

Disability Claim Form

傷殘保障理賠申請書



Name of Consultant 顧問姓名	Consultant Mobile Phone No. 顧問流動電話號碼
Agent Code 代理編號	Division Code & Branch Office 分區編號及分行地點

Part I – Claimant's Certificate (to be completed by Life Assured / Policyowner / Claimant) 第一部分 – 索償人申請書 (由受保人 / 保單持有人 / 索償人填寫)

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 <small>*For claim status follow up and communication use 用作跟進理賠進度及聯絡</small>	Name of Life Assured 受保人姓名
Policyowner Contact Phone No. 保單持有人聯絡電話	ID / Birth Cert. No. of Life Assured 受保人之身份證 / 出生證明書號碼
Residential Address 居住地址	
Name and Address of Life Assured's Employer 受保人僱主 (公司) 名稱及地址	
Life Assured's Present Occupation / Job Nature 受保人現職 / 職責	<input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再度索償 <input type="checkbox"/> Pending Claim 待決賠償
Benefit(s) to claim 索償類別 <input type="checkbox"/> TDWPB 完全傷殘豁免傷病保障 <input type="checkbox"/> DIB - Income Benefit 傷病入息保障計劃 - 入息保障 <input type="checkbox"/> DIB - Residual Benefit 傷病入息保障計劃 - 部分傷殘保障 <input type="checkbox"/> TPD 完全及永久傷病保障計劃 * <input type="checkbox"/> PB - Disability 供款人保障 <input type="checkbox"/> Dismemberment 斷肢保障 <small>*Once a claim for Accelerated Disability Benefit of PRULife Protector II (PLP2) is paid, the entire policy (including but not limited to any supplementary benefits attached to the basic benefit) will terminate immediately. 如保單為美好人生保障計劃II (PLP2) 的預支傷病保障索償一經支付, 整份保單 (包括但不限於任何附加於基本保障的附加保障) 將立即終止。</small>	

Employment Details 就業詳情

a) Last date of work before disability 傷殘前最後上班日期	____/____/____ (DD/MM/YY) (日/月/年)
b) Sick leave from 病假自	____/____/____ (DD/MM/YY) to ____/____/____ (DD/MM/YY) (日/月/年) 至 (日/月/年)
c) Date returned / expected to return to work 復職日期 / 預料復職日期	____/____/____ (DD/MM/YY) (日/月/年)
d) Average Monthly gross earnings in past 12 months before disability (including Allowance & Bonus etc.) 傷殘前 12 個月內的每月平均收入 (包括津貼及花紅等)	HK\$ 港幣 _____

1. If Disability was due to an ACCIDENT, please state:- 如傷殘因意外導致, 請詳述如下: -

a) Date, Time & Location of Accident 意外發生日期, 時間及地點	____/____/____ (DD / MM / YY) AM 上午 (日 / 月 / 年) _____ / PM 下午 _____ Date of Accident 意外日期 Time 時間 Location 地點
b) Where and how did the accident happen? (Please describe activities engaged if applicable) 事發地點及經過 (如適用, 請形容當時進行之活動)	_____
c) Part of body injured & type of injury 受傷部位及傷勢	_____
d) Did you report to the police? 有否報警? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有, Police Station 警署: _____ Case Ref. No. 檔案編號: _____	
Remarks: Please attach a photocopy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report 備註: 請附上警察報告、交通意外報告、口供紙或酒精測試報告影印本	

2. If Disability was due to an ILLNESS, please state:- 如傷勢因疾病導致, 請詳述如下:

I. Symptoms & abnormalities? 徵狀及異常?	_____
II. Since when did you have these symptoms before the first consultation 在首次就診之前, 症狀何時開始出現	____/____/____ (DD / MM / YY) (日 / 月 / 年)



3. Consultation Details 診治詳情

a) Who was first consulted for this illness/injury 首次就此病 / 傷而求診之醫生資料

Date(s) 就診日期

Physician 醫生名稱

Tel. No. 電話號碼

Patient No. 病人編號

b) Any other physician(s) who have been consulted in condition with this illness/injury? 有否就此病 / 傷向其他醫生求診?

