



PRUDENTIAL
英國保誠

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PRUDENTIAL
英國保誠

Listening. Understanding. Delivering.



保誠精選「尊尚康檢寶」
醫療

PRUChoice HealthCheck Deluxe
MEDICAL



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

Health check-up allows you to understand your health condition and helps you identify sickness especially those without any symptoms. The earlier the sickness is identified and treated, the higher the chance of recovery. However, health check-up usually costs you more than expected if any unknown abnormal findings found that various follow up tests may be required. PRUChoice HealthCheck Deluxe Medical Insurance Plan provides you with a comprehensive health check-up at a foreseeable cost for you and your family.

(Applicable on or after 11 May, 2020)

身體檢查讓您可以更了解自己的身體狀況，即使在毫無病徵的情況下也可以找出病患。正所謂「病向淺中醫」，若我們能及早對症下藥，便能大大提高根治的機會。可是，當身體檢查過程中發現異常結果而需要進行跟進檢查時，各種跟進檢查往往令您大失預算。保誠精選「尊尚康檢寶」醫療保障計劃為您及您的家人能在預算內得到全面的身體檢查保障。

(2020年5月11日起適用)

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 Deluxe offers comprehensive health check-up plan for adults with various optional choices of Male Specific Items, Female Specific Items, Eye Examination, Osteoporosis Examination and various vaccines to fit your needs.

保誠精選「尊尚康檢寶」為成年人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男性專屬項目、女性專屬項目、視力檢查、骨質疏鬆症檢查及各種不同的疫苗。

2 Privileges of Adult Plan – VIP Cover 成人計劃 – 尊貴保障為您提供非凡禮遇

Adult Plan – VIP Cover provides you with privileges of prestigious check-up services. If VIP Cover customer selects Optional Male/ Female Specific Items at the time of new application, extra HK\$2,000 shopping voucher* will be offered.

成人計劃 – 尊貴保障讓您可尊享貼心的身體檢查服務。如尊貴保障客戶同時新投保自選男/ 女性專屬項目，更可額外獲贈港幣\$2,000的購物禮券*。

3 Follow-Up Tests to be provided if Abnormal Findings 遇異常結果可獲跟進檢驗

Should the results of some specific 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。

4 Doctor's Consultation 醫生解讀報告

Whether there are abnormalities in your check-up result, we always believe you deserve to know more about your health conditions. We will arrange doctor to explain your medical report to you with his/ her professional advice. One additional doctor consultation will be provided to you if any follow-up test(s) is required.

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讀您的檢查報告結果，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解讀報告。

Table of Benefits 保障一覽表

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

Basic Plan 基本計劃

Adult Plan – VIP Cover & Premier Cover 成人計劃 – 尊貴保障及優越保障 (For aged 18 – 75 適用於18 – 75歲人士)

