

Crisis Cover / Intensive Care Benefit Claim Form

危疾理賠 / 深切治療保障申請書

Name of Consultant 顧問姓名	Consultant Mobile Phone No. 顧問流動電話號碼
Agent Code 代理編號	Division Code & Branch Office 分區編號及分行地點

Part I - Claimant's Certificate (to be completed by Life Assured / Policyowner / Claimant) 第一部分 - 索償人申請書 (由受保人 / 保單持有人 / 索償人填寫)

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 <small>*For claim status follow up and communication use 用作跟進理賠進度及聯絡</small>	Name of Life Assured 受保人姓名
Policyowner Contact Phone No. 保單持有人聯絡電話	ID / Birth Cert. No. of Life Assured 受保人之身份證 / 出生證明書號碼
Residential Address 居住地址	
Name and Address of Life Assured's Employer 受保人僱主 (公司) 名稱及地址	
Life Assured's Present Occupation / Job Nature 受保人現職 / 職責	<input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再度索償 <input type="checkbox"/> Pending Claim 待決賠償
<input type="checkbox"/> Major Disease Benefit 嚴重疾病保障 Name of Major Disease to claim 申請索償之名稱 _____ <input type="checkbox"/> Intensive Care Benefit 深切治療保障 (ICU stay for 3 or more consecutive days 連續三日留醫於深切治療病房) Please provide the period of stay at Intensive Care Unit 請提供入住深切治療病房時段: _____ Applicable to Intensive Care Benefit Claim under "PRUHealth Critical Illness Extended Care III" Only 只適用於「危疾加護保 III」之深切治療保障	

1. If the Major Disease was due to an ACCIDENT, please state:- 如危疾由意外導致，請詳述如下： -

a) Date, Time & Location of Accident 意外發生日期，時間及地點 <table border="0"><tr><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td>(DD / MM / YY) (日 / 月 / 年)</td><td style="width: 100px;"></td><td>AM 上午 / PM 下午</td></tr><tr><td colspan="4">Date of Accident 意外日期</td><td>Time 時間</td><td>Location 地點</td></tr></table>				(DD / MM / YY) (日 / 月 / 年)		AM 上午 / PM 下午	Date of Accident 意外日期				Time 時間	Location 地點
			(DD / MM / YY) (日 / 月 / 年)		AM 上午 / PM 下午							
Date of Accident 意外日期				Time 時間	Location 地點							
b) Where and how did the accident happen? (Please describe activities engaged if applicable) 事發地點及經過 (如適用，請形容當時進行之活動)												
c) Part(s) of body injured and degree of injury 受傷部位及程度												
d) Did you report to the police? 有否報警? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有，Police Station 警署： Case Ref. No. 檔案編號：												
Remarks: Please attach a photocopy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report 備註：請附上警察報告、交通意外報告、口供紙或酒精測試報告影印本												

2. If Major Disease was due to an ILLNESS, please state:- 如危疾因疾病導致，請詳述如下：

a) Symptoms & abnormalities 徵狀及異常				
b) Since when have these symptoms first appeared? 何時出現首次徵狀? <table border="0"><tr><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td style="border: 1px solid black; width: 30px; height: 30px;"></td><td>(DD / MM / YY) (日 / 月 / 年)</td></tr></table>				(DD / MM / YY) (日 / 月 / 年)
			(DD / MM / YY) (日 / 月 / 年)	

