請掃二條碼登入團險客戶專頁，隨時提交門診索償申請及查閱進度。
https://gp.chinalife.com.hk

中國人壽 CHINA LIFE | 海外

團體住院賠償申請表 GROUP HOSPITALIZATION CLAIM FORM

僱主名稱 Name of Employer

團體保單編號 Group Policy No.

保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary

保險中介人代碼 Insurance Intermediary Code

聯絡電話 Contact No.

重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表。任何資料如有更改，僱員/病者/索償人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Employee /Patient /Claimant in full signature.
- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險（海外）股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 每表只限一位病者使用。One form for one patient only.
- 此表格必須由僱員/病者/索償人在出院後九十天內填報連同收據正本寄回保險公司，逾期申請均不獲處理。This Claim Form must be completed and returned with all the original receipts to the Insurance Company by the Employee /Patient /Claimant within 90 days after the discharged date otherwise claim will not be approved.
- 如病者為十八歲或以上，病者及僱員必須親自填寫及簽署本申請表，如病者為十八歲以下，本申請表應由僱員及病者之家長或合法監護人填寫及簽署。如僱員/病者因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供關係證明及醫生證明。If the Patient is at or above age 18, the Patient and Employee must complete and sign this form by his or her good self. If the Patient is under age 18, this form should be completed and signed by the Employee and the Patient's parent/ legal guardian. In the event that the Employee / Patient is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 若僱員/病者/索償人以圖章蓋印簽署，必須由一位見證人予以見證。見證人之個人資料只會用於處理本索償申請及核實和確認本申請表簽署人的身份之用。If the Employee/Patient /Claimant uses a signature stamp, it must be witnessed by a witness. The personal particulars of the witness will only be used for the purpose of processing this claim and verifying and confirming the identity of the signatory of this form.
- 保險中介人收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary does not constitute receipt by the Company.
- 如有任何查詢，請與 閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5500 查詢。填妥的表格及所需文件請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 22 字樓。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5500 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 22/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.
- 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處，概以中文本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

第一部份 – 索償資料 (由僱員/病者/索償人填寫)
PART I – PARTICULARS OF CLAIM (To be completed by Employee /Patient /Claimant)

A. 僱員/病者資料 INFORMATION OF EMPLOYEE / PATIENT

1	僱員姓名 Name of Employee 中文 Chinese 英文 English	病者姓名(如非僱員) Name of Patient (if other than employee) 中文 Chinese 英文 English
2	僱員身份證/護照號碼 I.D. Card / Passport No. of Employee	病者身份證/護照號碼 I.D. Card / Passport No. of Patient
3	病者與受保僱員關係 Relationship with Employee	

團體保單編號 Group Policy No.										

B. 一般資料 GENERAL INFORMATION

1 **索償申請類別 Type of claim**
☐ 首次索償 New Claim ☐ 再度索償 Further Claim
☐ 待決賠案 Pending Claim ☐ 重批/覆核 Review / Appeal

2 **閣下有否因同一事故曾/將會向其他保險公司索償？如是，請提供該保險公司名稱及保單號碼。Did/Will you make a claim against any other insurance company for the same incident? If yes, please indicate the name of insurance company and policy no..** ☐ 是 Yes ☐ 否 No

保險公司名稱 Name of Insurance Company

保單號碼 Policy No.

3 **是否申請退回收據的核實副本 Request return of certified true copy receipt(s)** ☐ 是 Yes ☐ 否 No

C. 治療詳情 TREATMENT DETAILS

1 **意外發生日期及時間 Date and time of the accident**

年 Year | 月 Month | 日 Day | 時 Hour | 分 Minute | AM/PM

2 **意外發生地點及經過 Location and details of the accident**

3 **請詳述意外受傷部位及受傷情況 Please describe the part(s) of body injured and the extent of injury in details**

4 **閣下有否報警？如有，請提供右面所需的資料 Did you report to the police? If yes, please provide information on the right**

☐ 是 Yes ☐ 否 No

警署地點 Police Station

檔案編號 Case Reference No.

註：請附上警察報告/交通意外報告/口供紙/酒精測試報告影印本。

Remarks: Please attach a photocopy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report.

