亞 洲 保 險
ASIA INSURANCE

索償表格
CLAIM FORM

Business Centre: 7/F & 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong
Macau Branch: Avenida da Praia Grande, No.762, Edificio China Plaza, 10 andar C-D, Macau
asiainsurance.hk

T (852) 3606 9346 F (852) 2899 2426 E ebclaims@afh.hk
T (853) 2856 3166 F (853) 2857 0438 E asiamc@macau.ctm.net

醫療保險－住院及日間手術
MEDICAL INSURANCE - HOSPITALIZATION & DAY SURGERY

Claims Document Checklist 索償文件參考表

Basic Requirements (must be completed or submitted)
- ☐ Part I completed by you with member cert number and Patient Signature
- ☐ Part II completed by the doctor with Signature and Chop
- ☐ Payment receipts with patient's name, treatment date, diagnosis and breakdown of charges:
  First Claim: Original receipts
  Secord Claim: Certified true copy of receipts and claims statement advice by other insurer, if applicable

Additional Requirements (if applicable)
- ☐ Referral letter for Specialist consultation /Private nursing / Home nursing/Home healthcare / any kind of therapy treatment
- ☐ Copies of histopathology, endoscopic, diagnostic/laboratory tests reports, and surgical summary

No reImbursement or claims shall be made for:
- Claim(s) submitted after 90 days from the date of discharge / treatment
- Insufficiency of required information

基本要求 (必須填妥或提供)
- ☐ 由你填妥第一部份，包括病人保戶號碼或職員號碼及病人簽署
- ☐ 由醫生填妥第二部份，包括醫生簽署及蓋章
- ☐ 醫療賬單收據：顯示病人姓名、診治時間、病症及各收費項目
  首次索償：正本收據
  餘額索償：其他保險公司發回之核實副本收據及賠償結算通知書 (如適用)

額外要求 (如適用)
- ☐ 附上專科醫生費用/私家看護/家居看護或其他治療項目之醫生轉介信
- ☐ 附上病理學、內窺鏡、診斷性化驗/檢驗報告及/或手術撮要副本

根據以下情形，賠償申請將不獲辦理：
- 賠償申請表於出院 / 治療日90天後遞交
- 所需資料不足

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

本表格適用於住院或門診手術賠償
This form is applicable to both inpatient and outpatient surgical claim

保單持有人 / 僱主名稱
Name of Policy Holder/Employer

僱員 / 成員姓名 Name of Employee/Member (For group insurance policy only)	保單編號 Policy No.
證書號碼/職員號碼 (如適用) Certificate No./ Staff No. (if applicable)	日間聯絡電話 Daytime Contact Tel No:

病人姓名 Name of Patient	身份証號碼 I.D. Card No.	
職業 Occupation	出生日期 Date of Birth	性別 Sex ☐ 男 M ☐ 女 F

與保單持有人關係
Relationship to the Policy Holder
☐ 本人 Self ☐ 配偶 Spouse ☐ 子女 Child
☐ 僱員 / 成員 Staff/Member ☐ 僱員 / 成員家屬 Dependent

(1) 閣下是否曾因同一病況而接受治療？
Have you had any prior treatment for this or related conditions ? ☐ 沒有 NO ☐ 有 YES

醫生姓名
Doctor's Name _____

地址
Address _____

日期
Date(s) _____

(2) 有關此次住院 / 手術，閣下有否申請其他保險賠償 ？
Are you making any other insurance claim as a result of this hospitalization/surgery ? ☐ 沒有 NO ☐ 有 YES

保險公司名稱
Name of Insurance Company _____ 保單號碼 Policy No. _____

(3) 此次住院 / 手術是否由於一宗意外引致 ？
Was the hospitalization/surgery a result of an accident ? ☐ 不是 NO ☐ 是 YES

日期 Date _____ 時間 Time _____ 地點 Place _____

經過
Brief Description _____

重要事項 IMPORTANT NOTES

Any personal information collected by the Company may be used, stored or disclosed to any individual or organisation to evaluate this application, to provide our services and products to you, including administering, maintaining, managing and operating such services and products, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company;
本公司所收集的任何個人資料，將用於、儲藏於任何個人及機構以用核實申請，提供服務及產品包括管理、維持、處理及運作有關服務及產品，及提供售後服務的用途。閣下可聯絡本公司的個人資料保護主任，要求更改任何交予本公司的個人資料；

