AIA International Limited
(Incorporated in Bermuda with limited liability)

ACCIDENT CLAIM FORM 意外賠償申請書

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

00652096

Agency Code 營業員組別編號

Agent / TR's Name 營業員 / 經紀姓名

Agent / TR's Tel. No. 營業員 / 經紀聯絡電話

TR Membership Number 業務代表會員號碼 ☐ PIBA ☐ CIB ☐ ANG

Benefits to Claim 索償類別 ☐ AI / WI ☐ PA ☐ Broken Bone ☐ VGA / GROUP PA ☐ HS / HB (for accident only)

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**

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

Period of hospital confinement if hospitalized 如有住院，請提供住院時段: From 由 MM月 DD日 YYYY年 To 至 MM月 DD日 YYYY年

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:

EMPLOYMENT PARTICULARS 就業詳情

1. 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

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

3. Did you file a medical leave certificate to your employer? 有否向僱主遞交病假証明書? ☐ No 沒有 ☐ Yes 有

4. Did you submit a claim for workmen's compensation for this accident? 有否就此意外申請勞工賠償? ☐ No 沒有 ☐ Yes 有

ACCIDENT PARTICULARS 意外詳情

5. Where and how did the accident happen? 意外地點及經過

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

TREATMENT PARTICULARS 治療詳情

7. Details of hospitals confined or physicians consulted for the injury (Name, address and consultation date)
因此次意外受傷就診之醫生或醫院（名稱，地址及診治日期）
Name and address of doctor / hospital / service provider
醫生 / 醫院 / 服務提供者名稱及地址
Date 求診日期 MM月 DD日 YYYY年

8. Any relationship between the Registered Medical Practitioner / Medical Services Provider and Insured / Claimant / AIA Financial Planner / 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:

CLAIMS PAYMENT OPTION 支付賠償方法:

IMPORTANT NOTE 重要事項:

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」之客户，本公司會將賠償款項轉入至指定之銀行户口。

If e-BankIn service has not been registered, please select and mark a "X" in the box of the selected payment option.
如未有登記使用「電子入賬服務」，**請選擇支付賠償方法並於空格內劃上「X」號**

☐ Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to MCV policy only)
以相應的保單貨幣將賠償款項存入該保單附屬的「現金儲備金户口」。「現金儲備金户口」的使用受其使用條款規範。（僅適用於抵港抵澳內地人士業務保單）

☐ Paid by Cheque in policy currency 以保單貨幣支票支付

☐ Paid by Cheque in Hong Kong Dollar 以港幣支票支付

(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 AIA at its discretion. 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友邦保險酌情所提供之服務。

(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 AIA on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 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兑換差額，而該差額是有關貨幣兑換時依據友邦保險內部貨幣兑換率而釐定。

Other information
其它資料

STATEMENT BY THE INSURED / CLAIMANT FOR ACCIDENT INDEMNITY 意外賠償之受保人或索償人聲明

This part is to be signed by the Insured / Claimant and applies when the Insured is being examined for the said injury by the Company's staff doctor.若是由本公司的醫生負責為受保人或索償人檢驗所述之傷患，則此部份適用，並需由受保人填寫及簽署。

To : AIA International Limited (the "Company") 致：友邦保險（國際）有限公司（「公司」）
With respect to the examination of the above-mentioned injury conducted by the Company's staff doctor (hereinafter called "the said doctor") for the purpose of assessing my claim (as opposed to my own attending doctor), I hereby agree and confirm that:
有關由貴公司的醫生（以下簡稱「上述醫生」）負責為本人進行驗傷，以便評估本人之索償申請的事宜（而非本人之主診醫生），本人謹此同意及確認：

(a) The medical findings by the said doctor shall be relied upon by the Company when processing my said claim, and
由上述醫生作出之檢驗結果將成為貴公司處理本人上述索償申請的根據。

(b) I understand that this examination does not prevent or restrict me from consulting with my own attending doctor at any time in the future for further medical assessments, advice or treatments that may be necessary for the said injury.
本人明白是次檢驗並不會對本人將來任何時候因所述傷患而需向本人之主診醫生尋求進一步的醫療評估及醫治時構成任何限制。

Signature of Witness 見証人簽署	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	Name 姓名
ID Card / Passport Number 身份證 / 護照號碼	ID Card / Passport Number 身份證 / 護照號碼
Date 日期	Date 日期

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 on our website (http://www.aia.com.hk > Health Care & Claims> File a Claim); 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. 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，請參閱友邦的網頁（http://www.aia.com.hk>健康及索償>索償）。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。

(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. 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。

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。

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:
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、病假紀錄、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紀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 個人資料收集及使用

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.

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 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)	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	Name 姓名
ID Card / Passport Number 身份證 / 護照號碼 / Date 日期	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 Witness 見証人簽署 Name 姓名 / Date 日期

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下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！

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 | (e) Accident date 意外日期 MM月 DD日 YYYY年

(f) Period of hospital confinement if hospitalized: 如有住院，請提供住院時段: From 由 MM月 DD日 YYYY年 To 至 MM月 DD日 YYYY年

(g) Name of Hospital 醫院名稱

2. (a) Was there any external and visible evidence of injury at your 1st consultation? 於首次診治時有沒有外部及表面之受傷痕跡? ☐ No 沒有 ☐ Yes 有

(b) Type of injury 受傷類別

(c) Part of body injured 受傷部位

(d) Cause and extent of injury 受傷程度及原因

3. Present condition of injury 現時受傷情況

4. (a) Was there any treatment administered? 有沒有進行任何治療? ☐ No 沒有 ☐ Yes 有

(b) If yes, please give details (such as suturing, physiotherapy, type of dressing, etc. with treatment dates). 若有，請提供詳情（如縫針，物理治療，包紮等）及治療日期。

5. (a) Were there any other physicians who treated Insured for the same injury? 有沒有就此受傷接受其他醫生之診治？ ☐ No 沒有 ☐ Yes 有

(b) If yes, please give details (Name, address of doctors and date of treatment). 若有，請提供詳情（醫生姓名，地址及診治日期）。

6. (a) Did injury require hospitalization, x-rays, special diagnostic procedures and / or surgery? 此次受傷有沒有需要住院、X光檢查、特別診斷程序及 / 或進行手術? ☐ No 沒有 ☐ Yes 有

(b) If yes, please give details. 若有，請提供詳情。

7. (a) Was the injury induced from or affected by any of the following? 受傷是不是因下列情況導致或受下列情況影響？

	Yes 是	No 不是
Physical defects / congenital anomaly 身體缺陷 / 先天性毛病	☐	☐
Unfavourable past medical history 過往病史	☐	☐
Degenerative changes 退化轉變	☐	☐
Alcohol or drugs 酒精或藥物	☐	☐

(b) Please give details if any of the above is "yes". 如以上任何一項為「是」，請提供詳情。

8. (a) Was healing complicated? 有沒有其他因素影響痊癒進度?

(b) If so, please state why and any special treatment given. 若有，請提供原因及曾施行之任何特別治理。

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

(b) 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。

10. If an absence from work for more than two weeks is necessary, please describe in detail why you think the patient could not return to work earlier. 若不能工作兩星期以上，請詳述閣下認為病人不可提早復工之原因。

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。

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