AIA International Limited
(Incorporated in Bermuda
with limited liability)

INDIVIDUAL HOSPITALIZATION CLAIM FORM 住院賠償申請書

PART I (TO BE COMPLETED BY INSURED/CLAIMANT) 第一部份 (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**
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
Operations Team 營運部組別	Agent/Broker's Name 營業員/經紀姓名	Agent/Broker's Tel. No. 營業員/經紀聯絡電話

O1002052

Benefits to Claim 索償類別 ☐ HS/IMP ☐ HB / HI ☐ Maternity Benefit ☐ AI/WI ☐ PA ☐ VGA ☐ Group PA

This case is a 本個案為:

☐ **New Claim** 首次索償 ☐ **Further Claim** 再度索償 ☐ **Pending Claim** 待決賠償 ☐ **Review/Appeal** 重批/覆核

Are you making any other insurance or compensation claim as a result of this treatment? 有關是次治療，閣下有否向其他保險公司/機構申請賠償? ☐ **No** 沒有 ☐ **Yes** 有

If yes, please provide the below information. 如有，請提供下列資料。

Name of insurance company/organization: 保險公司/機構名稱: _____ **Policy No./Membership No.:** 保單/會員編號 _____

PLEASE COMPLETE QUESTIONS 1 TO 5 AND 8 TO 11 IF HOSPITALIZATION WAS DUE TO ACCIDENT
因意外受傷入院請填寫問題1至5及8至11

1. Date and time of accident 意外日期及時間
MM 月 / DD 日 / YYYY 年 : HR 時 MIN 分 ☐ A.M. 上午 ☐ P.M. 下午

2. Where and how did it happen 意外地點及經過

3. Part of body injured and type of injury 受傷部位及傷勢

4. Present occupation (if more than one, state all) and exact nature of occupational duties
現職（若有兼職請列明）職位及職責

5. Name and address of business or employer
公司或僱主名稱及地址

PLEASE COMPLETE QUESTIONS 6 TO 11 IF HOSPITALIZATION WAS DUE TO ILLNESS 因病入院請填寫問題6至11

6. Give a brief description of symptoms 描述病徵及病狀

7. How long have these symptoms existed prior to the first consultation? 該等病徵在首次求診前已存在多久？

8. Give details of consultations 診治詳情
(a)The doctor first consulted for this illness 首次就診的醫生資料
Date 求診日期 MM月 / DD日 / YYYY年
Name and address of doctor/ hospital 醫生/醫院名稱及地址

(b) The doctor who referred the insured to hospital/other doctors seen for this or similar past condition
建議入院的醫生資料/其他曾診治此病或過往同類病況的醫生資料
Name and address of doctor/hospital 醫生/醫院名稱及地址 **Date** 求診日期

9. (a) Please give the date of admission and the date of discharge.
請提供入院及出院日期。
Date of Admission 入院日期 MM月 / DD日 / YYYY年
Date of Discharge 出院日期 MM月 / DD日 / YY YY年

(b) Please give the admission period in Intensive Care Unit, if any:
請提供入住深切治療部日期, 如適用:
From 由 MM月 / DD日 / YYYY年
To 至 MM月 / DD日 / YY YY年

(c) Have you taken any home leave during the hospital confinement? 您有否於住院期間請假外出？
☐ **No** 沒有 ☐ **Yes** 有
If Yes, please state the date and time of your home leave.
如有，請列明外出之日期及時間。

10. Any relationship between the Registered Medical Practitioner / Medical Services Provider and Insured / Claimant / AIA Financial Panner / Broker?If so, please state the relationship.
若就診之註冊醫生/醫療服務提供者與受保人/索償人/友邦財務策劃顧問/保險經紀有任何關係，請列明之:

11. Other information 其它資料

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

PART II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
第二部份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

   (b) ID Card/Passport Number 身份證/護照號碼

   (c) Age 年齡 (d) Sex 性別

2. Hospitalization 住院
   Name of hospital 醫院名稱

   Date of Admission 入院日期 | | | MM月 / DD日 / YYYY年
   Date of Discharge 出院日期 | | | MM月 / DD日 / YYYY年
   Period in Intensive Care Unit 入住深切治療部日期
   From 由 | | | MM月 / DD日 / YYYY年 To 至 | | | MM月 / DD日 / YYYY年

