

Only completed original claim form is accepted 只接受已填妥之賠償申請表正本

To be completed by Member 由會員填寫

Membership No. of Patient 病人會員編號 (16 digits位)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Must be completed 必須填寫

Name of Subscriber / Employer 投保人 / 僱主名稱: _____ Day Time Contact Tel. No. 日間聯絡電話: _____

Name of Employee (for group contract only) 僱員姓名 (只適用於團體合約): _____ Date of Birth 出生日期: _____

Name of Patient (if other than Subscriber / Employee) 病人姓名 (如非投保人或僱員): _____ Email Address 電郵地址: _____

Please fill in the nature of claims and breakdown of charges 請填上索償性質及各項收費

No. 序號	Date of treatment 診治日期 DD日 / MM月 / YY年	Nature of Reimbursement 索償性質 (Please put a "✓" in the appropriate box 請在適用的方格內加上 "✓")							Amount indicated on the receipt 收據金額	Since when the patient had these symptoms first appeared? 病人於何日首次出現有關症狀?
		GP 普通科醫生	Specialist * 專科醫生	Physiotherapy / * Chiropractic 物理治療 / 脊醫治療	Diagnostic * Imaging & Lab tests 診斷影像及化驗	Chinese # Herbalist / Bonesetter 中醫 / 跌打	Other (please specify) 其他 (請註明)			
1.										
2.										
3.										
4.										
5.										

* Doctor's referral letter is required 必須連同醫生轉介信遞交 # Chinese Medicine prescription is required 必須連同中藥藥方遞交

Post-hospitalisation follow up visit 出院後之跟進覆診: Yes 是 No 否

Date of hospitalisation 住院日期: From 由 _____ DD日 _____ MM月 _____ YY年 to 至 _____ DD日 _____ MM月 _____ YY年

Have you filed or will you file this claim under another Bupa contract or with any other insurers? 就有關治療, 您曾否或將會透過保柏其他合約或其他保險公司索償? Yes 有 No 無

If Yes, please specify the name of the insurer

/ organisation: 如有, 請列明保險公司 / 機構名稱 _____

Policy No. / Membership No.:

保單或會員編號 _____

 If you need to file this claim with another insurer, please check the box and we will return a certified true copy of your receipt to you.
如須向其他保險公司索償餘額, 請於方格內填上「✓」號。我們將退回收據的核實副本。

Declaration and Authorisation 聲明及授權書

I hereby declare that the above information given is true and correct.

I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.

I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa to accept or process the claim.

本人謹此聲明, 以上所填報之一切資料, 均屬真實無訛。

本人並且授權任何為本人 / 會員觀察或治療的醫生、醫院、診所, 或持有本人及 / 或會員健康或任何資料之保險公司或機構將本人及 / 或會員之全部資料 (包括病歷) 呈交予保柏。本授權書之副本與正本具有同等效力。

本人明白, 如本人及 / 或會員未能就本賠償申請表所需提供足夠資料, 可能會導致保柏不能接受或處理本賠償申請。

Personal Information Collection Statement 個人資料收集聲明

I have read and understand the Personal Information Collection Statement on the last page of this application form. I understand that I have the right to request Bupa to cease using my / the member's Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer or calling the Customer Care helpdesk.

本人已細閱並明白本申請表最後一頁的個人資料收集聲明, 並明白本人有權致函保柏的保障資料主任或致電客戶服務專線, 以要求保柏停止將本人 / 會員的個人資料作直接市場推廣用途。

X

Date 日期 _____

X

Signature of Patient / Parent or Legal Guardian 病者簽署 / 父母或合法監護人簽署 (適用於18歲以下之病者) _____

Remarks: before sending in this form, please read below Claims Procedures to expedite the process of your claim reimbursement. 備註: 為加快處理閣下之賠償申請, 請於交回此賠償申請表前細閱下面之索償程序。

Claims Procedures 索償程序

Please check if you have done the following before claim submission:

- Sign and complete this claim form.
- Membership no. of patient must be completed.
- Attach all original medical receipts and supporting reports.
- Original receipts must clearly indicate the following information and be signed / stamped by the attending physician:
 - Treatment date
 - Diagnosis
 - Name of patient
 - Breakdown of charges
- Attach referral letter provided by your Medical Practitioner for the claim of Specialist Consultation, Diagnostic Imaging and Laboratory Tests or Prescribed Medication. A referral letter is only valid for the same or related condition for a period of six (6) months from the date of issuance. Treatment received for a new or unrelated condition will require another referral letter.
- Attach **Pre-authorisation confirmation**, if applicable.
- Please indicate in the claim form if you require us to return the certified true copy of receipt(s).

