

LIVINGSURANCE CLAIM FORM 生活萬全保賠償申請書

Policy No. 保單號碼		Date 日期	
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Notes: 注意:

Documents required to be submitted with this form: 以下文件請連同此表格一併交回:

1. Attending Physician's Report completed by the attending Physician (To be obtained by the Claimant).
主診醫生填寫之賠償申請書 (此報告需由申請人負責索取)。
2. Pathological Report. 病理報告。

Part I: To be completed by the insured 第一部分: 由投保人填寫

A. DETAILS OF INSURED PERSON/ELIGIBLE PERSON 受保人/合資格人士資料			
1. Name of Insured in English (Surname first) 英文姓名		2. Chinese Name 中文姓名	
3. <input type="checkbox"/> Mr 先生 <input type="checkbox"/> Ms 女士 <input type="checkbox"/> Mrs 太太 <input type="checkbox"/> Miss 小姐		4. HKID No. / Passport No. 香港身分證或護照號碼	
5. Age 年歲		6. Correspondence Address 通訊地址	
7. Telephone No. 聯絡電話號碼 (Day time 日間)		(Night time 晚間)	
B. DETAILS OF EMPLOYMENT 就業資料 (If more than one occupation, please state all 倘若有其他職業, 請詳細列出)			
8. Position 職位		9. Industry 行業	
10. Job Activities 工作範圍			
11. <input type="checkbox"/> Indoor 戶內 <input type="checkbox"/> Outdoor 戶外 <input type="checkbox"/> Indoor & Outdoor 戶內及戶外			
12. Employer's Name, Address & Telephone No. 僱主名稱、地址及電話號碼			
C. REASON FOR CLAIM 賠償原因			
13. Due to accident 因意外			
(a) Date and time of accident 意外日期及時間		(DD 日 / MM 月 / YYYY 年 and am 上午 / pm 下午)	
(b) Where and how did it happen? 意外地點及經過			
(c) Part of body injured and type of injury 受傷部位及傷勢			
14. Due to illness 因患病			
(a) Describe the illness and give a brief description of the symptoms 所患病症及其病徵			
(b) How long had you been having these symptoms prior to visiting physician? 受保人在首次就診前該等病徵已存在多久?			
(c) Date and time of accident 意外日期及時間			
(i) The first physician consulted for illness: 首次就診的醫生資料: Name of Physician/Hospital & Address 醫生/醫院名稱及地址 Admission Date 求診日期			
(ii) The physician who referred the Insured to hospital 建議入院的醫生資料: Name of Physician/Hospital & Address 醫生/醫院名稱及地址 Admission Date 求診日期			

AXA General Insurance Hong Kong Limited
安盛保險有限公司

Mailing address: P.O. Box 91012 Tsim Sha Tsui Post Office, Kowloon, Hong Kong

郵寄地址: 香港九龍尖沙咀郵政局郵政信箱 91012 號

Office address: 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

辦公地址: 香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

☎: (852) 2867 8678 ☎: (852) 2285 6222

C. REASON FOR CLAIM (CONT') 賠償原因 (續)

(iii) Please give details of all physician(s) consulted or hospital(s) to which Insured Person/Eligible Person was admitted during this illness 曾診治此病的所有醫生/醫院資料：

Physician/Hospital 醫生/醫院		Admission No. 求診或住院號碼	Admission Date 求診或住院日期
Name 姓名	Address 地址		

(iv) Physician(s) seen for any similar condition in the past 過往診治同類病況的醫生資料：

Physician/Hospital 醫生/醫院		Admission No. 求診或住院號碼	Admission Date 求診或住院日期
Name 姓名	Address 地址		

