

# 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



33/F, Oxford House, Taikoo Place  
979 King's Road, Quarry Bay, Hong Kong  
香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

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"/> Child 子女 <input type="checkbox"/> Staff / Member 僱員 / 成員 <input type="checkbox"/> Dependent 受養家屬 <input type="checkbox"/> Spouse 配偶
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？ If "Yes", please give details. 如「是」，請提供資料。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
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？ If "Yes", please give details. 如「有」，請提供資料。	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否
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？ If "Yes", please provide details. 如「是」，請提供資料。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Date (DD/MM/YYYY) 日期 (日/月/年)：	Time 時間： am / pm 上午 / 下午
Brief description 扼要描述：	Place 地點：
Who is your usual doctor? 閣下慣常求診的醫生。 Address 地址：	Doctor's name 醫生姓名：

**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)：

<p>To the best of your knowledge, has the patient ever had the same or similar conditions or symptoms relating thereto?</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否														
<p>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？          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：</p>															
<p>Was the patient referred by another doctor?</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否														
<p>病人是否經其他醫生轉介？          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：</p>															
<p>Was the patient's injury / illness for this hospitalisation due to or associated with any of the following?</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否														
<p>病人是次受傷 / 患病而住院是否由以下情況所致或有關？          If “Yes”, please tick (✓) where appropriate:          如「是」，請在適當空格填上「✓」號：</p> <table border="0"> <tr> <td><input type="checkbox"/> Pregnancy 懷孕</td> <td><input type="checkbox"/> Congenital deformities / anomalies / Development condition 先天性異常 / 畸形 / 因發育上問題</td> </tr> <tr> <td><input type="checkbox"/> Sterilization 絕育</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"/> Infertility 不育</td> <td><input type="checkbox"/> Vaccination / Immunization 疫苗注射 / 接種疫苗</td> </tr> <tr> <td><input type="checkbox"/> Drug addiction / Alcoholism 濫用藥物 / 酗酒</td> <td><input type="checkbox"/> Sexually transmitted disease / HIV / AIDS 性傳播疾病 / 愛滋病毒 / 愛滋病</td> </tr> <tr> <td><input type="checkbox"/> Cosmetic / Plastic surgery 美容 / 整容手術</td> <td><input type="checkbox"/> Mental illness / Psychiatric / Psychological condition 精神病 / 心理病</td> </tr> <tr> <td><input type="checkbox"/> General check-up 例行身體檢查</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Refractive errors of eyes 眼睛折射</td> <td></td> </tr> </table>		<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	
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<input type="checkbox"/> General check-up 例行身體檢查															
<input type="checkbox"/> Refractive errors of eyes 眼睛折射															
<p>Name of attending physician / specialist          主診 / 專科醫生姓名：</p>															
<p>Qualification(s)          資歷：</p>															
<p>Address          地址：</p>															
<p>Tel no.          電話：</p>															
<p>Signature of attending physician / specialist          主診 / 專科醫生簽署：</p>															
<p>Date          日期：</p>															

注意：中英文版本如有歧異，概以英文版本為準。

## PERSONAL INFORMATION COLLECTION STATEMENT

**QBE Hongkong & Shanghai Insurance Limited** ("the Company") may use the personal data the Company collects about you, which may include your name, address and other contact details, date of birth, bank account or credit card details, Hong Kong identity card number, information about your dependents and health records, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/or you correspond with us, 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, analysing, 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, law enforcement agencies and court orders;
8. to conduct research, insurance survey and analysis for the purpose of product design and development and improvement of our services to you;
9. for statistical or actuarial research undertaken by the Company, other members of the QBE Group, any agents, third parties or business partners of the Company or its regulators;
10. for the operation and administration of the Company's internal business including without limitation any corporate reorganization;
11. contacting you for any of the above purposes; and
12. other ancillary purposes which are directly related to the above purposes.

The personal data you provide to the Company may be provided or transferred to the following persons in Hong Kong or overseas for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

- a. any agent, advisor, contractor or third party service provider (whether within or outside the QBE Group) who provides administrative, telecommunications, computer, payment, debt collection, security, research, ratings, consulting services, product design, marketing (where you have consented to direct marketing as described below), data processing or storage or related services or any other person 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;
- 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 purposes referred to in (b) above or directly related purposes;
- d. government bodies, regulators or any other body to whom the Company or any company within the QBE Group is required to or has agreed to make disclosure under any applicable laws or regulations;
- e. lawyers;
- f. auditors; and
- g. other insurance companies within the QBE Group which have undertaken to keep such information confidential.

Some of these persons may be located in countries overseas, namely Australia, Philippines, where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the data protection laws of Hong Kong. That means your personal data may not be protected to the same or similar level as in Hong Kong. However, the Company will only transfer your personal data to a service provider or overseas where the Company is satisfied that adequate levels of protection are in place to protect the integrity and security of any information being processed and compliance with applicable privacy and data protection laws.

In the unlikely event that the Company, any companies within the QBE Group, or its or their brands or substantially all of any of its or their assets are acquired by an unrelated third party, your personal data may be one of the transferred assets. By providing your personal data to the Company, you agree that the Company may disclose your personal data, on a confidential basis, to any prospective transferee and its professional advisors for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

You do not have to provide your personal data to the Company, but if you do not provide certain personal data (for example, the information indicated as mandatory on the relevant application, registration or renewal forms, or your contact details if you send us an enquiry), it would not be possible for the Company to process your application and render the services or to otherwise correspond with you.

