redefining / standards

AXA China Region Insurance Company Limited
AXA General Insurance Hong Kong Limited
Claims Department,
2201-2206, 22/F, Manhattan Place,
23 Wang Tai Road,
Kowloon Bay, Kowloon, Hong Kong
Policy No. starting with 0 - ☎ (852) 2519 1166
Policy No. starting with ZA/ZE - ☎ (852) 2867 8686

HOSPITALISATION & SURGICAL CLAIM FORM
住院及手術索償表

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

1. INSURED DETAILS 受保人資料

Name of Employer 僱主名稱			
Name of Employee 僱員姓名		Name of Patient 病者姓名	
Policy No. 保單號碼		Mobile No. 聯絡電話	
Member/Cert/Dependant No. 成員 / 保險證 / 家屬成員號碼 (mandatory 必須填寫)		Email 電郵	

If you would like to claim the balance payment of this medical expense under other insurance policies you have with AXA (if applicable), please provide policy details below and indicate the order of preference you would like the claim processed under.
如欲將是次索償之醫療費用餘額於另一 AXA 安盛之保單上提出索償 (如適用)，請在以下提供保單資料和索償優先次序。

(_) Policy No. 保單號碼 _____ Product 保障計劃 PortaProtection 滙安心

☐ Please "✓" this box if you would like to offset the shortfall amount of the Group policy mentioned above against the PortaProtection Policy. You are only able to offset if the Group policy is an AXA Group policy.
如欲將滙安心可賠償之金額以抵銷如上所述的團體醫療保險的差額，請在空格內填上「✓」號。閣下只可抵銷在安盛投保之團體醫療保險的差額

(_) Policy No. 保單號碼 _____ Product 保障計劃 _____

(_) Policy No. 保單號碼 _____ Product 保障計劃 _____

2. CLAIM INFORMATION 索償事項

Have you had any prior treatment for this or related conditions? 閣下有否曾經因同一病況而接受治療？	☐ Yes 是	Date (dd/mm/yyyy) 日期 (日 / 月 / 年)	
		Name of Physician 醫生姓名	
		Address 地址	
	☐ No 否		
Are you making any other insurance claim as a result of this hospitalisation/surgery? 有關此次住院 / 手術，閣下有否申請其他保險賠償？	☐ Yes 是	Insurance Company 保險公司名稱	
		Policy No. 保單號碼	
	☐ No 否		

☐ Please "✓" this box for return of certified true copy ("CTC") of original invoice(s) and receipt(s) after claim processing.
如欲索回醫生的發票和收據核實副本，請在空格內填上「✓」號。

Note 注意 : 1) Certified True Copy will not be returned if the claims are fully reimbursed unless request is for other purpose
如申請已獲全數賠償，核實副本將不獲退回。除非核實副本需用作其他用途
2) The originals will not be returned and will only be retained for 3 months from the claim processed date
正本文件將不獲退還，並將只從索賠處理完成日期起計保留 3 個月

Was the hospitalisation/ surgery the result of an accident? 此次住院 / 手術是否由一宗意外引致？	☐ Yes 是	Date/Time 日期 / 時間	
		Place 地點	
		Brief Description 經過	
	☐ No 否		

3. DOCUMENT CHECKLIST 所需文件指引

Below is a list of documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.
請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Documents Required (Please ✓ against the documents you have submitted.) 所需文件（請✓您所提交的文件）	
Basic Documents for all claim types 所有索償類別的基本文件	☐ Signed and completed claim form 填妥此表格及簽名 ☐ Original receipt(s) 醫療費用收據正本 ☐ Settlement advice from other insurer, if applicable 請提供其他保險公司之賠償結算通知，如適用 ☐ Copies of histopathology, endoscopic, diagnostic/laboratory tests report, operating theatre summary 請連同病理學，內窺鏡，診斷性化驗 / 檢驗報告，手術室攝要副本交回 ☐ Meal Breakdown Record 膳食記錄

4. CLAIM SUBMISSION PROCESS 遞交索償程序

Submission Steps 索償步驟
(1) Complete and sign this form 填寫及簽署索償表
(2) Prepare the relevant documents listed above 提供證明文件 (請參閱上文)
(3) Please submit the incurred claim within 30/60/90 days* (as per policy wordings) from the date of treatment and send to **Claims Department, 2201-2206, 22/F, Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Hong Kong** 請於診治日期計起 30/60/90* 日內 (根據保單條款) 遞交有關索償申請。並郵寄至：**香港九龍九龍灣宏泰道 23 號 22 樓 2201-2206 室理賠服務部收**

Important Notes 重要事項：
1) No Reimbursement of claims shall be made for 根據以下情形，賠償申請將不獲辦理：
   ➢ Claims(s) submitted after 30/60/90 days* (as per policy wordings) from the date of treatment 賠償申請表於治療日 30/60/90* 天後遞交 (根據保單條款)
   ➢ Insufficiency of required information 所需資料不足
2) Please note that the final decision on the claim(s) will be subject to policy coverage, terms and conditions. 本索償將會以閣下之保單內容及保單條款為準
3) The company may contact you in connection with this claim at the email/mobile details provided on this claim form. Your email/mobile details present in the system will not be updated based on this submission 如有需要，本公司將會透過本索償表上之電郵地址或聯絡電話與閣下聯繫。索償表上之電郵地址或聯絡電話將不會基於此提交更新

*Group Medical (Policy No. Starting with ZA/0) 團體醫療 (保單編號以 ZA 或 0 為開端) – 90 days 日
SmartCare Entrepreneur (Policy No. Starting with ZE)「卓越」盛康保 (保單編號以 ZE 為開端) – 90 days 日
SmartCare Optimum (Policy No. Starting with ZE)「卓越」無憂保 (保單編號以 ZE 為開端) – 90 days 日
SmartCare Executive (Policy No. Starting with ZE)「卓越」隨心保 (保單編號以 ZE 為開端) – 60 days 日
SmartCare Essential (Policy No. Starting with ZE)「卓越」健樂錢 (保單編號以 ZE 為開端) – 30 days 日

5. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料的聲明

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 police 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, 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.