Benefit Description 保障內容	Abnormal Finding may indicate the Likelihood of 如有異常結果，表示可能患有	Follow-Up Test ² for Abnormal Finding to be provided 提供異常結果跟進檢查 ²
1. Physical Examination and Consultation 體格檢查及會診 (By Doctor由醫生提供) Height and Weight 身高及體重 Body Mass Index 身體質量指數	Obesity or Malnutrition 癆肥或營養不良	N/A 不適用
2. Blood Group Genotype 血型 Blood Grouping and Rh Factor 血型及恆河猴因子	N/A 不適用	N/A 不適用
3. Haematological Tests 血液學檢查 Complete Blood Count 全血計數	Anaemia or Thalassemia 貧血或地中海貧血	Haemoglobin Pattern 血紅蛋白成份分析
4. Diabetes Screening 糖尿病測試 Fasting Blood Glucose 空腹血糖	Diabetes Mellitus 糖尿病	HbA1c 糖化血紅蛋白
5. Cholesterol Screening 膽固醇檢查 Cholesterol Total 總膽固醇 HDL-Cholesterol 高密度膽固醇 LDL-Cholesterol 低密度膽固醇 Triglycerides 三酸甘油脂	Stroke, Coronary Heart Disease [^] or Fatty Liver [#] 中風、冠心病 [^] 或脂肪肝 [#] [^] Abnormal finding will be jointly reviewed with the result of Electrocardiogram with Computer Interpretation (ECG). 異常結果將連同靜態心電圖的 檢查結果一併參考以作出結論。 [#] Abnormal finding will be jointly reviewed with the result of Ultrasound of Whole Abdomen. 異常結果將連同全腹腔超聲波的 檢查結果一併參考以作出結論。	N/A 不適用
6. 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 [#] [#] Abnormal finding will be jointly reviewed with the result of Ultrasound of Whole Abdomen. 異常結果將連同全腹腔超聲波的 檢查結果一併參考以作出結論。	N/A 不適用
7. Liver Function Tests 肝功能測試 SGPT (ALT) 谷丙轉氨酶 SGOT (AST) 谷草轉氨酶 Bilirubin 膽紅素	Liver Failure or Cirrhosis [#] 肝功能衰退或肝硬化 [#] [#] Abnormal finding will be jointly reviewed with the result of Ultrasound of Whole Abdomen. 異常結果將連同全腹腔超聲波的 檢查結果一併參考以作出結論。	N/A 不適用
8. Gout Disease Screening 痛風症檢查 Uric Acid 尿酸	Gout 痛風症	N/A 不適用
9. 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	Ultrasound of Thyroid 甲狀腺超聲波



Privileges of Adult Plan – VIP Cover 成人計劃 – 尊貴保障為您提供非凡禮遇

Adult Plan – VIP Cover provides you with privileges of client-centric check-up services including:
成人計劃 – 尊貴保障讓您可以尊享貼心的身體檢查服務包括：

- 

Check-up centre in prime location in comfortable and enjoyable setting.
身體檢查中心位於高級商業地區，環境舒適讓您享受愉快體驗。
- 

Private check-up room for more privacy during the check-up.
特設獨立房間，在檢查過程中讓您享有更多私人空間。
- 

Client-centric services to take care of your whole check-up procedure.
以您為先服務，務求讓您在整個體檢中得到最貼心的體驗。
- 

Light refreshment after examination.
檢查後可享用輕膳。
- 

Additional lifestyle and health assessment.
額外生活習慣及健康評估。
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HK\$2,000
If Optional Male/ Female Specific Items are selected with Adult Plan – VIP Cover at the time of successful new application, a Welcome Gift of HK\$2,000 shopping voucher* will be offered.
同時成功新投保成人計劃 – 尊貴保障及自選男/ 女性專屬項目，可獲贈迎新禮物港幣\$2,000的購物禮券*。

