閱上述的文件。每當提示電郵已經發送到您指定的電郵地址，您將被視為已收有關的最新電子文件。) | | | Scan QR code to view eDocument Guide 掃描二維碼參閱電子文件指南  | | |
| Correspondence Address 通訊地址 | | | | | |
| Flat/ Room 室 | Floor 樓 | Block 座 | | | |
| Building/ Estate 大廈/ 屋苑 | | | | | |
| Street/ Road & District Area 街道及地區 | | | <input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界 | | |

Details of Person to be Covered 受保人詳情 Spouse age of 65 or below can be included in this application. 此申請可包括閣下65歲或以下的配偶。

Relationship with Applicant 與申請人關係: Spouse 配偶

| | | | | |
|---------------------|---|--------------|--------------------------------------|------------------------------------|
| Surname 姓 | Given Name 名 | Gender 性別 | <input type="checkbox"/> Female 女 | <input type="checkbox"/> Male 男 |
| HKID No. 香港身份證號碼 | Date of Birth (dd/ mm/ yy) 出生日期(日/ 月/ 年) | | | |

Coverage Options 保障選擇 Please ✓ as appropriate 請在適當方格加上“✓”

Coverage Period 投保年期 Once Every Year 每年一次 Once Every Two Years 每兩年一次

| Coverage 保障範圍 | Applicant 申請人 | Spouse 配偶 | Premium (HK\$) 保費(港幣\$) |
|--|--------------------------|--------------------------|----------------------------|
| Standard Plan 基本計劃 | <input type="checkbox"/> | <input type="checkbox"/> | 1,580 |
| Optional Items 自選項目^ | | | |
| A. Cancer Detection Options 癌症測試選項 | | | |
| A.1 Total PSA* 前列腺癌抗原# | <input type="checkbox"/> | <input type="checkbox"/> | 550 |
| A.2 Pap Smear* 柏氏子宮頸抹片檢查* | <input type="checkbox"/> | <input type="checkbox"/> | 420 |
| A.3 Ultrasound of Breasts* 乳房超聲波* | <input type="checkbox"/> | <input type="checkbox"/> | 1,130 |
| A.4 CA72.4 癌抗原72.4 | <input type="checkbox"/> | <input type="checkbox"/> | 650 |
| A.5 EBV IgA 鼻咽癌病毒抗體 | <input type="checkbox"/> | <input type="checkbox"/> | 520 |
| A.6 AFP 甲種胎兒蛋白 | <input type="checkbox"/> | <input type="checkbox"/> | 350 |
| A.7 CEA 癌胚抗原 | <input type="checkbox"/> | <input type="checkbox"/> | 550 |
| | Total items/ 總項_____ | Total items/ 總項_____ | |
| B. Female Plan 女性計劃* | | | |
| Pap Smear 柏氏子宮頸抹片檢查 | <input type="checkbox"/> | <input type="checkbox"/> | 2,080 |
| Ultrasound of Breasts 乳房超聲波 | | | |
| Ultrasound of Pelvis 盆腔超聲波 | | | |
| C. Hepatitis B Tests 乙型肝炎測試 | | | |
| Hepatitis B Antigen 乙型肝炎抗原 | <input type="checkbox"/> | <input type="checkbox"/> | 390 |
| Hepatitis B Antibody 乙型肝炎抗體 | | | |
| D. Helicobacter Pylori Test 幽門螺旋菌測試 | | | |
| Helicobacter Pylori Breath Test 幽門螺旋菌呼氣測試 | <input type="checkbox"/> | <input type="checkbox"/> | 950 |
| Total Premium (HK\$) 總保費(港幣\$) | | | |

^ Optional Items must be purchased together with Standard Plan (standalone purchase is not accepted). 自選項目必須與基本計劃同時購買(不接受單獨購買)。

For Male Only 只適用於男性

* For Female Only 只適用於女性

The Policy will not be in force until the application has been accepted by the Company and the premium has been paid.

