

Individual / Group Medical Insurance – Hospitalisation & Surgical Claim Form

個人 / 團體醫療保險 — 住院及手術費用索償申請表

QBE Hongkong & Shanghai Insurance Limited 昆士蘭聯保保險有限公司



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Claims Hotline 理賠熱線 852 2828 6666
Claims Fax 理賠傳真 852 3607 0531
Claims Email 理賠電郵 hk.medicalclaims@qbe.com

www.qbe.com/hk

A. NOTES 注意事項

- Please send this form together with original receipt(s) and any relevant document(s) to QBE Hongkong & Shanghai Insurance Limited within 90 days after the date of consultation treatment or discharge from hospital.
請將本索償申請表連同收據正本及有關文件於就診當日或出院日期起計的九十日內送交昆士蘭聯保保險有限公司。
- This claim form must be fully completed. If any further information is required, the patient may be asked to provide a more detailed statement to QBE Hongkong & Shanghai Insurance Limited. In that event, the patient shall furnish a further statement.
索償申請表必須全部填寫。若需要額外資料，昆士蘭聯保保險有限公司或會要求病人提供更詳細之陳述。在此情況下，病人須提供有關陳述。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Limited.
發出此索償申請表並不代表昆士蘭聯保保險有限公司承認任何責任。
- If there is insufficient room on this form, please attach additional page(s) with the additional information.
若填報資料的位置不足，請填寫於附加紙上。

B. CLAIMANT'S CERTIFICATE 索償人證書 (To be completed by the patient 此欄須由病人填寫)

Policy no. 保單號碼：	Name of policyholder 保單持有人名稱：
Insured no. / certificate no. (If applicable) 保戶編號 / 保險證書編號 (如適用)：	Name of employee / member 僱員 / 成員名稱：
Name of patient 病人姓名：	HK I.D. no. 香港身份證號碼：
Date of birth (DD/MM/YYYY) 出生日期(日/月/年)：	Gender 性別： <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女
Occupation / business 職業 / 行業：	
Relationship with the policyholder 與保單持有人關係：	<input type="checkbox"/> Self 本人 <input type="checkbox"/> Staff / Member 僱員 / 成員 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Child 子女 <input type="checkbox"/> Dependent 受養家屬
Have you had any prior treatment for this or related or similar conditions? 閣下是否曾經因同一或相關或類似的病情而接受治療？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If "Yes", please give details. 如「是」，請提供資料。 Doctor's name 醫生姓名：	Date(s) (DD/MM/YYYY) 日期(日/月/年)：
Address 地址：	
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？	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否
If "Yes", please give details. 如「有」，請提供資料。 Name of insurance company 保險公司名稱：	Policy No. 保單號碼：
Do you need the original hospital receipt(s) to you to submit this case to any other insurance company(s)? 您是否需要本公司退回正本醫院收據以向其他保險公司作出賠償申請？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

Was the hospitalisation / surgery a result of an accident?
此次住院 / 手術是否由於意外引致？

Yes 是

No 否

If "Yes", please provide details. 如「是」，請提供資料。

Date (DD/MM/YYYY)

Time

am / pm

Place

日期(日/月/年)：

時間：

上午 / 下午

地點：

Brief description

扼要描述：

Who is your usual doctor?

Doctor's name

閣下慣常求診的醫生。

醫生姓名：

Address

地址：

C. DECLARATION & AUTHORIZATION 聲明及授權

I hereby declare that all of the above information given is true, correct and complete.

本人謹此聲明上述所有資料均屬真確、正確及完備。

I hereby authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to disclose and furnish to QBE Hongkong & Shanghai Insurance Limited or its authorized representative, any and all information and / or documents with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records. Such authorization shall survive me and be binding on my estate in any event even if I may be suffering from any kind of mental incapacity in so far as legally possible. A Photocopy of this authorization shall be considered as effective and valid as the original.

本人在此授權任何醫院、醫生、保險公司或擁有有關本人資料或健康記錄之機構，向昆士蘭聯保保險公司或其授權代表披露及提供部份或全部有關本人傷患之資料及 / 或文件、病歷、診斷藥方或治療及所有醫院或醫療記錄副本。如法律上可行，本授權書在本人身故或有任何程度的精神不健全後仍然有效，並對本人之遺產具有約束力。此授權書之影印本亦屬有效。

Name of the patient

病人姓名：

H.K.I.D. no.

