



The Medical Referee should see
the Examinee sign this form

| | |
|---|---------------------|
| <input type="checkbox"/> New Business | Proposal No.: _____ |
| <input type="checkbox"/> Policy Changes | Policy No.: _____ |
| Agent's Name: _____ | |
| Agent Code: D _____ - _____ | |

MEDICAL REPORT - HEALTH DECLARATION (FOR VHIS PLANS ONLY)

| Name of Examinee: | Date of Birth of Examinee: | ID card / Birth cert / Passport No. of Examinee: (Please check the I.D. CARD/Passport) |
|-------------------|----------------------------|---|
| | | |

"You" means the person being examined.

Please put a "✓" in the appropriate boxes.

If the answer is **"Yes"**, please provide additional information including disease / medical condition / sign and symptom, date of first occurrence of sign and symptom, treatment / investigations / tests / scans that have been performed, date and results of such treatment / investigation / tests / scan, present condition (such as whether fully recovered, follow up action / medication / next follow up date), date of last follow-up medical consultation / treatment, name of doctor / hospital, any other relevant information.

Please provide information as detailed as possible (e.g. provide year and month if exact date could not be recalled) for the sake of fair assessment in underwriting. Based on the information collected from the following questions, the Company may ask further questions related to the conditions reported / request additional medical records from you for the relevant information if necessary. If there is something in your medical history that you could not recall now or you are unsure of the details, please let your examiner know. Do not provide any information which you are not certain about. [Note to the examiner: please record the information if the applicant inform you that she/he is unsure of the details.]

| | | |
|---|---|--|
| <p>1. Have you ever been diagnosed with any of the following diseases or medical conditions?</p> <p>a) Cancer or carcinoma in situ</p> <p>b) Brain tumour</p> <p>c) Heart disease</p> <p>d) Stroke (including transient ischemic attack (TIA))</p> <p>e) Hypertension</p> <p>f) Diabetes mellitus or impaired glucose tolerance</p> <p>g) Kidney disease</p> <p>h) Prolapsed intervertebral disc or degenerative spine conditions,</p> <p>i) Diseases or medical conditions requiring a medical device or prosthesis to be implanted within the body</p> <p>j) Human immunodeficiency virus ("HIV") infection</p> <p>k) Congenital conditions (medical, physical or mental abnormalities that existed at the time of or before birth)</p> <p>l) Physical defects, impairments, deformities, and / or conditions affecting mobility, sight, speech, or hearing</p> <p>m) Mental health conditions (such as depression, anxiety, schizophrenia, eating disorders, or bipolar disorders)</p> <p>n) Hypercholesterolemia or Hyperlipidaemia</p> <p>o) Liver disorder (such as hepatitis B or hepatitis C (including tested positive), fatty liver or cirrhosis of liver)</p> <p>p) Multiple sclerosis</p> | <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>2. Do you currently have any of the following diseases or medical conditions?</p> <p>a) Hernia</p> <p>b) Breast lesion (tumour / mass / lump / cyst / nodule / growth)</p> <p>c) Uterine or ovarian lesion (tumour / mass / lump / cyst / polyp / nodule / growth)</p> <p>d) Benign prostatic hypertrophy</p> <p>e) Gall bladder stone or urinary stone (renal stone, ureteric stones or urinary bladder stone)</p> <p>f) Cataract, glaucoma or retinopathy</p> <p>g) Arthritis or other joint disorder</p> | <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>3. In the last 5 years:</p> <p>a) have you ever had or been advised to have any regular or ongoing (such as monthly, every 2 months, half-yearly, annually) follow-up consultations or medical care with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any disease or medical condition?</p> <p>b) have you been advised by your doctor to take any medications (such as to be taken daily / once per week / as needed as directed by doctor) for a continuous period of more than one month?</p> <p>c) have you been admitted into a hospital?</p> <p>d) have you undergone a surgical procedure (including endoscopy or biopsy) without being admitted into a hospital?</p> | <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | |



MEDMRH0101

| <p>3. e) have you ever had or been advised to undergo investigations (such as blood or urine test, ECG, X-ray, ultrasound, CT scan, MRI, PET scan, Mammogram, Pap smear, HIV test, Hepatitis B test, Hepatitis C test)? If the answer is "Yes", please specify whether your investigation result(s) include the followings.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 50%; text-align: center;">If yes, please provide date & type of test(s)</th> </tr> </thead> <tbody> <tr> <td>- Normal test result</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>- Abnormal test result</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>- Awaiting test or test result</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>- Inconclusive or uncertain test result</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>- Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table> | | No | Yes | If yes, please provide date & type of test(s) | - Normal test result | <input type="checkbox"/> | <input type="checkbox"/> | | - Abnormal test result | <input type="checkbox"/> | <input type="checkbox"/> | | - Awaiting test or test result | <input type="checkbox"/> | <input type="checkbox"/> | | - Inconclusive or uncertain test result | <input type="checkbox"/> | <input type="checkbox"/> | | - Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) | <input type="checkbox"/> | <input type="checkbox"/> | | <p>No Yes <input type="checkbox"/> <input type="checkbox"/></p> | |
|--|---|--------------------------|---|---|------------------------|---|----------------------------|---|------------------------|---|--------------------------|---|--|--------------------------|--------------------------|--|---|--------------------------|--------------------------|--|--|--------------------------|--------------------------|--|--|--|
| | No | Yes | If yes, please provide date & type of test(s) | | | | | | | | | | | | | | | | | | | | | | | |
| - Normal test result | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| - Abnormal test result | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| - Awaiting test or test result | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| - Inconclusive or uncertain test result | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| - Medical advice has been sought or treatment is required for the test result (such as liver cyst / brain cyst / joint degeneration or calcification / lung or breast or thyroid calcification discovered on imaging test, that may not require immediate treatment) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Apart from anything you have already disclosed in Questions 1 - 3, do you have any of the following conditions?</p> <p>a) Unintentional weight loss by more than 5 kg (11 lbs) over past 1 year</p> <p>b) Abnormal bleeding (such as vaginal bleeding, rectal bleeding, nose bleeding or coughing up of blood) for at least one month</p> <p>c) In the last 1 year, you had or have been required to have follow-up consultation with a healthcare professional (such as specialist doctor, physiotherapist, psychiatrist) for any medical condition or sign and symptom</p> <p>d) Other medical conditions or sign and symptom (such as lump, headache, persistent coughing, chest pain or epigastric pain) that you are seeking or intend to seek medical advice</p> | <p>No Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>[For female only]</p> <p>5. Are you currently pregnant?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">If you are currently pregnant, have you been told by doctor that you have the following diseases?</th> <th style="width: 20%; text-align: center;">No Yes</th> </tr> </thead> <tbody> <tr> <td>- Ectopic pregnancy</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>- Gestational diabetes</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>- Gestational hypertension</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>- Protein in urine</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>- Pre-eclampsia</td> <td style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> </tbody> </table> | If you are currently pregnant, have you been told by doctor that you have the following diseases? | No Yes | - Ectopic pregnancy | <input type="checkbox"/> <input type="checkbox"/> | - Gestational diabetes | <input type="checkbox"/> <input type="checkbox"/> | - Gestational hypertension | <input type="checkbox"/> <input type="checkbox"/> | - Protein in urine | <input type="checkbox"/> <input type="checkbox"/> | - Pre-eclampsia | <input type="checkbox"/> <input type="checkbox"/> | <p>No Yes <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | |
| If you are currently pregnant, have you been told by doctor that you have the following diseases? | No Yes | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Ectopic pregnancy | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Gestational diabetes | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Gestational hypertension | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Protein in urine | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Pre-eclampsia | <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>[For insured children aged 6 or below only]</p> <p>6. Was the insured child born before 37th week of pregnancy and / or born with body weight less than 2.5 kg (5.5 lbs)? If yes, please specify at which week of pregnancy was the insured child born (32-37 weeks / 28-31 weeks / <28 weeks), body weight at birth (1.51-2.5 kg / 751g to 1.5kg / <750g).</p> | <p>No Yes <input type="checkbox"/> <input type="checkbox"/></p> | | | | | | | | | | | | | | | | | | | | | | | | | |