3. Consultation / Hospitalization details 診治及住院詳情

a) Details of FIRST consultations for this or related illness / injury 首次就此病 / 傷求診詳情 <table border="0"><tr><td>Date 日期 (DD/MM/YY) (日 / 月 / 年)</td><td>Physician / Hospital 醫生 / 醫院</td><td>Address & Tel. No. 地址及電話號碼</td><td>Patient No. 病人編號</td><td>Referred by 轉介人</td></tr></table>	Date 日期 (DD/MM/YY) (日 / 月 / 年)	Physician / Hospital 醫生 / 醫院	Address & Tel. No. 地址及電話號碼	Patient No. 病人編號	Referred by 轉介人		
Date 日期 (DD/MM/YY) (日 / 月 / 年)	Physician / Hospital 醫生 / 醫院	Address & Tel. No. 地址及電話號碼	Patient No. 病人編號	Referred by 轉介人			
b) Was there any other physician(s) who have been consulted in connection with this illness / injury? 有否就此疾病 / 受傷向其他醫生求診? <table border="0"><tr><td><input type="checkbox"/> No 沒有</td><td><input type="checkbox"/> Yes, details as follows: 有，詳情如下：</td></tr><tr><td>Date 日期 (DD/MM/YY) (日 / 月 / 年)</td><td>Name of Physician 醫生姓名</td><td>Address & Tel. No. 地址及電話號碼</td><td>Patient No. 病人編號</td><td>Referred by 轉介人</td></tr></table>	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, details as follows: 有，詳情如下：	Date 日期 (DD/MM/YY) (日 / 月 / 年)	Name of Physician 醫生姓名	Address & Tel. No. 地址及電話號碼	Patient No. 病人編號	Referred by 轉介人
<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, details as follows: 有，詳情如下：						
Date 日期 (DD/MM/YY) (日 / 月 / 年)	Name of Physician 醫生姓名	Address & Tel. No. 地址及電話號碼	Patient No. 病人編號	Referred by 轉介人			



3. Consultation / Hospitalization details (Continued) 診治及住院詳情 (續)

c) Was there any hospitalizations required in connection with this illness/injury? No 沒有 Yes, details as follows: 有, 詳情如下:
有否就此疾病 / 受傷而住院?

Name of Hospital 醫院名稱 Date of Admission 入院日期 Date of Discharge 出院日期 Diagnosis 診斷
(DD/MM/YY) (日/月/年) (DD/MM/YY) (日/月/年)

d) Details of your **USUAL** physician 閣下慣常求診之醫生的資料

Name of Physician 醫生姓名 Address(es) & Tel. No. 地址及電話號碼 Patient No. 病人編號 Since 自從
(DD/MM/YY) (日/月/年)

4. Related illness 有關之疾病

Have you previously suffered from, tested or received treatment for similar / related illness?

閣下以往曾否患上類似或有關之疾病或就此作檢驗或治療?

No 沒有 Yes, details as follows: 有, 詳情如下:

(i) Illness 疾病名稱: _____

(ii) Date of diagnosis 診斷日期:

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 (DD/MM/YY)
(日/月/年)

(iii) Treated by (Name & Address of Physician / Hospital) 診治醫生 / 醫院名稱及地址: _____

(iv) Treatment / test received 所作的檢驗或治療: _____

5. Benefit from other sources 其他保障資料

Are you claiming / receiving similar benefit for the same event with any other organizations including insurer, the government, employer compensation?

閣下有否因同一事件申請 / 接受其他機構包括保險公司、政府及僱主賠償之保障?

No 沒有 Yes, details as follows: 有, 詳情如下:

Insurance Company/Organization 保險公司 / 機構 Benefit Type / Policy No. 保障類別 / 保單號碼 Benefits Amount Claimed / Received 申請 / 接受之賠償數目 Result / Status 結果 / 狀況

6. Settlement Currency Preferred 理賠貨幣之選擇

HKD 港幣

Policy Currency 保單貨幣 Notes 注意: If Policy Currency is USD, please indicate 如保單貨幣為美元, 請選擇: Local 本地
 Overseas 海外

*Remarks 備註: 1. If settlement currency option is not specified, HKD cheque will be issued. 如沒有註明理賠貨幣, 本公司將發出港幣支票。
2. If Local or Overseas is not specified for USD cheque, Local USD cheque will be issued. 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。



