



用心聆聽 實現您心



Listening. Understanding. Delivering.



保誠精選「康療寶」
醫療

PRUChoice HealthCare
MEDICAL



人人都希望擁有健康的體魄。傳統的醫療保險固然能夠助您應付緊急的醫療開支需要。但隨著醫療費用與日俱增，倘若不幸罹患危疾或遭遇意外而入院，實際的醫療開支可能往往超出預算，甚至超越一般醫療保險的保障範疇。保誠財險有限公司用心聆聽您的需要，推出**保誠精選「康療寶」**醫療保障計劃，為您及您的家人提供靈活的額外醫療保障，保障項目包括：「住院現金保障計劃」及「危疾保障計劃」。

(2022年4月1日或之後適用)

計劃特點

1 每日住院現金保障

保誠精選「康療寶」為您提供每日住院現金保障計劃。您可隨意運用所得現金，靈活地應付自己的財政需要。如您不幸需要進行手術或入住深切治療部時，期間您更可獲得雙倍的住院現金保障。

2 100%危疾現金保障

假如您身患危疾，龐大的醫療費用定必使您的負擔百上加斤。**保誠精選「康療寶」**為您提供百分百一筆過的現金賠償，以解您及您家人的經濟困局。

3 中醫治療及調理康復保障

利用中醫治療及調理身體已日漸普遍，在**保誠精選「康療寶」**的危疾現金保障下，我們會在您於患上危疾及接受手術治療或進行化療或電療後，為您提供中醫治療及調理康復保障，好使您在康復期間，揉合中醫治療，盡快調理好身體。

4 健康檢查保障

預防勝於治療，為鼓勵您有更健康的體魄，我們為您提供每兩年一次的健康檢查保障。

5 同時投保，可額外獲得九折優惠

現在您只要同時投保「住院現金保障計劃」及「危疾保障計劃」，保費均可獲九折優惠。

保費表

住院現金保障計劃

| 每日住院現金保障 年齡組別（首尾日數計算在內） | （以港幣\$計算） | | | | | |
|--------------------------------|------------|-----|--------------|-----|--------------|-------|
| | 計劃A：500/ 天 | | 計劃B：1,000/ 天 | | 計劃C：1,500/ 天 | |
| | 按年 | 按月 | 按年 | 按月 | 按年 | 按月 |
| 15天 - 9歲 | 1,008 | 90 | 2,016 | 180 | 3,024 | 270 |
| 10 - 19 | 622 | 56 | 1,245 | 111 | 1,867 | 167 |
| 20 - 29 | 521 | 46 | 1,042 | 93 | 1,562 | 139 |
| 30 - 39 | 652 | 58 | 1,304 | 116 | 1,955 | 174 |
| 40 - 49 | 1,058 | 94 | 2,117 | 189 | 3,175 | 283 |
| 50 - 59 | 1,518 | 135 | 3,036 | 271 | 4,554 | 406 |
| 60 - 64 | 3,147 | 281 | 6,293 | 561 | 9,440 | 842 |
| 65 - 69* | 3,147 | 281 | 6,293 | 561 | 9,440 | 842 |
| 70 - 75* | 5,180 | 462 | 10,361 | 924 | 15,541 | 1,386 |

危疾保障計劃 非吸煙者

| 投保等級 年齡組別 (首尾日數計算在內) | (以港幣\$計算) | | | | | |
|-----------------------------|-------------|-------|-------------|-------|---------------|-------|
| | 計劃A：250,000 | | 計劃B：500,000 | | 計劃C：1,000,000 | |
| | 按年 | 按月 | 按年 | 按月 | 按年 | 按月 |
| 15天 - 14歲 | 1,060 | 95 | 1,695 | 151 | 2,639 | 235 |
| 15 - 19 | 882 | 79 | 1,383 | 123 | 2,057 | 183 |
| 20 - 29 | 1,035 | 92 | 1,651 | 147 | 2,557 | 228 |
| 30 - 39 | 1,431 | 128 | 2,348 | 209 | 3,854 | 344 |
| 40 - 49 | 2,604 | 232 | 4,408 | 393 | 7,691 | 686 |
| 50 - 59 | 5,865 | 523 | 10,140 | 904 | 18,364 | 1,638 |
| 60 - 64 | 9,885 | 882 | 17,205 | 1,535 | 31,520 | 2,812 |
| 65 - 69* | 13,911 | 1,241 | 24,281 | 2,166 | 44,696 | 3,987 |
| 70 - 75* | 19,247 | 1,717 | 33,660 | 3,003 | 62,161 | 5,545 |

危疾保障計劃 吸煙者

| 年 齡 組 別 (首尾日數計算在內) | 投保等級 | (以港幣\$計算) | | | | | |
|--------------------|------|-------------|-------|-------------|-------|---------------|-------|
| | | 計劃A：250,000 | | 計劃B：500,000 | | 計劃C：1,000,000 | |
| | | 按年 | 按月 | 按年 | 按月 | 按年 | 按月 |
| 15天 - 14歲 | | 1,264 | 113 | 2,054 | 183 | 3,307 | 295 |
| 15 - 19 | | 997 | 89 | 1,585 | 141 | 2,433 | 217 |
| 20 - 29 | | 1,226 | 109 | 1,987 | 177 | 3,183 | 284 |
| 30 - 39 | | 1,821 | 162 | 3,032 | 270 | 5,129 | 458 |
| 40 - 49 | | 3,579 | 319 | 6,123 | 546 | 10,884 | 971 |
| 50 - 59 | | 8,471 | 756 | 14,720 | 1,313 | 26,893 | 2,399 |
| 60 - 64 | | 14,501 | 1,293 | 25,319 | 2,258 | 46,628 | 4,159 |
| 65 - 69* | | 20,540 | 1,832 | 35,933 | 3,205 | 66,392 | 5,922 |
| 70 - 75* | | 28,545 | 2,546 | 50,001 | 4,460 | 92,589 | 8,259 |

