

PRUChoice MediExtra Medical Insurance – Claim Form

保誠精選「健康寶」醫療保障計劃 — 醫療保險索償申請表

(Please "✓" the appropriate box) (請於適當空格內填上 "✓")

New Claim

新症

Follow-up Claim

覆診



Claim Instructions 申請索償指示

1. Completing Claim Form

Part I: To be completed by Policyowner/Claimant

Part II: To be completed by Attending Physician/ Surgeon (any cost incurred from this Part and the forthcoming medical report fee are to be borne by policyowner/Claimant)

*Supplementary information: To be completed by policyowner/Claimant (Please fill in this section if need to claim from Individual Life policies of the same Insured under Prudential Hong Kong Limited)

2. Submitting the claim form

Note: This policy is deemed as secondary insurance. Please claim against Group/Personal Medical Insurance of the Insured Person firstly before submitting this claim. This policy only covers the amount of eligible medical expenses not reimbursable by Group/Medical Insurance.

Please submit this claim form with original medical receipt(s), certified true copy of receipts (if original kept by other insurer) and claims statement advice of the first claim from Group/Personal Medical Insurance, and all supporting documents, certificates, information and evidence. In all circumstances, a fresh claim form is required for follow-up visits at a later date.

Claim form must be submitted within **90 days** of the expenditure being incurred. Before returning the form, please make sure that all parts have been completed and that you have attached original medical receipt(s) and all supporting documents, certificates, and information. Receipt(s) will not be returned unless requested.

All consultation payment receipts must clearly indicate the consultation date, patient's name, description of charges, diagnosis and operation (if any), together with the signature of Physician/ Surgeon. Prudential General Insurance Hong Kong Limited reserves the right to request for medical report, to be obtained at the expenses of the Insured/claimant, and further information if information on the receipt is insufficient and to appoint an independent medical examiner at its own expenses.

Remarks: Please attach copies of histopathology, endoscopic, diagnostic/laboratory tests report, and/ or operating theatre summary.

No Reimbursement of Claim shall be made for:

- Claim(s) submitted after **90 days** from the date of discharge.
- Insufficient of required information.

3. Returning the completed claim form to:

Prudential General Insurance Hong Kong Limited – PRUChoice MediExtra Medical Insurance

P.O. Box No. 28162, Gloucester Road Post Office, Hong Kong

Tel: (852) 3656 8362 Fax: (852) 2977 1266

4. Getting Your Claim Payment

Approved payment will be settled by autopay to the designated bank account of the insured as provided in the Application Form, or in cheque should the bank account of the autopay not be designated.

1. 填寫醫療保險索償申請表

第一部份：須由保單持有人 / 索償人填寫。

第二部份：須由主診醫生 / 外科醫生填寫。(此部份及將來有可能需提交之醫療報告的所需費用由保單持有人 / 索償人自行支付)

* 補充資料部份：須由保單持有人 / 索償人填寫 (如需在此理賠申請同時根據同一受保人在保誠保險有限公司之個人人壽保單進行索償，請填寫此部份)

2. 呈交索償申請表

注意事項：此保單乃輔助保險。在向本公司提出索償前，必須先向受保人的團體 / 個人醫療保險提出索償。本保單只保障所有合資格而並未於團體 / 個人醫療保險中獲得賠償的醫療費用。請將本索償申請表連同醫療單據正本、核實副本收據 (如正本收據已交與其他保險公司) 及向團體 / 個人醫療保險首次索償的賠償結算通知書、所有相關文件、證書、資料及證據一併交回。在任何情況下，如需於日後覆診，必須填寫新的索償申請表。

索償申請表必須在支付費用後**90日**內交回。在交回本表時，請確保各部份經已填妥，及已附上醫療單據正本、所有相關文件、證書及資料。除非有特別要求，否則有關單據將不會退還。所有診視收據必須清楚列明診視日期、就診者姓名、收費資料、診斷及手術名稱 (如適用)，並由主診醫生 / 外科醫生簽署。如填報資料不足，保誠財險有限公司有權索取醫療報告及其他有關資料，取得報告之費用由保單持有人 / 索償人支付，保誠財險有限公司保留自付費用指派獨立醫療審核人之權利。

備註：請連同病理學、內視鏡、診斷性化驗 / 檢驗報告及 / 或手術室摘要交回本公司。

根據以下情況，索償申請將不獲辦理：

- 索償申請於出院日**90日**後遞交。
- 所需資料不足。

3. 請將填妥之索償申請表交回：

保誠財險有限公司 - 保誠精選「健康寶」

香港告士打道郵政局郵政信箱28162號

電話：(852) 3656 8362 傳真：(852) 2977 1266

4. 收取索償款項

經批核後的索償款項將以自動轉賬形式，給予投保申請表上提供之保單持有人戶口；或在有關自動轉賬戶口號碼未有提供時以支票給付保單持有人

PART I – To be completed by Policyowner / Claimant 第一部份 由保單持有人 / 索償人填寫

Name of Policyowner / Claimant:

保單持有人 / 索償人姓名 _____

Patient's Date of Birth (DD/MM/YYYY):

就診者出生日期 (日/月/年) _____

Name of Patient:

就診者姓名 _____

Sex:

性別 _____

Daytime Contact Tel No.:

日間聯絡電話 _____

Policy No. of Patient:

就診者保單號碼 _____

Date of Claimed Treatment (DD/MM/YYYY): From

索償治療日期 (日/月/年) 由 _____

To

至 _____

Return certified true copy of receipt(s)?

