

PICS 2021 May

**HSBC Flexi Medical Insurance Plan Medical Claim Form****滙健優越醫療保險計劃醫療索償表**

Policy No. 保單號碼: \_\_\_\_\_

Date 日期 (DD 日/MM 月/YYYY 年) \_\_\_\_\_

HSBC Life (International) Limited, incorporated in Bermuda with limited liability (the "Company" or "HSBC Life")  
滙豐人壽保險(國際)有限公司(註冊成立於百慕達之有限公司)(「本公司」或「滙豐保險」)**CLAIMS DOCUMENT CHECKLIST 索償文件清單****Basic Documents 基本文件**

- Part I is fully completed & signed by the Policyholder/Insured Person 索償表甲部經由保單持有人/受保人填寫並簽署
- Part II is fully completed & signed by the Attending Physician/Surgeon with chop (to be obtained by Insured Person/claimant) 索償表乙部經由主診醫生/外科醫生填寫, 簽署並蓋印(由受保人/索償人索取)
- If the claimant is confined in public hospital (managed by Hospital Authority, ward level), discharge summary may replace the completion of claim form part II (without prejudice to the Company's right to require any additional information and/or documents (as deemed necessary by the Company for the purpose of processing any claim). 若索償人入住香港醫管局轄下公立醫院之普通病房, 出院摘要可替代索償表之乙部(然而不影響本公司要求提供任何其他資料及/或文件的權利以處理有關索償)
- Original receipt(s) of the medical expenses (including but not limited to deposit receipt) 醫療費用收據正本(包括但不限於按金收據)
- Copies of statement for breakdown of hospital expenses (including but not limited to daily charges, meal charges and surgical package charges) 醫院收費詳情(包括但不限於每日醫療、膳食、手術套餐收費)(如適用)
- Copy of settlement advice from other insurer (if applicable) 其他保險公司之賠償結算通知副本(如適用)

**Additional Documents (if applicable) 額外文件(如適用)**

- Laboratory test breakdown and amount 化驗詳情及金額
- Drug list (include drug name, dosage, quantity and amount) 藥物清單(包括藥物名稱、劑量、數量及金額)
- Referral letter(s) for any specialists 任何專科轉介信
- Copy of Histopathology, Laboratory Test Report, Endoscopic, Ultrasonogram, X-Ray, CT Scan, MRI, Diagnostic Written Report(s) and Operating theatre summary (if applicable) 病理學、化驗報告、內窺鏡、超聲波、X-光、電腦掃描、磁力共振、手術室摘要及診斷之書面報告副本(如適用)
- Copy of Bank Account Proof (applicable for Policyholder's sole or joint name bank account other than Policyholder's premium deduction account) 銀行戶口證明文件副本(適用於保單持有人之個人或聯名非保費轉賬戶口)

**Notes 注意:**

1. The claim application of confinement and pre-or post-confinement treatment expenses can be submitted together. However, the claim application must be submitted within 90 days after the date on which the Insured Person is discharged from the Hospital, or (where there is no Confinement) the date on which the relevant Medical Service is performed and completed. 索償申請可連同入院、前或後有關之門診治療費用一併遞交, 惟必須於出院或接受相關治療完結後的90天內提出索償。
2. Please ensure completion of the above checklist to avoid unnecessary delay in claim process. 請確保完成以上各項以免延緩索償進程。
3. We will inform you as soon as possible if we require additional information from you or we consider that your claim has to be assessed from third parties (such as doctor, hospital, etc.). As the time required for obtaining the information is variable, the processing time of your claim will likely be lengthened. Any and all expenses (relating to obtaining information and/or reports from third parties in respect of the claim or any related matters) incurred will be borne by the Policyholder. 若我們有需要就審核是次賠償申請而向閣下或其他人士(如醫生、醫院等)索取額外資料, 我們會盡快通知閣下。因索取有關資料需時賠償申請的審核時間會較長。就有關此索償, 從第三方獲得之資料及/或報告而產生之任何及所有費用須由保單持有人所承擔。

