

Please complete Section 1 and 2 as required and return the completed form to: 請依指示填寫第一及第二部份, 及將填妥之申請表寄回:

Prudential General Insurance Hong Kong Limited  
3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong  
Telephone: 3656 8362 Facsimile: 2164 8445

保誠財險有限公司  
香港鰂魚涌華蘭路25號栢克大廈3樓  
電話: 3656 8362 傳真: 2164 8445

Name of the Insured  
保單持有人姓名

Telephone No.  
電話號碼

Policy No.  
保單號碼

Facsimile No.  
圖文傳真號碼

### Section 1 – Types of Changes 第一部份 - 更改項目

(Please tick the change(s) requested and fill in details as required.)  
(請用“√”號選擇所需更改, 並填妥有關資料。)

#### A. Addition of Insured Person(s) 增加受保人 (Please complete Section 2 as well. 請同時填寫第二部份。)

Relationship with the Insured 與保單持有人關係	Surname 姓	Given Name 名	Sex 性別	Height 身高	Weight 體重	I.D. Card No./Passport No./Birth Cert. 身份證號碼/護照號碼/出世紙號碼	Occupation 職業	Date of Birth 出生日期 dd / mm / yy 日 / 月 / 年	Basic Hospital and Surgical Plan <sup>+</sup> 基本住院及手術保障計劃 <sup>+</sup>			Optional Plan <sup>+</sup> 自選附加保障計劃 <sup>+</sup>	
									Private Room 私人病房	Semi-Private Room 半私家病房	Ward Bed 大房病床	Medical Plus <sup>+</sup> 醫療寶上費 <sup>+</sup>	Hospital Cash <sup>^</sup> 住院現金 <sup>^</sup>
Self 自己				cm/feet 厘米/尺	Kg / Lb 公斤/磅								
Spouse 配偶				cm/feet 厘米/尺	Kg / Lb 公斤/磅								
Child <sup>(1)</sup> 子女 <sup>(1)</sup>				cm/feet 厘米/尺	Kg / Lb 公斤/磅								
Child <sup>(2)</sup> 子女 <sup>(1)</sup>				cm/feet 厘米/尺	Kg / Lb 公斤/磅								

(\* Please tick as appropriate 請在適當空格內填上“√”號)

+ For below aged 75 適用於75歲以下人士

^ For below aged 65 適用於65歲以下人士

#### B. Deletion of Insured Person(s) 減除受保人 (Application is only allowed at renewal. Please make sure that this form is received by us 1 month before the renewal date.) (只可於續保時申請。請於續保到期前一個月將申請表寄抵本公司。)

Name  
姓名

#### C. Change of Level of Cover 更改投保等級 (Application is only allowed at renewal. Please complete Section 2 as well and make sure that this form is received by us within a month before the renewal date.) (只可於續保時申請。並請同時填寫第二部份及於續保到期前一個月內將申請表寄抵本公司。)

For Insured Person 受保人 (Name 姓名 \_\_\_\_\_)

Height (cm/feet) 身高(厘米/尺)\* \_\_\_\_\_ Weight (Kg / Lb) 體重(公斤/磅)\* \_\_\_\_\_

Private Room 私家病房  Semi-Private Room 半私家病房  Ward Bed 大房病床

\* Applicable to level upgrade only 只適用於病房級別提升

#### D. Change of Claim Reimbursement Method 更改賠償入賬方法

Cheque 支票  Bank Account 銀行戶口 (Please complete the bank account details below.)  
(請填妥以下銀行戶口資料。)

Bank Name 銀行名稱	Account Holder 戶口持有人姓名
Account No. 戶口號碼	

- The holder of the bank account must be the Insured.  
銀行戶口持有人必須為保單持有人。
- Cheque shall be issued to the Insured only should no bank account be designated for claim reimbursement. The Insured must report to the Company in writing in case of the loss of claims cheque. A handling fee of HK\$100 shall be charged for each cheque reissuance.  
在未有就賠償指定銀行戶口時, 將只會向保單持有人發出賠償支票。如有遺失賠償支票, 保單持有人請以書面通知本公司。本公司將為每張補發支票收取HK\$100行政費。
- For changing direct debit account premium settlement, please fill in the Payment Details Amendment Form.  
如欲更改以自動轉賬繳付保費的銀行戶口號碼, 請另填更改付款資料申請表。

#### E. Change of Correspondence Address / Telephone Number 更改通訊地址 / 電話號碼

New Address  
新地址

Telephone No.  
電話號碼

## F. Termination of Policy 終止保單

(Application is only allowed at renewal. Please make sure that this form is received by us 10 working days before the renewal date.)