5 **請描述病徵 / 病狀 Please describe the symptoms**

6 **首次就診前該等病徵/症狀已存在多久？How long has the Insured been experiencing these symptoms prior to first consultation?**

7 **初診醫生/醫院的資料 The physician/hospital first consulted for this injury or illness.**

年 Year | 月 Month | 日 Day | 醫生/醫院名稱 Name of physician/hospital

醫生/醫院地址 Address of physician/hospital

8 **建議入院的醫生資料 / 其他曾診治此病或過往同類病況的醫生資料 The doctor who referred the insured to hospital / other doctors seen for this or similar past condition**

年 Year | 月 Month | 日 Day | 醫生/醫院名稱 Name of physician/hospital

醫生/醫院地址 Address of physician/hospital

9 **入院日期 Date of admission** | **出院日期 Date of discharge**

年 Year | 月 Month | 日 Day | 年 Year | 月 Month | 日 Day

D. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國人壽保險（海外）股份有限公司 （於中華人民共和國註冊成立之股份有限公司）（下稱"本公司"）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

在本收集個人資料聲明（"本聲明"），下列詞語將具有以下的含義：

"本公司關聯方" 指本公司任何附屬公司、本公司任何聯營公司、以及本公司的母公司、母公司任何附屬公司、母公司任何聯營公司，為避免疑義，中國人壽保險（集團）公司集團內之公司（ "本公司關聯方" 應作相應解釋）。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

1. 向閣下推介、提供和營銷本公司、本公司關聯方或本公司聯合品牌合作夥伴的產品 / 服務（參閱下文"為直接促銷目的而使用個人資料" 部份），以及提供、維持、管理和操作該等產品 / 服務；
2. 處理和評估閣下就本公司及本公司關聯方的產品 / 服務提出的任何申請或要求；
3. 向閣下提供後續服務(包括但不限於健康檢測和 / 或健康管理服務)及執行/管理已發出的保單，包括但不限於增加、更改、變更、撤銷、續期或恢復；
4. 就本公司和 / 或本公司關聯方提供的任何產品 / 服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；
5. 評估閣下的財務需求；
6. 為本公司和 / 或本公司關聯方設計新的產品 / 服務或改進現有的產品 / 服務；
7. 為本公司和 / 或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；
8. 基於本聲明所列的任何目的，將本公司不時持有並與閣下有關的任何資料進行調查；
9. 滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和 / 或信用核查和 / 或債務追收；
11. 開展與本公司業務經營有關的其他服務；
12. 就閣下在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；
13. 根據第 112 章 《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程序；及
14. 與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1. 任何本公司關聯方；
2. 就本公司和 / 或本公司關聯方提供的任何產品 / 服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；
3. 就本公司和 / 或本公司關聯方所提供產品 / 服務的任何代理、承包商或第三方，包括任何再保險公司、保險中介、基金管理公司、健康管理機構或金融機構；
4. 就業務經營關係向本公司和 / 或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或第三方；
5. 協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
7. 任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和 / 或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）；及
8. 任何金融服務供應商的行業協會或聯會；
9. 預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和使用個人資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文"為直接促銷目的而使用個人資料"部份。

為直接促銷目的而使用個人資料：本公司打算：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；
2. 就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員優惠計劃）：

(a) 保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及
(b) 有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；

3. 上述產品和服務將可能由本公司和 / 或下列機構提供：

(a) 任何本公司關聯方；
(b) 第三方金融機構；
(c) 提供本部份第 2 段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；
(d) 第三方獎賞、客戶或會員優惠計劃的提供者；及
(e) 支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者；

4. 除由本公司促銷上述產品和服務外，本公司亦有意將本部份第 1 段所述的資料提供予本部份第 3 段所述的全部或任何人士，以供該等人士作促銷該等產品及服務之用；

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D. 個人資料收集聲明(續)PERSONAL INFORMATION COLLECTION STATEMENT(Continued)

5. 本公司需取得閣下的書面同意（包括表示不反對）方可為任何推廣或促銷目的而使用並向上文所述的第三方提供資料。

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予第三方作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任
中國人壽保險（海外）股份有限公司
香港灣仔軒尼詩道 313 號中國人壽大廈 22 樓
電話：(+852) 3999 5519　傳真：(+852) 2892 0520

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability)(the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:-

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance doubt, undertaking within the group of China Life Insurance (Group) Company ("Our affiliates" shall be construed accordingly).

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1. offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;
4. any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);
5. evaluating your financial needs;
6. designing new or enhancing existing products/services of the Company and/or our affiliates;
7. conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;
8. investigating any data held which relates to you from time to time for any of the purposes listed herein;
9. meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. carrying out other services in connection with the operation of the Company's business;
12. sending out administrative communications about any account you may have with the Company or about future changes to this PICS;
13. performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and
14. Other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1. any of our affiliates;
2. any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company , health management institution or financial institution;
4. any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;
5. other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
7. any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;
8. any financial services provider industry association or federation;
9. any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation 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.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled "Use of Personal Data for Direct Marketing Purposes".