保單需在本公司接納申請及收訖保費後方才生效。

Payment Method 付款方法

By Cheque 以支票繳付

(Please make cheque payable to "Prudential General Insurance Hong Kong Limited"
請註明支票抬頭人為「保誠財險有限公司」)

By Credit Card 以信用卡繳付

(This Policy will be renewed automatically upon Policy anniversary subject to underwriting approval and premium and levy will be collected from the designated credit card account on the collection date.)
(本保單於核保後將在保單週年期開始時自動續保及在收款日從指定的信用卡戶口內扣除保費及徵費。)

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。

 VISA Card VISA 卡  MasterCard 萬事達卡 Credit Card Number 信用卡號碼 Credit Card Expiry Date 信用卡有效日期至 (mm/yy) (月/年)

I/ We hereby authorise Prudential General Insurance Hong Kong Limited to collect from my/ our designated credit card account for all payment(s), recurring payment(s) and levy(ies) 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，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。

Cardholder's Name
信用卡持有人姓名

Cardholder's Signature
信用卡持有人簽名

Date
日期

Declaration 聲明

(Please ensure you have completed all details below before signing this declaration. 請先填妥以下資料，才簽署此聲明作實。)

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，並在適當空格填上「✓」號。如有塗改，請於方格旁簽署作實。

Use separate sheet if more space is needed. 如有需要另加紙填寫。

1. Has any person to be covered been advised to have abnormal findings in previous check-up, including but not limited to Blood Tests, Chest X-ray, Faecal Test, ECG Test, Mammogram, Pap Smear or Diagnostic Imaging (e.g. Ultrasound, CT Scan or MRI), or been recommended for more tests based on the findings (whether there is abnormality or not)? If yes, please give details.
在申請內的受保人曾否在過去接受身體檢查(包括但不限於抽血檢驗、胸部X光、糞便檢查、靜態心電圖、乳房造影圖、柏氏子宮頸抹片檢查或放射造影診斷，如超聲波、電腦掃描或磁力共振掃描)時得知有異常結果，或曾否就有關結果(無論是否有異常情況)，被建議接受進一步測試? 如「是」，請詳述。

No 否 Yes 是

2. Does any person to be covered have any symptoms, illness or disorders and foreseeable need for consultation or treatment of Coronary Heart Disease or Anaemia or Thalassemia or other chronic illness? If yes, please give details.
本申請內的受保人是否就冠心病或貧血或地中海貧血症或其他慢性疾病有可預見之治療或診視需要? 如「是」，請詳述。

3. Has any person to be covered been diagnosed with cancer or tumor of any nature? If yes, please give details.
本申請內的受保人是否被診斷患有任何形式的癌病或腫瘤? 如「是」，請詳述。

• I hereby apply to be the Insured for myself and/ or spouse as the person to be insured under the **PRUChoice HealthCheck Medical Insurance**.
本人茲申請為保單持有人並為本人及/ 或配偶申請為 **保誠精選「康檢寶」** 醫療保障計劃之受保人。

• I acknowledge that benefits are not payable under the **PRUChoice HealthCheck Medical Insurance** for any costs and payment arising from any existing illnesses or conditions unless complete details are fully disclosed by me in this application form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential").
本人知道，根據 **保誠精選「康檢寶」** 醫療保障計劃之規定，凡因已存在之疾病或情況而引致之支出及款項，除非本人在申請內已詳細列出及獲得保誠財險有限公司(「保誠」)接納，否則一律不予保障。

• 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.
就本人/ 吾等知悉範圍內，此申請上填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作為本人/ 吾等與保誠之間所訂合約的根據。

• The insurance will not be in force until the application has been accepted by Prudential and the **premium has been paid**, except to the extent of any official cover note which may be issued.
除持有保誠簽發的臨時保單外，保障需在保誠覆核、接納申請及 **已繳付保費** 後才生效。

• Prudential reserves the right to ask for submission of more details of health status or medical reports of me and other person(s) to be covered as listed above at my own cost.
保誠有權要求本人提供更多有關本人及上述其他受保人之健康狀況或醫療報告，一切費用將由本人支付。

• I authorize that any doctor, hospital, clinic, insurance company, organization or any person that has any medical history or record or knowledge of me/ the person(s) to be covered by **PRUChoice HealthCheck Medical Insurance** has attended or may hereafter attend to disclose such information to Prudential for the purpose of assessing and processing this application or claims or subsequent services. A photocopy of this authorization shall be valid as the original.

