



SEVERITY-BASED HEALTH PROTECTION SUPPLEMENTARY FORM 嚴重程度健康保障附加表格

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	 P1370029
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	
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	
TR Membership Number 業務代表會員號碼	<input type="checkbox"/> IA	<input type="checkbox"/> ANG	

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 "✓" in the box. 如果您不同意上述安排，請於空格內劃上「✓」號。

SUPPLEMENT INFORMATION 附加資料

This form is only to be used for supplement additional information of a previously adjudicated claim. 此表格僅用於就先前所作出的賠償補充資料。 Please put a tick ✓ in the box of related request and provide its relevant supplementary information required. 請在有關項目空格劃上✓號及提供所需補充資料。
Note: Claim Form Part II stated at below refers to Severity-Based Health Protection Claim Form. 註：以下的索償表格第二部份是指嚴重程度健康保障索償表格。

Severity Factor – Surgery 嚴重程度因素 – 手術	Supplementary Information Required 所需補充資料
<input type="checkbox"/> Complexity of VHIS Surgery 自願醫保手術複雜程度	Proof of surgery, e.g. discharge summary 手術證明，如：出院總結
<input type="checkbox"/> Organ Transplant 器官移植	Claim Form Part II (Surgery) 索償表格第二部份(手術)
Severity Factor – Treatment 嚴重程度因素 – 治療	Supplementary Information Required 所需補充資料
Note 註： 1. Please provide treatment records, e.g. medication or treatment prescription AND 請遞交治療記錄，如：藥物或治療處方及 2. Please provide it's relevant supplementary information required 請遞交有關所需補充資料	
<input type="checkbox"/> Hospital Confinement at least 10 consecutive days 連續10日或以上之住院	Proof of Confinement, e.g. hospital bill with diagnosis proof 住院證明，如：住院收據及診斷證明
<input type="checkbox"/> Cancer / Carcinoma-in-situ 癌症 / 原位癌	Histological report 組織病理學報告
<input type="checkbox"/> Heart Attack 心臟病	i) Claim Form Part II (Heart Attack) ii) ECG and iii) Cardiac Enzymes / Troponin laboratory reports i) 索償表格第二部份(心臟病) ii) 心電圖及 iii) 心肌酵素 / 心肌旋轉蛋白檢驗報告
<input type="checkbox"/> Stroke 中風	i) Claim Form Part II (Stroke) and ii) Brain CT scan / MRI report i) 索償表格第二部份(中風)及 ii) 腦部電腦掃描 / 磁力共振報告
<input type="checkbox"/> Heart Failure 心臟衰竭	Claim Form Part II (Heart Failure) 索償表格第二部份(心臟衰竭)
<input type="checkbox"/> Liver Failure 肝衰竭	i) Claim Form Part II (Liver Failure) and ii) Brain CT Scan report i) 索償表格第二部份(肝衰竭)及 ii) 腦部電腦掃描報告
<input type="checkbox"/> Kidney Failure 腎衰竭	i) Claim Form Part II (Kidney Failure) and ii) Renal Function Test Report i) 索償表格第二部份(腎衰竭)及 ii) 腎功能檢查報告
<input type="checkbox"/> Lung Function Failure 肺功能衰竭	i) Claim Form Part II (Lung Function Failure) ii) FEV1 and iii) Arterial Blood Gas Analysis Report i) 索償表格第二部份(肺功能衰竭) ii) FEV1及 iii) 動脈血氧分析報告
Severity Factor – Intensive Hospital Stay 嚴重程度因素 – 嚴重住院	Supplementary Information Required 所需補充資料
<input type="checkbox"/> Hospital Confinement at Intensive Care Unit (ICU) 入住深切治療病房	Proof of ICU, e.g. hospital bill with diagnosis proof 深切治療病房證明，如：住院收據及診斷證明
<input type="checkbox"/> Coma 昏迷	Claim Form Part II (Intensive Hospital Stay) 索償表格第二部份(嚴重住院)
Severity Factor – Disability 嚴重程度因素 – 殘廢	Supplementary Information Required 所需補充資料
<input type="checkbox"/> Disability 殘廢	Claim Form Part II (Disability) 索償表格第二部份(殘廢)
Extra Severity Scores / other condition 嚴重程度額外分數 / 其他狀況	Supplementary Information Required 所需補充資料
<input type="checkbox"/> Heart Disease or Injury 心臟疾病或受傷	Proof of diagnosis, e.g. discharge summary 診斷證明，如：出院總結
<input type="checkbox"/> Brain Disease or Injury 腦部疾病或受傷	Proof of diagnosis, e.g. discharge summary 診斷證明，如：出院總結

Note : The supplementary information required as above is just for reference only. 註：以上所需補充資料只供參考。

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 AIA International Limited (hereinafter called "Company").
本人 / 我們現聲明以上每一項答案為完全和真確及確認為次向友邦保險(國際)有限公司 (以下簡稱「公司」) 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。

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 the Company 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、向貴公司透露有關資料, 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) The company 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. 貴公司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。
- (c) All personal information obtained herein is collected for the purpose of, (i) assessing, processing, evaluating and determining your requests of application for medical claims or services referral and (ii) analysing, investigating, approving and / or determining your claims submitted and will be transferred to AIA's authorized medical panels or its relevant associates / nominees / subsidiaries ("third party administrators"). You authorize us to transfer your personal information to the third party administrators and further give your consent to all third party administrators who / which are in receipt of your personal information that they may process your personal information and transfer all your processed personal information to us for the administration of your insurance policy and provide insurance services to you. Without your voluntary consent, personal information collected will not be transferred to the third party administrators. You can choose not to provide the personal information required, but that will result in not qualifying for receiving any of the services above.
所收集的個人資料會被用作 (i) 評估、處理、審核及釐定您的索償申請或服務轉介及 (ii) 分析、調查、批核及 / 釐定您的索償申請之用及轉移至友邦保險授權之醫療網絡或其相關之附屬成員 / 代名人 / 附屬公司 (「第三方管理人」)。您授權我們轉移您的個人資料給予第三方管理人, 並進一步授權所有第三方管理人在收到您的個人資料後, 他們可以處理您的個人資料並將您的個人資料轉移至友邦保險作處理保單行政事宜, 並為您提供保險服務。然而所收集的個人資料未經您授權將不會轉移至該第三方管理人。您可選擇不向我們提供所需的個人資料, 惟這樣可能導致未能獲得任何上述的服務。

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 / 我們的保單續發人及 / 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 / 我們的保單續發人及 / 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 / 退休金計劃在香港續發) 或澳門境外 / 境內 (如保單 / 退休金計劃在澳門續發) (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。

<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> 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)		<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> 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)	
Name 姓名 <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		Name 姓名 <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
ID Card / Passport Number 身份證 / 護照號碼 <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	Date 日期 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>	ID Card / Passport Number 身份證 / 護照號碼 <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	Date 日期 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>
Relationship with the Insured 與受保人關係 <div style="border: 1px solid black; width: 150px; height: 40px; display: inline-block;"></div>		Signature of Witness 見證人簽署 <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	
		Name 姓名 <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>	Date 日期 <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></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!