

Important Note:

A replacement fee of HK\$100 will be charged for each membership card. Cheque payment must be attached with this completed form and send to your HR Department. Please make cheque payable to "Prudential General Insurance Hong Kong Limited".

DECLARATION OF LOSS OF GROUP MEDICAL INSURANCE MEMBERSHIP CARD

I,	I, Membership No	, HK I/D Card No.	
Re	Residing at		
•••			
Те	Tel. No hereby declare that Group Medical Insuran	ce Membership Card	
is	is no longer in my possession and should be considered as void.		
	I further declare that should I subsequently recover the card now reported as lost it will be i	returned to Prudential General Insurance Hong Kong Limited	
ım	immediately.		
PΙ	PERSONAL INFORMATION COLLECTION STATEMENT		
inc Inf	Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled 'P including without limitation your name, identity card number (and copy of identity card), passport number, contact informatio Information") from you when you apply for insurance or financial products and services from us, or when you apply to make c Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical p	n, family history, health and medical information and financial information ("Personal hanges to your policy, or when you make a claim against a policy. We may also collect	
1.	1. Purpose of Collection		
	We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management pro services and products; (f) to communicate with you; (g) to provide you with promotional materials relating to insurance or of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") or partnering research and statistical analysis; and (j) to meet disclosure requirements imposed by law or regulatory authorities.	ducts and services; (e) to design and provide you with insurance, financial and related r financial services or related wealth management products of the Company, and those	
2.	2. Classes of Transferees		
	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 ins	(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.		
	We may transfer your name, contact information and information about the products you have purchased (including the se Prudential Group, and other partnering financial institutions, for the purpose of providing you with promotional materials products. However, we will not disclose your Personal Information to any other third parties for direct marketing purposes we We may transfer your Personal Information in connection with a transaction with another company which affects the countries, or if required to satisfy applicable legal or regulatory requirements.	relating to those entities' insurance or financial services or related wealth management without your consent.	
3.	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. 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.		
4.	4. Access and Correction Rights		
	Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of writing to our Data Protection Officer at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance any Personal Information access or correction request.		
We	Opting-out Marketing Communications or Materials We intend to send you marketing communications or materials (as set out in the above Personal Information Collection Statem receive such marketing communications or materials, please let us know by ticking the opt-out box below, and returning the fo Kong.		
	Opt-out box		
Th	The Applicant / Policyholder / Insured Person hereby confirm understanding of and agreement to the contents in this Part entitle	ed 'Personal Information Collection Statement'.	
5	Signature & Company Chop	Member's Signature	
		Date	
_			

Remarks

Replaced on