

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							
Poli	cyholder						
保單持有人名稱							
Policy No.							
	ployee/Member Name	電郵地址		聯絡電話:			
僱員	/成員姓名(英文正楷)	E-mail Address		Contact Tel. No.			
Pati	ent's Name	H.K.I.D. No.		Plan			
病人	姓名(英文正楷)	香港身份證號碼		計劃編號			
Rela	ationship to the Employee/Member		Client Code(Member F	Ref)			
	員/成員之關係		客戶編號(員工編號)				
	respondence Address						
通訊	地址						
(1)	a. Is condition congenital? 此是否先天性缺陷?		No 否	】 Yes 是			
ľ	b. If confinement is due to childbirth, please indicate the cor	mmencement of	Pregnancy.				
	如住院是因生育導致‧請提供開始懷孕日期:		ŭ ,				
	c. Have you had any prior treatment for this or related cond	itions? 閣下是否	— ·曾經因同一病況而接受治	台療? □ 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)	f 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? 此次的	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:			
ŀ	Brief Description 意外經過及傷勢:						
	210. 2000.pt.0.1 /2/2/2/2/33531						
ļ							
	Did the patient report to the police? 傷者有否報警: □ No 沒	有 ☐ Yes, send	I us a copy of the police r	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。							
本人说写的上述所谓我的真体归屬正確無能且並無歐痛。本人清定的自如上述真格有缺或不真,可能等数本人的短真中請無效。 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 data	obtain, to access to and to request correction of any personal cess can be made in writing to your Manager of the Office of the CEM関並明白本賠償表最後一頁的收集個人資料聲明,並明白本形式向貴公司總經理辦公室經理提出。	information con General Manag	cerning myself held by y	your company and requests for such			
Cie	notive of Detiont 庁人签署		Doto □#□				
Sigi	nature of Patient 病人簽署		Date 口别 (日/月/	i/年 dd/mm/yyyy)			

P.1/3 IP/022017



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

		·TO BE COMPLETED BY TH · 由主診醫生/外科醫生填寫,戶		YSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSES 日行承擔
	e of Pa			Name of Hospital
	姓名:	CA declarate a		醫院名稱:
入院	日期及I			Date & Time of Discharge 出院日期及時間:
Leve	of Hos Deluxe	spital Ward 病房級別: 豪華 □ Private 私家 □	Semi-private 半私家	- □ Ward 普通 □ Clinical Surgery 診所外科手術
		al History 診所病歷	Jeini-private 十個家	Wald 自憲 日 Official Jurgery 1977/71年子前
1. 2.	Date of S	on which the patient first consulted you Symptom(s)/complaint(s) of the patie	u related to this illness/ nt relating to this hospit	s/injury 此疾病/受傷之首次求診日期:
3.	How Ic	ong had the patient been experiencing	g these symptoms befo	ore the first consultation?病人在首次求診前已患有此症狀多久?
B.	•	talization Details 住院詳情		
1.	Final D	iagnosis of conditions 診斷結果:		
2.	Date of	foperation 手術日期:		Nature/Classification 性質/級別:
۷.	Name	of the procedure(s)		Nature/Olassification 正東/版/JJ .
3.	手術名 Please		cluding onset and durati	tion of signs and symptoms/disease, etiology, types and results of major examinations,
	treatm	ents, complications and follow up pla	nn.)	· 主要檢查種類及結果、治療、併發症及跟進計劃)
4.		e patient taken any home leave durin state the date, time and reason 請列		於住院期間·病人有否請假外出? □ No 否 □ Yes 是:
5.		provide reason(s) for hospitalization 療/檢查可於日間護理/診所進行・請抗		an be managed on day care/out-patient basis.
6.	病人有 Name 醫生姓	否於住院期間曾接受其他醫生診治? of physician consulted	如答案"是"‧請提供以	on? If "Yes", please provide the following: □ No 否 □ Yes 是 ↓下資料: Reason 原因:
C.	Drofo	ssional Comment 專業意見		
1.	To the	best of your knowledge, has the pat		e or similar conditions or symptoms relating thereto? ☐ No 否 ☐ Yes 是曾否患有同類病況?如答案"是".請說明何時及當時情況。
2.	please	provide date of the first episode and	I details. 🗖 No 否	ent episode or a chronic illness or related to a previous complaint / diagnosis. If "yes", 口 Yes 是 定狀/疾病而引致的。若答案"是".請提供第 1 次發病日期及詳情。
3.	☐ Acci ☐ Abu ☐ Mer ☐ Trea	idental bodily injury 意外身體受傷 se of drugs or alcohol 濫用藥物或酒 ital or nervous disorder 精神或神經紊 atment for cosmetic purpose 美容性質	□ Self-inflicted 精 □ General che 圖 □ Infertility or s ⑤的治療 □ Refractive e	e tick the appropriate boxes) 健康狀況是由於以下問題引致?(請在適當空格) d injury 自我傷害 □ Congenital condition 先天性疾病/異常 □ Pregnancy 懷孕 eck-up 一般身體檢查 □ Developmental condition 發育問題 □ Contraception 避孕 sterilization 不育或絕育 □ Hereditary condition 遺傳性問題 error 視力屈光不正 □ Vaccination 疫苗接種 elated illness 性病・性傳播疾病或愛滋病/愛滋病毒有關的疾病
	se use	any separate paper with the physi	cian's signature and c	chop on it if more space is needed.
<i>若需</i> D.		<i>寫,每張紙都須有醫生的簽署及蓋章f</i> s 其他		
1.	Was th Name	e patient referred by another doctor? and address of the referral doctor 生的姓名及地址:	病人是否經其他醫生	轉介? □ No 否 □ Yes 是
2.		u the patient's usual physician? 閣下	是否病人慣常醫生? [□ No 否 □ Yes 是
3.	In-hos		期內醫生巡房費用:	day 日 @ / day 每日費用 Total Fee 總數:
l her				he 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。
	oby o c il	, alac an mormation given above is	. Goodrato and true to tr	ing soct of my Michigage. 不入时如此时,她不入开水上处开片具件年唯杰成了
Signa	ature an	nd Chop of Attending Physician/Surg	eon 主診醫生/外科醫生	E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) P.2/3 IP/022017