The Company is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

### Direct Marketing of Products and Services

To provide a more comprehensive range of financial and insurance services, the Company would like to use your name and the contact details you provide to us (for example, your mobile phone number, residential phone number, office phone number, residential address, correspondence address and email address), alongside information that you provide (including but not limited to) about your age, gender, occupation, personal interests, marital status, family and education (the "Marketing Personal Data"), to provide you with direct marketing communications about the Company's products and services including but not limited to the Company's insurance, banking, financial services, provident schemes and general insurance products but the Company cannot do so without your consent.

The Company intends to share, from time to time, your Marketing Personal Data with any agents, third parties or business partners of the Company for the purpose of marketing to you their insurance, investment fund, provident schemes, and other financial products and services including general insurance products and services, but we will not do so without your written consent.

If you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by contacting the Company's Data Protection Officer below.

### Your Rights

You have the right to ascertain the Company's policies and practices in relation to personal data, and to obtain access to and to request correction of your personal data held by the Company. Your right to access your personal data may be subject to payment of an administrative fee. Requests for such access or correction, to withdraw consent for direct marketing, or for further information about our data privacy policies and practices, 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.

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

November 2018

## 收集個人資料聲明

昆士蘭聯保保險有限公司（本公司）所收集閣下的個人資料，包括姓名、地址及其他聯繫方式、出生日期、銀行帳戶或信用卡資料、香港身份證號碼、有關閣下的家屬資料和醫療記錄、以及本公司日後可能會在閣下投保、續保、索償或與我們通信時收集的資料，本公司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. 遵守及符合任何法例及條例規定的要求、行業守則、指引、監管機構、相關行業認可機構、政府機構、執法機構及法庭頒令的要求；
8. 從事研究、保險調查及開發產品和設計之分析並改善本公司為閣下提供的服務；
9. 由本公司、本集團成員、代理人、商業夥伴、第三方或其監管機構進行的統計或精算研究；
10. 本公司內部業務的運作和管理，包括但不限於公司重組；
11. 就上述任何用途與閣下聯絡；及
12. 與上述用途直接有關之其他附帶目的。

閣下向本公司提供的個人資料可能會提供或轉發予下列在香港或海外的各方人士作前段所述的用途或直接相關的用途或其他適用法律許可的用途：

- 甲. 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、研究、評級、諮詢服務、產品設計、市場營銷（如閣下已如下所述同意直銷）、數據處理或儲存或有關服務的第三者服務供應商（不論是否本集團的一部分）或任何其他從事與保險或再保險業務有關的人士，或中介人，或提供索償或調查或其他與保險業務有關的服務供應商；
- 乙. 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；
- 丙. 透過聯會提供予任何聯會的會員，以達到任何上述（乙）中提到的或直接相關的用途；
- 丁. 政府機構、監管機構或任何其他本公司或本集團內的公司根據任何適用的法律或法規必須或已經同意向其披露有關資料的機構；
- 戊. 執業律師；
- 己. 認可核數師；及
- 庚. 本集團內已承諾將資料保密的其他保險公司。

上列各方可能位於海外，包括澳洲及菲律賓。這些海外國家保障個人資料的法律不一定與香港的有關法律相同，亦不一定能達到相同目的。即閣下的個人資料可能得不到相等於或相近於香港法律下的保障水平。然而，本公司將閣下的個人資料轉發給服務供應商或轉發到海外前，本公司會確保接收資料的一方對有關資料有足夠的保護以保障資料的完整性和安全性，並遵守相關的私隱和個人資料保護法律。

一旦本公司、本集團內的任何公司、或本集團的品牌或實質上的全部資產被無關聯的第三方收購，閣下的個人資料可能會成為被轉讓的資產之一。當閣下向本公司提供個人資料的同時，亦表示閣下同意本公司可能會在保密的基礎上，向有關人士及其專業顧問提供閣下的個人資料，以作他們盡職調查的用途、或以完成有關交易及使被收購的企業可持續經營。

閣下有權拒絕向本公司提供個人資料，但如閣下不向本公司提供某些個人資料（如申請表格、註冊表格或續保表格上必須填寫的資料，或閣下查詢時沒有留下聯絡方法），本公司便不能夠處理閣下的申請，為閣下提供服務或與閣下聯絡。

本公司致力確保閣下個人資料安全和保密，資料的保留時間亦不會超過實際所需。

### 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及閣下提供的聯繫方式（如手提電話號碼、家居電話號碼、辦公室電話號碼、居住地址、郵寄地址及電子郵件地址）以及其他資料，包括但不限於年齡、性別、職業、個人興趣、婚姻狀況、家庭及教育程度（「市場推廣用途的個人資料」），作為本公司產品及服務的直接促銷，包括但不限於本公司的保險、銀行及金融服務、公積金計劃及一般保險產品。本公司在未得到閣下的同意之前不能使用閣下的個人資料作上述用途。

本公司擬不時與本公司之代理人、商業夥伴及第三方分享閣下作為市場推廣用途的個人資料，以用作向閣下推銷相關的保險、投資基金、公積金計劃及其他金融產品及服務，包括一般保險產品及服務。本公司在未得到閣下的書面同意之前不能使用閣下的個人資料作上述用途。

閣下如不欲收取任何直接市場推廣或銷售，閣下可以在任何時候聯絡本公司的資料保護主任免費撤回閣下的同意。

### 閣下的權利

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。查閱閣下的個人資料需支付行政費用。有關查閱或更正的要求，或有關撤回個人資料用於直接市場推廣的同意，或如欲索取更多有關本公司的個人資料政策和實務，可致函香港鯉魚涌英皇道 979 號太古坊濠豐大廈 33 樓昆士蘭聯保保險有限公司，向資料保護主任提出。

中英文版本如有歧異，概以英文版本為準。

2018 年 11 月

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