* 以上所顯示65歲或以上投保人之保費只供續保之用。

保費按每投保人計算

本公司將核保所有申請，及對非標準風險的申請徵收額外保費或/及附加除外責任條款。

保障一覽表



住院現金保障計劃

倘若您不幸因病或意外而入院治療，即可由入院第一天起獲得每日住院現金津貼，每次賠償期長達1,000日。此外，如您需進行手術或入住深切治療部病房，該段期間將可獲得雙倍現金津貼。

(以港幣\$計算)

| | 計劃 A | 計劃 B | 計劃 C |
|--|-------|-------|-------|
| 1. 每日住院現金保障 入院治療達1天或以上，將可獲得每日住院現金津貼，每次住院賠償期可長達1,000日，每日住院現金津貼為： | 500 | 1,000 | 1,500 |
| 2. 雙倍住院現金保障 在進行手術或入住深切治療部病房期間，您更可獲得雙倍現金津貼，每次住院賠償期可長達30日，每日雙倍住院現金津貼為： | 1,000 | 2,000 | 3,000 |

危疾保障計劃

危疾保障計劃為多達四十種的嚴重疾病提供保障。假如您不幸被診斷患有任何一種受保危疾，便可獲得一筆過的現金賠償，好讓您安心接受先進治療，渡過難關。

(以港幣\$計算)

| | 計劃 A | 計劃 B | 計劃 C |
|--|--------------------|--------------------|----------------------|
| 1. 危疾保障 | 250,000 | 500,000 | 1,000,000 |
| 2. 中醫治療及調理康復保障 當您患有任何一種受保危疾而接受手術治療或進行化療或電療後，我們將提供中醫康復保障，使您透過中醫治療，調理身體。 | 80,000 | | |
| 3. 健康檢查保障 為鼓勵您時刻保持更健康的生活，我們更會為您支付健康檢查的費用，兩年一次，每次最多為： | 8成費用 以500 為限 | 8成費用 以750 為限 | 8成費用 以1,000 為限 |

附註a：住院現金保障計劃

- 住院現金保障計劃將不會就首生效日起計30日等候期內因疾病而入院的情況作出賠償；及不會就首生效日起計120日等候期內因扁桃腺、腺水腫、疝氣，或女性生殖器官疾病而入院的情況作出賠償。
- 計劃保障地區包括香港、澳門、新加坡、馬來西亞、日本、台灣、英國、歐盟成員國、瑞士、海峽群島、馬恩島、美國、加拿大、澳洲、新西蘭及南非共和國。若您在保障地區以外入院，每日住院現金保障金額及雙住院現金保障金額將被減少至百分之五十，而每日住院現金保障亦以每次住院賠償期最多90日為限。
- 客戶獲得雙倍住院現金保障賠償時，便不能就同一時期提出每日住院現金保障之索償，惟根據雙倍住院現金保障獲賠償之日數，將被計算為每日住院現金保障之日數。
- 住院病人必需由註冊醫生轉介入院而住院時間達1天或以上，每日住院現金保障始獲賠償。

附註b：危疾保障計劃

- 任何在危疾保障計劃首生效日起計90日等候期內被診斷患有任何一種受保疾病將不獲保障。
- 受保人需於首次診斷及證實患上受保危疾後，仍能最少生存十四天。
- 健康檢查保障只包括於保單保障內進行的一般健康檢查，純為牙齒、視力、聽力及與生育有關的檢驗並不包括在內。所有健康檢查需由註冊醫生或合資格的專業技術人士簽署確認。
- 在危疾保障計劃中的健康檢查保障，只在保單等候期後始獲提供。

主要不保事項



- 因戰爭、入侵、內戰、開戰及恐怖主義活動等引致
- 任何已存在之情況，及任何在保單等候期間診斷之危疾或住院
- 因懷孕、流產、墮胎、分娩、節育及醫治不育之住院治療
- 因濫用藥物、酗酒、自傷身體或經性接觸傳染而引致之疾病及住院
- 因後天免疫力缺乏症(愛滋病)或與人類免疫力缺乏病毒(HIV)有關而引致之疾病及住院治療(如您已投保危疾保障計劃，此保障中的不受保障項目將不適用於因輸血而引致的愛滋病或因職業而感染的人類免疫力缺乏病毒。)
- 有關先天性或遺傳症狀或疾病之住院治療
- 所有純粹因斷症掃描，X光化驗或作物理治療程序之住院

(欲知詳情請參閱保單。)

Benefits at a Glance



Hospital Cash Protection Plan

If you are unfortunately hospitalized due to illness or accident, we will provide a daily hospital cash benefit for your immediate relief of hospitalization expenses and it shall be paid from the first day of hospital confinement. The benefit will be as long as 1,000 days per hospital confinement and it will be doubled during the days of surgery treatment or the period of admission to Intensive Care Unit (ICU).

(All figures in HK\$)

| | Plan A | Plan B | Plan C |
|--|--------|--------|--------|
| 1. Daily Cash Benefits It starts payable from hospitalization for 1 day onwards with a maximum of 1,000 days for each hospital confinement, each day up to: | 500 | 1,000 | 1,500 |
| 2. Double Cash Benefits We provide cash benefits during the days of surgery treatment or the period of admission to Intensive Care Unit (ICU) for a maximum of 30 days for each confinement, each day up to: | 1,000 | 2,000 | 3,000 |

Crisis Protection Plan

Crisis Protection Plan covers as many as 40 major critical illnesses. Once you are diagnosed of suffering from any one of these critical illnesses, immediate cash will be provided to relieve you from the financial burden in receiving advanced medical treatments.