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 Privacy Officer
AXA China Region Insurance Company Limited/AXA General Insurance Hong Kong Limited
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.

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 / 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). 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向本公司和 / 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人、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至：

安盛金融有限公司 / 安盛保險有限公司
個人資料保護主任
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。

6. DECLARATION AND AUTHORIZATION 聲明及授權

I/WE HEREBY DECLARE AND AGREE on behalf of myself and other person referred to in this form that all statements and answers to all questions are to the best of my /our knowledge and belief complete and true.
I/WE HEREBY AUTHORISE that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of me/us to disclose such information to the Company as the Company may request; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves in relation to this application and any claim arising therefrom. This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.
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 China Region Insurance Company Limited/AXA General Insurance Hong Kong Limited in accordance with the PICS.
In the event of any inconsistency between the English version and the Chinese version, the English version shall prevail.

本人 / 我們謹此代表本人及其他在此申請表提及之人士聲明及同意上述一切陳述及問題的所有答案，就本人 / 我們所知所信，均為事實全部並確實無訛；
本人 / 我們謹此代表相關人士授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人 / 我們之記錄，均可應貴公司要求將該等資料提供給貴公司；(2) 貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之健康狀況。此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。
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金融有限公司 / 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。
如中英文版本的條款有任何分歧，請以英文版本為準。

Signature of Patient Or Signature of Insured (if patient is under 18 years old) 病者簽署或受保人簽署 (如病者未滿18歲)	Date (dd/mm/yyyy) 日期(日/月/年)

Part II 乙部

TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON AT THE CLAIMANT'S OWN EXPENSE
乙部 - 由主診醫生 / 外科醫生填寫，所需費用由索償人自行承擔。

1. GENERAL QUESTIONS 一般事項

Patient Name 病人姓名		Hospital Name 醫院名稱	
Date of Admission (dd/mm/yyyy) 入院日期 (日 / 月 / 年)		Date of Discharge (dd/mm/yyyy) 出院日期 (日 / 月 / 年)	
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

2. CLINICAL HISTORY 臨床病歷

Date of first consultation for this condition (dd/mm/yyyy) 首次看診日期 (日 / 月 / 年)		How long had the patient been experiencing these symptoms before the first consultation 這些病徵在病人首次看診前持續時間	
Symptom(s)/complaint(s) presented during the first consultation 首次看診時出現的病徵			

3. HOSPITALISATION DETAILS 住院詳情

Date of operation (dd/mm/yyyy) 手術日期 (日 / 月 / 年)	

Final Diagnosis 最後的診斷	Operation procedure(s) performed 手術的名稱

If the patient has consulted other physician during this hospitalisation, please provide the following
如病人於住院期間曾向其他醫生求診，請提供以下資料

Name of Physician 醫生姓名	Reason 原因	Treatment Performed 治療詳情

Brief discharge summary 請提供出院撮要	
Please provide reason(s) for hospitalisation if this could be managed on out-patient basis. 若是次病症能在診所內進行治療，請提供住院原因	

4. PROFESSIONAL COMMENT 專業意見

In your opinion, was the hospitalization a result of recurrent episode/chronic illness or related to a previous condition? If "yes", please provide dates and details. 您認為是次住院是因為複發性 / 長期疾病或之前的疾病 / 意外？如"是"，請提供日期和說明細節

Was the condition due to or associated with the following? 上述情況是否與以下問題有關？

☐ Accidental bodily injury 意外身體受傷	☐ Pregnancy 懷孕	☐ Congenital condition 先天性疾病 / 異常
☐ Self-inflicted injury 自我傷害	☐ Infertility or sterilization 不育或絕育	☐ Developmental condition 發育問題
☐ Abuse of drugs or alcohol 濫用藥物或酒精	☐ Contraception 避孕	☐ Hereditary condition 遺傳性問題
☐ Mental disorder 精神紊亂	☐ Treatment for cosmetic purpose 美容性質的治療	☐ General check-up 一般身體檢查
☐ Refractive error 屈光不正	☐ Vaccination 疫苗接種	☐ None of the Above 以上都不是
☐ 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		

5. Others 其它

Are you the patient's usual physician? 閣下是否該病人的慣常醫生？	☐ Yes 是 ☐ No 否	
Referring Doctor Name and address, if applicable 轉介醫生的姓名和地址，如適用	Name of Physician 醫生姓名	Address 地址

6. DECLARATION AND AUTHORISATION 聲明及授權

I hereby certify that all information given above is accurate and true to the best of my knowledge.
本人特此聲明，就本人所知，上述所有資料均準確無誤。

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 (dd/mm/yyyy) 日期 (日 / 月 / 年)