



意外急救醫療索償表格

Emergency Accidental Medical & Hospitalization Claim Form

甲部 由索償人填寫

Part I To Be Completed By The Claimant

For Office Use Only
Claim No.

保單持有人 Name of Policyholder		保單編號 Policy No.	
索償人姓名 Name of Claimant		保險期限 Period of Insurance	
地址 Address		電話號碼 Telephone No.	
回鄉証(卡)/護照號碼 Chinese Re-entry Permit/Passport No.		性別 Sex	
職業 Occupation		出生日期 Date of Birth	
(1) 是次醫療 / 住院 / 手術是否由於一宗意外引致 ? Was the Medical Treatment / Hospitalization / Surgery a result of an Accident ?			
否 No <input type="checkbox"/>			
是 Yes <input type="checkbox"/>			
日期 Date		時間 Time	
地點 Place		目擊者資料 Witness Information	
意外經過 Brief Description			
曾否向警方報告此次意外事件? <input type="checkbox"/> 有 <input type="checkbox"/> 沒有 Did you report this accident to police? Yes No			
警署名稱 Name of police station		報案編號 Report No.	
是次意外，是否有任何人仕需要負上責任? 如獲悉，請詳述該人仕之姓名及資料。 Is anyone responsible for this accident? If known, please provide details.			
(2) 有關是次醫療 / 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 medical treatment / hospitalization / surgery ?			
否 No <input type="checkbox"/>			
是 Yes <input type="checkbox"/>			
保險公司名稱 Name of Insurance Company			
保單編號 Policy No.			

聲明及授權書

DECLARATION & AUTHORIZATION

本人/我們謹此授權任何持有受保人或本人/我們之任何記錄或資料的醫院、醫生、人士、有關人等、及/或有關當局，向**亞洲保險有限公司**(「貴公司」)或其授權代表提供任何或所有有關受保人或本人/我們之損失、損傷、病歷、口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

本人/我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。

本人/我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此索償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白此索償申請表之發出及填妥並不代表貴公司確認責任或保證賠償。

本人/我們確認已閱讀及明白並同意所有聲明、條款及細則及隨本表格附上有關貴公司的收集個人資料聲明。

I/We hereby authorise any hospital, physician, person, party and/or authority that has any records or is holding any information of the insured person or me /us to disclose to **Asia Insurance Company Limited** (“the Company”) or its authorised representative, any and all information with respect to the insured person’s or my/our loss, disability, medical history, police statement made and the like for the purpose of assessing my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.

I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief.

I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.

I/We confirm having read and understand and agreed to all the Declarations, terms and conditions and the Company’s Personal Information Collection Statement as accompanied with this form.

(中文譯本內容如與英文本有歧異，一概以英文為準。)

(If any conflict or inconsistency between the English and Chinese versions, the English version shall prevail.)

.....
索償人簽署
Signature of Claimant

.....
保單持有人簽署 (如屬公司請蓋章)
Signature of Policyholder
(with company chop if applicable)

.....
日期 Date

.....
日期 Date

乙部 由主診醫生填寫

Part II To Be Completed By The Attending Physician / Surgeon

(1)	接受治療者姓名 Name of Patient
有否查核 "意外急救醫療卡" 之資料正確? 是 <input type="checkbox"/> 否 <input type="checkbox"/> (請附上卡之副本) Have you verified the Information on the "Emergency Accidental Medical Card" ? Yes <input type="checkbox"/> No <input type="checkbox"/> (Please attach a copy of the Card)	
(2)	住院 Hospitalization 醫院名稱 Name of Hospital 入院日期 Date of Admission 出院日期 Date of Discharge
(3)	手術 Surgical Procedure 手術日期 Date of Operation 手術名稱 Name of the Procedure 手術性質 Nature of the Operation
(4)	此次醫療 / 住院 / 手術的主要病因 Chief complaints of the patient relating to this Medical Treatment /Hospitalization / Surgery
(5)	診斷 Diagnosis of Conditions
(6)	出院撮要 (治療計劃, 包括診查辦法、結果) Brief discharge summary (Including treatments, investigation procedure, results)
(7)	接受治療者是否經其他醫生轉介? Is the patient referred by another doctor? 是 / 否 如是, 請提供轉介醫生姓名及地址 Yes / No If yes please state the name and address of the referral doctor
(8)	根據閣下意見, 是次受傷是否由前述意外引起? In you opinion, was the injury resulted from the aforementioned accident? 是 / 否 如否, 請敘述受傷原因 Yes / No If not, please state the cause of injury
主診 / 專科醫生姓名 Name of Attending Physician / Specialist	地址 Address
	電話 / 傳真 Telephone / Fax
主診 / 專科醫生簽署及蓋印 Signature of Attending Physician / Specialist with Official Stamp Chop	日期 Date

重要事項:

為免閣下的索賠程序有延誤, 請於索賠時, 確定連同以下文件一併附上:

1. 索償人及主診醫生必須填妥本意外急救醫療保險索償表上列明的所有項目
2. 醫療單據的正本 (包括所有費用的明細)
3. 警方報告及/或負責是次意外的政府有關部門之報告 (若不能附上, 請說明原因)

IMPORTANT :

In order to avoid unnecessary delay in processing of your claim, please ensure that the following documents are attached when submitting your claim:

1. The Claim Form must be fully completed and signed by the claimant and the attending doctor.
2. Original Medical Bills / Receipts with detail breakdown of the costs / expenses.
3. Original Police Report and /or Original Report issued by the official authorities concerned to confirm the alleged accident. If not available, you must state the reason why the police or the official authorities concerned was not informed after accident occurred.

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）所需的用途；
 - (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) 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；本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。

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 application);
 - (f) developing insurance and other financial services and products;
 - (g) developing and maintaining credit and risk related models;
 - (h) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (i) for statistical or actuarial research undertaken by the Company or any member of the Group;
 - (j) complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
 - (k) contacting you for any of the above purposes;
 - (l) 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;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 Federation;
 - (e) any members of the Federation by the Federation for any of the above or related purposes;
 - (f) regulators;
 - (g) lawyers;
 - (h) accountants, financial advisors, auditors;
 - (i) other members of the Group;
 - (j) 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.