

Worldwide Elite Medical Plan – Hospitalisation, Surgical and Maternity Claim Form

環球滙晉醫療計劃 - 住院、手術及產科計劃賠償表

Remarks 備註：

- A) Applicable for Worldwide Elite Medical Plan (for hospitalization and surgical claims under the Basic Plan and/or Optional Maternity Plan Benefit only). 只適用環球滙晉醫療計劃之住院及日間住院治療及 / 或產科計劃的索償申請。
- B) Documents required to be submitted with this form: 以下文件請連同此表格一併交回：
 1) Attending Physician's Report completed by the attending physician (to be obtained by the claimant). 主診醫生填寫之賠償申請書（此報告需由申請人負責索取）。
 2) Original hospital receipt(s) from the hospital and the meal breakdown record. 住院收據正本及膳食費之詳細紀錄。
 3) Please submit a discharge summary with diagnosis if the Insured was admitted into a hospital(s) under the Hospital Authority. 若受保人入住政府醫院，請遞交包括診斷之出院紙。
- C) Please note that if the applied claim is approved, the claim payment will be reimbursed by autopay to the account specified by the policyholder on the application form. 賠償金額將會存入投保人在申請書上所指定的戶口內。
- D) No reimbursement for claims if submitted after 90 days from the date of discharge from hospital. 索償申請必須在出院日 90 天內寄回，否則不作任何賠償。
- E) Any administrative expenses incurred or to be incurred in relation to the request of medical report(s) or other documentation as supportings, including those requested by AXA, will be borne by the policyholder. 一切就此次索償所產生的醫療報告（包括安盛所要求的醫療報告）或其他證明文件之行政費用須由投保人所承擔。

Would you like us to provide a certified true copy of the original receipt for filing claims with another insurance company? Please note that the original receipt(s) will be destroyed three months after claims processing has been completed. 你是否需要我們退回正本收據的核實副本以向其他保險公司作出賠償申請？請注意正本收據將於索償處理完成之後三個月被銷毀。

Yes 是 No 不是

Part I - to be completed by the patient

甲部 - 由病人填寫

Name of Policyholder 保單持有人姓名	Policy no. 保單編號	
If patient is not the policyholder, please also indicate 如病人不是保單持有人，請填寫		
Name of patient 病人姓名	Membership no. 會員編號	
Occupation 職業	Date of birth 出生日期	I.D. card/passport no. 身份證 / 護照號碼
<p>If you would like to claim for the remaining balance of the medical expense under your other in-force AXA policy(ies), please provide the policy information of the relevant policy(ies) and indicate the order of preference you would like the claim processed under. Your claim documents will be transferred to the relevant parties for claims processing under such policy(ies). Please note that any missing policy information will affect the internal transfer of claim. 如欲將此次索償之餘額於另一 AXA 安盛生效之保單上提出索償，請提供以下有關保單資料及索償優先次序，有關資料將會被轉移至相關部門進行進一步有關該保單的索償處理。請注意：遺漏任何重要資料將會影響索償之內部轉移。</p> <p><input type="checkbox"/> Life Policy no. 人壽保險號碼 _____</p> <p><input type="checkbox"/> Non-Life Policy no. 非人壽保險號碼 _____</p> <p><input type="checkbox"/> Group Medical Policy no. 團體醫療保險號碼 _____</p>		

Hospitalisation and Surgical 住院及手術保障

(1) a) If hospitalisation/surgery was due to illness, please describe the symptoms and how long they have appeared 若因病而住院 / 手術，請詳述病徵及該病徵已持續多久 _____		
b) Have you had any prior treatment for this or related conditions? 您是否曾經因同一病況而接受治療？ Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/>		
Doctor's name 醫生姓名： _____	Date 日期： _____	
Address 地址： _____		
(2) Are you making any other insurance claim as a result of this hospitalisation/surgery? 有關此次住院 / 手術，您是否申請其他保險賠償？ Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>		
Name of insurance company 保險公司名稱： _____	Policy no. 保單號碼： _____	
(3) Was the hospitalisation/surgery a result of an accident? 此次住院 / 手術是否由意外引致？ Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>		
Date 日期： _____	Time 時間： _____	Place 地點： _____
Brief description 經過： _____		
Was this accident reported to the police? 該意外是否報案？ <input type="checkbox"/> Yes, please complete the following 有，請填妥下列資料 <input type="checkbox"/> No 沒有		
Name of Witness 目擊證人姓名： _____		
Police station and police reference number 報案警署名稱及檔案編號： _____		