Please ✓ the appropriate box. 請在適當的方格內加上✓號。

**Part I – to be completed by the insured person or claimant in English or Chinese**

甲部 – 由受保人或索償人以英文或中文填寫

A. Details of Insured Person 受保人資料	
1. Name of Insured Person 受保人姓名	2. I.D. Card/Passport No. 身份證/護照號碼 (If insured Person is under 18 years old, please also provide ID/Passport Number of Policyholder 如受保人未滿 18 歲, 並請同時提供保單持有人之身份證/護照號碼)
3. Telephone No. 聯絡電話 (Please provide telephone no. with its country/region. Country/region code is not necessary 請提供聯絡電話及其所屬國家/地區。惟毋須提供國家/區域編號)	
<input type="checkbox"/> Macau SAR 澳門特別行政區 (853) <input type="checkbox"/> Mainland China 中國內地 (86) <input type="checkbox"/> Other Country/Region Name 其他國家/地區 _____	Telephone no. 聯絡電話 _____

<b>B. Details of Pre- and Post-Confinement/Day Case Procedure Outpatient Care 入院前或出院後／日間手術前後的門診護理詳情</b>	
4. (a) Date of Outpatient 門診日期(DD日／MM月／YYYY年) _____	
(b) Period of hospitalisation or date of surgery 住院期間或手術日期(DD日／MM月／YYYY年 to 至DD日／MM月／YYYY年)	_____
<b>C. Details of Body Check-Up 身體檢查</b>	
5. (a) Date of body check-up 身體檢查日期(DD日／MM月／YYYY年) _____	
(b) Type of check-up 檢查類別	_____
(c) Name and address of hospital and/or health care provider 醫院及/或醫療服務提供者之名稱及醫院地址	_____
<b>D. Details of Hospitalisation and Surgery 住院及手術詳情</b>	
6. Hospitalisation/surgery was due to 住院／手術原因	
<input type="radio"/> Illness 疾病 (Please fill in section I 請填寫I部)	
<input type="radio"/> Accident 意外 (Please fill in section II 請填寫II部)	
<b>(I) Hospitalisation/Surgery was due to Illness 因疾病住院／手術</b>	
Describe the symptoms and how long they have appeared 請詳述病徵及持續多久	
Name of hospital and hospital address in respect of hospitalisation/ surgery relating to the current claim 就有關此索償，住院／手術之醫院名稱及醫院地址	
Have you had any prior treatment for this or related condition? 您是否曾經接受任何此類或相關疾病的治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
If yes, please provide details below. 如是，請提供以下資料	
(a) Name of attending physician/surgeon 主診醫生／外科醫生姓名	_____
(b) Consultation Date 求診日期(DD日／MM月／YYYY年)	_____
(c) Address of attending physician/surgeon 主診醫生／外科醫生地址	_____
<b>(II) Hospitalisation/Surgery was due to Accident 因意外住院／手術</b>	
(a) Date and time of accident 意外日期及時間(DD日／MM月／YYYY年)	_____
(b) Location of accident 意外地點	_____
(c) Brief description on the accident, part of body injured and type of injury 意外經過、受傷部位及傷勢	_____
<b>E. Claims with other insurance company(ies) 向其他保險公司索償</b>	
Are you making any other insurance company claim as a result of this hospitalisation/surgery? 有關此次住院／手術，您有否向其他保險公司申請索償?	
<input type="radio"/> Yes 是 <input type="radio"/> No 否	
If yes, please provide details below and settlement advice from other insurer copy 如有，請提供以下資料及提供其他保險公司之賠償結算通知副本	
(a) Name of insurance company 保險公司名稱	_____
(b) Policy Number 保單號碼	_____

## F. Request for Document Return 退還文件要求

- Please "✓" this box if you wish to obtain Certified True Copy(ies) of original invoice(s) and receipt(s) after claim processing. 如您欲索取醫生的發票和收據核證副本，請在空格內填上「✓」號。

Note 注意：

- (1) Certified True Copy will not be issued if the claims are fully reimbursed. 如索償已獲全數賠償，核證副本將不獲發出。  
(2) The originals will not be returned and will only be retained for 3 months from the claim processed date. 正本文件將不獲退還，並將只從索賠處理完成日期起計保留 3 個月。

