CONFIDENTIAL MEDICAL CERTIFICATE－醫生報告

PART II - To be completed by doctor at Insured's / Claimant's expense 第二部份（受保人或申請人自費由主診醫生填寫)

Policy Number 保單號碼	
Name of Insured 受保人姓名	ID Card / Passport No. 身分證 / 護照號碼

CRITICAL ILLNESS – BENIGN BRAIN TUMOUR / SURGICAL REMOVAL OF PITUITARY TUMOR
危疾－良性腦腫瘤 / 腦下垂體腫瘤切除手術

GENERAL INFORMATION 一般資料

1. Are you the Insured's usual medical physician?
   閣下是否受保人慣常求診之醫生？ ☐ Yes 是 ☐ No 否
   If "yes", when did the Insured first consult you? 如"是"，請問受保人首次向閣下求診之日期？
   ☐☐ ☐☐ ☐☐☐☐
   MM月 DD日 YYYY年

2. When were you first consulted for this illness?
   受保人首次就有關疾病向閣下求診之日期。
   ☐☐ ☐☐ ☐☐☐☐
   MM月 DD日 YYYY年
   What were the symptoms? 受保人之病徵。
   _____
   How long had the symptoms been present? 該病徵約存在了多久?
   _____

3. Has the Insured previously suffered from this illness or any related conditions?
   受保人是否有同類之病史。 ☐ Yes 是 ☐ No 否
   If "yes", please give dates of consultations and the resulting diagnosis. 如"有"，請提供求診日期及診斷詳細結果。
   _____

4. On which date was the diagnosis made? 有關疾病之診斷是何時首次確認？
   ☐☐ ☐☐ ☐☐☐☐
   MM月 DD日 YYYY年
   On which date was the Insured first made aware of it? 受保人何時首次知悉有關疾病之診斷？
   ☐☐ ☐☐ ☐☐☐☐
   MM月 DD日 YYYY年

5. Is there anything in the Insured's family history which would have increased the risk of this illness?
   受保人之家族病史是否增加受保人患上此病之機會？ ☐ Yes 是 ☐ No 否

6. Is the Insured a smoker? 受保人是否吸煙人仕？ ☐ Yes 是 ☐ No 否
   If "Yes", what is his / her smoking habit? 若為吸煙人仕，他 / 她的吸煙習慣為何？
   Daily smoking amount 每日吸煙數量：_____ for how many years? 吸食年數：_____

Details of "Yes" answers (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities).
如答"是"，請提供診斷結果、日期、病徵持續時期及主診醫生姓名、醫療機構名稱及地址等資料。

OTHER / ADDITIONAL INFORMATION 其他 / 附加資料

1. Please provide names, addresses and dates of doctors and hospitals which the Insured was referred and/or admitted to.
   請提供受保人曾經就診之所有醫生姓名或醫院名稱及地址。
   _____
   _____

Policy Number 保單號碼 | | | | | | | | | | |

DETAILS OF THE INSURED'S ILLNESS 受保人病況之詳情

1. Please provide full and exact details of the diagnosis. 請提供受保人之所有及確定的診斷詳情。

2. Etiology. 病因。

3. The exact site of the tumour. 腦腫瘤所在的正確位置。

4. The size and histology of the tumour. 腫瘤的體積及細胞組織分析。

4. Was the diagnosis confirmed by a neurologist? 是否經腦神經專科醫生確診？ ☐ Yes 是 ☐ No 否

Please give Name and Address of the neurologist confirming the diagnosis if it is not the undersigned.
若非由填寫此表格之醫生確診，請提供確診之腦神經專科醫生之姓名及地址。

_____

5. Was the tumour giving rise to any characteristic signs of increased intra-cranial pressure?
腫瘤是否有產生任何顯示顱內壓增高的徵狀？ ☐ Yes 是 ☐ No 否

If "yes", please indicate the sign(s) exhibited. 如"是"，請指出所顯示的徵狀。

☐ Papilloedema 視神經乳頭水腫
☐ Mental Symptoms 精神症狀
☐ Seizures 癲癇
☐ Sensory Impairment 感覺障礙

Please give details of the sign(s). 請提供所顯示徵狀的詳情。

_____

_____

6. Was endocrinological disorder caused by the tumour? 腫瘤有否引致內分泌失調？ ☐ Yes 有 ☐ No 沒有

If "yes", please give details of the impairment. 如"有"，請提供內分泌失調的詳情。

_____

_____

7. Was there any neurological deficit resulted? 有沒有因腫瘤導致神經機能缺失？ ☐ Yes 有 ☐ No 沒有

If "yes", please give details of the neurological deficit. 如"有"，請提供神經機能缺失之狀況。

_____

_____

Was it caused by the oppression of tumor into normal brain tissue?
神經機能缺失是否因腫瘤壓著正常腦組織時導致？ ☐ Yes 是 ☐ No 否

Policy Number 保單號碼 | | | | | | | | | | |

8. Investigations: 檢查項目：

☐ X-ray
X-光檢查

☐ CT Scan
電腦掃描

☐ MRI
磁力共震

☐ Frozen Section / Biopsy
凍切片/細胞組織活檢

Others 其他：_____

Note : Please enclose copies of all pathological, laboratory, surgical and imaging reports for reference.
備註：請提供所有報告包括病理、化驗、手術及其他影像等報告。

9. Treatment Rendered. 治療詳情:

i. Was there any surgery performed? 受保人有沒有接受手術治療？ ☐ Yes 有 ☐ No 沒有

If "Yes", please state the name of the surgical procedure done. 如"有"，請列出手術之名稱。

_____

Date of the surgery 手術日期：

MM月		DD日		YYYY年			

The hospital where the surgery was performed 手術醫院：_____

Name of Surgeon 手術醫生：_____

Was the surgery certified to be medically necessary by a neurologist?
手術是否由腦神經專科醫生證實為醫療所需？ ☐ Yes 是 ☐ No 否

Please give the Name and Address of the neurologist if it is not the undersigned. 若非由填寫此表格之醫生確認，請提供腦神經專科醫生之姓名及地址。

_____

ii. If no surgery was done, please state what other treatment has been rendered for the insured. 如沒有進行手術，請列出受保人曾接受的其他治療項目。

_____

_____

10. Present condition and prognosis of the Insured. 受保人現時之病情及病情進展如何？

11. Please state if the Insured has suffered/been treated for any other major illness(es) in the past. 請列明受保人曾患上或接受治療的其他主要疾病。

12. Is there any further information, which in your opinion will assist us in assessing this claim? 請提供其他有助審核本索償個案之資料。

Policy Number 保單號碼 | | | | | | | | | | |

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 / 或友邦售峰人壽有限公司（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。

Name of doctor and qualification 醫生姓名及醫學資格

Signature and official chop 簽署及蓋印

Address and telephone number 地址及聯絡電話

Date 日期

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！

"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。