



ACCIDENT CLAIM FORM 意外賠償申請表



If claim application can be done through AIA+ mobile app, then there is no need to complete the PART I of this claim form.
Please further contact your attending doctor to complete PART II of this claim form.

若透過 AIA+ 手機程式遞交申請索償，無需填寫此賠償申請表的第一部分。閣下可進一步安排主診醫生填寫賠償申請表第二部分。

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部分 (由受保人或申請人填寫)

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

XXXX

Please indicate who to follow up this claim 請指示由以下哪位人士跟進此索償申請

- ☐ By Servicing Agent as policy record 保單記錄中的營業員
☐ By other agent / broker of below details 其他營業員 / 經紀業務代表資料如下

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

00652139

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

☐ IA☐ ANG

☐ By own self of policyowner 保單持有人親自跟進

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。

Benefits to Claim 索償類別

- ☐ Accident Medical Reimbursement 意外醫療費用賠償 ☐ Medical Reimbursement 醫療費用賠償 ☐ Health Wallet 健康賞
☐ Accident / Weekly Indemnity 意外 / 每週賠償 ☐ Hospital Income / Benefit 住院入息 / 惠益
☐ Broken Bone 骨折惠益 ☐ Voluntary Group Assurance 自選團體保障

Remarks: Please select the appropriate box; otherwise we will apply this claim to all of your eligible benefits.

註：請選擇適用者，否則我們將會把申請應用於您的所有同類保障。

CLAIMS SEQUENCE 理賠次序

Please use 1, 2, and 3 to indicate the order of claim 請以 1, 2, 3 表示你所選擇的理賠順序

AIA Individual Life
友邦個人壽險

AIA Group Insurance
友邦團體醫療保險

Other Insurance Company
其他保險公司

Please further provide the below information and relevant settlement advice, if applicable :
請提供以下資料及遞交有關的賠償金額通知書 (如適用) :

(I) AIA Group insurance policy: 1) group policy no. & employer name, 2) member/certificate no., 3) employee name & 4) relationship with employee

友邦團體醫療保險保單：1) 團體保單號碼 & 僱主名稱、2) 會員 / 證書編號、3) 員工姓名 & 4) 與員工的關係

(II) Other insurance company: 1) name of other insurance company, 2) policy no., 3) name of insured & 4) name of policyowner
其他保險公司：1) 其他保險公司名稱、2) 保單號碼、3) 受保人姓名 & 4) 保單持有人名稱

If the insured or the policyholder is holding both AIA International Limited and AIA Everest Life Company Limited policies, the claims (including registration of FPS / e-BankIn services) 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.

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 (包括登記「轉數快」或「電子入賬服務」) 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。

☐ 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。

ACCIDENT / TREATMENT / HOSPITALIZATION PARTICULARS 意外 / 治療 / 入院詳情

Please provide the below information 請提供以下資料：

- (l) Accident details (e.g. date of accident, injured area and cause of accident)

意外受傷詳情（即意外日期，受傷部位和意外原因）：

MM月 DD日 YYYY年

MM月 DD日 YYYY年

- (II) Treatment / Hospitalization (i.e., type of medical treatment, name of doctor, clinic / hospital name, admission period, surgery name).
治療/入院資料(即治療類型, 醫生姓名, 診所/醫院名稱, 入院和出院日期, 手術名稱等)

- (III) For the aforementioned treatment(s), please provide the name(s) of the relevant healthcare practitioner(s), such as physiotherapist, traditional Chinese medicine practitioner, chiropractor, etc.

就上述治療，請提供相關醫療人員（例如物理治療師、中醫、脊醫等）的姓名。

- (IV) Besides service provider / patient, please elaborate if insured has other relationship with the attending doctor e.g. immediate family, employer / employee, business partners or insurance agent / broker.

除醫生與病人關係外，請說明受保人與醫生的其他關係，例如：直系親屬、僱主或僱員、商業合夥人或本公司保險代理人 / 受保人的保險代表。

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」：

Owner's Mobile Number

持有人流動電話號碼：

If the telephone number provided differs from our company records, we will update it to all or selected policies as indicated in the following section. You will receive an SMS notification upon the completion of the registration.

如所提供的電話號碼與公司的紀錄不同，我們將根據您於以下部分提供的指示，將該號碼更新至您於公司持有的所有或指定的保單。完成登記後，您將收到短信通知。

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。

Complete this section if applying for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單：

- ☐ 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。

Remark: If the stated AIA financial planner / broker / IFA on this form is not my current servicing AIA financial planner / broker / IFA of other policies, I give consent to him / her to follow up my request for all Hong Kong policies.