Date(s) 就診日期

Physician 醫生名稱

Tel. No. 電話號碼

Patient No. 病人編號

c) Hospitalization Details 住院詳情 (如有)

Hospital 醫院

Address 地址

Patient No. 病人編號

Duration (Dates) 住院日期

4. Benefit from other sources 其他保障資料

Have you claimed / received similar benefits for the same event with any other organization including insurer, the government, employer compensation (if yes, please provide following information)? 閣下曾否因同一事件申請 / 接受其他機構包括保險公司、政府及僱主賠償之傷殘保障 (如「有」, 請提供下列資料)。

No 沒有 Yes, please provide details 有, 請提供有關詳情:

Insurance Company/Organization
保險公司 / 機構

Benefit Type / Policy No.
保障類別 / 保單號碼

Benefits Amount Claimed / Received
申請 / 接受之賠償數目

Result / Status
結果 / 狀況

Will you claim / receive similar benefits for the same event with any other organization including insurer, the government, employer compensation (if yes, please provide following information)? 閣下有否因同一事件將會申請 / 接受其他機構包括保險公司、政府及僱主賠償之傷殘保障 (如「有」, 請提供下列資料)。

No 沒有 Yes, please provide details 有, 請提供有關詳情:

Insurance Company/Organization
保險公司 / 機構

Benefit Type / Policy No.
保障類別 / 保單號碼

Benefits Amount Claimed
申請之賠償數目

5. Settlement Currency Preferred 理賠貨幣之選擇

HKD 港幣

Policy Currency 保單貨幣 Notes 注意: If Policy Currency is USD, please indicate 如保單貨幣為美元, 請選擇: Local 本地 Overseas 海外

*Remarks 備註: 1. If settlement currency option is not specified, HKD cheque will be issued. 如沒有註明理賠貨幣, 本公司將發出港幣支票。
2. If Local or Overseas is not specified for USD cheque, Local USD cheque will be issued. 如沒有註明本地或海外美元支票, 本公司將發出本地美元支票。

6. Claims Cheque and Documents 理賠支票及文件

a) Method of delivery of claims cheque to Policyowner 送遞理賠支票予保單持有人之方法: By Mail* 郵寄* Via Consultant 由顧問轉遞
- if no selection is made, claims cheque will be delivered via Consultant 如不選擇此項, 理賠支票將交由顧問轉遞

* by surface 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紀錄上的通訊地址

b) Checklist for Documents Submission 遞交文件提點

Basic Required Documents 基本文件

- Claim Form Part I and Part II
理賠申請書第一部分及第二部分
- Copy Sick Leave Certificate with clear diagnosis
列有診斷證明之病假證明書副本
- Copy of the Identification of Life Assured & Policyowner
受保人及保單持有人之身份證明文件副本
- Copy of Laboratory / X-ray / CT scan / MRI / Pathological Report(s)
化驗 / X光 / 電腦掃描 / 磁力共振 / 病理檢驗報告副本

Additional Documents 附加文件

- Copy of Physiotherapy / Occupational Therapy Report(s)
物理治療 / 職業治療報告副本
- Copy of Police Report / Traffic Accident Report / Statement
警察或交通意外報告 / 口供紙副本
- Copy of Referral Letter by General Practitioner / Hospital
普通科醫生 / 醫院轉介信副本
- Copy of Labor Assessment Certificate (化)
勞工判傷紙副本
- Employer Certificate Letter for sick leave period
僱主發出之病假證明



7. Personal Information Collection Statement 收集個人資料聲明

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 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.

China Personal Information Protection Law (PIPL)

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/>

1. Purpose of Collection

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.

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 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.

3. Use and Transfer of Personal Data for Direct Marketing Purposes

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.