MEDMRH0102

| | | |
|--|--|--|
| <p>7. At your best knowledge, have any of your parents or siblings / parents by blood been diagnosed with any of the following diseases or medical conditions at or before age 60? If yes, please provide information including which family member(s), which disease(s) and onset age of disease(s) (age at or below 39 / 40-50 / 51-60):</p> <ul style="list-style-type: none"> - Cancer - Coronary heart disease - Diabetes mellitus - Motor neuron disease - Multiple sclerosis - Stroke - Parkinson's disease - Hereditary diseases (including cystic fibrosis, familial adenomatous polyposis, Alzheimer's disease, familial cardiomyopathy, inherited blood disorders (hemophilia, thalassemia, sickle cell disease), muscular dystrophy, polycystic kidney disease or Huntington's disease) | <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | |
| <p>8. Habits:</p> <p>a) Do you smoke or have you smoked in the last 12 months? If yes, please specify the type of tobacco product, duration of smoking habit, frequency and quantity of consumption, date and reason of quitting smoking. (if applicable)</p> <p>b) In the last 12 months, on average do you drink alcoholic beverage for more than 3 times in a week? If yes, please specify the type of alcoholic beverage, duration of drinking habit, frequency and quantity of consumption, date and reason of quitting drinking (if applicable)</p> <p>c) In the last 5 years, have you used any drugs (excluding dietary supplements) which are not prescribed by doctors (including habit-forming or recreational drugs such as cocaine, ecstasy, heroin, methadone, anabolic steroids) for a continuous period of more than one month? If yes, please specify type of drugs, duration, frequency and quantity of consumption.</p> | <p>No Yes</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> | |

Declaration & Authorization

I, the Examinee/Proposer (for minor's policy), on behalf of myself/the child to be assured (who has not yet attained age 18) (hereinafter "the Child"), hereby declare and agree that:

(1) I have submitted myself/the Child today for examination by the Medical Examiner; (2) all answers given by me are full, complete and true to the best of my knowledge and belief and they will form part of the basis of the contract; (3) failure to disclose any material fact which may influence the assessment and acceptance of the proposal by Prudential Hong Kong Limited (hereinafter "The Company"), may render the contract voidable.

I/We, the Examinee/Proposer, authorize that (1) any doctors, hospitals, clinics, insurance companies, organizations and persons (that have any medical history or records or knowledge of me/us/the Child (for minor's proposal) whom I/we/the Child have attended or may hereafter attend) may disclose such information to Prudential Hong Kong Limited for the purpose of assessing and processing the proposal for assurance and claims

and providing subsequent services. To avoid any uncertainty, this authorization shall bind all my/the Child's/our successors, assignees, executors and administrators and shall remain valid notwithstanding my/the Child's/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 Child in relation to the proposal for assurance and any claim arising therefrom.

Personal Information Collection Statement ("PICS") 收集個人資料聲明 (「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.



MEDMRH0103

Personal Information Collection Statement ("PICS") (Continued) 收集個人資料聲明 (「收集個人資料聲明」) (續)

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.

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及轉移。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，我們將則將其保存更長時間。



MEDMRH0104

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、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（和其他持份者）、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（和其他持份者）、計劃顧問、介紹人和核准的第三方金融和保險產品供應商。

Opting-out of Marketing Communications and Materials 拒絕市場推廣通訊及資料

☐ If you do not agree to receive marketing communications and materials from the Company, please check this opt-out box.
If you **do not** check the opt-out box and sign below, you agree to the provision and use of your personal data by the Company for direct marketing purposes in accordance with Section 3 of the PICS.

