

長期病假賠償申請表 LONG TERM SICK LEAVE CLAIM FORM

		保單號碼 Policy No.										
第二部份 - 主診醫生報告書 (由主診醫生填寫,所有費用由受保人/保單持有人/索償人自行承擔) PART II – ATTENDING PHYSICIAN'S STATEMENT (To be completed by attending physician at the Insured / Policyholder / Claimant's own expenses.)												
A. 3	A. 病人資料 PARTICULARS OF PATIENT											
1	病人姓名 Name of Patient											
2	年齡及性別 Age and Sex											
3	身份證/ 護照號碼 I.D. Card / Passport No.											
В. [臨床資料 CLINICAL DETAILS											
1	病人之醫療記錄可追溯至 We can trace the me	edical record of patient bac	k to									
	年 Year 月 Month	⊟ Day										
2	首次出現病徵日期發生日期 Date of the symptom	toms first appeared										
	年 Year 月 Month	⊟ Day										
3	病人首次就有關此病症之求診日期 Date of fir	rst consultation for this co	ndition or relate	ed illness								
	年 Year 月 Month	⊟ Day										
4	請詳細說明首次會診時之徵狀和病症 Please	describe the symptoms a	nd complaints a	at first consul	tation							
5		醫生之姓名及地址。Is t	he patient refe	rred by other	□ 是 Yes	□否	No.					
	physician? If yes, please give the name and addr	ess of the referring doctor			~							
6	診斷 Diagnosis											
	no Eli a lagillosio											
7	何時確診 When was the diagnosis made	年 Ye	ear	月 M	1onth	日 Day						
7	以病人本身的工作或職業而論,請詳述此意外				لللا		please					
7 8	以病人本身的工作或職業而論,請詳述此意外 indicate the impact of the accident / disablement:	Y/ 傷勢對其的影響: Beari			لللا		please					
7	以病人本身的工作或職業而論·請詳述此意外 indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any k	r/ 傷勢對其的影響: Beari	ng in mind the d		لللا		please					
7 8	以病人本身的工作或職業而論,請詳述此意外 indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any line 不能從事其職業本身之部分工作 Cannot perform and performance and perfo	r/ 傷勢對其的影響: Bearinkind of work and duties erform partial duties of his/ her	ng in mind the d		لللا		please					
7 8	以病人本身的工作或職業而論,請詳述此意外 indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any l 不能從事其職業本身之部分工作 Cannot pe	r/ 傷勢對其的影響: Bearing kind of work and duties erform partial duties of his/ her own	ng in mind the d		لللا		please					
8	以病人本身的工作或職業而論,請詳述此意外 indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any line 不能從事其職業本身之部分工作 Cannot perform and performance and perfo	kind of work and duties erform partial duties of his/ her erform all duties of his/ her owlerform any kind of work and du	own occupation occupation	eclared duties	لللا		please					
7 8	以病人本身的工作或職業而論,請詳述此意外indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any least of the accident / disablement:	kind of work and duties erform partial duties of his/ her erform all duties of his/ her owlerform any kind of work and du	own occupation occupation	eclared duties	لللا		please					
7 8	以病人本身的工作或職業而論,請詳述此意外indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any 是不能從事其職業本身之部分工作 Cannot pell 不能從事其職業本身之任何工作 Cannot pell 不能從事任何類型的工作或職業 Cannot pell 不能從事任何類型的工作或職業 Cannot pell 清提供喪失部分工作能力的時間 Please state pell indicate in the pell in the	kind of work and duties erform partial duties of his/ her erform all duties of his/ her ow erform any kind of work and du riod of incapable to perform	own occupation occupation tities some of his/her	eclared duties	occupation of		please					
7 8	以病人本身的工作或職業而論,請詳述此意外indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any lease 不能從事其職業本身之部分工作 Cannot perform 不能從事其職業本身之任何工作 Cannot perform 不能從事任何類型的工作或職業 Cannot perform 不能從事任何類型的工作或職業 Cannot perform and per	kind of work and duties erform partial duties of his/ her erform all duties of his/ her own erform any kind of work and du riod of incapable to perform 年 Year	own occupation occupation occupation some of his/her 月 Mor	eclared duties	/occupation of		please					
7 8	以病人本身的工作或職業而論,請詳述此意外indicate the impact of the accident / disablement: 能夠從事任何工作或職業 Can perform any lease of the accident / disablement: 能夠從事任何工作或職業 Can perform any lease of the accident / disablement: 在新從事其職業本身之部分工作 Cannot perform any lease of the accident / disablement: 不能從事其職業本身之部分工作 Cannot perform 不能從事任何類型的工作或職業 Cannot perform 不能從事任何類型的工作或職業 Cannot perform 方式。 To	kind of work and duties erform partial duties of his/ her erform all duties of his/ her own erform any kind of work and du riod of incapable to perform 年 Year	own occupation occupation occupation some of his/her 月 Mor	eclared duties	/occupation of		please					



