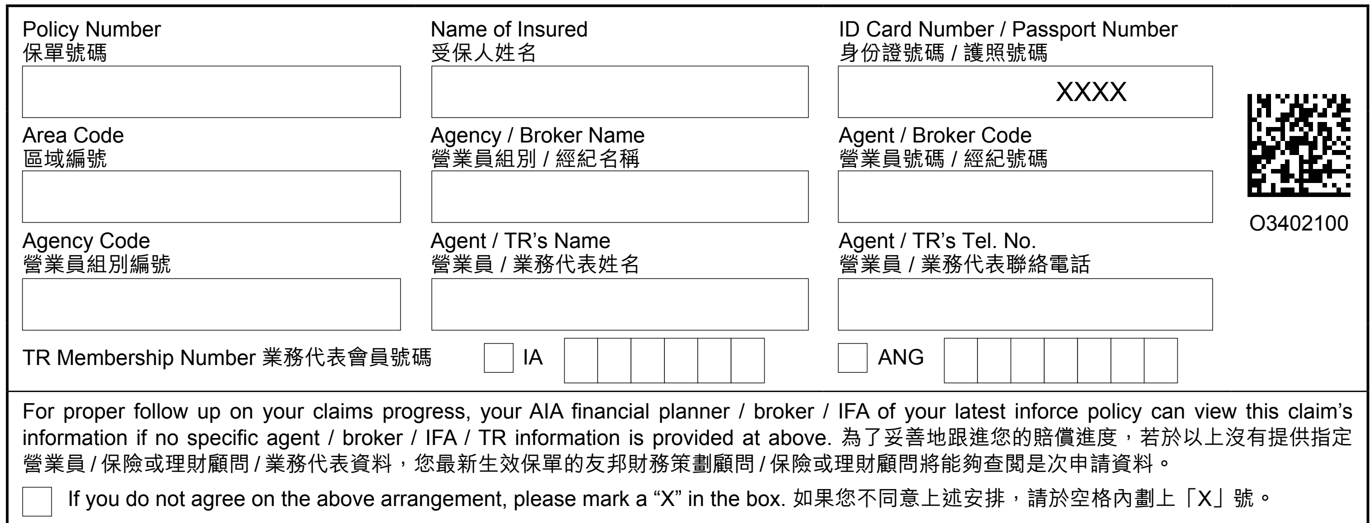
AIA International Limited

(Incorporated in Bermuda with limited liability)

DISMEMBERMENT CLAIM FORM
斷肢賠償申請表



Policy Number 保單號碼	Name of Insured 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
		XXXX
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話

O3402100

TR Membership Number 業務代表會員號碼 ☐ IA ☐ ANG

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度，若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料，您最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。

☐ If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排，請於空格內劃上「X」號。

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部份由受保人或申請人填寫

EMPLOYMENT PARTICULARS 就業詳情：

Question	Answer
1. Occupation (if more than one, state all) and exact nature of occupational duties before disability. 現職（倘有兼職請列明）職位及職責。	1.
2. Name and address of business or employer. 公司或僱主名稱及地址。	2.
3. Did you file a sick leave certificate with your employer? 有否向僱主遞交病假證明書?	3. ☐ Yes 有 ☐ No 沒有
4. Did you submit a claim for workmen's compensation for this accident? 有否就此意外申請勞工賠償?	4. ☐ Yes 有 ☐ No 沒有
5. Are you left-handed? 閣下是否左手慣用者?	5. ☐ Yes 有 ☐ No 沒有

PLEASE SIGN & RETURN IMMEDIATELY BUT NO LATER THAN 14 DAYS 請簽署後即時但不遲於14天內遞交

PLEASE DO NOT SIGN ON BLANK FORM 請勿在空白表格上簽署

Policy Number 保單號碼

ACCIDENT PARTICULARS 意外詳情：

6. a) Date and time of accident 意外日期及時間	6. a) MM月 DD日 YYYY年 HR 時 : MIN 分 ☐ A.M. 上午 ☐ P.M. 下午
b) Where and how did it happen? 意外地點及經過	b)
c) Part of body injured and type of injury 受傷部位及傷勢 (Please provide photo of the injured area for our reference. 請提供受傷部位之相片以供參考。)	c)