Benefit Description 保障內容	Abnormal Finding may indicate the Likelihood of 如有異常結果，表示可能患有	Follow-Up Test ² for Abnormal Finding to be provided 提供異常結果跟進檢查 ²
10. 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、肺癌或心臟發大	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)
11. Cardiology Examination 心臟檢查 Electrocardiogram with Computer Interpretation (ECG) 靜態心電圖	Coronary Heart Disease 冠心病	CT Coronary Angiogram 電腦掃描冠狀動脈(心血管)造影
12. Faecal Test 糞便檢查 Occult Blood 隱血	Colorectal Diseases 腸道疾病	Colonoscopy and/ or Biopsy and/ or Polyps ^{4,5} 大腸鏡及/ 或組織檢查及/ 或息肉檢查 ^{4,5}
13. NP Screen 鼻咽癌基因測試 NP Screen 鼻咽癌細胞EB病毒基因測試	Nasopharyngeal Cancer 鼻咽癌	MRI Nasopharynx and Neck (Plain) 磁力共振(鼻咽及頸)(平片)
14. Hepatitis B Test 乙型肝炎測試 Hepatitis B Antigen 乙型肝炎抗原 Hepatitis B Antibody 乙型肝炎抗體	Liver Cancer or other underlying Liver Diseases (if Hepatitis B Carrier) 肝癌或其他肝臟問題 (如為乙型肝炎病毒攜帶者)	AFP (Liver Cancer) 甲種胎兒蛋白(肝癌)
15. Helicobacter Pylori Test 幽門螺旋菌測試 Helicobacter Pylori Breath Test 幽門螺旋菌吹氣測試	Stomach Diseases 胃病	N/A 不適用
16. Rheumatoid Screening 類風濕測試 Rheumatoid Factor 類風濕因子	Rheumatoid Arthritis 類風濕關節炎	N/A 不適用
17. Ultrasound of Whole Abdomen 全腹腔超聲波 Liver, Gall Bladder and Biliary System, Spleen, Pancreas, Urinary System and Pelvis (female) or Prostate (male) 肝、膽及膽管系統、脾臟、胰臟、泌尿系統及盆腔(女性)或前列腺(男性)	Diseases related to Liver, Gall Bladder and Biliary System, Spleen, Pancreas, Urinary System and Pelvis (female) or Prostate (male) 與肝、膽及膽管系統、脾臟、胰臟、泌尿系統及盆腔(女性)或前列腺(男性)有關的疾病	N/A 不適用
Report Interpretation and Advice by Doctor³ 醫生解釋報告及提供意見³		

* Shopping voucher is only applicable to the insured person of new application of Adult Plan – VIP Cover who purchased Optional Male/ Female Specific Items at the same time. Shopping voucher is valid until the pre-printed expiry date, we will not be responsible for any expired voucher and re-issuance. Shopping voucher cannot be redeemed for cash and any unused balance will be forfeited. We will not be responsible for any loss or damage to the shopping voucher. The use of shopping voucher is subject to the relevant terms and conditions.
購物禮券只適用於成人計劃 – 尊貴保障並同時投保自選男/ 女性專屬項目的新保單受保人。購物禮券的有效日期明列於禮券上，逾期無效，本公司概不負責及補發。購物禮券不能兌換現金，如有餘額恕不退回。任何有關購物禮券的遺失或損壞，本公司概不負責。購物禮券的使用須受相關條款及細則規限。

Note: The Company reserves the right to remove and/ or amend any of the above services, terms and conditions without prior notice. In case of disputes, the Company's decision is final.
註：本公司保留刪除及/ 或更改以上所有服務、條款及細則的權利而毋須預先通知。如有任何爭議，將以本公司的決定為準。

Optional Items 自選項目

Male Specific Items 男性專屬項目 (For Adult – Male only 只適用於成人 – 男性)



Benefit Description 保障內容	Abnormal Finding may indicate the Likelihood of 如有異常結果，表示可能患有	Follow-Up Test ² for Abnormal Finding to be provided 提供異常結果跟進檢查 ²
1. Prostate Examination 前列腺檢查 Total PSA 前列腺癌抗原	Prostate Cancer 前列腺癌	Free PSA 游離前列腺癌抗原
2. Stomach Cancer Screening 胃癌篩查 CA 72.4 癌抗原72.4	Stomach Cancer 胃癌	Oesophago-Gastro Duodenoscopy (OGD) ⁴ 食道胃十二指腸內視鏡檢查 ⁴
3. Colorectal Cancer Screening 結腸直腸癌篩查 Colonoscopy and/ or Biopsy and/ or Polyps ^{4,5} 大腸鏡及/或組織檢查及/或瘻肉檢查 ^{4,5}	Colorectal Cancer 結腸直腸癌	N/A 不適用

Female Specific Items 女性專屬項目 (For Adult – Female only 只適用於成人 – 女性)



