

AIA International Limited

(Incorporated in Bermuda with limited liability)

CRITICAL ILLNESS & SEVERITY-BASED HEALTH PROTECTION CLAIM FORM

危疾及嚴重程度健康保障賠償申請表

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	Agency / Broker Name		Agent / Broker Code	
區域編號	營業員組別 / 經紀名稱		營業員號碼 / 經紀號碼	03382103
Agency Code	Agent / TR's Name		Agent / TR's Tel. No.	_
營業員組別編號	營業員/業務代表姓名		營業員 / 業務代表聯絡電話	٦
TR Membership Number 業務代表會員號码	IA I		ANG	
For proper follow up on your claims prog	ress your ΔΙΔ financial pla	anner / broker	/ IEA of your latest inforce policy can y	iew this claim's
information if no specific agent / broker /				
營業員/保險或理財顧問/業務代表資料,				
If you do not agree on the above arra	ngement, please mark "✓" ir	the box. 如果您	您不同意上述安排,請於空格內劃上「 / 」	號。
				,
PART I (TO BE COMPLETED BY INS	URED / CLAIMANT) 第一	一部(份由受保	呆人或申請人填寫)	
This is a 這次是:	賞 Further Claim	再次索償	Review / Appeal 重批 / 覆核	
NATURE OF CLAIM AND RELATED	DETAILS 賠償性質及有關	調資料:		
1. Name the critical illness you are claiming	og for	1		
Name the critical illness you are claimine 申請賠償的危疾名稱	ng for.	1.		
中明知慎的处态有带				
2. Date of first consultation		2.		
首次求診日期				
			MM月 DD日 YYYY年	
3. Describe the symptoms from date of or	nset.	3.		
詳述病發日起所患之一切病徵。				
4. The name, address and contact pho	ne no. of the doctor you	4.		
first consulted for this illness.				
首次就此病而求診之醫生姓名,地址及	聯絡電話。			
5. How long have you been having these	e symptoms from the date	5.		
of your first consultation?				
閣下在首次求診日起,以上的病徵已存	在多久?			
6. The name, address and contact phone		6.		
閣下慣常求診之醫生姓名,地址及聯絡	電話。			

This form is applicable for making claims against the policies issued by AIA International Limited (hereinafter called "AIA"). 此表格適用於友邦保險(國際)有限公司(以下簡稱 "友邦保險")繕發之保單的索償申請。

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			Policy N	umber 休里號碼								
RE	RECORD OF MEDICAL CONSULTATION / HOSPITALIZATION 過往之求診及住院紀錄:											
7.	7. Please give below the details of any doctor(s) who have been consulted in connection with this illness.											
	Name(s) and Address(es) 姓名及地址							Consultation Date(s) 求診日期				
								MM月 DD日 YYYY年				
						MM			YYYY			
						MM			YYYY			
8.	Please give below the details of an 請提供與此病有關之住院紀錄。	ny hospitalization	in connection with	n this illness.								
		Hospital(s) 名稱		Date of Admissi 入院日期	on		Date of 出图	Disch 院日期	arge			
				MM月 DD日 Y	YYY年	MM.	月 DD日		YYYY			
				MM月 DD日 Y	YYY年	MM,	月 DD日		YYYY			
GE	NERAL 其他資料:											
9.	Have any of your blood relatives st 直係親屬中有否曾患有相同或有關	uffered from a sim 之危疾?如"有"	nilar or related illn ,請填寫下欄。	ess? If "yes", please sta	te.							
	Relationship of Relati 親屬關係	tive		Nature of Illness 危疾類別			Date Illnes 診匿	ss Diaq 斷日期		:d		
						MM.			YYYY			
						MM.	月 DD目		YYYY	 ′年		
							月 DD日		YYYY			
10.	Are there any other illnesses / co give fulldetails. 閣下在患有是次申請賠償之疾病前,	•	Ĩ	, ,	al illness y	ou are	claiming	for? I	f so,	please		
		Hospital(s) 名稱		Date of Admissi 入院日期	on		Date of 出图	Disch 院日期	arge			
				MM月 DD日 Y		MM	月 DD日		YYYY			
						MM,			YYYY	· /年		
				MM月 DD日 Y		MM.	月 DD日] [_	YYYY			
11.	11. Are you insured for similar benefits with any other Company? If "yes", please state. 閣下是否在其他公司投保類似危疾保障?如 "有", 請填寫下欄。											
	Name of Insurer Type of Benefit 投保公司名稱 投保類別			Amount of Bene 投保金額	Policy Number 保單號碼							
01												
	AIMS PAYMENT OPTION 支付	「賠償万法:										
For 如智 To 為夏	PORTANT NOTE 重要事項: customers who have registered 同已登記使用「轉數快」或「電子 receive claims payment easily an 直方便快捷收到賠償款項,請填妥以	入賬服務」,賠償 nd conveniently,	賞款項將會自動入戶 please register	<mark>賬至指定銀行戶口</mark> FPS / e-BankIn by com	•							