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D. 個人資料收集聲明(續)PERSONAL INFORMATION COLLECTION STATEMENT(Continued)

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1. Use your name, contact details, products and services portfolio information, transaction pattern and behaviour , financial background and demographic data held by the Company from time to time for direct marketing;
2. Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:
   (a) insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and
   (b) health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;
3. The above products and services may be provided by the Company and/or:
   (a) any of our affiliates;
   (b) third party financial institutions;
   (c) the Company, our affiliates and our co-branding partners providing the products and services set out in 2;
   (d) third party reward, loyalty or privileges programme providers; and
   (e) external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.
4. In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;
5. The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company's Personal Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
22/F, CLI Building, 313 Hennessy Road,
Wan Chai, Hong Kong
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

The Company have the right to charge a reasonable fee for the processing of any data request.

聲明和授權：本人／我們確認本人/我們已閱讀並明白收集個人資料聲明（"本聲明"）。本人／我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人／我們的個人資料。本人/我們已取得在此申請提供第三方資料（如有）所需的同意。本人／我們確認並同意為本聲明中所述之目的將本人／我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據"為直接促銷目的而使用個人資料" 部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section "Use of personal data in direct marketing", please tick the box below.

☐ 本人／我們不同意根據以上收集個人資料聲明（參閱"為直接促銷目的而使用個人資料" 部份）為直接促銷之目的而使用和提供本人／我們的個人資料，亦不希望接收任何推廣及直接促銷材料。

I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

E. 聲明及授權 DECLARATION AND AUTHORIZATION

授權 Authorization

本人/我們，僱員/病者/索償人，代表本人/我們及尚未成年之受保人(如有)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、政府部門，或其他機構、組織或人士，凡知道或具有任何有關本人/我們/尚未成年之受保人之紀錄、認識或資料者，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療/輔助醫療檢查員或化驗所，可就本索償申請替本人/我們/尚未成年之受保人進行所需之醫療評估及測試，作為審核本人/我們/尚未成年之受保人之健康狀況。此授權對本人/我們之繼承人及授讓人具有約束力；即使本人/我們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。

I/We, the Employee/Patient/Claimant, represent me/ us/ the Insured under 18 years old (if any) HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, government department, or other organization, institution or person, that is aware of or has any records, knowledge or information of me/us/the insured under 18 years old to disclose, release and transfer such information to the Company; (2) the Company or any of its appointed medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves/ the insured under 18 years old in relation to this claim. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

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E. 聲明及授權(續) DECLARATION AND AUTHORIZATION(Continued)

聲明 Declaration

本人/我們，僱員/病者/索償人，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/我們親手所寫，就本人/我們所知所信，均為事實之全部並確實無訛； 本人/我們明白倘未知任何一項是否重要，本人/我們均須將其事實在本申請表上說明；(2)本人/我們對任何人所作出之任何聲明，除在本申請表上填寫或印出及經 貴公司發表和批准外，貴公司不須受其約束。若相關人士不能提供任何本申請表所需的資料，貴公司可能因此不能審核及處理本索償申請。

I/ We, the Employee /Patient /Claimant HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; I/We 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/ we may have made to any person unless it is written or printed here and is presented and approved by the Company. 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.

F. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	僱員 Employee			病者(如非受保僱員及 18 歲或以上) Patient (if other than employee and aged 18 years old or above)			*索償人 *Claimant			見證人 Witness		
簽署 Signature												
姓名 Name												
身份證/護照號碼 I.D. Card / Passport No.												
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day
*索償人與病者關係 *Relationship between Claimant and patient												

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第二部份 – 主診醫生報告書 (由主診醫生填寫，所有費用由僱員/病者/索償人自行承擔)
PART II – ATTENDING PHYSICIAN'S STATEMENT (To be completed by attending physician at the Employee's / Patient's / Claimant's own expenses.)

A. 病人資料 PARTICULARS OF PATIENT

病人姓名 Name of patient		病人年齡/性別 Age/sex of patient	/	病人身份證/護照號碼 I.D / Passport No. of patient	

B. 診治資料 CONSULTATION DETAILS

		年 Year	月 Month	日 Day
1	病人之醫療記錄可追溯至 We can trace the medical record of patient back to		/	/
2	首次出現病徵日期或意外發生日期 Date of the accident occurred or symptoms first appeared		/	/
3	病人首次有關此病症之求診日期 Date of first consultation for this condition or related illness		/	/

4 請詳細說明首次會診時之徵狀和病症 Please describe the symptoms and complaints at first consultation

5 病人是否由其他醫生轉介？如是，請提供該醫生之姓名及地址。Is the patient referred by other physician? If yes, please give the name and address of the referring doctor. ☐ 是 Yes ☐ 否 No

轉介醫生姓名 Name of the referring doctor | 轉介醫生地址 Address of the referring doctor

6 診斷 Diagnosis | 國際疾病分類編碼 ICD 10 Code

C. 住院資料 HOSPITALIZATION DETAILS

1 醫院名稱 Name of hospital

	年 Year	月 Month	日 Day
入院日期 Date of admission		/	/
出院日期 Date of discharge		/	/

2 手術資料 Surgical Procedure Details — 手術日期 Date of surgery / /

手術名稱 Name of the Surgical Procedure | 國際疾病分類編碼 CPT Code

3 是次檢查、治療及住院日數(如有)是否和上述診斷有直接關係而且是醫療所需及由醫生建議？若否，請詳述之。Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to the current diagnosis, and were medically necessary and recommended by you? If no, please specify details.

