

Policy Number 保單號碼

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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's "Claims Document Checklist".
- b. In case you want to claim for other benefits such as accident, hospitalization, 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，請參閱此表格之“索償文件參考表”。
- b. 如您還需申請其他賠償類別，如：意外、住院、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。

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戶口。

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。

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

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

Relationship with the Insured
與受保人關係
(Please provide documentary proof for the relationship. 請提交關係證明文件。)

Countersign by Agency Leader
營業員經理簽名

Date
日期

Policy Number 保單號碼

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CLAIMS DOCUMENT CHECKLIST 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/病假證明書，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

- Owner's ID Copy (if not provided previously) 保單持有人的身份證副本(如以往並沒有提交)
- Documentary proof for the relationship of the Insured's parent/legal guardian (if not provided previously) 受保人與家長/合法監護人之關係證明文件(如以往並沒有提交)
- Sick Leave Certificate with Diagnosis (Period: From _____ To _____) 列有診斷證明之病假證明書 (時段:由 _____ 至 _____)
- Original Medical/Hospital Receipts and Statement of Charges (Claimed Amt: _____) 醫院、醫療收據/收費單正本 (索償金額: _____)
- Physiotherapy / Occupational Report 物理治療/職業治療報告
- 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)
- Doctor's referral for Specialist or therapeutic treatment 專科醫生或特別治療轉介信
- Laboratory, X-Ray, CT Scan, MRI Report(s) 化驗、X-光、電腦掃描、磁力共振報告
- Others, please specify: _____ 其他, 請列明: _____