



OPD

INDIVIDUAL LIFE – OUTPATIENT & DENTAL BENEFITS CLAIM FORM 壽險門診及牙科惠益賠償申請書

This form is generated via the telephone enquiry system "AIA Enquiry Express" / "EasyTouch" or "AIA Corporate Website" and is applicable to relevant applications. 此表格乃透過電話系統“友邦查詢快線”/“友邦一線通查詢快線”或“AIA企業網站”編印，並適用於有關申請。

Policy Number 保單號碼	Name of Insured 受保人姓名
I.D. Card/Passport Number 身分證/護照號碼	Contact Phone No. 聯絡電話
Correspondence Address 通訊地址	

Agent/Broker's Name 營業員/經紀姓名	Agent/Broker Code 營業員/經紀號碼
Agent/Broker's Tel. No. 營業員/經紀聯絡電話	Agency/Broker Name/Area Code 營業員/經紀組別/區域編號

This case is a 本個案為:

New Claim 首次索償
 Further Claim 再度索償
 Pending Claim 待決賠償
 Review/Appeal 重批/覆核

Are you making any other insurance or compensation claim as a result of this treatment? 有關是次治療，閣下有否向其他保險公司/機構申請賠償? No 沒有 Yes 有

If yes, please provide the below information. 如有，請提供下列資料。

Name of insurance company/organization: 保險公司/機構名稱: _____ Policy No./Membership No.: 保單/會員編號: _____

Any relationship between the Registered Medical Practitioner/ Medical Services Provider and Insured / Claimant / Agent / Broker? If so, please state the relationship. 若就診之註冊醫生/醫療服務提供者與受保人/索償人/保險營業員/保險經紀有任何關係，請列明之: _____

REASON FOR CONSULTATION 就診原因

<p>Please complete questions 1 to 5 if consultation was due to accident 因意外受傷就診請填寫問題1至5</p> <p>1. Date of accident 意外日期 _____ (MM月 / DD日 / YYYY年)</p> <p>2. Where and how did it happen 意外地點及經過 _____</p> <p>3. Part of body injured and type of injury 受傷部位及傷勢 _____</p> <p>4. Present occupation (if more than one, state all) and exact nature of occupational duties 現職 (若有兼職請列明) 職位及職責 _____</p> <p>5. Name and address of business or employer 公司或僱主名稱及地址 _____</p>	<p>Please complete questions 6 to 9 if consultation was due to illness 因病就診請填寫問題6至9</p> <p>6. Give a brief description of symptoms 描述病徵及病狀 _____</p> <p>7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前已存在多久? _____</p> <p>8. First consultation date for this illness 首次就診日期: _____ (MM月/DD日/YY年)</p> <p>9. The doctors who had seen for this or similar past condition 曾診治此病或過往同類病況的醫生資料 Name and address of doctor/ hospital 醫生/醫院名稱及地址 _____ Date 求診日期 _____</p>
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BENEFITS TO CLAIM 索償類別: Please check the appropriate box(es) 請於適當空格填上“X”號:

<input type="checkbox"/> A) OUTPATIENT BENEFITS 門診惠益**		
Please check the appropriate box(es) 請於適當空格填上“X”號:	Date of Consultation 求診日期 (MM月 / DD日 / YYYY年)	Claimed Amount 索償金額
<input type="checkbox"/> General Practitioner Consultations 普通科門診諮詢	(1) _____ (2) _____ (3) _____	\$ _____
<input type="checkbox"/> Specialist Practitioner Consultations 專科門診諮詢	(1) _____ (2) _____ (3) _____	\$ _____
<input type="checkbox"/> Diagnostic Procedures and Laboratory Tests* 診斷程序及化驗室測試*	(1) _____ (2) _____ (3) _____	\$ _____
<input type="checkbox"/> Prescribed Medicine and Drugs^ 處方藥物^	(1) _____ (2) _____ (3) _____	\$ _____
<input type="checkbox"/> Alternative Treatment (including medical treatment performed by Chinese Medicine Practitioner, Physiotherapist and Chiropractor) 另類治療(包括由中醫、物理治療師、脊骨神經科醫生進行之醫學治療)	(1) _____ (2) _____ (3) _____	\$ _____
<input type="checkbox"/> Psychiatric Treatment 精神病治療	(1) _____ (2) _____ (3) _____	\$ _____
<input type="checkbox"/> Vaccinations and Health Check-up 接種疫苗及健康檢查	(1) _____ (2) _____ (3) _____	\$ _____