## G. Payment Instruction 付款指示

- By Bank Account (in MOP) 經銀行戶口(以澳門幣)       By Bank Account (in policy currency) 經銀行戶口(以保單貨幣)  
Transfer to the Claimant/Beneficiary/Legal Parent/Guardian/Trustee's sole or joint name bank account 轉賬至申請人/受益人/法定父母/監護人/受託人之個人或聯名戶口

Bank Name and Branch 銀行及分行之名稱 \_\_\_\_\_

Bank No. 銀行編號 Branch No. 分行編號 Account No. 賬戶號碼

□ □ □ □ - □ □ □ □ - □ □ □ □ □ □ □ □ □ □

Account Holder Name 戶口持有人姓名：\_\_\_\_\_

- <sup>^</sup> If no identity verification has been performed by Bank staff for this request, please also submit adequate proof showing the full name and the bank account number of Claimant/Beneficiary/Legal Parent/Guardian/Trustee's sole or joint name bank account (such as copy of bank book, ATM card, bank statement etc) to the company. If we do not receive the copy of the required document(s), the payment will be made by cheque and mailed to the your correspondence address. 如此申請並沒經由銀行職員作出身份核實，請同時提交印有申請人/受益人/法定父母/監護人/受託人之個人或聯名戶口全名及銀行戶口號碼之充足證明(如銀行存摺或自動櫃員機卡或月結單副本等)。若您沒有提供上述所需文件，退款將以支票形式寄予您之通訊地址。

- By cheque (in MOP) 支票形式(以澳門幣)       By cheque (in policy currency) 支票形式(以保單貨幣)

Special note 請注意：

- If the benefit payments are settled in currencies other than the policy currency(ies), the benefit payments would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments. By choosing the payment currency(ies) other than local currency, you are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations. 請注意如利益支付款項的貨幣不是保單貨幣，該款項可能會受本公司不時釐定當時保單貨幣對支付貨幣的匯率而改變。匯率之波動會對利益構成影響。選擇非本地貨幣結算支付款項，您須承受匯率風險。
- If the receiving bank is a non-HSBC or different currency bank account, bank charges or exchange rate difference may incur which will be deducted from the amount payable by the said receiving bank, if applicable. The Company will not be liable for any charges due to different bank or currency or rejection of transaction by the receiving bank as a result of inconsistent bank account details. 如收款戶口非滙豐銀行或不同貨幣戶口，該銀行可於款項中收取服務費用或兌換差價，如適用。本公司將不會承擔任何因不同銀行或貨幣而導致被收取之費用或因銀行戶口資料不乎而被拒絕轉賬之責任。

## H. No Claim Discount (NCD) 無索償折扣 (Only Applicable to HSBC Flexi Medical Insurance Plan) (只適用於滙健優越醫療保險計劃)

### Important Note 重要通知

If after a no claim discount has been deducted, a claim incurred in respect of previous five (5) Policy Years becomes payable under This Plan, the no claim discount shall be re-calculated by taking into account the relevant claim payable, and the Policyholder shall return to the Company immediately the difference between the recalculated amount (in respect of no claim discount) and the no claim discount actually offered to the Policyholder. 在扣除無索償折扣後，若本公司須就前五(5)個保單年度內產生的索償按本計劃支付賠償，則無索償折扣應根據有關賠償額而重新計算，及保單持有人須立即向本公司交回實際提供予保單持有人的無索償折扣與重新計算的無索償折扣金額之間的差額。

# 1

## HOW WE COLLECT AND STORE YOUR DATA

### We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of [www.hsbc.com.mo](http://www.hsbc.com.mo) and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with the Macau Special Administrative Region ('Macau') Macau law.

