



中國意外急救醫療保險索償表
CHINA ACCIDENTAL EMERGENCY MEDICAL INSURANCE CLAIMS FORM

保險公司填寫 For Office Use
Claim Ref. No.
Received Date

甲部 由被保險人填寫

Part I To Be Completed By The Insured

被保險人姓名 Name of Insured	保險單編號 Policy No.		
保期期限 Period of Insurance			
地址及電話號碼 Address & Telephone No.			
性別 Sex	回鄉証〔卡〕/護照號碼 Chinese Re-entry Permit/Passport No.		
職業 Occupation	出生日期 Date of Birth		

(1) 是次醫療 / 住院 / 手術是否由於一宗意外引致?
Was the Medical Treatment / Hospitalization / Surgery a result of an Accident ?

否 No

是 Yes

日期 Date	時間 Time
地點 Place	
意外經過 Brief Description	
目擊者資料 Witness Information	
警方資料 Police Information	

是次意外，是否有任何人仕需要負上責任？如獲悉，請詳述該人仕之姓名及資料。
Is anyone responsible for this accident? If known, please provide details.

(2) 有關是次醫療 / 住院 / 手術，閣下有否申請其他保險賠償？
Are you making any other insurance claim as a result of this medical treatment / hospitalization / surgery ?

否 No

是 Yes

保險公司名稱 Name of Insurance Company
保險單編號 Policy No.

聲明及授權書 DECLARATION AND AUTHORIZATION

(1) 本人 / 我們並授權持有任何關於本人 / 我們 / 受保人的健康或醫療記錄或資料之人士或機構，向中國交銀保險有限公司或其代理人，提供與本案債事宜或與保險公司的追償權有關之記錄或資料。即使我 / 我們 / 受保人死亡或在法律上失去能力，對我 / 我們 / 受保人的繼承人及受託人而言，本授權將繼續生效。本授權書之影印本將與正本具有同等效力。I/We further authorize any organization, institute or individual that has any records or knowledge of my/our/the Insured's health and medical history or any treatment or advice and that has been or may hereafter be consulted to disclose to China BOCOM Insurance Co., Ltd. on its authorized representatives such information which is/are relevant to the settling of this claim and/or the Insurer's rights of recovery. 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 Photostat of this authorization shall be considered as effective and valid as the original.

(2) 本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀該聲明，而本人 / 我們已詳細閱讀該聲明對貴公司所收集或持有之本人 / 我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人 / 我們特此確認並同意中國交銀保險有限公司根據該聲明使用及轉移本人 / 我們的個人資料。I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by China BOCOM Insurance Co., Ltd. in accordance with the PICS.

#投保人/保單持有人簽署 #Signature of Insured/Policyholder	受保人/索償人簽署 Signature of Insured Person/Claimant	日期 Date
#If the Insured /applicant is a corporation, company's chop is required 若投保人是公司，必須在投保申請人簽署部分蓋上公司印章。		
日期 Date	被保險人簽署 Signature of Insured	

In the event the Insurance claims application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the Policyholder/Insured Person.

PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)

China BOCOM Insurance Co., Ltd. (hereafter called “the Company”) may use the personal data collects from you (whether contained in this application or otherwise) for the purposes of

- (i) investigating, processing and paying claims made under your insurance policy;
- (ii) collecting deductibles for claim settlement and/or any outstanding amounts from you;
- (iii) conducting market research for statistical or other purposes;
- (iv) matching any data held which relates to you from time to time for any of the purposes listed herein;
- (v) conducting identity and/or credit checks and/or debt collection;
- (vi) carrying out other services in connection with the operation of the Company’s business;
- (vii) contacting you for any of the above purposes;
- (viii) other ancillary purposes which are directly related to the above purposes; and
- (ix) complying with applicable laws, regulations or any industry codes or guidelines.

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The Company may disclose your personal data for the above purposes to the following classes of transferees:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers, bank for executing direct debit payment and data processors);
- (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) your insurance broker (if you have one);
- (g) our legal and professional advisors;
- (h) our related companies;
- (i) the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- (j) the Insurance Claims Complaints Bureau and similar industry bodies; and
- (k) government agencies and authorities as required or permitted by law.

The Company may also use and disclose your personal data otherwise with your consent.

“Related companies” in this form means the holding company of the China BOCOM Insurance Co., Ltd (Bank of Communications Co., Ltd.) which includes branches, subsidiaries, representative offices and/or any corporations or legal entity under the effective management control by the Bank of Communications Co., Ltd. and/or any subsidiaries and/or representative offices of China BOCOM Insurance Co., Ltd, wherever situated.

DIRECT MARKETING

Unless with your consent, the Company MAY NOT use any extra information obtained under this form for any direct marketing purpose except for those information obtained from you before for processing the insurance application. In the event you DO NOT WISH the Company and/or its affiliated companies to use your personal data in direct marketing and receive the direct marketing materials, you may inform us in writing to the address in the section on “ACCESS AND CORRECTION OF PERSONAL DATA”. The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

ACCESS AND CORRECTION OF PERSONAL DATA:

Under the Personal Data (Privacy) Ordinance (Cap. 486) (“PDPO”), you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it. Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to: Data Privacy Officer of China BOCOM Insurance Co., Ltd. 18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.

