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If you have any queries please call 2519 1280
 如有疑問請電 2519 1280

Hospitalisation & Surgical Claim Form 住院及手術索償表

This form is applicable to both Inpatient and Outpatient surgical claims 本表格適用於住院或門診手術賠償

No reimbursement for claims submitted after 60 days from the date of consultation. 索償申請必須在 60 天內寄回，否則不作任何賠償。

Part 1 - To Be Completed by the Patient 甲部一由病人填寫	Provide the meal breakdown record. 請提供所有膳食記錄
Name of Employer 僱主名稱：	Name of the Patient 病者姓名：
Name of Employee 僱員姓名： (For Group Insurance Policy only)	Patient's Occupation 病者職業：
Policy No 保單號碼：	Patient's HKID Card No 病者身份證號碼：
Member / Certificate No. 會員/保險證號碼：	Date of Birth 出生日期：
Relationship with Employee 病者與僱員關係：	☐ Spouse 配偶 ☐ Child 子女

- 1) Have you had any prior treatment for this or related conditions? ☐ Yes, please provide following information ☐ No 不是
 是，請提供以下資料

閣下是否曾經因同一病況而接受治療

Doctor's Name 醫生姓名：_____ Date(s) 日期：_____

Address 地址：_____

- 2) Are you making any other insurance claim as a result of this hospitalisation/surgery? ☐ No 不是 ☐ Yes 是
 (Please provide claims settlement advice from other insurer, if applicable)

有關此次住院 / 手術，閣下有否申請其他保險賠償？(請提供其他保險公司之賠償結算通知，如適用)

Name of Insurance Company 保險公司名稱 _____ Policy No 保單號碼：_____

- ☐ Please ☒ the box for return Certified True Copy of original Invoice(s) and receipt(s) after claim processing.

如欲索回醫生的發票和收據正式認證副本，請在空格內填上回號。

Note: Certified True Copy will not be returned if the claims was fully reimbursed unless request is for other purpose. Please state the reason:

注意 如申請已獲全數賠償，正式認證副本將不獲退回。除非本正式認證副本需用作其他用途。

- ☐ If you would like to claim for the balance payment of the medical expense under other AXA policy for this claim, please ☒ the box and provide policy information as below, the claim documents will be transferred to the relevant parties for claim processing. Please note that any missing policy information will affect the internal transfer of claim. 如欲將此次索償之餘額於另一安盛之保單上提出索償，請在空格內填上回號並提供以下資料，有關資料將會被轉移至相關部門進行進一步索償處理。請注意，遺漏任何重要資料將會影響索賠之內部轉移。

AXA Policy no.

AXA 安盛保單號碼 _____

Certificate/Membership no./Porta Plan membership No.

保險證/成員編號/滙安心醫療計劃會員號碼 _____

Product

保障計劃 _____

- 3) Was the hospitalisation/surgery a result of an accident?

此次住院/手術是否由於一宗意外引致？

☐ No 不是

☐ Yes 是

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

Brief Description 經過：_____

PERSONAL INFORMATION COLLECTION STATEMENT

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). 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 unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group ("our affiliates");
2. providing subsequent services to you, including but not limited to administering the policies issued;
3. any purposes 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, including investigation of claims;
4. evaluating your financial needs;
5. designing products/services for customers;
6. conducting market research for statistical or other purposes;
7. matching any data held which relates to you from time to time for any of the purposes listed herein;
8. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
9. conducting identity and/or credit checks and/or debt collection;
10. complying with the laws of any applicable jurisdiction;
11. carrying out other services in connection with the operation of the Company's business; and
12. 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 provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations;
3. any person (including private investigators) 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;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. 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; and
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. 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 kinds of data held by the Company should be addressed in writing to :

Data Privacy Officer

AXA General Insurance Hong Kong Limited

11/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong.

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

收集個人資料的聲明

安盛保險有限公司（下稱“**本公司**”）明白其就《個人資料（私隱）條例》（香港法例第486章）（“**條例**”）收集、持有、處理、使用和 / 或轉移個人資料所負有的責任。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者或因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“**有關目的**”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 處理和評估閣下就本公司及安盛集團的其他公司（“**安盛關聯方**”）所提供之產品 / 服務提出的任何申請或要求；
2. 向閣下提供後續服務，包括但不限於執行 / 管理已發出的保單；
3. 與就本公司和 / 或安盛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者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
4. 評估閣下的財務需求；
5. 為客戶設計產品 / 服務；
6. 為統計或其他目的進行市場研究；
7. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
8. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露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；
9. 進行身份和 / 或信用核查和 / 或債務追收；
10. 遵守任何適用的司法管轄區的法律；
11. 開展與本公司業務經營有關的其他服務；及
12. 與上述任何目的直接有關的其他目的。

個人資料的轉移：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，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. *就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司（“**滙豐**”）：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項；
3. 與就本公司和 / 或安盛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者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探)；
4. 在香港或香港以外其他地方向本公司和 / 或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
5. 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；及
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

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轉移。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。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、常規及本公司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

安盛保險有限公司

香港黃竹坑黃竹坑道 38 號安盛匯 11 樓。

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

*此僅適用於閣下透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求的。如果閣下並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和 / 或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求，閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS.

