

AIA International Limited (Incorporated in Bermuda with limited liability)

MEDICAL CLAIM FORM 醫療賠償申請書

PART I (TO BE COMPLETED BY IN:	SURED / CLAIMANT) 第	一部份(由受例	呆人或申請人填寫	;)	
Policy Number 保單號碼	Name of Insured 受保人姓名		ID Card Number / 身份證號碼 / 護照	Passport Number 號碼	
				XXXX	
Area Code	Agency / Broker Name		Agent / Broker Co		
區域編號 	營業員組別 / 經紀名稱		營業員號碼 / 經紀	號 媽	
Agency Code	Agent / TR's Name		Agent / TR's Tel.	No.	
營業員組別編號	營業員 / 經紀姓名		營業員 / 經紀聯絡	電話	01002137
TR Membership Number 業務代表會員號	碼 PIBA CIB	ANG			
Benefits to Claim 索償類別				50 ch ## CD 024 ##	
Accident Medical Reimbursement 意知 Accident / Weekly Indemnity 意外 / 每			al Reimbursement { al Income / Benefit		
Maternity Benefit 分娩惠益	~x		ary Group Assuran		
Remarks: Please take the appropriate box; othe 註: 請選擇適用者,否則我們將會把是次索償申請		all of your eligible	benefits.		
EXPRESS CLAIMS SERVICE 特	 快理賠服務				
Please mark a "X" in the box if you remedical claim which requires investigation	ition. You hereby acknowled	ge that certain te	rms and conditions	(as amended from	time to time) shall
apply in choosing the "Express Claims you also understand that AIA has not	Service" and agree to be b	ound by all the u	indertakings impos	ed on you by accer	pting the payment;
and Conditions, please visit AIA Custo 如欲就此索償申請「特快理賠服務」	omer Corner at www.aia.com 」,請於空格內劃上「X」	n.hk. 號。此服務為需	。 馬進行調查的醫療	, 申請先作出賠償穿	2排。您於此表示
清楚明白某些條款及細則(如不時修言 因為是次賠償放棄於保單內的任何權利	T的)將適用於此「特快理賠	吕服務」,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
Are you making any other insurance or co		It of this treatme	nt?	No 沒有	Yes 有
有關是次治療,您有否向其他保險公司 / 機 If yes, please provide the below information				INO XH	_ 103 H
Name of insurance company / organization	n: 保險公司 / 機構名稱:	Policy No. / M	lembership No.: 保	單 / 會員編號:	
PLEASE COMPLETE QUESTIONS 1	1 TO 5 AND 8 TO 10 IF H	IOSPITALIZAT	TION WAS DUE	TO ACCIDENT	
因意外受傷入院請填寫問題1至5及8至 1. Date and time of accident	<u>≥</u> 10				P.M. 下午
● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●	DD日 YYYY年	L HR時	LLL MIN分	A.M. 上午	_ P.IVI. ↑+
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, 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 emp 公司或僱主名稱及地址	oloyer				
PLEASE COMPLETE QUESTIONS 6	TO 10 IF HOSPITALIZA	TION WAS D	JE 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 existe 該等病徵在首次求診前已存在多久?	d prior to the first consultation	on?			
8. Give details of consultations 診治詳情 (a) The doctor first consulted for this illu	ness 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 / hosp 醫生 / 醫院名稱及地址	ital				·
(b) The doctor who referred the insured past condition 建議入院的醫生資料	d to hospital / other doctors s / 其他曾診治此病或過往同類	seen for this or s 頁病況的醫生資料	imilar Date 求診日期	MM月 DD日	YYYY年
Name and address of doctor / hosp 醫生 / 醫院名稱及地址	ital				

