



Network Surgery / Hospitalization Claim Form 網絡手術 / 住院賠償申請書

Transaction Code 參考編號:

(To be completed by Network Clinic 由網絡診所填寫)

Card Type 醫療卡類別:

- Super Good Health 特級「健康之寶」(Hospital service only 適用於醫院服務)
Network Surgery Card 手術網絡卡

AIA Customer Hotline 客戶熱線:

HK 香港 (852)2232 8888 Macau 澳門 (853)8988 1822

CLAIMS INFORMATION 索償資料 (TO BE COMPLETED BY INSURED / CLAIMANT 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 / Passport Number 身份證 / 護照號碼. Includes instructions for providing agent information and other insurance details.

AGENT'S INFORMATION 營業員資料 (TO BE COMPLETED BY AGENT 由營業員填寫)

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, TR Membership Number 營業代表會員號碼. Includes checkboxes for PIBA, CIB, and ANG.

PART I 第一部份 - ACCIDENT INFORMATION (IF APPLICABLE) 意外資料 (如適用) (TO BE COMPLETED BY INSURED / CLAIMANT 由受保人或申請人填寫)

1. Please complete (a) - (c) if Hospitalization was due to Accident. (a) Date of accident, (b) Where and how did it happen, (c) Part of body injured and type of injury. 2. Details of other Physicians consulted for this injury / medical condition or similar past condition.

PART II 第二部份 - CLINICAL and HOSPITALIZATION HISTORY 門診及住院報告 (TO BE COMPLETED BY THE ATTENDING NETWORK PHYSICIAN / SURGEON 由網絡主診醫生或手術醫生填寫)

3. State Primary Symptoms / Observation associated with this patient's current illness, condition or disorder. 4. State Diagnosis / Provisional Diagnosis. 5. Is the patient referred by another doctor(s)? 6. When did the insured first consult you for this condition? 7. When did the sign or symptom(s) first arise? 8. To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto? 9. Date of Surgery, Place of surgery. 10. Surgical Procedure. Includes checkboxes for LA (局部麻醉) and GA (全身麻醉).

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IF HOSPITAL SERVICE IS REQUIRED, PLEASE COMPLETE 11-13. 若需要住院服務，請填寫11-13。
11. Name of Hospital and Hospitalization Period
醫院名稱及住院時段
(a) Name of Hospital

醫院名稱:

(b) Date of Admission

住院時段:

From 由

To 至

MM月 / DD日 / YYYY年

MM月 / DD日 / YYYY年

Period in Intensive Care Unit

入住深切治療部時段:

From 由

To 至

MM月 / DD日 / YYYY年

MM月 / DD日 / YYYY年

(c) Had the patient taken any home leave during the hospital confinement? If Yes, please state date, time and reason of the patient's home leave.

病人有沒有於住院期間請假外出?如有，請列明外出之日期、時間及原因。

12. Diagnosis of Conditions 診斷
13. Medically Necessary 醫療所需
(a) Was the hospitalization / Treatment medically necessary?
 No 否

 Yes 是

是次入院是否醫療所需?

If Yes, please provide 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?
 No 否

 Yes 是

此治療能否在門診進行?

If No, please give details.

如不能，請詳述之。

Doctor Name & Signature with chop:

醫生姓名及簽名(蓋印):

AIA Doctor Code:

AIA醫生編號

Date

日期:

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Part III 第三部份 - DECLARATION AND AUTHORISATION 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:

本人 / 我們茲授權:

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.

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. 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.

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。

I / WE also acknowledge and agree that the above medical information provided by attending physician(s) is true, complete and correct.

此外, 本人 / 我們明白及同意上述由主診醫生所提供之詢問料為真確無誤。

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(如保單在香港續發)或澳門(如保單在澳門續發)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 Owner / Trustee

持有人 / 信託人簽署

(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 _____

Relationship with the Insured

與受保人關係 _____

Signature of insured, if other than Owner / Trustee

受保人簽署, 倘非持有人 / 信託人

(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)

(Whose age is 18 or above 年齡十八歲或以上必須簽署)

Name

姓名 _____

ID Card / Passport Number

身份證 / 護照號碼 _____

Date

日期 _____

Signature of Witness

見證人簽署 _____

Name

姓名 _____

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. Please complete the following information if the signature is not given by the insured.

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。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

Remarks: "AIA" refers to AIA International Limited (Incorporated in Bermuda with limited liability)



Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單!