It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. The applicant read and agreed the Personal Information Collection Statement ("PICS") at Appendix I of this application form.
本公司會遵守「個人資料（私隱）條例」（香港法例第486章）。申請人已閱讀並同意附錄I中的個人資料收集聲明（PICS）。

聲明及授權書 DECLARATION & AUTHORIZATION

I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to Asia Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for claims application and underwriting purpose. A photostat copy of this authorisation shall be considered as effective and valid as the original.
本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險有限公司或其代理人作索償申請及核保之用。此授權書之影印本與正本具同等效力。

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

P. T. O. 請轉後頁

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

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 頭等房 ☐ Semi-private 二等房 ☐ Ward 三等房 ☐ Clinical Surgery 門診小手術

1. Clinical History 求診記錄:

a) Are you the patient's usual physician? 閣下是否病人的慣常醫生?
   a) i. Yes是 ☐ please fill in question b 請填寫問題 b
   ii. No 不是 ☐ Does the patient have any other usual / family doctor(s)? if Yes, please give us the name(s) and telephone no.
   病人是否有其他的長期 / 家庭醫生? 如是者，請提供姓名及電話號碼 _____
   b) Please provide all the consultation date(s) and the brief summary of the related disorder/illness. 請填寫診治日期及與是次病症相關之撮要。

_____ _____

If you are referred by other doctor, please provide the doctor name, contact number and address. 如閣下乃其他醫生轉介，請提供該醫生的姓名、聯絡電話及地址。

_____

b) 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）_____

c) Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation 病人就此次住院 / 治療 / 檢驗所出現的相關症狀及主訴

_____

_____

d) 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. Hospitalization 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) Name of the operation performed 手術的名稱 _____

c) 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) 請提供出院撮要（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）

_____

_____

d) Please provide reason(s) for hospitalization 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。

_____

e) Had the patient been previously treated or hospitalized for the same or in related disability? If so, please give a brief summary of the following:
病人過去曾否就相同或相關病症而需接受診治或入院接受治療? 如是，請說明撮要。

Dates 日期	Disease / Disorder / Complaint 疾病 / 失調 / 申訴	Type of treatment / hospitalisation 治療 / 住院的詳情	Name of doctor / hospital 西醫姓名 / 醫院名稱

f) If the patient has consulted other physician(s) during this hospitalization period, please provide the following:
如於住院期間曾向其他醫生求診，請提供以下資料:

Name of the physician(s) consulted 醫生姓名 _____ Reason 原因 _____

What kind of treatment did the physician provide to the patient? 醫生提供給病人之治療詳情?

_____

g) Was the patient hospitalized as a result of recurrent episode or chronic illness or related to a previous complaint/ diagnosis.
If "yes", please provide date of first episode and details.
病人是次住院治療是否因繼發或慢性病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。

_____

h) Was the Medical 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
☐ Self-inflicted injury 自我傷害
☐ Abuse of drugs or alcohol 濫用藥物或酒精
☐ Mental disorder 精神紊亂
☐ Refractive error 屈光不正
☐ Pregnancy 懷孕
☐ Infertility or sterilization 不育或絕育
☐ Contraception 避孕
☐ Treatment for cosmetic purpose 美容性質的治療
☐ Vaccination 疫苗接種
☐ Congenital condition 先天性疾病/異常
☐ Developmental condition 發育問題
☐ Hereditary condition 遺傳性問題
☐ General check-up 一般身體檢查
☐ 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

_____ _____
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）

Part II of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers.
本索償表格乙部已獲香港醫學會及香港保險業聯會屬下醫療保險協會認可。

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ASIA INSURANCE COMPANY LIMITED – PERSONAL INFORMATION COLLECTION STATEMENT ("PICS")

1. Your personal information and particulars may be required by Asia Insurance Company Limited (the "Company") in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.

2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".

3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you confirm that you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.

4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").