Benefit Description 保障內容	Abnormal Finding may indicate the Likelihood of 如有異常結果，表示可能患有	Follow-Up Test ² for Abnormal Finding to be provided 提供異常結果跟進檢查 ²
1. Cervix Examination 子宮頸檢查 Pap Smear ⁶ 柏氏子宮頸抹片檢查 ⁶ HPV Genotyping 人類乳頭瘤病毒脫氧核糖核酸	Cervical Cancer 子宮頸癌	Pap Smear ⁶ and/ or Colposcopy and Biopsy ⁴ 柏氏子宮頸抹片檢查 ⁶ 及/或 陰道鏡及組織檢驗 ⁴
2. Breast Examination 乳房檢查 Ultrasound of Breast 乳房超聲波 (For Female aged below 50 適用於五十歲以下女性) / 3D Mammogram 3D乳房造影圖 (For Female aged 50 or above 適用於五十歲或以上女性)	Breast Cancer 乳癌	Fine Needle Aspiration 細針抽取細胞檢查
3. Stomach Cancer Screening 胃癌篩查 CA 72.4 癌抗原72.4	Stomach Cancer 胃癌	Oesophago-Gastro Duodenoscopy (OGD) ⁴ 食道胃十二指腸內視鏡檢查 ⁴
4. Colorectal Cancer Screening 結腸直腸癌篩查 Colonoscopy and/ or Biopsy and/ or Polyps ^{4,5} 大腸鏡及/或組織檢查及/或瘻肉檢查 ^{4,5}	Colorectal Cancer 結腸直腸癌	N/A 不適用

Other Optional Items 其他自選項目



Benefit Description 保障內容	Applicable to 適用於	Follow-Up Test ² for Abnormal Finding to be provided 提供異常結果跟進檢查 ²
Cervix Examination 子宮頸檢查 Pap Smear ⁶ 柏氏子宮頸抹片檢查 ⁶	Adult – Female 成人 – 女性	Pap Smear ⁶ and/ or Colposcopy and Biopsy ⁴ 柏氏子宮頸抹片檢查 ⁶ 及/或 陰道鏡及組織檢驗 ⁴
Osteoporosis Examination 骨質疏鬆症檢查 Bone Densitometry 骨質密度檢查	Adult 成人	N/A 不適用
MMR Vaccine 麻疹、腮腺炎、德國麻疹病毒疫苗	Adult 成人	N/A 不適用
Zostavax Vaccine 生蛇疫苗 (Including 1 Consultation by Doctor 包括一次醫生會診)	Aged 50 or above 五十歲或以上	N/A 不適用

Adult Eye Examination 成人視力檢查 (For Adult only 只適用於成人)



Benefit Description 保障內容	Abnormal Finding may indicate the Likelihood of 如有異常結果，表示可能患有
1. Eye Examination 驗眼服務 (By Ophthalmologist 由眼科醫生提供)	N/A 不適用
2. Refractive Errors 屈光度數檢查	Myopia, Astigmatism, Hyperopia, Presbyopia or Amblyopia 近視、散光、遠視、老花眼或弱視
3. Color Vision Test 色覺測試	Color Weakness or Color Blindness 色弱或色盲
4. Binocular Vision and Stereopsis Test 雙眼協調能力及立體感測試	Strabismus (squint) or other Extra-ocular Muscles Problems 斜視或其他眼肌毛病
5. Wavefront (Custom Cornea) Checking 波前掃描	Aberration or Glare 像差或眩光
6. Corneal Mapping 角膜地形圖及角膜厚度檢查	Abnormal Curvature of Cornea 角膜弧度異常
7. Corneal Examination 角膜檢查	Abnormal shape of Cornea 角膜形狀異常
8. Pupil size, Conjunctiva, Sclera, Eyelashes and Iris Checking 眼睛瞳孔、結膜、眼球鞏膜、睫毛及虹膜檢查	Viral or Bacterial Infection, Trauma or Allergic Reaction, resulting in tearing, itching or swelling of the eyes etc. 因病毒或細菌感染、受傷或敏感而引致流眼水、 痕癢或紅腫現象等
9. Dilated Fundus Examination 放瞳眼底檢查	Retina, Optic Disc, Optic Cup or Macula Related Disease 有關視網膜、視神經盤、視杯或黃斑等問題
10. Cataract Screening 白內障檢查	Cataract 白內障
11. Glaucoma Test 青光眼測試 (Intra-Ocular Pressure 檢查眼內壓)	Glaucoma 青光眼

