

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

香港北角京華道18號15樓

15/F., 18 King Wah Road, North Point, Hong Kong

Tel: (852) 2815 1551 Fax: (852) 2541 6567 E-mail: info@hk.cntaiping.com Website: www.hk.cntaiping.com Customer Service Hotline: (852) 3716 1616

HOSPITALIZATION & SURGICAL CLAIM FORM

住院及手術賠償申請表

This form is applicable to both inpatient and outpatient surgical claim 本表格適用於住院或門診手術賠償

PART I – TO BE COMPLETED BY THE PATIENT

甲 部 – 由病人填寫

Policyholder 保單持有人名稱		
保單號碼 Policy No.		
Employee/Member Name 僱員/成員姓名(英文正楷)	電郵地址 E-mail Address	聯絡電話: Contact Tel. No.
Patient's Name 病人姓名(英文正楷)	H.K.I.D. No. 香港身份證號碼	Plan 計劃編號
Relationship to the Employee/Member 與僱員/成員之關係		Client Code(Member Ref) 客戶編號(員工編號)
Correspondence Address 通訊地址		

(1) a. Is condition congenital? 此是否先天性缺陷? No 否 Yes 是

b. If confinement is due to childbirth, please indicate the commencement of Pregnancy.
如住院是因生育導致, 請提供開始懷孕日期: _____

c. Have you had any prior treatment for this or related conditions? 閣下是否曾經因同一病況而接受治療? No 沒有 Yes 有

Doctor's Name _____ Contact No. _____ Date(s) _____
醫生姓名: _____ 聯絡電話: _____ 日期: _____

Address _____
地址: _____

(2) If you need to file this claim with another insurer, please specify the name of the insurer.
如果需要向其他保險公司索償, 請填寫其他保險公司名稱及保單號碼。

Name of Insurance Company _____
保險公司名稱: _____

Policy No. _____ Policy Type _____
保單號碼: _____ 保單類別: _____

Please note we will only return certified true copy, original receipt will be kept by us.
請注意本保險公司只退回核證副本, 醫療收據正本由本保險公司保留。

(3) Was the hospitalization/surgery a result of an accident? 此次住院/手術是否由於一宗意外引致? No 否 Yes 是

Date 日期: _____ Time 時間: _____ Place 地點: _____

Brief Description 意外經過及傷勢: _____

Did the patient report to the police? 傷者有否報警: No 沒有 Yes, send us a copy of the police report 有, 請提交有關檔案副本一份

DECLARATION & AUTHORIZATION 聲明及授權書:

I hereby declare that the statement and answers given above are true and complete to the best of my knowledge and that I have withheld no material fact. I understand that any misrepresentation of the above statement and answers will cause my claim invalid.

I hereby authorize any hospital, physician, clinic, insurance company or other organization or person that has any records or knowledge of me or my health, to furnish to **CHINA TAIPING INSURANCE (HK) COMPANY LIMITED** or its authorized representative any information relevant to this claim. A copy of this authorization shall be as effective and valid as the original.

本人現聲明上述所填報的資料均屬正確無訛且並無缺漏。本人清楚明白如上述資料有誤或不實, 可能導致本人的賠償申請無效。本人茲授權持任何知道本人健康情況及持有此等記錄之醫院、醫生、診所、保險公司或其他機構或人士, 均可向中國太平保險(香港)有限公司或其授權之代表提供有關本人的資料。本授權書之影印本與正本有同等效力。

Personal Information Collection Statement 個人資料收集聲明

I have read and understand the Personal Information Collection Statement on the last page of this claim form. I understand that I have the right to obtain, to access to and to request correction of any personal information concerning myself held by your company and requests for such access can be made in writing to your Manager of the Office of the General Manager.