To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number 持有人流動電話號碼:

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同,我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。 Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a <u>valid Identity Card / Passport</u> before.如未曾提供<u>有效的身份證 / 護照</u>,需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

Folic	y Nullibe	# T	7	小人 中间			<u></u>	<u> </u>				_	<u></u>	<u></u>	<u> </u>	<u></u>	_
Complete this section if application for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單 :																	
Apply to all your Hong Kong policies held with our Company. 是次申請應用 Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之			有之	.所有	香港位	保單 🤇	0										
Apply to the following Hong Kong policy / policies. 是从中請只應用於下列之督港保单。								٦									
Please take the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於公司所持有之所有香港保單。 Use "FPS / e-BankIn" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the																	
maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上																	
定的上限。 Please select transferring policy benefits paid to either FPS OR e-BankIn . 請選擇	『「軸動也」	市じ「	雷子	2 1 E	= 服務	一甘口	.	- T百 [:/]	植え	DJ F	- 但留	非框	所支/	付之佰	出出 1	司达	0
a. FPS* 轉數快*					· 子入			- 74 - ^ -	+4.//	∞ ⊥	· // —	JII L HANG A	/// X I	1 K N	· - 1	.است	
Please select either ONE of the "Proxy ID"# below by putting a tick on appropriate box	Please p							on be	low a	and s	ubmi	toge	ther v	vith th	e fol	iwol	ng
and provide relevant information. <u>More than one selection</u> will be treated as <u>invalid</u> application. Your FPS account must also be registered under the policy owner. 請以	docume 1) Co				銀行戶 nt bar							ande	nce /	hank	etat	omo	nt
剔號選擇下列 <u>其中一種</u> 「識別代號」 **及提供以下相關資料。若 多過一個選項 將被視為	(inc	ludin	g e-s	tater	nent) /	valid	bar	nk car	d sho	owing	g the	accou	unt ho	older's	nan	ne ar	nd
申請 <u>無效</u> 。「轉數快」的用戶註冊名稱必須同樣為保單持有人。 Email 電郵地址:					任何列 結單)						戶號码	馬最近	Ĺ期的	銀行有	₹摺/	信件	F/
Cilidii 电野地址·	,				ot allov						. 41	!:-:		·	7 1 F	e or :	34
FPS Identifier 「轉數快」識別號碼:	,	≦口必	須同	樣為	must a 保單技	有人	0							北. 电三	F / 5	被 別区)分
Mobile Number 手機號碼:	Dalik N	airic	anu i	Diai	ICIT III	riong	, rcc	nig ⊨	763	ע נוא	ΧЛ1.	IKT	11 11				
Country Code Telephone No 國際電話區號 手機號碼	Bank N 銀行編號				anch N 行編號					ount 長戶号							
國際電話區號 手機號碼 * "FPS Service" means the services provided by us to you from time to time	以以1] 期間 5),t	7_	73.	J 神門 5///		_	7	K ZX	187 5	Ji Haig						1
to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank	Name a	s rec	orde	d on	Bank	Pass	sboo	ok / C	orre	spon	idenc	e/S	tatem	nent /	Banl	k ca	rd
Clearing Limited, together with its successors and assigns.	(must b 銀行存											1 44 .	夕 (i	火石供	. ⊢ }.	+ /-	
「快速支付系統服務(轉數快)」指我們不時向您提供的服務,以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統	持有人		i IT /	力和	平/虹	X1J \	· ⊥)	M ac w	*~	- ы	14.41 Y	人好		7.須哭		上下-	#
及服務。 # "Proxy ID" means an identifier which may be accepted by HKICL for the																	
registration of an account in the HKICL Addressing Service, including your mobile																	
phone number, email address or FPS Identifier. 「 識別代號 」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別									Ī	Ī		T	Ŧ	Ŧ		Ī	ī
資料,包括您的手機號碼,電郵地址或「轉數快」識別號碼。																	
Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單:																	
Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。 Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單:																	