(All figures in HK\$)

| | Plan A | Plan B | Plan C |
|---|-------------------------------|-------------------------------|---------------------------------|
| 1. Crisis Cover Benefits | 250,000 | 500,000 | 1,000,000 |
| 2. Rehabilitation Benefits with Chinese Medication and Supplement We provide a lump sum benefits for rehabilitation with Chinese medication and supplement if you are diagnosed with a critical illness and have undergone a surgical operation or received chemotherapy or radiotherapy. | 80,000 | | |
| 3. Health Check-up Benefits We cover the expenses of health check-up once every two years to encourage you to live healthily, up to : | 80% of the expenses up to 500 | 80% of the expenses up to 750 | 80% of the expenses up to 1,000 |

Note a : Hospital Cash Protection Plan

- Hospitalization for any illnesses shall not be covered during the waiting period of 30 days from the first effective date of the Hospital Cash Protection Plan. For illnesses pertaining to tonsils, adenoids, hernia, and for any illnesses peculiar to the female reproductive organs, the hospitalization shall not be covered too during the waiting period of 120 days from the effective date of the Hospital Cash Protection Plan.
- The benefit areas of this plan include Hong Kong, Macau, Singapore, Malaysia, Japan, Taiwan, United Kingdom, member countries of the European Union, Switzerland, Channel Islands, Isle of Man, United States of America, Canada, Australia, New Zealand and Republic of South Africa. For any hospitalization outside the benefit areas, the Daily Cash Benefits and the Double Cash Benefits will be reduced by 50%, the maximum days of entitlement under Daily Cash Benefits shall be restricted to 90 days.
- The Daily Cash Benefits shall not be payable for the period when the Double Cash Benefits is paid. Nevertheless, the days of entitlement for Double Cash Benefits shall be counted as the days of entitlement for Daily Cash Benefits.
- Daily Cash Benefits shall be payable to the Insured Person in respect for any hospitalization for a minimum period of 1 day upon the recommendation of a Registered Medical Practitioner.

Note b : Crisis Protection Plan

- Any illnesses diagnosed during the waiting period of 90 days from the first effective date of Crisis Protection Plan shall not be covered.
- The Insured Person must be alive for at least 14 days after being first diagnosed of a covered critical illness.
- Health check-up is referred to the general health examination taken place during the period of insurance (except as specified in (c)), excluding examination primarily for teeth, eyesight, hearing and fertilization. All health check-up should be signed and certified by registered doctors or professional technicians.
- The Health Check-Up Benefits shall only be provided upon expiry of waiting period under Crisis Protection Plan.

Major Exclusions



- Arising from war, invasion, civil war, hostilities and act of terrorism
- Pre-existing conditions, and any critical illness diagnosed or any hospitalization received during the waiting period
- Hospitalization for pregnancy, miscarriage, abortion, childbirth, birth control and treatment of infertility
- All illnesses including any relating hospitalization arising from abuse of drugs, alcohol, self-inflicted or sexually transmitted diseases
- All illnesses including any relating hospitalization arising from AIDS or HIV-related conditions. (If you have insured Crisis Protection Plan, this exclusion is not applicable to AIDS due to Blood Transfusion or Occupationally Acquired HIV under this protection.)
- Hospitalization relating to congenital or hereditary conditions
- Hospitalization primarily for diagnostic scanning, X-ray examinations or physical therapy only

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

List of Critical Illnesses Covered in Crisis Protection Plan 危疾保障計劃之受保危疾名單



Cancer 癌症

- Cancer 癌症

Illnesses related to the Heart 與心臟相關的疾病

- Cardiomyopathy 心肌病
- Coronary Artery Disease Requiring Surgery 需要進行外科手術的冠狀動脈病
- Heart Attack 心臟病發作
- Heart Valve and Structural Surgery 心瓣及結構性手術
- Primary Pulmonary Arterial Hypertension 原發性肺動脈高血壓
- Surgery to the Aorta 大動脈外科手術

Illnesses related to the Nervous System 與神經系統相關的疾病

- Alzheimer's Disease 阿耳滋海默氏症
- Bacterial Meningitis 細菌感染腦膜炎
- Benign Brain Tumour 良性腦腫瘤
- Brain Surgery 腦部外科手術
- Coma 昏迷
- Encephalitis 腦炎
- Major Head Trauma 嚴重頭部創傷
- Motor Neurone Disease 運動神經元病
- Multiple Sclerosis 多發性硬化症
- Muscular Dystrophy 肌營養不良
- Paralysis 癱瘓
- Parkinson's Disease 柏金遜病
- Poliomyelitis 脊髓灰質炎 (小兒麻痺症)
- Stroke 中風

Illnesses related to Major Organs and Functions 與主要器官及功能相關的疾病

- Blindness 失明
- Chronic Liver Disease 慢性肝病
- Deafness 失聰
- End Stage Lung Disease 末期肺病
- Fulminant Viral Hepatitis 暴發性病毒肝炎
- Kidney Failure 腎衰竭
- Loss of Independent Existence (before age 65) 失去獨立生活能力 (65歲前)
- Loss of Speech 喪失語言能力
- Major Burns 嚴重燒傷
- Major Organ Transplantation 主要器官移植
- Medullary Cystic Disease 腎髓質囊腫病
- Severance of Limbs 肢體切斷
- Total and Permanent Disability (before age 65) 完全及永久傷殘 (65歲前)

