

# Application Form for PRU *choice* Group Medical Insurance

## 保誠精選「團體醫療寶」申請表

(Applicable to PrimeCare Scheme or BestCare Scheme 適用於尊尚計劃或晉領計劃)

Applicable on or after 1 December, 2017  
2017年12月1日或之後適用

### Details of Applicant 申請人詳情 (Please complete in BLOCK LETTERS 請用英文正楷填寫)

This Application Form should be read in conjunction with the brochure. Please read through the brochure before completing this Application Form. 本申請書應連同產品小冊子一併閱讀。填寫申請書前，請先細閱產品小冊子。

Name of Company 公司名稱		Registration No. of Company 公司商業登記號碼	
Name of Participating Associated / Subsidiary Company 參與的相關/附屬公司名稱			
Nature of Business 業務性質		Total No. of Employees 僱員總人數	
Name of Contact Person 聯絡人姓名		Position of Contact Person 聯絡人職位	
Tel. No. 電話號碼	Fax No. 傳真號碼	Email Address 電郵地址	
<b>Correspondence Address 通訊地址</b>			
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			
Correspondence and documents mail to 通知書信及文件郵寄： <input type="checkbox"/> Applicant 申請人 <input type="checkbox"/> Financial Consultant / Broker 理財顧問 / 經紀			

### Policy Effective Date 保單生效日期

Policy Effective Date 保單生效日期      Policy commences on 本保單由 \_\_\_\_\_ dd 日 \_\_\_\_\_ mm 月 \_\_\_\_\_ yy 年 起生效，為期一年。

### Commencement Date of Employee's Coverage 僱員保障開始日期

(Please complete in BLOCK LETTERS and "✓" in appropriate "□" 請用英文正楷填寫及於合適的 "□" 內填上 "✓")

#### For New Employees 將來新聘請的僱員

- On the first day of employment 僱員服務之首日  
 On the first day following \_\_\_\_\_ months' service 僱員服務 \_\_\_\_\_ 個月後的首天  
 Others (please specify) 其他 (請註明) \_\_\_\_\_

### Eligibility of Employees 僱員資格

(Please complete in BLOCK LETTERS and "✓" in appropriate "□" or circle if appropriate 請用英文正楷填寫及於合適的 "□" 內填上 "✓" 或圈出合適的選擇)

Name of Scheme 計劃名稱： PrimeCare Scheme 尊尚計劃 OR 或  BestCare Scheme 晉領計劃

Group 組別	Eligibility of Employee/ Group Name 僱員資格/組別名稱	With Dependant Cover 有家屬保障	Hospital and Surgical Benefit 住院及手術保障		Clinical Benefit 門診保障	Optional Benefit 額外保障	
			Plan 計劃	Optional IP Top-up 額外住院醫療保障	Plan 計劃	Dental 牙齒保健	Health Check Up 健康檢查
e.g. 例：A	Director	<input checked="" type="checkbox"/> Yes 有 / No 否	HS1	<input checked="" type="checkbox"/> Yes 有 / No 否	OP2	<input checked="" type="checkbox"/> Yes 有 / No 否	<input checked="" type="checkbox"/> Yes 有 / No 否
B	General Staff	<input type="checkbox"/> Yes 有 / <input checked="" type="checkbox"/> No 否	HS3	<input checked="" type="checkbox"/> Yes 有 / No 否	OP4	<input type="checkbox"/> Yes 有 / <input checked="" type="checkbox"/> No 否	<input type="checkbox"/> Yes 有 / <input checked="" type="checkbox"/> No 否
A		<input type="checkbox"/> Yes 有 / No 否		<input type="checkbox"/> Yes 有 / No 否		<input type="checkbox"/> Yes 有 / No 否	<input type="checkbox"/> Yes 有 / No 否
B		<input type="checkbox"/> Yes 有 / No 否		<input type="checkbox"/> Yes 有 / No 否		<input type="checkbox"/> Yes 有 / No 否	<input type="checkbox"/> Yes 有 / No 否
C		<input type="checkbox"/> Yes 有 / No 否		<input type="checkbox"/> Yes 有 / No 否		<input type="checkbox"/> Yes 有 / No 否	<input type="checkbox"/> Yes 有 / No 否

