



redefining / standards

醫療保險服務熱線 Health Service Hotline

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(852) 3160 4267

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healthcare@axa-insurance.com.hk

門診索償申請表 OUT-PATIENT CLAIM FORM

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\*60-90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\* 60-90 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. 索償處方藥物、專科診治、X-光/醫學檢驗、脊醫或物理治療等費用，須附主診醫生之處方或介紹信副本。  
Claim for expenses incurred in prescribed medicine specialist consultation, X ray examination/laboratory tests, chiropractor or physiotherapy must be supported by attending registered medical practitioner's prescription or copy of referral letter.

\* 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

僱主或保單持有人名稱 \_\_\_\_\_ 保單號碼 \_\_\_\_\_  
Name of Employer/Policyholder \_\_\_\_\_ Policy No. \_\_\_\_\_

僱員 / 成員姓名 (英文正楷) \_\_\_\_\_ 香港身份證 / 旅遊證件號碼 \_\_\_\_\_ 成員編號 \_\_\_\_\_  
Name of Employee/Member \_\_\_\_\_ (Full Name in block) HKID/Passport No. \_\_\_\_\_ Member No. \_\_\_\_\_

電郵地址 \_\_\_\_\_ 聯絡電話 \_\_\_\_\_  
Email: \_\_\_\_\_ Contact No. \_\_\_\_\_

家屬姓名 (如病人乃成員家屬) \_\_\_\_\_ 性別 \_\_\_\_\_  
Name of Dependent (complete only if patient is dependent) \_\_\_\_\_ Sex \_\_\_\_\_

號碼 NO.	治療日期 (日/月/年) (DD/MM/YYYY)	普通科醫生 General Practitioner	專科醫生 Specialist	物理治療 / 脊骨治療 Physiotherapy/ Chiropractic	中醫 / 跌打 Chinese Herbalist/ Bonesetter	診斷性推測及醫學檢驗 Diagnostic Imaging & Lab tests	其他 (請註明) Others (please specify)	第一次出現症狀的日期 Date symptoms first appeared	保險公司填寫 For AXA Use: Claim No
1		\$	\$	\$	\$	\$	\$		
2		\$	\$	\$	\$	\$	\$		
3		\$	\$	\$	\$	\$	\$		
4		\$	\$	\$	\$	\$	\$		
5		\$	\$	\$	\$	\$	\$		

醫療收據總數 Total No. of Receipt(s) \_\_\_\_\_ 總醫療收據金額 Total Receipt(s) Amount \_\_\_\_\_

要  不要   
Return medical receipt or not? Yes No

(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)

是  不是   
Is the treatment accident related? Yes No

如選擇「是」，請詳細列明：  
If you have answered "Yes", please give details of date of accident, place and brief description \_\_\_\_\_

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)。

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.

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 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 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/服務所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，閣下同意向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所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，閣下有權查閱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來：

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.

**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/YY)

此項由保險公司填寫 For AXA Use

備註 Remarks

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

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