Application Form for Claimable Amount Estimate
可賠償金額估算申請書

PRUDENTIAL 英國保誠

Policy Number 保單號碼			
Name of Policyowner 保單持有人姓名		Email Address of Policyowner 保單持有人之電郵地址 *For status follow up and communication use 用作跟進進度及聯絡	

☐ Life assured/policyowner have enclosed the other supplementary document(s) for claimable amount estimate with this form.
受保人 / 保單持有人隨此表格附上其他可賠償金額估算申請的補充文件。

Statement: This page is to be completed by life assured/policyowner, doctor and healthcare services provider, and to be signed by life assured/policyowner and doctor with stamp by healthcare services provider. The estimated charges from healthcare services provider are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.
說明：本頁由受保人 / 保單持有人、醫生及醫療服務提供者填寫、簽名以及醫療服務提供者之蓋章作實。醫療服務提供者估算費用只作參考，最終收費視乎病人實際接受的治療、程序及服務而定。

Important Note 重要提示

Applicable for policyowner and life assured 適用於保單持有人及受保人

1. Prudential Hong Kong Limited ("Prudential") will provide the claimable amount estimates and out-of-pocket expenses in accordance with all eligible Voluntary Health Insurance Scheme policies which cover the life assured. The claimable amount estimates remain estimate and do not constitute a liability to Prudential. Claims decision will depend on the submission of all supporting documents as required for claim assessment in accordance with the policy terms and conditions and benefit entitlement in the policy year. The final claimable amounts and out-of-pocket expenses will be subject to the actual bill amounts and breakdowns as stated in the invoices or receipts issued by the healthcare services provider. 保誠保險有限公司（「保誠」）將根據受保人的所有合資格的自願醫保計劃的保單以估算可賠償金額及自付費用，該可賠償金額估算只供參考，並不構成對保誠的最終賠償責任。賠償將根據所有其後遞交的必要證明文件，並按保單條款及細則和保單年度內的保障限額作決定。最終的賠償金額及自付費用會根據醫療服務提供者發出的發票或收據中所列明的實際帳目和分項收費計算。
2. The claimable amount estimate is subject to benefit reduction or limitation in relation to the regions where the eligible medical services are incurred (applicable for psychiatric treatments only) or the choice of higher ward class. 可賠償金額估算的結果，會因接受醫療服務的地域（只適用於精神科治療）及病房級別作出調整和限制。
3. The claimable amount estimate is provided with reference to the Surgical Procedure Schedule and the Benefit Limit of the relevant policy(ies) only. ANY EXCLUSION and ANY CLAIMS YET TO BE APPROVED will not be taken into account for this estimation.
可賠償金額估算只根據相關保單之手術表及賠償限額。任何不保事項及還未批核的理賠個案未有被計算在此估算內。
4. You can submit your request for the claimable amount estimate through your Financial Consultant, and get the estimated results immediately after the information is input into the system. 閣下可透過閣下的理財顧問（如適用）遞交可賠償金額估算申請，並可於資料輸入系統後即時得悉估算結果。
5. You can also submit your application via the below channels. The estimated results will be issued around 3 working days after the company receives the application. 閣下亦可親自提交申請，估算結果將於本公司收到估算申請書起計約3個工作天發出。
   - Submit through myPrudential
     經myPrudential提交
   - Email to service@prudential.com.hk
     電郵至service@prudential.com.hk
   - Mail to P.O. Box No. 28058, Gloucester Road Post Office, Hong Kong
     郵寄至香港告士打道郵政信箱28058號
   - Submit through Customers Services Centres
     交予客戶服務中心
6. Receipt of this form by your Financial Consultant 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。
7. If you request your Financial Consultant to submit the application form for claimable amount estimate through askPRU, it means you have authorized your Financial Consultant to enter the relevant information for applying the claimable amount estimate. The claimable amount estimation is only based on the information entered into askPRU. 如閣下欲要求你的理財顧問透過智能助理「阿保」提交可賠償金額估算申請書，即代表閣下已授權閣下的理財顧問替閣下輸入有關資料作可賠償金額估算申請用途。估算結果將基於輸入「阿保」內的資料而定。
8. Prudential reserves the right to reject this form if it fails to fulfill Prudential's relevant requirements. 若資料未能符合保誠的有關規定，保誠保留權利拒絕此表格。
9. Applicants are requested to submit the application within one year from the date of signing by the doctor and the date of stamp by the healthcare services provider, otherwise Prudential reserves the right to reject this form. 申請人請於醫生簽署日期及醫療服務提供者蓋章日期起計一年內提交申請，否則保誠保留權利拒絕此表格。

