



MEDICAL CLAIM FORM 醫療賠償申請書

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
<input type="text"/>	<input type="text"/>	<input type="text" value="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
<input type="text"/>	<input type="text"/>	<input type="text"/>
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
<input type="text"/>	<input type="text"/>	<input type="text"/>
TR Membership Number 業務代表會員號碼 <input type="checkbox"/> PIBA <input type="checkbox"/> CIB <input type="checkbox"/> ANG <input type="text"/>		



01002137

Benefits to Claim 索償類別

<input type="checkbox"/> Accident Medical Reimbursement 意外醫療費用賠償	<input type="checkbox"/> Medical Reimbursement 醫療費用賠償
<input type="checkbox"/> Accident / Weekly Indemnity 意外 / 每週賠償	<input type="checkbox"/> Hospital Income / Benefit 住院入息 / 惠益
<input type="checkbox"/> Maternity Benefit 分娩惠益	<input type="checkbox"/> Voluntary Group Assurance 自選團體保障

Remarks: Please take the appropriate box; otherwise we will apply this claim to all of your eligible benefits.
註: 請選擇適用者, 否則我們將把是次索償申請應用於您的所有同類保障。

EXPRESS CLAIMS SERVICE 特快理賠服務

Please mark a "X" in the box if you request to have your claim be processed by "Express Claims Service" which provides payment for medical claim which requires investigation. You hereby acknowledge that certain terms and conditions (as amended from time to time) shall apply in choosing the "Express Claims Service" and agree to be bound by all the undertakings imposed on you by accepting the payment; you also understand that AIA has not waived any of its rights in the Policy by making the claim payment to you. For details of the Terms and Conditions, please visit AIA Customer Corner at www.aia.com.hk.
如欲就此索償申請「特快理賠服務」, 請於空格內劃上「X」號。此服務為需進行調查的醫療申請先作出賠償安排。您於此表示清楚明白某些條款及細則(如不時修訂的)將適用於此「特快理賠服務」, 並同意由接受賠償金起接受有關約束; 亦明白友邦保險並沒有因為是次賠償放棄於保單內的任何權利。有關條款及細則, 請登入www.aia.com.hk之友邦客戶專頁。

Are you making any other insurance or compensation claim as a result of this treatment?
有關是次治療, 您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 10 IF HOSPITALIZATION WAS DUE TO ACCIDENT 因意外受傷入院請填寫問題1至5及8至10

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

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 10 IF HOSPITALIZATION WAS DUE TO ILLNESS 因病入院請填寫問題6至10

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 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

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

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 MM月 DD日 YYYY年 Date of Discharge 出院日期

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 MM月 DD日 YYYY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

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 MM月 DD日 YYYY年 To 至

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 MM月 DD日 YYYY年

(c) Have you taken any home leave during the hospital confinement? 您有否於住院期間請假外出?
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. No 沒有 Yes 有

10. 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 customers with FPS/e-BankIn registered with AIA, the claims payment will be deposited into the most-recently registered bank account. 已成功登記使用「轉數快」或「電子入賬服務」之客戶, 本公司會將賠償款項轉賬至最新登記的銀行戶口。

If neither FPS nor e-BankIn service has been registered or requested, please select a payment option below by marking a "X" in one of the boxes. 如未有登記使用「轉數快」和「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「現金儲備金戶口」。「現金儲備金戶口」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兌換差額, 而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

OTHER INFORMATION 其他資料

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> > Help & Support > 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> > 客戶支援 > 健康及索償 > 索償)。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閣下或其他人士索取額外資料, 我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因素取有關資料需時, 賠償申請的審核時間會較長。

(b) In case you want to claim for other benefits, 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, 您須另行填寫及遞交相關的索償申請表格和所需證明。

(c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address: 請將您的索償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問, 或郵寄至以下地址:

- HK : AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
香港: 友邦財駿中心, 香港北角電氣道183號友邦廣場12樓
- Macau : AIA Customer Service Centre, Unit 1903, 19/F AIA Tower, Nos. 251A-301 Avenida Comercial de Macau, Macau
澳門: 友邦客戶服務中心, 澳門商業大馬路251A - 301號友邦廣場19樓1903室

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:

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Signature of Owner 持有人簽署:

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Other policy number(s) 其他保單號碼:

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(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之電郵地址。