本人茲授權任何醫生、醫院、診所、保險公司、機構或任何人士，將已經或準備存錄的本人/ 其他受保人之病歷、紀錄或其他資料給予保誠，作為評估及辦理此 **保誠精選「康檢寶」** 醫療保障計劃之申請、索償和售後服務之用。此授權書之影印本與正本均具同等效力。

• I/ We hereby declare that I have read and understood the content of the Brochure, and have the right to request for the policy specimen for the details of the coverage.
本人/ 吾等已細閱及清楚明白有關小冊子內容，及有權要求索取保單樣本了解有關保障詳細範圍。

Important Notes to Applicant 申請人須知

- Disclosure – The applicant is requested to disclose any other facts known to the applicant which are likely to affect acceptance or assessment of the insurance cover the applicant is applying for. Should the applicant have any doubts about what should be disclosed, please feel free to contact us or your financial consultant/ broker. The applicant is recommended to keep a record (including copies of letters) of any additional information given for the applicant's future reference. Failure to disclose may mean that the Policy will not provide with the cover the applicant requires, or perhaps may invalidate the Policy altogether.

披露 – 申請人必須就申請表內所有問題作出確實回答，並就申請需要提供一切有關資料，如有懷疑請向本公司或有關理財顧問/ 經紀查詢。如作出不確實回答或提供不正確資料，會令本保單作廢及不能生效。請保留申請表副本(包括信件影印本)以作日後參照。
- A waiting period of 15 days starting from the date the Company receives the Application Form is applicable.

保障計劃設有由本公司收訖申請表起計算為期十五日的等候期。
- Premium for the full Period of Insurance must be paid in full before the Effective Date of this Insurance and shall not be refundable. Health check-up shall be conducted within the Period of Insurance. Failure to take the health check-up within the Period of Insurance shall be considered as voluntary giving up by the Insured. The Company shall not be required to refund or compensate in any form whatsoever for any not taken health check-up.

保費將須於生效日前全數繳付，保障方始生效，而保費亦不作任何退款安排。健康檢查必須在保單有效期內進行始獲提供。任何於保單有效期內未進行的健康檢查均視作受保人自願放棄論，本公司毋須為餘下未進行的健康檢查作任何形式的退款或補償。
- A specimen copy of the Policy and a copy of your completed Application Form will be supplied on request.

如有需要，本公司可提供保留原文及申請表副本以作參考。
- All benefits are only briefly outlined here. For further details, please refer to the certificate of insurance and the insurance Policy.

上述保障並不包括所有細節，欲知詳情請參閱保單證書及保單。
- The Application Form must be signed by a person who has attained age of 18 or above.

申請表必須由年滿18歲或以上的申請人簽署。
- Please make sure the mobile number and email address of the applicant are correct. Once the Policy is issued, the policy number will be sent to the applicant via SMS. And, system will send Account Activation Code to the same mobile number during the registration of myPrudential. For environmental protection, Prudential will not mail this Policy/ endorsement and the subsequent policy renewal documents to the applicant; the corresponding eDocument will be stored in applicant's myPrudential account for their reference, and the applicant can print out the document if necessary. Whenever a notification email is sent to the applicant's designated email address, the applicant is deemed to have received the corresponding new eDocument. If the applicant has not registered myPrudential yet, please do so as soon as possible from our company website.

請確保申請人的手提電話號碼及電郵地址是正確的。保單繕發後，申請人會透過手機短訊收到保單號碼；另外，登記myPrudential時，系統亦會向此手提電話號碼發送戶口啟動碼。為保護環境，保誠將不會郵寄此保單/ 批單及往後之續保文件予申請人；有關之電子文件將儲存於申請人的myPrudential戶口之內供申請人下載細閱。申請人有需要時亦可自行列印保單文件。每當提示電郵已經發送到申請人指定的電郵地址，申請人將被視為已收有關的最新電子文件。如申請人仍未登記myPrudential，敬請瀏覽本公司網站從速辦理。
- This product is underwritten by Prudential General Insurance Hong Kong Limited ("Prudential"). The copyrights of the contents of this document are owned by Prudential.