# 2

## WHAT WE USE YOUR DATA FOR

### We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services

*For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to*

- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Macau
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

# 3

## WHO WE SHARE YOUR DATA WITH

### We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

### You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

### You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

### You can contact us

The Data Protection Officer  
HSBC Life (International) Limited,  
Macau Branch, 1/F Edf. Comercial  
Si Toi, 619 Avenida da Praia Grande,  
Macau

## A

### Collect and store

#### We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps.

## B

### Use

#### We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Macau. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

#### If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained here. This is because we assume that they have given us, through you, the necessary consent for us to collect, use and share their data as explained.

## C

### Share

#### We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programmes, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

## D

### Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

**We don't give your data to others for them to market their products and services to you.** If we ever wanted to do this, we'd get your separate consent.

This document will apply for as long as we store your data. If we use your data for a new purpose, we'll get your consent.

By signing below, I/we acknowledge and expressly agree that HSBC may collect, process, use and disclose all personal data (including any sensitive data) about me/us that HSBC currently or subsequently hold for the purposes as set out in this form. I/we also acknowledge and expressly agree that the personal data (including any sensitive data) about me/us may be shared to third parties as set out in this form, as well as be transferred to outside of Macau.

# 1

## 我們如何收集及儲存您的資料

### 我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 [www.hsbc.com.mo](http://www.hsbc.com.mo) 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據澳門特別行政區(「澳門」)法律保護您的資料安全。

### 您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就此向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

# 2

## 我們如何使用您的資料

### 我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務  
*例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務*
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守澳門或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

### 您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

# 3

## 我們與誰披露您的資料

### 我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C 部分所列的其他第三方

我們可能在本地或海外披露您的資料。

### 您可聯絡我們

資料保護主任  
滙豐人壽保險(國際)有限公司  
澳門分公司  
澳門南灣大馬路 619 號  
時代商業中心 1 字樓

## A

### 收集及儲存

#### 我們或會

- 收集生物辨識、醫療及健康／生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

## B

### 使用

#### 我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括澳門或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則／算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

#### 若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按此所述，告知該人士我們將如何收集、使用和披露其資料。我們將假設該人士已經透過您，同意我們如上所述收集、使用和披露其資料。

## C

### 披露

#### 我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

## D

### 直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以供其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本文件於我們儲存您的資料期間適用。若我們將您的資料用於新用途，則會徵求您的同意。

本人(等)在下方簽署即知悉及明確同意滙豐可按本表格內列出的用途收集、處理、使用及披露於現時或其後持有本人(等)的全部個人資料(包括敏感資料)。本人(等)亦知悉及明確同意本人(等)的個人資料(包括敏感資料)可能按本表格所列分享予第三方，以及被轉移到澳門以外的地區。

**J. Declaration and Authorisation 聲明及授權**

I hereby certify that the answers and statement given above are true and complete to the best of my knowledge and that I have withheld no material fact. 本人在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I expressly consent any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records (including but not limited to health records, but to be considered as relevant for this claim) and/or information of myself/my child (the name of my child), to disclose to HSBC Life (International) Limited or its representative any information relevant to this claim (including but not limited to sensitive data). 本人明確同意任何知道本人/本人的子女健康情況之任何記錄(包括但不限於健康記錄, 但僅限於與本索賠有重要性的資料)及/或資料之醫生、醫院、診所、保險公司或其他私人、政府機構向滙豐人壽保險(國際)有限公司或其代表提供本人/本人的子女有關且對本索賠有重要性的資料(包括但不限於敏感資料)。此授權書於本人死亡或喪失能力後依然生效。本授權書之影印本亦屬有效。

By signing below, I/we expressly agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Personal Information Collection Statement which accompanies this form. 本人(等)在下方簽署即明確同意貴公司可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)的全部個人資料。

Signature of Insured Person 受保人簽署

Signature of Policyholder 保單持有人簽署

Name 姓名 : \_\_\_\_\_

Name 姓名 : \_\_\_\_\_

I.D. Card/Passport No./Other ID No.  
身份證/護照號碼/其他身份證明號碼 :I.D. Card/Passport No./Other ID No.  
身份證/護照號碼/其他身份證明號碼 :

Date 日期(DD 日/MM 月/YYYY 年) : \_\_\_\_\_

Date 日期(DD 日/MM 月/YYYY 年) : \_\_\_\_\_

## For Bank Use Only

- Client's identity card copy attached  
 Copy of Client's other bank account information checked (only applicable if customer choose to pay to non premium deduction account)

Branch Chop

Staff Name

Staff ID No.

