PRU*choice* HealthCare - Insurance Claim Form
保誠精選「康療寶」醫療保障計劃 — 醫療保險索償申請表

(Please "√" the appropriate box) (請於適當空格內填上“√”號)

New Claim 新症 ☐
Follow-up Claim 覆診 ☐

PRUDENTIAL 英國保誠

Claim Instructions 申請索償指示

1. **Completing Claim Form**
   Part I: To be completed by the Insured / Claimant
   Part II: To be completed by attending Physician / Surgeon (any cost incurred is to be borne by the Insured / Claimant)

2. **Submitting your Claim Form**
   Please submit Claim Form together with supporting documents required.
   Please refer to the Policy for details.

   No Reimbursement of Claims shall be made for:
   - Claim(s) submitted after 90 days from the date of the expenditure being incurred.
   - Insufficiency of required information.

3. **Returning the completed claim form to :**
   Prudential General Insurance Hong Kong Limited
   3/F, Berkshire House, 25 Westlands Road,
   Quarry Bay, Hong Kong
   Telephone : 3656 8362 Facsimile : 2164 8445

4. **Getting Your Claim Payment**
   Approved payment will be settled by autopay to the designated bank account of the Insured as provided in the Application Form.

1. **填寫醫療保險索償申請表**
   第一部份：須由保單持有人/索償人填寫
   第二部份：須由主診醫生/外科醫生填寫（所需費用由保單持有人/索償人支付）

2. **呈交索償申請表**
   請將本索償申請表連同有關文件一併遞交。詳情請參閱保單。

   在以下情形，索償申請將不獲辦理：
   · 索償申請於支付費用 90天後遞交
   · 所需資料不足

3. **請將填妥之索償申請表交回**
   保誠財險有限公司
   香港鰂魚涌華蘭路25號栢克大廈3樓
   電話：3656 8362 圖文傳真：2164 8445

4. **收取索償款項**
   經批核後的索償款項將以自動轉賬形式，給予投保申請表上提供之保單持有人銀行戶口。

Part I To be completed by the Insured / Claimant 第一部份：由保單持有人/索償人填寫

Name of the Insured /Claimant :
保單持有人/索償人姓名：__________

Patient's Date of Birth :
就診者出生日期：__________

Sex :
性別 __________

Name of Patient :
就診者姓名：__________

Daytime Contact Tel No. :
日間聯絡電話：__________

Policy No. of Patient :
就診者保單號碼：__________

Date of Claimed Treatment : From
索償治療日期 由：__________ To 至 __________

1. **If hospitalization was due to illness 若因疾病而住院**
   a. Describe the symptoms and /or abnormalities which led to the hospitalization.
   請列出導致是次住院的病徵及/或其他症狀。

   b. Name of doctor first consulted for the illness 初診醫生姓名

   c. Date of the first consultation 初診日期

   d. When had these symptoms and / or abnormalities first appeared?
   於何日首次出現上述病徵及/或其他症狀？

   e. Has the patient been treated by other doctor(s) for similar or related illness in the past?
   就診者曾否因相似或有關疾病接受其他醫生治療？

   Yes 有 ☐ No 無 ☐ If yes, please specify 如有，請列明

   Date of Treatment 治療日期 __________
   Name & address of the doctor(s)/hospital(s) 醫生/醫院名稱及地址

2. **If hospitalization was due to accident 若因意外而住院**
   a. When did it happen? 意外何時發生？

   Date 日期 __________ Time 時間 __________

   b. Where and how did it happen? 意外發生的地點及經過？

   c. Please specify the injured area, type and severity of the injury.
   請列明意外受傷部份、類別及傷勢。

   d. Did the patient report to the Police? 就診者有否報警？

   Yes 有 ☐ Send us a copy of the Police Report 請提交警察報告副本一份 No 否 ☐

   e. Was there any concurrent/predisposing illness at the time of the accident?
   意外發生時，是否有其他已存在之疾病？

   f. Other information 其他資料 __________

3. **Is the patient making any compensation claim from other insurances as a result of this treatment ?**
   有關是次治療，就診者有否從其他保險申請索償？ Yes 有 ☐ No 否 ☐

   If yes, please specify the name of the Insurance Company/ Organization:
   如有，請列明保險公司 / 機構名稱 __________

   Policy No.:
   保單號碼 __________

GI3/FR0032B/P01 (05/14)

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, doctor, 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 or that of the named patient fail(s) to provide any information requested in the 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號栢克大廈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/ Claimant 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/ 索償人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。

Signature (The Insured/Claimant) 簽署（保單持有人/索償人）	ID No./Passport No. 身份證號碼/護照號碼	Date 日期

Financial Consultant's Name and Contact Telephone No.:
理財顧問姓名及聯絡電話號碼
(To be completed by Financial Consultant Only)
(由理財顧問填寫)

Part II To be completed by the attending Physician / Surgeon (For Hospital Cash Protection Claim Only)
第二部份 - 由主診醫生/外科醫生填寫（只供住院現金保障索償申報）

Name of Patient
就診者姓名 ______

Date of Admission
入院日期 ______

I.D. Card No. / Passport No.
身份證號碼 / 護照號碼 ______

Date of Discharge
出院日期 ______

A. Clinical History 診斷病歷記錄

1. Date on which the patient first consulted you for the hospitalized illness or bodily injury. 就診者首次因疾病或身體損傷住院診視日期

______

2. Please describe the symptoms and complaints of the patient for this hospitalization. 請描述是次就診者住院之病徵及申訴

______

3. According to the medical history given by the patient, how long had the patient been experiencing these symptoms before the first consultation?
根據就診者提供的病歷，在就診者首次診視前，該病徵已存在多長時間？