3. Chief complaints of the patient relating to this hospitalization/surgery
   此次住院/手術的主要原因

4. Date of the accident occured or symptoms first appeared
   首次出現病徵日期或意外發生日期
   | | | | MM月 / DD日 / YYYY年

5. Date of first consultation for this condition or related illness
   病人首次求診日期
   | | | | MM月 / DD日 / YYYY年

6. Diagnosis of conditions 診斷

7. Surgical Procedure 手術
   Date of Operation 手術日期
   | | | | MM月 / DD日 / YYYY年
   Name of Procedure 手術名稱

   Nature 性質

8. Present Prognosis 現時進展

9(a) Was the hospitalization / treatment medically necessary?
   是次入院是否醫療所需?
   ☐ No 不是 ☐ Yes 是
   If Yes, please give details. 如是，請詳述之。

   (b) For the average patient, what is the usual duration of hospitalization for this sickness?
   一般而言，同類病況之平均住院日數。

   (c) Was it possible to provide this treatment on an outpatient basis?
   此治療能否在門診進行?
   ☐ No 不能 ☐ Yes 能
   If No, please give details. 如不能, 請詳述之。

10. Brief discharge summary (including treatments, investigation procedures, results and/or any complications and follow up plan)
    出院撮要:（治療及以後治療計劃，包括診查辦法、結果，併發症及跟進計劃）

11. To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?
    據閣下所知，病人以前有沒有患有同類病況？
    ☐ No 沒有 ☐ Yes 有
    If yes, please state dates and details. 如有，請說明何時及當時情況。
    Treatment Dates 診治日期 (MM月/DD日/YYYY年) Details 詳情

12. Had the patient taken any home leave during the hospital confinement? 病人有沒有於住院期間請假外出？
    ☐ No 沒有 ☐ Yes 有
    If Yes, please state date, time and reason of the patient's home leave. 如有，請列明外出之日期、時間及原因。

13. Was the patient referred by another doctor?
    病人是不是經其他醫生轉介？
    ☐ No 不是 ☐ Yes 是
    Name and address of the referral doctor 轉介醫生的姓名和地址

PLEASE COMPLETE IF HOSPITALIZATION WAS DUE TO ACCIDENT
因意外受傷入院請填寫此欄

14(a) Present Condition of Injury 現時受傷情況

(b) Patient's occupation and exact nature of occupational duties.
病人之職業及職責

(c) Bearing in mind the patient's occupation, in what way do you feel the injuries would/would not totally prevent the patient from working? 以病人之職業而論，閣下認為此傷勢會不會令病人完全不能工作？請列明原因。

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

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

PART III CLAIMS DOCUMENT CHECKLIST
第三部份 索償文件參考表

Please tick against the Required Documents submitted with this application form. 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.
請於連同此表格提交的基本文件欄內劃上"X"號。如欲退回任何呈交之正本醫療收據/病假証明書，請一併遞交『退回正本文件』申請表格。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，我們會通知閣下或友邦財務策劃顧問/您的保險顧問/投資顧問。因索取有關資料需時，賠償申請的審核時間會較長。

Document Type 文件類別	Hospital & Surgical Benefit 住院及手術賠償	Hospitalization Benefit / Hospital Indemnity / Hospital Income Benefit 住院惠益/住院償金
☐ Owner's ID Copy 保單持有人的身份証副本	√	√
☐ Individual Hospitalization Claim Form - Part 2 (OPCLMF03) 住院賠償申請書 – 第二部份 (OPCLMF03)	√	√
☐ Laboratory/X-Ray/CT Scan/MRI/Pathological Report(s) 化驗/X-光/電腦掃描/磁力共震/病理檢驗報告	√	√
☐ Original Medical/Hospital Receipts and Statement of Charges (Claimed Amount: _____) 醫院，醫療收據/收費單正本（索償金額: _____）	√	*
☐ Hospital Discharge Summary/Sick Leave Cert with clear Diagnosis (Period: From _____ To _____) 出院總結/列有診斷証明之病假証明書（時段: 由 _____ 至 _____）	*	√
☐ Photocopy of Hospital Receipt and Statement of Charges 醫院，醫療收據/收費單副本	*	√
☐ Compensation Breakdown from other Insurer/Party 其他保險公司或機構之賠償細算表	√	*
☐ Request for Return of Original Document(s) (OPUAIF28) 退回正本文件申請表格 (OPUAIF28)	*	*
☐ Individual Life & Group Claims Arrangement Form (OPCLMF61) 壽險及團體賠償安排表格 (OPCLMF61)	*	*
☐ Photocopy of New Born Baby's Birth Certificate/Other Supporting Documents (Only applicable for Maternity Benefit Claim) 初生嬰兒出世紙/其他出生證明文件副本（只適用於分娩惠益索償）	*	*