本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明《該聲明》。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀《該聲明》，而本人 / 我們已詳細閱讀《該聲明》對公司所收集或持有之本人 / 我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人 / 我們特此確認並同意安盛保險有限公司根據《該聲明》使用及轉移本人 / 我們的個人資料。

Authorisation 授權

I HEREBY AUTHORISE on behalf of the Patient (1) any employer, medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of the Patient and/or who has attended or may hereafter attend to the Patient to disclose such information to AXA General Insurance Hong Kong Limited (“the Company”); (2) the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of the Patient in relation to this claim. This authorisation shall bind the successors of the Patient and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

本人謹此代表病者授權(1)任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士、凡知道或持有任何有關病者之紀錄者、及/或曾診驗或可能將會診驗病者，均可將該等資料提供給安盛保險有限公司；(2)安盛保險有限公司或任何其指定之醫生或化驗所，可就此賠償申請替病者進行所需之醫療評估及測試，作為審核病者之健康狀況。此授權對病者之繼承人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

Patient's Signature (Aged 18 or above)
病者簽名 (十八歲或以上)

Employee's Signature
僱員簽名

Date
日期

The above policy is underwritten by **AXA General Insurance Hong Kong Limited (“AXA”)**, which is authorised and regulated by the Commissioner of Insurance of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Companies Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. 以上保單由**安盛保險有限公司(「AXA安盛」)**承保，AXA安盛已獲香港保險業監理專員授權並受其監管。AXA安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司乃根據保險公司條例(香港法例第 41 章)註冊為 AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

乙部 - 由主診醫生填寫，所需費用由索償人自行承擔。

Patient Name (in full) 病人姓名 (全名): _____

Date of Admission 入院日期 (DD 日/MM 月/YY 年) _____ Date of Discharge 出院日期 (DD 日/MM 月/YY 年) _____

Name of Hospital 醫院名稱: _____

Level of hospital ward 病房級別: ☐ Private 頭等房 ☐ Semi-private 二等房 ☐ Ward 三等房 ☐ Clinical Surgery 門診小手術

1. Clinical History 求診記錄:

- a) Date on which the patient first consulted you related to this illness / injury 病人就此疾病/受傷後, 首次向閣下求診的日期 (DD 日/MM 月/YY 年) _____
- b) Symptom(s) / complaint(s) of the patient relating to this hospitalisation / treatment / investigation 病人就此次住院/治療/檢驗所出現的相關症狀及主訴

- c) 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? _____

2. Hospitalisation Details 住院詳情:

- a) Final Diagnosis 最後的診斷 _____ Date of Operation 手術日期 (DD 日/MM 月/YY 年) _____
- b) Operation procedure(s) performed 手術的名稱 _____
- c) If the patient has consulted other physician during this hospitalisation, please provide the following 如病人於住院期間曾向其他醫生求診，請提供以下資料:
Name of physician consulted 醫生姓名 _____ Reason 原因 _____
What treatment had the physician performed 治療詳情 _____
- d) 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(包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情)

- e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care / out-patient basis.
若此次病症能在日間護理/診所內進行治療，請提供住院原因。

3. Professional Comment 專業意見:

- a) 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. 就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴/診斷有關？若答案為“是”，請提供首次發病日期及詳情。

- b) Was the condition due to or associated with the following?(Please tick the appropriate boxes) 上述情況是否出於或與以下問題關連 (請在適當空格填上 ☒ 號)
- | | | |
|---|---|--|
| ☐ Accidental bodily injury 意外身體受傷 | ☐ Pregnancy 懷孕 | ☐ Congenital condition 先天性疾病 / 異常 |
| ☐ Self-inflicted injury 自我傷害 | ☐ Infertility or sterilization 不育或絕育 | ☐ Developmental condition 發育問題 |
| ☐ Abuse of drugs or alcohol 濫用藥物或酒精 | ☐ Contraception 避孕 | ☐ Hereditary condition 遺傳性問題 |
| ☐ Mental disorder 精神紊亂 | ☐ Treatment for cosmetic purpose 美容性質的治療 | ☐ General check-up 一般身體檢查 |
| ☐ 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 | | |

4. Others 其它:

- a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人由其他醫生轉介，請提供轉介醫生的姓名和地址。

- b) Are you the patient's usual physician? 閣下是否該病人的慣常醫生? ☐ Yes 是 ☐ No 否

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

Signature and chop of attending physician/Surgeon 主診醫生/外科醫生簽名及蓋章 _____ Address and Telephone No. 地址及電話號碼 _____

Name of attending physician/Surgeon & qualifications 主診醫生姓名/外科醫生姓名及資歷 _____ Date 日期 (DD 日/MM 月/YY 年) _____

Part II of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers. 本索償表格乙部已獲香港醫學會及香港保險業聯會屬下醫療保險協會認可。