



QBE HONGKONG & SHANGHAI INSURANCE LIMITED  
Claims Department: 1606-11, Devon 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  
理賠部地址: 香港鰂魚涌英皇道979號太古坊德宏大廈16樓1606-11室  
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CLAIMS HOTLINE 賠償部熱線: (852) 2877 8608  
CLAIMS FAX 賠償部傳真: (852) 3607 0531

FOR AGENT USE:

Agent name:  
Tel no.:  
Email:

## GROUP MEDICAL INSURANCE - OUTPATIENT CLAIM FORM 團體醫療保險 - 門診費用索償申請表

### 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 Ltd. within 90 days after the date of consultation treatment. Receipts must cover the diagnosis, date of treatment, patient's name, breakdown of charges and the attending physician's stamp and signature.  
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。收據必須載列診斷結果、診症日期、病人姓名、各項收費、主診醫生蓋章及簽署。
- All questions must be answered. If not applicable, write "n/a".  
所有問題必須作答。如不適用者，請填上「不適用」。
- The issue of this claim form is not an admission of liability by QBE Hongkong & Shanghai Insurance Ltd.  
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。
- Original receipt will not be returned. A copy of the original receipt will be returned upon request.  
正本收據將不獲發還，如需取得收據的副本，請與本公司聯絡。

### B. CLAIM DETAILS 索償資料

Policy no. 保單號碼:	Name of employer 僱主名稱:	
Name of employee 僱員姓名:	Ref. no. 參考編號:	
Name of patient 病人姓名:	Ref. no. 參考編號	
Benefit to be claimed 索償項目	Date of consultation 就診日期	Presented amount 收據金額
Doctor's Consultation 醫生診治		\$
Specialist Consultation 專科醫生診治 <sup>1</sup>		\$
Diagnostic Laboratory Tests 化驗所檢驗 <sup>2</sup>		\$
Physiotherapy / Chiropractor 物理治療 / 脊醫治療		\$
Chinese Medicine Practitioner 中醫		\$
Dental Benefit 牙醫		\$
Prescribed Medicine and Drugs 處方藥物 <sup>3</sup>		\$
Maternity 產科檢查		\$
Routine Medical Check-up 例行檢查		\$
	Total charges 總計	\$
Note 注意: 1. Unless otherwise specified in the policy, please attach referral letter for specialist consultation claim. 若索償專科診治費用，請附上轉介信(保單內另有註明除外)。 2. For diagnostic laboratory tests claim, please attach the attending physician's recommendation. 若索償化驗所檢驗費用，請附上主診醫生之推薦書。 3. For prescribed medicine and drugs claim, please attach the attending physician's prescription. 若索償處方藥物費用，請附上主診醫生之處方。		

### C. DECLARATION & AUTHORIZATION 聲明及授權

I hereby declare that the foregoing particulars are true and complete and undertake to give QBE Hongkong & Shanghai Insurance Ltd. all assistance in my power in dealing with the matter.

本人謹此聲明上述資料均屬真實完備，並承諾就此事宜盡力向昆士蘭聯保保險有限公司提供協助。

I hereby authorize any physician, hospital, clinic, or insurance company who has been or may hereafter be consulted to disclose and make available to QBE Hongkong & Shanghai Insurance Ltd. or its representative any and all information and / or documents concerning my medical history for the purpose of assessment of an insurance claim. 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 as valid as the original.

本人在此授權本人曾向其垂詢，或將來可能向其垂詢的任何醫生、醫院、診所或保險公司，向昆士蘭聯保保險有限公司或其代表披露或提供有關本人醫療記錄的任何及所有資料及 / 或文件，以便評估本人的保險索償申請。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，並對本人之遺產具約束力。此授權書的影印本亦屬有效。

Name of the patient 病人姓名:	Signature of the patient 病人簽署:
Date 日期:	HK I.D. no. 香港身份證號碼:

## PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held 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 Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above:

- 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.

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

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.

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 (Telephone: 2877 8488, Fax: 3607 0300).

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.

July 2015

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. 行使有關保單賦予的任何權利包括代位權，如適用；
7. 遵守及符合任何法例及條例規定的要求、行業手冊、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、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同類組織（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。

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未設有資料保障法例的地區，以致未能確保閣下的個人資料可以獲得與個人資料（私隱）條例類近或所提供的保障。

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。

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（電話：2877 8488，傳真：3607 0300）向昆士蘭聯保保險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 7 月