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		<input type="text"/>																	
(b) ID Card / Passport Number 身份證 / 護照號碼		<input type="text"/>				(c) Age 年齡			<input type="text"/>			(d) Sex 性別		<input type="text"/>					
2. Hospitalization 住院		Name of hospital 醫院名稱: <input type="text"/>																	
Date of Admission 入院日期		<input type="text"/>		<input type="text"/>		<input type="text"/>			Date of Discharge 出院日期		<input type="text"/>		<input type="text"/>		<input type="text"/>				
Period in Intensive Care Unit 入住深切治療部日期		From 由		<input type="text"/>		<input type="text"/>		<input type="text"/>			To 至		<input type="text"/>		<input type="text"/>		<input type="text"/>		
3. Chief complaints of the patient relating to this hospitalization / surgery 此次住院 / 手術的主要原因		<input type="text"/>																	
4. Date of the accident occurred or symptoms first appeared 首次出現病徵日期或意外發生日期		<input type="text"/>		<input type="text"/>		<input type="text"/>			MM月 DD日 YYYY年		<input type="text"/>		<input type="text"/>		<input type="text"/>				
5. Date of first consultation for this condition or related illness 病人首次求診日期		<input type="text"/>		<input type="text"/>		<input type="text"/>			MM月 DD日 YYYY年		<input type="text"/>		<input type="text"/>		<input type="text"/>				
6. Final diagnosis / Pathological diagnosis 最終診斷 / 病理診斷		<input type="text"/>						ICD-10 code 國際疾病分類代碼(ICD-10)						<input type="text"/>					
7. Medical / Surgical Procedure 醫療 / 手術程序		Nature of Procedure 手術名稱						Date of Operation 手術日期						<input type="text"/>		<input type="text"/>		<input type="text"/>	
		<input type="text"/>						MM月 DD日 YYYY年						CPT code 目前使用醫療服務術語代碼		<input type="text"/>		<input type="text"/>	
8. Present Prognosis 現時進展		<input type="text"/>																	
9. (a) Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to the current diagnosis, and were medically necessary and recommended by you? 是次檢查、治療及住院日數(如有)是否和上述診斷有直接關係而且是醫療所需及由醫生建議? If No, please give details. 若不是, 請詳述之。		<input type="checkbox"/> Yes 是						<input type="checkbox"/> No 否						<input type="text"/>		<input type="text"/>			
Please answer the following questions if the insured requires hospitalization 若受保人需要住院, 請回答以下問題:																			
(b) Were the medical test(s) and equipment for the procedure available only in hospital? 該檢查及手術所需的設備是否僅在醫院可有?		<input type="checkbox"/> Yes 是						<input type="checkbox"/> No 否						<input type="text"/>		<input type="text"/>			
(c) Can the medical test(s) and the procedure be done on an outpatient basis / at day surgery centre? 該檢查及手術可否在門診 / 日間手術中心進行?		<input type="checkbox"/> Can 可以						<input type="checkbox"/> Cannot 不可以						<input type="text"/>		<input type="text"/>			
(d) The surgery could only be performed under general anaesthesia? 手術是否必須在全身麻醉下進行? For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手術在監察麻醉下進行, 請註明住院原因。		<input type="checkbox"/> Yes 是						<input type="checkbox"/> No 否						<input type="text"/>		<input type="text"/>			
(e) Please indicate the clinical risk(s) and medical reason(s) for hospitalization 請註明臨床風險及須留院的醫療原因:		<input type="checkbox"/> Current Health Status (Co-morbidity) 現時健康狀況(合併症): Please specify 請明確說明: <input type="text"/>																	
		<input type="checkbox"/> Expected higher risk at operation 預期較高手術風險: Please specify 請明確說明: <input type="text"/>																	
		<input type="checkbox"/> Expected higher post-operative risk 預期較高手術後風險: Please specify 請明確說明: <input type="text"/>																	
		<input type="checkbox"/> Others, please specify the reason for admission and hospitalization: 其他, 請註明必須入院及留院的原因: <input type="text"/>																	
(f) Is it a case of emergency? 這是否緊急個案? If Yes, please specify. 如是, 請明確說明。		<input type="checkbox"/> Yes 是						<input type="checkbox"/> No 否						<input type="text"/>		<input type="text"/>			

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10. Brief discharge summary (including treatments, investigation procedures, results and / or any complications and follow up plan)
出院摘要：(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)

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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。

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Treatment Dates

診治日期

--	--

MM月

--	--

DD日

--	--	--	--

YYYY年

Details

詳情

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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。

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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：

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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：

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

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- (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。

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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。

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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