

Hospital Claim Form

住院理賠申請書

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	
Name of Financial Consultant 理財顧問姓名		Financial Consultant Contact No. 理財顧問聯絡電話號碼	
Financial Consultant Code 理財顧問編號		Division Code & Branch Office 分區編號及分行地點	

Important Notes 重要提示：

- Please complete in BLOCK LETTERS. 請以正楷填寫。
- Please submit claim application within **90 days** from hospital discharge or surgical procedure. 理賠申請需於出院或手術後**90天**內遞交。
- Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
- Any changes or amendments in this form must be countersigned by the Claimant in full signature. 索償人必須在此表格內任何更改或修改的地方簽署作實。
- Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirement. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
- Receipt of this form by your Financial Consultants or your Broker does not constitute receipt by Prudential. 閣下的理財顧問或經紀收到此表格並不代表保誠亦已收到。
- If necessary, please complete and submit the "Request for Certified True Copy of Medical Receipt(s)" form to request for return of the certified true copy ("CTC") of the medical receipt(s) which are submitted together with this form. 如需要退回隨附之醫療費用收據之核實副本，請填妥及交回「醫療費用收據核實副本申請書」。**

Part I – Claimant's Certificate (to be completed by Life Assured / Policyowner / Claimant) 第一部分 — 索償人報告 (由受保人/保單持有人/索償人填寫)

A. Claim Details 理賠資料			
Benefit(s) to claims 理賠類別	<input type="checkbox"/> Medical Expenses Benefit 醫療費用保障 <input type="checkbox"/> Income Benefit 入息保障 <input type="checkbox"/> Crisis Illness - Medical Expenses Benefit 危疾 - 醫療費用保障	Type of Claims 理賠種類	<input type="checkbox"/> New Claim 首次理賠 <input type="checkbox"/> Further Claim 再度理賠 <input type="checkbox"/> Pending Claim 待決理賠
Did / Will you apply for compensation from another insurer(s) / organization(s) for the same event? 閣下有否就此事曾/將會向其他保險公司/機構申請理賠?		<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please provide below information 有，請提供下列所需的資料
Insurance Company / Organization 保險公司 / 機構	Policy Number 保單號碼	Benefit(s) to claim 理賠類別	Result / Status 結果 / 狀況

B. Life Assured Details 受保人資料	
Identity Document Number 身份證明文件號碼	
Residential Address 居住地址	
Name of Employer 僱主(公司)名稱	
Address of Employer 僱主(公司)地址	
Present Occupation 現職	



C. If Hospitalization / Day Surgery was caused by ILLNESS, please state: 如因疾病導致住院 / 日間手術，請詳述如下：

Sign and symptoms 徵狀			
For this episode, since when have these symptoms first appeared? 就是次病況而言，何時出現首次徵狀？		_____/_____/_____ Day日 / Month月 / Year年	
Other than this episode, have you had any similar / related past history? 除了此次病況，閣下以往有否類似或相關的病歷？			
		<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide below information 有，請提供下列所需資料	
Consultation Date (Day/Month/Year) 就診日期 (日/月/年)	Name of Physician / Hospital 醫生/醫院名稱	Diagnosis 診斷結果	Patient No. 病人編號
Please provide details of usual Physician(s) / Hospital(s). Please provide the information in reverse chronological order. 請提供慣常求診之醫生或醫院資料。請由最近期起按時序填寫醫生/醫院資料。			
Since (Month/Year) 自從 (月/年)	Name of Physician / Hospital 醫生/醫院名稱	Contact Phone No. 聯絡電話	Patient No. 病人編號

D. If Hospitalization / Day Surgery was caused by ACCIDENT, please state: 如因意外導致住院 / 日間手術，請詳述如下：

Date of Accident 意外發生之日期	_____/_____/_____ Day日 / Month月 / Year年	Location of Accident 意外發生之地點	
Details of Accident (Please describe activities engaged if applicable) 意外詳情 (如適用，請形容當時進行之活動)			
Describe part(s) of body injured and extent of injury 請說明受傷部位及傷勢			
Did you report to the police? 您有否報警？	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide information on the right 有，請提供右面所需的資料	Police Station 警署地點	
		Case Ref. Number 檔案編號	
Remarks: Please attach a photocopy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report. 註：請附上警察報告/交通意外報告/口供紙/酒精測試報告影印本。			

