



**AIA International Limited**

(Incorporated in Bermuda with limited liability)

Pre-Admission Enquiry 预先入院登记查询

Fax 传真:

PRC Customer Toll Free Hotline

国内客户免费热线:

Hotline for PRC Customer to call in Hong Kong

国内客户在香港免费热线:

Hong Kong 香港

(852) 3118 9083

4008-428-009

(852) 2232 8870

## Pre-Admission — 5 Simple Steps

Your One-stop Hassel-free Service for Complete Peace of Mind During Your Hospital Stay in China

### 入院简单五步骤

一站式简易申请国内入院出院免找数服务, 令您入住国内医院变得安心又放心

1

Please contact AIA Pre-Admission Hotline 请致电友邦预先入院登记查询热线:

For PRC Customers 国内客户: 4008-428-009

Needs to have IDD function in phone in order to get through

客户电话需有国际长途功能才能打通

For PRC Customers to call when in Hong Kong

国内客户身处香港时热线 (852) 22328870

2

Fill out and return the Pre-Admission Form to us at least 2 - 4 working days prior to admission 请填写入院前登记表格并于入院前最少两至四个工作天交回给我们

Fax no. for PRC Customers purchase policy in Hong Kong

传真号码于香港购买保单之国内客户:

(852) 3118 9083

E-mail for PRC Customers purchase policy in Hong Kong

传真号码于香港购买保单之国内客户:

hk.pre-admission@aia.com

3

We will issue a "Letter of Guarantee" (LOG) to the concerned hospital for admission 我们会向有关医院发出「住院付款保证书」

4

Upon admission, present the insured's identification document to the hospital for verification 入院时, 请向医院提交受保人之身份证明文件以作核实

5

On discharge, the hospital will send the invoice directly to us. Once our Claims Department completes the case assessment, if there is any shortfall, a shortfall notification will be sent to you 14 days prior to the collection

出院后, 医院会将单据直接递交给我们, 当我们赔偿部的评估完成后, 如有差额, 将于收取差额费用十四天前发出「差额付款通知书」

#### Note to take:

i) Final decision of LOG issuance is subject to the discretion of AIA.

友邦保留发出住院付款保证书最终决定安排

ii) If hospitalisation is due to illness/disability classified under exclusion or whatsoever, no LOG will be issued.

如因不受保事项而引发入住医院, 均不会获发「住院付款保证书」

iii) You will be required to provide treatment information and authorise AIA to collect shortfall of medical expenses, if any, from your authorised union card account.

您须提供治疗数据及授权友邦从您授权的银联卡账户收取医疗费用的差额 (如有)

iv) The actual date of claims notification depends on the submission of required documents by the hospital. 赔偿通知的实际日期需视乎医院递交齐备档所需日数而有所不同



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**(852) 3118 9083**  
**4008-428-009**  
**(852) 2232 8870**

**INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登记表格**

**PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保单持有人或受保人填写**

**Please complete this form and return it to us by fax or e-mail at least 2 - 4 working days prior to admission to hospital. Subject to the eligibility of the Insured (Patient) a "Letter of Guarantee" will be issued by AIA.**

请填写此表格并于入院前最少两至四个工作天, 以传真或电邮方式递交。于受保人(病人)符合资格情况下, 友邦将为受保人签发「住院付款保证信」。

<b>Policy Number 保单号码:</b>	<b>Name of Policy Owner 保单持有人姓名:</b>
<b>Name of Insured (Patient) 受保人(病人)姓名:</b>	<b>Date of Birth 受保人(病人)出生日期:</b> (Month月) / (Date日) / (Year年)
<b>Insured (Patient) I.D. Card/Passport Number</b> 受保人(病人)身份证/护照号码 <b>Please fill out the below information if the above-mentioned document will not be applied during admission.</b> 如办理入院手续时并非使用上列之身份证明档, 请填写下列资料。	
<input type="checkbox"/> <b>Identity Card</b> 身份证	(number证件号码: )
<input type="checkbox"/> <b>Passport</b> 护照	(number证件号码: )
<input type="checkbox"/> <b>Mainland Travel Permit for Hong Kong and Macao Residents</b> 港澳居民来往内地通行证(回乡证)	(number证件号码: )
<input type="checkbox"/> <b>Others, please specify:</b> 其他, 请注明:	(number证件号码: )
<b>Contact Telephone No. 联络电话号码:</b>	<b>E-mail Address/Fax. No. 电邮地址和传真号码:</b>