退回醫療費用收據核實副本? Yes 是

1. If hospitalisation was due to illness 若因疾病而住院

- a. Describe the symptoms and / or abnormalities which led to the hospitalisation
請列出導致是次入院的病徵及 / 或其他症狀
- _____

- b. Name of doctor first consulted for the illness 初診醫生姓名
- _____

- c. Date of the first consultation (DD/MM/YYYY) 初診日期 (日/月/年)
- _____

- d. When had these symptoms and / or abnormalities first appeared?
於何日首次出現上述症狀及 / 或其他症狀?
- _____

- e. Has the patient been treated by other doctor(s) for similar or related illness in the past?
就診者有否曾因同一或有關之病症而向其他醫生求診或入院?

Yes 有

No 無

If Yes, please specify 如有，請列明

Date of Treatment (DD/ MM/ YYYY) 治療日期 (日/月/年) _____

Name & address of the doctor(s) / hospital(s) 醫生 / 醫院名稱及地址

2. If hospitalisation was due to accident 若因意外而住院

- a. When did it happen? 意外何時發生?

Date (DD/ MM/ YYYY)

日期 (日/月/年) _____

Time

時間 _____

- b. Where and how did it happen? 意外發生地點及經過?
- _____

- c. Please specify the Injured area, type and severity of the injury
請列明意外受傷部份、類別及傷勢
- _____

- d. Did the patient report to the police? 就診者有否報警?

Yes 有

A copy of the police report to be attached
請提交有關檔案副本一份

No 否

- e. Was there any concurrent / predisposing illness at the time of the accident?
意外發生時，是否有其他已存在之疾病?
- _____

- f. Other information 其他資料 _____

3. Please specify the breakdown of settlement claims statement for the same event from Group/Personal Medical insurance of other insurer(s) / organisation (s) as below.

請列明其他保險公司 / 機構的團體 / 個人醫療保險就此事所作出的賠償之項目明細如下。

Name of Insurance Company / Organization

保險公司 / 機構名稱 _____

Benefit Type

保障類別 _____

Policy No. / Membership No.

保單 / 會員編號 _____

Benefits Amount Claimed / Received

申請 / 接受之賠償數目 _____

Result / Status

結果 / 狀況 _____

Please provide certified true copy of receipts (if original kept by other insurer) and claims statement advice from Group/Personal Medical insurance of other insurer(s) / organisation(s).

請提供核實副本收據 (如正本收據已交與其他保險公司) 及來自其他保險公司 / 機構的團體 / 個人醫療保險的賠償結算通知書。

Please tick where it is appropriate to confirm the declaration as below if policyowner/claimant cannot provide certified true copy of receipts and claims statement advice.

如無法提供核實副本收據及賠償結算通知書，請在適當位置劃上剔號以確認以下聲明：

- Policyowner/claimant is not covered by a Group or Personal Medical insurance currently and did not submit this claim from other Group/Personal Medical insurance for the same event.

保單持有人 / 索償人現時並沒有受保於其他團體或個人醫療保險，亦沒有就此事向其他團體或個人醫療保險提出索償。

Reason of not being covered by any Group/Personal Medical Policy:

沒有受保於任何團體/個人醫療保險的原因： _____

Part II – To be completed by Attending Physician/ Surgeon (For Hospital Claim Only)
第二部份 由主診/ 外科醫生填寫 (只供住院索償申報)

Name of Patient 就診者姓名 _____	HKID/ Birth Certificate No. of Patient 就診者身份證號碼/ 護照號碼 _____
Admission Date (DD/MM/YYYY) 入院日期 (日/月/年) _____	Discharge Date (DD/MM/YYYY) 出院日期 (日/月/年) _____

A. Clinical History 診斷病歷紀錄

1. Date on which the patient first consulted you for the hospitalised illness or bodily injury. (DD/MM/YYYY) 就診者首次就此疾病或身體受傷之求診日期。(日/月/年)

2. Please describe the symptoms and complaints of the patient for this hospitalisation. 請描述是次就診者住院之病徵及申訴。

3. According to the medical history given by the patient, how long had the patient been experiencing these symptoms before the first consultation? 根據就診者提供的病歷，在就診者首次求診前，該病徵已存在多長時間?
_____ Day(s)日 _____ Month(s)月 _____ Year(s)年, or since 或由 _____ 開始
4. What was your clinical diagnosis and when was it made? (DD/MM/YYYY) 閣下曾作出甚麼診斷及在何時作出?(日/月/年)