TREATMENT PARTICULARS 治療詳情：

7. Give details of consultation. 診治詳情

	Name and Address of Doctor / Hospital 醫生 / 醫院名稱及地址	Consultation Date 求診日期
a) The doctor first consulted for this accident and First Consultation Date 首次就診的醫生資料及日期		MM月 DD日 YYYY年
b) The doctor you last consulted for this accident and the Last Consultation Date. 最後求診的醫生資料及日期		MM月 DD日 YYYY年
c) If hospitalized, please state the period of hospitalization. 若曾住院，請列出住院時段。	From 由 MM月 DD日 YYYY年	To 至 MM月 DD日 YYYY年
d) The doctor who referred you to hospital. 建議入院的醫生資料。		

RECORD OF MEDICAL CONSULTATION / HOSPITALIZATION 過往之求診及住院紀錄：

8. Details of Physician(s) consulted or hospital(s) admitted for current accident. 因是次意外曾就診之醫生姓名或入住之醫院詳情。

Name and Address of Doctor / Hospital 醫生 / 醫院名稱及地址	Admission / Consultation No.(s) 住院 / 求診號碼	Admission / Consultation Date(s) 住院 / 求診日期
		MM月 DD日 YYYY年
		MM月 DD日 YYYY年
		MM月 DD日 YYYY年

GENERAL 其他資料：

9. Are you insured for similar disability benefit(s) with any other Company? If “yes”, please state.
閣下是否在其他公司投保類似喪失工作能力保障？如“有”，請填寫下欄。 ☐ Yes 有 ☐ No 沒有

Name of Insurer(s) 投保公司名稱	Type / Amount of Benefit(s) 投保類別 / 金額	Amount of Benefit(s) 金額	Rider(s) Attached 附加契約	Policy Number 保單號碼

CLAIMS PAYMENT OPTION 支付賠償方法：

IMPORTANT NOTE 重要事項：

For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account.
如客戶已登記使用「轉數快」或「電子入賬服務」，賠償款項將會自動入賬至指定銀行戶口

To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following:
為更方便快捷收到賠償款項，請填妥以下資料以即時登記「轉數快」或「電子入賬服務」：

Remarks 註：
To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number
持有人流動電話號碼： ____

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同，我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。
Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a **valid Identity Card / Passport** before.如未曾提供**有效的身份證 / 護照**，需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

Policy Number 保單號碼 ☐☐☐☐☐☐☐☐☐☐

Complete this section if application for Hong Kong Policy(ies) 請填妥以下部分如申請涉及香港保單 ：

☐ Apply to all your Hong Kong policies held with our Company. 是次申請應用於您於公司所持有之所有香港保單。

☐ Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之香港保單：

Please take the appropriate box; otherwise we will apply to all of your Hong Kong policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有香港保單。

Use "FPS / e-BankIn" to transfer policy benefits paid under the above policy to the below designated bank account. The transferred amount will not exceed the maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上保單號碼所支付的保單利益轉入下列指定之銀行戶口，轉入之金額將不超過公司所定的上限。

Please select transferring policy benefits paid to **either FPS OR e-BankIn**. 請選擇**「轉數快」或「電子入賬服務」其中一項**以轉入以上保單號碼所支付之保單利益。

☐ **a. FPS* 轉數快*** (Applicable to HKD payment only 只適用於港幣付款)

Please select **either ONE** of the "Proxy ID"# below by marking a "X" on appropriate box and provide relevant information. **More than one selection** will be treated as **invalid** application. Your FPS account must also be registered under the policy owner. 請以「X」號選擇下列**其中一種**「識別代號」#及提供以下相關資料。若**多過一個選項**將被視為申請**無效**。「轉數快」的用戶註冊名稱必須同樣為保單持有人。

☐ Email 電郵地址：______________________

☐ FPS Identifier 「轉數快」識別號碼：______________________

☐ Mobile Number 手機號碼：
( ) ______________________
Country Code 國際電話區號   Telephone No 手機號碼

* **"FPS Service"** means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.
「快速支付系統服務（轉數快）」指我們不時向您提供的服務，以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。

\# **"Proxy ID"** means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.
「識別代號」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別資料，包括您的手機號碼，電郵地址或「轉數快」識別號碼。