**No 否** If you do not want AIA to inform your agent about this hospitalisation Letter of Guarantee application, please tick "No".  
如阁下不欲友邦就是次住院付款保证信的申请, 通知有关业务代表, 请在“否”加上别号。

<b>Area Code</b> 区域编号	<b>Agency / Broker Name</b> 营业员组别 / 经纪名称	<b>Agent / Broker Code</b> 营业员号码 / 经纪号码	<b>TR Membership Number</b> 业务代表会员号码 <input type="checkbox"/> PIBA <input type="checkbox"/> CIB <input type="checkbox"/> ANG
<b>Agency Code</b> 营业员组别编号	<b>Agent / TR's Name</b> 营业员 / 经纪姓名	<b>Agent / TR's Tel. No.</b> 营业员 / 经纪联络电话	<input type="text"/>

**Are you making any AIA Group Policy or other insurance or compensation claim as a result of this treatment?**  
有关是次治疗, 阁下有否向友邦团体保单或其他保险公司/机构申请赔偿?  Yes 是  No 否

**If "Yes", please provide the following information 如有, 请提供下列数据:**

**Name of AIA Group Policy Employer/Other Insurance Company/ Organisation 友邦团体雇主名称/其他保险公司/机构名称:**

**Group Policy No./Certificate No./Policy No./Membership No. 团体保单号码/受保证书编号/保单/会员编号:**

国内出院免找数申请表格(只适用于国内客户)  
LOG China Hospital Form (For PRC Customer)

<b>PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 因意外受伤入院请填写问题 1至 5</b>					
<b>1. Date and time of accident 意外日期及时间:</b>	<b>MM月/DD日/YYYY年</b>	<b>A.M. 上午</b>	<b>P.M. 下午:</b>	<b>HR 时</b>	<b>MIN 分</b>
<b>2. Where and how did the accident happen 意外地点及经过:</b>					
<b>3. Part of body injured and type of injury 受伤部位及伤势:</b>					
<b>4. Present occupation (if more than one, state all) and exact nature of occupational duties 现职(若有兼职请列明) 职位及职责:</b>					
<b>5. Name and address of business or employer 公司或雇主名称及地址:</b>					
<b>PLEASE COMPLETE QUESTIONS 6 TO 8 IF HOSPITALISATION WAS DUE TO ILLNESS 因病入院请填写问题 6至 8</b>					
<b>6. Give a brief description of symptoms 描述病征及病状:</b>					
<b>7. How long have these symptoms existed prior to the first consultation? 该等病征在首次求诊前已存在多久?</b>					
<b>8. Give details of consultations 诊治详情</b>					
<b>(a) The doctor first consulted for this illness 首次就诊的医生资料:</b>				<b>Date 求诊日期:</b>	<b>MM月/DD日/YYYY年</b>
<b>(b) Name and address of clinic/hospital 医生/医院名称及地址:</b>					

Declaration and Authorisation 声明及授权

**PERSONAL DATA COLLECTION AND USE**

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: [www.aia.com.hk](http://www.aia.com.hk), and is made available upon request.

**个人资料收集及使用**

本人/我们确认本人/我们已阅读及明白 AIA 个人资料收集声明 (「AIA 个人资料收集声明」)。本人/我们声明及同意在本申请所载或贵公司不时以任何方法收集所得、编制或持有的任何个人资料及关于本人/我们或本人/我们的保单或投资的其他资料, 可根据 AIA 个人资料收集声明收集及使用。本人/我们知悉及同意就 AIA 个人资料收集声明所述目的视乎情况转让本人/我们的个人资料至香港(如保单在香港签发)或澳门(如保单在澳门签发)境外予 AIA 个人资料收集声明所载的资料承让人。

AIA 个人资料收集声明的最新版本可于以下网址下载: [www.aia.com.hk](http://www.aia.com.hk), 及可向贵公司索取。

I/We hereby irrevocably authorise:

a. Any organisation, institution, 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 authorised representative of the Company may disclose any such information. This authorisation shall be valid as the original.

b. This 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.

c. Neither submission of this hospitalisation Pre-Admission Form nor the issuance of Letter of Guarantee by the Company shall be construed as admission of liability on the part of the Company.

d. In the event that the Company has settled any charges not covered in the policy or exceeds my/our/the Insured's eligible benefit limit, the Company shall have the right to deduct any of such charges from the union card as specified below. However, if the Company cannot collect such shortfall due to insufficient credit available in the union card account or for any other reason whatsoever, the Company shall have the right to setoff the shortfall amounts against the amount due or payable to me/us/the Insured from this Policy and/or any policy issued by the Company of which I/we/the Insured am/are/is the owner(s) or trustee(s) including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason).