E. Consultation and Hospitalization / Day Surgery Details 診治及住院住院 / 日間手術詳情

Information of the Physician first consulted for this illness 首次就診之醫生資料			
Date of Consultation (Day/Month/Year) 就診日期 (日/月/年)	Name of Physician 醫生名稱	Contact Phone No. 聯絡電話	Patient No. 病人編號
Information of the Physician who referred to hospital 轉介醫生之資料			
Referral Date (Day/Month/Year) 轉介日期 (日/月/年)	Name of Referral Physician 轉介醫生名稱	Contact Phone No. 聯絡電話	Hospital No. / Patient No. 住院編號 / 病人編號
Details of confinement / consultation 住院/就診詳情			
From 由	_____/_____/_____ Day日 / Month月 / Year年	To 至	_____/_____/_____ Day日 / Month月 / Year年
		Name of Hospital 醫院名稱	
		Name of Physician 醫生名稱	



F. Settlement Option 理賠支付方式												
<p>Claims payout will be made by FPS by 10 minutes at the earliest once claims approved. To receive Claims payout via FPS, please contact your Financial Consultant for claims submission. 理賠金額可於理賠申請成功批核後經「轉數快」最快10分鐘內支付。如欲經「轉數快」收取理賠金額，請聯絡閣下保單之理財顧問辦理理賠申請。</p>												
By Direct Credit 直接轉賬存款	<input type="checkbox"/> to Premium Deposit Account of the policies being claimed 至理賠保單的保費儲蓄戶口 (Only applicable to inforce policy with premium payment 只適用於生效並需繳付保費之保單)											
	<input type="checkbox"/> to last claim payout account 至上一次理賠的轉賬戶口											
	<input type="checkbox"/> to a HKD bank account opened in Hong Kong held by the Policyowner 至保單持有人於香港開立的港元戶口 (Please provide account proof (i.e. copy of bank statement or bankbook bearing the name of account holder and account number) 請提供賬戶證明 (即是印有賬戶持有人姓名及銀行賬號之銀行月結單或銀行存摺副本))											
	Bank No. 銀行編號	Branch No. 分行編號			Account No. 銀行賬戶號碼							
By Cheque 支票	<input type="checkbox"/> Deliver through Financial Consultant 由理財顧問轉遞											
	<input type="checkbox"/> By Ordinary 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記錄上的通訊地址											
Remark 註： 1. Please select only one of the settlement options for each claim submission. If unspecified or without clear instruction, claims cheque in HKD will be delivered via Financial Consultant. 請就每宗理賠申請選擇一種理賠支付方式。如未有註明或清晰指示，理賠之港元支票將交由理財顧問轉遞。 2. Policy currency will be paid for direct credit to Premium Deposit Account. All other settlements will be made in HKD and the HKD equivalent is based on the currency exchange rate determined by Prudential on the basis of the Company's internal exchange rate. 經直接轉賬至保費儲蓄戶口的理賠金額將以保單貨幣支付。所有其他理賠方法則將以港元支付，而其港元等值將會以保誠公司內部釐定之匯率折算。 3. Claims payout will be made by cheque and delivered via Financial Consultant in case of failure to direct credit to designated bank account or to Premium Deposit Account. 如理賠金額未能成功轉至指定之銀行戶口或保費儲蓄戶口，相關理賠金額將以支票形式支付及交由理財顧問轉遞。 4. If the bank account provided in this form for claim settlement is non-HKD bank account (e.g. USD account of integrated bank account), the insurance benefit in Hong Kong dollar will be paid to your designated bank account which may then be converted by your bank from Hong Kong dollar to the currency of your bank account based on the exchange rate as determined by the bank. Prudential takes no responsibility for the exchange rate imposed by your bank. 如在本表格指定作理賠金額直接轉賬存款之戶口為非港元戶口(如綜合戶口內的美元戶口)，以港元支付之保險理賠金額將入賬於閣下指定之戶口，貴銀行可能隨即根據其釐定之匯率折算為戶口之貨幣。保誠不會就貴銀行釐定的匯率折算負上任何責任。 5. Prudential reserves the right for final decision of the claims settlement option. 保誠對理賠支付方式擁有最終的決定權。												