______ Days (s) 日 ______ Month(s) 月 ______ Year(s) 年, or since 或由 ______ 開始

4. What was your clinical diagnosis and when was it made? 閣下曾作出甚麼診斷及在何時作出？

______

5. How long, in your opinion, has the patient suffered from these symptoms? 根據閣下的專業意見，就診者已患有此病徵多長時間？

______

B. Hospitalization History 住院病歷記錄

Final diagnosis
最後診斷結果 ______

When was it made?
何時診斷？ ______

Operation performed
所作手術名稱 ______

Date of operation
手術日期 ______

Name of Surgeon
外科醫生姓名 ______

Recommended treatment & the reason for the treatment 建議接受治療之名稱及原因

______

Recommended diagnostic tests & the reason for the tests 建議接受診斷檢查之名稱及原因

______

1. If you have referred other Physician to the patient during the hospitalization, please provide the following relevant information. 於住院期間，如閣下已將就診者轉介予其他醫生，請提供下列有關資料。

Name of referred Physician 轉介醫生姓名	*Reason of referral 轉介原因*	*What treatment performed 治療名稱*

2. Brief discharge summary (including onset & duration of sign & symptoms/illness, etiology, types & results of major examination, treatment, complication & follow-up plan).
出院摘要（請列出有關病徵 / 疾病的病發及痊癒日期、病因、檢驗性質及結果、治療、併發症及跟進計劃）

______

______

______

3. Has the patient taken any home leave during this hospitalization? 於住院期間，就診者有否請假外出？
No 無 ☐ Yes 有 ☐ Please state the date, time and reason 請列明日期、時間及原因

______

C. Professional Comment 專業意見

1. In your opinion, was the hospitalized illness a recurrent episode or a chronic disease? If so, when would be the first episode?
就閣下意見，是次疾病是否為復發性病症或慢性病症？如是，何時為首次病發日期？

______

2. Has the patient ever had the same or similar symptoms(s) before? 就診者以前曾否患有同類或類似病徵？
No 無 ☐ Yes 有 ☐ Please state when and describe details 請列明日期及描述病徵詳情

______

3. Was the above condition due to or associated with the following problems ? (circle the appropriate answers) 上述情況是否因以下問題所致？(請圈出合適答案)
Accidental bodily injury \ abuse of drugs or alcohol \ AIDS \ HIV related illness \ venereal disease or sexually transmitted disease\ pregnancy, infertility or sterilization \ eye refraction \ cosmetic or plastic surgery \ mental or nervous disorder \ congenital condition \ hereditary condition \ developmental condition \ self-inflicted injury \ general check up or vaccination \ NONE OF THE ABOVE
意外身體損傷 \ 濫用藥物或酒精 \ 後天免疫力缺乏症（愛滋病）\ 與人類免疫力缺乏之相關病毒(HIV) \ 性病或因性接觸感染之疾病 \ 懷孕、不育或絕育 \ 視力折射問題 \ 美容或整容手術 \ 精神或神經病 \ 先天性情況 \ 遺傳性情況 \ 發育中出現異常情況 \ 自我傷害 \ 一般身體檢查或防疫注射 \ **以上全部不是**

4. Had the patient been previously treated or hospitalized for this or any other illness? If so, please give brief summary (including onset & duration of sign & symptoms \ illness; etiology; type & results of major examination; treatment, complication & follow-up results) 就診者過去曾否因此疾病或其他疾病而需要接受治療或住院？如是，請撮要説明（請列出有關病徵 \ 疾病的病發及痊癒日期、病因、檢驗性質及結果。）

Date 日期	Illness \ Disorder \ Complaint 疾病 \ 失調 \ 申訴	Details of treatment \ hospitalization 治療 \ 住院詳情	Name of Physician or Surgeon \ Hospital 主診醫生或外科醫生姓名 \ 醫院名稱

(Please use any separate sheet with the signature of Physician or Surgeon on it if more space is needed) （若需另頁填寫，每張紙都需要有主診醫生或外科醫生的簽署作實）

D. Others 其他

1. Are you the patient's usual Physician \ Surgeon? 閣下是否就診者的長期主診醫生 \ 外科醫生？
   i. Yes ☐ Please fill in question 2 是，請填寫問題 2
   ii. No ☐ Does the patient have any other usual\family Physician(s)\Surgeon(s)? If Yes, please give us the name(s). 不是，就診者是否有其他的長期 \ 家庭主診或外科醫生？如是，請提供姓名。

2. Please fill in the date of consultation, the symptoms and complaints of the patient for each consultation 請填寫診視日期，及每次診視的病徵及申訴

Consultation date 診視日期	Symptoms \ Complaints 病徵 \ 申訴	Recommended tests \ treatment 接受的檢查 \ 治療

3. If you are referred by other Physician \ Surgeon, please provide the name, contact number and address of the Physician \ Surgeon. 如閣下乃其他主診醫生 \ 外科醫生轉介，請提供該醫生姓名、聯絡電話及地址。

______

______

Signature of attending Physician \ Surgeon with Chop \ Hospital Stamp
主診醫生 \ 外科醫生簽署及執業印鑑 \ 醫院蓋章

______

Address & Telephone
地址及電話

______

Name of attending Physician \ Surgeon
主診醫生 \ 外科醫生姓名

______

Date
日期

註：所有中文簡譯，如與英文有異，一概以英文為準。