本人/我们兹授权:

a. 任何知悉或拥有本人/我们/被保人之工作、病假记录、意外或损失(任何类别)之详情、健康状况、病历或任何治疗或咨询记录及曾/为或将为本人/我们/被保人诊治之机构、组织或人士、向贵公司透露有关资料, 不得撤回, 即使本人/我们/被保人死亡或丧失能力, 此授权书仍然存在法律效力, 而本人/我们/被保人之继承人及转让人亦会受此授权书约束。此授权书之正本与副本同属有效。

b. 贵公司或任何其认可之验身医生或化验所, 替本人/我们/被保人进行所需之医疗评估及测试, 并对本人/我们/被保人之健康状况进行审核及评估, 作为处理本申请及其后与之有关的赔偿事宜, 不得撤回。此等化验会包括, 但不限于, 胆固醇及有关之血脂、糖尿病、肾或肝功能失常、艾滋病或感染人体免疫力缺乏病毒、免疫系统失常或体内药物、毒品、尼古丁及其代产品之含量等化验。

c. 递交此次入院前登记表或由贵公司签发出院付款保证信均不能理解为贵公司承担有关赔偿责任。

d. 若贵公司曾为本人/我们/受保人支付任何不在受保障范围内的费用, 或支付超出有关保障限额的费用时, 贵公司将有权从以下指定的银联卡中扣除任何相关的金额。若贵公司因有关银联卡户口的信用额不足, 或不论任何其他原因以至未能收取该笔差额, 贵公司将有权把应收款项从此保单, 及/或任何由贵公司签发并以本人/我们/受保人作为保单持有人或信托人的保单所获支付予本人/我们/受保人的金额中抵销扣除, 包括但不限于任何身故赔偿(法律允许的范围内)、红利或保费退还(不论何种原因)。

**Signature of the Policy Owner / Trustee**

保单持有人 / 信托人签署:

**Signature of the Insured** (parent/guardian if Insured is below 18 years old)

受保人签署 (若受保人年龄在18岁以下, 本申请表必须由家长签署):

**Date (MM/DD/YYYY)**

日期 (月/日/年):

**Policy Owner I.D. Card/Passport Number**

保单持有人身份证/护照号码:

**Insured (Patient) I.D. Card/Passport Number**

受保人(病人)身份证/护照号码:

**个人资料当事人之声明**

Customer Declaration

客户声明

I confirm to AIA International Limited, Hong Kong Branch ("AIA") that the data provided by me in the registration process is true, accurate and complete and I authorise AIA and its service providers, namely, Guangzhou Unionpay Network Payment Co., Ltd and Easylink Payment Network (Hong Kong) Company, Limited (collectively, the "relevant service providers") to verify such information from the bank of the debit account, if applicable.

本人向友邦保险(国际)有限公司, 香港分行 ("友邦") 确认, 本人在登记过程中提供的数据真实、准确和完整, 本人授权友邦及其服务提供商, 即, 广州银联网络支付有限公司 及好易联支付网络(香港)有限公司 (统称 "服务提供商"), 如有需要可透过与本人的银行扣账户口核实此等资料。

I agree that the AIA's Personal Information Collection Statement shall apply to any personal data collected in respect of the use of the RMB Settlement Cross-border payment services.

本人同意友邦 个人资料收集声明适用于人民币跨境代收、代付服务而搜集的任何个人资料。

I agree that all personal data relating to me provided by me or collected by AIA from time to time in respect of RMB Settlement Cross-border payment services may be used in connection with, and disclosed to the relevant service providers providing RMB Settlement Cross-border payment services and such data may also be used for such other purposes and disclosed to such other persons in accordance with and subject to the provisions of AIA's Personal Information Collection Statement and also to persons including but not limited to the People's Bank of China and the regulators in China.

本人同意由本人提供或由 友邦 不时就人民币跨境代收、代付服务所搜集的所有与本人有关的个人资料, 可用于人民币跨境代收、代付服务的相关用途, 并可向人民币跨境代收、代付服务的相关服务提供商披露; 此等数据亦可根据 友邦个人资料收集声明的规定并在受制于该等规定的前提下, 用于其他目的, 或向其他人士包括中国人民银行及在中国的监管机构披露。

I agree, consent and authorise that the relevant service providers may have access to the personal data relating to me so disclosed by AIA and may process such data for the purposes of the RMB Settlement Cross-border payment services. I further agree, consent and authorise that the relevant service providers may transfer my personal data maintained by them respectively to AIA for the purposes of RMB Settlement Cross-border payment services.