Note: Premium paid is not refundable.  
注意: 已繳保費, 一概不發還。

(只可於續保時申請。請於續保到期前十個工作天將申請表寄抵本公司。)

## G. Cancellation of Policy during Policy Review Period 於保單審候期內取消保單

(Applicable to new Policy only.)  
(只適用於新保單。)

Note: Premium will be refunded if (i) the Policy, the Certificate of Insurance are submitted together with this form signed by Policyholder within the Policy Review Period (i.e. 30 days from the Policy Effective Date) and (ii) no claims have been filed under the Policy.

注意: 保費將會退回, 惟(i)本保單、保單證書及由保單持有人簽署之表格須於保單審候期內(由保單生效日計算為期三十日內)一併交回本公司, 及(ii)在本保單下無任何索償申請紀錄。

## H. Addition or Cancellation of Optional Medical Plus Plan / Hospital Cash Plan 參加或取消自選「醫療寶上寶」計劃 / 「住院現金」計劃

(Application is only allowed at renewal. Please make sure that this form is received by us within a month before the renewal date.)

(只可於續保時申請。請於續保到期前一個月內將申請表寄抵本公司。)

For Insured Person 受保人 (Name 姓名 \_\_\_\_\_)

Height (cm/feet) 身高(厘米/尺) \_\_\_\_\_ Weight (Kg/Lb) 體重(公斤/磅) \_\_\_\_\_

Optional Medical Plus Plan 自選「醫療寶上寶」計劃

Optional Hospital Cash Plan 自選「住院現金」計劃

I would like to apply for Optional Medical Plus Plan  
本人欲申請自選「醫療寶上寶」計劃  
(Please complete Section 2 as well. 請同時填寫第二部份。)

I would like to apply for Optional Medical Cash Plan  
本人欲申請自選「住院現金」計劃  
(Please complete Section 2 as well. 請同時填寫第二部份。)

I would like to cancel Optional Medical Plus Plan  
本人欲取消自選「醫療寶上寶」計劃

I would like to cancel Optional Medical Cash Plan  
本人欲取消自選「住院現金」計劃

## Section 2 - Evidence of Insurability 第二部份 - 可保證明

(For addition of persons to be covered, change of Level of Cover and addition of Optional Medical Plus Plan / Hospital Cash Plan only.)

(只供增加受保人, 更改投保等級及申請自選「醫療寶上寶」計劃 / 「住院現金」計劃者填寫。)

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。

- |  | Yes 是                    | No 否                     |
|--|--------------------------|--------------------------|
| 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?<br>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、或其他骨骼或脊椎問題?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (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?<br>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、暈眩或癲癇?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) The circulatory system, heart or blood, e.g. palpitation, murmur, chest discomfort, raised blood pressure, stroke or anaemia?<br>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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) The respiratory system or endocrine system, e.g. asthma, bronchitis, emphysema, diabetes or goitre?<br>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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) The digestive system or urinary system, breast or reproductive system, e.g. ulcer, hepatitis (including hepatitis B carrier), mastitis, cervicitis, endometriosis, other disorders of the stomach, liver, bowels, kidneys or bladder?<br>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?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Enlarged glands, tumours, cysts, cancer, growth or other malignancy?<br>腺脹大、腫瘤、水囊、癌、瘤或其他惡性病變?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any person to be covered taken or been advised to have X-ray, ECG or blood test, biopsies, ultrasound, mammogram or PAP smears, etc?<br>本申請表內所包括之受保人曾否接受或被建議接受X光, 心電圖或抽血檢查、活體檢視、超聲波、乳房X光或子宮頸細胞塗片檢驗等?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 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?<br>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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Does any person to be covered have any foreseeable need for treatment or for consulting any doctor?<br>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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is any person to be covered currently under medical attention or receiving medical treatment or medication?<br>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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Has any person to be covered ever been insured against Medical Insurance?<br>本申請表內所包括之受保人曾否購買醫療保險?<br>Please specify the name of Insurance Company:<br>請列明保險公司名稱: _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Has any person to be covered ever been declined for Medical Insurance or had any special conditions or exclusions imposed?<br>本申請表內所包括之受保人曾否因醫療保險而被保險公司拒絕受保、或附加特別條款?  | <input type="checkbox"/> | <input type="checkbox"/> |

If you reply "YES" in any of the above questions, please give name(s), date and full details and use separate sheet if more space is needed.