																	٦
Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者,否則我們將會把是次申請應用於您於																	
公司所持有之所有澳門保單。	moics ricia	vvicii	Jui C	,0111	July.	HH YZZ J	+10	2711 日	н	אננא	הענווי	H 10.	Æ//.	I. MH VC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 700	31
e-Bankin 電子入賬服務 Please provide bank account information below and submit together with the following	a documents	。善坦	出出り	下组	たい かいしょう ないしょう ないしょう かいしょう かいしょ かいしょう かいしょ かいしょ かいしゅ かいしゅ かいしゅう しゅうしゅう かいしゅう かいしゅう かいしゅう しゅうしゅう かいしゅう しゅうしゅう しゅうしゅう しゅうしゅう しゅうしゅう かいしゅう しゅうしゅう しゅう	1 咨判	丙坦	はない	제 >	立 佐							
1) Copy of any recent bank passbook / bank correspondence / bank statemen account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / J	nt (including 日 結 留 (句 詞	e-sta e=sta	atem	ent)	/ valio	d ban 元卡哥	k c	ard s	howi	ng t	he ad	coun	t hold	der's	nam	e ar	nd
2) Joint account is not allowed. 不接受聯名戶口。 3) e-BankIn account must also be registered under the policy owner. 電子入賬服務						э (- ра	3-1-										
Bank Name in Macau 澳門銀行之名稱		3 134 710	, ,,,,	3313													_
My Account No. 本人之賬戶號碼									Acc		t Curi D 港		_	≦貨幣 OP 澳	門進	女	
Name as recorded on Bank Passbook / Statement (must be same as		er of	the a	abo	ve Po	olicy))	1		1	,,,	" _		J. /	., ,,,	,	
銀行存摺/月結單上所紀錄之戶口持有人姓名(必須與上述保單持有人	相同)		_				_		Т			_		\neg		_	$\overline{}$
													Ш				
Declaration & Authorization 聲明及授權 By using the FPS / e-BankIn, I / we confirm I / we have read and agreed to be	bound by th	ne ter	ms a	and (condit	ions :	as s	set ou	ıt on	AIA	Corp	orat	e We	bsite	(ww	w.ai	a.
com.hk). 藉使用「轉數快」或「電子入賬服務」,本人 / 我們確認本人 / 我們已終 Only if FPS / e-BankIn has not been registered or requested, we will follow	☑閲讀AlÁ☑	司網	頁內	(ww	w.aia.	com.	hk)	列明。	と條	款及	條件	,並同	司意受	を此約	束。		
唯有未登記使用「轉數快」或「電子入賬服務」,我們將根據以下於空格內劃上「X」號的支付賠償方法。 「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																	
Deposite the Claims payment (In the same Policy Currency) in the anciliary Future Premium Deposit Accounts) (FFDA). Terms of See of the FFDA Shall govern and apply. (Applicable to Mainland Chinese Visitors 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)									<i>ا</i> الم								
Paid by Cheque in policy currency (not applicable for FPS / e-BankIn custo			幣支	票支	付 (不	適用	於	「轉數	快」	或	「電子	-入賬	服務	」之誓	\$戶))	
Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn cu. (a) I / We understand that any benefits payable under the Policy will be																of th	ne
Policy or, if applicable, the appropriate subsequent endorsement. Acc than the latest policy currency (the "Opted Currency") is solely a serv	ordingly, the	e prov	ioiżiv	n of	the op	otion t	to re	eceive	e an	y su	ch be	nefits	s in a	curre	ncy	oth	er
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 利益的貨幣只屬友邦保險酌情所提供之服務。	此,提供選	擇以	最近	期的	保單:	貨幣	以外	的貨	幣 (「選	擇貨	幣」)作	烏收耶	任何	可此	等
(b) I / We understand and agree that should I / we opt for payment of a necessary exchange difference, such difference being determined by																	
currency conversion.本人/我們明白及同意如本人/我們選擇任何保 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。	單下所作出	的利益	益款耳	. , \ i ,	「選擇	貨幣	3	5.1311(本人	、/ 我	們同	意承	擔所	需的分	換差	. こ v a	,
OTHER INFORMATION 其他資料																	_
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AIA INTERNATIONAL LIMITED 友邦保險(國際) 有限公司 (hereinafter called "AIA" 以下簡稱 "友邦保險") DECLARATION AND AUTHORIZATION 聲明及授權

