

If I receive claim payment from other insurer(s), do I need to inform AIA?

YES, please submit the claim payment details with your claim application to AIA.

Sample:

ABC Company

Settlement Statement

Date	日期
Policy No.	保單號碼
Area Code	地區代號
Agent	營業員
Agency	營業組別
Insured Accident Date	受保人意外日期
In Hospital Date	住院日期
Discharge Date	出院日期
	存案號碼

Sample 樣本

Description	Day/Call	Claim Amount	Settle Amount
項目	日數/次數	索賠金額 (HK\$)	賠償金額 (US\$)
HOSPITALIZATION BENEFIT RIDER			
藥無憂住院惠益附加契約			
Hospital Benefit (Specified Areas)			
住院惠益(指定地區)	2		1.00
Sub-Total			
合共			2.00
Super Good Health Hospital & Surgical Rider 2			
特級「健康之寶」住院及手術賠償附加契約 2			
Room Charges			
病房費	2	3.00	6.00
Meal Charges			
膳食費	2	4.00	0.00*
Physician's Visit			
醫生巡房費	2	5.00	10.00
Misc. Hospital Expenses			
住院雜費		6.00	6.00
Major Medical Benefits			
額外醫療保障		7.00	7.00
Sub-Total			
合共			29.00
* The benefit maximum limit has been paid			
* 最高賠償額已被發放			