中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

China Taiping Insurance (HK) Company Limited (the "Company") understands its responsibilities in relation to the collection, retention, processing or use of personal data under the Personal Data (Privacy) Ordinance.

You are under an obligation to provide all of the personal data requested in this form, which is collected to enable us 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 application, any claim, providing administration, financing, claim investigation or analysis work 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 your personal data for the above purposes to the following classes of transferees:

- (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 adjustors/companies, or other service provider
 providing services relevant to insurance business;
- (b) the Company's related companies (as that term is defined in the Companies Ordinance);
- (c) Government and industry recognized insurance regulatory bodies: the Insurance Claims Complaints Bureau and similar insurance industry bodies, the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; and
- (d) 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.

Direct Marketing Communications: With your consent, the Company may also use and/or provide your personal data to the Company's related companies (as that term is defined in the Companies Ordinance), partners of the Company's related companies and third party financial institutions. The Company and/or the companies who obtained related personal data can contact and/or send you with direct marketing communications regarding financial and insurance products or services by mail, email, telephone or SMS. Tick the box below if you do not wish to receive such direct marketing communications and do not consent to the Company providing your personal data to the above companies.

You have the right to access and/or request correction of any personal information concerning yourself held by the Company and/or withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time. 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.

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

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。閣下提供本申請表要求的個人資料,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的保險申請、索償、保單相關行政、財務工作、索償調查或分析及其它相關的服務),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;
- (vi) 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 閣下的個人資料予下列各方:

- (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)、 或素償調查員/公司,或其他保險業務有關的服務提供者;
- (b) 本公司的關連公司(以《公司條例》內的定義為準);
- (c) 政府及市場認可的保險業監管機構:保險索償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;
- (d) 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 閣下的資料移轉至香港境外。

直接促銷通訊: 經 閣下同意,本公司可能使用及/或提供閣下的個人資料給本公司的關連公司(其定義以《公司條例》內的定義為準)、關連公司之合作伙伴及第三方金融機構,本公司及/或獲取有關資料的公司可以通過書信、電郵、電話或短信與 閣下聯絡,提供金融及/或保險產品或服務的直接促銷通訊。若 閣下不欲接收有關直接促銷通訊及反對本公司將 閣下個人資料提供給以上公司,請在以下的方格內填上「✔」。

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及/或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。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。

本聲明的中英文版本如有任何歧異或不一致,概以英文版為準。

本人反對貴公司使用和轉移本人的個人資料作直接促銷用途,並不希望接收任何推廣及直接促銷通訊。
I object to the use and provision of my personal data for direct marketing purposes, and do not wish to receive any promotional and direct marketing materials.

P.3/3 IP/022017