

## 個人門診賠償申請表 Individual Out-Patient Claim Form

CS-CLA10

為使有關賠償申請能盡速辦理，此申請表必須由受保人/保單持有人填寫及簽署。

In order to process your claim promptly, this form must be completed and signed by Insured/Policyholder.

甲) 受保人資料 A) Particulars of Insured			
保單號碼 Policy No.	受保人姓名 Name of Insured	年齡 / 性別 Age and Sex	身份證 / 護照號碼 I.D. Card/Passport No.
聯絡電話 Contact phone no:		<input type="checkbox"/> 首次索償 New Claim <input type="checkbox"/> 再度索償 Further Claim	
通訊地址 Mailing Address			

乙) 門診資料 B) Out-Patient information					
	序號 No.	診症日期 Consultation Date	醫生姓名 Doctor's Name	診斷 Diagnosis	金額 Amount
	1				HK\$
	2				HK\$
	3				HK\$
	4				HK\$
	5				HK\$
	總金額 Total				HK\$

請遞交由主診西醫開具之醫療收據正本(收據上必須清楚註明病人姓名、診症日期、醫生簽署/蓋章、診斷及醫療開支金額)

Please submit original receipt issued by doctor(Name of patient, consultation date, doctor's signature & chop, diagnosis & amount must be clearly stated on receipt)

### 聲明及授權 Declaration and Authorization

#### 授權

本人謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之紀錄者，均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」)；(2) 貴公司或任何其指定之醫生或化驗所，可就此賠償申請替本人/受保人進行所需之醫療評估及測試，作為審核本人/受保人之健康狀況。此授權對本人/受保人之繼承人及授讓人具有約束力；即使本人/受保人死亡或無行為能力時，此授權書仍具效力。此授權書的影印本與正本均有同等效力。

#### AUTHORIZATION

I HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records or knowledge of me/the insured to disclose, release and transfer such information to China Life Insurance (Overseas) Company Limited (hereinafter called "the Company"); (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ the insured in relation to this claim. This authorization shall bind the successors and assignees of me/the insured and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

#### 聲明

本人謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛；本人明白倘有任何未知是否屬於重要事項的資料均須透露；(2)本人對任何人所作出之任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束。若相關人士不能提供任何此賠償申請表所需的資料，貴公司可能因此不能審核及處理此賠償申請。

#### DECLARATION

I HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I may have made to any person if not written or printed here. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim.

受保人/保單持有人簽署

Signature of Insured/Policyholder

受保人/保單持有人姓名

Name of Insured/Policyholder

身份證/護照號碼

I.D. Card / Passport No.

日期(年/月/日)

Date (YY/MM/DD)

備註：此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長/合法監護人簽署。

Remarks: This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent/legal guardian can sign on his/her behalf.

如受保人因傷殘不能書寫，其家屬或代理人可代為填寫此申請書及簽字。

In the event of the Insured is physically incapacitated and prevent from signing, This form may be signed by a close relative or other representative authorized by the Insured.

## 收集個人資料聲明 Personal Information Collection Statement

本人確認已閱讀及明白中國人壽（海外）股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於[www.chinalife.com.hk](http://www.chinalife.com.hk)下載或向中國人壽（海外）股份有限公司索取。

I confirm that I have read and understood the personal information collection statement of China Life Insurance (Overseas) Company Limited. For the latest version of the personal information collection statement, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request.

\_\_\_\_\_  
受保人/保單持有人簽署

\_\_\_\_\_  
日期(年/月/日)

### 保險中介人專用 For Insurance Intermediary use only

本人認為上述之答案全屬正確無訛。

I believe that the answers given above are true and to the best of my knowledge.

\_\_\_\_\_  
保險中介人簽署

\_\_\_\_\_  
保險中介人姓名 (正楷填寫)

\_\_\_\_\_  
保險中介人代碼(如適用者)

\_\_\_\_\_  
日期 (年/月/日)

Signature of Insurance Intermediary

Name of Insurance Intermediary (in block letter)

Insurance Intermediary Code (if any)

Date (YY/MM/DD)