Other Major Illnesses

其他嚴重疾病

- AIDS due to Blood Transfusion 因輸血引致的愛滋病
- Aplastic Anaemia 障礙性貧血
- Elephantiasis 象皮病
- Occupationally Acquired HIV 因職業而感染的人類免疫力缺乏病毒
- Severe Rheumatoid Arthritis 嚴重類風濕關節炎
- Terminal Illness 末期疾病

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- **PRUChoice HealthCheck**
- **PRUChoice Home**
- **PRUChoice Home Décor**
- **PRUChoice Home Deluxe**
- **PRUChoice Home Landlord**
- **PRUChoice Hong Kong Study Care**
- **PRUChoice Maid**
- **PRUChoice Maid – Post-natal Carer Plan**
- **PRUChoice Motor**
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- **PRUChoice Relocation Care**
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- **PRUChoice Travel Working Holiday**
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(Building Management Xtra)
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- **PRUChoice Group Life**
- **Fire Insurance**

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- 保誠精選「中國安心寶」
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- 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 go to:

<https://www.prudential.com.hk/en/contact>

如有查詢，請瀏覽以下網址：

<https://www.prudential.com.hk/tc/contact>

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。

所有中文簡譯，如與英文有異，概以英文為準。



Application Form for
PRUChoice
HealthCare Medical Insurance
保誠精選「康療寶」
醫療保障計劃
申請表


Applicable on or after 1 April, 2022
2022年4月1日或之後適用

For further information, please go to:
<https://www.prudential.com.hk/en/contact>

如有查詢，請瀏覽以下網址：
<https://www.prudential.com.hk/tc/contact>

PRUChoice HealthCare Medical Insurance 保誠精選「康療寶」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)

| | | | | |
|---|--------------------|---|--------------------------------------|------------------------------------|
| | | Gender 性別 | <input type="checkbox"/> Female 女 | <input type="checkbox"/> Male 男 |
| Surname 姓 | | Given Name 名 | | |
| HKID or Passport No. 香港身份證或護照號碼 | | Date of Birth (dd/ mm/ yy) 出生日期 (日/ 月/ 年) | | |
| Occupation 職業 | | Nationality 國籍 | | |
| Marital Status 婚姻狀況 | | Country/ State Where You Reside for Most of the Year 申請人全年主要居住國家/ 城市 | | |
| Home Tel No. 住宅電話號碼 | | Mobile No. 流動電話號碼 (Policy number will be sent to you via SMS 保單號碼將會透過短訊傳送給您) | | |
| Email Address 電郵地址 <p>(Upon the issuance of the Policy, eDocument will be activated immediately, the hard copies of policy documents and renewal documents issued thereafter will no longer be mailed to you. Please register myPrudential – General Insurance account to access those aforesaid documents. Whenever a notification email is sent to your designated email address, you are deemed to have received the corresponding new eDocument. 保單發發後，電子文件便會立即啟用，日後發出之保單及續保文件將不會再郵寄列印本給您。您必須有myPrudential – 一般保險賬戶，去查閱上述的文件。每當提示電郵已經發送到您指定的電郵地址，您將被視為已收有關的最新電子文件。)</p> | | | | |
| <div>Scan QR code to view eDocument Guide 掃描二維碼參閱電子文件指南</div>  | | | | |
| 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 | | |
| Bank Account for Claim Reimbursement 作為賠償入賬之銀行戶口號碼 (The holder of the bank account must be the Applicant as declared above 戶口持有人必須為申請人本人)* | | | | |
| Name of bank 銀行名稱 | | | | |
| Bank No. 銀行編號 | Branch No. 分行編號 | | Account No. 戶口編號 | |
| * If a bank account is not provided, the claims payment will be settled by cheque. In case of a lost cheque, the Insured may need to pay the related administrative charges. 如未能提供銀行戶口，賠償將以支票支付。惟若支票遺失，保單持有人需支付有關行政費用。 | | | | |

Details of Persons to be covered 受保人詳情 (Please ✓ as appropriate 請在適當方格加上“✓”)



Spouse under the age of 65 and all unmarried children up to the age of 18 can be included in this application. If you have more than 2 children, please provide details on a separate sheet.
此申請可包括閣下年齡在65歲以下之配偶及所有未滿18歲之未婚子女。如閣下超過兩名子女，請另加紙填寫。

| Relationship with Applicant 與申請人關係 | Applicant 申請人 | Spouse 配偶 | Child (1) 子女 (1) | Child (2) 子女 (2) |
|--|------------------|--------------|---|---------------------|
| Surname 姓 | | | | |
| Given Name 名 | | | | |
| Gender 性別 | | | | |
| Date of Birth(dd/ mm/ yy) 出生日期 (日/ 月/ 年) | | | | |
| HKID or Passport or Birth Cert. No. 香港身份證或護照或出生證明書號碼 | | | | |
| Height (cm/ feet) 身高 (厘米/ 尺) | | | | |
| Weight (kg/ lb) 體重 (公斤/ 磅) | | | | |
| Occupation 職業 | | | | |
| Country/ State Where Insured Reside for Most of the Year 投保人全年主要居住國家及城市 | | | | |
| Hospital Cash Protection Plan 住院現金保障計劃 (Please ✓ as appropriate 請在適當方格加上“✓”) | | | | |
| Daily Cash Benefits (HK\$) 每日住院現金保障 (港幣\$) | 500 | | | |
| | 1,000 | | | |
| | 1,500 | | | |
| Crisis Protection Plan 危疾保障計劃 (Please ✓ as appropriate 請在適當方格加上“✓”) | | | | |
| Level of Cover (HK\$) 投保等級 (港幣\$) | 250,000 | | | |
| | 500,000 | | | |
| | 1,000,000 | | | |
| Premium 保費 (HK\$ 港幣\$) (Please refer to Table of Premium 請查閱保費表) | | | | |
| | | | Total Annual Premium (HK\$) 每年總保費 (港幣\$) | |