No Reimbursement of claims shall be made for:

- Claim(s) submitted after 90 days from the date of treatment
- Insufficiency of required information

在遞交賠償申請前, 請檢查下列各項是否已辦妥:

- 簽署及填妥此賠償申請表。
- 請填妥會員編號。
- 附上所有醫療收據正本, 及有關文件。
- 收據正本必須清楚列明以下資料, 並由主診醫生簽署 / 蓋印:
 - 診治日期
 - 病症
 - 病人姓名
 - 各收費項目
- 如申請專科、診斷影像及化驗或處方西藥之賠償, 請附上醫生轉介信。轉介信在發出後六個月內診治與該信有關之病症, 方為有效。而當診治病症被診斷為一新症, 或診治與該轉介信無關之病症, 則需另一轉介信。
- 如診治項目需**初步保障審核**, 請附上**初步保障審核確認**。
- 如需退回收據的核實副本, 請清楚註明於賠償申請表上。

根據以下情形, 賠償申請將不獲辦理:

- 賠償申請表於治療日90天後遞交
- 所需資料不足

Please send this completed claim form with attachment(s) to: 填妥之賠償申請表及附帶文件請交回:

Bupa (Asia) Limited - Claims Dept. 保柏 (亞洲) 有限公司 - 理賠部收

18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong 香港鵬魚涌華蘭路25號栢克大廈18樓

Customer Care helpdesk 客戶服務專線:

- Individual members 個人計劃會員 (852) 2517 5333 - Group members 團體計劃會員 (852) 2517 5388 - Bupa Gold member 保柏尊貴會員 (852) 2517 5383

Facsimile 傳真: (852) 2548 1848 Website 網址: www.bupa.com.hk



Bupa Hong Kong



Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement (the "Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

- From time to time, it is necessary for you, or the Member, to supply the Company with certain personal information including without limitation your name, identity card number (and copy of identity card), passport number, contact information, health and medical information (including family history) and financial information ("Personal Information") when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy;
- Failure to supply Personal Information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;**
- During the course of your relationship with the Company, further Personal Information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company.
- Personal Information relating to you, or the Member, may be used for the following purposes:**
 - processing, assessing and determining any Applications for insurance products and services;
 - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, processing, assessing, determining or responding to such claims;
 - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - provision and design of products and services of the Company;
 - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - communication with you or the Member in relation to any of the purposes set out in this Statement;
 - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal Information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may provide such Personal Information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
 - British United Provident Association Limited and Bupa International Limited ("Group Company");
 - any insurance intermediaries authorised by you and the Company
 - any re-insurance companies authorised by the Company;
 - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business (including without limitation insurers, banks, lawyers, accountants, claims investigators, debt collection agencies, data processing companies, research agencies and professional advisors);
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business;
 - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- The Company may use your, or the Member's, Personal Information to provide you, or the Member with Marketing Communications relating to the following products and services of the Company or Group Company, including but not limited to:
 - insurance and related services and products; and
 - rewards, member activities, loyalty or privileges programmes and related services and products.The Company will not disclose Personal Information relating to you, or the Member to third parties for marketing purposes without your consent.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
 - to check whether the Company holds Personal Information relating to you or the Member and to access such Personal Information;
 - to require the Company to correct any Personal Information relating to you or the Member which is inaccurate;
 - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
 - to request the Company to cease using your Personal Information for direct marketing purposes.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer,
18/F, Berkshire House,
25 Westlands Road, Quarry Bay, Hong Kong

- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any Personal Information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特意通知閣下以下事項:

- 在閣下或會員向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須不時向本公司提供個人資料包括但不限於閣下之姓名、身份證號碼(及副本)、護照號碼、聯絡資料、健康或醫療報告(包括家族病歷)及財務資料(「個人資料」);
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務;
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下向本公司提出保險索償時。
- 閣下或會員的個人資料可能會用作下列用途:
 - 處理、評估、決定任何保險產品及服務之申請;
 - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求,包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
 - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、處理、評估、決定或回應該等索償;
 - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
 - 提供及設計本公司的產品及服務;
 - 行使本公司向閣下或會員提供保險和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;
 - 就任何本聲明中所述的用途與閣下或會員聯絡;
 - 允許本公司全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人,就涉及的轉讓、出讓、參與或次參與的交易進行評估;及
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引,而作出披露。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人提供該等個人資料作第(4)及第(6)段列出的用途:
 - British United Provident Association Limited 及 Bupa International Limited (「集團公司」);
 - 任何由閣下及本公司授權的保險代理人;
 - 任何由本公司授權的再保險公司;
 - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、律師、會計師、理賠調查員、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人;
 - 為遵守任何法例之要求,或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引,而作出披露,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司可能使用閣下或會員的個人資料向閣下或會員提供本公司或集團公司的產品及服務的市場推廣資訊,包括但不限於:
 - 保險和相關服務及產品;及
 - 獎賞、會員活動或優惠計劃和相關服務及產品。本公司將不會在沒有閣下的同意及許可下將閣下或會員之個人資料向第三方透露以作市場推廣用途。
- 根據有關條例中的條款,閣下有權:
 - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
 - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
 - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
 - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任,地址如下:
香港鰂魚涌華蘭路25號栢克大廈18樓
保柏(亞洲)有限公司
保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。

Bupa (Asia) Limited 保柏(亞洲)有限公司

Address: 18/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

地址: 香港鰂魚涌華蘭路25號栢克大廈18樓

Telephone 電話: (852) 2517 5175 Facsimile 傳真: (852) 2548 1848 Website 網址: www.bupa.com.hk