香港身份證號碼：

Signature of the patient

病人簽署：

Date (DD/MM/YYYY)

日期(日/月/年)：

D. ATTENDING PHYSICIAN'S STATEMENT 主診醫生證明書

This section is to be completed by the patient's attending physician / surgeon at the patient's own expense.

此欄須由病人之主診醫生 / 外科醫生填寫，所需費用由病人自行承擔。

Name of patient

病人姓名：

Hospitalisation

住院：

Name of hospital

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)：

Home leave

離院紀錄：

Yes 有

No 沒有

If "Yes", please provide details. 如「有」，請提供資料。

From

由：

To

至：

Reason of home leave

離院原因：

Surgical procedure 手術：	Name of the procedure 手術名稱：	Date of operation (DD/MM/YYYY) 手術日期 (日/月/年)：
	Nature 性質：	

Chief complaints of the patient relating to this hospitalisation / surgery
此次住院 / 手術的主要病因：

Diagnosis of conditions
病情診斷：

Underlying cause(s) of the diagnosis
得出此診斷結果之主因：

Brief discharge summary (including treatments, investigation procedures, results, and / or any complications and follow up plan)
出院撮要 (包括治療、檢查、結果及 / 或任何併發症及跟進計劃)：

Date of accident occurred or symptom first appeared (DD/MM/YYYY) 意外發生日期或首次出現病徵日期 (日/月/年)：	Date of first consultation for this condition or related similar illness (DD/MM/YYYY) 病人首次就同一或相關或類似的病情求診日期 (日/月/年)：
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To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto? Yes 是
據閣下所知，病人以前是否曾患有或出現相同或類似病情或病徵？ No 否

If "Yes", please provide details. 如「是」，請提供資料。

Please state dates and describe
請說明日期及當時情況：

Was the patient referred by another doctor? Yes 是
病人是否經其他醫生轉介？ No 否

If "Yes", please give details. 如「是」，請提供資料。

Name and address of the referral doctor
轉介醫生的姓名和地址：

Was the patient's injury / illness for this hospitalisation due to or associated with any of the following? Yes 是
病人是次受傷 / 患病而住院是否由以下情況所致或有關？ No 否

If "Yes", please tick (✓) where appropriate:
如「是」，請在適當空格填上
「✓」號：

- | | |
|--|--|
| <input type="checkbox"/> Pregnancy 懷孕 | <input type="checkbox"/> Congenital deformities / anomalies / Development condition
先天性異常 / 畸形 / 因發育上問題 |
| <input type="checkbox"/> Sterilization 絕育 | <input type="checkbox"/> Suicide / Attempted suicide / Self-inflicted injury
自殺 / 企圖自殺 / 自殘身體 |
| <input type="checkbox"/> Infertility 不育 | <input type="checkbox"/> Vaccination / Immunization 疫苗注射 / 接種疫苗 |
| <input type="checkbox"/> Drug addiction / Alcoholism 濫用藥物 / 酗酒 | <input type="checkbox"/> Sexually transmitted disease / HIV / AIDS
性傳播疾病 / 愛滋病毒 / 愛滋病 |
| <input type="checkbox"/> Cosmetic / Plastic surgery 美容 / 整容手術 | <input type="checkbox"/> Mental illness / Psychiatric / Psychological condition
精神病 / 心理病 |
| <input type="checkbox"/> General check-up 例行身體檢查 | |
| <input type="checkbox"/> Refractive errors of eyes 眼睛折射 | |

Name of attending physician / specialist 主診 / 專科醫生姓名 :	
Qualification(s) 資歷 :	
Address 地址 :	
Tel no. 電話 :	
Signature of attending physician / specialist 主診 / 專科醫生簽署 :	Date (DD/MM/YYYY) 日期 (日/月/年) :

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data the Company collect about you for the following purposes:

Insurance Services (Mandatory)

1. processing and assessing of applications for any insurance products and daily operation of the related services;
2. administering your insurance policy and providing services in relation to your insurance policy;
3. any alterations, variations, cancellation or renewal of any insurance and related services;
4. investigating, analyzing, processing and paying claims made under your insurance policy;
5. invoicing and collecting premiums and outstanding amounts from you;
6. exercising any right under the insurance policy including right of subrogation, if applicable;
7. complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order.
8. contacting you for any of the above purposes;
9. other ancillary purposes which are directly related to the above purposes;

The information you provide to the Company may be provided or transferred to the following parties in Hong Kong or overseas for the purposes set out in the above paragraph:

- a. any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- b. any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- c. any members of the Federation by the Federation for any of the above or related purposes;
- d. regulators;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company may use your name, mobile phone number, residential phone number, office phone number, residential address, correspondence address, email address, age, gender and occupation (the "Marketing Personal Data") in direct marketing. Save in the circumstances exempted in the Personal Data (Privacy) Ordinance, the Company cannot so use your Marketing Personal Data without your consent (which includes an indication of no objection). In this connection, please note that the Company may use your Marketing Personal Data for the following purposes:

- 1) any sales or direct marketing of insurance, banking, financial services, provident schemes products or related services of the Company or of the financial services providers engaged by the Company; and
- 2) to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you and such data may be transferred to third party service provider in Hong Kong or overseas who provides administrative, data processing, marketing services, consulting services and storage services.

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

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昆士蘭聯保保險有限公司（本公司）將所收集閣下的個人資料，可能用作下列的用途：

保險服務（強制）

1. 處理及評估任何保險產品之申請，及有關服務之日常運作；
2. 管理閣下的保單及為閣下的保單提供相關服務；
3. 有關保險產品及服務的任何更改、變更、取消或續保；
4. 閣下保單索償的調查、分析、處理及賠償；
5. 保費通知、收集保費和款項；
6. 行使有關保險單賦予的任何權利包括代位權，如適用；
7. 遵守及乎合任何法例及條例規定的要求、行業手則、指引、監管機構、相關行業認可機構、政府機構及法庭頒令的要求；
8. 為上述任何用途與閣下聯絡；
9. 與上述用途直接有關之其他附帶的目的。

閣下向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- a. 任何代理人、顧問、諮詢人、承辦商或提供行政、電訊、電腦、付賬、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應人或任何其他從事與保險或再保險業務有關的公司，或中介人，或索償或調查或其他提供與保險業務有關的服務供應人，以達到任何上述或有關的用途；
- b. 現存或不時成立的任何保險公司協會或聯會或類同組織（聯會），以達到任何上述或有關的用途，或以便聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下賦予聯會的職能；
- c. 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；
- d. 監管機構；
- e. 執業律師；
- f. 認可核數師及
- g. 昆士蘭保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下之申請及為閣下提供服務。

直接市場推廣產品及服務

為提供更全面的金融和保險服務，本公司可能會使用閣下的姓名、手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址、電子郵件地址、年齡、性別及職業（「市場推廣用途的個人資料」）作直接促銷。除非本公司已取得閣下的同意（包括表示不反對），否則本公司不可以如此使用閣下的市場推廣用途的個人資料，但個人資料（私穩）條例下所指明的豁免情況除外。就此，本公司可能會使用閣下的市場推廣用途的個人資料作下列用途：

- 1) 任何銷售或市場推廣有關本公司或本公司之業務伙伴的保險、銀行、金融服務、公積金計劃或有關服務。
- 2) 進行研究、保險調查及分析以供產品設計及發展及提升本公司提供予閣下的服務質素的用途上，閣下該等資料將轉移到香港或海外的第三方的服務供應商以提供行政、資料處理、市場推廣、諮詢及儲存服務。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡本公司的資料保護主任。

閣下有權查明本公司就個人資料的政策和實務，並有權要求查閱及更正由本公司持有有關閣下的個人資料，並需支付行政費用。有關查閱或更正的要求，可致函香港鰂魚涌英皇道979號太古坊濠豐大廈33樓，向昆士蘭聯保保險有限公司資料保護主任提出。

2016年9月

Note: In case of discrepancies between the English and Chinese versions, the English version shall prevail.

注意：中英文版本如有歧異，概以英文版本為準。