		Policy Number 保里號碼				
Date of Admission 入院日期 MM月 (b) Please give the admission per From 由 MM月	出院的	of Discharge MMM月 入住深切治療部日期,如資	DD日 YYYY年 適用: DD日 YYYY年			
	gistered Medical Practitioner / Medical Se	nvices Provider and Insur	red / Claimant / AIA Financial Planner /			
Broker? If so, please state the rela	ationship. 者與受保人 / 索償人 / 友邦財務策劃顧問					
CLAIMS PAYMENT OPTION	古付腔僧方注:					
IMPORTANT NOTE 重要事項						
For customers with FPS/e-BankIn reg	· gistered with AIA, the claims payment wil 入賬服務」之客戶,本公司會將賠償款項轉					
one of the boxes. 如未有登記使用「Deposited the claims payment (ir of the FPDA shall govern and ap	e has been registered or requested, plo 轉數快」和「電子入賬服務」,請選擇支 of the same Policy Currency) in the ancillated ply. (Applicable to MCV policy only) 人該保單附屬的「現金儲備金户口」。「3	:付賠償方法並於空格內劃 ry Future Premium Depo:	上「 X 」號。 sit Account(s) ("FPDA"). Terms of Use			
Paid by Cheque in policy currence	y 以保單貨幣支票支付					
Paid by Cheque in Hong Kong D	ollar 以港幣支票支付					
(a) I/We understand that any be Page of the Policy or, if app any such benefits in a currer discretion. 本人/我們明白所	nefits payable under the Policy will be pai blicable, the appropriate subsequent end ncy other than the latest policy currency 有保單利益之款項將根據保單資料頁或隨 以外的貨幣(「選擇貨幣」)作為收取任	dorsement. Accordingly, (the "Opted Currency") is 後所發出之批註(如適用	the provision of the option to receive s solely a service offered by AIA at its) 所載之最近期保單貨幣為準。因此,			
I / we will bear the necessary rates as at the time of the rele	that should I / we opt for payment of any vexchange difference, such difference be evant currency conversion. 本人 / 我們明 們同意承擔所需的兑換差額,而該差額是	eing determined by AIA o 白及同意如本人 / 我們選持	n the basis of AIA's internal exchange 睪任何保單下所作出的利益款項以			
OTHER INFORMATION 其他資料						
(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素價申請,請將此表格連同有關素價文件一併遞交。有關申請素價所需遞交之文件,請參閱友邦的網頁(http://www.aia.com.hk > 客戶支援> 健康及素償> 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素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: 請將您的素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						
Apply for Internet Service "AIA esoftcopies via AIA Customer Corn Conditions of "AIA e-Advice". 申記	o apply for this service. 閣下如欲申請此 Advice" to suppress physical copies of the for the above policy and any other po 情「友邦電子通知書」網上服務,提交以上 則通知書,並根據「友邦電子通知書」的 *	le selected corresponden licy numbers if specified。 上保單及其他下列保單號码	ces and view / download the as below, subject to the #Terms and			
* Email address 電郵地址:	Signat 持有人	ure of Owner 簽署:				
Other policy number(s) 其他保單號碼:						
不適用於保單號碼字首為 A / E / P 之/	t policies started with policy prefix A / E / P and 人身意外保險保單及保單號碼字首為C之個人財 the "AIA e-Advice", please visit AIA Customer 0	物保險保單。)				

* 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。

Policy Number 保單號碼						

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。
- (c) All personal information obtained herein is collected for the purpose of, (i) assessing, processing, evaluating and determining your requests of application for medical claims or services referral and (ii) analysing, investigating, approving and / or determining your claims submitted and will be transferred to AIA's authorized medical panels or its relevant associates / nominees / subsidiaries ("third party administrators"). You authorize us to transfer your personal information to the third party administrators and further give your consent to all third party administrators who / which are in receipt of your personal information that they may process your personal information and transfer all your processed personal information to us for the administration of your insurance policy and provide insurance services to you. Without your voluntary consent, personal information collected will not be transferred to the third party administrators. You can choose not to provide the personal information required, but that will result in not qualifying for receiving any of the services above. 所收集的個人資料會被用作 (i) 評估、處理、審核及釐定您的索償申請或服務轉介及 (ii) 分析、調查、批核及 / 或釐定您的索償申請之用及轉移至友邦保險授權之醫療網絡或其相關之附屬成員 / 代名人 / 附屬公司(「第三方管理人」)。您授權我們轉移您的個人資料轉移至友邦保險作處理保單行政事宜,並為您提供保險服務。然而所收集的個人資料未經您授權將不會轉移至該第三方管理人。您可選擇不向我們提供所需的個人資料,惟這樣可能導致未能獲得任何上述的服務。

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

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。

T TAN TO THE TANK THE						
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					
IDCard/PassportNumber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 日期					



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!

