



INDIVIDUAL LIFE – OUTPATIENT & DENTAL BENEFITS CLAIM FORM

壽險門診及牙科惠益賠償申請書

OPD

Policy Number 保單號碼	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
<input type="text"/>	<input type="text"/>	<input type="text" value="XXXX"/>
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
<input type="text"/>	<input type="text"/>	<input type="text"/>
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話
<input type="text"/>	<input type="text"/>	<input type="text"/>
TR Membership Number 業務代表會員號碼 <input type="checkbox"/> IA <input type="text"/>		<input type="checkbox"/> ANG <input type="text"/>

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度，若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料，您最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。

☐ If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排，請於空格內劃上「X」號。

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Are you making any other insurance or compensation claim as a result of this treatment? 有關是次治療，您有否向其他保險公司 / 機構申請賠償？ 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：	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 Policy No. / Membership No.: 保單 / 會員編號：
<input type="text"/>	<input type="text"/>

Any relationship between the Registered Medical Practitioner / Medical Services Provider and Insured / Claimant / AIA Financial Planner / 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 / 友邦財務策劃顧問 / 保險經紀有任何關係，請列明之：

<input type="text"/>

REASON FOR CONSULTATION 就診原因

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。

Please complete questions 6 to 9 if consultation was due to illness.
因病就診請填寫問題6至9。

1. Date of accident 意外日期 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年	6. Give a brief description of symptoms 描述病徵及病狀 <input type="text"/>
2. Where and how did it happen 意外地點及經過 <input type="text"/>	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？ <input type="text"/>
3. Part of body injured and type of injury 受傷部位及傷勢 <input type="text"/>	8. First consultation date for this illness 首次就診日期： <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年
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 <input type="text"/>	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 Consultation Date 求診日期 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年 Name and address of doctor / hospital 醫生 / 醫院名稱及地址 <input type="text"/>
5. Name and address of business or employer 公司或僱主名稱及地址 <input type="text"/>	

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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**	Consultation Date 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		\$
<input type="checkbox"/> Specialist Practitioner Consultations 專科門診諮詢		\$
<input type="checkbox"/> Diagnostic Procedures and Laboratory Tests* 診斷程序及化驗室測試*		\$
<input type="checkbox"/> Prescribed Medicine and Drugs^ 處方藥物^		\$
<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）		\$
<input type="checkbox"/> Psychiatric Treatment 精神病治療		\$
<input type="checkbox"/> Vaccinations and Health Check-up 接種疫苗及健康檢查		\$

** 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。

☐ B) DENTAL BENEFITS* 牙科惠益*

Procedures 項目	Consultation Date 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。

CLAIMS PAYMENT OPTION 支付賠償方法：
IMPORTANT NOTE 重要事項：

For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account.

如客戶已登記使用「轉數快」或「電子入賬服務」，賠償款項將會自動入賬至指定銀行戶口

To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following:

為更方便快捷收到賠償款項，請填妥以下資料以即時登記「轉數快」或「電子入賬服務」：

Remarks 註：

To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number

持有人流動電話號碼：_____

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同，我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。

Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a **valid Identity Card / Passport** before. 如未曾提供有效的身份證 / 護照，需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

☐ Apply to all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。
Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單：

Please select transferring policy benefits paid to **either FPS OR e-BankIn**. 請選擇「轉數快」或「電子入賬服務」其中一項以轉入以上保單號碼所支付之保單利益。

「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別資料，包括您的手機號碼，電郵地址或「轉數快」識別號碼。

- 1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單 (包括電子結單) / 有效銀行卡副本。
- 2) Joint account is not allowed. 不接受聯名戶口。
- 3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。
- 4) Please ensure the bank account holder name is the same as the policy owner name, otherwise the payment will be rejected by banks. 請確保銀行戶口持有人姓名與保單持有人姓名一致，否則入帳指示將不被銀行接納。

[illegible]

☐ Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。

☐ Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單：

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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 on our website (<http://www.aia.com.hk> > Help & Support > Health Care & Claims > File a Claim). 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 financial planner / 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.

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，請參閱友邦的網頁（<http://www.aia.com.hk> > 客戶支援 > 健康及索償 > 索償）。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，我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時，賠償申請的審核時間會較長。

(b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.

如您還需申請其他賠償類別，您須另行填寫及遞交相關的索償申請表格和所需證明。

(c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address:

請將您的索償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問，或郵寄至以下地址：

- HK : AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
香港：友邦財駿中心，香港北角電氣道183號友邦廣場12樓
- Macau : AIA Customer Service Centre, Unit 201, 2F, AIA Tower, Nos. 251A-301, Avenida Comercial de Macau, Macau
澳門：友邦客戶服務中心，澳門商業大馬路251A-301號友邦廣場2樓201室

DECLARATION AND AUTHORIZATION 聲明及授權

I / We DECLARE that the answers given above are true and complete. 本人 / 我們現聲明以上每一項答案為完全和真確。

I / We hereby irrevocably authorize: 本人 / 我們茲授權：

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 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.

任何知悉或擁有本人 / 我們 / 被保人之工作、病假紀錄、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紀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 / 被保人之繼承人或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. AIA 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.

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。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and / or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch), AIA Company Limited and / or AIA Everest Life Company Limited, where applicable, (the "PICS") which is available for download: <https://www.aia.com.hk/en/privacy-statement-main>.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

個人資料收集及使用

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者（即友邦（國際）有限公司（香港分行）、友邦（國際）有限公司（澳門分行）、友邦保險有限公司及 / 或友邦雋峰人壽有限公司（如適用））的個人資料收集聲明（「該聲明」），該聲明可在以下網址下載

<https://www.aia.com.hk/zh-hk/privacy-statement-main>。

我 / 我們聲明及同意在本申請所載或我 / 我們的保單繕發人及 / 或退休金計劃服務提供者不時以任何方法收集、獲得、編製或持有的任何個人資料及關於我 / 我們的保單、帳戶或投資的其他資料，可根據該聲明收集及使用。

我 / 我們知悉及同意就該聲明所述目的轉移我 / 我們的個人資料至香港境外 / 境內（如保單 / 退休金計劃在香港繕發）或澳門境外 / 境內（如保單 / 退休金計劃在澳門繕發）（視乎情況而定）予該聲明所載的資料承讓人。

該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

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<div></div> <p>Signature of Owner / Trustee 持有人 / 信託人簽署 (Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署，並確保簽名與保單申請書一致)</p>		<div></div> <p>Signature of Insured, if other than Owner / Trustee 受保人簽署，倘非 持有人 / 信託人(Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署，並確保簽名與保單申請書 一致) (Whose age is 18 or above 年齡十八歲或以上必須簽署)</p>	
Name 姓名 <div></div>		Name 姓名 <div></div>	
ID Card / Passport Number 身份證 / 護照號碼 <div></div>	Date 日期 <div></div>	ID Card / Passport Number 身份證 / 護照號碼 <div></div>	Date 日期 <div></div>
Relationship with the Insured 與受保人關係 <div></div>		Signature of Witness 見證人簽署 <div></div>	
		Name 姓名 <div></div>	Date 日期 <div></div>



Download our AIA+ mobile app to manage your policy!
下載 AIA+ 手機應用程式以便輕鬆管理您的保單！