4. 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.

5. 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 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.



8. Personal Information Collection Statement (Con't) 收集個人資料聲明 (續)

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。

《中華人民共和國個人信息保護法》

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. 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) 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簽發的保單) 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. 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、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. 使用及轉移個人資料作直接促銷用途

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. 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。

5. 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/china-personal-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

8. 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 confirm my / our understanding of and agreement to the above Personal Information Collection Statement.

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 Prudential Hong Kong Limited ("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 be 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.

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，在此確認本人 / 吾等明白並同意上述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保誠保險有限公司（“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），本授權書仍具約束力。本授權書之副本將被視為與正本具同樣效力；（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 / 吾等進行所需之醫療評估及測試，以審核本人 / 吾等之健康狀況。

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。

Signature of Policyowner / Claimant
保單持有人 / 索償人簽名

Name & I.D. No. of Policyowner / Claimant
保單持有人 / 索償人姓名及身份證號碼

Date (DD / MM / YYYY)
日期(日 / 月 / 年)

Signature of Life Assured
受保人簽名

Name & I.D. No. of Life Assured
受保人姓名及身份證號碼

Date (DD / MM / YYYY)
日期(日 / 月 / 年)

Part II – Medical Certificate (to be completed by the Attending Physician, duly qualified and registered, at the claimant's expense)



第二部份 – 醫療報告 (由索償人自費聘請主診註冊西醫填寫)

Name of Patient 病人姓名	Age / Sex 年齡 / 性別	HKID No. 身份證明號碼	Occupation & Job Duties 職業及職責
<p>1. a) Are you the patient's usual physician? 你是否病人慣常求診的醫生? <input type="checkbox"/> Yes, Medical records date back to (DD / MM / YYYY) (日 / 月 / 年)</p> <p style="margin-left: 100px;"><input type="checkbox"/> No, Patient was referred from _____ 轉介</p> <p>b) Date on which you first saw the patient for this illness / injury 病人首次因相同或相關病症 / 受傷向閣下求診的日期? (DD / MM / YYYY) (日 / 月 / 年)</p> <p>c) Final diagnosis 最後診斷 _____</p> <p>d) Date of final diagnosis: 最後診斷日期: (DD / MM / YYYY) (日 / 月 / 年)</p> <p>e) When was the patient informed of the diagnosis? 病人何時被醫生告知其所患的病症及診斷</p> <p>On _____ (DD / MM / YYYY), By (name & address of physician): (日 / 月 / 年), 由 (醫生姓名及地址): _____</p>			
<p>2. If the Disability was due to ACCIDENT: 如傷殘因意外導致, 請詳述如下</p> <p>a) Date of Accident _____ (DD / MM / YYYY) 意外日期 (日 / 月 / 年)</p> <p>b) Any visible wound 有否可見傷痕? _____</p> <div style="border: 2px solid red; border-radius: 15px; padding: 10px; text-align: center; margin: 10px 0;"> <p style="color: blue; font-size: 1.2em; font-weight: bold;">~ Part 2 should be completed by the life assured Attending Physician ~</p> <p style="color: blue; font-size: 1.2em; font-weight: bold;">~ 由受保人之主診醫生填寫此第二部分 ~</p> </div>			
<p>3. If the Disability was due to ILLNESS: 如傷殘因疾病導致, 請詳述如下</p> <p>a) What were the symptoms the patient complained of at the first consultation? 病人在首次向閣下求診時的病徵: _____</p> <p>b) According to the patient, how long had he/she been experiencing these symptoms before the first consultation? 根據病人所提供的資料, 病人在首次求診前, 其病徵已存在多久?</p> <p>Since _____ (DD / MM / YY) Or for _____ day(s) month(s) year(s) 從 (日 / 月 / 年) 或已存在 _____ 日 _____ 月 _____ 年</p> <p>c) How long, in your opinion, has the patient suffered from this disease? 據閣下的意見, 該病症已持續了多久 _____</p>			
<p>4. a) Subsequent consultation dates 隨後的診症日期</p> <p style="margin-left: 40px;"><u>Date日期</u> <u>Treatment & Test 治療及測試</u> <u>Healing condition & Result 治療情況及結果</u></p>			
<p>5. a) Was Hospitalization required? 是否需要住院?</p> <p><input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, from _____ (DD / MM / YYYY) to _____ (DD / MM / YYYY) 有, 由: (日 / 月 / 年) 至 (日 / 月 / 年)</p> <p>b) Is there any planned treatment/follow-up with dates? Please give details. 有否已計劃的治療及覆診? 請提供日期及詳情</p> <p>_____</p> <p>_____</p>			