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- This document is for Hong Kong distribution only. It is not an offer to sell or solicitation to buy or provision of any insurance product outside Hong Kong. Prudential does not offer or sell any insurance product in any jurisdictions outside Hong Kong in which such offering or sale of the insurance product is illegal under the laws of such jurisdictions.

此文件僅旨在香港派發，並不能詮釋為在香港境外提供或出售或遊說購買任何保險產品。如在香港境外之任何司法管轄區提供或出售任何保險產品屬於違法，保誠不會在該司法管轄區提供或出售該保險產品。
- Levy collected by the Insurance Authority (if any) has been imposed on this Policy at the application rate and would be remitted in accordance with the prescribed arrangements. For further information, please visit <http://www.prudential.com.hk/levy> or www.ia.org.hk/tc/levy. If you do not pay the overdue levy timely, the Insurance Authority ("IA") may, according to the law, impose on the policyholder a penalty and may recover the outstanding levy as a civil debt due to the IA.

保險業監管局(「保監局」)已按適用費率對此保單徵收徵費，有關徵費將按照訂明安排匯付。如需更多資訊，請瀏覽 <http://www.prudential.com.hk/levy> 或 www.ia.org.hk/tc/levy。若閣下未能依時清繳過期徵費，保險業監管局(「保監局」)可根據法例向其施加罰款，亦可循民事程序追討欠付的徵費。

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

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、身份證副本及資料、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。

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 products and services; (f) to communicate with you; (g) 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); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the Policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a Policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) 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 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.

我們可能會使用閣下的個人資料作下列目的:(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、金融及相關的產品和服務;(f)與閣下進行通訊;(g)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);(h)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發出的保單);(i)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實;(j)提供客戶服務;(k)執行自動決策或資料剖析;(l)進行保單審查或需求分析;(m)進行研究和統計分析(包括使用新科技);及(n)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說明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. Classes of Transferees 被資料轉交者的類別

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 (“companies within the Prudential Group”) and to our financial/ health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (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, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (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) regulators and government agencies, law enforcement agencies and the courts. We may also disclose 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. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

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(「保誠集團內的公司」),及我們的金融/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)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實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、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(包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人);(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)監管機構及政府機構、執法機構及法院。在有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。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. 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. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

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。

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. 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 using the details on “Contact Us” section of the Company website 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. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

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,請發送電郵至 service@prudential.com.hk 或使用本公司網站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。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。該私隱通知可在本公司網站 <https://www.prudential.com.hk/scws/pages/zh/privacy-policy/index.html> 上查閱。

Opting-out of Marketing Communications or Materials 拒絕接收促銷信息或資料

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料,但僅經閣下同意我們才可以這樣做。如閣下同意,我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料(包括購買有關產品的銷售渠道)。

If we do not wish to receive any marketing communications from Prudential General Insurance Hong Kong Limited.

本人/我們不希望收到保誠財險有限公司發出的任何促銷信息。

| | | |
|-----------------------------------|--|-------------------------|
| Signature of Applicant* 申請人簽署* | Financial Consultant's Name (Please complete in BLOCK LETTERS) 理財顧問名稱(請用正楷填寫) | |
| X | Financial Consultant's Division and Code 理財顧問組別及編號 | |
| Application Date 投保日期 | Mobile Number 流動電話號碼 | Office Location 辦公地點 |

* The signature of this Application Form is only valid for 30 days from the date of your signature. 此申請表上的簽署只於簽署日期起30日內有效。

| For Office Use Only 本公司專用 | | |
|---|------|----------------|
| Approved by | Date | Effective Date |
| Restrictions <input type="checkbox"/> No <input type="checkbox"/> Yes | | |