

Hospitalization & Surgical Claim Form 住院及手術索償表

This form is applicable to both Inpatient and Outpatient surgical claims 本表格適用於住院或門診手術賠償

No reimbursement for claims submitted after 90 days from the date of consultation. 索償申請必須在90天內寄回，否則不作任何賠償。

Part 1 - To Be Completed by the Patient

甲部 - 由病人填寫

Provide the meal breakdown record. 請提供所有膳食記錄

Name of Employer 僱主名稱：	Policy No. 保單號碼：	Master Contract no. : 主合約號碼：
*Name of the Patient 患者姓名：	Name of Employee 僱員姓名：	Staff no. 員工編號：
*# China BOCOM Corporate Membership No. 交銀保險團體保險會員號碼：	*PortaMED Membership No. 交安心醫療計劃會員號碼：	

* 為必須填寫項目 * Mandatory information #For Group Insurance Policy only #只適用於團體保單

1) Have you had any prior treatment for this or related conditions? 閣下是否曾經因同一病況而接受治療？	<input type="checkbox"/> Yes, please provide following information 是，請提供以下資料	<input type="checkbox"/> No 不是
Doctor's Name 醫生姓名： Address 地址：	Date(s) 日期：	/ / 日 dd / 月 mm / 年 yyyy
2) Are you making any other insurance claim as a result of this hospitalisation/surgery? (Please provide claims settlement advice from other insurer, if applicable) 有關此次住院 / 手術，閣下有否申請其他保險賠償？(請提供其他保險公司之賠償結算通知，如適用)	<input type="checkbox"/> No 不是	<input type="checkbox"/> Yes 是
Name of Insurance Company 保險公司名稱：	Policy No 保單號碼：	
<input type="checkbox"/> Return Certified True Copy of original Invoice(s) and receipt(s) after claim processing, if yes, please <input checked="" type="checkbox"/> the box (Please note: If the claim was fully reimbursed, Certified True Copy will not be returned. If Certified True Copy is requested for other purpose, please state the reason) 如欲索回醫生的發票和收據正式認證副本，請在空格內填上「」號 (請注意：如申請已獲全數賠償，正式認證副本將不獲退回。如正式認證副本需用作其他用途，請註明原因)		
3) Was the Hospitalization / Surgery a result of an accident? 此次住院 / 手術是否由於一宗意外引致？	<input type="checkbox"/> No 不是	<input type="checkbox"/> Yes 是
Date 日期：	Time 時間：	Place 地點：
Brief Description 經過：		

聲明及授權書：

DECLARATION AND AUTHORIZATION:

本人現聲明上述所填報資料，均屬正確及真實無訛。本人茲授權於任何替本人作診療之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予中國交銀保險有限公司，此授權書之影印本與正本具同等效力。I hereby declare that the above information given by me in this form is true and correct to the best of my knowledge. I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history, to China BOCOM Insurance Co., Ltd. A photocopy of this authorization shall have the full effect of the original authorization.

本人 / 我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人 / 我們之紀錄者，均可將該等資料提供給中國交銀保險有限公司；(2) 中國交銀保險有限公司或任何其他指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之索償。此授權對本人 / 我們之繼承人具有約束力；即使本人 / 我們身故或無行為能力時，此授權仍具效力。本授權書之影印本與正本均有同等效力。I/We, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to China BOCOM Insurance Co., Ltd. ("the Company"); (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as 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.

病人簽署 (18 歲以下病人，需由家長代簽)
Signature of Patient (Parent if patient aged under 18)

日期
Date

請將此表格連同收據正本寄回賠償管理人辦理。 This form should be sent together with original receipt to the appointed Claims Administrator for processing.

Part II - To Be Completed by the Attending Physician/Surgeon at the Claimant's Own Expenses

乙部 - 由主診醫生填寫，所需費用由索償人自行承擔。

Patient Name (in full) 病人姓名 (全名): _____

Date of Admission 入院日期
(DD日/MM月/YY年) _____

Date of Discharge 出院日期
(DD日/MM月/YY年) _____

Name of Hospital 醫院名稱: _____

Level of hospital ward 病房級別:

Private 頭等

Semi-private 二等房

Ward 三等房

Clinical Surgery 門診小手術

1. Clinical History 求診記錄:

a) Date on which the patient first consulted you related to this illness / injury

病人就此疾病/受傷後,首次向閣下求診的日期 (DD日/MM月/YY年) _____

b) Symptom(s) / complaint(s) of the patient relating to this hospitalisation / treatment / investigation

病人就此次住院/治療/檢驗所出現的相關症狀及主訴 _____

c) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久? _____

2. Hospitalisation Details 住院詳情:

a) Final Diagnosis 最後的診斷 _____

Date of Operation 手術日期 (DD日/MM月/YY年) _____

b) Operation procedure(s) performed 手術的名稱 _____

c) If the patient has consulted other physician during this hospitalisation, please provide the following:

如病人於住院期間曾向其他醫生求診,請提供以下資料:

Name of physician consulted 醫生姓名 _____

Reason 原因 _____

What treatment had the physician performed

治療詳情 _____

d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要(包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情) _____

e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care / out-patient basis.

若此次病症能在日間護理/診所內進行治療,請提供住院原因。 _____

3. Professional Comment 專業意見:

a) In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis.

If "yes", please provide date of the first episode and details.

就閣下意見,病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴/診斷有關?若答案為“是”,請提供首次發病日期及詳情。 _____

b) Was the condition due to or associated with the following?(Please tick the appropriate boxes)

上述情況是否出於或與以下問題關連(請在適當空格填上✓號)

Accidental bodily injury 意外身體受傷

Pregnancy 懷孕

Congenital condition 先天性疾病 / 異常

Self-inflicted injury 自我傷害

Infertility or sterilization 不育或絕育

Developmental condition 發育問題

Abuse of drugs or alcohol 濫用藥物或酒精

Contraception 避孕

Hereditary condition 遺傳性問題

Mental disorder 精神紊亂

Treatment for cosmetic purpose

General check-up 一般身體檢查

Refractive error 屈光不正

Vaccination 疫苗接種

Venereal disease, sexually transmitted disease or AIDS / HIV related illness 性病, 性傳播疾病或愛滋病/愛滋病毒有關的疾病

4. Others 其它:

a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人由其他醫生轉介,請提供轉介醫生的姓名和地址。 _____

b) Are you the patient's usual physician? 閣下是否該病人的慣常醫生?

是

No 否

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人特此聲明,就本人所知,上述所有資料均準確無誤。 _____

Signature and chop of attending physician/Surgeon
主診醫生/外科醫生簽名及蓋章

Address and Telephone No. 地址及電話號碼

Name of attending physician/Surgeon & qualifications
主診醫生姓名/外科醫生姓名及資歷

Date 日期 (DD日/MM月/YY年)

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 (“PICIS”)

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.

**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。本公司會在不收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。