| Details of Usual/ Family Doctor 私人/ 家庭醫生詳情 | | | |
|--|--------------------------------------|---------------|--------------------------|
| Relationship with Applicant 與申請人關係 | Name of Clinic and Doctor 診所及醫生名稱 | Address 地址 | Telephone Number 電話號碼 |
| Applicant 申請人 | | | |
| Spouse 配偶 | | | |
| Child (1) 子女 (1) | | | |
| Child (2) 子女 (2) | | | |

| Period of Insurance 保險期 | |
|-----------------------------|---|
| Policy commences on 本保單由 | (dd/ mm/ yy) for one year. (日/ 月/ 年) 起生效，為期一年。 |

| Payment Method 付款方法 | |
|--|--|
| <input type="checkbox"/> Yearly by Credit Card 以信用卡年繳 | <input type="checkbox"/> Monthly by Credit Card 以信用卡月繳 |
| <input type="checkbox"/> Yearly by Cheque 以支票年繳 (Please attach a cheque* for first year premium and levy 請連同首年保費及徵費之支票*寄回) | |
| * Cheque payment must accompany this Application Form. Please make the cheque payable to "Prudential General Insurance Hong Kong Limited". 申請表須連同支票一併繳交。請註明支票抬頭人為「保誠財險有限公司」。 | |

| 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。 | |
| <input type="checkbox"/>  VISA Card VISA 卡 | <input type="checkbox"/>  Master Card 萬事達卡 |
| Credit Card Number 信用卡號碼 | <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> |
| Credit Card Expiry Date 信用卡有效日期至 | <div><div></div><div></div><div></div><div></div></div> (mm/yy) (月/年) |
| 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，包括因其後背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 | <div></div> |
| Cardholder's Signature 信用卡持有人簽名 | <div></div> |
| Date 日期 | <div></div> |

Medical Insurance Needs Analysis and Evaluation 醫療保險需求分析及評估

Reason for taking medical insurance (Please choose the most appropriate one)

申請醫療保險的理由（請選擇1個最合適選項）

- ☐ Getting insurance protection for future healthcare needs 為未來醫療保健需求尋找保險保障
- ☐ Increasing expenses for medical and healthcare services 應付不斷上升的醫療及保健費用
- ☐ Loss of income during hospital confinement 彌補因住院而損失的收入
- ☐ None of the above 以上皆不是 *

Types of medical protection you required

受保人所需要的醫療保障

- ☐ Crisis Protection & Hospital Cash coverage 危疾及住院現金保障
- ☐ Others 其他 *

Recommendation made by the Intermediary (Applicable to sales process through an Intermediary only)

中介人的建議（只適用於經中介人的銷售過程）

Based on your answers in above, the Intermediary concerned has explored the following insurance option to meet your objective(s) and needs(s).
根據 閣下於上述的選項，中介人曾提供並與 閣下討論下列保險產品，以迎合 閣下選購保險產品的目標及滿足 閣下的需要。

The recommended product is **PRUChoice HealthCare Medical Insurance**

被建議的產品為 **保誠精選「康療寶」醫療保障計劃**

Customer's declaration on the suitability mismatch of PRUChoice HealthCare Medical Insurance

客戶就**保誠精選「康療寶」醫療保障計劃**的合適性錯配作出聲明

Note: If customer has any suitability mismatch between **PRUChoice HealthCare Medical Insurance** and customer's need of medical insurance, please complete the following part.
註：如果客戶就**保誠精選「康療寶」醫療保障計劃**與客戶需求的保障存在不符合的情況時，請完成下列部份。

I understand that there is/are a deviation between my need(s) of medical insurance and **PRUChoice HealthCare Medical Insurance**, thus this product may not fully fulfil my protection need(s).

本人了解**保誠精選「康療寶」醫療保障計劃**與本人需求的保障有所偏差，因此本產品未能完全符合本人的保障需要。

However, I confirm to proceed due to the following reasons:

不過，由於以下原因，本人確認繼續申請：

- ☐ My financial budget considerations of insurance premium 本人在保費上的財務考慮
- ☐ I will consider the protection shortfall in future 本人會於將來考慮保障的不足
- ☐ The decision is based on trust in the Prudential brand 是次決定建基於對保誠品牌的信任
- ☐ None of the above 以上皆不是 *

* As the need of medical insurance cannot be evaluated, this application would not be accepted.

* 由於醫療保險需求並未能被評估，本申請將不會被接納。

Declaration 聲明

(Please ensure you have completed all details of all persons to be covered before signing this declaration 請先填妥所有受保人之資料後，才簽署此聲明。)

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，並在適當空格內填上「✓」號。如有塗改，請於方格旁簽署作實。

