

Family Premium Waiver for Cancer Claim Form (Applicable for PRUhealth medical plus only)



「家庭保費豁免— 癌症」理賠申請書 (只適用於「醫療加倍保」保險計劃)

Policy Number 保單號碼 [Main policy 主要保單]		Name of Policyowner 保單持有人姓名	
Email Address of Policyowner 保單持有人之電郵地址 For claim status follow up and communication use 用作跟進理賠進度及聯絡		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	

Information of eligible PRUhealth medical plus policy for applying Family Premium Waiver for Cancer 申請「家庭保費豁免— 癌症」之合資格的醫療加倍保單資料				
#	Policy number of the specified family member's Relevant Plan 指定親屬相關計劃的保單號碼	Policyowner of the specified family member's Relevant Plan 指定親屬相關計劃的保單持有人	Life Assured of the specified family member's Relevant Plan 指定親屬相關計劃的受保人	Relationship between Life Assureds of the specified family member's Relevant Plan and [main policy] 指定親屬相關計劃的受保人與[主要保單]的受保人之關係
1				
2				
3				
4				

Important Note 重要提示：

- The specified family members for this benefit include: 本保障之合資格親屬包括：
 - the immediate parents of the Life Assured 受保人的直繫父母
 - the spouse of the Life Assured 受保人的配偶
 - the children, including step children and legally adopted children of the Life Assured, who are on the date of diagnosis 受保人的子女，包括繼子女及合法領養的子女，惟有關於子女於受保人確診當日
 - under the age of 18; or 未年滿18歲；或
 - aged 18 or more but under the age of 25 and receiving full time education 年滿18歲，但未年滿25歲並正接受全日制教育
 - the siblings of the Life Assured, provided that the both the siblings and the Life Assured are, on the date of diagnosis 受保人的兄弟姐妹，惟受保人及其兄弟姐妹必須於受保人確診當日
 - under the age of 18; or 未年滿18歲；或
 - aged 18 or more but under the age of 25 and receiving full time education 年滿18歲，但未年滿25歲並正接受全日制教育
- The application of the family premium waiver for the specified family member(s) shall be made **together** with the application for the [main policy], otherwise it will not be accepted 指定親屬的家庭保費豁免申請必須與[主要保單]的家庭保費豁免申請**同時遞交**，否則不會受理。
- Please submit relationship proof between insured person and eligible family member(s). 請提供受保人與合資格親屬之關係證明。
- If Life Assured has more than 4 specific family members, please submit another form. 如受保人有多於4名指定親屬，請遞交另一張表格。
- This benefit is payable once per lifetime of the Life Assured 本保障在受保人終身只限支付一次。
- Please complete in BLOCK LETTERS. 請以正楷填寫。
- 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。



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)			
Please state details of the cancer: 請詳述該癌症資料:			
a) Sign and symptoms 徵狀			
b) 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		
c) 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
d) 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

Documents Submission Checklist 所需文件檢核表	
Document Type 文件類別	Medical Expenses Benefit 醫療費用保障
Claim Form Part I and Part II 理賠申請書第一及第二部分	◆
Copy of Identification Document of Life Assured/Policyowner/eligible Family Member(s) 受保人/保單持有人/合資格親屬之身份證明文件副本	◆
Relationship proof between Life Assured & eligible Family member(s) (e.g. Birth certificate, marriage certificate) 合資格親屬與受保人之關係證明副本 (例如: 出生證明文件、結婚證明書)	◆
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	◆
Proof of full time education for eligible Family member(s) 合資格親屬正接受全日制教育的證明	#

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



Personal Information Collection Statement 收集個人資料聲明

Prudential Hong Kong Limited (Macau Branch) (referred to as “**Company**”, “**our**”, “**we**”, or “**us**”) takes 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 (“**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 Macau) 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_mac@prudential.com.hk or visit: 12 Andar A, FIT Center of Macau, Avenida Doutor Mario Soares, Macau

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 Protection Act (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_mac@prudential.com.hk or visit: 12 Andar A, FIT Center of Macau, Avenida Doutor Mario Soares, Macau

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.



保誠保險有限公司 (澳門分行) (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, 遵守法定或合約要求 (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指定或有權獲得任何利益的人)、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料, 即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方, 如其他保險公司、代理、信貸資料服務/報告機構、供應商、金融機構、防欺詐機構、政府機構、公務人員、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 (不論是否有關就本申請發出的保單) 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對; (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 (「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 (在澳門境內或境外) 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對現有資料與及後提供的資料而使用的數據庫或登記冊 (及其營運商); (f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商 (包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT 服務及平台供應商、保險中介、投資經理、代理、退休金受託人 (及其他持份者)、計劃顧問、介紹人及選定的第三方金融和保險產品供應商); (g) 行業協會及聯會; (h) 醫療賬單審查公司; (i) 閣下的聯名保單或投資持有人; (j) 研究人員; (k) 信貸資料服務機構; (l) 收賬代理; (m) 夥伴金融機構及合作夥伴; 及 (n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/或管理的與另一公司的交易時, 或在必須符合適用的法律或監管要求下, 我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意, 我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊 (如下文所述)。

3. 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, 以使他們能夠向閣下推銷任何促銷標的類別, 並且需要閣下的書面同意才能這樣做。我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意, 及/或閣下想選擇不接受直接市場推廣, 可以與我們的資料保護主任聯絡 (service_mac@prudential.com.hk) 或者前往: 澳門蘇亞利斯博士大馬路澳門財富中心 12 樓 A 座

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《個人資料保護法》(「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_mac@prudential.com.hk 或者前往: 澳門蘇亞利斯博士大馬路澳門財富中心 12 樓 A 座

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聲明中。

我們會不時更新我們的私隱聲明, 並建議閣下瀏覽本公司網站以了解該私隱聲明。該私隱聲明可在本公司網站 (<https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html>) 上查閱。閣下填妥並繼續提交本表格, 即表示閣下確認已閱讀並理解本收集個人資料聲明。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們, 以使我們能夠經營我們業務, 會計師、審計師、IT 服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人 (和其他持份者)、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, 以使我們能夠經營我們業務、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



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。

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, consent 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 other related information including but not limited to sensitive data 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 (Macau Branch) ("the Company") for the purpose of assessing and processing the proposal for assurance and claims and providing subsequent services. To avoid any uncertainty, this **consent** shall be 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 **consent** 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、紀錄或其他有關資料(包括但不限於敏感資料)披露予保誠保險有限公司(澳門分行)("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 / 吾等之健康情況。

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, 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



Declaration & Authorization (Continued) 聲明及授權 (續)

I/ We, the policyowner of the Specified Family Member(s), declare that the above information is true and complete to the best of my / our knowledge and belief.
I/ We, the policyowner of the Specified Family Member(s), hereby confirm my / our understanding of and agreement to the above Personal Information Collection Statement.

本人 / 吾等，指定親屬保單的保單持有人，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，指定親屬保單的保單持有人，在此確認本人 / 吾等明白並同意上述之收集個人資料聲明。

1)

_____/_____/_____
Day日 Month月 Year年

Signature of the policyowner of the specific family member's policy
指定親屬保單的保單持有人簽署

Name of the policyowner of the specific family member's policy
指定親屬保單的保單持有人姓名

Identity Document Number of the policyowner of the specific family member's policy
指定親屬保單的保單持有人身份證明文件號碼

2)

_____/_____/_____
Day日 Month月 Year年

Signature of the policyowner of the specific family member's policy
指定親屬保單的保單持有人簽署

Name of the policyowner of the specific family member's policy
指定親屬保單的保單持有人姓名

Identity Document Number of the policyowner of the specific family member's policy
指定親屬保單的保單持有人身份證明文件號碼

3)

_____/_____/_____
Day日 Month月 Year年

Signature of the policyowner of the specific family member's policy
指定親屬保單的保單持有人簽署

Name of the policyowner of the specific family member's policy
指定親屬保單的保單持有人姓名

Identity Document Number of the policyowner of the specific family member's policy
指定親屬保單的保單持有人身份證明文件號碼

4)

_____/_____/_____
Day日 Month月 Year年

Signature of the policyowner of the specific family member's policy
指定親屬保單的保單持有人簽署

Name of the policyowner of the specific family member's policy
指定親屬保單的保單持有人姓名

Identity Document Number of the policyowner of the specific family member's policy
指定親屬保單的保單持有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。



Policy Number 保單號碼：

CDIWPM0107

Patient Details (Continued) 病人資料 (續)		
12. (a) What is the staging of the Tumor? 腫瘤被界別為第幾級別?		
(b) Was the tumour a carcinoma-in-situ tumour? 腫瘤是否原位癌嗎?		
<input type="checkbox"/> Yes, please provide details: 是，請詳述： <input type="checkbox"/> No 沒有		
(c) Was there invasion of adjacent tissues? 腫瘤有否擴散並浸潤到其他鄰近的細胞?		
<input type="checkbox"/> Yes, the invaded adjacent tissue is: 有，組織包括： <input type="checkbox"/> No 沒有		
(d) Was there distant metastasis to other organ(s)? 腫瘤有否轉移到其它身體器官?		
<input type="checkbox"/> Yes, please provide details: 有，請詳述： <input type="checkbox"/> No 沒有		
(e) What tests were performed to confirm the diagnosis? (Please enclose copies of all laboratory reports and relevant medical reports that are available) 有什麼檢驗結果讓閣下能確定此診斷? (請提供有關檢驗報告及醫療報告副本)		
Test Date (DD/MM/YY) 檢驗日期(日/月/年)	Test Item 檢驗項目	Result / Histopathological Diagnosis 結果 / 病理組織診斷
13. If the diagnosis is leukaemia, please advise what type of leukaemia the patient has? 如診斷為白血病，請提供確實的白血病之類別?		
14. Details of current treatment 現時接受的治療及詳情		
15. Current Prognosis 現時進展及其狀況		
16. Other additional information for the current diagnosis 其他有關此診斷結果之額外資料		

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	