5. How long, in your option, has the patient suffered from these symptom(s)? 根據閣下的專業意見，就診者在接受第一次診症之前，該病症已持續了多久?

B. Hospitalisation History 住院病歷紀錄

Final Diagnosis 診斷結果 _____	When was it made (DD/ MM/ YYYY) 何時診斷 (日/ 月/ 年) _____	Date of Operation (DD/ MM/YYYY) 手術日期 (日/月/年) _____
Operation performed 手術名稱 _____	Surgeon's name 外科醫生姓名 _____	

Recommended treatment & the reason for the treatment 建議接受治療之名稱及原因

Recommended diagnostic tests & the reason for the tests 建議接受診斷性檢查之名稱及原因

1. If you have referred other medical practitioner to the patient during the hospitalisation, please provide the following relevant information. 於住院期間，如閣下已將病人轉介予其他醫生，請提供下列有關資料。
Name of referred medical practitioner 轉介醫生姓名 _____ Reason of referral 轉介原因 _____ Treatment performed 治療名稱 _____
2. Brief discharge summary (including onset & duration of sign & symptoms/ illness, etiology, types & results of major examination, treatment, complication & follow up plan). 出院摘要(請列出有關病徵/ 疾病的病發日期、病因、檢驗性質及結果、治療、併發症及跟進計劃)

3. Had the patient confined in Intensive Care Unit? 病人有否入住深切治療部?
 No 沒有 Yes, please provide information on the right 有, 請提供右方所需資料
From _____ To _____
Day 日 / Month 月 / Year 年 Day 日 / Month 月 / Year 年
4. Has the patient taken any home leave during this hospitalisation? 於住院期間，病人有否請假外出?
 No 無 Yes 有 Please state the date (DD/ MM/ YYYY), time and reason 請列明日期(日/月/年)、時間及原因

Remarks: Please attach copies of histopathology, endoscopic, diagnostic/ laboratory test report, operation theatre summary 備註：請連同病理學、內視鏡、診斷檢查/ 檢驗報告、手術室摘要副本交回。

C. Professional Comment 專業意見

1. In your opinion, was the hospitalised illness a recurrent episode or a chronic disease? If so, when would be the first episode? (DD/ MM/ YYYY)
就閣下意見，是次住院的疾病是否為復發性病征或慢性病征？如是，何時為首次病征日期?(日/月/年)

2. Has the patient ever had the same or similar symptom(s) before? 病人以前曾否患有同類或類似病徵?
 No 無 Yes 有 Please state when (DD/ MM/ YYYY) and describe details 請說明日期(日/月/年)及描述詳情

3. Was the condition due to or associated with the following? (circle the appropriate answer) 上述情況是否因下列問題所致? (請圈出合適答案)
accidental bodily injury\ abuse of drugs or alcohol\ AIDS\ HIV related illness\ venereal disease or sexually transmitted disease\ pregnancy, infertility or sterilization\ refractive error\ cosmetic or plastic surgery\ psychiatric or psychological condition \ congenital condition\ hereditary condition\ developmental condition\ self-inflicted injury\ general check up or vaccination) **NONE OF THE ABOVE**
意外身體受傷\ 濫用藥物或酒精\ 後天免疫力缺乏症(愛滋病)\ 與人類免疫力缺乏病毒(HIV)\ 性病或因性接觸感染之疾病、懷孕、不育或絕育\ 視力屈光不正\ 美容或整容手術\ 精神異常情況或心理精神異常情況、先天性情況、遺傳性情況、發育中出現異常情況、自我傷害、一般身體檢查或防疫注射、**以上全不適用**
4. Had the patient been previously treated or hospitalised for this or any other illness? If so, please give brief summary (including onset & duration of signs & symptoms/ illness; etiology; type & results of major examination; treatment, complication & follow up results) 病人過去曾否因此疾病或其他疾病接受治療或住院? 如是，請攞說明 (請列出有關病徵/ 疾病的病發日期、病因、檢驗性質及結果、治療、併發症及跟果。)
Date (DD/MM/YYYY) _____ Illness/ Disorder/ Complaint 疾病/ 失調/ 申訴 _____ Details of Treatment / Hospitalisation 治療/ 住院詳情 _____ Name of attending Physician or Surgeon/ Hospital 主診醫生或外科醫生姓名/ 醫院名稱
日期 (日/月/年) _____

(Please use any separate paper with the doctor's signature on it if more space is needed 若需另頁填寫，每頁需由醫生簽署作實)

D. Others 其他

1. Are you the patient's usual attending Physician or Surgeon? 閣下是否病人的長期主診醫生/ 外科醫生?
 Yes, please fill in question 2 是, 請填寫問題2
 No, does the patient have any other usual/ family attending Physician(s)/ Surgeon(s)? If yes, please give us the name(s). 病人是否有其他長期/家庭主診或外科醫生? 如是, 請提供姓名。