G. Documents Submission Checklist 所需文件檢核表 (Original documents will NOT be returned 正本恕不退還)		
Document Type 文件類別	Medical Expenses Benefit 醫療費用保障	Income Benefit 入息保障
Claim Form Part I and Part II 理賠申請書第一及第二部分	◆	◆
Copy of Discharge Summary / Discharge Slip 出院總結/出院紙副本	◆	◆
Copy of Laboratory Report / X-Ray Report / CT scan Report / MRI Report / Pathological Report 各項報告之副本, 如化驗報告/X-光報告/電腦掃描報告/磁力共振報告/病理檢驗報告	◆	◆
Copy of Identification Document of Life Assured & Policyowner 受保人及保單持有人之身份證明文件副本	◆	◆
Copy of Admission Note, Discharge Summary, Discharge Certificate, Daily Medical Record & Temperature Sheet of hospital in Mainland China 中國內地醫院之入院紀錄、出院小結、病案首頁、每日醫囑單及體溫表副本	◆	◆
Medical Receipt(s) and Statement(s) of Charges 醫療收據及收費單(費用明細表)	◆ (Original 正本)	◆ (Copy 副本)
Copy of Sick Leave Certificate with clear diagnosis 列明診斷證明之病假證明書副本	#	#
Copy of Referral Letter by Registered Physician / Hospital 註冊醫生/醫院轉介信副本	#	#
Copy of Settlement Advice from another insurance provider, if any 其他保險機構之理賠通知書副本(如有)	#	#
Copy of account proof 賬戶證明副本	◆ (For direct credit to Hong Kong HKD a/c only 如選擇直接轉賬至香港港元戶口)	◆ (For direct credit to Hong Kong HKD a/c only 如選擇直接轉賬至香港港元戶口)

◆ Required Documents 基本文件 # Additional Documents 附加文件



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

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 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.

China Personal Information Protection Law (PIPL)

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/>

1. Purpose of Collection

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.

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 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 other 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.

3. Use and Transfer of Personal Data for Direct Marketing Purposes

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.

4. 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.

5. 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 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.



H. Personal Information Collection Statement (Con't) 收集個人資料聲明 (續)

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及轉移。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。

《中華人民共和國個人信息保護法》

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. 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) 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 (不論是否有閣下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. 使用及轉移個人資料作直接促銷用途

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. 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。

5. 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, 以使他能夠經營我們業務, 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 (和其他持份者)、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, 以使他能夠經營我們業務、保險中介、退休金受託人 (和其他持份者)、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Are you currently a customer in mainland China? 您現在是否是中國內地客戶?

Yes 是

(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application. 如「是」, 請勾選以下選項以同意下列聲明。如您不同意以下聲明, 我們可能無法處理您的指示 / 申請。)

By ticking this box, you agree that as an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China. Please refer to our Privacy Notice (<https://www.prudential.com.hk/en/china-personal-information-protection-law/>) for more information.

勾選此項, 表示您同意, 我們作為國際集團公司, 為提供保險相關產品或服務, 可能需要在中國內地境外存儲或處理您的個人信息。更多資訊, 請參閱我們的隱私聲明 (<https://www.prudential.com.hk/tc/china-personal-information-protection-law/>)。

No 否



H. Personal Information Collection Statement (Con't) 收集個人資料聲明 (續)

Opting-in to Marketing Communications and Materials 接受市場推廣通訊及資料

- I agree to the provision and use of my personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.
我同意本公司根據收集個人資料聲明第三部分，使用及轉移我的個人資料作直接促銷用途。

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。

I. 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.

On each policy anniversary, if no claim is made under the plan for the last 36 consecutive months ("Relevant Period"), we will offer a no claim discount or no claim bonus (as the case maybe). If this claim relates to any Relevant Period under the policy provisions becomes subsequently payable after a no claim discount or no claim bonus (as the case maybe) has been paid. I/we, the Life Assured / Policyowner / Claimant, authorize Prudential to off-set such relevant discount or bonus paid (if any) from the amount of claim payable.