#### Notes 注意事項：

- All applications including the application of optional benefits must be underwritten and approved by Prudential General Insurance Hong Kong Limited ("Prudential"). 所有申請包括額外保障的申請必須經保誠財險有限公司 ("保誠") 批核。
- PRU *choice* Group Medical Insurance ("insurance") provides benefits to employees who are aged under 65 and also to employees' dependants, including their spouse, who are aged under 65, and unmarried children aged between 15 days and 18 years old (or aged below 23, when they are under full-time education with valid proof). 保誠精選「團體醫療寶」保險計劃 ("計劃") 為65歲以下之僱員及僱員的家屬，包括未滿65歲之配偶，及年齡由15天至18歲的未婚子女(或未滿23歲就讀全日制學校的未婚子女，惟需提供有效證明文件)提供保障。
- Application for this insurance is limited to the company operated in Hong Kong and all eligible employees in the company must enroll in the insurance. 此計劃只適用於香港營運的公司及所有該公司聘請的員工必須同時申請此計劃。
- Participating company must fulfill the minimum employee requirement of the relevant scheme. PrimeCare Scheme: at least 10 employees; BestCare Scheme: at least 5 employees. If the company has only 2 to 4 employees, application for HS3 and OP4 of BestCare Scheme is allowed only and application for both "Hospital and Surgical Benefit" and "Optional Clinical Benefit" are required at the same time. 投保計劃之公司必須符合相關最低員工人數要求。尊尚計劃：10位員工或以上；晉領計劃：5位員工或以上。倘若公司只有2至4名員工，該公司只可參加晉領計劃HS3及OP4保障，且必須同時投保「住院及手術保障」及「額外門診保障」。
- All employees of participating company must enroll in the "Hospital and Surgical Benefit". 參與此計劃的公司，其所有僱員必須投保「住院及手術保障」。
- Under this insurance, if the company enrolls "Clinical Benefit" for their employees, all employees, including their spouse and dependants must enroll such benefit. 在此計劃下，若公司為僱員投保「門診保障」，所有僱員，包括僱員配偶及家庭亦必須同時參與此保障。
- For the "Optional In-patient Top Up Medical Benefit", there should be at least 30% of total employees and subject to a minimum of 5 participated employees (PrimeCare Scheme) and at least 5 or more employees (BestCare Scheme) applying at the same time; otherwise, we will not consider the application. The level of cover of "Optional In-patient Top Up Medical Benefit" must be the same as the level of cover of "Hospital and Surgical Benefit". 「額外住院附加醫療保障」必須有總員工人數3成及並不少於5名受保員工參與(尊尚計劃)及5位員工或以上(晉領計劃)同時申請；否則，我們不會考慮有關申請。投保「額外住院附加醫療保障」的等級，必須與所投保的「住院及手術保障」等級相同。
- Participating company may divide their employees into different groups according to their eligibility but all qualified employees of the same eligibility should be in the same group. 參與此計劃之公司可按僱員資格把僱員編為不同組別，惟所有擁有同一僱員資格之合資格僱員必須同屬一組別。
- Dependant shall be in the same group as the employee. If one dependant of the family enrolls in this insurance, all qualified dependants of the same family must also enroll. 家屬必須與僱員同屬一個組別，如其中一名家屬參與此計劃，則同一家庭中所有合資格之家屬亦須同時參與本計劃。
- Upon policy expiry, no premium shall be refunded if the number of members is less than the minimum employee requirement of the relevant scheme due to any withdrawal of membership. 當保單期滿時，如因會員撤換而令參與的人數少於相關最低員工人數要求，本公司恕不作任何退款。
- Member must attain the age of 5 when insuring "Optional Dental Care Benefit" and age of 18 when insuring "Optional Health Check Up Benefit". 投保「額外牙齒保健保障」的會員必須達5歲以上，而投保「額外健康檢查保障」的會員必須年滿18歲。
- If space is not enough, please fill in with separate sheet. 如表格不足填寫，請另加紙填寫。

## Premium Calculation Worksheet of PRU<sup>choice</sup> Group Medical Insurance 保誠精選「團體醫療寶」保費計算表

Name of Scheme 計劃名稱：  PrimeCare Scheme 尊尚計劃 OR 或  BestCare Scheme 晉領計劃

Group 組別	No. of Members <sup>1</sup> 會員人數 <sup>1</sup>				Annual Premium per Member (HK\$) 每位會員年費 (港元\$)	Sub-total No. of Members 會員人數小計 X Annual Premium per Member <sup>2</sup> (HK\$) 每位會員年費 <sup>2</sup> (港元\$)
	Employee(s) 僱員	Spouse(s) 配偶	Child 子女	Sub-total 小計		
A						
B						
C						
D						
No. of Members 會員總人數 =					Total Annual Premium 總年費 =	

