

Claim Instructions 申請索償指示

1. Completing Claim Form

Part I: To be completed by the Insured / Claimant
 Part II: To be completed by attending Physician / Surgeon (any cost incurred is to be borne by the Insured / Claimant)

2. Submitting your Claim Form

Please submit Claim Form together with supporting documents required.
 Please refer to the Policy for details.

No Reimbursement of Claims shall be made for:

- Claim(s) submitted after 90 days from the date of the expenditure being incurred.
- Insufficiency of required information.

3. Returning the completed claim form to :

Prudential General Insurance Hong Kong Limited
 Part of Prudential plc (United Kingdom)
 P.O. Box No. 28162 Gloucester Road Post Office, Hong Kong
 Tel : (852) 3656 8362

4. Getting Your Claim Payment

Approved payment will be settled by autopay to the designated bank account of the Insured as provided in the Application Form.

1. 填寫醫療保險索償申請表

第一部份：須由保單持有人/索償人填寫
 第二部份：須由主診醫生/外科醫生填寫（所需費用由保單持有人/索償人支付）

2. 呈交索償申請表

請將本索償申請表連同有關文件一併遞交。詳情請參閱保單。

在以下情形，索償申請將不獲辦理：

- 索償申請於支付費用 90 天後遞交
- 所需資料不足

3. 請將填妥之索償申請表交回

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
 電話：(852) 3656 8362

4. 收取索償款項

經批核後的索償款項將以自動轉賬形式，給予投保申請表上提供之保單持有人銀行戶口。

Part I To be completed by the Insured / Claimant 第一部份：由保單持有人/索償人填寫

Name of the Insured / Claimant : 保單持有人/索償人姓名 : _____ Patient's Date of Birth : 就診者出生日期 : _____ Sex : 性別 : _____

Name of Patient : 就診者姓名 : _____ Daytime Contact Tel No. : 日間聯絡電話 : _____

Policy No. of Patient : 就診者保單號碼 : _____ Date of Claimed Treatment : From 索償治療日期 由 : _____ To 至 _____

1. If hospitalization was due to illness 若因疾病而住院

a. Describe the symptoms and / or abnormalities which led to the hospitalization.
 請列出導致是次住院的病徵及/或其他症狀。

b. Name of doctor first consulted for the illness 初診醫生姓名

c. Date of the first consultation 初診日期

d. When had these symptoms and / or abnormalities first appeared?
 於何日首次出現上述病徵及/或其他症狀?

e. Has the patient been treated by other doctor(s) for similar or related illness in the past?
 就診者曾否因相似或有關疾病接受其他醫生治療?

Yes 有 No 無 If yes, please specify 如有，請列明

Date of Treatment 治療日期 _____

Name & address of the doctor(s)/hospital(s) 醫生/醫院名稱及地址

2. If hospitalization was due to accident 若因意外而住院

a. When did it happen? 意外何時發生?

Date 日期 _____ Time 時間 _____

b. Where and how did it happen? 意外發生的地點及經過?

c. Please specify the injured area, type and severity of the injury.
 請列明意外受傷部份、類別及傷勢。

d. Did the patient report to the Police? 就診者有否報警?

Yes Send us a copy of the Police Report 請提交警察報告副本一份 No

e. Was there any concurrent/predisposing illness at the time of the accident?
 意外發生時，是否有其他已存在之疾病?

f. Other information 其他資料 _____

3. Is the patient making any compensation claim from other insurances as a result of this treatment?
 有關是次治療，就診者有否從其他保險申請索償? Yes 有 No 否

If yes, please specify the name of the Insurance Company/ Organization:
 如有，請列明保險公司/機構名稱 _____

Policy No.: 保單號碼 _____

Part II To be completed by the attending Physician / Surgeon (For Hospital Cash Protection Claim Only)

第二部份 - 由主診醫生/外科醫生填寫 (只供住院現金保障索償申報)

Name of Patient 就診者姓名 _____ Date of Admission 入院日期 _____
I.D. Card No. / Passport No. 身份證號碼 / 護照號碼 _____ Date of Discharge 出院日期 _____

A. Clinical History 診斷病歷記錄

1. Date on which the patient first consulted you for the hospitalized illness or bodily injury. 就診者首次因疾病或身體損傷住院診視日期

2. Please describe the symptoms and complaints of the patient for this hospitalization. 請描述是次就診者住院之病徵及申訴

3. According to the medical history given by the patient, how long had the patient been experiencing these symptoms before the first consultation? 根據就診者提供的病歷, 在就診者首次診視前, 該病徵已存在多長時間?
_____ Days (s) 日 _____ Month(s) 月 _____ Year(s) 年, or since 或由 _____ 開始
4. What was your clinical diagnosis and when was it made? 閣下曾作出甚麼診斷及在何時作出?