[Applicable to designated products only] On each policy anniversary, if no claim is made under the plan during the required No Claim Bonus / No Claim Discount ("NCD" / "NCB") period (length of period depends on products), we will offer a NCD or NCB (as the case maybe). If this claim relates to any NCB / NCD period under the policy provisions becomes subsequently after a no claim discount or no claim bonus (as the case maybe) has been paid, I/we, the Life Assured / Policyowner / Claimant, authorize Prudential to off-set such relevant discount or bonus paid (if any) from the amount of claim payable.

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)，本授權書仍具有效力。本授權書之副本將被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，可就投保申請或任何有關索償申請替本人/吾等/尚未成年之受保人進行所需之醫療評估及測試，以審核本人/吾等/尚未成年之受保人之健康狀況。

在每個保單周年日，只要在該日前連續36個月("有關期間")，沒有就該保單作出索償，我們將提供無索償折扣或無索償獎賞(視情況而定)。假如在支付無索償折扣或無索償獎賞(視情況而定)後，此索償於該有關期間內發生並其後須根據保單條款作出賠償。本人/吾等，受保人/保單持有人/索償人，茲授權貴公司在支付索償的金額中，扣除已發出的無索償折扣或無索償獎賞(如有)。

[只適用於指定產品]在每個保單周年日，只要在有關無索償折扣/無索償獎賞期間(期間視乎產品而定)，沒有就該保單作出索償，我們將提供無索償折扣或無索償獎賞(視乎情況而定)。假如在無索償折扣或無索償獎賞(視乎情況而定)後，此索償於該有關期間內發生並其後須根據保單條款作出賠償，本人/吾等，受保人/保單持有人/索償人，茲授權貴公司在支付索償的金額中，扣除已發出的無索償折扣或無索償獎賞(如有)。

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。

_____/_____/_____ Day日 / Month月 / Year年	_____ Signature of Policyowner / Claimant 保單持有人/索償人簽名	_____ Name of Policyowner / Claimant 保單持有人/索償人姓名
		_____ Identity Document Number of Policyowner / Claimant 保單持有人/索償人身份證明文件號碼
_____/_____/_____ Day日 / Month月 / Year年	_____ Signature of Life Assured 受保人簽名	_____ Name of Life Assured 受保人姓名
		_____ Identity Document Number of Life Assured 受保人身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。



Part II – Medical Certification (to be completed by the Attending Physician, duly qualified and registered, at the claimant's expense)
第二部分 — 醫療報告 (由索償人自費聘請主診註冊西醫填寫)
Patient Details 病人資料

1. Name of Patient 病人姓名		2. Identity Document Number 身份證明文件號碼	
3. Age 年齡		4. Sex 性別	
5. Present smoking / drinking status 現在的吸煙/飲酒習慣	<input type="checkbox"/> Never 從無 <input type="checkbox"/> Not quitted 未停止 <input type="checkbox"/> Quitted, since 已於右述日期起停止 _____ / _____ / _____ Day日 Month月 Year年		
6. Are you the patient's usual physician? 你是否病人慣常求診 之醫生?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, medical records traceable to 是, 醫療紀錄可追溯至 _____ / _____ / _____ Day日 Month月 Year年		