Notes 備註：

- No. of persons are determined as of Policy Effective Date. 人數以保單生效日期當日計算。
- If members cannot insure "Optional Dental Care Benefit" or "Optional Health Check Up Benefit" due to age limit, please do not count the relevant premium accordingly. 如會員因未符合年齡要求，而不能投保「額外牙齒保健保障」及「額外健康檢查保障」，請將需要繳付的保費作相應扣減。
- If space is not enough, please fill in with separate sheet. 如表格不足填寫，請另加紙填寫。
- Please submit cheque of first year premium and levy together with this application form. Please make the cheque payable to "Prudential General Insurance Hong Kong Limited". 請將首年保費及徵費的支票連同此申請表一併交付保誠財險有限公司支票抬頭填寫「保誠財險有限公司」。

### Important Notes to Applicant 申請人須知

PRU<sup>choice</sup> Group Medical Insurance is underwritten by Prudential General Insurance Hong Kong Limited.

本申請表內的保誠精選「團體醫療寶」部分由保誠財險有限公司批核及承保。

- 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 or provision of incorrect information may mean that the Policy will not provide with the cover the applicant require, 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，會令本保單不能提供申請人所需之保障或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。
- A specimen copy of the Policy and a copy of your completed Application Form will be supplied on request.  
如有需要，本公司可提供保單原文及申請表副本以作參考。
- All benefits and exclusions are only briefly outlined here. For further details, please refer to the Policy.  
上述保障及不保範圍並未包括所有細節，詳情請參閱保單。
- The application form must be signed by a person who has attained age 18 or above.  
本申請表必須由年滿18歲以上的申請人簽署。
- Premium of "Optional Dental Care Benefit" and "Optional Health Check Up Benefit" are calculated on a full year basis. Should new join member enjoy these two benefits during policy year, full year premium shall still be paid. If member's benefit is ceased during policy period, no premium and levy shall be refunded.  
「額外牙齒保健保障」及「額外健康檢查保障」之保費以全年計算。若新加入僱員於保單生效期間獲享此兩項保障，亦需繳付全年保費；如受保會員在保單生效期間被中止保障，有關保費及徵費亦不會獲得退還。
- This product is underwritten by Prudential General Insurance Hong Kong Limited ("PGHK"). The copyrights of the contents of this document are owned by PGHK.  
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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，保誠財險不會在該司法管轄區提供或出售該保險產品。
- Collection of Levy by the Insurance Authority ("IA") - From 1 January 2018 onwards, a levy on insurance premiums for insurance policies will be payable to IA by policy holders. IA will collect the levy from policy holders through insurance companies. The amount of the levy may be subject to change depending on the applicable levy rate, which shall be determined by when the first premium is due which is the date when the policy becomes effective. Policy holder shall commit an offence and be liable to a pecuniary penalty not exceeding HK\$5,000 for failure to timely pay the levy. Levy must be paid when the premium is paid. To avoid any doubt, you must pay us the premium and levy once policy is effective.

In this connection, notwithstanding anything contained in this form, policy provision or any other agreements between us, you agree us with the following assistance as may be necessary to enable us to collect any outstanding levy payable to IA in respect of the policy applied under this application form to the extent applicable and relevant, subject to the terms hereof: -

- you agree the prepayment of levy on prepaid premiums if you pre-pay any premium.

The corresponding levy rate (based on premium payable) and cap per policy per policy year for insurance policies with effective date falling in the period from 1 January 2018 till 31 March 2019 (both dates inclusive) are 0.04% and HK\$2,000; from 1 April 2019 till 31 March 2020 (both dates inclusive) are 0.06% and HK\$3,000; from 1 April 2020 till 31 March 2021 (both dates inclusive) are 0.085% and HK\$4,250; and from 1 April 2021 onwards (date inclusive) are 0.1% and HK\$5,000. For details of levy information, please visit [www.prudential.com.hk/levy](http://www.prudential.com.hk/levy).