如上述任何問題回答“是”, 請列出其姓名、日期及詳細情況, 如有需要, 請用另頁填寫。

# Declaration 聲明

I hereby request to change my policy in accordance with the particulars set out in Section I of this Form.

本人謹此要求將上述之保單依據此申請表第一部份所填寫的細則作出修改。

I acknowledge that benefits are not payable under the PRUchoice Medical Insurance for any cost of treatment arising from any existing illness, injuries or other conditions unless complete current details are fully disclosed by me in this Form and accepted by Prudential General Insurance Hong Kong Limited ("Prudential"). I hereby apply to be the Insured and to include the Insured Person listed above in the Policy under this application. I declare that, to the best of my knowledge and belief, the statements contained in this Form are true and complete. Prudential reserves the right to ask for submission of more details of health status or medical reports for me and other Insured Person(s) as listed at my own cost. I have read and agree to be bound by the Policy of the PRUchoice Medical Insurance and I agree that this declaration and the answers given in this Form shall be the basis of the contract between me and Prudential.

本人知道，根據保誠精選「醫療寶」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起之治療，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。本人茲申請為保單持有人，並在本申請中，將上列人士增加成本保單的受保人。本人聲明，就本人所知所信，本申請表填報之一切資料，均屬確實完整。保誠有權要求提供更多有關本人及受保人之健康情況或醫療報告，一切費用將由本人支付。本人已細讀並同意遵守保誠精選「醫療寶」醫療保障計劃之保單條款，並同意以本申請表內之聲明及填報之一切資料，作為本人與保誠之間所訂合約之根據。

## Personal Information Collection Statement 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("Personal Information") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「個人資料」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

### 1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or financial services or related wealth management products of the Company, and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering financial institutions; (h) to perform a policy review or needs analysis; (i) to conduct research and statistical analysis; and (j) to meet disclosure requirements imposed on us or any third parties mentioned in Section 2 below by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 為閣下提供關於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」）或夥伴金融機構的保險或金融服務或相關的財富管理產品的推廣材料；(h) 進行保單審查或需求分析；(i) 進行研究和統計分析；及 (j) 符合法律或監管當局向我們或在下述第二部分所列的第三方實施的披露要求。

### 2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other companies within the Prudential Group; (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他保誠集團內的公司；(d) 索償調查公司；(e) 第三方管理人；(f) 第三方服務供應商（包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(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；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

We may transfer your name, contact information and information about the products you have purchased (including the sales channel from which such products were purchased) to other companies within the Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials relating to those entities' insurance or financial services or related wealth management products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes without your consent.

我們可能將閣下的姓名、聯絡資料和閣下已購買的產品資料（包括購買該等產品的銷售渠道），轉交其他保誠集團內的公司及其他夥伴金融機構，以向閣下提供有關這些實體的保險、金融服務或相關的財富管理產品的有關推廣材料。然而，我們不會未經閣下的同意，向任何其他第三方透露閣下的個人資料作直接促銷用途。

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

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

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

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

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access request.

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。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鰂魚涌華蘭路25號栢克大廈3樓。根據條例的規定，我們有權就處理查閱任何個人資料的要求，收取合理的費用。

### Opting-out Marketing Communications or Materials 拒絕接受促銷信息或資料

We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statement), but we cannot do so without your consent. In the event that you do not wish to receive such marketing communications or materials, please let us know by ticking the opt-out box below, and returning the form to us in person or at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong.

我們有意向閣下發送（載於上述收集個人資料聲明之）促銷信息或資料，但未經閣下的同意，我們不能這樣做。假若閣下不希望收到該等促銷信息或資料，請在以下拒絕接受方格內劃上「✓」號以讓我們知道閣下的意向，並親身交回本表格或送交本表格至香港鰂魚涌華蘭路25號栢克大廈3樓。

Opt-out box 拒絕接受方格

The Applicant/ the Insured/ Insured Person hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".

申請人/ 保單持有人/ 受保人特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Signature of the Insured\*  
保單持有人簽署\*

Date  
日期

\* The signature of this form is only valid for 30 days from the date of your signature.  
此表格上的簽署只於簽署日期起30日內有效。

Name & Contact Telephone No. of Financial Consultant 理財顧問姓名及聯絡電話號碼  
(To Be Completed by Financial Consultant Only. 由理財顧問填寫)