Report Interpretation and Advice by Ophthalmologist

眼科醫生解釋報告及提供意見

Section 2 – Follow-Up Tests for Abnormal Findings²

項目二 – 遇異常結果的跟進檢查²

We will arrange follow-up tests if abnormal findings are shown from Section 1 such that the doctor recommends you to carry them out for further investigation and confirm the abnormal findings. The cost of the follow-up test(s) listed in Section 1 will be paid by Prudential General Insurance Hong Kong Limited.

若在項目一的檢查中呈異常結果，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，本公司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財險有限公司全數支付。

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 if abnormal finding shown in the tests listed in Section 1 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 with our prior written approval, the cost of the relevant follow-up test will be paid by us. Under policy coverage of PRUChoice HealthCheck Deluxe 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.
- Report interpretation and advice by doctor must be completed within four months from the date of the check-up. Medical report will be destroyed after four months from the date of the check-up without prior notice.
- 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 details of examination, please consult your family doctor prior to the examination.
The above information 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 General Insurance Hong Kong Limited (“the Company”) does not guarantee its accuracy or completeness. The Company shall accept no liability or responsibility in relation to the use of or reliance on any such information.
- For those who purchase Basic Plan with Optional Male/ Female Special Items at the same time, we will refund a fixed amount of HK\$7,500 for the unused benefit of Colonoscopy under Optional Male/ Female Specific Items to the insured subject to the prior written approval from us if: (i) abnormal findings are shown in Faecal Test for Occult Blood under Basic Plan and Colonoscopy is recommended by doctor as a follow-up test given it is physically suitable for the insured person. The insured person shall only be eligible for Colonoscopy one time; or (ii) the doctor does not recommend Colonoscopy to the insured person due to medical reason such that the insured person shall not conduct Colonoscopy under Optional Male/ Female Specific Items.
- Pap Smear is only applicable to the female who ever had sexual experience only.

The above Table of Benefits 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。
- 如在項目一的檢查中呈異常結果，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，並獲得本公司的書面批准，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本公司支付。在保誠精選「尊尚康檢寶」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。
- 醫生/ 專科醫生解釋報告及提供意見必須於檢查日後的四個月內完成。醫療報告將於檢查日四個月後銷毀，不作另行通知。
- 病理醫生將根據醫生的醫學建議及受保人的身體狀況而決定是否需要進行檢查。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。有關檢查的詳細資料，請於檢查前向您的家庭醫生查詢。
上述資料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。保誠財險有限公司(「本公司」)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，本公司概不承擔任何責任和義務。
- 如同時投保基本計劃及自選男/ 女性專屬項目，在下列原因導致受保人沒有就自選男/ 女性專屬項目中的大腸鏡進行檢查，並在獲得本公司的書面批准的情況下，本公司將退回定額港幣\$7,500予保單持有人：(i) 在基本計劃下的糞便隱血檢查中呈異常結果，在醫生的醫學建議下認為有需要以大腸鏡檢查作為跟進檢查，而受保人的身體狀況亦適合進行有關檢查，經本公司書面同意後，受保人可獲得大腸鏡檢查一次；或 (ii) 醫生基於醫學理由認為受保人不適合進行自選男/ 女性專屬項目中的大腸鏡檢查。
- 柏氏子宮頸抹片檢查只適用於曾經有性經驗的女士。

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。

Important Note 重要事項

As a benefit provided to the insured person of this insurance, 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 1 and Section 2 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. Should you have any medical enquiries, please consult your family doctor.

