

中國太平保險(香港)有限公司

China Taiping Insurance (HK) Company Limited

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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

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 adjusters/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；
- (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 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)、或索償調查員/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.