本人同意、接受并授权有关服务提供商可获得由友邦披露且与本人有关的个人资料, 并可处理该等资料以提供人民币跨境代收、代付服务。本人进一步同意、接受并授权有关服务提供商可分别将由其保管且与本人有关的个人资料, 转交给友邦以提供人民币跨境代收、代付服务。

**Union Card Authorisation Form for Shortfall Collection 收取差额费用之银联卡授权书**

If the amount paid by AIA to the hospital exceeds the eligible claims arising from this hospitalisation, this Form authorises AIA to collect the shortfall amount from the following union card account. The union card holder must be the Policy Owner or the insured or with direct relationship between the Policy Owner and the insured e.g. spouse and parent. AIA will hold a minimum of HK\$5,000 / MOP5,000 (depends on the estimated shortfall amount) from the credit limit of this union card account until the claim assessment is fully completed. The shortfall notification will be sent to Policy Owner 14 days prior to the collection.

如友邦直接向医院支付的费用超出是次住院就合资格保障应支付的赔偿额,此授权书将授权友邦从以下银联卡户口收取有关差额。银联卡持卡人必须为此保单之保单持有人或受保人,或与保单持有人及受保人有直接关系,如配偶及父母。友邦将于银联卡保留港币5,000 / 澳门币5,000元或以上的信用额(视乎预计差额之金额而定),直至整个理赔程序完结为止。友邦将于收取差额费用十四天前发出差额付款通知书通知保单持有人有关差额详情。

**个人账户代扣友邦保险(国际)有限公司费授权书**

**委托日期:**

委托人 (银行帐户或银联卡持有人)	
Account or Card Number 账号或卡号	
Identity Number 身份证号码(开户时登记身份文件号码)	
Relationship with the Insured / Policy Owner 与受保人 / 保单持有人关系	
Address 地址	
Contact number 联系电话(开户时登记电话号码)	

**委托友邦保险(国际)有限公司代扣项目:**

Item 收费项目	收费单位名称	收费单位开户行	收费单位开户行账号
Hospital Fee 住院费	AIA International Limited 友邦保险(国际)有限公司	花旗银行香港分行	391-61581186 391-17721113

**本人承诺:**

- 兹委托 友邦保险(国际)有限公司通过相关代扣系统将本人上述帐户上的存款按上述委托代扣项目办理代理缴费业务, 委托书一经签署即生效, 如有变更, 另行书面通知。
- 本人名下账户处于挂失、冻结等非正常状态而引起的扣款不成功时, 产生的后果由本人承担。
- 本人保证在上述账户中存入足额代扣金额(足额代扣金额是指本人每月的账上存款余额至少大于当月代扣金额一元以上), 若账上存款余额不足, 代扣失败, 因此产生的后果由本人承担。
- 本人愿意承担因委托代扣业务而产生的交易手续费, 此交易手续费由1%起友邦保险(国际)有限公司会同上述委托代扣项目一并从上述账户上扣取。
- 上述所填内容属实, 本人知晓并保证遵守代扣费的相关制度。

委托人(签字) (银行帐户或卡户持有人)	AIA Internatioanl Limited 友邦保险(国际)有限公司盖章
日期:	日期:

国内出院免找数申请表格 (只适用于国内客户)

LOG China Hospital Form (For PRC Customer)

Part III — TO BE COMPLETED BY THE INSURED ATTENDING PHYSICIAN / SURGEON AT THE POLICY OWNER / INSURED'S EXPENSES IF ANY

第三部分 — 由受保人之主诊医生/外科医生填写 (如有需要, 保单持有人/受保人需自行承担填写表格费用)

Name of Patient 病人姓名:	Date of Birth 病人出生日期: (Month月) / (Date日) / (Year年)
Sex 性别: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Room Class: <input type="checkbox"/> Ward <input type="checkbox"/> Semi-private <input type="checkbox"/> Private 住 房 级 别: <input type="checkbox"/> 普通病房 <input type="checkbox"/> 半私家 <input type="checkbox"/> 私家
Name of Hospital 医院名称:	Hospital Telephone 医院电话:
Name of Treating Doctor 主治医师姓名:	Department 科室:
Expected Length of Confinement (number of days) 预计住院日数:	