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) China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) P. 1 of 3 HK-CL-ICLA12/202511-01

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B. 踮	語床資料(續) CLINICAL DETAILS (Continued)												
9	9 請詳述完全喪失工作能力原因 Please state the cause of total disability												
10	閣下認為病人之狀況會否有基本/ 明顯的改善?Do you expect a fundamental or marked change of this present condition in the future? ☐ 會 Yes ☐ 否 No												
	如會,受保人於何時才能重新工作?If yes, how long do you expect the Insured will take to perform duties?												
11	以病人本身的工作或職業而論・病人於何時才能 expect the patient can resume working capability?	能恢復工作能	力? Bearing in n	nind the	e decla	red dut	ies/oco	cupatio	n of thi	is patie	nt, how	long o	do you
	□ 一個月內 Within 1 Month												
	□ 一至三個月內 1-3 Months												
	□ 三至六個月內 3-6 Months□ 六至十二個月內 6-12 Months												
	■ 多於十二個月 >12 Months												
	□ 永不 Never												
12	請詳述病人如何因是次傷患影響而導致完全	不能回復本來	k之工作崗位 P	lease :	state in	n detai	ls on h	how th	e disal	bility p	revent	s the p	atient
	from resuming his/her own work												
13	所有關於是項診斷之治療、檢查及其結果、					進計畫	Any	treatn	nents,	investi	gation	proce	dures,
	results, and/or any complications and follow up p	nan regarding	the subject diag	gnosis.									
													—
													—
C. 閣	下之專業意見 PROFESSIONAL COMMENT												
1	是次診斷是否復發個案,或與過往其他病況 a recurrent episode or related to any previous con								-		是 Yes		否 No
		年 Year	piease provide	月 Mo		uiagiio	B Da		iliciilə.				
	詳情(包括診斷/治療/檢查及結果) Details(incl		sis/ treatments/	J	ᆫ	s and r	j	` <u></u>		J			
	IT A (CITIZEN) AT A MEXICAL POLICE	during diagno.	oio, treatmento,	iiivosti,	gation	o unu i	Courto	,					
													—
													—
2	病人之家族史有否增加病人患上此症的風險	? Is there any	patient's family	history	which	n would	d incre	ase the	e risk o	f this i	llness	?	

					保單號	碼 Policy N	No.										
C. 湿	C. 閣下之專業意見(續) PROFESSIONAL COMMENT (Continued)																
3	病情預測 The prognosis of the condition																
	-																
4	是否與人體免疫缺損病毒有關? Is it HIV related?																
- t	D. 其他醫療病史 OTHER MEDICAL HISTORY																
1			病症/習慣	Does the patien			-	nabit a	s indic	cated be	_						
		Asthma				心臟病 Cardiac							Diabetes				
		肝炎 Hepat				高血壓 Hyperter									operation		
		Drug abuse				炊酒習慣 Drinki	-				<u> </u>	煙習 性	貫 Smok	king			
			mily history of	cancer		家族病史 Unfav		-	-								
	以上	皆沒有 Nor	ne		□ [‡]	其他疾病·請訴	说明 Othe	er disea	se, plea	se specit	fy						
2	該病人曾	·否因患_	上述疾病或	其他嚴重疾病	接受醫生	生或醫院治療	療?女	口是者	・請	述詳憬	事。 Ha	d the	patien	t \Box		_	7
				italized for the a									-	Ш	是 Yes	<u> </u>	否 No
	日期 Date			疾病 Disease			治療/住						醫生姓名/醫院名稱				
年 Yea	ar 月 Month	☐ Day		,,,,,,		Details of	treatme	ent/ho	spitaliz	zation		N	lame o	f Phy	/sician/H	ospita	al
3				lease provide de	tails of Dr	inking & Smo	_					_			_		
	習慣始自	Drinking/	Smoking s	tart date since			年 Y	'ear ı	ı	ı		月 Moi	nth 	1	_⊟ Day 		
	每日用量 Daily consumption					(支/包/樽/罐 piece/ pack/ bottle/ can)											
E. ±	診醫生資	科及聲	明 ATTENI	DING PHYSICIA	N'S PAR	TICULARS A	AND DE	CLAI	RATIO	N							
本人記	堇 此聲明・涼	就本人所知	1所信・上述	由本人提供的資	料均為事實	實之全部・並ん	確實無詞	化・IH	EREBY	DECLA	RE that	all the i	nformati	ion pro	ovided by r	ne in th	his form is
true an	d correct to th	e best of my	y knowledge a	nd belief.													
主診醫	醫生姓名								:	資歷							
Name of Attending physician						Qualification											
地址					聯				聯絡電話 Contact No.								
Address																	
主診醫生簽署及醫院/診所蓋章														r ,	月 Month	E	⊟ Day
工的商工颇有及商例/的用盖早 Signature of Attending Physician and										日期							
Stamp of Hospital / Clinic Date																	
														- 1		1	