No 否 Yes 是

1. Has any person to be covered had any symptoms, illness or disorders of the following
本申請表內所包括之受保人曾否有下列病徵、疾病或問題：
a. The musculoskeletal system or skin, e.g. arthritis, rheumatism, gout, sciatica or any disorder of the bones or spine?
與肌肉及骨骼系統或皮膚有關的疾病，如：關節炎、風濕病、痛風、坐骨神經痛、其他骨骼或脊椎問題？
b. The nervous system, psychiatric or brain function disorder, or impairment of the eyes or ears, e.g. paralysis, anxiety states, blindness, deafness, giddiness or epilepsy?
與神經系統、精神或與腦有關的疾病，眼或耳有問題，如：癱瘓、精神緊張、失明、失聰、暈眩或癲？
c. The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, abnormal blood pressure, stroke or anaemia?
與循環系統、心臟或血液有關的疾病，如：心跳不正常、心雜音、胸部不適、血壓不正常、中風或貧血？
d. The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre?
與呼吸系統或內分泌系統有關的疾病，如：哮喘、支氣管炎、肺氣腫、糖尿病或甲狀腺腫脹？
e. The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder?
與消化系統或泌尿系統、乳房或生殖器官有關的疾病，如：潰瘍、肝炎（包括乙型肝炎帶菌者）、乳房炎、子宮頸炎、子宮內膜移位或其他胃、肝、腸、腎或膀胱有問題？
f. Enlarged glands, tumours, cysts, cancer, growth or other malignancy?
腺腫大、腫瘤、水囊、癌或其他惡性病變？

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2. Apart from the symptoms, illness or disorders mentioned in question 1, has any person to be covered had any other illness, injury, physical impairment/ deformity or condition requiring in-patient treatment, operation, or consultation with a doctor?
除於問題1提及之病徵、疾病或問題外，本申請表內所包括之受保人曾否因任何疾病、受傷、身體受損/ 畸形或其他情況，而需入院接受治療、手術、或向醫生求診？

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3. Has any person to be covered taken or been advised to have X-ray, ECG, blood tests, biopsies, ultrasound, mammogram or PAP smears, etc?
本申請表內所包括之受保人曾否接受或被建議接受X光、心電圖、抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢查等？

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4. Has any person to be covered had or been recommended for tests or counseling in connection with HIV, sexually transmitted disease, AIDS, AIDS related complex or any other AIDS related conditions?
本申請表內所包括之受保人曾否被建議接受與人體免疫力缺乏病毒、性病、愛滋病、愛滋衍生疾病及其他因愛滋病而引致之疾病的有關測試或忠告？

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5. Has any person to be covered taken or been advised to abstain from donating blood or received blood transfusion or blood products on account of haemophilia or any other reason?
本申請表內所包括之受保人曾否因血友病或其他原因，被禁止捐血、接受輸血或其它血類產品？

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6. Does any person to be covered have any foreseeable need for treatment or for consulting any doctor?
本申請表內所包括之受保人是否有可預見之治療或診視需要？

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7. Is any person to be covered currently under medical attention or receiving medical treatment or medication?
本申請表內所包括之受保人是否現正接受治療、或有就診需要、或服用藥物？

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8. Have the parents, brothers or sisters of any person to be covered had or died from stroke, heart disease, diabetes, kidney disease, multiple sclerosis and inherited disease before the ages of 60?
本申請表內所包括之受保人的父母或兄弟姊妹中，曾否於60歲前患有或死於中風、心臟病、糖尿病、腎病、多發性硬化、癌病、遺傳病病症？

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9. Has any person to be covered had the following habit? If so, please list out his/ her name.
本申請表內所包括之受保人是否有以下習慣？如「是」，請列出受保人之姓名。
a. Smoking 吸煙 (within the last 12 months 在過去的十二個月內)
Name 姓名：_____
If "Yes", please specify the amount consumed per day.
如「是」，請註明每日之用量 _____
b. Drink alcohol 飲酒
Name 姓名：_____
If "Yes", please specify the amount consumed per day.
如「是」，請註明每日之用量 _____
c. Use any habit-forming drugs or narcotics 服用任何成癮藥物或毒品
Name 姓名：_____
If "Yes", please specify the name and dose of the drug.
如「是」，請註明所服藥物的名稱及劑量 _____

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10. Has any person to be covered engaged in any hazardous pursuit (e.g. motor car, motor cycle racing or diving, etc)? If yes, please complete related questionnaires.
本申請表內所包括之受保人是否曾參加有危險性之活動（如賽車、電單車賽事或潛水等）？若「是」，請繼續填寫有關問卷。

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11. Has any person to be covered ever been insured against critical illnesses or with any Medical Insurance? If yes, please specify the name of Insurance Company and advise whether the person's application has been declined, deferred or accepted at special terms.
本申請表內所包括之受保人是否曾購買任何醫療保險，或就危疾購買保險？若「是」，請列明保險公司之名稱及該受保人之申請曾否不被接納或被延或附加特別條款。
Name of Insurance Company 保險公司名稱：_____

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If you reply "Yes" in any of the above questions (except question 9), please give name(s), date and full details in the spaces provided below. Please also provide the relevant medical report, if any. 如上述任何問題回答「是」（問題9除外），請在下方列出其姓名、日期及詳細情況。如有醫療報告，請連同此申請一併遞交。

☐ If you need more than one sheet, please tick this box. 如需另加紙填寫，請在此格填上「✓」號。

| Question No. 問題號碼 | Name/ Relationship with the Applicant 姓名/ 與申請人之關係 | Nature of Condition, Diagnosis and Related Treatment/ Name of Medication 情況、診斷及相關治療/ 藥物名稱 | Date of Onset/ Recovery 病發/ 痊癒日期 | Degree of Recovery 痊癒程度 | Name & Address of Doctor 醫生姓名及地址 | Name of Insurance Company/ Policy No./ Special Conditions 保險公司名稱/ 保單號碼/ 附加條款 |
|----------------------|--|--|-------------------------------------|----------------------------|-------------------------------------|---|
| | | | | | | |
| | | | | | | |

