

PRUchoice SERIES - PAYMENT DETAILS AMENDMENT FORM
保誠精選系列 - 更改付款資料申請表



Please complete all related sections. Failure to do so may result in your request being delayed. 請填妥有關部份，如有遺漏可能延誤有關申請。
Please allow at least 10 working days from the date of this instruction being approved by The Prudential Assurance Company Limited to update your records.
此申請表經英國保誠保險有限公司批核後，需時最少十個工作天更新您的紀錄。

The Prudential Assurance Company Limited
General Insurance and Employee Benefits Department
3/F, DCH Commercial Centre, 25 Westlands Road, Quarry Bay, Hong Kong
Telephone: (852) 2977 3888 Facsimile: (852) 2164 8445

英國保誠保險有限公司
一般保險及僱員福利部
香港鰂魚涌華蘭路25號大昌行商業中心3樓
電話：(852) 2977 3888 圖文傳真：(852) 2164 8445

PERSONAL DETAILS 個人資料

Name of the Insured (in English) 保單持有人姓名 (英文)	I.D. / Passport Number 身份證 / 護照號碼	Daytime Telephone Number 日間聯絡電話
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POLICY DETAILS 保單資料

Please select your Policy Type and a new Payment Method (if necessary). The new Payment Method will be applicable only upon next premium collection and/or you have confirmed renewal. Please tick as appropriate and fill in your policy number and allow at least 10 working days to update the policy record. 請選擇您的保單種類及新的付款方法(如適用)。新的付款方法只會在下次收取保費及/或在您已確認續保後適用。請在適當空格內填上「✓」號，並填寫保單的保單號碼。請預留最少十個工作天以更新您的保單紀錄。

If you change to settle the premium by Autopay, please also complete the following Direct Debit Authorization Form, together with cheque for first year premium (yearly mode), and cheque for first two months premium (monthly mode). Please make the cheque payable to "The Prudential Assurance Company Limited". 如改以自動轉賬繳付保費，請同時填寫以下的直接付款授權書，並連同首年保費(年繳)及首兩個月保費(月繳)的支票交回本公司辦理。請註明支票抬頭人為「英國保誠保險有限公司」。

If the selected Payment Method is by either Credit Card or Autopay, the following policy will be renewed automatically on a yearly basis subject to underwriting approval and premium will be collected from the designated credit card or bank account. For PRUchoice Medical, PRUchoice HealthCare (Crisis Protection Plan only) and PRUchoice MediExtra, the policy is guaranteed renewable, re-underwriting at renewal is not required. 如選擇以信用卡或自動轉賬繳付保費，保單於核保後將每年自動續保及從指定的信用卡戶口或銀行賬戶內扣除保費。惟保誠精選「醫療寶」、保誠精選「康療寶」(只限於危疾保障計劃)及保誠精選「健康寶」均保證續保，不會於續保時再次核保。

<input type="checkbox"/> PRUchoice Personal Accident 保誠精選「安健寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Personal Accident Plus 保誠精選「倍安寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Medical 保誠精選「醫療寶」 Policy No. 保單號碼 _____
<input type="checkbox"/> PRUchoice Travel 保誠精選「旅遊樂」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Home 保誠精選「家居寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Maid 保誠精選「僱傭寶」 Policy No. 保單號碼 _____
<input type="checkbox"/> PRUchoice HealthCheck 保誠精選「康檢寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Card Protection Plus 保誠精選「失卡寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Motor 保誠精選「駕駛寶」 Policy No. 保單號碼 _____
<input type="checkbox"/> PRUchoice HealthCare 保誠精選「康療寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice MediExtra 保誠精選「健康寶」 Policy No. 保單號碼 _____	<input type="checkbox"/> PRUchoice Golfers 保誠精選「高球樂」 Policy No. 保單號碼 _____

Payment Method: Yearly by Credit Card (以信用卡年繳) Yearly by Cheque (以支票年繳) Yearly by Autopay (以自動轉賬年繳) Monthly by Credit Card (以信用卡月繳) Monthly by Autopay (以自動轉賬月繳)

DIRECT DEBIT AUTHORIZATION FORM 直接付款授權書 (Applicable to premium payment by Autopay only. 只供選擇以自動轉賬繳付保費之客戶填寫。)

Name of party to be credited (The Beneficiary) 收款之一方(受益人)
THE PRUDENTIAL ASSURANCE COMPANY LIMITED

Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶編號
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Name of Account Holder(s) (as recorded in statement/passbook - please complete in block letters) 戶口持有人之姓名 (在月結單/存摺上所記錄之名稱 - 請用英文正楷填寫)	I.D. No. of Account Holder(s) 戶口持有人身份證明文件號碼
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I.D. TYPE 身份證明文件類別 HKID 香港身份證 Business Registration 商業登記證 Passport 護照
 Certificate of Incorporation 公司註冊證明書 Others 其他 _____

- I/We hereby authorize my/our above-named Bank to effect transfer(s) from my/our account to that of The Prudential Assurance Company Limited in accordance with such instructions as my/our Bank may receive from the beneficiary from time to time.
現授權本人/吾等之上述銀行，根據受益人不時給予本人/吾等銀行之指示，自本人/吾等之賬戶內轉賬予英國保誠保險有限公司之賬戶。
- I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer(s) has been given to me/us.
本人/吾等同意本人/吾等之銀行毋須證實該等轉賬通知是否交予本人/吾等。
- I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
如因該等轉賬而令本人/吾等之賬戶出現透支(或令現時之透支增加)，本人/吾等將共同及分別承擔全部責任。
- I/We confirm that my/our signature(s) on this Amendment Form is/are the same as that/those for the operation of my/our Savings/Current Account to be debited for the transfer(s).
本人/吾等證明本人/吾等在此申請表上之簽名式樣與本人/吾等之銀行賬戶簽名式樣一致。
- I/We agree to notify The Prudential Assurance Company Limited of any change of bank account or cancellation of payment method and further agree that should there be insufficient funds in my/our Bank account to meet any transfer(s) hereby authorized, the Bank shall be entitled, at its discretion, not to effect such transfer(s) in which event the Bank may make the usual service charge to be paid by me/us.
本人/吾等同意如更改銀行賬戶或取消此付款方式時，將通知英國保誠保險有限公司，銀行賬戶並同意如本人/吾等之賬戶並無足夠款項支付該等轉賬時，本人/吾等之銀行有權不予轉賬，且銀行可收取慣常之服務費用。
- This authorization shall have effect until further notice.
本授權書將繼續生效至另行通知為止。
- I/We agree that any notice of cancellation or variation of this authorization which I/we may give to my/our Bank shall be at least two working days prior to the date on which such cancellation/variation is to take effect.
本人/吾等同意，本人/吾等如同意取消或更改本授權書之任何資料，須於通知取消/更改生效日最少兩個工作天前交予本人/吾等之銀行。

Signature of Account Holder(s) 戶口持有人之簽署 (Signature must correspond to your bank's record 簽名必須與銀行檔案相同)	Date 日期
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CREDIT CARD ACCOUNT DETAILS 信用卡戶口資料 (Applicable to premium payment by Credit Card only. 只供選擇以信用卡繳付保費之客戶填寫。)

I/We hereby authorize The Prudential Assurance Company Limited to collect from my/our designated credit card account for all payment(s) and recurring payment(s) of this insurance including that/those related to initial instalment, subsequent endorsement(s) and its renewal(s).
本人/吾等授權英國保誠保險有限公司，經由本人/吾等指定的信用卡戶口內，扣除有關本保單的所有及首期保費，包括因其後背書所需的保費以及每年續保的保費。

<input type="checkbox"/> VISA VISA <input type="checkbox"/> MasterCard MasterCard	
Credit Card Number 信用卡號碼 _____	Credit Card Expiry Date 信用卡有效期至 _____ / _____ (MM月/YY年)
Cardholder's Name 信用卡持有人姓名 _____	Cardholder's Signature 信用卡持有人簽署 _____
	Date 日期 _____

Policy will be renewed automatically on a yearly basis subject to underwriting approval and premium will be collected from the designated credit card account.
保單於核保後將每年自動續保及從指定的信用卡戶口內扣除保費。

Personal Information Collection Statement 收集個人資料聲明

The Prudential Assurance Company 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.

英國保誠保險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「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 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 DCH Commercial Centre, 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 or correction 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號大昌行商業中心3樓。根據條例的規定，我們有權就處理查閱及更正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 DCH Commercial Centre, 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）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號大昌行商業中心3樓。

Opt-out box 拒絕接受方格

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

Signature of Policyholder

保單持有人簽署

Date

日期

For Office Use Only
公司專用

Financial Consultant's Name & Code
理財顧問姓名及編號

Mobile Number
流動電話號碼