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及項目二的健康檢查及測試，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。如有任何醫學疑問，請向閣下的家庭醫生查詢。

Major Exclusions 主要不保事項



General Exclusions

- 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 2 – Follow Up Tests for Abnormal Findings

- The insured person has already been advised of or diagnosed with abnormal findings in Complete Blood Count, Thyroid Gland Function Test, Chest X-ray, Faecal Test, Blood Glucose, Electrocardiogram with Computer Interpretation (ECG), NP Screen, Hepatitis B Test, Total PSA, CA 72.4, Pap Smear, HPV Genotyping, Ultrasound of Breast or Mammogram prior to the first effective date of this policy.
- The insured person has any symptom, or already been advised of or diagnosed with tumor/ cancer (any nature), heart disease, anaemia, thalassaemia, hepatitis, diabetes mellitus, haemorrhoid or any chronic illness prior to the first effective date of this policy.
- Cost of any follow-up test not listed in the Table of Benefits, or the follow-up test(s) were taken without the medical advice of doctor of the Designated Medical Centre(s) and our prior approval in writing.

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

一般不受保障項目

- 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的不受保障項目

- 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、甲狀腺功能測試、胸部X光、糞便測試、血糖測試、靜態心電圖、鼻咽癌基因測試、乙型肝炎測試、前列腺癌抗原測試、癌抗原72.4測試、柏氏子宮頸抹片檢查、人類乳頭瘤病毒脫氧核糖核酸、乳房超聲波或乳房造影圖等檢查中有異常結果。
- 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、肝炎、糖尿病、痔疾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、任何非在指定醫療中心的醫生的醫學建議下進行及沒有獲得本公司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



Basic Plan 基本計劃		Premium 保費 (HK\$ 港幣\$)
Adult Plan 成人計劃 (For aged 18 – 75 適用於18 – 75歲人士)	VIP Cover 尊貴保障	13,000
	Premier Cover 優越保障	11,500
Optional Items 自選項目	Applicable to 適用於	Premium 保費 (HK\$ 港幣\$)
Male Specific Items 男性專屬項目	Adult – Male 成人 – 男性	10,700
Female Specific Items 女性專屬項目	Adult – Female 成人 – 女性	14,900
Cervix Examination 子宮頸檢查	Adult – Female 成人 – 女性	400
Osteoporosis Examination 骨質疏鬆症檢查	Adult 成人	950
Adult Eye Examination 成人視力檢查	Adult 成人	1,300
MMR Vaccine 麻疹、腮腺炎、德國麻疹病毒疫苗	Adult 成人	300
Zostavax Vaccine (Including 1 Consultation by Doctor) 生蛇疫苗 (包括一次醫生會診)	Aged 50 or above 五十歲或以上	1,900

- Adult: the person aged 18 – 75. 成人: 18至75歲的人士。
- 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。

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

Basic Plan 基本計劃	VIP Cover 尊貴保障	Premier Cover 優越保障
Drs. Anderson & Partners 晏打臣醫生醫務所 (Central 中環)	✓	
Central Medical Diagnostic Centre 宏康醫學診斷中心 (Causeway Bay 銅鑼灣)		✓
Quality HealthCare Medical Centre 卓健醫療體檢中心 (Central 中環)		✓
Quality HealthCare Diagnostic & Imaging Centre 卓健診斷及放射中心 (Jordan 佐敦)		✓
Quality HealthCare Medical Centre 卓健醫療體檢中心 (Tsim Sha Tsui 尖沙咀)		✓

- Optional Item(s) and follow-up tests (if any): location of check-up will be advised by the selected Designated Medical Centre from the above. 自選項目及跟進檢查 (如適用): 檢查地點將由上述已選取的指定醫療中心提供。
- Prudential General Insurance Hong Kong Limited reserves 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 Maid
- PRUChoice Medical
- PRUChoice MediExtra
- PRUChoice Motor
- PRUChoice Personal Accident
- PRUChoice Personal Accident Plus
- 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「環球樂」
- 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「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「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。

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) 2164 8445

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) 2164 8445

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。所有中文翻譯，如與英文有異，概以英文為準。

G13/BR00224B/P01 (05/20)