#### All the premiums listed in this application form exclude levy.

保險業監管局（「保監局」）收取的徵費 - 由2018年1月1日起，保單持有人必須向保監局繳付保單之保費徵費。保監局將透過保險公司向保單持有人收取徵費，徵費金額會因應適用徵費比率而有所變更，而該比率則以首期保費須繳付當日，即是保單生效日而定。如保單持有人未能依時繳交徵費，即屬違法，可被罰款不超過港幣五千元。徵費需於繳交保費時同時繳交。為免任何疑問，閣下必須於保單生效之日向本公司繳交保費及徵費總額。

有見及此，儘管載於本表格、保單條款或我們之間其他任何協議所包含的任何內容，閣下同意我們在需要時提供以下協助，使我們能夠就閣下透過此申請書申請之保單適當地及相關地根據以下條款，收取任何應向保監局繳付之未繳徵費：

- 閣下同意如繳付預繳保費，將同時被收取預繳徵費。

於2018年1月1日至2019年3月31日（包括首尾兩日）期間生效的保單的徵費比率（以保費為基準）及每份保單每保單周年徵費上限為0.04%及港幣二千元；於2019年4月1日至2020年3月31日（包括首尾兩日）期間生效為0.06%及港幣三千元；於2020年4月1日至2021年3月31日（包括首尾兩日）期間生效為0.085%及港幣四千二百五十元；而於2021年4月1日起（包括該日）生效為0.1%及港幣五千元。有關徵費詳情請瀏覽[www.prudential.com.hk/levy](http://www.prudential.com.hk/levy)。

本表格內列出的所有保費並不包括徵費。

## Member Enrollment Form of PRU *choice* Group Medical Insurance

保誠精選「團體醫療寶」會員登記表

Group 組別	Name of Member (Same as HKID Card / Passport / Birth Certificate "for child age below 11") 會員姓名 (依香港身分證 / 護照 / 出生證明書：適用於11歲或以下之子女)		Status 身份 Employee (E) / 僱員 (E) / Spouse (S) / 配偶 (S) / Child (C) / 子女 (C)	HKID Card No. / Passport No. / Birth Certificate No. (for child age below 11) 香港身分證 / 護照 / 出生證明書 (適用於11歲或以下之子女)	Sex 性別 Male (M) / 男性 (M) / Female (F) / 女性 (F)	Date of Birth (dd/mm/yy) 出生日期 (日/月/年)	Marital Status 婚姻狀況 Single (S) / 單身 (S) / Married (M) / 已婚 (M)	Date of Employment (dd/mm/yy) 入職日期 (日/月/年)	Bank Account No. (For Claims Settlement) 銀行戶口號碼 (備帳之用)			Email Address 電郵地址	Mobile No. 手提電話號碼
	Surname 姓	Given Name 名							Bank 銀行	Branch 分行	A/C 號碼		

Note 備註：Dependants' information should be put immediately following the relevant Employee. Please make more copies of this form for completion if space is insufficient. 家屬的資料須於有關僱員之下一行填寫。如登記表不足填寫，請預先影印以便填寫。



## Declaration 聲明

I / We hereby declare and agree on behalf of the company and associated company participating (if applicable) of the applicant that

