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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：友邦財賦中心，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

DECLARATION AND AUTHORIZATION 聲明及授權

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。

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。

<div style="border: 1px solid black; height: 40px; width: 100%;"></div> 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)		<div style="border: 1px solid black; height: 40px; width: 100%;"></div> 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	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Name 姓名	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
ID Card / Passport Number 身份證 / 護照號碼	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Date 日期	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
ID Card / Passport Number 身份證 / 護照號碼	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Date 日期	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
Relationship with the Insured 與受保人關係	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Signature of Witness 見證人簽署	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		Name 姓名	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
		Date 日期	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>



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！