D. CLAIM PAYMENT METHOD 賠償支付方式

- If the claim payment method "Autopay to bank account" is chosen,
 - please provide Insured/Insured Person/Eligible Person/Claimant's bank account proof showing account holder name and account number (e.g. copy of bank book, ATM card or bank statement etc).
 - For Insured/Insured Person/Eligible Person/Claimant who is an individual, only personal banking saving/current accounts will be accepted by AXA General Insurance Hong Kong Limited ("AXA").
 - For Insured/Insured Person/Eligible Person/Claimant who is a corporate entity, only commercial banking saving/current accounts will be accepted by AXA.
 - AXA will only pay/transfer Hong Kong Dollars to the designated bank account.
 - If the bank transfer payment is rejected, declined or unsuccessful, a cheque will be issued to Insured/Insured Person/Eligible Person/Claimant and posted to address stated on the claim form instead without further notice.
 - If the claim payments are settled in currencies other than the policy currency(ies), the payment amounts would be subject to change according to the prevailing exchange rate determined by AXA from time to time. The fluctuation in exchange rates may have impact on the payment amounts. You are subject to exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations.
 - AXA reserves the right to determine the claim payment method at its absolute discretion.
- 凡選擇以「自動轉賬至銀行戶口」方式收取索償款項，
 - 請同時提交印有投保人/受保人/合資格人士/索償人士全名及銀行戶口號碼之戶口證明（如銀行存摺或自動櫃員機卡或銀行月結單副本等）。
 - 投保人/受保人/合資格人士/索償人士是個人客戶，安盛保險有限公司（「AXA 安盛」）只接受個人銀行儲蓄/支票戶口。
 - 投保人/受保人/合資格人士/索償人士是公司客戶，AXA 安盛只接受公司銀行儲蓄/支票戶口。
 - AXA 安盛將支付/轉賬港幣到指定的銀行賬戶。
 - 如銀行轉賬被拒絕或不成功，款項將以支票形式寄予投保人/受保人/合資格人士/索償人士於索償書上所提供的地址，而恕不另行通知。
 - 如索償款項的貨幣不是保單貨幣，該款項可能會受 AXA 安盛不時釐定的匯率而改變。匯率之波動會對索償款項構成影響。您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。
 - AXA 安盛保留權利自行決定其索償款項的付款方式。

D. CLAIM PAYMENT METHOD (CONT') 賠償支付方式 (續)

I/WE hereby request and authorise AXA General Insurance Hong Kong Limited to pay benefit due in respect of this claim by any of the following payment methods (Please "✓" the appropriate box to indicate your choice):
我/我們在此要求並授權安盛保險有限公司用以下方式支付索償款項 (請以 "✓" 作出選擇) :

Cheque (to be drawn in Hong Kong Dollar)
支票 (以港元結算支付款項)

Autopay* to bank account (by Hong Kong Dollar)
自動轉賬*至銀行戶口 (以港元結算)

* Please fill in the part below 請填妥以下部分

Bank Account Information 銀行戶口資料

Name of Bank 銀行名稱																																			
Full Name in English of Account Holder(s) 銀行戶口持有人的英文姓名	(1)						(2)																												
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Bank Account No. 銀行戶口號碼																																			
	Bank Code 銀行編號	Branch Code 分行編號	Account No. 戶口號碼																																

E. PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

- offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
- processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
- providing subsequent services to you, including but not limited to administering the policies issued;
- any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
- detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
- evaluating your financial needs;
- designing products/services for customers;
- conducting market research for statistical or other purposes;
- matching any data held which relates to you from time to time for any of the purposes listed herein;
- making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
- conducting identity and/or credit checks and/or debt collection;
- complying with the laws of any applicable jurisdiction;
- carrying out other services in connection with the operation of the Company's business; and
- other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

- any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
- *The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations;
- any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
- any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
- credit reference agencies or, in the event of default, debt collection agencies;
- any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
- the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

安盛保險有限公司(下稱“本公司”)明白其就《個人資料(私隱)條例》(香港法例第486章)(“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

目的:本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄),並可能因下列各項目的(“有關目的”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料:

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴之產品/服務,以及提供、維持、管理和操作該等產品/服務;
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;
3. 向閣下提供後續服務,包括但不限於執行/管理已發出的保單;
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的,包括索賠調查;
5. 偵測和防止欺詐行為(無論是否與就由本公司及/或安盛關聯方提供的產品/服務有關);
6. 評估閣下的財務需求;
7. 為客戶設計產品/服務;
8. 為統計或其他目的進行市場研究;
9. 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料;
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查;
11. 進行身份和/或信用核查和/或債務追收;
12. 遵守任何適用的司法管轄區的法律;
13. 開展與本公司業務經營有關的其他服務;及
14. 與上述任何目的直接有關的其他目的。

個人資料的轉移:個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;
2. * 就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司(“滙豐”):確保客戶信貸信譽度持續良好,建立和維持信貸及風險的相關模型,為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料,確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項;
3. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探);
4. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方;
5. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司;
6. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者;
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關;及
8. 在有合理需要履行任何上述有關目的段落2, 3, 4及5之情況下,以下人士:保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正:根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

* 此僅適用於閣下透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求的情況。如果閣下並未透過滙豐(作為本公司的分銷代理人)申請本公司的產品和/或服務或者透過滙豐(作為本公司的分銷代理人)向本公司提出要求,閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。