☐ **b. e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No. 銀行編號	Branch No. 分行編號	My Account No. 本人之賬戶號碼
☐☐☐ –	☐☐☐ –	☐☐☐☐☐☐☐☐☐

Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy)
銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名（必須與上述保單持有人相同）

Complete this section if application for Macau Policy(ies) 請填妥以下部分如申請涉及澳門保單 ：

☐ Apply to all your Macau policies held with our Company. 是次申請應用於您於公司所持有之所有澳門保單。

☐ Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門保單：

Please take the appropriate box; otherwise we will apply to all of your Macau policies held with our Company. 請選擇適用者，否則我們將會把是次申請應用於您於公司所持有之所有澳門保單。

☐ **e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name in Macau 澳門銀行之名稱______________________

My Account No. 本人之賬戶號碼 ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Currency 賬戶貨幣 ☐ HKD 港幣 ☐ MOP 澳門幣

Name as recorded on Bank Passbook / Statement (must be same as the Owner of the above Policy)
銀行存摺 / 月結單上所紀錄之戶口持有人姓名（必須與上述保單持有人相同 ）

Declaration & Authorization 聲明及授權

By using the FPS / e-BankIn, I / we confirm I / we have read and agreed to be bound by the terms and conditions as set out on AIA Corporate Website (www.aia.com.hk). 藉使用「轉數快」或「電子入賬服務」，本人 / 我們確認本人 / 我們已經閱讀AIA公司網頁內(www.aia.com.hk)列明之條款及條件，並同意受此約束。

Only if FPS / e-BankIn has not been registered or requested, we will follow payment option selected at below by marking a "X" in one of the boxes.
唯有未登記使用「轉數快」或「電子入賬服務」，我們將根據以下於空格內劃上「X」號的支付賠償方法。

☐ Deposited the claims payment (in the same Policy Currency) in the ancillary Future Premium Deposit Account(s) ("FPDA"). Terms of Use of the FPDA shall govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以相應的保單貨幣將賠償款項存入該保單附屬的「現金儲備金户口」。「現金儲備金户口」的使用受其使用條款規範。（僅適用於抵港抵澳內地人士業務保單）

☐ Paid by Cheque in policy currency (not applicable for FPS / e-BankIn customers) 以保單貨幣支票支付 (不適用於「轉數快」或「電子入賬服務」之客戶)

☐ Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn customers) 以港幣支票支付(不適用於「轉數快」或「電子入賬服務」之客戶)

(a) I / We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA at its discretion. 本人 / 我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註（如適用）所載之最近期保單貨幣為準。因此，提供選擇以最近期的保單貨幣以外的貨幣（「選擇貨幣」）作為收取任何此等利益的貨幣只屬友邦保險酌情所提供之服務。

(b) I / We understand and agree that should I / we opt for payment of any benefits payable under the Policy in the Opted Currency, I / we will bear the necessary exchange difference, such difference being determined by AIA on the basis of AIA's internal exchange rates as at the time of the relevant currency conversion. 本人 / 我們明白及同意如本人 / 我們選擇任何保單下所作出的利益款項以「選擇貨幣」支付，本人 / 我們同意承擔所需的兌換差額，而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

OTHER INFORMATION 其他資料

Policy Number 保單號碼

AIA INTERNATIONAL LIMITED
友邦保險(國際) 有限公司
(hereinafter called "AIA" 以下簡稱"友邦保險")
DECLARATION AND AUTHORIZATION 聲明及授權

Important Note 注意事項

(a) In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents on our website (http://www.aia.com.hk > Help & Support > Health Care & Claims> File a Claim). If you want to get back the original medical receipt(s) / sick leave certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. We will notify you or our AIA financial planner / your broker / IFA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.
為使能儘速辦理您的索償申請，請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件，請參閱友邦的網頁（http://www.aia.com.hk > 客戶支援 > 健康及索償 > 索償）。如欲退回任何呈交之正本醫療收據 / 病假證明書，請一併遞交「退回正本文件」申請表格。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料，我們會通知您或友邦財務策劃顧問 / 您的保險顧問 / 投資顧問。因索取有關資料需時，賠償申請的審核時間會較長。