Worldwide Elite Customer Service 環球滙晉客戶服務

Mailing Address: Unit 1001-1008, 10/F Tower 1, Millennium City 1, No. 388 Kwun Tong Road, Kwun Tong, Kowloon, Hong Kong

郵遞地址：香港九龍觀塘觀塘道 388 號創紀之城 1 期 1 座 10 樓 1001-1008 室

Office Address: 23/F, One Kowloon, 1 Wang Yuen Street, Kowloon Bay, Kowloon, Hong Kong

公司地址：香港九龍九龍灣宏遠街 1 號壹號九龍 23 樓

Worldwide Elite Customer Service Hotline 環球滙晉客戶服務熱線：(852) 2867 8611

Part II - to be completed by the attending physician/surgeon at the claimant's own expenses

乙部 - 由主診醫生填寫，所需費用由索償人自行承擔

Patient Name (in full) 病人姓名：
Name of Hospital 醫院或診所名稱：
Date of Admission / Operation 入院 / 手術日期：

1. Preliminary information of this patient 病人的初步資料：

(a) Clinical diagnosis 臨床診斷：
(b) Treatment plan 治療計劃： (i) any therapeutic medication/treatment? 是否需要接受藥物或其他治療? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> (ii) any operation? 是否需要接受手術? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If yes, specify name 倘若需要，請提供手術名稱： _____
(c) Date on which the patient first consulted you for this medical condition(s)/injury 病人因該傷病首次向你求診的日期
(d) Symptoms and complaints for this hospitalisation/treatment/advanced diagnostic imaging 此次住院 / 手術 / 先進診斷掃描的症狀及主要病因
(e) According to the medical history given by the patient, how long had he/she been experiencing these symptoms before the above first consultation? 根據病人所提供的病歷記錄，病人在首次求診前已經歷了該病徵有多久？

2. Additional information of this patient 病人的詳細資料：

(a) Final diagnosis 最後的診斷：
(b) Date and Name of operation(s) performed 手術的名稱及日期：
(c) Underlying cause of this medical condition for the hospitalisation 此次入院症狀的基本原因：
(d) Has the patient been treated by other doctor(s) for similar or related illness in the past? 病人曾否因類似或有關症狀接受其他醫生的治療? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If yes, please specify treatment date and name and address of the doctor(s) 倘若病人曾接受其他醫生的治療，請提供該醫生的姓名及地址及治療日期
(e) If the patient was referred to you by another doctor, please provide the referring doctor's name and address. 如果該病人是由其他醫生轉介，請提供該醫生的姓名及地址。
(f) If the patient has consulted other specialist during this hospitalisation, please provide the following 倘若於住院期間該病人曾因上述傷病諮詢其他專科醫生，請提供以下資料： Consulted Specialist's name 該專科醫生的姓名： _____ Reason 原因： _____
(g) Brief medical summary to show treatments, investigations, results and/or any complications (histo-pathologic report to be attached) 請扼要地列舉病人於住院期間曾接受的治療、檢查、有關的結果及曾出現的併發症（連同病理報告副本）
(h) Was the condition due to or associated with the following (please check the right answer)? 上述的傷病是否由於下列病症所引致（請選擇有關病症）？ <input type="checkbox"/> Abuse of alcohol and drugs 酗酒及藥物濫用 <input type="checkbox"/> Eating disorders 飲食失調 <input type="checkbox"/> Cosmetic surgery and aesthetic treatment 整容外科和美容療程 <input type="checkbox"/> Sexually transmitted disease and HIV related disability 性傳染疾病及人類免疫缺陷病毒的相關傷病 <input type="checkbox"/> Developmental disorders such as behavioural or learning problems 發育異常，例如行為或學習問題 <input type="checkbox"/> Sexual problems and gender re-assignment 性問題及變性 <input type="checkbox"/> Pregnancy 懷孕 <input type="checkbox"/> None of the above 以上皆不是