保單持有人/受保人必須閱讀及簽署此收集個人資料聲明後有關的索償申請將會被處理

收集個人資料的聲明

收集及使用個人資料

中國交銀保險有限公司（下稱“本公司”）可能會使用客戶提供的個人資料（不論是否此表格所載或從其他途徑所取得）作以下用途：

- (i) 調查、處理及支付 閣下保單有關的索償；
- (ii) 向 閣下收取自負額及欠款；
- (iii) 為統計或其他目的進行市場研究；
- (iv) 不時就本條款所列的任何目的核對所持有的與 閣下有關的任何資料；
- (v) 進行身份和/或信用核查和/或債務追收；
- (vi) 開展與本公司業務經營有關的其他服務；
- (vii) 就以上用途聯絡 閣下；
- (viii) 其它與上述用途有直接關係的附帶用途；及
- (ix) 遵循適用法律、條例及業內守則及指引。

本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

本公司亦可因應上述用途披露 閣下的個人資料予下列各方：

- (a) 就上述用途，向本公司提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商、執行直接付款方式繳付保費之銀行及數據處理服務商）；
- (b) 處理索賠個案的理賠師、理賠調查員及醫療顧問；
- (c) 追討欠款的收數公司或索償代理；
- (d) 保險資料服務公司及信貸資料服務公司；
- (e) 再保公司及再保經紀；
- (f) 閣下的保險經紀（若有）；
- (g) 本公司的法律及專業業務顧問；
- (h) 本公司的關連公司；
- (i) 香港保險業聯會（或同類的保險公司聯會）及其會員；
- (j) 保險索償投訴局及同類的保險業機構；
- (k) 法例要求或許可的政府機關。

經 閣下同意，本公司可能會以其它方式使用及披露 閣下的個人資料。

“關連公司”是指本公司的控股公司『交通銀行股份有限公司』其中亦包括交通銀行股份有限公司屬下之分行、附屬公司及代表處及/或任何被交通銀行股份有限公司在管理上控制的公司及/或中國交銀保險有限公司之附屬公司及代表處，不論其所在處。

直接促銷

若非經 閣下同意，本公司不可能使用 閣下在索償申請書中提供的額外聯絡資料用作任何直接促銷用途。這並不包括早前在投保申請處理時提供的資料。若閣下不願意本公司及與本公司關聯的公司使用及將閣下的個人資料提供予其他人土作任何形式的直接促銷用途。請閣下請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正

根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：中國交銀保險有限公司位於香港中環紅棉路8號東昌大廈18樓個人資料保護主任收。

Part II To Be Completed By The Attending Physician / Surgeon

(1)	被保險人姓名 Name of Insured	
有否查核 "意外急救醫療卡" 之資料正確？ 是 <input type="checkbox"/> 否 <input type="checkbox"/> (請附上卡之副本) Have you verified the Information on the "Emergency Accidental Medical Card Yes <input type="checkbox"/> No <input type="checkbox"/> (Please attach a copy of the Card)		
(2)	住院 Hospitalization	
	醫院名稱 Name of Hospital	
	入院日期 Date of Admission	
	出院日期 Date of Discharge	
(3)	手術 Surgical Procedure	
	手術日期 Date of Operation	
	手術名稱 Name of the Procedure	
	手術性質 Nature of the Operation	
(4)	此次醫療 / 住院 / 手術的主要病因： Chief complaints of the patient relating to this Medical Treatment / Hospitalization / Surgery	
(5)	診斷： Diagnosis of Conditions	
(6)	出院撮要 (治療計劃，包括診查辦法、結果) Brief discharge summary (Including treatments, investigation procedure, results)	
(7)	病人是否經其他醫生轉介？ Is the patient referred by another doctor ?	
	否 No <input type="checkbox"/>	
	是 Yes <input type="checkbox"/> 轉介醫生姓名及地址 Name and Address of the referral doctor	
(8)	根據閣下意見，是次受傷是否由前述意外引起？ 是 / 否 如否，請敘述受傷原因 In you opinion, was the injury resulted from the aforementioned accic Yes / No If not, please state the cause of injury.	

主診 / 專科醫生姓名
Name of Attending Physician / Specialist

地址
Address

電話 / 傳真
Telephone / Fax

主診 / 專科醫生簽名及蓋印
Signature of Attending Physician / Specialist with Official Stamp Chop

日期 Date

重要事項：

為免閣下的索賠程序有延誤，請於索賠時，確定連同以下文件一併附上。

1. 被保險人及主診醫生必須填妥本意外急救醫療保險索償表上列明的所有項目。
2. 醫療單據的正本 (包括所有費用的明細)。
3. 警方報告及 / 或負責是次意外的政府有關部門之報告 (若不能附上，請說明原因)。

IMPORTANT :

In order to avoid unnecessary delay in processing of your claim, please ensure that the following documents are attached when submitting your claim :

1. The Claim Form must be fully completed and signed by the Insured and the attending doctor.
2. Original Medical Bills / Receipts with detail breakdown of the costs / expenses.
3. Original Police Report and / or Original Report issued by the official authorities concerned to confirm the alleged accident. If not available, you must state the reason why the police or the official authorities concerned was not informed after accident occurred.

香港中環紅棉路8號東昌大廈18樓
18/F., Fairmont House, 8 Cotton Tree Drive, Central, Hong Kong.
電話 Tel (852) 2591 2938 傳真 Fax : (852) 2831 9192