(b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence.
如您還需申請其他賠償類別，您須另行填寫及遞交相關的索償申請表格和所需證明。

(c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address:
請將您的索償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問，或郵寄至以下地址:

- HK : AIA Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
  香港：友邦財駿中心，香港北角電氣道183 號友邦廣場12樓
- Macau : AIA Customer Service Centre, Unit 201, 2F, AIA Tower, Nos. 251A-301, Avenida Comercial de Macau, Macau
  澳門：友邦客戶服務中心，澳門商業大馬路251A-301號友邦廣場2樓201室

Levy on Premium 保費徵費

Important Note 重要通知

The policy owner is required by the Insurance (Levy) Regulation ("the Regulation") to pay to the company the premium along with the prescribed levy which will be remitted to the Insurance Authority ("IA") by the company. Any failure to do so may result in a breach of the Regulation under which the IA may impose on the policy owner concerned a pecuniary penalty not exceeding HK$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.
保單持有人須按《保險業（徵費）規例》（"規例"）在繳交保費時向本公司一並繳交法定保費徵費，並由本公司把保費徵費轉付至保險業監管局（"保監局"）。如保單持有人沒有繳付保費徵費，或被視為違反規例，保監局可向該人施加不超過港幣5,000元的罰款，而欠付的徵費及罰款可作為欠保監局的民事債項而由該局追討。

Declaration and Authorization 聲明及授權

☐ I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. Unless marking a "X" in the box on the left, I / We hereby give my / our irrevocable consent to the Company to deduct any outstanding levy, if any, from the claims payment and insurance proceeds if the related policy(ies) will be terminated after this claim. All of the outstanding levy of the policy(ies), if any, will be shared by the Owner / Assignee / Trustee / Beneficiary who gave consent to the Company as of the claims processing date on an equal split basis. I / We also understand and acknowledge that the policy owners' information is required to be provided to the Insurance Authority if the levy is overdue.
本人 / 我們聲明，本人 / 我們為此索償申請書中列明的保單之持有人 / 受讓人 / 信託人 / 受益人(視情況而定)。除非於左列空格劃上「X」號，否則本人 / 我們完全同意如有關保單因是次索償而終止，公司會從賠償金額及保險賠償金中扣除有關保單尚欠的保費徵費(如適用)。於保單索償程序展開時已授權公司作出扣除的保單持有人 / 受讓人 / 信託人 / 受益人將平均承擔保單所有尚欠的保費徵費。本人 / 我們明白及承認如保單持有人過期繳交保費徵費，公司須向保險業監管局提供保單持有人的資料。

I / We DECLARE that the answers given above are true and complete.
本人 / 我們現聲明以上每一項答案為完全和真確。
I / We hereby irrevocably authorize:
本人 / 我們茲授權:

a. any organization, institution, or individual that has any record or knowledge of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA may disclose any such information. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
任何知悉或擁有本人 / 我們 / 被保人之工作、病假紀錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢紀錄及曾為或將為本人 / 我們 / 被保人診治之機構、組織或人士、向友邦保險透露有關資料，不得撤回，即使本人 / 我們 / 被保人死亡或喪失能力，此授權書仍然存有法律效力，而本人 / 我們 / 被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

b. AIA or any of its approved medical examiners or laboratories to perform the necessary medical assessment and tests to underwrite and evaluate my / our / the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.
友邦保險或任何其認可之驗身醫生或化驗所，替本人 / 我們 / 被保人進行所需之醫療評估及測試，並對本人 / 我們 / 被保人之健康狀況進行審核及評估，作為處理本申請及其後與之有關的賠償事宜，不得撤回。此等化驗會包括，但並不限於，膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。

PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read and understood the AIA Personal Information Collection Statement ("AIA PIC").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from its website: www.aia.com.hk, and is made available upon request.