- The Intermediary has clearly explained to me / us regarding the relevant insurance concept, evaluation and recommendation made according to the information provided by me. (Applicable to sales process through an Intermediary only)
中介人已清楚向本人 / 吾等講解有關保險概念、及基於本人提供的資料而作出的評估及建議。（只適用於經中介人的銷售過程）

• I hereby apply to be the Insured with myself and/ or spouse and/ or children as the person to be insured under the PRUChoice HealthCare Insurance.
本人茲申請為保單持有人並為本人及/ 或配偶及/ 或子女申請為**保誠精選「康療寶」**醫療保障計劃之受保人。

• I acknowledge that benefits are not payable under the PRUChoice HealthCare Insurance for any costs of treatment arising from any existing illnesses, injuries or other conditions unless complete details are fully disclosed by me in this Application Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential").
本人知道，根據**保誠精選「康療寶」**醫療保障計劃之規定，凡因已存在之疾病、損傷或其他情況而引致之治療，除非本人在申請表內已詳細列出及獲得保誠財險有限公司（「保誠」）接納，否則一律不予賠償。

• The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential.
就本人/ 吾等知悉範圍內，此申請表上填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作為本人與保誠之間所訂合約的根據。

• I declare and agree that the insurance will not be in force until the application has been accepted by the Company and the premium has been paid.
本人聲明及同意，保障需在敝公司覆核、接納申請表及已收妥保費後才能生效。

• Prudential reserves the right to ask for submission of more details of health status or medical reports of me and other person(s) to be covered as listed above at my own cost.
保誠有權要求本人提供更多有關本人及上述其他受保人之健康狀況或醫療報告，一切費用將由本人支付。

• I authorize that any doctor, hospital, clinic, insurance company, organization or any person that has any medical history or record or knowledge of me/ the person(s) to be covered by PRUChoice HealthCare Insurance has attended or may hereafter attend to disclose such information to Prudential for the purpose of assessing and processing this application or claims or subsequent services. A photocopy of this authorization shall be valid as the original.
本人茲授權任何醫生、醫院、診所、保險公司、機構或任何人士，將已經或準備存錄的本人/ 其他受保人之病歷、紀錄或其他資料給予保誠，作為評估及辦理此**保誠精選「康療寶」**醫療保障計劃之申請、索償和售後服務之用。此授權書之影印本與正本均具同等效力。

Important Notes to Applicant 申請人須知

1. The Intermediary has clearly explained to me/ us regarding the relevant insurance concept, evaluation and recommendation made according to the information provided by me. (Applicable to sales process through an Intermediary only)
中介人已清楚向本人/ 吾等講解有關保險概念、及基於本人提供的資料而作出的評估及建議。(只適用於經中介人的銷售過程)
2. 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 with the cover the applicant requires, or perhaps may invalidate the Policy altogether.
透露 – 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。
3. A 30-day Policy Review Period counting from the first effective date of the Policy is available for the applicant to review the coverage. If the applicant would like to cancel the Policy for any reason, simply return the Policy, the Insurance Schedule together with a written notice to us; premium and levy paid will be fully refunded provided that the said documents are received by us within the Policy Review Period and the applicant has not filed any claims under the Policy.
申請人可享有由保單生效日起計算為期三十日的保單審候期以細閱保單。如需取消保單，申請人只須在保單審候期內將保單、保險承保表及書面通知交回，本公司將取消保單及退回所繳保費及徵費，惟該保單必須無任何索償申請紀錄。
4. Premium for the full 12 months' Period of Insurance will be due from the Effective Date of this Insurance regardless of yearly or monthly payment mode. Health Check-Up Benefits is provided for any two consecutive years of cover under Crisis Protection Plan. The Company reserves the right to take any action including civil proceedings to claw back the outstanding premium for remaining Period of Insurance, or the expenses for the Health Check-Up Benefits should the Policy or the Section of Crisis Protection Plan be terminated earlier than as required.
無論本保單選擇以月繳或年繳模式供款，於生效日起計，保費將以十二個月形式期繳付。危疾保障計劃中所提供的健康檢查保障，必須在連續兩年保有關保障的情況下始獲提供。若本保單或危疾保障計劃並未按此要求投保而提早取消，則本公司將保留採取一切行動包括民事訴訟的權利，追討餘下保障期未繳的逾期保費，或就健康檢查保障一項所付出的費用。
5. The Policy would be renewed automatically on a yearly basis, unless a Variation Form for policy termination has been received by us ten (10) days before the Effective Date of the renewal.
除非本公司在續保生效日期十日前收到更改保單申請表上的終止保單通知，否則本保單將每年自動續保。
6. We have the right to revise the Table of Benefits (including the Table of Premium) and the terms and conditions under this Policy on each renewal by giving you 30 days' notice in writing. This is to account for any known or foreseeable changes in medical practices and or claims experiences.
我們有權於每次續保時修訂本保單內的保障金額表(包括保費表)與條款及細則，並於每次續保前30日以書面形式向您發出通知。修訂是為反映任何已知或預期的醫療慣例或及索償經驗。
7. A specimen copy of the Policy and a copy of the applicant's completed Application Form will be supplied on request.
如有需要，本公司可提供保單樣本及申請表影印本予申請人作參考。
8. All benefits and exclusions are only briefly outlined here. For more details, please refer to the Policy.
上述保障及不保項目並未包括所有細節，欲知詳情請參閱保單。
9. The Application Form must be signed by a person who has attained age of 18 or above.
申請表必須由年滿18歲或以上的申請人簽署。
10. The application covers any applicant's child who has not yet attained age of 18, and a new application will need to be signed and submitted by such applicant's child when he/ she has attained age of 18.
本申請表可包括申請人所有未滿18歲之子女。當此申請表的受保子女年滿18歲後，該子女屆時必須簽署及遞交另一張申請表。
11. Please make sure the mobile number and email address of the applicant are correct. Once the Policy is issued, the policy number will be sent to the applicant via SMS. And, system will send Account Activation Code to the same mobile number during the registration of myPrudential. For environmental protection, Prudential will not mail this Policy/ endorsement and the subsequent policy renewal documents to the applicant; the corresponding eDocument will be stored in applicant's myPrudential account for their reference, and the applicant can print out the document if necessary. Whenever a notification email is sent to the applicant's designated email address, the applicant is deemed to have received the corresponding new eDocument. If the applicant has not registered myPrudential yet, please do so as soon as possible from our company website.
請確保申請人的手提電話號碼及電郵地址是正確的。保單續發後，申請人會透過手機短訊收到保單號碼；另外，登記myPrudential時，系統亦會向此手提電話號碼發送戶口啟動碼。為保護環境，保誠將不會郵寄此保單/ 批單及往後之續保文件予申請人；有關之電子文件將儲存於申請人的myPrudential戶口之內供申請人下載細閱。申請人有需要時亦可自行列印保單文件。每當提示電郵已經發送到申請人指定的電郵地址，申請人將被視為已收有關的最新電子文件。如申請人仍未登記myPrudential，敬請瀏覽本公司網站從速辦理。
12. 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。
13. 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。
14. Levy collected by the Insurance Authority (if any) has been imposed on this Policy at the application rate and would be remitted in accordance with the prescribed arrangements. For further information, please visit <http://www.prudential.com.hk/levy> or www.ia.org.hk/tc/levy. If you do not pay the overdue levy timely, the Insurance Authority ("IA") may, according to the law, impose on the policyholder a penalty and may recover the outstanding levy as a civil debt due to the IA.
保險業監管局（「保監局」）已按適用費率對此保單徵收徵費，有關徵費將按照訂明安排匯付。如需更多資訊，請瀏覽 <http://www.prudential.com.hk/levy> 或 www.ia.org.hk/tc/levy。若閣下未能依時清繳過期徵費，保險業監管局（「保監局」）可根據法例向其施加罰款，亦可循民事程序追討欠付的徵費。