7. Claims Cheque and Documents 理賠支票及文件

- a) Method of delivery of claims cheque to Policyowner 送遞理賠支票予保單持有人之方法： By Mail* 郵寄* Via Consultant 由顧問轉遞
- if no selection is made, claims cheque will be delivered via Consultant 如不選擇此項，理賠支票將交由顧問轉遞
* by surface mail to the Policyowner's correspondence address in the Company's record
以平郵方式郵寄至保單持有人於本公司紀錄上的通訊地址
Cheque will be issued after 2 working days once claim approved 支票會於理賠申請成功批核後兩個工作天發出

b) Checklist for Documents Submission 遞交文件提點

Basic Required Documents 基本文件

- Claim Form Part I and Part II
理賠申請書第一部份及第二部份
- Copy of the Identification of Life Assured & Policyowner
受保人及保單持有人之身份證明文件副本
- Copy of Laboratory / X-ray / CT scan / MRI / Pathological Report(s)
化驗 / X光 / 電腦掃描 / 磁力共振 / 病理檢驗報告副本

Additional Documents 附加文件

- Copy of Referral Letter by General Practitioner / Hospital
普通科醫生 / 醫院轉介信副本
- Copy of Physiotherapy / Occupational Therapy Report(s)
物理治療 / 職業治療報告副本

Intensive Care Benefit (ICU) 深切治療保障：

Additional Documents 附加文件

- Hospital Admission Note and Discharge Summary
入院通知書及出院總結
- Copy of Statement of Account for Hospitalization
(with detailed expenses items) and Copy of Hospital Official Receipts
住院賬單副本（附有詳細項目費用）和醫院正式收據副本
Remarks: The ICU bed charge required to be indicated on the receipts
備註：收據上需要註明有關 ICU 床位費用。
- For outside Hong Kong Hospitalization included all of the followings:
香港境外住院請提交以下文件：
Hospital Admission Record, Inpatient Record and Discharge Records.
入院記錄，住院記錄和出院記錄
- For China it includes all of the following:
內地住院請提交以下文件：
 1. 病案首頁
 2. 入院記錄
 3. 出院小結 / 撮要
 4. 住院紀錄
 5. 住院收費明細表



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

Personal Information Collection Statement ("PICS")

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 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.

1. Purpose of Collection

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.

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 ("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.

3. 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.

4. 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 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>.

收集個人資料聲明 (「收集個人資料聲明」)

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。

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) 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簽發的保單); (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. 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 (「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) 行業協會及聯合會; (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。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. 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。

4. 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/tc/privacy-policy/index.html> 上查閱。



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

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）。

- I/we do not wish to receive any marketing communications from Prudential Hong Kong Limited.
本人 / 我們不希望收到保誠保險有限公司發出的任何促銷信息。

9. Declaration & Authorization 聲明及授權

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

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

I / We, the Life Assured / Policyowner / Claimant, authorize on behalf of myself / ourselves and the minor Life Assured (if any) 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 minor Life Assured, whom I / we / 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 minor Life Assured in relation to the proposal for assurance and any claims arising therefrom.

本人 / 吾等，受保人 / 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，受保人 / 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，受保人 / 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）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），本授權書仍具約束力。本授權書之副本將版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 / 吾等進行所需之醫療評估及測試，以審核本人 / 吾等之健康狀況。

If Life Assured is on or above the age of 18, the form should be signed by him/her. If Life Assured is below the age of 18, the Policyowner should sign on his/her behalf. If Life Assured and Policyowner are not able to sign on the form, the Claimant should sign on their behalf.

如受保人年滿 18 歲，則由受保人簽署。受保人未滿 18 歲，則由保單持有人簽署。如受保人及保單持有人未能簽署，則由索償人簽署。

TM Chan

Signature of Policyowner / Claimant
保單持有人 / 索償人簽名

Name & I.D. No. of Policyowner / Claimant
保單持有人 / 索償人姓名及身份證號碼

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

TM Chan

Signature of Life Assured
受保人簽名

Name & I.D. No. of Life Assured
受保人姓名及身份證號碼

Date (DD / MM / YYYY)
日期 (日 / 月 / 年)