個人資料收集及使用

本人 / 我們確認本人 / 我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人 / 我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。本人 / 我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人 / 我們的個人資料至香港（如保單在香港繕發）或澳門（如保單在澳門繕發）境外予AIA個人資料收集聲明所載的資料承讓人。AIA個人資料收集聲明的最新版本可於以下網址下載：www.aia.com.hk，及可向貴公司索取。

Signature of Owner / Trustee 持有人 / 信託人簽署 (Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署，並確保簽名與保單申請書一致)	Signature of Insured, if other than Owner / Trustee 受保人簽署，倘非持有人 / 信託人(Please do not sign on blank form and use the signature on our file. 請勿在空白表格上簽署，並確保簽名與保單申請書一致）(Whose age is 18 or above 年齡十八歲或以上必須簽署）
Name 姓名	Name 姓名
ID Card / Passport Number 身份證 / 護照號碼	Date 日期	ID Card / Passport Number 身份證 / 護照號碼	Date 日期
Relationship with the Insured 與受保人關係	Signature of Witness 見證人簽署
	Name 姓名	Date 日期

This declaration and authorization must be signed by the insured. If the insured is a minor, the insured's parent / legal guardian can sign on his/her behalf.
此聲明及授權書必須由受保人簽署，若受保人為小童，則可由其家長/ 合法監護人簽署。

Please complete the following information if the signature is not given by the insured. 若簽署者非受保人，請填寫下列資料。

Name of Insured 受保人姓名 (in block letter 正楷書寫)	Relationship with the Insured 與受保人關係 (Please provide documentary proof for the relationship. 請提交關係證明文件)

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Policy Number 保單號碼

PART II (TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES)
第二部份由受保人自費由主診醫生或手術醫生填寫
For Loss of Use / Amputation of Limbs / Permanent & Incurable Insanity 肢體切除 / 喪失功能 / 永久及不能痊癒的精神失常適

1. (a) Name of patient 病人姓名

   (b) ID Card / Passport Number 身份證 / 護照號碼

   (c) Occupation 職業

   (d) Is the Patient left-handed? 病人是否左手慣用者?
   ☐ Yes 有 ☐ No 沒有

2. (a) Accident Date 意外日期 MM月 DD日 YYYY年

   (b) Cause of injury 受傷原因

   (c) Please specify part of body injured and type of injury.
   請列明受傷部位及其類別。

   (d) Please use a diagram to specify the part of body injured.
   請利用圖表以列明受傷部位。

   (e) Extent of injury (e.g. ROM of affected joint, site and extent of amputation, % of functional loss of the injured body part)
   受傷程度（如受影響關節可活動空間 / 斷肢位置及範圍 / 受傷部位所失功能之百分比）

   (f) Please state the overall condition and functionality of part of body injured when you last saw the patient.
   請列出於最後一次求診時受傷部位的總體情況及其功能狀況。

3. (a) Present condition of injury 現時受傷情況

   (b) Please describe the current physical impairment, if any.
   請詳述受保人現時之身體缺陷 / 損害情況(如適用)。

   (c) Do you think the impairment or loss of function mentioned would be temporary or permanent? Would there be any chance of recovery or improvement? Please elaborate.
   該身體缺陷 / 功能之損害情況是暫時性還是永久性？有沒有痊癒的可能性? 請詳述。

4. Please give details of treatment administered (such as suturing, physiotherapy, etc. with treatment dates)
   請提供治療詳情（如縫針、物理治療等）及治療日期。

5. (a) Was there any hospitalization, x-rays and / or special diagnostic procedures required?
   此次受傷是否需要住院、X光檢查及 / 或特別診斷程序?
   ☐ Yes 是 ☐ No 否

   (b) If yes, please give details and provide copies of all lab, x-ray and any relevant hospital reports.
   如是，請提供詳情及提供化驗報告、X光檢查，或任何有關的醫院報告。

   (c) Was any surgery rendered? 有沒有進行手術?
   ☐ Yes 有 ☐ No 沒有

   (d) If yes, please give details (such as name of procedure and date of surgery)
   如有，請提供詳情（如手術名稱及施行手術日期）。

6. (a) Was the injury induced from or affected by any of the following?
   受傷是否由下列情況導致或影響?
   ☐ Yes 是 ☐ No 否 Physical defects / congenital anomaly 身體缺陷 / 先天性毛病
   ☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史
   ☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變
   ☐ Yes 是 ☐ No 否 Alcohol or drugs 酒精或藥物

   (b) Please give details if any of the above answers is "yes".
   如以上任何一項為"是"，請提供詳情。

7. (a) Do you expect a fundamental or marked change of patient's present condition in the future?
   閣下認為病者現時之狀況會否有基本 / 明顯的改善?

