

GROUP MEDICAL INSURANCE DENTAL CLAIM FORM 團體醫療保險牙科索償申請表

Name of Employer : 僱主名稱 :	Policy No. : 保單編號 :
Name of Employee (same as HKID) : 僱員姓名 (與香港身份證相符) :	HKID Card No. : 香港身份證號碼 :
Mobile Phone No. of Employee : 僱員手提電話號碼 :	Email Address : 電郵地址 :
Note : Settlement advice will be sent via SMS or Email to you if such information is provided by your company. 注意 : 如僱主提供有關資料, 賠償通知書將以短訊或電郵傳送予閣下。	
Name of Patient (If other than Employee) : 病人姓名 (如非僱員) :	HKID / Birth Certificate No. of Patient : 患者身份證 / 出生證明書號碼 :

Declaration & Authorization 聲明及授權書

I hereby declare that the above information given is true and correct. I further authorize any hospital, physician, insurance company, organization or any person that has any record or knowledge of my health, or that of the named patient, to furnish such information to Prudential General Insurance Hong Kong Limited ("Prudential"). A photocopy of this authorization shall be considered as effective and valid as the original. I understand that if I and/or the named patient fail(s) to provide any information requested in this claim form, Prudential may not be able to accept or process this claim.

本人謹此聲明以上所填報之一切資料, 均屬真實無訛, 本人茲亦授權保誠財險有限公司 ("保誠") 向持有上述就診者之健康或記錄資料的醫院、醫生、保險公司、機構或任何人士索取有關資料。此授權書之影印本與正本均具同等效力。本人明白, 如本人及/或上述就診者未能就本索償申請表提供所需資料, 可能會導致保誠不能接受或處理本索償申請。

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 perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed 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) 進行保單審查或需求分析; (h) 進行研究和統計分析; 及 (i) 符合法律或監管當局實施的披露要求。

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 entities whose ultimate parent company is Prudential plc ("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.

為達到上述第一部份所列明之目的, 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) 其他母公司為英國保誠集團的實體 (「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 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。

No Reimbursement of Claims shall be made for :
- Claim(s) submitted after **90 days** from the date of treatment.
- Insufficient of required information.
Please return this completed claim form with relevant document(s) to :
Prudential General Insurance Hong Kong Limited
3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
Customer Service Hotline: 3656 8362

在以下情況, 索償申請將不獲辦理 :
- 索償申請於治療日 **90天**後遞交。
- 所需資料不足。
請將填妥之索償申請表及有關文件交回 :
保誠財險有限公司
香港鰂魚涌華蘭路25號栢克大廈3樓
客戶服務部熱線 : 3656 8362

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 or correction 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及更正任何個人資料的要求，收取合理的費用。

The Applicant/ the Insured/ Insured/ Member 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/ 會員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。

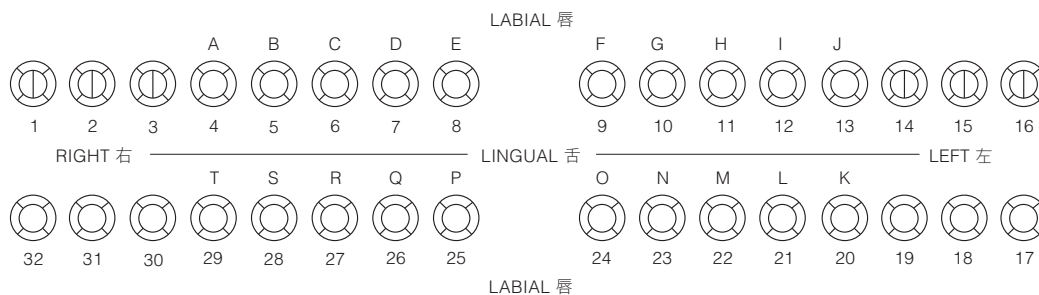
Date 日期

Signature (Patient or Parent if a minor) 簽署 (病者或未成年病者的父母)

Please have the following completed by the dentist providing the treatments.
以下資料須由應診牙醫填寫。

Date 日期	Particulars 治療項目	Charges 收費
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Please make teeth treated or area of oral treatment on the following chart.
請於下圖註明病者接受治療的牙齒或口腔位置。



Date 日期

Signature of Dentist 牙醫簽署