



redefining / standards

醫療保險服務熱線 Health Service Hotline

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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

1. 此申請表須填寫有關資料及簽署，並於接受治療後*30-90日內連同收據正本交回安盛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。團體醫療及個人保險須按保單條款為準。

Claim Form should be completed & signed before submitted to Claims Team of AXA General Insurance Hong Kong Limited together with **original** bill(s)/receipt(s) within *30-90 days from date of consultation/treatment. NO reimbursement will be made for late submission or with insufficient information. Group medical & individual policy should be referred to policy provision.

2. 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.

3. 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.

* 團體醫療 Group Medical；「卓越」盛康保 **SmartCare Entrepreneur**；「卓越」無憂保 **SmartCare Optimum** - 90 日 days 「卓越」隨心保 **SmartCare Executive** - 60 日 days

「卓越」健樂錢 **SmartCare Essential** - 30 日 days

甲部 - 由病人填寫 PART I - TO BE COMPLETED BY THE PATIENT

僱主或保單持有人名稱

Name of Employer/Policyholder _____

保單編號

Policy No. _____

僱員 / 成員姓名 (英文正楷)

Name of Employee/Member _____

(Full Name in block)

病人姓名

Name of Patient _____

身份証號碼

I.D. Card No. _____

成員編號

Member No. _____

性別

Sex _____

出生日期

Date of Birth _____

與保單持有人關係

Relationship to the Policyholder _____

職業

Occupation _____

聯絡電話 (日/月/年 dd/mm/yyyy)

Contact No. _____

1. 閣下有否曾經因同一病況而接受治療?

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

沒有

有

醫生姓名
Doctor's Name _____

地址
Address _____

診症日期

Consultation Date _____

2. 閣下會否就是次醫療事項申請其他賠償? (日/月/年 dd/mm/yyyy)

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

不會

會

如選擇「會」，請列明：保單號碼

If "Yes", please state: Policy No. _____

保單類別

Policy Type _____

保險公司 / 機構名稱

Name of Insurance Co./Organization _____

要否退回醫療收據?

Return medical receipt or not? _____

不要

要

(只適用於申請其他賠償)

(For other claim only)

(請注意保險公司只退回核證副本，醫療收據正本由保險公司保留 Please note we will only return certified true copy, original receipt will be kept by us)

3. 此次住院 / 手術是否由於意外引致?

Was the hospitalization/surgery a result of an accident?

不是

是

日期

Date _____

簡述意外經過及傷勢

Brief Description _____

時間

Time _____

(日/月/年 dd/mm/yyyy)

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

聲明及授權書 DECLARATION AND AUTHORIZATION

本人 / 我們聲明此表格內填報的資料，就本人 / 我們所知所信全部正確無訛，並無任何保留。本人 / 我們同意如為處理有關本索償事宜，安盛保險有限公司可使用所收集及持有關於我 / 我們 / 受保人的個人資料 (包括在此索償表格內或其他地方之資料) 或將該等資料給予有關之人士或機構 (包括在香港境內或境外之再保公司、賠償調查公司、保險業協會 / 聯會及其他提供保險業有關服務之公司等)。

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，向安盛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 hereby declare that to the best of my/our knowledge and belief the above statement and particulars contained herein are in all respects true and complete and are made without reservation of any kind. I/We agree that any of my/our/the Insured's personal information collected or held by AXA General Insurance Hong Kong Limited (whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by the Company to individuals/organization associated with the Company or any selected third party (within or outside Hong Kong, including reinsurance and claim investigation companies and industry associations/federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim.

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 AXA General Insurance Hong Kong Limited 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.

收集個人資料的聲明 PERSONAL INFORMATION COLLECTION STATEMENT

安盛保險有限公司（下稱「本公司」）明白其就《個人資料（私隱）條例》（香港法例第486章）（「條例」）收集、持有、處理、使用和/或轉移個人資料所負有的責任。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。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（「有關目的」）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（「安盛關聯方」）或本公司的商業合作夥伴之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品/服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和/或信用核查和/或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
3. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓者、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

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：

香港九龍灣宏泰道 23 號 21 樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). 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 unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the 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
AXA General Insurance Hong Kong Limited
21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

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（「該聲明」）。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安盛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 AXA General Insurance Hong Kong Limited in accordance with the PICS.

受保僱員 / 成員簽署
Signature of Insured Employee / Member

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)

安盛保險有限公司 AXA General Insurance Hong Kong Limited

香港九龍灣宏泰道 23 號 21 樓 21/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

☎ (852) 2523 3061 ☎ (852) 2810 0706 ✉ axahk@axa-insurance.com.hk 🌐 www.axa-insurance.com.hk

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

A. 門診病歷 Clinical History

- 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?

- 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?

- 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 _____ 外科醫生 / 助理外科醫生姓名 _____
 Date of Operation _____ Surgeon / Assistant Surgeon name _____

- 出院摘要 Discharge Summary: 病發日期, 致病病因 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: _____
- 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
_____	_____	_____
_____	_____	_____
- 於住院期間, 病人有否請假外出? _____ 無 有 請列明日期、時間及原因
 Has the patient taken any home leave during this hospitalisation? _____ No Yes Please state the date, time and reason
- 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

- 就閣下意見, 是次病況是否為復發性病或慢性疾病? 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?

- 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
- 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
- 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? _____
- 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

電話
 Telephone

傳真
 Fax

主診 / 專科醫生簽名 / 醫院蓋章
 Signature of Attending Physician/ Specialist/ Hospital Stamp

日期 (日 / 月 / 年)
 Date (DD/MM/YYYY)