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人現聲明上述所填資料是據我所知及正確無訛。

Name of attending doctor (in full and in block letter) 主診醫生的姓名

Address & Telephone No. 地址及電話號碼

Signature of attending doctor with Practice/Hospital Stamp
主診醫生的簽名及其或醫院的印章Date (DD/MM/YY)
日期

Personal Information Collection Statement 收集個人資料的聲明

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. processing and evaluating any applications or requests made by you for products/services offered by the Company and other companies of the AXA Group (“**our affiliates**”);
2. providing subsequent services to you, including but not limited to administering the policies issued;
3. 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;
4. evaluating your financial needs;
5. designing products/services for customers;
6. conducting market research for statistical or other purposes;
7. matching any data held which relates to you from time to time for any of the purposes listed herein;
8. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by policy or other government or regulatory authorities in Hong Kong or elsewhere;
9. conducting identity and/or credit checks and/or debt collection;
10. complying with the laws of any applicable jurisdiction;
11. carrying out other services in connection with the operation of the Company’s business; and
12. 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, 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. * The Hongkong and Shanghai Banking Corporation Limited (“**HSBC**”) for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers’ obligations;
3. 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;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
7. 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 Protection Officer of AXA General Insurance Hong Kong Limited, Unit 2201 - 2206, 22/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.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company’s distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company’s distribution agent.

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. 處理和評估閣下就本公司及安盛集團的其他公司（“**安盛關聯方**”）所提供之產品安盛關聯方所提供之產品/ 服務提出的任何申請或要求；
2. 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；
3. 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；
4. 評估閣下的財務需求；
5. 為客戶設計產品/ 服務；
6. 為統計或其他目的進行市場研究；
7. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
8. 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；
9. 進行身份和/ 或信用核查和/ 或債務追收；
10. 遵守任何適用的司法管轄區的法律；
11. 開展與本公司業務經營有關的其他服務；及
12. 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. * 就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司（“**滙豐**”）：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項；
3. 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）；
4. 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（包括直接促銷服務）並對個人資料負有保密義務的任何代理、承包商或第三方；
5. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；及
7. 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，獲得資料的副本，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：資料保護主任，香港九龍九龍灣宏泰道 23 號 22 樓 2201- 2206 室。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。

* 此僅適用於閣下透過滙豐（作為本公司的分銷代理人）申請本公司的產品和 / 或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求的情況。如果閣下並未透過滙豐（作為本公司的分銷代理人）申請本公司的產品和 / 或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求，閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

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.

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。

Date 日期

Signature of patient 病人簽署

The Policyholder / Legal Guardian should sign on behalf of the patient who is under 18 years of age.

如果病人是十八歲以下人士，請由保單持有人 / 合法監護人代為簽署。
Please state the name and the relationship 請說明姓名及與病人之關係

Important Notes 重要事項：

The above policy is underwritten by **AXA General Insurance Hong Kong Limited ("AXA")**, which is authorised and regulated by the Commissioner of Insurance of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited ("HSBC") is registered in accordance with the Insurance Companies Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. General insurance plans are products of AXA but not HSBC. 以上保單由安盛保險有限公司（「AXA 安盛」）承保，AXA 安盛已獲香港保險業監理專員授權並受其監管。AXA 安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司（「滙豐」）乃根據保險公司條例（香港法例第 41 章）註冊為 AXA 安盛於香港特別行政區分銷一般保險產品之授權保險代理商。一般保險計畫乃 AXA 安盛之產品而非滙豐之產品。

Issued by AXA General Insurance Hong Kong Limited 由安盛保險有限公司刊發