



GROUP MEDICAL INSURANCE CLINICAL CLAIM FORM 團體醫療保險門診索償申請表

Claim Instructions 申請索償指示

1. Sign and complete this claim form (Each form per person/per family).
2. Attach all original medical receipt(s) and supporting document(s).
3. Original receipts must clearly indicate the following information and be signed by the attending physician:
 - i) Treatment Date
 - ii) Name of Patient
 - iii) Diagnosis
 - iv) Breakdown of Charges
 - v) Name of Attending Physician
4. A separate official receipt (should contain the above information listed in 3(i) to 3(v)) should be provided for Chinese Herbalist claim. Herbal prescription together with Herbal Fee will not be considered as a valid official receipt.
5. Attach referral letter provided by your General Practitioner for the claim of Specialist Consultation, Physiotherapy, Chiropractor Treatment or Diagnostic X-ray and Laboratory tests. The referral letter is valid for same or related Disability for a period of six months from date of issuance. Treatment received for a new or unrelated disability will require another referral letter.
6. Attach Pre-authorisation confirmation, if applicable.
7. Indicate in the claim form if you require us to return the original receipt(s).

1. 簽署及填妥此索償申請表 (每表只限一人/家庭)。
2. 附上所有醫療收據正本，及有關文件。
3. 收據正本必須清楚列明以下資料，並由主診醫生簽署：
 - i) 診治日期
 - ii) 病人姓名
 - iii) 病症
 - iv) 收費項目說明
 - v) 主診醫生姓名
4. 中醫索償需提供獨立正式收據 (必須附有以上3(i)至3(v)資料)，藥費並附有藥材費用並不會視作正式收據。
5. 如申請專科，物理治療，整脊治療或X光診斷及化驗費之索償，請附上普通科醫生的轉介信。轉介信在發出日起計6個月內均為有效，但診治之病症須與該信所提及之疾病相同或有關。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交轉介信。
6. 如診治項目需取得預先批核，請附上預先批核結果。
7. 如需退回收據正本，請清楚註明於索償申請表上。

Claim reimbursement shall not be made if :

- The Claim(s) is submitted after 90 days from the date of treatment.
- Insufficient information is provided, such as incomplete Clinical claim form.

Please return this completed claim form with attachment(s) to :

Prudential General Insurance Hong Kong Limited

3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong

根據以下情況，索償申請將不獲辦理：

- 索償申請於治療日90天後遞交。
- 未有提供足夠的資料，例如未填妥門診索償申請表。

填妥之索償申請表及附帶文件請交回：

保誠財險有限公司

香港鰂魚涌華蘭路25號栢克大廈3樓

For Clinical claims enquiry, please call customer service hotline 3656 8362.

有關門診索償查詢，請致電客戶服務熱線 3656 8362。

Name of Employer :

僱主名稱：_____

Policy No. :

保單編號：_____

Name of Employee (same as HKID) :

僱員姓名(與香港身份證相符)：_____

HKID Card No. :

香港身份證號碼：_____

Mobile Phone No. of Employee :

僱員手提電話號碼：_____

Email Address :

電郵地址：_____

Note : Settlement advice will be sent via SMS or Email to you if the information is provided by your company.

注意：如僱主提供有關資料，賠償通知書將以短訊或電郵等途徑傳送給閣下。

Name of Patient (If other than Employee) :

就診者姓名(如非僱員)：_____

HKID / Birth Certificate No. of Patient :

就診者身份證 / 出生證明書號碼：_____

Relationship :

與受保僱員關係：_____

Amount of Total Receipt(s) :

收據總額：_____

Type 類別： ☐ General 普通科 :

☐ Specialist 專科*

Number of original receipt 正本收據總數：_____

☐ Chiropractor Treatment 整脊治療*

☐ Physiotherapy 物理治療*

☐ Lab / X-ray 化驗或X光檢驗*

☐ Chinese Herbalist / Bonesetter 中醫或跌打

☐ Others 其他 _____

Remarks : *General Practitioner's referral letter to be attached *請連同普通科醫生轉介信

Post hospitalization follow up visit : ☐ Yes ☐ No
與住院治療有關之覆診： 是 否

Date of hospitalization : From _____ to _____
住院日期： 由 DD 日 / MM 月 / YYYY 年至 DD 日 / MM 月 / YYYY 年

Declaration & Authorization 聲明及授權書

I hereby declare that the above information given is true and correct. I further authorize any hospital, physician, insurance company, organization or any person that has any record or knowledge of my health, or that of the named patient, to furnish such information to Prudential General Insurance Hong Kong Limited ("Prudential"). A photocopy of this authorization shall be considered as effective and valid as the original. I understand that if I and/or the named patient fail(s) to provide any information requested in this claim form, Prudential may not be able to accept or process this claim.