PRUDENTIAL
英國保誠



Application Form for
PRUChoice HealthCheck Deluxe
Medical Insurance
保誠精選「尊尚康檢寶」
醫療保障計劃

申請表

Applicable on or after 11 May, 2020
2020年5月11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) 2164 8445

如有查詢，請致電或親臨本公司，地址如下：

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電話：(852) 3656 8362 傳真：(852) 2164 8445

www.prudential.com.hk

GI3/APP00224B/P01 (05/20)

PRUChoice HealthCheck Deluxe Medical Insurance 保誠精選「尊尚康檢寶」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)

Surname 姓	Given Name 名	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	HKID No. 香港身份證號碼	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	Email Address 電郵地址
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 aged 75 or below can be included in this application. 此申請可包括閣下75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\$)
Basic Plan 基本計劃			
Adult Plan – VIP Cover 成人計劃 – 尊貴保障	<input type="checkbox"/>	<input type="checkbox"/>	13,000
Adult Plan – Premier Cover 成人計劃 – 優越保障	<input type="checkbox"/>	<input type="checkbox"/>	11,500
Optional Items 自選項目*			
Female Specific Items 女性專屬項目	<input type="checkbox"/>	<input type="checkbox"/>	14,900
Male Specific Items 男性專屬項目	<input type="checkbox"/>	<input type="checkbox"/>	10,700
Cervix Examination 子宮頸檢查	<input type="checkbox"/>	<input type="checkbox"/>	400
Osteoporosis Examination 骨質疏鬆症檢查	<input type="checkbox"/>	<input type="checkbox"/>	950
Adult Eye Examination 成人視力檢查	<input type="checkbox"/>	<input type="checkbox"/>	1,300
MMR Vaccine 麻疹、腮腺炎、德國麻疹病毒疫苗	<input type="checkbox"/>	<input type="checkbox"/>	300
Zostavax Vaccine (including 1 Consultation by Doctor) 生蛇疫苗 (包括一次醫生會診)	<input type="checkbox"/>	<input type="checkbox"/>	1,900
Total Premium (HK\$) 總保費 (港幣\$)			

* Optional Items must be purchased together with Basic 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)。

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。

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 paper if more space is needed. 如有需要另加紙填寫。

	Applicant 申請人		Spouse 配偶	
	No 否	Yes 是	No 否	Yes 是
1. Has any person to be covered been advised to have abnormal findings in previous check up regarding the following? 本申請內的受保人曾否在過去於以下檢查中被告知有異常結果?				
a. Chest X-ray 胸部X光	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Faecal Test 糞便檢驗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ECG Test 靜態心電圖	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mammogram 乳房造影	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pap Smear 柏氏子宮頸抹片檢查	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Thyroid Function Blood Test 甲狀腺功能血液檢驗	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Ultrasound Thyroid Gland 甲狀腺超聲波	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ultrasound Breasts 乳房超聲波	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give the details including date of check-up, result of check-up, diagnosis and treatment 如「是」，請提供詳情，包括檢查日期、檢查結果、診斷及治療				
<hr/> <hr/>				
2. Does any person to be covered have any symptoms, illness or disorders and foreseeable need for consultation or treatment of the following? 本申請內的受保人是否就以下事項，有症狀、疾病或不適和可預見之診視或治療需要?				
a. Heart Disease 心臟病	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Anaemia or Thalassemia 貧血或地中海貧血	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hepatitis 肝炎	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Diabetes Mellitus 糖尿病	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Haemorrhoid 痔疾	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other chronic illness, please specify 其他慢性病，請註明				
3. Has any person to be covered been diagnosed with the following medical conditions of any nature? 本申請內的受保人是否被診斷患有下述任何形式的醫療情況?				
a. Liver Tumor/ Cancer 肝腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nasopharyngeal Tumor/ Cancer 鼻咽腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Stomach Tumor/ Cancer 胃腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Colorectal Tumor/ Cancer 大腸腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prostate Tumor/ Cancer 前列腺腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Breast Tumor/ Cancer 乳房腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cervical Tumor/ Cancer 子宮頸腫瘤/ 癌症	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other Tumor/ Cancer, please specify 其他腫瘤/ 癌症，請註明				

