



APPLICATION FORM FOR DEATH CLAIM (PHYSICIAN'S STATEMENT) 死亡賠償申請書 (醫生報告)

To be completed by the Attending Physician at the claimant's expense 申請人自費由主診醫生填寫

(1) Name of the deceased in full 死者全名	(in English 英文)	(in Chinese 中文)
(2) Policy Number 保單號碼	(3) I.D.Card / Passport No. 身份證 / 護照號碼	
(4) Deceased's Address at time of death 死時報稱住址		
(5) Occupation at the time of death 死時報稱職業	(6) Last date of working 最後工作日期	<input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年
(7) How long have you known the deceased? 閣下認識死者多久?	(8) Did you attend the deceased during his last illness? 閣下有否替死者診治末次之病患?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If so, for what disease? 若有, 是何種病患?
(9) Date of your first visit 首次診治日期	<input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年	(10) Date of your last visit 末次診治日期
(11) Date of death 死亡日期	<input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年	(12) Time of death 死亡時間
(13) Cause of death 死亡原因	<input type="text"/>	
(14) Place of death 死亡地點	(15) Whether a post-mortem will be or has been done? 是否將會或經已進行驗屍?	<input type="checkbox"/> Yes 會 <input type="checkbox"/> No 不會 <input type="checkbox"/> Done 經已進行 <input type="checkbox"/> Uncertain 不確定
<p>If the insured or the policyholder is holding both AIA International Limited and AIA Everest Life Company Limited policies, the claims will be processed together. In addition, the "Declaration and Authorization" and "Personal Information Collection and Use" in the claim form will be also applicable to AIA International Limited and AIA Everest Life Company Limited.</p> <p>若受保人或保單持有人同時持有友邦保險(國際)有限公司及友邦雋峰人壽有限公司之保單, 相關賠償將會一併處理。此外, 賠償表格內之「聲明及授權」及「個人資料收集及使用」亦同時適用於友邦保險(國際)有限公司及友邦雋峰人壽有限公司。</p> <p><input type="checkbox"/> 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。</p>		
<p>Complete 16-21 only if the cause of death is due to an accident 第16-21 項只適用於由意外導致之死亡</p>		
(16) Date of accident 意外日期	<input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年	(17) Time of accident 意外時間
(18) Place of accident 意外地點	<input type="text"/> <input type="text"/> <input type="text"/> MM月 DD日 YYYY年	<input type="text"/> <input type="text"/> <input type="text"/> Hr時 Min分 <input type="checkbox"/> a.m. 上午 <input type="checkbox"/> p.m. 下午
(19) Details of accident 意外詳情	<input type="text"/>	
(20) When did the deceased first seek medical treatment of his last illness? 死者末次病患之首次求診日期?	(21) How long did the deceased suffer from the last illness before seeking medical treatment? 死者末次病患於求診前已存在多久?	
(22) Please give a summary of medical treatment given 治療摘要		
Date 日期	Treatment given 治療	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

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(23) Names and addresses of other physicians who attended the deceased for his last illness and prior illnesses. 其他曾替死者末次病患或早前病患診治之醫生姓名及地址。			
Name of physician/hospital 醫生 / 醫院名稱	Address 地址	Date of Attendance 診治日期	Illness or condition treated 治療之病患
(24) Was the deceased a smoker? 死者有否吸煙習慣?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, please state daily smoking amount and no. of years smoked. 若有，請陳述每日之吸煙量及已維持多少年。	(25) Did the smoking habit contribute to the death of the deceased? 死者之死亡是否由此吸煙之習慣促成?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(26) Did the deceased consume any alcohol or use of any drugs? 死者有否飲酒或使用藥物之習慣?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 If yes, please state daily consumption, amount and the type of drugs used, and also the no. of years of this habit. 若有，請陳述藥物之類別，每日用量及已維持多少年。	(27) Did the use of drugs or consumption of alcohol contribute to the death of the deceased? 死者之死亡是否由此飲酒或用藥物之習慣促成?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
(28) Please state any other special cause, direct or indirect, for the death in the habits or occupation of the deceased. 請陳述其他直接或間接導致死者死亡之特殊因素，包括死者之習慣及其職業。			
(29) Any further information which, in your opinion, will assist us in assessing this claim. 其他閣下認為可幫助我們審理此賠償之資料。			
I / We hereby declare that the information given on this form is true and complete to the best of my / our knowledge and belief. 本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實及其全部。			
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 / 我們的保單發行人及 / 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 / 或友邦偉峰人壽有限公司（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 / 我們的保單發行人及 / 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 / 退休金計劃在香港發給）或澳門境外 / 境內（如保單 / 退休金計劃在澳門發給）（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。			
Personal Information Protection Law of The People's Republic of China ("China PIPL")			
A Privacy Addendum in compliance with the China PIPL is available at: www.aia.com.hk (Privacy Statement), and is made available upon request. It is applicable to you if you are located in Mainland China.			
中華人民共和國個人信息保護法（「個人信息保護法」）			
遵照個人信息保護法的私隱附錄可於以下網站下載： www.aia.com.hk （私隱權保護政策）。您亦可向我們索取。如您位於中國內地，此私隱附錄則適用於您。			
I have read and understood the Privacy Addendum and agree that the AIA group of companies can process my personal information as set out in the Privacy Addendum. 我已閱讀及明白私隱附錄，並同意友邦保險集團可按照私隱附錄處理我的個人信息。			
Name of Attending Physician 主診醫生姓名	Signature (with official chop) of the Attending Physician 主診醫生簽署（及印章）		
Address 地址	Date 日期	<input type="text"/>	<input type="text"/>
	MM月	DD日	YYYY年
Contact phone number 聯絡電話	Qualification 專業資歷		



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