

Group Medical Insurance Hospital & Surgical Claim Form 團體醫療保險住院及手術索償申請表

Claim Instructions 申請索償指示

1. Completing Claim Form

Part I : To be completed by Employee/ Member

Part II : To be completed by attending Physician/ Surgeon (any cost incurred from this part and the forthcoming medical report fee are to be borne by the Employee/ Member)

2. Submitting the claim form

Submit this claim form with original medical receipt(s) and all supporting documents. In all circumstances, including follow-up visits at a later date, a fresh claim form is required. Claim form and all relevant receipt(s) must be submitted within **90 days** of the expenditure being incurred. Before returning the form, check that all parts have been completed and that you have attached the supporting documents and original medical receipt(s). Receipt(s) will not be returned unless requested.

All consultation payment receipts must clearly indicate the consultation date, patient's name, description of charges, diagnosis and operation, (if any), together with the signature of Physician/ Surgeon. Prudential General Insurance Hong Kong Limited reserves the right to request for medical report, to be obtained at the expenses of the Insured/ claimant, and further information if information on the receipt is insufficient and to appoint an independent medical examiner at its own expenses.

Remarks: Please attach copies of histopathology, endoscopic, diagnostic/ laboratory tests report, and/ or operating theatre summary.

No Reimbursement of Claim shall be made for:

- Claim(s) submitted after **90 days** from the date of discharge.
- Insufficient of required information.

3. Attach Pre-authorisation confirmation, if applicable.

4. Returning the completed claim form to:

Prudential General Insurance Hong Kong Limited
3/F, Berkshire House, 25 Westlands Road, Quarry Bay, Hong Kong
Customer Service Hotline: (852) 3656 8362

1. 填寫住院及手術索償申請表

第一部份：須由僱員/ 會員填寫。

第二部份：須由主診醫生/ 外科醫生填寫。(此部份及將來有可能需提交之醫療報告的所需費用由僱員/ 會員自行支付)

2. 呈交索償申請表

請將本索償申請表連同收訖單據正本一併交予保誠財險有限公司處理，每次就醫後或後期的覆診，均須另交索償申請表填寫方接受申請手續。

索償申請表及與申請有關之一切單據，必須在支付費用後**90日**內交予保誠財險有限公司在交回本表時，請檢查各部份是否已填妥及已附上有關文件及單據正本。除非特別要求，否則有關單據將不退還。

所有診視收據必須清楚列明診視日期、就診者姓名、收費資料、診斷及手術名稱(如適用)，並由主診醫生/ 外科醫生簽署。如填報資料不足，保誠財險有限公司有權索取醫療報告及其他有關資料，取得報告之費用由保單持有人/ 索償人支付，保誠財險有限公司保留自付費用指派獨立醫療審核人之權利。

備註：請連同病理學、內視鏡、診斷性化驗/ 檢驗報告及/ 或手術室攝要交回本公司。

根據以下情況，索償申請將不獲辦理：

- 索償申請於出院日**90天**後遞交。
- 所需資料不足。

3. 如診治項目需取得預先批核，請連同預先批核結果一併呈交。

4. 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
客戶服務熱線：(852) 3656 8362

PART I – To be completed by Member 第一部份 由會員填寫 (By Employee if Member aged under 18 如會員不足十八歲則由僱員填寫)

Name of Employer
僱主名稱 _____

Name of Employee (same as HKID)
僱員姓名 (與香港身份證相符) _____

Name of Patient (if other than Employee)
就診者名稱 (如非僱員) _____

Date of Birth (DD/ MM/ YYYY) _____ Sex _____
出生日期 (日/ 月/ 年) _____ 性別 _____

Employee's Phone No.
僱員手提電話號碼 _____

Policy No.
保單編號 _____

HKID No.
香港身份證號碼 _____

HKID/ Birth Certificate No. of Patient
就診者身份證/ 出生證明書號碼 _____

Date of Claimed Treatment (DD/ MM/ YYYY)
診治日期 (日/ 月/ 年)

From _____ To _____
由 _____ 至 _____

If hospitalisation was due to illness (must be completed) 若因疾病而住院 (必需填寫)

1. Describe the symptoms and abnormalities which led to the hospitalisation
請列出就診者因何不適及因何症狀導致是次入院

2. Name and address of doctor/ hospital the patient first consulted for the illness
初診醫生/ 醫院名稱及地址

3. Date of the first consultation (DD/ MM/ YYYY)
初診日期 (日/ 月/ 年)

4. Since when had these symptoms first appeared?
就診者於何日首次出現上述症狀?

5. Has the patient been treated by other doctor(s) or admitted to hospital for similar or related illness in the past?
就診者有否曾因同一或有關之病症而向其他醫生求診或入院?