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, 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

Levy on Premium 保費徵費

Important Note 重要通知

The policy owner is required by the Insurance (Levy) Regulation ("the Regulation") to pay to the company the premium along with the prescribed levy which will be remitted to the Insurance Authority ("IA") by the company. Any failure to do so may result in a breach of the Regulation under which the IA may impose on the policy owner concerned a pecuniary penalty not exceeding HK\$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.

保單持有人須按《保險業(徵費)規例》("規例")在繳交保費時向本公司一並繳交法定保費徵費,並由本公司把保費徵費轉付至保險業 監管局("保監局")。如保單持有人沒有繳付保費徵費,或被視為違反規例,保監局可向該人施加不超過港幣5,000元的罰款,而欠付的徵費 及罰款可作為欠保監局的民事債項而由該局追討。

Declaration and Authorization 聲明及授權

I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. Unless putting a tick ✓ in the box on the left, I / We hereby give my / our irrevocable consent to the Company to deduct any outstanding levy, if any, from the claims payment and insurance proceeds if the related policy(ies) will be terminated after this claim. All of the outstanding levy of the policy(ies), if any, will be shared by the Owner / Assignee / Trustee / Beneficiary who gave consent to the Company as of the claims processing date on an equal split basis. I / We also understand and acknowledge that the policy owners' information is required to be provided to the Insurance Authority if the levy is overdue.

本人/我們聲明,本人/我們為此索償申請書中列明的保單之持有人/受讓人/信託人/受益人(視情況而定)。除非於左列空格劃上√號,否則本人/我們完全同意如有關保單因是次索償而終止,公司會從賠償金額及保險賠償金中扣除有關保單尚欠的保費徵費(如適用)。於保單索償程序展開時已授權公司作出扣除的保單持有人/受讓人/信託人/受益人將平均承擔保單所有尚欠的保費徵費。本人/我們明白及承認如保單持有人過期繳交保費徵費,公司須向保險業監管局提供保單持有人的資料。

I / We DECLARE that the answers given above are true and complete.

本人/我們現聲明以上每一項答案為完全和真確。

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 AIA 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、向友邦保險透露有關資料,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. AIA 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.

友邦保險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。

Policy Number 保單號碼					

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 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 日期
Relationship with the Insured 與受保人關係	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 i 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 insu	ired. 若簽署者非受保人,請填寫下列資料。
Name of Insured 受保人姓名 (in block letter 正楷書寫)	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)



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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