√ **Required Documents 基本文件** * **Optional Documents 附加文件**

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 suppress physical copies of the selected correspondences and view / download the softcopies via AIA Customer Corner for the above policy and any other policy numbers if specified as below, subject to the #Terms and Conditions of "AIA e-Advice".
申請「友邦電子通知書」網上服務，提交以上保單及其他下列保單號碼（如有）之停止收取個別通知書並透過友邦客戶專頁閱覽或下載個別通知書，並根據「友邦電子通知書」的 #條款及條件使用。

*Email address 電郵地址: _____ Signature Of Owner 持有人簽署: _____

Other policy number(s) 其他保單號碼: _____
(Not applicable to Personal & Accident policies started with policy prefix A/E/P and Personal Lines policies with policy prefix C. 不適用於保單號碼字首為A/E/P之人身意外保險保單及保單號碼字首為C之個人財物保險保單。)

For details of the Terms and Conditions of the "AIA e-Advice", please visit AIA Customer Corner www.aia.com.hk. 有關條款及條件之詳情，請登入www.aia.com.hk之友邦客戶專頁參閱。
* Email notification for this claim will only be sent to the email address provided in this form. 是次賠償之個別通知書只會電郵至此表格內所列出之電郵地址。

Claims Payment Option 支付賠償方法

For e-BankIn customers, the Claims payment will be transferred to the designated bank account.
已成功登記使用「電子入賬服務」之客戶，本公司會將賠償款項轉入至指定之銀行户口。
If the transferred amount exceeds HK$50,000, we will issue Hong Kong Dollar cheque to you. 如轉入之金額高於港元50, 000，我們會發出港元支票給閣下。
If e-BankIn has not been registered, Claims benefit will be paid by Cheque in: 如未有登記使用「電子入賬服務」，賠償金額將會以支票支付，貨幣選擇為:

☐ **Hong Kong Dollar 港元**
☐ **Policy Currency 保單貨幣**

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 the Company at its discretion.
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 the Company on the basis of the Company's internal exchange rates as at the time of the relevant currency conversion.
a. 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貴公司酌情所提供之服務。
b. 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貴公司內部貨幣兌換率而釐定。

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

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 as stated in this application form Part III "Claims Document Checklist".
b. In case you want to claim for other benefits such as critical illness, disability benefits, etc., you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.
a. 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，請參閱此表格第三部份之"索償文件參考表"。
b. 如您還需申請其他賠償類別，如：危疾、傷殘等，您須另行填寫及遞交相關的索償申請表格和所需證明。

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是次向友邦保險（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:

a. any organization, 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 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.
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.

本人/我們茲授權：

a. 任何知悉或擁有本人/我們/被保人之工作、病假記錄、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記錄及曾為或將為本人/我們/被保人診治之機構、組織或人士、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. 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。

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, and is made available upon request.

個人資料收集及使用
本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。
本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。
本人/我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料至香港(如保單在香港繕發)或澳門(如保單在澳門繕發)境外予AIA個人資料收集聲明所載的資料承讓人。
AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Witness
見証人簽署 _____

Name
姓名 _____

Date
日期 _____

Signature of Insured/Claimant
受保人/申請人簽署 _____
(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書一致)

Name
姓名 _____

ID Card/Passport Number
身份證/護照號碼 _____

Date
日期 _____

This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent/legal guardian can sign on his/her behalf.
此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長/合法監護人簽署。

Please complete the following information if the signature is not given by the insured. 若簽署者非受保人，請填寫下列資料。

Name of Insured
受保人姓名 (in block letter 正楷書寫) _____

Relationship with the Insured
與受保人關係 _____