6. Was the patient's injury/illness directly or indirectly due to or aggravated by following: 意外 / 疾病是否因下列情況而導致或加劇?

No 否

Yes, please tick where it is appropriate and provide details: 是, 請在適當的位置劃上剔號及提供詳情:

Narcotics / drug abuse poison, gas or fumes

濫用藥物

有毒 / 有害氣體

engaging in hazardous sport / activities

參與危險性運動 / 活動

liquor abuse

濫用酒精飲料

pre-existing physical or mental defect

已存在的身體或精神缺陷

pregnancy or childbirth

妊娠或分娩

self-inflicted injury

自我傷害

past injury / illness

過往的傷患 / 疾病

AIDS / AIDS related complex disease

後天免疫力缺乏症 / 與後天免疫力缺乏症相關的綜合症

7. a) Has the patient become permanently, totally and irreversibly disabled?

病人是否永久、完全地及不可復原的傷?

No

沒有

Yes, details

有, 請詳述: _____

b) If the patient is still totally disabled, when will you expect him/her return to work?

如病人仍然完全傷殘, 閣下預計他 / 她可於什麼時候復職?

--	--	--

(DD / MM / YYYY)

(日 / 月 / 年)

c) Has the patient totally unable to engage in ANY occupation due to the accident / disease?

病人是否完全因該意外 / 疾病而不能夠參與任何職業?

No

沒有

Yes, from

有, 由

--	--	--

(DD / MM / YYYY)

(日 / 月 / 年)

to

--	--	--

(DD / MM / YYYY)

(日 / 月 / 年)

d) Present condition of disability & prognosis. 病人現時進展及狀況

8. a) According to the occupation of the patient, please indicate the effect on the disability:

以病人之職業而論, 請詳述傷殘對其的影響

(i) Unable to attend any of the usual duties

該傷殘使病人持續無法進行其職業的
所有職務

--	--	--

(DD / MM / YYYY) to

(日 / 月 / 年) 至

--	--	--

(DD / MM / YYYY)

(日 / 月 / 年)

b)

~ Part 2 should be completed by the life assured Attending Physician ~

~ 由受保人之主診醫生填寫此第二部分 ~

9. a)

Yes, from

可以, 由

--	--	--

(DD / MM / YYYY)

(日 / 月 / 年)

No

不可以

c) Limitation to occupation activities. 職業活動上的限制

10. To the best of your knowledge, has the patient ever been treated for the same/related conditions or for any other disorders? If so, please state when and the names of any other hospital(s) and / or physician(s) attended.

根據閣下的資料, 病人有否曾經接受相同 / 相關或其他病症治療? 如有, 請詳述時間醫生及醫院全名

Dates日期

Diseases / Disorder 病症/失調

Details of treatment / Hospitalization 治療/住院詳情

Physician/Hospital 醫生/醫院

Name of Physician

醫生姓名 _____

Qualification

資歷 _____

Hospital Name(if applicable)

醫院名稱 (如適用) _____

Telephone No

聯絡電話 _____

Address

地址 _____

Signature & Hospital / Physician's Chop

醫院 / 醫生簽署及蓋印 _____

Date (DD / MM / YYYY)

日期 (日 / 月 / 年) _____