本人 / 吾等現聲明及代表申請人公司及參與的相關公司（如適用）同意

1. all eligible employees and dependants (if applicable) are enrolled and all information required by Prudential are submitted to Prudential not later than 31 days after the policy effective date;  
所有合資格的僱員及其家屬（如適用）均需登記，並會於保障生效日期31日內將保誠所需資料提交；
2. the insurance will not be in force until the application has been accepted by Prudential and **the premium has been paid**, except to the extent of any official cover note which may be issued;  
除持有保誠簽發的臨時保單外，保障需在保誠覆核、接納申請表及**已繳付保費**後才生效；
3. the statement in the member enrollment form, the member's census (if any), and the information received by Prudential as to the member's subsequent changes shall be part of this application form, and shall be the basis for underwriting thereof;  
於會員登記表、會員資料表（如有）內的聲明，及會員日後更改的會員資料，均為本申請書的一部份，並將會作為核保的基礎；
4. all eligible employees, for whom this application form is submitted, or may be submitted during the continuance of the Policy, shall be full-time permanent staff working for the applicant in Hong Kong unless otherwise approved by Prudential;  
除非保誠批准，所有獲提交本保險申請表或可能於保單生效日內獲提交申請的合資格僱員，均須為申請人長期聘用及於香港工作的全職僱員；
5. if a member is hospitalized or disabled on or before his / her commencement date, he / she shall not be entitled to such benefits until he/she returns to work;  
如會員於保障生效日當日或之前已入院或染有傷病，他/她將不可享有此保障，直至他/她回復正常工作當日，保障計劃才正式生效；
6. the applicant appoints and authorizes Prudential to act on its (and its Member's) behalf to (i) arrange for registered hospitals, medical practitioners and other "Network" Service Provider to provide health care services to the members; (ii) issue Group Medical Insurance Membership Card to members to obtain health care services from "Network" Service Provider; (iii) accept direct billing from "Network" Service Provider for health care services rendered to the members; (iv) establish, terminate or suspend relationship with "Network" Service Provider as necessary; and (v) recover from members amounts for any ineligible medical treatments (i.e. those excluded from or exceeded the benefit limits under the Policy) by direct billing. The applicant shall be fully liable to all differences/shortfalls due to such ineligible expenses incurred by any member using the Group Medical Insurance Membership Card and reimbursing Prudential in full for such difference/shortfall and the cost of ineligible treatment within 14 days of receipt of invoice. In the event of loss of the Group Medical Insurance Membership Card, the applicant will inform Prudential for full details within 48 hours. Prudential will assume no responsibility and shall not be held liable on account for any further claim which may arise against the "Network" Service Providers.  
申請人委任及授權保誠代其（及代其會員）(i) 安排註冊醫院、醫護人員及其他「網絡」服務提供者，為會員提供醫療服務；(ii) 發放「團體醫療保險會員咭」給會員，讓會員享用「網絡」服務提供者提供的醫療服務；(iii) 接受「網絡」服務提供者向會員提供的醫療服務直接開帳；(iv) 在有需要時建立、終止或暫停與「網絡」服務提供者的關係；及(v) 以直接開帳方式向會員收回所有不合資格的醫療診治（該等超出保單內訂明之範圍或保障上限）所涉及之款項。申請人須全力承擔所有由於會員使用「團體醫療保險會員咭」所涉及的不合資格差額費用或超過最高上限之醫療金額，並須於接獲發票的14天內，就該差額全數賠償給保誠。如若遺失「團體醫療保險會員咭」，申請人必須於48小時內通知保誠有關詳情。保誠不會及不須就任何對「網絡」服務提供者提出的索償申請，承擔任何責任。
7. the applicant accepts Prudential has the right to appoint the new "Network" Service Provider without prior notice.  
申請人同意保誠有權在未有事先通知下，轉用新的「網絡」服務提供者。
8. the applicant will inform all the members about this Policy before transferring their personal information to Prudential. Prudential shall not accept any liability for members not been informed.  
申請人在遞交所需要之個人資料予保誠前，須就有關計劃通知所有成員。保誠不會就計劃成員未被通知的情況而負上任何責任。
9. the applicant has read and understood the content of the brochure before completing and signing this application form.  
申請人於填寫及簽署本申請表前，已經細閱及明白產品小冊子的內容。

## 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，統稱為「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上述第二部分所列的第三方是實施的披露要求。

## 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的）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 (Applicable to individual only 只適用於個人客戶):

- The Applicant/ Policyholder/Insured Person does not wish (i) Prudential General Insurance Hong Kong Limited ("PGHK") to use and provide his/her personal data for direct marketing purposes, and (ii) to receive marketing communications or materials from PGHK.  
保單持有人/申請人/受保人不希望(i)保誠財險有限公司（「保誠財險」）使用及提供他/她的個人資料作直接促銷用途；及(ii)從保誠財險收到促銷信息或資料。

The Applicant/ Policyholder/Insured Person hereby confirm understanding of and agreement to 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。

Authorized Signature of Applicant 申請人授權簽署	Chop of Company (if any) 公司印鑑 (如有)
Name and Position in BLOCK LETTERS (姓名及職位請用英文正楷填寫)	Date 日期
Financail Consultant / Broker's Name 理財顧問 / 經紀名稱 (Please complete in BLOCK LETTERS 請用正楷填寫)	Financial Consultant / Broker's Division and Code 理財顧問 / 經紀組別及編號
Mobile Number 流動電話號碼	Office Location 辦公室地點 CH_/CRB/FTW/LG2/MC_/MP1/PT/PT1/PT2/PT6 /F
For Office Use Only 本公司專用	
Approved By 批核由 Approved Date 批核日期	Policy Effective Date 保單生效日期
Client Code 客戶編號	Policy No. 保單號碼