本人謹此聲明以上所填報之一切資料，均屬真確無訛，本人茲亦授權保誠財險有限公司（“保誠”）向持有上述就診者之健康或記錄資料的醫院、醫生、保險公司、機構或任何人士索取有關資料。此授權書之影印本與正本均具同等效力。本人明白，如本人及/或上述就診者未能就本索償申請表提供所需資料，可能會導致保誠不能接受或處理本索償申請。

Personal Information Collection Statement 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "the Company", "our", "we", or "us" in this Part entitled "Personal Information Collection Statement") may collect certain personal information, including without limitation your name, identity card number (and copy of identity card), passport number, contact information, family history, health and medical information and financial information ("**Personal Information**") from you when you apply for insurance or financial products and services from us, or when you apply to make changes to your policy, or when you make a claim against a policy. We may also collect Personal Information about you from third parties such as other insurance companies or agents, government agencies, medical personnel, credit reporting agencies, courts or public records.

保誠財險有限公司（在題為「收集個人資料聲明」之本部份，簡稱「本公司」或「我們」）可能會於閣下向我們申請保險或金融產品及服務、申請更改保單或就保單提出索償時向閣下收集一些個人資料，包括但不限於閣下的姓名、身份證號碼（及身份證副本）、護照號碼、聯絡資料、家族歷史、健康和醫療資料，以及財務資料（以下簡稱「**個人資料**」）。我們還可能從第三方，如其他保險公司或代理、政府機構、醫務人員、信用報告機構、法院或公開記錄等，收集關於閣下的個人資料。

1. Purpose of Collection 收集資料之目的

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related services and products; (f) to communicate with you; (g) to perform a policy review or needs analysis; (h) to conduct research and statistical analysis; and (i) to meet disclosure requirements imposed by law or regulatory authorities.

我們可能會使用閣下的個人資料作下列用途：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的服務和產品；(f) 與閣下進行通訊；(g) 進行保單審查或需求分析；(h) 進行研究和統計分析；及 (i) 符合法律或監管當局實施的披露要求。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including without limitation the following third parties: (a) insurance agents; (b) re-insurance companies; (c) other entities whose ultimate parent company is Prudential plc ("**companies within the Prudential Group**"); (d) claims investigation companies; (e) third party administrators; (f) third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business); (g) industry associations and federations; (h) medical bill review companies; (i) professional advisors; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions; (n) regulators and government agencies; (o) law enforcement agencies; (p) the Courts.

為達到上述第一部分所列明之目的，我們可能會向第三方（在香港境內或境外）透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 再保險公司；(c) 其他母公司為英國保誠集團的實體（「**保誠集團內的公司**」）；(d) 索償調查公司；(e) 第三方管理人；(f) 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，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商）；(g) 行業協會及聯會；(h) 醫療帳單審查公司；(i) 專業顧問；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構；(n) 監管機構及政府機構；(o) 執法機構；(p) 法院。

We may transfer your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements.

在有關影響到我們全部或重大部分業務的控制權、治理、結構和/或管理的交易時，或在必須符合適用的法律或監管要求下，我們可能會轉交閣下的個人資料。

3. Consequence of failing to provide Personal Information 未能提供個人資料的影響

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. In the event that any such Personal Information is not provided, we may be unable to provide you with the services or carry out the activities outlined at Section 1 above.

除非我們另有規定，否則閣下必須提供我們所要求的個人資料。若未能提供任何此等個人資料，我們可能無法為閣下提供服務或進行上述第一部分所列出的活動。

4. Access and Correction Rights 查閱和更正的權利

Under the Personal Data (Privacy) Ordinance (the "**Ordinance**"), you have the right to request access to and correction of any Personal Information that you provide to us. You may make such a request by writing to our Data Protection Officer at 3/F Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong. In accordance with the Ordinance, we have the right to charge a reasonable fee for the processing of any Personal Information access or correction request.

根據《個人資料（私隱）條例》（「**條例**」），閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲查閱或更正個人資料，請向我們的資料保護主任作出書面要求，地址是香港鰂魚涌華蘭路25號柏克大廈3樓。根據條例的規定，我們有權就處理查閱及更正任何個人資料的要求，收取合理的費用。

The Applicant/ the Insured/ Insured/ Member hereby confirm understanding of and agreement to the contents in this Part entitled 'Personal Information Collection Statement'.

申請人/ 保單持有人/ 受保人/ 會員特此確認明白並同意在題為「收集個人資料聲明」之本部份中的內容。

Date 日期

Signature (Patient or Parent if a minor) 簽署(就診者或未成年就診者的父母)