

PRUChoice Medical Insurance – Claim Form

保誠精選「醫療寶」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

Submit this claim form with original medical receipt(s) and all supporting documents, certificates, information and evidence. In case of a claim of Sub-Section 11, the original medical receipt issued by the Registered Chinese Medicine Practitioner is required. In case of a claim of Sub-Section 13, please submit the original taxi fare receipt which clearly indicates the date and time of travel, and the amount of fare. 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 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的個人人壽保單進行索償, 請填寫此部份)

2. 呈交索償申請表

請將本索償申請表連同醫療單據正本、所有相關文件、證書、資料、及證據一併交回。如閣下需要申報部份十一之索償, 請遞交由註冊中醫簽發之醫療收據正本; 如閣下需要申報部份十三之索償, 請將清楚列明乘座日期及收費的士費用收據正本一併交回。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「醫療寶」
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): _____

Name of Patient:

就診者姓名 _____ Sex: _____ Daytime Contact Tel No.: _____

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 _____

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 _____

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. Have the policyowner / claimant claimed from other insurer(s) / organisation(s) for the same event?

保單持有人 / 索償人有否就此事曾向其他保險公司 / 機構申請理賠?

☐ Yes 有

☐ No 無

If yes, please specify the name of the Insurance Company/ Organisation

如有, 請列明保險公司/ 機構名稱

Policy No. / Membership No.:

保單或會員編號

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 由 / / To 至

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症或慢性病症？如是，何時為首次病症日期?(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，請撮要說明（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) 日期 (日/月/年)	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

(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) 診視日期 (日/ 月/ 年)	Symptoms/ Complaints 病徵/ 申訴	Recommended tests/ treatment 建議的檢查/ 治療

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)

PART III 第三部份

Declaration and Authorisation 聲明及授權

The statements and particulars given in this application are, to the best of my/ our knowledge and belief, true and complete and that this application shall form the basis of the contract with Prudential General Insurance Hong Kong Limited.

就本人/ 吾等知悉範圍內，此申請表填報的一切資料，均屬確實完整，本人/ 吾等並同意以此申請表作本人/ 吾等與保誠財險有限公司之間所訂合約的根據。

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 authorisation 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/ 或辦理此索償及/ 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 "our" or "we") takes the privacy and protection of your personal information seriously. Our Personal Information Collection Statement ("PICS") outlines how we will collect and use your personal data and with whom we will share it so we can provide the required products and services and send marketing communications. The PICS is available on our website at <https://www.prudential.com.hk/en/personal-information-collection-statement/>.

By completing and progressing with this form, the policyholder/ insured person confirms that they have understood and agreed to the PICS.

Is the policyowner Currently a customer in mainland China?

- ☐ Yes
(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.)
- ☐ 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.
- ☐ No

保誠財險有限公司（簡稱「我們」）認真對待閣下個人資料的私隱及保護。我們的個人資料收集聲明概述了我們將如何收集和使用您的個人資料，以及我們將與誰共享這些資料，以便我們能夠提供所需的產品和服務並發送市場營銷通信。收集個人資料聲明可在我們的網站上查閱：

<https://www.prudential.com.hk/tc/personal-information-collection-statement/index.html>。

填妥並繼續提交本表格，即表示受保人/ 投保人確認他們已明白並同意此收集個人資料聲明中的內容。

保單持有人現在是否是中國內地客戶？

- ☐ 是
(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。)
- ☐ 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/>）。
- ☐ 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		☐ Individual Life Policies -> Employee Benefit Policies 個人人壽保單 -> 團體醫療保單 ☐ 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		☐ Medical Expenses Benefit 醫療費用保障 ☐ Hospital Cash / Surgical Cash 住院現金 / 手術現金	
Type of Claim 理賠種類		☐ New Claim for Day Surgery新理賠申請 – 日間手術 ☐ New Claim for Hospitalisation新理賠申請 – 住院 ☐ 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	
Name of Financial Consultant 理財顧問姓名		Financial Consultant Contact No. 理財顧問聯絡電話號碼	
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	☐ 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	☐ 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) ☐ To last claim payout account 至上一次理賠的轉賬戶口 ☐ 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	☐ Deliver through Financial Consultant 由理財顧問轉遞 ☐ 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 tran 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的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
Iaim 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/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