2. Please fill in the date of consultation and the symptoms and complaints of the patient for each consultation 請填寫診視日期, 及每次診視的病徵及申訴
Consultation date (DD/ MM/ YYYY) _____ Symptoms/ Complaints 病徵/ 申訴 _____ Recommended tests/ treatment 建議的檢查/ 治療 _____
診視日期 (日/ 月/ 年) _____
3. If you are referred by other attending Physician/ Surgeon, please provide the name, contact number and address of Physician/ Surgeon.
如閣下乃其他主診醫生/ 外科醫生轉介, 請提供該醫生/ 外科醫生姓名、聯絡電話及地址。

Signature & Chop of attending Physician/ Surgeon or Hospital Stamp
主診醫生/ 外科醫生簽署及執業印鑑或醫院蓋章

Signature & Chop of attending Physician/ Surgeon or Hospital Stamp
主診醫生/ 外科醫生簽署及執業印鑑或醫院蓋章

Name of attending Physician/ Surgeon
主診醫生/ 外科醫生姓名

Date (DD/MM/YYYY)
日期 (日/月/年)

Declaration and Authorisation 聲明及授權

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future. A photocopy of this authorization shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此案償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

Personal Information Collection Statement (“PICS”) 收集個人資料聲明

Prudential General Insurance 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 or helpful for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements (including the purposes mentioned below), or even for security purpose. 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, biometric data including but not limited to your voice pattern, fingerprint and facial images, your location information based on your device, financial and medical information (“Personal Information”) to provide you with the insurance or financial products or services. “Personal information” shall also include, but not be limited to, the personal information relating to your beneficiaries (or any other person designated or entitled to receive any benefits under an insurance policy), dependents, authorised representatives, company staff, and other individuals in relation to which you have provided personal information. If you provide personal information about another person to us, you confirm that you are either their parent or guardian or you have obtained that person's consent to provide such personal information for use and transfer by the Company for the purposes set out in this PICS. 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.

保誠財險有限公司（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或有幫助的個人資料。為向閣下提供保險或金融產品或服務，遵守法定或合同要求（以下概述的其他目的），及保安目的，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、生物辨識資料，包括但不限於閣下的聲音模式、指紋及面部圖像、基於閣下的流動或其他電子裝置收集閣下的位置資料、財務及醫療資料（「個人資料」）。「個人資料」將包括但不限於與有關以下人士的個人資料：閣下的受益人（或任何其他根據保單被指定或有權獲得任何利益的人）、收養人、授權代表、公司職員和閣下曾提供其個人資料的其他人士。如閣下向我們提供其他人士的個人資料，即表示閣下確認閣下是該人的父母或監護人或閣下已取得該人士的同意以提供個人資料供本公司按此收集個人資料聲明的目的使用和轉移。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。

China Personal Information Protection Law (PIPL) 《中華人民共和國個人信息保護法》

The PIPL Addendum supplements the Personal Information Collection Statement and applies to you if you are located in Mainland China. The PIPL Addendum is available on our website at <https://www.prudential.com.hk/en/china-personal-information-protection-law/>

中國內地補充內容是對本個人信息收集聲明的補充，如果您在中國內地則適用此補充內容。您可在本網站 <https://www.prudential.com.hk/tc/china-personal-information-protection-law/> 查閱中國內地補充內容。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) the administration of our products and services, including to provide any relevant services as discussed with you prior to any purchase of a product or service; (b) to process your application; (c) to administer and process insurance policies, insurance claims, medical, security and underwriting checks; (d) to process payment instructions; (e) to verify your eligibility for insurance, financial or wealth management products and services; (f) to design and provide you with insurance, financial and related products and services; (g) to communicate with you; (h) 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), including but not limited to anti-money laundering and Know-Your-Client obligations; (i) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application) and/ or other illegal activity, or security or technical issues; (j) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (k) to provide customer services; (l) to perform automated decision-making or profiling; (m) to perform a policy review or needs analysis; (n) to conduct research and statistical analysis (including use of new technologies); (o) to administer lucky draws and other contests; (p) to enable us to perform our obligations to you; (q) to keep your information on record and carry out other internal business administration; (r) with your specific consent where required for direct marketing as explained in Section 3 below, personalise and tailor, customised promotions, messages and suggestions to you; and (s) 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 in Section 3 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.