Contact No.

Servicing Staff IA No.

Servicing Staff RI No.

Branch No.



**Part II – to be completed by the attending physician/surgeon at the claimant's own expenses in English or Chinese**  
乙部 – 由主診醫生／外科醫生以英文或中文填寫，所需費用由索償人自行承擔

<b>A. Details of Insured Person (Patient) 受保人(病人)資料</b>	
1. Name of Insured Person (Patient) 受保人(病人)姓名：	2. Date of birth 出生日期(DD日/MM月/YYYY年)
3. I.D. Card/Passport No. 身份證／護照號碼	4. Age 年齡：
<b>B. Clinical History 臨床病歷</b>	
5. (a) Date of first consultation 首次看診日期(DD日/MM月/YYYY年)：_____	
(b) Symptom(s)/chief complaint(s) presented onset date 出現病徵／主訴病徵日期(DD日/MM月/YYYY年)：_____	
6. How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前該病徵已存在多久？	
7. Is it a chronic/recurrent illness? 是否慢性／復發疾病？ <input type="radio"/> Yes 是 <input type="radio"/> No 否	
8. Diagnosis of condition (ICD 10 Codes 國際疾病分類代碼) 病情診斷：	
<b>C. About Hospitalisation/Day Case Procedure/Advanced Diagnostic Imaging Test 有關住院／日間手術／先進影像診斷檢查</b>	
9. (a) Name of hospital/day case procedure centre/medical clinic 醫院／日間手術護理中心／醫療診所名稱 <input type="radio"/> Inpatient 住院 <input type="radio"/> Hospital OPD 醫院門診 <input type="radio"/> Day Centre 日間中心 <input type="radio"/> Medical Clinic 醫療診所 _____	
(b) Ward class 住院級別 <input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房 <input type="radio"/> Ward 大房 <input type="radio"/> Hospital day ward 醫院日症 <input type="radio"/> Day case procedure centre 日間手術護理中心／Medical clinic 醫療診所	
(c) Date of admission/treatment 入院／治療日期(DD日/MM月/YYYY年) _____	
(d) Date of discharge 出院日期(DD日/MM月/YYYY年) _____	
10. Final diagnosis at the time of discharge 出院時最後的診斷	
11. Name of surgery/treatment 手術或治療名稱	
12. Has the patient been consulted by other Physician/ Surgeon(s) during this hospitalisation? 病人曾否於住院期間向其他醫生／外科醫生求診？ <input type="radio"/> Yes 是 <input type="radio"/> No 否	
(a) Name of Physician/ Surgeon 醫生／外科醫生姓名 _____	
(b) Reason 原因 _____	
(c) Treatment Performed 治療詳情 _____	
13. Please provide details of the hospitalisation, including treatment, investigations, tests conducted, on-going treatment and recovery plan. 請提供是次住院詳情，包括相關治療，檢查，測試結果，持續治療及康復計劃。	
14. Did the patient take any home leave during the hospital confinement? 病人是否於住院期間離院？ <input type="radio"/> Yes 是 <input type="radio"/> No 否 If yes, please specify the reason and the period of home leave 如有，請註明該離院時段和原因	

**C. About Hospitalisation/Day Case Procedure/Advanced Diagnostic Imaging Test (cont'd)**

有關住院／日間手術／先進影像診斷檢查(續)

15. Please provide details of the period of hospitalisation including reasons for number of days as in-patient. 請提供是次持續留院日數及其原因。

16. Is it possible that the treatments/investigations of the patient be managed on an out-patient basis? 病人的治療／檢查是否可在門診進行？

Yes 是 Please provide reason(s) for this hospitalisation 請提供是次必須留院接受治療之原因

No 否 Please provide reason(s) 請提供原因 \_\_\_\_\_

**D. Professional Opinion 專業意見**

17. (a) In your opinion, was the hospitalisation a result of recurrent episode/chronic illness or related to a previous condition? 您認為是次住院是因為復發性／長期疾病或之前的疾病／意外？