** Submitted original receipt(s) must be bearing with the diagnosis, treatment details and/or type of laboratory test done and is/are certified by the Registered Medical Practitioner/ Medical Services Provider. 提交之正本收據必須附有由註冊醫生/醫療服務提供者證明之診斷結果，治療詳情及或化驗室測試項目。
* Please attach with the doctor's referral letter. 請連同醫生轉介信遞交。
^ Please attach with the prescription which is prescribed by the Registered Medical Practitioner or Specialist. 請連同由註冊醫生或專科醫生處方之藥物處方遞交。

<input type="checkbox"/> B) DENTAL BENEFITS 牙科惠益*		
Procedures 項目	Date of Consultation 求診日期 (MM月 / DD日 / YYYY年)	Claimed Amount 索償金額
1.		\$ _____
2.		\$ _____
3.		\$ _____

* Submitted original receipt(s) must be bearing with the type of treatment, tooth (#) treated, i.e. which tooth is treated, and reason of treatment must be given and is/are certified by the Dentist. 提交之正本收據必須附有由牙醫證明之治療詳情，治療牙齒位置/名稱及牙齒必須接受治療的原因。

Policy Number 保單號碼

Grid for Policy Number

DECLARATION AND AUTHORIZATION 聲明及授權

I/We DECLARE that the answers given above are true and complete and I/we have already paid in full to the attending physicians for the medical expenses specified on the receipts which I/we am/are now submitting to American International Assurance Company, Limited/American International Assurance Co. (Bermuda) Limited (hereinafter called "AIA/AIAB", whichever is applicable). I/We understand that the claims against this Basic Policy and its Supplementary Contracts are assessed independently of each other and it may lead to different claim decisions.
本人/我們現聲明以上每一項答案為完全和真確及確切是次向美國友邦保險有限公司/美國友邦保險(百慕達)有限公司(以下簡稱"友邦保險",視何者適合而定)遞交之單據乃由本人/我們之醫生發出,單據所載之醫療費用經已全數繳付。本人/我們明白到對於就此保單及其附加契約所作出之索償均會被獨立地作個別評估及可能導致不同之賠償決定。
I/We DECLARE and AGREE that any personal data and other information relating to me/us or my/our policy(ies) or investments contained in this application or collected, obtained, compiled or held by AIA/AIAB by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and/or shared by AIA/AIAB for the purposes of processing, administering, implementing and effecting the requests or transactions contemplated in this application or any other applications made by me/us from time to time, promoting or providing subsequent or other services or products to me/us, direct marketing, data matching and/or communicating with me/us. I/We further DECLARE and AGREE that AIA/AIAB may transfer, disclose, grant access of or share such personal data and other information to or with individuals, entities and/or organizations associated with AIA/AIAB and/or to or with third parties (including, without limitation, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, or service providers) selected by AIA/AIAB, in each case whether within or outside of Hong Kong (applicable to policies issued in Hong Kong/Macau (applicable to policies issued in Macau), for any of the aforesaid purposes and/or for the purposes of providing administrative, data processing, data maintenance or storage, telecommunications, computer, payment or other services to AIA/AIAB in connection with the operation of its business. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by AIA/AIAB. Such request can be made to any of AIA/AIAB's Customer Service Centres. If I/we do not wish to receive marketing information or materials, I/we will send an opt-out notice to AIA/AIAB, in which case my/our personal data and other information would be included in a centralized customer opt-out list that may be shared amongst AIA/AIAB's associated partners for reference.
本人/我們現聲明並同意友邦保險可使用、保留、處理、儲存、轉交、透露及/或共用友邦保險所收集、索取、整理或保留在此申請表所載或從其他途徑取得之任何有關本人/我們的個人資料或其他有關本人/我們的保單或投資資料,用作處理、管理、落實及實行在此申請表所載或本人/我們從任何其他申請表所提出之要求,及介紹或提供其稍後或其他的服務或產品予本人/我們,直接促銷、資料核對及/或聯絡本人/我們之用途。本人/我們再聲明並同意友邦保險可向與友邦保險有關的香港(適用於香港簽發之保單)/澳門(適用於澳門簽發之保單)或海外的人士、團體及/或機構及/或任何被選的第三機構(包括並不限於再保險及賠償調查公司,及有關的行業協會/聯會、基金管理公司、金融機構或提供有關服務之公司)轉交、透露、授權取得或共用本人/我們之個人或其他資料,用作以上列明之用途及/或友邦保險業務運作之用,包括行政、資料處理、資料保存或儲存、通訊、電腦、付款或其他服務。本人/我們明白到本人/我們有權向友邦保險查詢及申請更改友邦保險儲存或管理與本人/我們有關的個人資料。有關的申請可於友邦保險任何一間客戶服務中心辦理。若本人/我們不想收到友邦保險的銷售資料或刊物,本人/我們會發出信函通知友邦保險,而本人/我們的個人或其他資料會存於友邦保險之中央資料庫內的非聯絡客戶名單,並會供友邦保險及有關人士/機構作參考。
I/We hereby irrevocably authorize:
a. any organization, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA/AIAB may disclose any such information. This authorization shall bind my/our/the Insured's successors and assigns and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
b. AIA/AIAB or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my/our/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.
本人/我們茲授權:
a. 任何知悉或擁有本人/我們/被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為本人/我們/被保人診治之機構、組織或人士、向友邦保險透露有關資料,不得撤回,即使本人/我們/被保人死亡或喪失能力。此授權書仍然存有法律效力,而本人/我們/被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。
b. 友邦保險或任何其認可之驗身醫生或化驗所,替本人/我們/被保人進行所需之醫療評估及測試,並對本人/我們/被保人之健康狀況進行審核及評估,作為處理本申請及其後與之有關的賠償事宜,不得撤回。此等化驗會包括,但並不限於,膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