Yes 有 No 無 If Yes, please specify 如有，請詳述

Treatment Date (DD/ MM/ YYYY)
診治日期 (日/ 月/ 年)

Name & address of the doctor/ hospital
醫生/ 醫院名稱及地址

Other information
其他資料

If hospitalisation was due to accident 若因意外而住院

1. When did it happen?
意外何時發生?

Date (DD/ MM/ YYYY) _____ Time _____
日期 (日/ 月/ 年) _____ 時間 _____

2. Where and how did it happen?
意外發生地點及經過?

3. Injured area, type and severity of the injury
受傷部份、類別及傷勢

4. Did the patient report to the police?
病人有否報警?

Yes 有 No 否
A copy of the police report to be attached 請提交有關檔案副本一份

5. 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?

6. Did you submit a claim for workmen's compensation? If yes, please specify the result.
有關是次索償閣下有否申請勞工賠償?如有，請詳述結果。

7. Other information
其他資料

Are you making any other insurance or compensation claim as a result of this treatment? Yes 有 No 無

有關是次治療，閣下有否申請其他保險索償或補償索償?

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

Policy No./ Membership No.
保單或會員編號

Declaration and Authorisation 聲明及授權

I/ We hereby authorize Prudential General Insurance Hong Kong Limited to access, obtain and utilize all of my/ our information from any person, company, authority, enterprise and/ or legal entity for the Company's reference, and/ or processing of this claim and/ or other claims submitted previously and in the future. A photocopy of this authorization shall be considered as effective and valid as the original.

本人/ 本公司茲授權保誠財險有限公司向任何人/ 公司/ 機構索取有關本人/ 公司的任何資料以作貴公司參考及/ 或辦理此索償及/ 或以前及將來的索償。此授權書的影印本與正本具有同等效力。

Personal Information Collection Statement ("PICS") 收集個人資料聲明

Prudential General Insurance Hong Kong Limited (referred to as "**Company**", "**our**", "**we**", or "**us**") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/ medical records, credit information, product history, claims history, financial and medical information ("**Personal Information**") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/ reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

保誠財險有限公司(簡稱「**本公司**」或「**我們**」)認真對待閣下個人資料的私隱及保護。為使我們可向閣下提供閣下要求的產品或服務,或為遵守法定及合約要求,我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務,我們可能會向閣下收集個人資料,包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身份證副本及資料、旅遊證件資料、健康/ 醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料(「**個人資料**」)。我們亦可能會從第三方,如其他保險公司、代理、信貸資料服務/ 報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄,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 products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

我們可能會使用閣下的個人資料作下列目的:(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、金融及相關的產品和服務;(f)與閣下進行通訊;(g)遵守任何監管或其他法律規定或其他內部業務規定(不論是向我們或下述第2部分所列的任何第三方實施);(h)就索償進行調查及和解,以及偵查及防止欺詐(不論是否有關就本申請簽發的保單);(i)使用代理機構(包括信貸資料服務機構)、追蹤公司或公開可得資料以執行核實;(j)提供客戶服務;(k)執行自動決策或資料剖析;(l)進行保單審查或需求分析;(m)進行研究和統計分析(包括使用新科技);及(n)與上述任何目的直接相關的任何其他目的。經閣下同意,我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規,上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下(或閣下的聯名保單持有人)仍為我們的客戶,我們將一直保存閣下的個人資料,或如法律有所規定或因其他原因而為必要,我們則將其保存更長時間。

2. Classes of Transferees 被資料轉交者的類別

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc ("**companies within the Prudential Group**") and to our financial/ health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose 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. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

我們可能會向該公司集團,包括本公司以及其他母公司為英國保誠集團的實體(「**保誠集團內的公司**」),及我們的金融/ 健康業務夥伴,透露閣下的個人資料。為達到上述第一部分所列明之目的,我們亦可能還會向第三方(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)保險經紀;(c)再保險公司;(d)索償調查公司;(e)為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司(不論直接或透過防欺詐組織或本段指名的其他人士),及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊(及其營運商);(f)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(包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人);(g)行業協會及聯會;(h)醫療賬單審查公司;(i)閣下的聯名保單或投資持有人;(j)研究人員;(k)信貸資料服務機構;(l)收賬代理;(m)夥伴金融機構及合作夥伴;及(n)監管機構及政府機構、執法機構及法院。在有關影響到我們全部或大部分業務的控制權、治理、結構及/ 或管理的與另一公司的交易時,或在必須符合適用的法律或監管要求下,我們亦可能會透露閣下的個人資料。經閣下同意,我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊(如下文所述)。

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. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

除非我們另有規定,否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料,我們可能無法為閣下提供所要求的產品或服務。

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. If you want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/ moved to a European Union ("**EU**") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

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。閣下如欲行使閣下的權利,或如閣下需要任何其他資料,請發送電郵至 service@prudential.com.hk 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/ 已搬遷至歐洲聯盟(「**歐盟**」)司法管轄區,我們可能需要向閣下提供進一步資料,且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知,並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格,即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站 <https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html> 上查閱。

Signature of Member
會員簽署

Date
日期

Part II – To be completed by Attending Physician/ Surgeon 第二部份 由主診/ 外科醫生填寫

Name of Patient

病人姓名

HKID/ Birth Certificate No. of Patient

病人身份證/ 出生證明書號碼

Admission Date (DD/ MM/ YYYY)

入院日期 (日/ 月/ 年)

Discharge Date (DD/ MM/ YYYY)

出院日期 (日/ 月/ 年)

A. Clinical History 診斷病歷紀錄

1. Date on which the patient first consulted you for the hospitalised illness or bodily injury. (DD/ MM/ YYYY)

病人首次就此疾病或身體受傷之求診日期。(日/ 月/ 年)

2. Please describe the symptoms and complaints of the patient for this hospitalisation.

請描述是次病人住院之病徵及申訴。

3. According to the medical history given by the patient, how long had the patient been experiencing these symptoms before the first consultation?