我們可能會使用閣下的個人資料作下列目的：(a) 管理我們的產品和服務，包括在購買產品或服務之前提供已與閣下討論的任何相關服務；(b) 處理閣下的申請；(c) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(d) 處理付款指示；(e) 核實閣下申請保險、金融或財富管理產品及服務的資格；(f) 設計及為閣下提供保險、金融及相關的產品和服務；(g) 與閣下進行通訊；(h) 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），包括但不限於打擊洗錢和認識你的客戶（KYC）義務；(i) 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發出的保單）及/ 或其他非法行為或安全/ 技術問題；(j) 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實；(k) 提供客戶服務；(l) 執行自動決策或資料剖析；(m) 進行保單審查或需求分析；(n) 進行研究和統計分析（包括使用新科技）；(o) 進行管理幸運抽獎和其他比賽；(p) 使我們能夠履行對閣下的義務；(q) 保持閣下的資料記錄並執行其他內部業務管理；(r) 為直接市場推廣需要並在有需要時經閣下的特定同意下，如以下第3部分所述，為閣下量身訂製個性化的促銷、消息和建議；及(s) 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第3部分所列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. Classes of Transferees 被資料轉交者的類別

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 including but not limited to Prudential General Insurance Hong Kong Limited (“companies within the Prudential Group”) and their respective insurance agents, and to our financial/ medical/ wellness/ health business partners. We may also disclose your Personal Information to the following third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above: (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, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation other insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees, auditors, IT service and platform providers, insurance intermediaries, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, and selected third party financial and insurance product providers); (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) financial crime prevention agencies, any legal, regulatory, law enforcement or government bodies and the courts. We may also disclose your Personal Information to an actual or proposed assignee or participant 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.

我們可能會向該公司集團，包括本公司以及其他母公司為保誠集團成員的實體包括但不限於保誠財險有限公司（「保誠集團內的公司」）及他們各自的保險代理，及我們的金融/ 醫療/ 保健/ 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，我們亦可能會向下列第三方（在香港境內或境外）透露閣下的個人資料：(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實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、信息技術、數據處理及儲存、客戶滿意度分析、付款、印刷、贈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（包括但不限於其他保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人、審計師、IT服務及平台供應商、保險中介、投資經理、代理、退休金受託人及其他持份者）、計劃顧問、介紹人及選定的第三方金融和保險產品供應商；(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) 預防金融罪案機構、任何法律、監管和執法機構或政府機構及法院。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予該等的實在或擬議受讓人或參與人。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. Use and Transfer of Personal Data for Direct Marketing Purposes 使用及轉移個人資料作直接促銷用途

With your consent, we intend to use your name and contact details for promotional and marketing purpose including sending marketing communications and conducting direct marketing to you by electronic and non-electronic means including by post, in relation to the following products, services and subjects, and we require your consent in order to do so: insurance; annuities; retirement schemes; pensions; wealth and financial management; estate management; investment; financial; medical/ wellness/ health related products, reward/loyalty programme services and subjects ("Classes of Marketing Subjects").

We also intend to transfer your name and contact details to our insurance agents, other companies within the Prudential Group and their respective insurance agents, our Business Partners, and our Marketing Partners, to enable them to market any of the Classes of Marketing Subjects to you, and your written consent is required in order for us to do so. We may provide your personal data to such transferees for gain.

If you change your mind, and/ or you would like to opt-out of receiving direct marketing, you can advise our Data Protection Officer at service@prudential.com.hk.

經閣下的同意，我們擬使用閣下的姓名和聯絡資料，用於宣傳和市場推廣用途，包括通過電子和非電子方式（包括郵寄）向閣下發送市場推廣通訊和進行直接促銷，就以下產品、服務和目的，我們需要閣下的同意才可以這樣做：保險；年金；退休計劃；退休金；財富和財務管理；遺產管理；投資；金融；醫療/ 保健/ 健康相關產品；獎賞/ 優惠計劃服務及目的（「促銷標的類別」）。

我們亦擬將閣下的姓名和聯絡資料轉移給我們的保險代理人、保誠集團內的其他公司及其保險代理人、我們的業務合作夥伴和營銷合作夥伴，以使他們能夠向閣下推銷任何促銷標的類別，並且需要閣下的書面同意才能這樣做。我們可能因向此類受讓人提供閣下的個人資料而獲得利益。

如閣下改變主意，及/ 或閣下想選擇不接受直接市場推廣，可以與我們的資料保護主任聯絡（service@prudential.com.hk）。

4. 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. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

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。

5. 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. 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 contact us using the details on "Contact Us" section of the Company website (<https://www.prudential.com.hk/scws/pages/en/contact-us/contact-us-home/index.html>) 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. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>. By completing and progressing with this form, you confirm that you have read and understood this PICS.

Business Partners means our service providers who provide administrative, telecommunications, computer, information technology, data processing and storage, customer satisfaction analysis, payment, printing, redemption or other services to us to enable us to operate our business, accountants, auditors, IT service and platform providers, insurance intermediaries, reinsurers, investment managers, agents, pension trustees (and other stakeholders), scheme advisors, introducers, selected third party financial and insurance product providers, and our legal advisers.

Marketing Partners means our service providers who provide administrative, telecommunications, computer, payment, printing, third-party rewards/ loyalty/ privileges programs, medical/ health/ wellness related products, redemption or other services to us to enable us to operate our business, insurance intermediaries, pension trustees (and other stakeholders), scheme advisors, introducers and selected third party financial and insurance product providers.