Medical Condition 医疗详情

1. Diagnosis and associated signs and symptoms 诊断和相关病征:	
2. Onset date of the symptoms / condition 发病日期: ____ / ____ / ____ (MM/DD/YY 月/日/年)	
3. Is the condition recurrent / chronic? 此情况是否为复发性/慢性? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否  If "Yes", onset date of the first episode: 如 "是", 首次发病日为  ____ / ____ / ____ (MM/DD/YY) (月/日/年)	4. Is the hospitalization / treatment medically necessary? 是次入院是否医疗所需? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please give details. 如是, 请详述之。 _____  5. Given the condition of the patient, is it possible to provide this treatment on an outpatient basis? 根据你的评估及意见, 病人就是次的病况, 是否可以单从门诊设施中接受适当的治疗? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "No", please explain 如不可以, 请提供原因: _____
6. Is illness / injury related to the following condition 此疾病 / 受伤是否由以下情况引起:	
a) Congenital anomaly 先天性异常 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
b) Psychiatric condition 精神病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
c) Influence of alcohol, drug or intoxicant 酒精药物麻或麻醉剂影响 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
d) Obesity, weight control 肥胖, 体重控制 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
e) Pregnancy, childbirth, abortion 怀孕, 分娩, 流产 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	

Treatment Details 治疗详情

7a. Medical / Surgical Procedure required 建议之医疗/手术程序
Are the equipment(s) for the procedure available only in hospital? If "No", please give details. 该手术所需的设备是否仅在医院可有? 若不可以, 请详述之。
Can the medical test(s) and the procedure be done on an outpatient basis/at day surgery centre? 该检查及手术可否在门诊/日间手术中心进行?
Estimated Surgeon Fee charges 预计外科手术费:
Estimated Ward Round Fee 预计巡房费:

<p>7b. Anaesthesia 麻醉:</p> <p><input type="checkbox"/> General 全身麻醉      <input type="checkbox"/> Local 局部麻醉</p> <p><input type="checkbox"/> Monitored anaesthesia care 监护麻醉管理</p> <p>(For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手术在监察麻醉下进行, 请注明住院原因。)</p>	<p>Estimated Anaesthesia fee charges 预计麻醉费:</p>
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国内出院免找数申请表格 (只适用于国内客户)  
LOG China Hospital Form (For PRC Customer)

<p>8. Lab tests / Imaging / other diagnostic investigation required and please give reasons of above investigations required. 建议之化验/影像检查/其他诊断性检查及需接受该等检查的原因。</p> <p>Are the investigations available only in hospital? If "No", please give details. 该等检查是否仅在医院可有? 若不可以, 请详述之。</p> <p>Is it possible to have those investigations on an outpatient basis? 是否可以单从门诊设施中接受该等检查?</p> <p>Estimated hospital expenses charges: 预计医院费用:</p>
<p>9. Estimated total fee for this confinement: 预计是次住院总费用:</p>
<p>10. Please list out the medication to be used during this confinement if applicable. 请详列是次住院所用之药物, 如适用。</p>
<p>11. Please indicate the clinical risk(s) and medical reason(s) for hospitalization: 请注明临床风险及须留院的医疗原因:</p> <p><input type="checkbox"/> Current Health Status (Co-morbidity): 现时健康状况(合并症): Please specify: 请明确说明:</p> <p><input type="checkbox"/> Expected higher risk at operation: 预期较高手术风险: Please specify: 请明确说明:</p> <p><input type="checkbox"/> Expected higher post-operative risk: 预期较高手术后风险: Please specify: 请明确说明:</p> <p><input type="checkbox"/> Others, please specify the reason for admission and hospitalization: 其他, 请注明必须入院及留院的原因:</p>
<p>12. Is it a case of emergency? 这是否紧急个案?</p> <p><input type="checkbox"/> Yes 是      <input type="checkbox"/> No 否</p> <p>If yes, please specify. 如是, 请明确说明。</p>

Doctor's Information 醫生資料

<p>Doctor's name 醫生姓名:</p> <p>Contact no. 聯絡號碼:</p> <p>Fax no. 傳真號碼:</p>	<p>I / We hereby declare that the information given on this form is true to the best of my / our knowledge and belief. 本人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知及所信之事實。</p> <p>Signature of Doctor and Chop 醫生簽署及印章:</p> <p>Date 日期: (MM/DD/YYYY 月/日/年)</p>
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