5. How long, in your opinion, has the patient suffered from these symptoms? 根據閣下的專業意見, 就診者已患有此病徵多長時間?

B. Hospitalization History 住院病歷記錄

Final diagnosis 最後診斷結果 _____ When was it made? 何時診斷? _____ Operation performed 所作手術名稱 _____
Date of operation 手術日期 _____ Name of Surgeon 外科醫生姓名 _____
Recommended treatment & the reason for the treatment 建議接受治療之名稱及原因 _____

Recommended diagnostic tests & the reason for the tests 建議接受診斷檢查之名稱及原因 _____

1. If you have referred other Physician to the patient during the hospitalization, please provide the following relevant information. 於住院期間, 如閣下已將就診者轉介予其他醫生, 請提供下列有關資料。
Name of referred Physician 轉介醫生姓名 _____ Reason of referral 轉介原因 _____ What treatment performed 治療名稱 _____
2. Brief discharge summary (including onset & duration of sign & symptoms/illness, etiology, types & results of major examination, treatment, complication & follow-up plan). 出院摘要 (請列出有關病徵 / 疾病的病發及痊癒日期、病因、檢驗性質及結果、治療、併發症及跟進計劃)

3. Has the patient taken any home leave during this hospitalization? 於住院期間, 就診者有否請假外出?
No 無 Yes 有 Please state the date, time and reason 請列明日期、時間及原因

C. Professional Comment 專業意見

1. In your opinion, was the hospitalized illness a recurrent episode or a chronic disease? If so, when would be the first episode? 就閣下意見, 是次疾病是否為復發性病症或慢性病症? 如是, 何時為首次病發日期?

2. Has the patient ever had the same or similar symptoms(s) before? 就診者以前曾否患有同類或類似病徵?
No 無 Yes 有 Please state when and describe details 請列明日期及描述病徵詳情

3. Was the above condition due to or associated with the following problems? (circle the appropriate answers) 上述情況是否因以下問題所致? (請圈出合適答案)
Accidental bodily injury \ abuse of drugs or alcohol \ AIDS \ HIV related illness \ venereal disease or sexually transmitted disease \ pregnancy, infertility or sterilization \ eye refraction \ cosmetic or plastic surgery \ mental or nervous disorder \ congenital condition \ hereditary condition \ developmental condition \ self-inflicted injury \ general check up or vaccination \ NONE OF THE ABOVE
意外身體損傷 \ 濫用藥物或酒精 \ 後天免疫力缺乏症 (愛滋病) \ 與人類免疫力缺乏之相關病毒(HIV) \ 性病或因性接觸感染之疾病 \ 懷孕、不育或絕育 \ 視力折射問題 \ 美容或整容手術 \ 精神或神經病 \ 先天性情況 \ 遺傳性情況 \ 發育中出現異常情況 \ 自我傷害 \ 一般身體檢查或防疫注射 \ **以上全部不是**
4. Had the patient been previously treated or hospitalized for this or any other illness? If so, please give brief summary (including onset & duration of sign & symptoms \ illness; etiology; type & results of major examination; treatment, complication & follow-up results) 就診者過去曾否因此疾病或其他疾病而需要接受治療或住院? 如是, 請摘要說明 (請列出有關病徵 \ 疾病的病發及痊癒日期、病因、檢驗性質及結果。)
Date 日期 _____ Illness \ Disorder \ Complaint 疾病 \ 失調 \ 申訴 _____ Details of treatment \ hospitalization 治療 \ 住院詳情 _____ Name of Physician or Surgeon \ Hospital 主診醫生或外科醫生姓名 \ 醫院名稱 _____

(Please use any separate sheet with the signature of Physician or Surgeon on it if more space is needed) (若需另頁填寫, 每張紙都需要有主診醫生或外科醫生的簽署作實)

D. Others 其他

1. Are you the patient's usual Physician \ Surgeon? 閣下是否就診者的長期主診醫生 \ 外科醫生?
i. Yes Please fill in question 2 是, 請填寫問題 2
ii. No Does the patient have any other usual \ family Physician(s) \ Surgeon(s)? If Yes, please give us the name(s). 不是, 就診者是否有其他的長期 \ 家庭主診或外科醫生? 如是, 請提供姓名。
2. Please fill in the date of consultation, the symptoms and complaints of the patient for each consultation 請填寫診視日期, 及每次診視的病徵及申訴
Consultation date 診視日期 _____ Symptoms \ Complaints 病徵 \ 申訴 _____ Recommended tests \ treatment 接受的檢查 \ 治療 _____
3. If you are referred by other Physician \ Surgeon, please provide the name, contact number and address of the Physician \ Surgeon. 如閣下乃其他主診醫生 \ 外科醫生轉介, 請提供該醫生姓名、聯絡電話及地址。

Signature of attending Physician \ Surgeon with Chop \ Hospital Stamp
主診醫生 \ 外科醫生簽署及執業印鑑 \ 醫院蓋章

Address & Telephone
地址及電話

Name of attending Physician \ Surgeon
主診醫生 \ 外科醫生姓名

Date
日期

註: 所有中文簡譯, 如與英文有異, 一概以英文為準。

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 "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.

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。

China Personal Information Protection Law (PIPL) 《中華人民共和國個人信息保護法》

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/>

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. Purpose of Collection 收集資料之目的

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.

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實；(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，我們將將其保存更長時間。

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 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 our 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.

我們可能會向該公司集團，包括本公司以及其他母公司為保誠集團成員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、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. Use and Transfer of Personal Data for Direct Marketing Purposes 使用及轉移個人資料作直接促銷用途

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.

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. 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。

5. 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 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.

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。

Opting-out of Marketing Communications and Materials 拒絕市場推廣通訊及資料

If you do not agree to receive marketing communications and materials from the Company, please check this opt-out box.

If you **do not** check the opt-out box and sign below, you agree to the provision and use of your personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.

如果你不同意接收本公司的市場推廣通訊及資料，請選擇此拒絕方格。

如果你**沒有**選擇此拒絕方格，並在下方簽署，則代表你同意本公司根據收集個人資料聲明第三部分，使用及轉移你的個人資料作直接促銷用途。

Signature of Insured / Signature of parent if patient is under 18 years old
受保人簽署/ 如就診者未滿 18 歲，請家長簽署

Name
姓名

Date (DD/MM/YYYY)
日期 (日/月/年)