

China Medical Card Claim Form 中國醫療保證卡索償申請書

Details of Policy & Insured 保單及受保人資料

Name of Insured : 受保人名稱 :			
Name of Claimant : 索償人姓名 :			
Policy No. : 保單號碼 :			
Telephone & Fax Nos. : 電話及傳真號碼 :	[Tel 電話]		[Fax 傳真]
E-mail Address: 電郵地址 :			
Correspondence address : 通訊地址 :			

Circumstances of Accident 遇事情況

Date : 日期 :	Time : 時間 :	Place : 地點 :
Description: 過程描述 :		
Duration of the trip in China 請列明是次在中國行程日期		
From	to	
Did you report this accident to the police ? 閣下曾否向警方報告是次意外事件 ?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 無	Name of Station 警署名稱
Police Report No. 警方報告號碼 :		
Date of Report & Time: 報告日期及時間		

(Please attach copies of the police statement, if possible 請盡可能附上口供紙副本)

Details of Claim 索償細節

DEATH AND PERMANENT DISABLEMENT AND THIRD PARTY LEGAL LIABILITY 意外死亡及永久傷殘及第三者法律責任賠償 Please contact us immediately. 請立即聯絡我們。	
MEDICAL EXPENSES 醫療費用	Has the Insured fully recovered from the accident? 受保人是否完全康復? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/>
Amount of Claim 索償金額 : HKD _____	
Please attach the originals of all relevant medical documents issued by hospitals / clinics e.g. hospital bills, medical reports, medical receipts, etc. 請附上所有有關的醫院/診所發出的醫療文件正本如醫院收據、醫療報告、醫療收據等。	
In respect of this medical claim, is the Insured covered by any other medical/accident insurance policy? 就是次醫療費用索償, 受保人是否受其他醫療/意外保險保障?	
No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> Please provide details such as Policy No. and Name of Insurer 請提供資料如保單號碼及保險公司名稱 _____	

Other Information 其他資料:

Has the Insured submitted any medical / accident claim to any Insurer within the last one year?

受保人於過去一年內曾否向任何保險公司提出過任何醫療/意外保險索償 ?

No 否 Yes 是 (Please provide details 請詳述) _____

Date : _____ Signature of Insured/Claimant : _____

日期

受保人/索償人簽署

Declaration 聲明

1. I/We declare that to the best of my/our knowledge and belief the foregoing answers are true.
本人/余等謹聲明上列各細節均屬無訛。
2. I/We hereby declare and agree that any personal information in this claim form or otherwise obtained is provided by me/us and may be held, used and disclosed to enable Pafoong Insurance Company (Hong Kong) Limited ("the Company") to carry on insurance & financial services business; and may be transferred to any individuals, related companies, any other organizations, any independent third party and other service providers for the purpose of (i) processing this application and providing subsequent services for this or other products and services, and or (ii) direct marketing, and/or (iii) data matching, and/or (iv) communication with me/us for such purposes.
本人/余等同意一切由寶豐保險(香港)有限公司「貴公司」在本索償申請書或以其他方式獲取而所收集或持有本人/余等的個人資料均由本人/余等提供,並可由「貴公司」持有、使用及披露作其保險及金融服務業務上所需,並可能轉予任何個人、與「貴公司」關連公司、其他的組織、其他獨立第三者及其他服務提供者(i)能夠處理本人/余等此項申請及提供與此項申請或其他產品有關之服務,(ii)用作直銷,(iii)用作資料配合,並(iv)就任何事宜與本人/余等聯絡,直至本人/余等作出書面指示為止。
3. I/We understand that I/we have the right to obtain access and request correction of any personal information concerning myself/ourselves held by the Company.
Request for such access can be made to the Data Protection Officer of the Company.
本人/余等明白本人/余等有權查閱及要求更正由「貴公司」持有有關本人/余等的個人資料,如有此項要求,可向「貴公司」的資料保護主任提出。

AUTHORIZATION 授權

I hereby authorize any Hospital, Physician or other person who has attended me to give the Executive Officers of **Pafoong Insurance Company (Hong Kong) Limited** or their representative, all knowledge and information which was thereby acquired, including the history obtained and the diagnosis made. A photo-static copy of this authorization shall be as effective and valid as the original.

本人現授權任何醫院、醫生及診療機構人員按**寶豐保險(香港)有限公司**或其代表要求而給予其本人的診療資料及過往病情記錄。文件正本或副本同樣有效。

Date : _____

日期

Signature of Insured/Claimant: _____

受保人/索償人簽名