Yes 是  No 否 If yes, please provide dates and details. 請提供日期和說明細節

(i) Date 日期(DD日/MM月/YYYY年) \_\_\_\_\_

(ii) Details 細節 \_\_\_\_\_

(b) Was the condition due to or associated with the following? 上述情況是否與以下問題有關？

- |  |  |  |
|--|--|--|
| <input type="radio"/> Accidental bodily injury 意外身體受傷    | <input type="radio"/> Self-inflicted injury 自我傷害 | <input type="radio"/> Abuse of drugs or alcohol 濫用藥物或酒精      |
| <input type="radio"/> Mental disorder 精神紊亂               | <input type="radio"/> Refractive error 屈光不正      | <input type="radio"/> Developmental condition 發育問題           |
| <input type="radio"/> Infertility or sterilization 不育或絕育 | <input type="radio"/> Contraception 避孕           | <input type="radio"/> Treatment for cosmetic purpose 美容性質的治療 |
| <input type="radio"/> Vaccination 疫苗接種                   | <input type="radio"/> Pregnancy 懷孕               | <input type="radio"/> Congenital condition 先天性疾病／異常          |

**E. Cancer /Tumour-Related Treatment 癌症／腫瘤相關疾病**

18. (a) Type of treatment administered 治療種類

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="radio"/> Surgical 外科治療       | <input type="radio"/> Chemotherapy 化療 | <input type="radio"/> Hormonal Therapy 荷爾蒙治療 |
| <input type="radio"/> Target therapy 標靶治療 | <input type="radio"/> Radiotherapy 電療 | <input type="radio"/> Immunotherapy 免疫療法     |
| <input type="radio"/> Other 其他            | _____                                 |  |

(b) Date of treatment 治療日期(DD日/MM月/YYYY年) \_\_\_\_\_

19. Please provide details of the treatment including drug name, dosage, frequency and duration of treatment, all other types of treatment and any complications 請提供治療細節如藥物名稱，藥物劑量，治療頻率，持續治療的時間及其他治療類別和其併發症

**F. About the Health History 有關診治記錄**

20. Has the patient previously suffered from related conditions of this illness? If yes, please provide the dates of physician's/surgeon's consultation/hospital admission, details of conditions and diagnosis 病人曾否出現與此疾病相關的徵狀？如有，請提供醫生／外科醫生就診日期，入院日期，有關徵狀及診斷

Yes 是  No 否

Date of physician's/surgeon's consultation or hospital admission 醫生／外科醫生就診或住院日期 (DD日/MM月/YYYY年)	Name of physician/surgeon/hospital 醫生／外科醫生姓名或醫院名稱	Symptoms 病徵	Diagnosis 診斷	Treatments given (please state name of surgical procedure if performed or to be performed) 所提供的治療(請列明已接受或將會進行的手術名稱)

**G. Other 其它**

21. (a) Are you the patient's usual physician/surgeon? 您是否該病人的慣常醫生／外科醫生？  Yes 是  No 否

(b) Referring physician's/surgeon's name and address, if applicable 轉介醫生／外科醫生的姓名和地址，如適用

(i) Name of physician/surgeon 醫生／外科醫生姓名 \_\_\_\_\_

(ii) Telephone 電話號碼 \_\_\_\_\_

**H. Declaration and Authorisation 聲明及授權**

I HEREBY DECLARE AND AGREE that all statements and answers to all questions are to the best of my knowledge and belief complete and true.

本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

\_\_\_\_\_  
Name of attending physician/surgeon (with qualifications)  
主診／外科醫生姓名(資歷)

\_\_\_\_\_  
Signature and name chop of attending physician/surgeon  
主診／外科醫生簽名及蓋章

\_\_\_\_\_  
Address 地址

\_\_\_\_\_  
Contact Telephone No. 聯絡電話號碼

\_\_\_\_\_  
Date 日期(DD 日/MM 月/YYYY 年)