本人已細閱並明白本賠償表最後一頁的收集個人資料聲明, 並明白本人有權查閱及要求更正由貴公司持有有關本人的個人資料。如有需要, 可以書面形式向貴公司總經理辦公室經理提出。

Signature of Patient 病人簽署 _____ Date 日期 _____
(日/月/年 dd/mm/yyyy)

中國太平保險(香港)有限公司
China Taiping Insurance (HK) Company Limited

PART II – TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSES

乙部 – 由主診醫生/外科醫生填寫，所需費用由索償人自行承擔

Name of Patient 病人姓名：	Name of Hospital 醫院名稱：
Date & Time of Admission 入院日期及時間：	Date & Time of Discharge 出院日期及時間：
Level of Hospital Ward 病房級別： <input type="checkbox"/> Deluxe 豪華 <input type="checkbox"/> Private 私家 <input type="checkbox"/> Semi-private 半私家 <input type="checkbox"/> Ward 普通 <input type="checkbox"/> Clinical Surgery 診所外科手術	

A. Clinical History 診所病歷

1. Date on which the patient first consulted you related to this illness/injury 此疾病/受傷之首次求診日期：_____
2. Chief Symptom(s)/complaint(s) of the patient relating to this hospitalization/treatment/investigation/surgery 此次住院/治療/檢驗/手術的主要病徵/病狀：_____
3. How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久？_____

B. Hospitalization Details 住院詳情

1. Final Diagnosis of conditions 診斷結果：_____
2. Date of operation 手術日期：_____ Nature/Classification 性質/級別：_____
3. Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan.)
手術名稱：_____
4. Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan.)
請提供出院摘要 (包括病徵及病狀/疾病徵兆開始及持續期、病理學、主要檢查種類及結果、治療、併發症及跟進計劃)
5. Has the patient taken any home leave during this hospitalization? 於住院期間，病人有否請假外出？ No 否 Yes 是
Please state the date, time and reason 請列明日期、時間及原因：_____
6. Please provide reason(s) for hospitalization if this type of cases can be managed on day care/out-patient basis.
若此治療/檢查可於日間護理/診所進行，請提供住院原因。_____
7. Has the patient consulted other physician during this Hospitalization? If "Yes", please provide the following: No 否 Yes 是
病人有否於住院期間曾接受其他醫生診治？如答案“是”，請提供以下資料：
Name of physician consulted 醫生姓名：_____ Reason 原因：_____
8. What treatment had the physician performed 治療詳情：_____

C. Professional Comment 專業意見

1. To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto? No 否 Yes 是
If "Yes", please state dates and describe. 據閣下所知，病人以前曾否患有同類病況？如答案“是”，請說明何時及當時情況。_____
2. In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis. If "yes", please provide date of the first episode and details. No 否 Yes 是
據閣下意見，病人是次住院治療是否因繼發性或慢性疾病或以往的症狀/疾病而引致的。若答案“是”，請提供第 1 次發病日期及詳情。_____
3. Was the condition due to or associated with the following?(Please tick the appropriate boxes) 健康狀況是由於以下問題引致？(請在適當空格)
 Accidental bodily injury 意外身體受傷 Self-inflicted injury 自我傷害 Congenital condition 先天性疾病/異常 Pregnancy 懷孕
 Abuse of drugs or alcohol 濫用藥物或酒精 General check-up 一般身體檢查 Developmental condition 發育問題 Contraception 避孕
 Mental or nervous disorder 精神或神經紊亂 Infertility or sterilization 不育或絕育 Hereditary condition 遺傳性問題
 Treatment for cosmetic purpose 美容性質的治療 Refractive error 視力屈光不正 Vaccination 疫苗接種
 Venereal disease, sexually transmitted disease or AIDS / HIV related illness 性病、性傳播疾病或愛滋病/愛滋病毒有關的疾病

Please use any separate paper with the physician's signature and chop on it if more space is needed.

若需另頁填寫，每張紙都須有醫生的簽署及蓋章作實。

D. Others 其他

1. Was the patient referred by another doctor? 病人是否經其他醫生轉介？ No 否 Yes 是
Name and address of the referral doctor
轉介醫生的姓名及地址：_____
2. Are you the patient's usual physician? 閣下是否病人慣常醫生？ No 否 Yes 是
3. In-hospital Doctor Visits Fee charged 住院期內醫生巡房費用：_____ day 日 @ _____ / day 每日費用 Total Fee 總數：_____
Specialist Consultation Fee charged 專科醫生診症費用：_____ Each Surgical Fee charged 各項手術費用：_____