根據病人提供的病歷，在病人首次求診前，該病徵已存在多長時間？

_____ Day(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? (DD/ MM/ YYYY)

閣下曾作出甚麼診斷及在何時作出？(日/ 月/ 年)

5. How long, in your option, has the patient suffered from these symptom(s)?

根據閣下的意見，病人已患有此病徵多長時間？

B. Hospitalisation History 住院病歷紀錄

Final Diagnosis

診斷結果

When was it made (DD/ MM/ YYYY)

何時診斷(日/ 月/ 年)

Date of Operation (DD/ MM/ YYYY)

手術日期(日/ 月/ 年)

Operation performed

手術名稱

Surgeon's name

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 medical practitioner to the patient during the hospitalisation, please provide the following relevant information.

於住院期間，如閣下已將病人轉介予其他醫生，請提供下列有關資料。

Name of referred medical practitioner

轉介醫生姓名

Reason of referral

轉介原因

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).

出院撮要(請列出有關病徵/ 疾病的病發日期、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 hospitalisation?

於住院期間，病人有否請假外出？

 No 無 Yes 有 Please state the date (DD/ MM/ YYYY), time and reason 請列明日期(日/ 月/ 年)、時間及原因

Remarks: Please attach copies of histopathology, endoscopic, diagnostic/ laboratory test report, operation theatre summary

備註：請連同病理學、內視鏡、診斷檢查/ 檢驗報告、手術室撮要副本交回。

C. Professional Comment 專業意見

1. In your opinion, was the hospitalised illness a recurrent episode or a chronic disease? If so, when would be the first episode? (DD/ MM/ YYYY)
就閣下意見，是次住院的疾病是否為復發性病或慢性病症？如是，何時為首次病症日期？(日/月/年)

2. Has the patient ever had the same or similar symptom(s) before?
病人以前曾否患有同類或類似病徵？

No 無 Yes 有 Please state when (DD/ MM/ YYYY) and describe details 請說明日期(日/月/年)及描述詳情

3. Was the condition due to or associated with the following? (circle the appropriate answer)
上述情況是否因下列問題所致？(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\
refractive error\ cosmetic or plastic surgery\ psychiatric or psychological condition \ congenital condition\ hereditary condition\ developmental condition\
self-inflicted injury\ general check up or vaccination\ **NONE OF THE ABOVE**
意外身體受傷\ 濫用藥物或酒精\ 後天免疫力缺乏症(愛滋病)\ 與人類免疫力缺乏病毒(HIV)\ 性病或因性接觸感染之疾病\ 懷孕、不育或絕育\
視力屈光不正\ 美容或整容手術\ 精神異常情況或心理精神異常情況\ 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\ 以上全不適用

4. Had the patient been previously treated or hospitalised for this or any other illness? If so, please give brief summary (including onset & duration of signs & symptoms/
illness; etiology; type & results of major examination; treatment, complication & follow up results)
病人過去曾否因此疾病或其他疾病接受治療或住院？如是，請撮說明(請列出有關病徵/ 疾病的病發日期、病因、檢驗性質及結果、治療、併發症及跟進結果。)

Date (DD/ MM/ YYYY) 日期(日/月/年)	Illness/ Disorder/ Complaint 疾病/ 失調/ 申訴	Details of Treatment/ Hospitalisation 治療/ 住院詳情	Name of attending Physician or Surgeon/ Hospital 主診醫生或外科醫生姓名/ 醫院名稱
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(Please use any separate paper with the doctor's signature on it if more space is needed 若需另頁填寫，每頁需由醫生簽署作實)

D. Others 其他

1. Are you the patient's usual attending Physician or Surgeon?
閣下是否病人的長期主診醫生/ 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 attending Physician(s)/ Surgeon(s)? If yes, please give us the name(s).
病人是否有其他長期/家庭主診或外科醫生？如是，請提供姓名。

2. Please fill in the date of consultation and 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 (DD/ MM/ YYYY) 診視日期(日/月/年)	Symptoms/ Complaints 病徵/ 申訴	Recommended tests/ treatment 建議的檢查/ 治療
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3. If you are referred by other attending Physician/ Surgeon, please provide the name, contact number and address of Physician/ Surgeon.
如閣下乃其他主診醫生/ 外科醫生轉介，請提供該醫生/ 外科醫生姓名、聯絡電話及地址。

Signature & Chop of attending Physician/ Surgeon or Hospital Stamp
主診醫生/ 外科醫生簽署及執業印鑑或醫院蓋章

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

Address & Telephone
地址及電話

Date
日期

Date
日期