5. The Company may use the personal data the Company collect about you for the following purposes:
   (a) processing and assessing of applications or requests for any insurance products and daily operation of the related services;
   (b) administering your insurance policy and providing services in relation to your insurance policy;
   (c) investigating, analyzing, processing and paying claims made under your insurance policy;
   (d) exercising any right under the insurance policy including right of subrogation, if applicable;
   (e) detecting and preventing fraud (whether or not relating to the policy issued in respect of this
   (f) application);
   developing insurance and other financial services
   (g) and products;
   developing and maintaining credit and risk related
   (h) models;
   carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or
   (i) identity checks in connection with our services and products;
   (j) for statistical or actuarial research undertaken by the Company or any member of the Group;
   complying with the requirements under any law and regulation, industry codes, guidelines, requests from
   (k) regulators, industry bodies, government agencies
   (l) and court order;
   contacting you for any of the above purposes;
   other ancillary purposes which are directly related to the above purposes.

6. Your Personal Data may be transferred or disclosed to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:
   (a) any insurance adjusters, agents and brokers, employers, healthcare professionals, hospitals, advisors, contractors or third party service providers who provide administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
   (b) organisations that consolidate claims and underwriting information for the insurance industry;
   (c) fraud prevention organisations;
   (d) other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;
   (e) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the
   (f) Federation;
   any members of the Federation by the Federation for
   (g) any of the above or related purposes;
   (h) regulators;
   (i) lawyers;
   (j) accountants, financial advisors, auditors;
   (k) other members of the Group;
   any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business;

   The Company undertakes to keep the information confidential and solely for the purposes set out in the above paragraph.

7. If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your policy and/or claim application and render the services.

8. You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company and the Company has the right to charge you a reasonable fee for processing your data access request. Requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.

9. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.

10. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

亞洲保險有限公司 - 收集個人資料聲明

1. 亞洲保險有限公司(「本公司」)可能會要求閣下就本公司提供的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情，可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。

2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料，以下統稱為「閣下的個人資料」。

3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料，代表閣下確認閣下乃是該等人士之父母或監護人或閣下確認已取得該等人士同意提供其之個人資料予本公司作本聲明之用途。

4. 如本聲明所述，閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。

5. 本公司將所收集閣下的個人資料。可能用作下列的用途：
   (a) 處理及評估任何保險產品之申請或要求，及有關服務之日常運作；
   (b) 管理閣下的保單及為閣下的保單提供相關服務；
   (c) 閣下保單索償的調查、分析、處理及賠償；
   (d) 行使有關保險單賦予的任何權利包括代位權，如適用；
   (e) 偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的目的；
   (f) 發展保險及其他金融服務及產品；
   (g) 發展及維持本公司信貸及風險之相關模型；
   (h) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及／或身份核証；
   (i) 作本公司或本集團的任何成員的統計或精算研究；
   (j) 遵守及符合任何法例及條例規定的要求、行業手則、指引，監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
   (k) 為上述任何用途與閣下聯絡；
   (l) 與上述用途直接有關之其他附帶的目的。

6. 閣下的個人資料可能會轉移或披露予下列各方在香港或海外單位作前段所述的用途：
   (a) 處任何保險理算人、代理和經紀、僱主、醫護專業人士、醫院、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
   (b) 整合保險業申索和承保資料的組織；
   (c) 防欺詐組織；
   (d) 其他保險公司(無論是直接地，或是通過防欺詐組織或本段中指名的其他人士)；警察；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)；
   (e) 現存或不時成立的任何保險公司協會或聯會或類同組織(聯會)，以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
   (f) 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
   (g) 監管機構；
   (h) 執業律師；
   (i) 會計師、財務顧問、認可核數師；
   (j) 本集團的其他成員；
   (k) 任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人；

   公司承諾將資料保密並純粹用作上述的用途。

7. 如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之保單及/或索償申請及為閣下提供服務。

8. 閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，及本公司有權就處理閣下的查閱資料要求而收取合理費用。有關查閱或更正的要求，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。

9. 中英文版本如有差異，將以英文版本為準。

10. 本公司保留隨時增補、更改、更新及修訂本聲明之權利，任何更改將於發出通知時起生效