Important Notes to Applicant 申請人須知

- 1 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 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。
- 2 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。
- 3 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。
- 4 The application form must be signed by a person who has attained aged 18 or above.
申請表必須由年滿18歲或以上的申請人簽署。
- 5 This product is underwritten by Prudential General Insurance Hong Kong Limited ("Prudential"). The copyrights of the contents of this document are owned by Prudential.
此產品由保誠財險有限公司(「保誠」)承保。此文件內容之版權是由保誠所擁有。
- 6 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。
- 7 Collection of Levy by the Insurance Authority ("IA") – From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policy holders. IA will collect the levy from policy holders through insurance companies. The amount of the levy may be subject to change depending on the applicable levy rate, which shall be determined by when the first premium is due which is the date when the policy becomes effective. Policy holder shall commit an offence and be liable to a pecuniary penalty not exceeding HK\$5,000 for failure to timely pay the levy. Levy must be paid when the premium is paid. To avoid any doubt, you must pay us the premium and levy once policy is effective.
In this connection, notwithstanding anything contained in this form, policy provision or any other agreements between us, you agree us with the following assistance as may be necessary to enable us to collect any outstanding levy payable to IA in respect of the policy applied under this application form to the extent applicable and relevant, subject to the terms hereof: -
 - you agree the prepayment of levy on prepaid premiums if you pre-pay any premium.

The corresponding levy rate (based on premium payable) and cap per policy per policy year for insurance policies with effective date falling in the period from 1 January 2018 till 31 March 2019 (both dates inclusive) are 0.04% and HK\$2,000; from 1 April 2019 till 31 March 2020 (both dates inclusive) are 0.06% and HK\$3,000; from 1 April 2020 till 31 March 2021 (both dates inclusive) are 0.085% and HK\$4,250; and from 1 April 2021 onwards (date inclusive) are 0.1% and HK\$5,000. For details of levy information, please visit www.prudential.com.hk/levy.

All the premiums listed in this application form exclude levy.

保險業監管局（「保監局」）收取的徵費 – 由2018年1月1日起，保單持有人必須向保監局繳付保單之保費徵費。保監局將透過保險公司向保單持有人收取徵費，徵費金額會因應適用徵費比率而有所變更，而該比率則以首期保費須繳付當日，即是保單生效日而定。如保單持有人未能依時繳交徵費，即屬違法，可被罰款不超過港幣五千元。徵費需於繳交保費時同時繳交。為免任何疑問，閣下必須於保單生效之日向本公司繳交保費及徵費總額。有見及此，儘管載於本表格、保單條款或我們之間其他任何協議所包含的任何內容，閣下同意我們在需要時提供以下協助，使我們能夠就 閣下透過此申請書申請之保單適當地及相關地根據以下條款，收取任何應向保監局繳付之未繳徵費：

- 閣下同意如繳付預繳保費，將同時被收取預繳徵費。

於2018年1月1日至2019年3月31日（包括首尾兩日）期間生效的保單的徵費比率（以保費為基準）及每份保單每保單周年徵費上限為0.04%及港幣二千元；於2019年4月1日至2020年3月31日（包括首尾兩日）期間生效為0.06%及港幣三千元；於2020年4月1日至2021年3月31日（包括首尾兩日）期間生效為0.085%及港幣四千二百五十元；而於2021年4月1日起（包括該日）生效為0.1%及港幣五千元。有關徵費詳情請瀏覽 www.prudential.com.hk/levy。
本表格內列出的所有保費並不包括徵費。

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

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Credit Card Expiry Date 信用卡有效日期至 (mm/yy) (月/年)

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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

--

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，我們亦可能還會向第三方（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及監管要求下，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 you 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/tc/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）。

I/ 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		