備註：倘若表格上填寫的財務策劃顧問／經紀／獨立理財顧問並不是本人其他保單的財務策劃顧問／經紀／獨立理財顧問，本人同意他／她一併跟進我就所有香港保單的要求。

- ☐ 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 the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有香港保單。

Use "FPS / e-BankIn" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保單號碼所支付的保單利益轉入下列指定之銀行戶口，轉入之金額將不超過公司所定的上限。

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。

- ☐ a. FPS* 轉數快* (Applicable to HKD payment only 只適用於港幣付款)

Please select **either ONE** of the "Proxy ID" below by marking a "X" on appropriate box and provide relevant information. **More than one selection** will be treated as **invalid** application. Your FPS account must also be registered under the policy owner. 請以「X」號選擇下列**其中一種**「識別別號」*及提供以下相關資料。若**多過一個選項**將被視為申請**無效**。「轉數快」的用戶註冊名稱必須同樣為保單持有人。

Email 電郵地址：

FPS Identifier 「轉數快」 識別號碼：

Mobile Number 手機號碼:

Country Code _____ Telephone No _____
 國際電話區號 _____ 手機號碼 _____

* **“FPS Service”** means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.

「**快速支付系統服務（轉數快）**」指我們不時向您提供的服務，以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。

“Proxy ID” means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.

「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。

- ☐
- b. e-BankIn 電子入賬服務

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

- 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. 任何持有戶口持有人及銀行賬戶號碼最近的銀行存摺 / 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 policyowner 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, 否則入賬指示將不被銀行接納。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No. 銀行編號	Branch No. 分行編號	My Account No. 本人之賬戶號碼
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Name as recorded on Bank Passbook / Correspondence / Statement / Bank card
(must be same as the Owner of the above Policy)

銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名 (必須與上述保單

Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單：

- | |
|--|
| |
|--|

☐ e-BankIn 電子入賬服務

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

- Bank Name in Macau 澳門銀行之名稱

[illegible][illegible]

銀行存摺 / 月結單上所紀錄之戶口持有人姓名 (必須與上述保單持有人相同)

[illegible]

DECLARATION & AUTHORIZATION 聲明及授權

Only if FPS / e-BankIn has not been registered or requested, we will follow payment option selected at below by marking a "X" in one of the boxes. 唯有未登記使用「轉數快」或「電子入賬服務」，我們將根據以下於空格內劃上「X」號的支付賠償方法。

- ☐ Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以相應的保單貨幣將賠償款項存入該保單附屬的「現金儲備金戶口」。「現金儲備金戶口」的使用受其使用條款規範。（僅適用於抵港抵澳內地人士業務保單）

- ☐ Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn customers) 以港幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶)

- (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 at its discretion. 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) 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 on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 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 on our website (<http://www.aia.com.hk> > Help & Support > Health Care and Claims > How to 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 > 醫療保健和索償 > 如何索償)。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「申請退回正本文件表格」。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。因素取有關資料需時，賠償申請的審核時間會較長。

- (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 Customer Service Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
香港：友邦客戶服務中心，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

AIA E-ADVICE 「友邦電子通知書」

- ☐ (Please mark a "X" in the box to apply for this service. 閣下如欲申請此服務請於空格內劃上「X」號。)
Apply for Internet Service "AIA e-Advice" to view / download the softcopies via AIA+ for the above policy and any other policy numbers if specified as below, subject to the "Terms and Conditions for use of AIA+" which is available at <https://www.aia.com.hk/aia-plus/en/tnc>.
申請「友邦電子通知書」網上服務，就以上保單及其他下列保單號碼（如有）透過AIA+ 閱覽或下載副本，並受「AIA+ 使用條款及細則」之約束，有關條款及細則可於<https://www.aia.com.hk/aia-plus/zh-hk/tnc>。

電郵地址:

持有人簽署:

其他保單號碼:

(Not applicable to Personal Lines policies with policy number beginning with C)
不適用於保單號碼字首為C之個人財物保險保單。)

無索償折扣（只適用於享有無索償折扣的產品）

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 including but not limited to any hospitals/clinics under The Hospital Authority, 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 / 被保人診治之任何機構、組織包括但不限於任何醫院管理局轄下醫院/診所或人士、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 / 或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。