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，請聯絡我們，閣下可以發送電郵至service@prudential.com.hk或使用本公司網站(<https://www.prudential.com.hk/scws/pages/tc/contact-us/contact-us-home/index.html>)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。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。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。

業務合作夥伴指我們的服務供應商、提供行政、電信、電腦、信息技術、數據處理及儲存、客戶滿意度分析、支付、印刷、贖回或其他服務予我們，以使我們能夠經營我們業務，會計師、審計師、IT服務和平台供應商、保險中介機構、再保險承保人、投資經理、代理、退休金受託人（和其他持分者）、計劃顧問、介紹人、核准的第三方金融和保險產品供應商以及我們的法律顧問。

營銷合作夥伴指我們的服務供應商提供行政、電信、電腦、支付、印刷、第三方獎賞/ 會員/ 優惠計劃、醫療/ 健康/ 保健相關產品、贖回或其他服務，以使我們能夠經營我們業務、保險中介、退休金受託人（和其他持分者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Are you currently a customer in mainland China? 您現在是否是個中國內地客戶？

- Yes 是
(If "Yes", please tick below box to agree the following statement. If you disagree with this statement, we may not be able to process your request / application.
如「是」，請勾選以下選項以同意下列聲明。如您不同意以下聲明，我們可能無法處理您的指示/申請。)
- By ticking this box, you agree that as an international group company, in order to provide insurance-related products or services, we may need to store and process your personal information outside of mainland China. Please refer to our Privacy Notice (<https://www.prudential.com.hk/en/chinapersonal-information-protection-law/>) for more information.
勾選此項，表示您同意，我們作為國際集團公司，為提供保險相關產品或服務，可能需要在中國內地境外存儲或處理您的個人信息。更多資訊，請參閱我們的隱私聲明 (<https://www.prudential.com.hk/tc/china-personal-information-protection-law/>)。
- No 否

Signature (Employee/Patient/Parent of patient if patient aged under 18) 簽署（僱員/就診者/就診者的父母如果就診者不足十八歲） X	Financial Consultant's Name (Please complete in BLOCK LETTERS) 理財顧問名稱（請用正楷填寫）	
	Financial Consultant's Division and Code 理財顧問組別及編號	
Date (DD/MM/YYYY) 日期（日/月/年）	Mobile Number 流動電話號碼	Office Location 辦公地點

Supplementary Information – Claims Arrangement for Individual Life Policy under Prudential Hong Kong Limited and Individual Health Policy under Prudential General Insurance Hong Kong
補充資料 – 保誠保險有限公司個人人壽保單及保誠財險有限公司團體醫療理賠安排

Important Notes 重要提示：

Please fill in this section if need to claim from Life policies of the same employee / member under Prudential Hong Kong Limited
 如需在此理賠申請同時根據同一受保人在保誠保險有限公司的個人人壽保單進行索償，請填寫此部份

Claim Sequence 理賠順序 *Not applicable to Hospital Cash / Surgical Cash 不適用於住院現金 / 手術現金	<input type="checkbox"/> Individual Life Policies -> Employee Benefit Policies 個人人壽保單 -> 團體醫療保單 <input type="checkbox"/> Employee Benefits -> Individual Life Policies 團體醫療保單 -> 個人人壽保單	
Benefit(s) to claims 理賠類別	<input type="checkbox"/> Medical Expenses Benefit 醫療費用保障 <input type="checkbox"/> Hospital Cash / Surgical Cash 住院現金 / 手術現金	
Type of Claim 理賠種類	<input type="checkbox"/> New Claim for Day Surgery 新理賠申請 – 日間手術 <input type="checkbox"/> New Claim for Hospitalisation 新理賠申請 – 住院 <input type="checkbox"/> Further Claim (Applicable to Pre-Admission and Follow-Up Consultation only) 再度理賠 (只適用於住院前及出院後門診保障)	
Individual Life Policy Information 個人人壽保單資料		
Policy Number 保單號碼	Name of Policyowner 保單持有人姓名	Policyowner Contact No. 保單持有人聯絡電話號碼
Name of Financial Consultant 理財顧問姓名	Financial Consultant Contact No. 理財顧問聯絡電話號碼	Financial Consultant Code 理財顧問編號
Life Assured's Residential Address 受保人居住地址 *Do not need to fill in If not changed 如沒有更改，請毋須填寫	Division Code & Branch Office 分區編號及分行地點	
Individual Life Policy Settlement Option 個人人壽保單理賠支付方式		
By FPS 轉數快	<input type="checkbox"/> Please provide the FPS Identifier or mobile number or email of policyowner's FPS account 請提供保單持有人的轉數快戶口之識別碼或手機號碼或電郵 (If the transfer limit of FPS is lower than the claims settlement amount, the remaining balance of claims settlement amount will be made by cheque in case of failure to transfer to FPS. 如果轉數快的轉賬限額低於理賠金額，未能成功經轉數快轉賬的理賠金額的餘額會以支票方式支付。)	
	Information of FPS Identifier or mobile number or email 轉數快戶口之識別碼或手機號碼或電郵的資料	
By Direct Credit 直接轉賬存款	<input type="checkbox"/> To Premium Deposit Account of the policies being claimed 至理賠保單的保費儲蓄戶口 (Only applicable to inforce policy with premium payment 只適用於生效並需繳付保費之保單)	
	<input type="checkbox"/> To last claim payout account 至上一次理賠的轉賬戶口	
	<input type="checkbox"/> To a HKD bank account opened in Hong Kong held by the Policyowner 至保單持有人於香港開立的港元戶口 (Please provide account proof, i.e. copy of bank statement or bankbook bearing the name of account holder and account number. If account proof cannot be provided, the claims settlement shall be delayed. Not applicable to joint account (請提供賬戶證明，即是印有賬戶持有人姓名及銀行賬號之銀行月結單或銀行存摺副本。如未能提供，理賠支付將有可能被延遲。不適用於聯名戶口)	
	Bank No. 銀行編號	Branch No. 分行編號
	Account No. 銀行賬戶號碼	
By Cheque 支票	<input type="checkbox"/> Deliver through Financial Consultant 由理財顧問轉遞 <input type="checkbox"/> By Ordinary Mail to the Policyowner's correspondence address in the Company's record 以平郵方式郵寄至保單持有人於本公司記錄上的通訊地址	