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		Policy Number 保單號碼					
PA 第:	RT II TO BE COMPLETED BY THE ATTENDING PHYSICIAN / 二部份申請人自費由主診醫生 / 手術醫生填寫	SURGEON AT THE CLAIM	ANT'S OWN EXPENSES				
	a) Name of patient 病人性名						
(I	b) ID Card / Passport Number 身份證 / 護照號碼	(c) Age 年齢	(d) Sex 性別				
N [:	Hospitalization 住院 Name of hospital 醫院名稱: Date of Admission 入院日期 Period in Intensive Care Unit Active Unit Activ	To 至					
3. C	hief complaints of the patient relating to this hospitalization / surgery 此	次住院 / 手術的主要原因					
4. D	ate of the accident occurred or symptoms first appeared 首次出現病徵	日期或意外發生日期 MM/	DD日 YYYY年				
5. D	ate of first consultation for this condition or related illness 病人首次求診	日期 MMJ	月 DD日 YYYY年				
6. F	inal diagnosis / Pathological diagnosis 最終診斷 / 病理診斷	ICD-10 c	code 國際疾病分類代碼(ICD-10)				
7. M	ledical / Surgical Procedure 醫療 / 手術程序	Date of Operation 手術日期 MM/	月 DD日 YYYY年				
N	ature of Procedure 手術名稱		le 目前使用醫療服務術語代碼				
8. P	resent Prognosis 現時進展						
9. (a	a) Were the treatment(s), the medical test(s) and the length of stay in homedically 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If No, please give details. 若不是,請詳述之。		he current diagnosis, and were Yes 是 No 否				
(b	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? ix 檢查及手術所需的設備是否僅在醫院可有? (c) Can the medical test(s) and the procedure be done on an outpatient basis / at day surgery centre? ix 检查及手術可否在門診 / 日間手術中心進行? (d) The surgery could only be performed under general anaesthesia? Yes 是 No 否						
	手術是否必須在全身麻醉下進行? For surgery under Monitored Anaesthesia Care, please specify the re	ason for hospital stay. 如手術在鼠	監察麻醉下進行, 請註明住院原因。				
(€	e) Please indicate the clinical risk(s) and medical reason(s) for hospitalize Current Health Status (Co-morbidity) 現時健康狀況(合併症):Please specify 請明確説明:	zation 請註明臨床風險及須留院的)醫療原因:				
	Expected higher risk at operation 預期較高手術風險: Please specify 請明確說明:						
	Expected higher post-operative risk 預期較高手術後風險: Please specify 請明確説明:						
	Others, please specify the reason for admission and hospitalization	on: 其他,請註明必須入院及留院	的原因:				
	The state of the s						
(f)Is it a case of emergency? 這是否緊急個案? If Yes, please specify. 如是,請明確説明。		Yes 是 No 否				

		Policy Number	保單號碼					
10.	Brief discharge summary (including treatments, investigation proced 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	ures, results and / or 限維計劃)	any compli	ications an	d follow	up pl	an)	
	山沙城文。(冶冰次外区冶冰山南) 巴山沙兰河(冶 河水 川) 以加入	以 是 可量)/						
11.	To the best of your knowledge, has the patient ever had the same or 據閣下所知,病人以前有沒有患有同類病況?	similar conditions or	symptoms					
	If Yes, please state dates and details. 如有,請説明何時及當時情況。	•		No	沒有		Yes 有	
	Treatment Dates Details							
	Treatment Dates Details 診治日期 MM月 DD日 YYYY年 詳情							
10	Light the notion traken any home leave during the homital configure	nt?			N -4-			
12.	Had the patient taken any home leave during the hospital confineme病人有沒有於住院期間請假外出?		\ _ 		沒有	Ш	Yes 有	
	If Yes, please state date, time and reason of the patient's home leave	e. 如有,請列明外出⊋	之日期、時 ————	間及原因。 ————				
13.	Was the patient referred by another doctor?				· 不是		Yes 是	
	病人是不是經其他醫生轉介? Name and address of the referral doctor 轉介醫生的姓名和地址:				, The	Ш	103 /	-
	Name and address of the reterral doctor 特升國工的社會相応社。							
PL	EASE COMPLETE IF HOSPITALIZATION WAS DUE TO AC	CIDENT 因意外受像	 易入院請填	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 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?	the injuries would / wo 請列明原因。	ould not tot	ally prever	it the pat	tient f	rom w	orking?
1/1	Ne hereby declare that the information given on this form is tr	ue to the best of m	v / our kna	owledge :	and heli	ef		
	人 / 我們現聲明此申請書上所填資料皆為本人 / 我們所知		, , Jui Kill	ougo (5011	J		
L	Name of Attending Physician / Specialist (with qualification	 s)	Signat	ture (with o	:hop) 簽:	名 (諸	5年)	
	主診/專科醫生的姓名(資歷)	·		,	.,			
	Address and Telephone No. 地址及電話			Dat	e 日期			

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