☐ 是 Yes ☐ 否 No

4 病人有沒有於住院期間請假外出？如有，請列明外出之日期、時間及原因。Had the patient taken any home leave during the hospital confinement? If Yes, please state date, time and reason of the patient's home leave.

☐ 有 Yes ☐ 沒有 No

D. 出院撮要 BRIEF DISCHARGE SUMMARY

1 住院期間之治療、檢查及其結果、有否任何併發症及出院後之覆診或跟進計劃。Treatments, investigation procedures, results, and/or any complications during hospitalization and post-hospitalization follow up plan.

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E. 閣下之專業意見 PROFESSIONAL COMMENT

1 是次病症或受傷是否(1)復發個案，或(2)任何慢性疾病/ 嚴重疾病之併發症，或(3)與過往其他病況有關？如是，請提供有關診治日期及治療詳情。Is the condition (1) a recurrent episode or (2) a complication of any chronic illness/ major disease or (3) related to any previous conditions? If yes, please provide date of diagnosis and treatments details.

☐ 是 Yes ☐ 否 No 診治日期 Date of diagnosis/treatments 年 Year _____ 月 Month _____ 日 Day _____

詳情(包括診斷/治療/檢查及結果) Details (including diagnosis/ treatments/ investigations and results)

2 是項疾病之根本主因 What is the underlying cause of such illness?

3 病情預測及復發之可能 The prognosis of the condition and any possibility of having a relapse?

4 請選出與是項疾病有關之狀況。Is the illness associated with the following?

- ☐ 先天性疾病 Congenital condition
- ☐ 濫藥或酗酒 Abuse of drugs or alcohol
- ☐ 整容或整形治療 Cosmetic or plastic surgery
- ☐ 一般身體檢查/防疫注射 Body check vaccination & immunization injections
- ☐ 其他疾病，請說明 Other disease, please specify
- ☐ 自殘 Self-inflicted injury
- ☐ 性病 Venereal disease
- ☐ 發育異常 Develop-mental abnormality
- ☐ 愛滋病或人體免疫缺損病毒感染 AIDS or HIV related illness
- ☐ 不育或絕育 Infertility or sterilization
- ☐ 視力矯正 Corrective aids or treatment of refractive errors
- ☐ 參與危險性運動/活動 Hazardous sport / activity
- ☐ 懷孕，請說明預產期 Pregnancy, please provide expected date of delivery
- ☐ 以上皆否 None of the above
- ☐ 精神紊亂 Mental disorder
- ☐ 康復/療養 Rehabilitation/ convalescence

F. 其他醫療病史 OTHER MEDICAL HISTORY

1 請選出病人過往有否以下病症/習慣。Does the patient have any medical history or habit as indicated below?

- ☐ 哮喘 Asthma
- ☐ 乙型肝炎 Hepatitis B
- ☐ 濫藥 Drug abuse
- ☐ 以上皆沒有 None
- ☐ 心臟病 Cardiac problem
- ☐ 高血壓 Hypertension
- ☐ 家族性癌症 Family history of cancer
- ☐ 其他疾病，請說明 Other disease, please specify
- ☐ 糖尿病 Diabetes Mellitus
- ☐ 曾接受手術 Previous operation
- ☐ 家族病史 Unfavorable family history

2 該病人曾否因患上述疾病或其他嚴重疾病接受醫生或醫院治療？如有，請說明詳情。Had the patient previously been treated or hospitalized due to the above disease or other major disease? If so, please specify details.

☐ 有 Yes ☐ 沒有 No 診治日期 Date of diagnosis/treatments 年 Year _____ 月 Month _____ 日 Day _____

疾病 Disease

治療/住院詳情 Details of Treatment / Hospitalization

醫生姓名/醫院名稱 Name of Physician/Hospital

3 請提供飲酒/吸煙習慣詳情 Please provide details of drinking & smoking habit

每日用量 (支/包/樽/罐) Daily consumption (piece/ pack/ bottle/ can)

習慣始自 Drinking/ Smoking start date since 年 Year _____ 月 Month _____ 日 Day _____

G. 主診醫生資料 PARTICULARS OF ATTENDING PHYSICIAN

主診醫生姓名 Name of Attending Physician		**資歷 Qualification**			
地址 Address		**聯絡電話 Contact No.**			
主診醫生簽署/醫院蓋章 Signature & Stamp of Attending Physician/ Hospital		**日期 Date**	年 Year	月 Month	日 Day