

保險公司填寫 For Office Use

Claim Ref. No.

Received Date

## 住院及手術索償申請表

### HOSPITALIZATION & SURGICAL CLAIM FORM

本表格適用於住院及門診手術索償

This form is applicable to both inpatient and outpatient surgical claim

#### 索償手續 CLAIM PROCEDURE

- 此申請表須填寫有關資料及簽署，並於接受治療後60日內連同收據正本交回中國交銀保險有限公司理賠部。如逾期遞交或所需資料不全，索償申請將不受辦理。Claim Form should be completed & signed before submitted to China BOCOM Insurance Co., Ltd. together with original bill(s)/receipt(s) within 60 days from date of consultation / treatment. NO reimbursement will be made for late submission or with insufficient information.
- 須附詳細醫療費用賬單暨收據正本。提供治療日期，病者姓名，病症名稱，收費項目及主診醫生之印鑑及簽署。Original bill(s) and receipt(s) for the claimed expenses must be attached showing the date of treatment, patient's name, diagnosis, breakdown of services charge and the attending registered medical practitioner's stamp and signature.
- 請連同病理學，內窺鏡，診斷性化驗/檢驗報告，手術室摘要副本交回。Please attach copies of histopathology, endoscopic, diagnostic/laboratory tests report, operating theatre summary.

#### 甲部 - 由受保人(病人)填寫

#### PART I - TO BE COMPLETED BY THE INSURED PERSON(PATIENT)

保單持有人名稱

Name of Policyholder \_\_\_\_\_

保單編號

Policy No. \_\_\_\_\_

受保人(病人)姓名 (英文正楷)

Name of Insured Person (patient) (Full Name in block) \_\_\_\_\_

身份証號碼

性別

出生日期

I.D. Card No. \_\_\_\_\_

Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

( 日 / 月 / 年 dd/mm/yyyy )

與保單持有人關係

Relationship to the Policyholder \_\_\_\_\_

職業

Occupation \_\_\_\_\_

聯絡電話

Contact No. \_\_\_\_\_

1. 閣下有否曾經因同一病況而接受治療?

沒有

有

Have you had any prior treatment for this or related conditions?

No

Yes

醫生姓名

Doctor's Name

診症日期

Consultation Date

( 日 / 月 / 年 dd/mm/yyyy )

地址

Address

2. 閣下會否就是次醫療事項申請其他賠償?

不會

會

Will you make any other insurance or compensation claims as a result of this medical treatment?

No

Yes

如選擇「會」，請列明:

If "Yes", please state:

保單號碼

Policy No.

保險公司/機構名稱

Name of Insurance Co./Organization

保單類別

Policy Type

要否退回醫療收據

Return medical receipt or not

不要

要

No

Yes

( 只適用於申請其他賠償 )  
(For other claim only)

3. 此次住院/手術是否由於意外引致?

不是

是

Was the hospitalization/surgery a result of an accident?

No

Yes

日期

Date ( 日 / 月 / 年 dd/mm/yyyy )

簡述意外經過及傷勢

Brief Description

時間

Time

地點

Place

傷者有否報警?

Did the patient report to the police?

沒有

有，請提交有關檔案副本一份

No

Yes, Send us a copy of the police report

#### 聲明及授權書 DECLARATION AND AUTHORIZATION

- 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，提供與本索償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 or 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.
- 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.

受保僱員/成員簽署

Signature of Insured Person

(請轉下頁 Please turn over)

成員家屬簽署 (十八歲以上)

Signature of Dependent (18 years of age and over)

簽署日期 (日/月/年)

Date Signed (DD/MM/YYYY)

**乙部 - 由主診醫生填寫，所需費用由索償人自行承擔****PART II - TO BE COMPLETED BY ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES**

病人姓名 Name of Patient		醫院名稱 Name of Hospital			
入院日期 Admission Date	出院日期 Discharge Date	病房類別 Room Type:	<input type="checkbox"/> 普通房 Ward	<input type="checkbox"/> 半私家房 Semi-Private	<input type="checkbox"/> 私家房 Private
其他 (請註明) Other, please specify _____					

**A. 門診病歷 Clinical History**

1. 病人是次主要因何徵狀或申訴而入院/接受治療或診斷性化驗? What were the patient's chief symptom(s)/complaint(s) for this hospitalisation/treatment/diagnostic tests?
2. 病人就上述病況或有關疾病或受傷之首次求診日期? Date on which the patient first consulted you for this condition or related illness/injury?
3. 該等病徵/傷患在病人首次求診前已存在多久? How long had the patient been experiencing these symptoms before the first consultation?

