AIA International Limited
(Incorporated in Bermuda
with limited liability)

CONFIDENTIAL MEDICAL CERTIFICATE - 醫生報告

PART II - To be completed by doctor at Insured's/Claimant's expense 第二部份（受保人或申請人自費由主診醫生填寫）

Policy No. 保單號碼	
Name of Insured 受保人姓名	ID Card/Passport No. 身分證/護照號碼

FEMALE PRODUCT 女性保險
New Born Baby Congenital Anomaly 新生嬰兒先天性異常 – DOWN'S SYNDROME 唐氏綜合症

Down's Syndrome shall mean a specific chromosomal abnormality, specifically an autosomal aberration, identified by an extra chromosome 21 and characterized by muscular hypotonicity, microcephaly, brachycephaly and a flattened occiput. Physical and mental retardation are normally observed during the early stages of childhood. This anomaly can be detected either through prenatal testing such as chorionic villus sampling, amniocentesis or a triple screen blood test and chromosome examination / analysis of both parents.

「**唐氏綜合症**」是指一種特殊的染色體異常，具體地說是常染色體畸變，可透過 21 號染色體超數確認，主要特徵為肌張力減退、小頭畸形、短頭畸形及枕骨扁平。身體及智力發展遲緩一般可在兒童期早期發現。 此異常情況可以透過產前檢查，如絨毛膜抽驗、羊膜穿刺術或三重血液測試，及父母染色體檢驗/分析而確定。

	Details of "Yes" answers. Include diagnosis, dates duration and names and addresses of all attending physicians and medical facilities). 如答"是"，請提供診斷結果、日期、病徵持續時期及主診醫生姓名、醫療機構名稱及地址等資料。
1. Are you the Insured's usual medical physician? 閣下是否受保人慣常求診之醫生？ ☐Yes 是　　☐No 否 If "yes", when did the Insured first consult you? 如"是"，請問受保人首次向閣下求診之日期？ (　　/　　/　　) MM/DD/YYYY 月/日/年 If "no", do you know who is her usual medical physician? 如"否"，請問受保人慣常求診之醫生是誰？	
2. When were you first consulted for this illness? 受保人首次就有關疾病向閣下求診之日期。 (　　/　　/　　) MM/DD/YYYY 月/日/年	
3. Is there an extra chromosome 21? 第二十一對染色體是否異常地多了一個常染色體? ☐Yes 是　　　☐No 否	
4. Does the patient exhibit the below symptoms? 患者是否有下列徵兆? 　　　　　　　　　　　　　　　　　　　　　　Yes 是　　No 否 　　a.　muscular hypotonicity 有肌張力減退　　☐　　☐ 　　b.　microcephaly / brachycephaly 小頭畸形 / 短頭畸形　☐　　☐ 　　c.　flattened occiput 枕骨扁平　　　　　　☐　　☐	
5. What is the nature and extent of retardation of physical and mental development? 體格及智力發育遲緩的性質及程度。	
6. Is there anything in the Insured's family history which would have increased the risk of this illness? 受保人之家族病史是否增加受保人患上此病之機會？ ☐Yes 是　　☐No 否	
7. Other physicians or medical facilities the patient has consulted for this condition. 受保人曾經就診之其他醫生或醫療機構資料。 　Name of physician/facility　　　Address　　　　Date of consultation/confinement period 　　醫生/機構名稱　　　　　　地址　　　　　　　求診日期/住院時段 　...................................　.......................................　... 　...................................　.......................................　...	

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8. How long has the condition been medically documented? 上述病症約存在了多久?

9. Please give details of clinical manifestations. 請提供臨床病徵之詳情。

10. Diagnostic tools e.g. chorionic villus sampling, amniocentesis or a triple screen blood test and chromosome examination/ analysis of both parents, including dates & results. (Please provide copies of reports for reference.) 確實有關診斷的檢驗詳情,如絨毛膜抽驗、羊膜穿刺術或三重血液測試,及父母染色體檢驗/分析,包括日期及結果。(請提供報告副本以供參考。)

11. Present condition & Prognosis of the insured. 受保人現時之病況及病情進展。

12. Please state if the Insured has suffered/been treated for any other major illness(es) in the past. 請列明受保人曾患上或接受治療的其他主要疾病。

13. Is there any further information which in your opinion will assist us in assessing this claim? 請提供其他有助審核本索償個案之資料。

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I/We hereby declare that the information given on this form is true and complete to the best of my/our knowledge and belief.
本人/我們現聲明此申請書上所填資料皆為本人/我們所知及所信之事實及其全部。

PERSONAL DATA COLLECTION AND USE

PLEASE READ THE AIA PERSONAL INFORMATION COLLECTION STATEMENT ("AIA PIC") BEFORE YOU SIGN THIS CERTIFICATE. IF THE AIA PIC STATEMENT IS NOT ATTACHED, YOU CAN ASK FOR A COPY FROM US. Also, the updated version of AIA PIC is available for download from its website: www.aia.com.hk.

All the personal data and other information contained in this Confidential Medical Certificate will be used by us for the processing of the Insured's claim(s), and will also be utilized in accordance with AIA PIC. By asking you to fill in this Certificate, the Insured/Owner has given you the express consent to release his/her personal data and other information to our Company.

個人資料收集及使用

簽署此醫生報告前，**請先閱讀 AIA 個人資料收集聲明。** 如 AIA 個人資料收集聲明未有隨附於本醫生報告，閣下可向我們索取複印本一份。 AIA 個人資料收集聲明的最新版本亦可於以下網址下載：www.aia.com.hk。

所有個人及其他於此醫生報告收集所得的任何資料將會被我們用作處理受保人之索償申請，我們亦可根據 AIA 個人資料收集聲明使用該些資料。 向閣下提出要求填寫此醫生報告即表示受保人/保單持有人已授權閣下可於此報告透露他/她的個人資料及其他資料給我們。

Name of doctor and qualification 醫生姓名及醫學資格　　　　　　Signature and official chop 簽署及蓋印

Address and telephone number 地址及聯絡電話　　　　　　Date 日期

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