Applicable for healthcare services provider/doctor 適用於醫療服務提供者/醫生

10. Any changes or amendments in this form must be countersigned by the doctor/healthcare services provider with stamp. 如醫生/醫療服務提供者曾於表格內作出任何更改，醫生/醫療服務提供者必須於曾修改位置簽署及蓋章作實。
11. Prudential reserves the right to reject this form if it fails to fulfill Prudential's relevant requirements. 若資料未能符合保誠的有關規定，保誠保留權利拒絕審批/接受此表格。

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Part 1 - Claimable amount estimate 第一部分 - 可賠償金額估算

To be completed by healthcare services provider/doctor* 由醫療服務提供者/醫生* 填寫

*Please delete as appropriate *請刪去不適用者

1a. Patient Name 病人姓名 (English) (英文)		1b. Patient Name 病人姓名 (Chinese) (中文)	
2. Patient's Identity Document Number 病人之身份證明文件號碼			
3. Provisional Diagnosis 初步診斷			
4. Name of healthcare services provider to be admitted 將入住的醫療服務提供者名稱			
5. Estimated Length of Stay 預計住院時間	Day(s) 日	6. Class of Ward 病房級別	
7. Treatment / Surgical Operation 治療 / 手術			
8. Referral / Attending Doctor* 轉介 / 主診醫生*			

Estimated charges from healthcare services provider 醫療服務提供者估算費用

		Minimum Charge 最低費用	Maximum Charge 最高費用
9. Currency 貨幣			
10. Room charges 病房費用	Day(s) 日		
11. Meal charges 膳食費用	Day(s) 日		
12. Attending doctor's visit fee 主診醫生巡房費	Day(s) 日		
13. Surgeon's fee 外科醫生費			
14. Anesthetist's fee 麻醉科醫生費			
15. Operating theatre charges 手術室費			
16. Miscellaneous charges 雜項開支			
17. Total 總計		0	0

Please continue on a separate sheet if required. 如不敷應用，請另頁補充。

Part 2 - Personal Information Collection Statement 第二部分 - 收集個人資料聲明

Personal Information Collection Statement ("PICS")
Prudential Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

1. Purpose of Collection
We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

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

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 to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

3. 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.

4. Access and Correction Rights
Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

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

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

收集個人資料聲明(「收集個人資料聲明」)
保誠保險有限公司（簡稱「本公司」或「我們」）認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、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、財務及醫療資料（「個人資料」）。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務 / 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

1. 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) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 遵守任何監管或其他法律規定或其他內部業務規定（不論是向我們或下述第 2 部分所列的任何第三方實施）；(h) 就索償進行調查及和解，以及偵查及防止欺詐（不論是否有關就本申請簽發的保單）；(i) 使用代理機構（包括信貸資料服務機構）、追蹤公司或公開可得資料以執行核查；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析（包括使用新科技）；及 (n) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下（或閣下的聯名保單持有人）仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. 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」），及我們的金融 / 健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能還會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方： (a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司（不論直接或透過防欺詐組織或本段指名的其他人士），及保險業用作分析及核查現有資料與及後提供的資料而使用的數據庫或登記冊（及其營運商）；(f) 提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商（包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人）；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 監管機構及政府機構、執法機構及法院。在有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。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. 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。

4. 查閱和更正的權利
根據《個人資料（私隱）條例》（「條例」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 service@prudential.com.hk 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

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

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

Part 2 - Personal Information Collection Statement (Continued) 第二部分 - 收集個人資料聲明 (續)

Opting-out of Marketing Communications or Materials 拒絕接收促銷信息或資料

We intend to send you marketing communications but we can only do so with your consent. If you consent, we may use your contact details and information about the products you have purchased (including the sales channel from which such products were purchased).