   (b) Please state any further treatment / rehabilitation plan.
   請說明任何進一步之治療 / 康復計劃。

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 Attending Physician / Specialist (with qualifications)
主診 / 專科醫生的姓名（資歷）

Signature (with chop)
簽名（蓋印）

Address and Telephone No.
地址及電話

Date
日期

Policy Number 保單號碼

PART II (TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES)
第二部份由受保人自費由主診醫生或手術醫生填寫
For Loss of Speech / Loss of Hearing 喪失說話能力及 / 或失聽適用

1. (a) Name of patient 病人姓名
   (b) ID Card / Passport Number 身份證 / 護照號碼
   (c) Occupation 職業

2. (a) Accident Date 意外日期 MM月 DD日 YYYY年
   (b) Please specify part of body injured and type of injury.
   請列明受傷部位及其類別。
   (c) Cause of Loss of Speech and / or Loss of Hearing
   導致喪失説話能力及 / 或失聽之原因
   (d) Duration of Loss of Speech
   喪失説話能力之持續時段
   (e) Was the diagnosis confirmed by an audiometric and sound-threshold test?
   診斷是否由合適的耳、鼻、喉專科醫生確認並已進行聽力及聲域測驗?
   ☐ Yes 是 ☐ No 否

3. (a) Present condition of injury 現時受傷情況
   (b) Do you expect a fundamental or marked change of patient's present condition in the future?
   閣下認為病者現時之狀況會否有基本/ 明顯的改善?
   ☐ Yes 會 ☐ No 不會
   (c) Is the loss of Speech and / or Loss of Hearing considered total and irreversible?
   喪失説話能力及 / 或失聽之狀況是否屬於完全及永久性之缺陷?
   ☐ Yes 是 ☐ No 否
   (d) Please state any further treatment / rehabilitation plan.
   請説明任何進一步之治療 / 康復計劃。

4. Please give details of treatment administered (such as suturing, physiotherapy, etc. with treatment dates)
   請提供治療詳情（如縫針、物理治療等）及治療日期。

5. (a) Was there any hospitalization, x-rays and / or special diagnostic procedures required?
   此次受傷是否需要住院、X光檢查及 / 或特別診斷程序?
   ☐ Yes 是 ☐ No 否
   (b) If yes, please give details.
   如是，請提供詳情。
   (c) Was any surgery rendered? 有沒有進行手術?
   ☐ Yes 有 ☐ No 沒有
   (d) If yes, please give details (such as name of procedure and date of surgery)
   如有，請提供詳情（如手術名稱及施行手術日期）。

6. (a) Was the injury induced from or affected by any of the following?
   受傷是否由下列情況導致或影響?
   ☐ Yes 是 ☐ No 否 Physical defects / congenital anomaly 身體缺陷 / 先天性毛病
   ☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史
   ☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變
   ☐ Yes 是 ☐ No 否 Alcohol or drugs 酒精或藥物
   (b) Please give details if any of the above answers is "yes".
   如以上任何一項為"是"，請提供詳情。

7. Please enclose copies of all reports from (Ear, Nose and Throat) specialists, audiometric and sound-threshold reports, CT Scan, MRI, X-ray, laboratory tests, surgical reports and any relevant hospital reports.
   請提供所有報告包括耳、鼻、喉專科醫生之報告、聽力及聲域測驗報告、電腦掃描、磁力共振、X光檢查、化驗報告，或任何有關的醫院報告。

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。

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Name of Attending Physician / Specialist (with qualifications)
主診 / 專科醫生的姓名（資歷）

Signature (with chop)
簽名（蓋印）

Address and Telephone No.
地址及電話

Date
日期

Policy Number 保單號碼

PART II (TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES)
第二部份由受保人自費由主診醫生或手術醫生填寫
For Loss of Sight 喪失視力適用

1. (a) Name of patient 病人姓名

   (b) ID Card / Passport Number 身份證 / 護照號碼

   (c) Occupation 職業

2. (a) Accident Date 意外日期 MM月 DD日 YYYY年

   (b) Please specify Part of body injured and Type of injury
   請列明受傷部位及其類別

   (c) Cause of blindness
   導致失明之原因

   (d) What is the visual acuity of both eyes at present?
   雙眼現時之視力分別為多少?