Hospitalization Details 住院詳情

7. Date of Admission 入院日期	_____ / _____ / _____ Day日 Month月 Year年	8. Date of Discharge 出院日期	_____ / _____ / _____ Day日 Month月 Year年
9. Name of Hospital 醫院名稱			
10. Had the patient confined in Intensive Care Unit? 病人有否入住深切治療 部?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide information on the right 有, 請提供右方 所需資料 From 由 To 至 _____ / _____ / _____ _____ / _____ / _____ Day日 Month月 Year年 Day日 Month月 Year年		
11. Any home leave taken by the patient during the said hospitalization period? 病人在上述住院期間 有否請假離院?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide information on the right 有, 請提供右方 所需資料	Date and Time 日期及 時間	From 由 To 至 _____ / _____ / _____ _____ / _____ / _____ Day日 Month月 Year年 Day日 Month月 Year年 <input type="checkbox"/> AM 上午/ <input type="checkbox"/> AM 上午/ <input type="checkbox"/> PM 下午 _____ : _____ <input type="checkbox"/> PM 下午 _____ : _____ Time 時間 Time 時間
		Reason 原因	

Consultation Details 診治資料

12. Date on which the patient FIRST consulted you for this illness or injury 有關是次病症或受傷, 病人 首次 向閣下求診的 日期	_____ / _____ / _____ Day日 Month月 Year年	
13. Sign and symptoms complained of at the FIRST consultation 首次 求診時出現的徵狀		
14. Cause of Consultation 求診原因	<input type="checkbox"/> Accident 意外 Date of accident 意外日期 _____ / _____ / _____ Day日 Month月 Year年 Time of Accident 意外時間 <input type="checkbox"/> AM 上午 / _____ : _____ <input type="checkbox"/> PM 下午 _____ : _____ Time 時間	<input type="checkbox"/> Illness 病症 How long had the patient been experiencing these sign and symptoms BEFORE the first consultation? 首次求診前其徵狀已存在多久? _____ Day(s)日 _____ Month(s)月 _____ Year(s)年 Or since 或 自 _____ / _____ / _____ Day日 Month月 Year年



Consultation Details (Continued) 診治資料 (續)			
15. For this episode, had the patient previously seen other physician(s) for these symptoms? 就此次病症而言，病人之前有否就有關之病況向其他醫生求診？	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide information on the right 有，請提供右方所需資料	Name of Physician 醫生名稱	
		Address of Physician 醫生地址	
		Date 日期	
_____ / _____ / _____ Day日 Month月 Year年			
16. Please state the recommended diagnostic tests and the reason for the tests during this hospitalization. 請註明是次住院所建議的診斷性檢查之名稱及原因			
17. Can this type of treatment / test be managed on daycare or out-patient basis? 此次病症之治療/檢查是否可於日間中心或門診內進行？	<input type="checkbox"/> No, please provide information on the right 否，請提供右方所需資料 <input type="checkbox"/> Yes 是	Please provide reason(s) for this hospitalization. 請提供是次住院的原因	
Final Diagnosis Details 最後診斷之資料			
18. Final Diagnosis 最後診斷		19. ICD 9 Code 國際疾病分類編碼 (ICD-9)	
a)			
b)			
c)			
20. What is / are the underlying cause(s) for final diagnosis? 引起上述最後診斷的病因			
21. Was surgery performed? 有否進行手術？	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide information on the right 有，請提供右方所需資料	Surgery Date 手術日期	
		_____ / _____ / _____ Day日 Month月 Year年	
		Surgery Name 手術名稱	
		Surgeon Name 外科醫生名稱	
22. Summary of medical treatment given and tests performed with results. 總結有關治療及檢驗結果			
Remarks: Please attach copies of histopathology / endoscopic / diagnostic / laboratory test report / operation summary, etc.. 註：請連同病理檢驗/內窺鏡/診斷性化驗/檢驗報告/手術撮要等副本一併交回。			
23. To the best of your knowledge, was the patient's injury / illness directly or indirectly due to or aggravated by the following: 根據閣下所知，病人是否因以下之原因，直接或間接引致或加劇有關之受傷/病症：			
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please tick where it is appropriate and give details 是，請在適當的位置劃上剔號及提供詳情			
<input type="checkbox"/> Alcohol / narcotics / drug abuse 飲用酒精飲料/毒品/濫用藥物	<input type="checkbox"/> Hazardous sport / activity 參與危險性運動/活動	<input type="checkbox"/> Cosmetic or plastic surgery 美容或整形手術	
<input type="checkbox"/> Self-inflicted injury 自我傷害	<input type="checkbox"/> Infertility / sterilization / termination of pregnancy 不育/絕育/終止妊娠	<input type="checkbox"/> Congenital / inherited condition 先天/遺傳性情況	
<input type="checkbox"/> Childbirth / pregnancy _____ weeks 分娩/妊娠 _____ 周	<input type="checkbox"/> AIDS/AIDS related complex disease 後天免疫力缺乏症/與後天免疫力缺乏症相關的綜合症	<input type="checkbox"/> Corrective aids or treatment of refractive errors 視力矯正	
<input type="checkbox"/> Mental disorders 精神紊亂	<input type="checkbox"/> Body check / vaccination & immunization injections 一般身體檢查/防疫注射	<input type="checkbox"/> Rehabilitation / convalescence 康復/療養	
<input type="checkbox"/> Others, please specify details: 如有其他，請說明詳情：			



