

Prudential General Insurance Hong Kong Limited
(A member of Prudential plc group)
3/F, DCH Commercial Centre, 25 Westlands Road
Quarry Bay, Hong Kong

Tel : (852) 2977 3888
Fax : (852) 2164 8445



保誠財險有限公司
(英國保誠集團成員)
香港鰂魚涌華蘭路 25 號
大昌行商業中心 3 樓

電話 : (852) 2977 3888
傳真 : (852) 2164 8445

Card Protection Insurance Claim Form 失卡保險索償表格

Please complete this claim form in full carefully. Forwarding of this claim form for completion is not an admission of liability upon the part of Prudential General Insurance Hong Kong Limited ("the Company"). For queries, please contact your Financial Consultant or us by email at gi.claims@prudential.com.hk.

請小心填妥本索償表格。發出本索償表格予以填寫，並不能視作保誠財險有限公司 ("本公司") 已承認有賠償的責任。如有查詢，請聯絡你的理財顧問或電郵至 gi.claims@prudential.com.hk。

Please complete in BLOCK LETTERS

請以正楷填寫

PART I 第一部份

Name of Insured / Claimant

受保人 / 申索人姓名

Policy number

保單號碼

Address

地址

Contact number

聯絡電話

Place where incident occurred

事件的發生地點

Time and date of incident

事件的發生日期及時間

Card number of the lost credit card

遺失信用卡的卡號碼

1)

2)

3)

Please describe in details how the loss occurred.

請詳述損失的經過。

Have you reported the loss to the Police or other authority, such as card issuer?

你是否有向警方或有關機構，如發卡機構報告此項損失？

Yes 是 ☐

No 否 ☐

If yes, please state at which office/station/authority, on what date and the case number.

若是，請說明日期、在那處報案及案件號碼。

PART II - Please complete when necessary 第二部份 - 請按需要填寫

Claims of Personal Effects, and/or Loss of Key/Lock Replacement 個人財物，及 / 或遺失門匙 / 門鎖更換賠償

Please list articles lost Please give full details and attach original purchase receipts. 請列明遺失項目 請提供詳情及盡可能一併呈交購買收據的正本	Date of Purchase 購買日期	Original Price	Repair/Replacement Cost
		原價 HK\$	維修 / 重置 / 補領 費用 HK\$

Is the loss covered by any other insurance?
是否有其他保險可承保此次損失？

Yes 是 ☐ No 否 ☐

If yes, please state the name and address of the insurance company and the policy number.
若是，請說明該保險公司的名稱、地址及保單號碼。

Have you suffered any loss to your insured items in the past 3 years?
在過去3年，你是否有就受保項目蒙受損失？

Yes 是 ☐ No 否 ☐

If yes, please give full details and approximate date of loss.
若是，請說明詳情及大約的發生日期。

Transportation Claims 交通費賠償

Do you have any transportation claims?
你是否需要索償交通費？

Yes 是 ☐ No 否 ☐

If yes, please give full details.
若是，請說明詳情。

Unauthorized Calls Claims 未經許可的通訊費賠償

Do you have any unauthorized calls claims?
你是否需要索償未經許可的通訊費用？

Yes 是 ☐ No 否 ☐

If yes, please state the mobile number.
若是，請提供手提電話號碼。

Have you reported the loss to the telecommunications service provider?
你是否有向電訊服務供應商報告此項損失？

Yes 是 ☐ No 否 ☐

If yes, please state the name of telecommunications service provider, on what date and the loss details.
若是，請說明日期、時間、及電訊服務供應商名稱和損失詳情。

PART III 第三部份

Declaration and Authorization

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 authorization shall be considered as effective and valid as the original.

本人/本公司茲授權保誠財險有限公司向任何人/公司/機構索取有關本人/公司的任何資料以作 貴公司參考及/或辦理此索償及/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

收集個人資料聲明

Prudential General Insurance Hong Kong 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.

保誠財險有限公司（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 perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) 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) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 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 entities whose ultimate parent company is Prudential plc ("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) 其他母公司為英國保誠集團的實體（「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 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。

The Applicant/ the Insured/ Insured/ Claimant 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/ 申索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 Insured/Claimant
受保人/申索人簽署

Date
日期

Hong Kong ID Card/Passport Number
香港身份證 / 旅遊證件號碼

Important Notes 重要事項

1. Please substantiate your claim application with relevant document(s); you are referred to the list of document(s) that we would require for processing your claim application.
請提交有關文件以證明閣下的索償申請；請參考下列表單，當中列出我們在處理閣下索償申請時可能需要的文件。
2. All reports, information and evidences that you provide to substantiate your claim application shall be furnished at your own expenses.
閣下請自費提供用作證明本索償申請的報告、資料及證明。
3. If the Claimant is not the Insured named in the policy schedule, please provide residence/documentary proof on the relationship between the Claimant and the Insured.
如索償人並非是保單中所列明的受保人，請提交居住證明 / 有關文件以證明索償人與受保人的關係。
4. Please submit this claim form to us within 31 days of the occurrence for loss.
請於在事件發生的31天內遞交本索償表格。
5. To expedite the claim process, kindly submit this claim form together with all original supporting document(s).
敬請同時遞交所有用以證明本索償的文件正本，以便我們盡快處理有關索償。
6. You should take all ordinary reasonable precautions to prevent further loss(es) after the incident. Failure to observe this shall prejudice your right to claim.
請務必採取所有尋常合理的預防措施，以避免進一步的損失，如未有依循，將影響閣下在索償中的權益。
7. According to the terms and conditions of your insurance with the Company, the following losses and/or damage and/or expenses shall not be recoverable:
按閣下與本公司的保險條款及細則，若有關損失及 / 或損毀及 / 或開支由下述原因所引致，一概屬不保情況：
 - Claims from the Claimant who cannot support the relationship with the Insured if he/she is not the Insured
當索償人並非受保人，在索償人未能提供與受保人關係證明的情況的下提出的索償
 - Loss of personal effects and/or unauthorized used of credit card which has not been reported to the Police within 24 hours of discovery
在損失個人財物及 / 或信用卡被盜時，未有在發現後二十四小時內向警方報告
8. You are recommended to refer to the policy wordings should you be uncertain on the coverage of this insurance.
如閣下就本保險中所提供的保障有不清晰地方，請參閱有關保單條文。

Please ensure the following **original relevant document(s)** will be submitted together with this claim form.
請確保以下所示的**有關文件正本**，連同本索償表格一併交回。

Incident report from Police, card issuer or telecommunications service provider, etc. 由警方、發卡機構或電訊服務供應商等所發出的事件報告	✓
Original purchase receipt for lost items (if applicable) 遺失物件的原有收據（如適用）	✓
Replacement invoice(s) of personal documents (if applicable) 補領個人證件的收據（如適用）	✓

Please also note that further information and /or document(s) may be needed. We shall write to you when necessary.
如有需要，我們將另行發書函索取附加資料及 / 或文件，敬請留意。