Remark 註：(Only applicable to Individual Life Policy 只適用於個人人壽保單)

- Please select only one of the settlement options for each claim submission. If unspecified or without clear instruction, claims cheque in HKD will be delivered via Financial Consultant.
請就每宗理賠申請選擇一種理賠支付方式。如未有註明或清晰指示，理賠之港元支票將交由理財顧問轉遞。
- Policy currency will be paid for direct credit to Premium Deposit Account. All other settlements will be made in HKD and the HKD equivalent is based on the currency exchange rate determined by Prudential on the basis of the Company's internal exchange rate.
經直接轉賬至保費儲蓄戶口的理賠金額將以保單貨幣支付。所有其他理賠方法則將以港元支付，而其港元等值將會以保誠公司內部釐定之匯率折算。
- Claims payout will be made by cheque and delivered via Financial Consultant in case of failure to transfer to FPS or to Premium Deposit Account.
如理賠金額未能成功經轉數快或直接轉賬至指定之銀行戶口或保費儲蓄戶口，相關理賠金額將以支票形式支付及交由理財顧問轉遞。
- If the bank account provided in this form for claim settlement is non-HKD bank account (e.g. USD account of integrated bank account), the insurance benefit in Hong Kong dollar will be paid to your designated bank account which may then be converted by your bank from Hong Kong dollar to the currency of your bank account based on the exchange rate as determined by the bank. Prudential takes no responsibility for the exchange rate imposed by your bank.
如在本表格指定作理賠金額直接轉賬存款之戶口為非港元戶口(如綜合戶口內的美元戶口)，以港元支付之保險理賠金額將入賬於閣下指定之戶口，貴銀行可能隨即根據其釐定之匯率折算為戶口之貨幣。保誠不會就貴銀行釐定之匯率折算負上任何責任。
- Prudential reserves the right for final decision of the claims settlement option.
保誠對理賠支付方式擁有最終的決定權。

Documents Submission Checklist for Individual Life Policy 個人人壽保單所需文件檢核表 (Original documents will NOT be returned 正本恕不退還)		
Document Type 文件類別	Medical Expenses Benefit 醫療費用保障	Hospital Cash / Surgical Cash 住院現金 / 手術現金
Claim Form Part I and Part II 理賠申請書第一及第二部分	*	*
Copy of Discharge Summary / Discharge Slip 出院總結/出院紙副本	*	*
Copy of Laboratory Report / X-Ray Report / CT scan Report / MRI Report / Pathological Report 各項報告之副本, 如化驗報告/X光報告/電腦掃描報告/磁力共振報告/病理檢驗報告	*	*
Copy of Identification Document of Life Assured & Policyowner 受保人及保單持有人之身份證明文件副本	*	*
Copy of Admission Note, Discharge Summary, Discharge Certificate, Daily Medical Record & Temperature Sheet of hospital in Mainland China 中國內地醫院之入院紀錄、出院小結、病案首頁、每日醫囑單及體溫表副本	*	*
Medical Receipt(s) and Statement(s) of Charges 醫療收據及收費單 (費用明細表)	* (Original 正本)	* (Copy 副本)
Copy of Sick Leave Certificate with clear diagnosis 列明診斷證明之病假證明書副本	#	#
Copy of Referral Letter by Registered Physician / Hospital 註冊醫生/醫院轉介信副本	#	#
Copy of Settlement Advice from another insurance provider, if any 其他保險機構之理賠通知書副本 (如有)	#	#
Copy of proof for the policyowner's bank account 保單持有人之銀行賬戶證明副本	* (For direct credit to Hong Kong HKD a/c only 如選擇直接轉賬至香港港元戶口)	* (For direct credit to Hong Kong HKD a/c only 如選擇直接轉賬至香港港元戶口)

* Required Document 基本文件 # Additional Documents 附加文件

Declaration & Authorization 聲明及授權

I / We, the Life Assured / Policyowner / Claimant, declare that the above information is true and complete to the best of my / our knowledge and belief.