F. DECLARATION AND AUTHORIZATION 聲明及授權書

1. I/WE HEREBY DECLARE AND AGREE that (1) all statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; (2) AXA General Insurance Hong Kong Limited (the "Company") is not bound by and is not required to rely on any statement which I/We may have made to any person if not written or printed here.
 2. I/WE, HEREBY AUTHORIZE (1) any employer, medical practitioner, paramedical examiners, hospital, clinic, insurance company, bank, financial institution, police, government institution, or other organization, institution or person, that has any records or knowledge of me/us to disclose such information to the Company (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessments and tests to evaluate in relation to this claim. This authorization shall bind the successors of and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.
 3. I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS.
1. 本人／我們謹此聲明及同意(1)上述一切陳述及問題的所有答案，不論是否本人／我們親手所寫，就本人／我們所知所信，均為事實全部並確實無訛；(2)本人／我們對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，安盛保險有限公司(「貴公司」)不須受其約束。
 2. 本人／我們茲授權(1)任何僱主、註冊西醫、醫療人員、醫院、診所、保險公司、銀行、財務機構、警察、政府機構、或其他組織、機構或人士、凡知道或持有任何本人／我們之紀錄者，均可將該等資料提供給貴公司；(2)貴公司或任何其指定之醫生或化驗所，可就此賠償申請替本人／我們進行所需之醫療評估及測試，作為審核本人／我們之索償。此授權對本人／我們之繼承人具有約束力；即使本人／我們身故或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
 3. 本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明《該聲明》。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀《該聲明》，而本人／我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人／我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人／我們特此確認並同意貴公司根據《該聲明》使用及轉移本人／我們的個人資料。

Date (dd/mm/yyyy)
日期(日/月/年)

Signature of Insured
投保人簽署

Signature of Insured Person/Eligible Person
受保人／合資格人士簽署

To : AXA General Insurance Hong Kong Limited
致：安盛保險有限公司

Date 日期： _____

Part II : Attending Physician s Report LivingSurance Claim Form
(To be Completed by Physician at Claimant s Expense)

Policy No. 保單號碼： _____

第二部分：醫療報告 — 生活萬全保賠償申請書
(由主診醫生填寫，費用由索償人支付)

1.	Name of Patient (Surname first)	2.	HKID/Passport No.	3.	Date Admitted (DD/MM/YYYY)
4.	Date Discharged (DD/MM/YYYY)	5.	Admission No.	6.	Ward No.
7.	(a) Date on which you first saw the patient for this illness or injury. (DD/MM/YYYY)				
	(b) Was the patient referred to you by another doctor? If so, please provide his/her name and address.				
	(c) What symptoms did the patient complain of at the first consultation?				
	(d) Was the patient's presentation consistent with the symptoms and level of disability complained of?				
8.	(a) According to the patient, how long had he/she experienced the symptoms before the first consultation?				
	(b) How long do you think the symptoms had existed before the first consultation?				
9.	Had the patient previously seen any other doctors regarding these symptoms? If so, please give details.				
10.	(a) What was the significant physical findings?				
	(b) What was the diagnosis? How was it diagnosed?				
	(c) Did you inform the patient of the diagnosis? If "yes", when did you do so?				
	(d) If you are not the first doctor who diagnosed this illness, please provide the name and address of the doctor who informed the patient of the disease.				

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11.	Hospitalisation		
	Name of Hospital	Date of Admission	Date of Discharge
	Surgical Procedure Done	Hospital Discharge Summary	
12.	Has the patient ever been treated for the same / related conditions or for any other serious disorder? If so, please provide dates and names of any other doctors / hospitals attended.		
	Date	Disease / Disorder	Details of Treatment(s) / Hospitalisation(s)
13.	(a) Does the patient smoke? If "yes", please give details of type, quantity & duration.		
	(b) Is the patient a carrier of any type of hepatitis virus? When was it diagnosed? What was the type?		
	(c) Does the patient drink? If "yes", please give details of type, quantity & duration.		
This is not the end (Please complete the "LivingSurance Claim Form – Continuation of Part II")			
<i>Guide for filing a LivingSurance Claim Form:</i>			
1. Claim Form Part I and II must be completed by the Insured/Claimant and the Attending Physician, respectively.			
2. With regard to all types of major illness, the "LivingSurance Claim Form – Continuation of Part II" must be completed and returned.			
3. References, such as patient Cards, Diagnostic, Laboratory or Pathology Reports, should be submitted.			
4. Proof of claim should be furnished within 90 days of the first diagnosis of any major illness. If no proof is received within 90 days, it must be shown that proof was received as soon as was reasonably possible, or no benefit will be paid.			

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