



QBE HONGKONG & SHANGHAI INSURANCE LIMITED  
Claims Department: 1606-11, Devon House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong  
Email: qbehksiclaims@qbe.com www.qbe.com.hk

CLAIMS HOTLINE 賠償部熱線: (852) 2877 8608  
CLAIMS FAX 賠償部傳真: (852) 3607 0531

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  
電郵: qbehksiclaims@qbe.com www.qbe.com.hk

FOR AGENT USE:

Agent name:  
Tel no.:  
Email:

INDIVIDUAL MEDICAL INSURANCE - HOSPITALIZATION & SURGICAL CLAIM FORM 個人醫療保險 - 住院及手術費用索償申請表

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 starting from the first day of treatment.  
請將本索償申請表連同收據正本及有任何關文件於開始接受治療起計的九十天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 Ltd. 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 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。
- If there is insufficient space or further comment on any area is considered necessary, please use additional pages.  
若填報資料的位置不足, 請填寫於附加紙上。
- 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. 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 the insured 保戶姓名:		
Name of the insured person 受保人姓名:			
Name of patient 病人姓名:		HK I.D. no 香港身份證號碼:	
Date of birth 出生日期:	Gender 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Occupation 職業:	
Relationship with the insured <input type="checkbox"/> Self 本人 <input type="checkbox"/> Spouse 配偶 與保戶關係: <input type="checkbox"/> Child 子女			
Have you had any treatment for this or related or similar conditions? <input type="checkbox"/> YES 是 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"/> NO 否 If "Yes", please give details. 如「是」, 請提供資料。			
Doctor's name 醫生姓名:		Date(s) 日期:	
Address 地址:			
Are you making any other insurance claim as a result of this hospitalization / surgery? <input type="checkbox"/> YES 有 有關此次住院 / 手術, 閣下有否申請其他保險賠償? <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:	
Was the hospitalization / surgery a result of an accident? <input type="checkbox"/> YES 是 此次住院 / 手術是否由於意外引致? <input type="checkbox"/> NO 否 If "Yes", please give details. 如「是」, 請提供資料。			
Date 日期:	Time 時間:	am / pm 上午 / 下午	Place 地點:
Brief description 扼要描述:			
Who is your usual doctor? 閣下慣常求診的醫生。		Doctor's name 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實、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 Ltd. 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 Photostat copy 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, 向昆士蘭聯保保險有限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, 並對本人之遺產具約束力。此授權書之影印本亦屬有效。

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

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

(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:														
Hospitalization 住院:	Name of hospital 醫院名稱:													
	Date of admission 入院日期:	Date of discharge 出院日期:												
	Home leave <input type="checkbox"/> YES 有 離院記錄: <input type="checkbox"/> NO 否 If "Yes", please give details. 如「有」，請提供資料。 from to 由: 至: Reason of home leave 離院原因:													
Surgical procedure 手術:	Name of the procedure 手術名稱:	Date of operation 手術日期:												
	Nature 性質:													
Chief complaints of the patient relating to this hospitalization / 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) 出院摘要 (包括治療、檢查、結果及 / 或任何併發症及跟進計劃):														
Date of the accident occurred or symptom first appeared 意外發生日期或首次出現病癥日期:		Date of first consultation for this condition or related or similar illness 病人首次就同一或相關或類似的病情求診日期:												
To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto? <input type="checkbox"/> 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癥? <input type="checkbox"/> NO 否 If "Yes", please give 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? <input type="checkbox"/> YES 是 病人是否經其他醫生轉介? <input type="checkbox"/> 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 hospitalization due to or associated with any of the following? <input type="checkbox"/> 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? <input type="checkbox"/> NO 否 If "Yes", please tick (✓) where appropriate: 如「是」，請在適當空格填上「✓」號: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Pregnancy 懷孕</td> <td><input type="checkbox"/> Vaccination / Immunization 疫苗注射 / 接種疫苗</td> </tr> <tr> <td><input type="checkbox"/> Sterilization 絕育</td> <td><input type="checkbox"/> Congenital deformities / anomalies 先天性異常 / 畸形</td> </tr> <tr> <td><input type="checkbox"/> Infertility 不育</td> <td><input type="checkbox"/> Refractive errors of eyes 眼睛折射</td> </tr> <tr> <td><input type="checkbox"/> Drug addiction / Alcoholism 濫用藥物 / 酗酒</td> <td><input type="checkbox"/> Suicide / Attempted suicide / Self inflicted injury 自殺 / 企圖自殺 / 自殘身體</td> </tr> <tr> <td><input type="checkbox"/> Cosmetic / Plastic surgery 美容 / 整容手術</td> <td><input type="checkbox"/> HIV / AIDS 愛滋病病毒 / 愛滋病</td> </tr> <tr> <td><input type="checkbox"/> General check-up 例行身體檢查</td> <td><input type="checkbox"/> Psychiatric condition 精神病</td> </tr> </table>			<input type="checkbox"/> Pregnancy 懷孕	<input type="checkbox"/> Vaccination / Immunization 疫苗注射 / 接種疫苗	<input type="checkbox"/> Sterilization 絕育	<input type="checkbox"/> Congenital deformities / anomalies 先天性異常 / 畸形	<input type="checkbox"/> Infertility 不育	<input type="checkbox"/> Refractive errors of eyes 眼睛折射	<input type="checkbox"/> Drug addiction / Alcoholism 濫用藥物 / 酗酒	<input type="checkbox"/> Suicide / Attempted suicide / Self inflicted injury 自殺 / 企圖自殺 / 自殘身體	<input type="checkbox"/> Cosmetic / Plastic surgery 美容 / 整容手術	<input type="checkbox"/> HIV / AIDS 愛滋病病毒 / 愛滋病	<input type="checkbox"/> General check-up 例行身體檢查	<input type="checkbox"/> Psychiatric condition 精神病
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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 日期:														

## 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、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