Final Diagnosis Details (Continued) 最後診斷之資料 (續)			
24. Did you refer the patient to another physician or hospital? 你有否轉介病人予其他醫生或醫院?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide information on the right 有，請提供右方所需資料	Name of the physician / hospital 醫生/醫院名稱	
		Address of the physician / hospital 醫生/醫院地址	
		Details for the referral reason 詳述轉介原因	
25. The prognosis of the condition 預計痊癒後的情況	<input type="checkbox"/> Good 良好 <input type="checkbox"/> Fair 一般 <input type="checkbox"/> Poor 甚差	26. Any possibility of having a relapse? 有否復發的可能?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有

Medical History Details 病史詳情

27. Other than this episode, has the patient ever been treated for the same / related conditions ? 除了此次病症，病人曾否患有 同類/相關 病況而接受治療?		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide below information 有，請提供下列所需資料	
Consultation Date (Day/Month/Year) 就診日期 (日/月/年)	Name of Physician / Hospital 醫生/醫院名稱	Diagnosis 診斷	Details of Treatment(s) / Hospitalization 診治/住院詳情
28. a) Did the patient have the following PAST medical history / habit? 病人 過往 有否以下之病史/習慣?			
<input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please tick where it is appropriate and give below details 是，請在適當的位置劃上剔號及提供以下詳情			
<input type="checkbox"/> Asthma 哮喘 <input type="checkbox"/> Hepatitis B 乙型肝炎 <input type="checkbox"/> Previous operation 曾接受手術 <input type="checkbox"/> Smoking 吸煙習慣			
<input type="checkbox"/> Cardiac problem 心臟病 <input type="checkbox"/> Hypertension 高血壓 <input type="checkbox"/> Drug addiction 濫用藥物 <input type="checkbox"/> Family history of cancer 家族性癌症			
<input type="checkbox"/> Diabetes mellitus 糖尿病 <input type="checkbox"/> Unfavorable family history 家族病史 <input type="checkbox"/> Drinking habit 飲酒習慣 <input type="checkbox"/> Others, please specify details: 其他，請說明詳情：			
b) Please give the name and address of the physician / hospital by whom was the above PAST medical history FIRST detected 請詳述首次診斷出上述 過往 病史之醫生/醫院名稱及地址			
c) Please provide FIRST diagnosis date and treatment details of the above PAST medical history. 請提供上述 過往 病史之首次診斷日期及治療詳情。			
d) Current prognosis of the above past medical history 上述病史癒後的情況		<input type="checkbox"/> Fully Recovered 完全康復 <input type="checkbox"/> On treatment 治療中	

Physician Details 醫生資料

Name of Attending Physician 主診醫生姓名		Qualification 資歷	
Hospital Name (if applicable) 醫院名稱 (如適用)		Telephone No. 聯絡電話	
Address 地址			
Signature & Hospital / Physician's Chop 醫院 / 醫生簽署及蓋印		Date 日期	_____/_____/_____ Day日 / Month月 / Year年