<div style="border: 1px solid black; width: 100%; height: 100%;"></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表一致)</p>		<div style="border: 1px solid black; width: 100%; height: 100%;"></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表 一致) (Whose age is 18 or above 年齡十八歲或以上必須簽署)</p>	
<p>Name 姓名</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<p>Name 姓名</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<p>ID Card / Passport Number 身份證 / 護照號碼</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Date 日期</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>ID Card / Passport Number 身份證 / 護照號碼</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Date 日期</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<p>Relationship with the Insured 與受保人關係</p> <div style="border: 1px solid black; width: 100%; height: 50px;"></div>		<p>Signature of Witness 見證人簽署</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
		<p>Name 姓名</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<p>Date 日期</p> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>

"AIA" shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form is subject to.
「AIA」或「友邦」指友邦保險(國際)有限公司 (於百慕達註冊成立之有限公司), 友邦保險有限公司 (於香港註冊成立之有限公司) (視情況而定), 具體取決於此信件相關表格的簽發公司。

PART II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部分申請人自費由主診醫生 / 手術醫生填寫

1. (a) Name of patient 病人姓名 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>		(b) ID Card / Passport Number 身份證 / 護照號碼 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>									
(c) Age 年齡 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	(d) Sex 性別 <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	(e) Accident date 意外日期 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">MM</div>月 <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">DD</div>日 <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">YYYY</div>年 </div>									
2. Please describe any external and visible evidence of injury at your first consultation. 請描述於首次求診時的表面受傷痕跡 <div style="border: 1px solid black; height: 60px; width: 100%;"></div>											
3. Condition of injury at latest consultation. 最近求診日之受傷情況 <div style="border: 1px solid black; height: 60px; width: 100%;"></div>		latest consultation date 最近求診日： <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">MM</div>月 <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; align-items: center; justify-content: center;">DD</div>日 <div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;">YYYY</div>年 </div>									
4. All treatments that you had prescribed to patient for this injury: 請列出所有治療項目 <div style="display: flex;"> <div style="width: 30%; border: 1px solid black; height: 40px; margin-right: 10px;"></div> <div style="width: 70%; border: 1px solid black; height: 40px;"></div> </div>											
5. (a) Was the injury induced from or affected by any of the following? 受傷是不是因下列情況導致或受下列情況影響？ <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">Degenerative changes 退化轉變</td> <td style="width: 10%; text-align: center;">Yes 是</td> <td style="width: 10%; text-align: center;">No 不是</td> </tr> <tr> <td>Alcohol or drugs 酒精或藥物</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>				Degenerative changes 退化轉變	Yes 是	No 不是	Alcohol or drugs 酒精或藥物	<input type="checkbox"/>	<input type="checkbox"/>		
Degenerative changes 退化轉變	Yes 是	No 不是									
Alcohol or drugs 酒精或藥物	<input type="checkbox"/>	<input type="checkbox"/>									
(b) Please give details if any of the above is "yes". 如以上任何一項為「是」，請提供詳情。 <div style="border: 1px solid black; height: 60px; width: 100%;"></div>											
6. Please provide details if there were any complications during healing. 如果有任何因素影響痊癒進度，請提供詳情 <div style="border: 1px solid black; height: 60px; width: 100%;"></div>											
7. With reference to patient's occupation, in what way do you think the injuries would totally prevent the patient from working? Please describe in detail. 參考病人所報稱的職業，閣下認為此傷勢會不會令病人完全不能工作？請列明原因。 <div style="border: 1px solid black; height: 60px; width: 100%;"></div>											
I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief. 本人 / 我們現聲明此申請表上所填資料皆為本人 / 我們所知及所信之事實。 <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 60%; border: 1px solid black; height: 80px; vertical-align: bottom; padding: 5px;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> <td style="width: 40%; border: 1px solid black; height: 80px; vertical-align: bottom; padding: 5px;"> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </td> </tr> <tr> <td style="text-align: center; font-size: small;"> Name of Attending Physician / Specialist (with qualifications) 主診 / 專科醫生的姓名 (資歷) </td> <td style="text-align: center; font-size: small;"> Signature (with chop) 簽名 (蓋印) </td> </tr> </table> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 60%; border: 1px solid black; height: 80px; vertical-align: bottom; padding: 5px;"></td> <td style="width: 40%; border: 1px solid black; height: 40px; vertical-align: bottom; padding: 5px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;"> Address and Telephone No. 地址及電話 </td> <td style="text-align: center; font-size: small;"> Date 日期 </td> </tr> </table>				<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Name of Attending Physician / Specialist (with qualifications) 主診 / 專科醫生的姓名 (資歷)	Signature (with chop) 簽名 (蓋印)			Address and Telephone No. 地址及電話	Date 日期
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