我們有意向閣下發送促銷信息或資料，但僅經閣下同意我們才可以這樣做。如閣下同意，我們將可能使用閣下的聯絡資料及有關閣下已購買的產品的資料（包括購買有關產品的銷售渠道）。

☐ I/we do not wish to receive any marketing communications from Prudential Hong Kong Limited.
本人 / 我們不希望收到保誠保險有限公司發出的任何促銷信息。

Part 3 - Life assured's/policyowner's declaration & authorization 第三部分 - 受保人 / 保單持有人聲明及授權

- I hereby declare that the above information is accurate, true and complete to the best of my knowledge and belief.
- I hereby confirm my understanding of and agreement to the contents of the above part entitled "Personal Information Collection Statement".
- (If applicable) I have verified the above information and authorize my Financial Consultant to input the same to askPRU on behalf of myself for the application of claimable amount estimate. I understand that the claim estimation will be only based on the information entered into askPRU.
- I understand that the estimated charges from healthcare services provider above and the claimable amount estimates from Prudential are for reference only and do not constitute a liability. Claim decision will depend on the submission of all supporting documents as required for claim assessment in accordance with the policy terms and conditions and benefit entitlement in the policy year. The final claimable amounts and out-of-pocket expenses will be subject to the actual bill amounts and breakdowns as stated in the invoices or receipts issued by healthcare services providers. I understand that the final claimable amounts may be different from the above estimated charge from healthcare services provider.
- 本人特此聲明就本人所知所信，以上資料均為真實、正確和完備。
- 本人在此確認本人明白並同意上述在題為「收集個人資料聲明」之部分中的內容
- （如適用）本人授權我的理財顧問替本人輸入上述資料至智能助理「阿保」作可賠償金額估算申請用途。估算結果將基於輸入「阿保」內的資料而定。
- 本人知悉上述醫療服務提供者估算費用及保誠其後提供之可賠償金額估算僅作參考，並不構成對保誠的最終賠償責任。賠償將根據所有其後遞交的必要證明文件，並按保單條款及細則和保單年度內的保障限額作決定。最終的賠償金額及自付費用會根據醫療服務提供者發出的發票或收據中所列明的實際帳目和分項收費計算。本人知悉最終理賠金額可能與上述估算費用不同。

If Life Assured is on or above the age of 18, the form should be signed by him/her. If Life Assured is below the age of 18, the Policyowner should sign on his/her behalf. If Life Assured and Policyowner are not able to sign on the form, the Claimant should sign on their behalf.
如受保人年滿18歲，則由受保人簽署。受保人未滿18歲，則由保單持有人簽署。如受保人及保單持有人未能簽署，則由索償人簽署。

Name of Life Assured 受保人姓名	Signature of Life Assured 受保人簽署	Date (DD / MM / YYYY) 日期 (日 / 月 / 年)
Name of Policyowner 保單持有人姓名	Signature of Policyowner 保單持有人簽署	Date (DD / MM / YYYY) 日期 (日 / 月 / 年)

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

Part 4 - Doctor's and healthcare services provider's declaration 第四部分 - 醫生及醫療服務提供者聲明

I hereby declare that the above information is accurate, true and complete to the best of my knowledge and belief. I have explained to the Life Assured/ Patient the details of the above estimated charges and have sought his / her consent.
本人特此聲明就本人所知所信，以上資料均為真實、正確和完備。本人已向受保人/病人解釋上述估算費用，並徵得其同意。

Name of Attending Doctor 醫生姓名	Signature of Attending Doctor 醫生簽署	Date (DD / MM / YYYY) 日期 (日 / 月 / 年)

This healthcare services provider has noted the above estimated charges.
本醫療服務提供者知悉上述估算費用。

Name of healthcare services provider 醫療服務提供者名稱	Chop by healthcare services provider 醫療服務提供者蓋章	Date (DD / MM / YYYY) 日期 (日 / 月 / 年)