I / We, the Life Assured / Policyowner / Claimant, hereby agree and authorise Prudential General Insurance Hong Kong to pass this claim form and all related documents to Prudential Hong Kong Limited.

I / We, the Life Assured / Policyowner / Claimant, hereby confirm my / our understanding of and agreement to the Personal Information Collection Statement from Prudential Hong Kong Limited ("the Company").

I/We, the Life Assured / Policyowner / Claimant, authorize on behalf of myself / ourselves and the minor Life Assured (if any) that (1) any doctors, hospitals, clinics, insurance companies, employers, organizations and persons that have any medical history or records or knowledge of me / us / the minor Life Assured, whom I / we / the minor Life Assured have attended or may hereafter attend may disclose such information to the Company for the purpose of assessing and processing the proposal for assurance and claims and providing subsequent services.

To avoid any uncertainty, this authorization shall binding on my / our successors, assignees, executors and administrators and shall remain valid notwithstanding my / our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorization shall be deemed to be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to underwrite and evaluate the health status of myself / ourselves / the minor Life Assured in relation to the proposal for assurance and any claims arising therefrom.

On each policy anniversary, if no claim is made under the plan for the last 36 consecutive months ("Relevant Period"), we will offer a no claim discount or no claim bonus (as the case maybe). If this claim relates to any Relevant Period under the policy provisions becomes subsequently payable after a no claim discount or no claim bonus (as the case maybe) has been paid, I/we, the Life Assured / Policyowner / Claimant, authorize Prudential to off-set such relevant discount or bonus paid (if any) from the amount of claim payable.

[Applicable to designated products only] On each policy anniversary, if no claim is made under the plan during the required No Claim Bonus / No Claim Discount ("NCD" / "NCB") period (length of period depends on products), we will offer a NCD or NCB (as the case maybe). If this claim relates to any NCB / NCD period under the policy provisions becomes subsequently after a no claim discount or no claim bonus (as the case maybe) has been paid, I/we, the Life Assured / Policyowner / Claimant, authorize Prudential to off-set such relevant discount or bonus paid (if any) from the amount of claim payable.

本人/吾等, 受保人/保單持有人/索償人, 特此聲明就本人/吾等所知所信, 以上資料均為正確無訛及完整。

本人/吾等, 受保人/保單持有人/索償人, 在此同意並授權保誠財險有限公司將此理索償申請表及所有相關文件交予保誠保險有限公司。

本人/吾等, 受保人/保單持有人/索償人, 在此確認本人/吾等明白並同意保誠保險有限公司("貴公司")之收集個人資料聲明。

本人/吾等, 受保人/保單持有人/索償人, 代表本人/吾等及尚未成年之受保人(如有)茲授權(1) 任何醫生、醫院、診所、保險公司、僱主、機構或人士, 將已經或其後存錄的有關本人/吾等/尚未成年之受保人之醫療病歷、紀錄或其他資料披露予貴公司, 作為評估及處理此投保申請及索償及提供其後服務之用。為免任何疑問, 本授權書對本人/吾等之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人/吾等死亡或無行為能力(包括但不限於精神上無行為能力), 本授權書仍具有效力。本授權書之副本將被視為與正本同樣效力;(2) 貴公司或任何由貴公司指定之醫生、醫務人員或化驗所, 可就此投保申請或任何有關索償申請替本人/吾等/尚未成年之受保人進行所需之醫療評估及測試, 以審核本人/吾等/尚未成年之受保人之健康狀況。

在每個保單周年日, 只要在該日前連續36個月("有關期間"), 沒有就該保單作出索償, 我們將提供無索償折扣或無索償獎賞(視情況而定)。假如在支付無索償折扣或無索償獎賞(視情況而定)後, 此索償於該有關期間內發生並其後須根據保單條款作出賠償。本人/吾等, 受保人/保單持有人/索償人, 茲授權貴公司在支付索償的金額中, 扣除已發出的無索償折扣或無索償獎賞(如有)。

[只適用於指定產品]在每個保單周年日, 只要在有關無索償折扣/無索償獎賞期間(期間視乎產品而定), 沒有就該保單作出索償, 我們將提供無索償折扣或無索償獎賞(視乎情況而定)。假如在無索償折扣或無索償獎賞(視乎情況而定)後, 此索償於該有關期間內發生並其後須根據保單條款作出賠償, 本人/吾等, 受保人/保單持有人/索償人, 茲授權貴公司在支付索償的金額中, 扣除已發出的無索償折扣或無索償獎賞(如有)。

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。

/ /
Day 日 Month 月 Year 年

Signature of Policyowner / Claimant of Individual Life Policy
個人人壽保單持有人/索償人簽名

/ /
Day 日 Month 月 Year 年

Signature of Life Assured of Individual Life Policy
個人人壽保單受保人簽名

End