Check Settlement Option 支票賠償方法
[] Hong Kong Dollar 港元 [] Policy Currency 保單貨幣
a. I/We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA/AIAB at its discretion.
b. I/We understand and agree that should I/we opt for payment of any benefits payable under the Policy in the Opted Currency, I/we will bear the necessary exchange difference, such difference being determined by AIA/AIAB on the basis of AIA/AIAB's internal exchange rates as at the time of the relevant currency conversion.
a. 本人/我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此,提供選擇以最近期的保單貨幣以外的貨幣("選擇貨幣")作為收取任何此等利益的貨幣只屬友邦保險酌情所提供之服務。
b. 本人/我們明白及同意如本人/我們選擇任何保單下所作出的利益款項以"選擇貨幣"支付,本人/我們同意承擔所需的兌換差額,而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

Important Note 注意事項
a. In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents as stated in this application form's "Claims Document Checklist".
b. In case you want to claim for other benefits such as accident, hospitalization, critical illness, disability benefits, etc., you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.
a. 為使能儘速辦理您的索償申請,請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件,請參閱此表格之"索償文件參考表"。
b. 如您還需申請其他賠償類別,如:意外、住院、重疾、傷殘等,您須另行填寫及遞交相關的索償申請表格和所需證明。

Signature of Witness, Signature of Insured/Claimant, Name, Date, I.D. Card/Passport Number, Date, This declaration and authorization must be signed by the Insured. If the Insured is a minor, the Insured's parent/legal guardian can sign on his/her behalf. Please complete the following information if the signature is not given by the Insured.
Name of Insured, Relationship with the Insured, Countersign by Agency Leader, Date

CLAIMS DOCUMENT CHECKLIST 索償文件參考表
Please tick against the Required Documents submitted with this application form. If you want to get back the Original Medical Receipt(s) / Sick Leave Certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA representative/your broker/IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.
請於連同此表格提交的基本文件欄內劃上"X"號。如欲退回任何呈交之正本醫療收據/病假證明書,請一併遞交"退回正本文件"申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料,我們會通知閣下或友邦業務代表/您的保險顧問/投資顧問。因素取有關資料需時,賠償申請的審核時間會較長。
Document Type 文件類別
[] Owner's ID Copy (if not provided previously) 保單持有人的身分證副本(如以往並沒有提交)
[] Documentary proof for the relationship of the Insured's parent/legal guardian (if not provided previously) 受保人與家長/合法監護人之關係證明文件(如以往並沒有提交)
[] Sick Leave Certificate with Diagnosis (Period: From To) 列有診斷證明之病假證明書(時段:由至)
[] Original Medical/Hospital Receipts and Statement of Charges (Claimed Amt: 醫院、醫療收據/收費單正本(索償金額:))
[] Physiotherapy / Occupational Report 物理治療/職業治療報告
[] Compensation Breakdown from other Insurer/Party 其他保險公司或機構之賠償細算表
[] Request for Return of Original Document(s) (OPUAIF28) 退回正本文件申請表格 (OPUAIF28)
[] Individual Life & Group Claims Arrangement Form (OPCLMF61) 壽險及團體賠償安排表格 (OPCLMF61)
[] Doctor's referral for Specialist or therapeutic treatment 專科醫生或特別治療轉介信
[] Laboratory, X-Ray, CT Scan, MRI Report(s) 化驗、X光、電腦掃描、磁力共振報告
[] Others, please specify: 其他,請列明: