



QBE General Insurance (Hong Kong) Limited

1606 - 11, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong
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昆士蘭保險(香港)有限公司

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住院保障計劃賠償申請表

HOSPITAL CASH PLAN CLAIM FORM

呈遞此賠償申請表，並不表示公司承擔賠償責任。

By furnishing this form the Company makes no admission of liability.

如投保人因傷病不能書寫，投保人的家屬或負責人可代為填簽。

If the Insured is unable to write on account of disablement, this form should be completed and signed by a close relative or other responsible person acting on behalf of the Insured for the time being.

辦妥以下各項，可免延緩索償進程：

Unnecessary delay in claim process can be avoided by the following procedures:

1. 詳細填妥甲、乙兩項並簽署。

Sections A and B are fully completed and signed.

2. 由主診醫生填妥表格背面丙項並簽署。

Section C is completed and signed by the attending Doctor.

3. 正本住院賬單、收據及醫生介紹書。

Original hospital bill, receipt and Doctor's referral letter are submitted together with this form.

日期

Date: _____

甲項 投保人資料 SECTION A INSURED'S INFORMATION

投保人姓名 _____ 職業 _____ 保單編號 _____
Name of Insured _____ Occupation _____ Policy No. _____

地址 _____
Address _____

電郵地址 _____ 流動電話號碼 _____
E-Mail Address _____ Mobile Phone No _____

乙項 索償資料 SECTION B CLAIM INFORMATION

病人姓名 _____ 疾病/受傷之性質 _____
Name of Patient _____ Disease / Nature of Injuries _____

住院日期 由 (日期) _____ (時間) _____ 至 (日期) _____ (時間) _____
Period of Hospitalization: From (Date) _____ (Time) _____ To (Date) _____ (Time) _____

病發/意外發生日期 _____ 首次接受治療日期 _____
Date when symptoms first appeared / accident happened _____ Date of receiving first treatment _____

病發/意外之成因 _____
Cause of the Disease / Injuries _____

過去有否因此疾病而接受治療？若「有」請提供該醫生姓名 _____
Has patient received treatment for same disease before? If yes, give doctor's name _____

病人有否經常診治的醫生？若「有」請提供該醫生姓名 _____
Is patient under the regular care and attendance of a physician? If yes, give physician's name _____

病人有否投保其他保險公司之住院保障？ 是 否
Is patient insured with any other insurance company for hospital benefits? Yes No

若「有」，請列明其公司名稱及保單編號 _____
If yes, please state the name of the company and the policy number _____

注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。

Note: Please send the copy of payment document if other insurance company has already paid of the part of medical expenses.

丙項 收取賠償款項方式
SECTION C PAYMENT MODE

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快3-5個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。
Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive payment 3 – 5 working days earlier if you choose the direct credit option. If you do not provide payment preference, a cheque will be issued for any claim payment.

銀行轉賬重要事項 Important Note for Direct Credit

- a. 有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。
The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
- b. 如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。
If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.

選擇(一)

Option (1) 銀行轉賬 By direct credit – 只限港幣戶口 for HKD account only

請提供相關銀行資料 Please provide your bank account details

銀行名稱 恒生銀行 Hang Seng Bank
Bank Name: 其它，請列明 Others, please specify _____

賬戶持有人姓名(英文及大楷寫)
Name of Account Holder
(in English & block letter)

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銀行賬戶資料 Bank Account Information

銀行編號 Bank Code	銀行賬戶號碼 Bank A/C No.

選擇(二) 港幣支票
Option (2) Hong Kong Dollar Cheque

聲明及授權書

DECLARATION AND AUTHORISATION

本人/吾等聲明上述資料完整及正確無訛。本人/吾等並無隱瞞任何重要資料。本人/吾等明白公司可要求更多資料。本人/吾等確認本人/吾等已細閱昆士蘭保險(香港)有限公司的收集個人資料聲明(「通知」),並知悉及同意有關於本人/吾等於是次申請由本人/吾等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。

I/We declare that the above information is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We understand that the Company can request for more information. I/We confirm that I/We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me/us which are provided by me/us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.

本人/吾等現授權任何醫生、醫院、診所、保險公司或機構可將本人/吾等之病情、以往病歷、診治及申請賠償等資料給予昆士蘭保險(香港)有限公司或其代表。此授權書之副本與正本同等有效。

I/We hereby authorize any medical practitioner, hospital, clinic, insurance company or organization that has any records or knowledge of me/us or my/our health, to furnish to QBE General Insurance (Hong Kong) Limited or its authorized representative, any and all information with respect to my/our illness or injury, medical history, consultation prescription or treatment. A photostat copy of this authorization shall be considered as effective and valid as the original.

病人簽署(如非投保人)
Signature of Patient (if not the Insured) _____

投保人簽署
Signature of Insured _____

丁項 醫生證明 (由主診醫生填寫, 所需費用由索償人自行承擔)
SECTION D CERTIFICATE OF MEDICAL ATTENDANT (To Be Completed by Attending Physician/ Surgeon at the Claimant's Own Expenses)

病人姓名 (全名) Patient Name (in full): _____

入院日期 Date of Admission (日 DD /月 MM /年 YY) _____ 出院日期 Date of Discharge (日 DD /月 MM /年 YY) _____

醫院名稱 Name of Hospital: _____

病房級別 Level of hospital ward: 頭等房 Private 二等房 Semi-private 三等房 Ward 門診小手術 Clinical Surgery

1. 求診記錄 Clinical History:

a) 病人就此疾病/受傷後, 首次向閣下求診的日期 Date on which the patient first consulted you related to this illness / injury (日 DD /月 MM /年 YY) _____

b) 病人就此次住院/治療/檢驗所出現的相關症狀及主訴 Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation

c) 病人在首次求診前已患有此症狀多久? How long had the patient been experiencing these symptoms before the first consultation? _____

2. 住院詳情 Hospitalization Details:

a) 最後的診斷 Final Diagnosis _____ 手術日期 Date of Operation (日 DD /月 MM /年 YY) _____

b) 手術的名稱 Operation procedure(s) performed _____

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

醫生姓名 Name of physician consulted _____ 原因 Reason _____

治療詳情 What treatment had the physician performed _____

d) 請提供出院摘要(包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情)

Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan)

e) 若此次病症能在日間護理/診所內進行治療, 請提供住院原因。

Please provide reason(s) for hospitalization if this type of cases can be managed on day care / out-patient basis.

3. 專業意見 Professional Comment:

a) 就閣下意見, 病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴/診斷有關? 若答案為“是”, 請提供首次發病日期及詳情。

In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis.

If "yes", please provide date of the first episode and details.

b) 上述情況是否出於或與以下問題關連 (請在適當空格填上✓號) Was the condition due to or associated with the following?(Please tick the appropriate boxes)

- | | | |
|---|---|--|
| <input type="checkbox"/> 意外身體受傷 Accidental bodily injury | <input type="checkbox"/> 懷孕 Pregnancy | <input type="checkbox"/> 先天性疾病 / 異常 Congenital condition |
| <input type="checkbox"/> 自我傷害 Self-inflicted injury | <input type="checkbox"/> 不育或絕育 Infertility or sterilization | <input type="checkbox"/> 發育問題 Developmental condition |
| <input type="checkbox"/> 濫用藥物或酒精 Abuse of drugs or alcohol | <input type="checkbox"/> 避孕 Contraception | <input type="checkbox"/> 遺傳性問題 Hereditary condition |
| <input type="checkbox"/> 精神紊亂 Mental disorder | <input type="checkbox"/> 美容性質的治療 Treatment for cosmetic purpose | <input type="checkbox"/> 一般身體檢查 General check-up |
| <input type="checkbox"/> 屈光不正 Refractive error | <input type="checkbox"/> 疫苗接種 Vaccination | |
| <input type="checkbox"/> 性病, 性傳播疾病或愛滋病/愛滋病毒有關的疾病 Venereal disease, sexually transmitted disease or AIDS / HIV related illness | | |

4. 其他 Others:

a) 如病人由其他醫生轉介, 請提供轉介醫生的姓名和地址。If the patient was referred by another doctor, please provide the referring doctor's name and address.

b) 閣下是否該病人的慣常醫生? Are you the patient's usual physician? 是 Yes / 否 No

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

主診醫生/外科醫生簽名及蓋章 Signature and chop of attending physician/Surgeon

地址及電話號碼 Address and Telephone No.

主診醫生姓名/外科醫生姓名及資歷 Name of attending physician/Surgeon & qualifications

日期 Date (日 DD /月 MM /年 YY)

本索償表格內項已獲香港醫學會及香港保險業聯會屬下醫療保險協會認可。

Section C of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers.



QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

QBE General Insurance (Hong Kong) 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.
- 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.

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 General Insurance (Hong Kong) Limited, Suites 1606-11, 16/F, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Fax: (852) 3607 0391.

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.

Apr 2015



昆士蘭保險（香港）有限公司 - 收集個人資料聲明

昆士蘭保險（香港）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. 遵守及合乎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；及
- 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。

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，可致函香港鯉魚涌英皇道979號太古坊德宏大廈16樓1606-11室，傳真：(852) 3607 0391 向昆士蘭保險（香港）有限公司資料保護主任提出。

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，閣下亦可聯絡上述資料保護主任。

[中文譯本僅供參考，文義如與英文本有歧異，概以英文版為準。]

2015年 4月