**B. 住院病歷 Hospitalisation History**

病症結果 Final diagnosis	
手術名稱 Operational Procedure(s) performed	
手術日期 Date of Operation	外科醫生/助理外科醫生姓名 Surgeon / Assistant Surgeon name
1. 出院撮要病發日期，致病病因 Discharge Summary: Onset & Cause of Disease:	
檢驗結果/有關治療 Examination result/Treatments:	
併發症/跟進計劃 Complication/Follow up plan:	
2. 於住院期間，如閣下有其他醫生轉介給病人，請提供下列有關資料。 If you have referred other doctor to the patient during the hospitalisation, please provide the following relevant information	
醫生姓名 Referred doctor name	轉介原因 Referral reason
治療名稱 What treatment the doctor performed	
3. 於住院期間，病人有否請假外出? Has the patient taken any home leave during this hospitalisation?	
無 <input type="checkbox"/> No      有 <input type="checkbox"/> Yes      請列明日期、時間及原因 Please state the date, time and reason	
4. 如此治療/檢查可於日間或門診進行，請提供住院之原因 Please provide reason(s) for hospitalisation if this type of cases can be managed on daycare/outpatient basis?	

**C. 專業意見 Professional Comment**

1. 就閣下意見，是次病況是否為復發性病症或慢性疾病？如「是」，請列出首次病發日期？ In your opinion, was the hospitalised illness a recurrent episode or a chronic disease? If so, when would be the first episode?  => _____
2. 病人以前曾否患有同類病況，而接受診治或入院治療？無有 請說明日期及詳情 Has the patient ever been treated or hospitalised for the same or similar conditions before? No Yes Please state when and describe details  => _____ => _____
3. 上述情況是否因以下問題所致？(請圈出正確答案) Was the condition due to or associated with the following (circle the right answers)  身體意外受傷/濫用藥物或酒精/後天免疫力缺乏症(愛滋病)/與人類免疫力缺乏病毒(HIV)、性病或因性接觸感染之疾病/懷孕、不育或絕育/視力不正常/ 美容或整容手術/精神或神經病/先天性症狀/遺傳性疾病/發育異常/自我傷害/一般身體檢查/預防性質/以上全部不適用 Accidental bodily injury/the abuse of drugs or alcohol/ AIDS/HIV related illness, venereal disease or sexually transmitted disease/pregnancy, infertility or sterilization/refractive error/cosmetic or plastic surgery/mental or nervous disorder/ congenital condition/hereditary condition/ developmental condition/ self inflicted injury/health check up/preventive nature/ none of the above

4. 如上述情況由懷孕引致，請說明開始懷孕日期 If the condition is due to pregnancy, please give the approximate date of commencement?
5. 如閣下由其他醫生轉介，請提供該醫生的姓名、聯絡電話及地址 If you are referred by other doctor, please provide the doctor name, contact number and address.

主診/專科醫生的姓名(資歷) Name of Attending Physician/ Specialist (with qualifications)	地址 Address
主診/專科醫生簽名/醫院蓋章 Signature of Attending Physician/ Specialist/ Hospital Stamp	電話/傳真 Telephone/Fax
	日期(日/月/年) Date (DD/MM/YYYY)

**In the event the Insurance application consisting of personal information, such application will not be processed unless this personal information collection statement is duly read and signed by the insurance applicant. (effective from 1<sup>st</sup> April, 2013)**

**PERSONAL INFORMATION COLLECTION STATEMENT (“PICS”)**

**COLLECTION AND USE OF PERSONAL DATA**

**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.**

## 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,條列及業內守則及指引。

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的附屬公司及代表處,不論其所在地。

### 直銷促銷

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士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。本公司會在不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。