如果你不同意接收本公司的市場推廣通訊及資料，請選擇此拒絕方格。

如果你**沒有**選擇此拒絕方格，並在下方簽署，則代表你同意本公司根據收集個人資料聲明第三部分，使用及轉移你的個人資料作直接促銷用途。

The Life Proposed/ Proposer hereby confirm understanding of and agreement to the contents in this Part entitled "Personal Information Collection Statement".
受保人/ 投保人特此確認明白並同意在題為「收集個人資料聲明」之本部分中的內容。

Signature of Examinee

Date and Time

Signature of Witness (Examiner)

(or Signature of Proposer if the person being examined is under age 18)



MEDMRH0105

MEDICAL REPORT - EXAMINER'S CONFIDENTIAL REPORT

9. Height _____ cm
 Weight _____ kg (In ordinary indoor clothing without shoes)
 Is weight ☐ Increasing by _____ kg ☐ Decreasing by _____ kg ☐ Static
 Please state reason for weight change: _____

10. Chest Measurements: Insp: _____ cm Exp: _____ cm

11. Abdominal Measurement (at umbilicus): _____ cm

12. Pulse Rate: _____ Character: _____

13. Respiration character: _____

14. Heart Sound : ☐ Normal ☐ Abnormal _____

15. Apex Beat : ☐ Normal ☐ Abnormal Location: _____

16. Heart Murmur : ☐ Not present ☐ Present
 Location of maximum intensity: _____
 Position in the heart cycle: _____
 Intensity: _____
 Direction of transmission: _____
 Affected by exercise, breathing or posture: _____
 *Provisional diagnosis: _____

17. For examinee over age 10

| Blood Pressure | Systolic | Diastolic (5 th phase) |
|-------------------------|----------|-----------------------------------|
| 1 st reading | | |
| 2 nd reading | | |
| 3 rd reading | | |

* 1. If blood pressure is $\geq 145/90$, please take two further readings with an interval of 5 minutes between each while the Examinee is at rest.

2. If blood pressure is $\geq 145/90$, please send urine specimen to lab for microunalysis.

18. Urinalysis

| | | |
|---------|--|--|
| Albumin | | |
| Sugar | | |
| Blood | | |

* If urinalysis is abnormal (including trace result), please send specimen to lab for microunalysis.
 Is urine specimen sent to lab? ☐ Yes ☐ No

| | |
|--|--|
| Please tick box if the answer is NO | If the answer is YES , please give particulars, dates, names of attending doctors and hospitals, details of investigation and treatment and their results, plus any relevant information. |
|--|--|

| | |
|---|---|
| 19. Is there any evidence of past or present abnormality of: a) Brain, peripheral and central nervous system? (Including reflexes, spasticity, gait, paralysis)? b) Ears, eyes, noses, throat or any impaired hearing or vision? c) Thyroid, lymph nodes, testes, breasts? d) Lungs or other respiratory organs? e) Heart or blood vessels? f) Stomach or other intra-abdominal organs? (Please palpate for enlarged liver, spleen or other masses or tenderness) g) Genito-urinary system? h) Bones, joints or skin? (Please describe all scars including surgical ones) i) Any other abnormal physical findings? | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |
| 20. Is there any sign and symptom of arcus, xanthoma, hernia, varicose veins, or multiple sclerosis? | <input type="checkbox"/> No |
| 21. a) Is the Examinee known to you? If YES , state how long and (i) What is the relationship? (ii) Whether the acquaintance is a professional capacity or otherwise? b) Is the appearance of the Examinee other than that of a normal healthy individual of the age stated? c) Is there any factor that indicates a risk of HIV infection? d) Do you consider there could be increased liability to accident or sickness or prolonged incapacity in the event of disablement or deterioration in normal activities of daily living? | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |
| 22. Based on the above information, would you consider his/her health to be: <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor | 23. Please state the types of reflex test you have ordered. |

24. Additional notes and comments:

| | | | |
|------------------------|-------------------|------------------------|-------|
| Signature of Examiner: | Name of Examiner: | Medical Qualification: | Date: |
|------------------------|-------------------|------------------------|-------|



MEDMRE0301