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as “**Company**”, “**our**”, “**we**”, or “**us**”) take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information (“**Personal Information**”) to provide you with the insurance or financial products or services. “Personal information” shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司（簡稱「**本公司**」或「**我們**」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要或有幫助的個人資料。為向閣下提供保險或金融產品或服務，遵守法定或合同要求（以下概述的其他目的），及保安目的，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「**個人資料**」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

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

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at <https://www.prudential.com.hk/en/china-personal-information-protection-law/>

中國內地補充內容是對本個人資料收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 <https://www.prudential.com.hk/tc/china-personal-information-protection-law/> 查閱中國內地補充內容。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in Section 2 below), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/ or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described in Section 3 below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的：(a) 管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b) 處理閣下的申請；(c) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(d) 處理付款指示；(e) 核實閣下申請保險、金融或財富管理產品及服務的資格；(f) 設計及為閣下提供保險、金融及相關的產品和服務；(g) 與閣下進行通訊；(h) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第2部分所列的任何第三方實施），包括但不限於打擊洗錢和認識你的客戶（KYC）義務；(i) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）及/ 或其他非法行為或安全/ 技術問題；(j) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核查；(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. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc including but not limited to Prudential General Insurance Hong Kong Limited (“**companies within the Prudential Group**”) and their respective insurance agents, and to our financial/ medical/ wellness/ health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation 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.

我們可能會向該公司集團，包括本公司以及其他母公司為保誠集團成員的實體包括但不限於保誠財險有限公司（「**保誠集團內的公司**」）及他們各自的保險代理，及我們的金融/ 醫療/ 保健/ 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核實現有資料及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT服務及平台供應商、保險中介、投資經理、代理、退休金受託人及其他持份者）、計劃顧問、介紹人及選定的第三方金融和保險產品供應商；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及(n) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/ 或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料予該等的實在或擬議受讓人或參與人。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊（如下文所述）。

3. Use and Transfer of Personal Data for Direct Marketing Purposes 使用及轉移個人資料作直接促銷用途

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/ wellness/ health related products, reward/loyalty programme services and subjects ("Classes of Marketing Subjects").

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and/ or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做：保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療；保健/ 健康相關產品；獎賞/ 優惠計劃服務及目的（「促銷標的類別」）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及/ 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡（service@prudential.com.hk）。

4. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

5. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or contact us using the details on "Contact Us" section of the Company website (https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html) or our Privacy Notice.

If you move/ moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. The Privacy Notice is available on our Company website at https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/ loyalty/ privileges programs, medical/ health/ wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請聯絡 我們，閣下可以發送電郵至service@prudential.com.hk或使用本公司網站(https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html)或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟（「歐盟」）司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

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

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們，以使我們能夠經營我們業務，會計師、審計師、IT服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人（和其他持分者）、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞/ 會員/ 優惠計劃、醫療/ 健康/ 保健相關產品、贖回或其他服務，以使我們能夠經營我們業務、保險中介、退休金受託人（和其他持分者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

☐ I agree to receive marketing communications and materials, such as exclusive customer offers and product promotions. 我同意接收市場推廣通訊和資料，例如獨家客戶優惠、健康和產品推廣。

| | | |
|-----------------------------------|--|-------------------------|
| 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 | |
| | Mobile Number 流動電話號碼 | Office Location 辦公地點 |
| Application Date 投保日期 | | |

* 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 | | |
| | | |