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人特此證明，就本人所知上述所有資料準確無誤。

Signature and Chop of Attending Physician/Surgeon 主診醫生/外科醫生簽署及蓋章

Address and Telephone No. 地址及電話號碼

Name of Attending Physician/Surgeon & Qualifications 主診醫生/外科醫生姓名及資歷

Date 日期 (日/月/年 dd/mm/yyyy)

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國太平保險(香港)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。閣下提供本索償表格要求的個人資料(包括信用資料和以往申索記錄),是為了本公司提供保險業務所需,本公司並可能使用閣下的個人資料作以下用途:

- (i) 任何與保險有關的產品或服務(包括處理及審批閣下索償、結清申索、保單相關行政、財務工作、索償調查或分析、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)及其它相關的服務),或該等產品或服務的任何更改、變更、取消或續期;
- (ii) 本公司行使任何代位權;
- (iii) 就以上用途聯絡閣下;
- (iv) 其它與上述用途有直接關係的附帶用途;及
- (v) 遵循適用法律,條例及業內守則及指引。

本公司亦可因應上述用途披露/轉移閣下的個人資料予下列各方,而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料:

- (a) 向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問,或任何從事與保險或再保險業務有關的公司,或閣下的保險中介人(若有)、保險理算人或索償調查員/公司,或其他保險業務有關的服務提供者;
- (b) 僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;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);警察;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);
- (c) 本公司的關連公司(以《公司條例》內的定義為準);
- (d) 政府及市場認可的保險業監管機構:保險投訴局及同類的保險業機構、香港保險業聯會(或同類的保險公司聯會)及其會員;
- (e) 法例要求或許可的政府機關包括運輸署。

閣下的個人資料可能因上述用途提供給以上任何機構(在香港境內或境外),而就此而言,閣下同意將閣下的資料轉移至香港境外。

閣下可有權隨時查閱及/或更正由本公司持有有關閣下的個人資料。如有需要,請以書面形式向本公司的總經理辦公室提出,地址為香港北角京華道18號15樓或電郵info@hk.cntaiping.com。另本公司私隱政策的全文已上載於www.hk.cntaiping.com,歡迎查閱。

本公司為預防保險詐騙偵測系統成員,詳情請參閱www.hkfi.org.hk/ifpcd/en/index.html。

本聲明中英文版本如有任何歧異或不一致,概以英文版為準。

China Taiping Insurance (HK) Company Limited (the “Company”) understands its responsibilities to the collection, retention processing or use personal data under the Personal Data (Privacy) Ordinance. The personal data you provided in this form (including credit information and claims history) is collected to enable the Company to carry on insurance business. The Company may also use your personal data for the following purposes:

- (i) any insurance related product or service (include processing and evaluating your insurance claim, settling claims, providing administration, financing, claim investigation or analysis work, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application) and other services in relation to your insurance policy), or any alterations, variations, cancellation or renewal of such product or service;
- (ii) exercising any right of subrogation;
- (iii) contacting you for any of the above purposes;
- (iv) other ancillary purposes which are directly related to the above purposes; and
- (v) complying with applicable laws, regulations or any industry codes or guidelines.

The Company may disclose / transfer your personal data to the following persons who may collect and use this data only as reasonably necessary to carry out the purposes described above:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services, or any company carrying on insurance or reinsurance related business or your insurance intermediary (if you have one) or claim or investigation adjusters/companies, or other service provider providing services relevant to insurance business;
- (b) employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
- (c) the Company's related companies (as that term is defined in the Companies Ordinance);
- (d) Government and industry recognized insurance regulatory bodies: the Insurance Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (e) government agencies and authorities as required or permitted by law including the Transport Department.

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

You have the right to access and/or request correction of any personal data concerning yourself held by the Company. Requests for such access can be made in writing to Office of the General Manager at 15/F, 18 King Wah Road, North Point, Hong Kong or email to info@hk.cntaiping.com. Moreover, the full version of the Company's Data Privacy Policy can be found at www.hk.cntaiping.com.

The Company is a member of the Insurance Fraud Prevention Claims Database, please go to website www.hkfi.org.hk/ifpcd/en/index.html for details.

In the event of any discrepancy or inconsistency between the English and Chinese versions of this statement, the English version shall prevail.