



Letter of Consent / Authorization Form for Attending Physician's Statement / Medical Record
 索取醫生報告或醫療記錄之授權書

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|-----------------------|---------------------------------------|--|
| 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 |
| 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 |
| Operation 營運部 | Agent's / Broker's Name 營業員 / 經紀姓名 | Agent's / Broker's Tel. No 營業員 / 經紀聯絡電話 |



P5790012

I, _____ of ID number _____ hereby authorize:
 (Insured/ Parent for Insured below age 18)

Any hospitals and affiliated clinics under Hospital Authority or Department of Health, The Family Planning Association of Hong Kong, any organizations, institutions or individuals to release all the medical information or records on _____ of ID number _____ to AIA for claim purpose.

A photocopy of this authorization shall be valid as the original.

本人 _____，身份證號碼 _____ 現授權：
 (受保人/未成年受保人之家長)

任何醫院管理局或衛生署轄下醫院及附屬診所、香港家庭計劃指導會、任何機構、組織或人士透露所有關於 _____，身份證號碼 _____ 之醫療病歷記錄予友邦作理賠申請用途。

此授權書之正本與副本同屬有效。

 Name of authorizing person
 授權人姓名

 Signature of authorizing person
 授權人簽署

 Date (MM/DD/YYYY)
 日期 (月/日/年)



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 下載 AIA+ 手機應用程式以便輕鬆管理您的保單！

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