   Left Eye 左眼：

   Right Eye 右眼：

3. (a) What kinds of treatment were rendered?
   施行了哪些治療?

   (b) Was any surgery rendered?
   有沒有進行手術治療?
   ☐ Yes 有 ☐ No 沒有

   (c) If yes, please give details (such as name of procedure and date of surgery)
   如有，請提供詳情（如手術名稱及施行手術日期）

4. (a) Was there any hospitalization, x-rays and / or special diagnostic procedures required?
   此次受傷是否需要住院、X光檢查及/ 或特別診斷程序?
   ☐ Yes 是 ☐ No 否

   (b) If yes, please give details.
   如是，請提供詳情

5. (a) What is the prognosis?
   病情進展如何?

   (b) Will further surgery improve the patient's sight?
   再次施行手術會否對病者的視力有改進?
   ☐ Yes 會 ☐ No 不會

   (c) If yes, what kind of surgery will be necessary?
   如會，病者需要接受什麼手術?

6. (a) Was the injury induced from or affected by any of the following?
   受傷是否由下列情況導致或影響?
   ☐ Yes 是 ☐ No 否 Physical defects / congenital anomaly 身體缺陷 / 先天性毛病
   ☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史
   ☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變
   ☐ Yes 是 ☐ No 否 Alcohol or drugs 酒精或藥物

   (b) Please give details if any of the above answers is "yes".
   如以上任何一項為"是"，請提供詳情。

7. (a) Do you expect a fundamental or marked change of patient's present condition in the future?
   閣下認為病者現時之狀況會否有基本 / 明顯的改善?
   ☐ Yes 會 ☐ No 不會

   (b) Please state any further treatment / rehabilitation plan.
   請説明任何進一步之治療 / 康復計劃。

8. Please enclose copies of all reports including ophthalmologist reports,CT Scan and any relevant reports that are available.
   請提供所有報告包括眼科專家報告、電腦掃描，或任何有關的醫院報告。

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。

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Name of Attending Physician / Specialist (with qualifications)
主診 / 專科醫生的姓名（資歷）

Signature (with chop)
簽名（蓋印）

Address and Telephone No.
地址及電話

Date
日期

Policy Number 保單號碼

PART II (TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES)
第二部份由受保人自費由主診醫生或手術醫生填寫
For Third Degree Burn 三級燒傷適用

1. (a) Name of patient 病人姓名

   (b) ID Card / Passport Number 身份證 / 護照號碼

   (c) Occupation 職業

2. (a) Accident Date 意外日期 MM月 DD日 YYYY年

   (b) Please specify Part of body injured and Type of injury
   請列明受傷部位及其類別

   (c) Please use a diagram to specify the part of body injured.
   請利用圖表以列明受傷部位。

   (d) What was the cause of major burns?
   嚴重燒傷因何引致?

   (e) Is the burn considered as Third Degree Burns (full thickness skin destruction)?
   燒傷之程度是否屬於第三級燒傷（皮膚全層燒傷）?
   ☐ Yes 是 ☐ No 否

   (f) Extent of the burn covering the body surface (in %).
   身體表面燒傷之程度（百分比）。

3. (a) Present condition of injury
   現時受傷情況

   (b) Please describe the current physical impairment, if any.
   請詳述受保人現時之身體缺陷 / 損害情況(如適用) 。

4. Please give details of treatment administered (such as suturing, physiotherapy, etc. with treatment dates)
   請提供治療詳情(如縫針、物理治療等)及治療日期。

5. (a) Was there any hospitalization, x-rays and / or special diagnostic procedures required?
   此次受傷是否需要住院、X光檢查及 / 或特別診斷程序?
   ☐ Yes 是 ☐ No 否

   (b) If yes, please give details. 如是，請提供詳情。

   (c) Was any surgery rendered? 有沒有進行手術?
   ☐ Yes 有 ☐ No 沒有

   (d) If yes, please give details (such as name of procedure and date of surgery)
   如有，請提供詳情（如手術名稱及施行手術日期）

6. (a) Was the injury induced from or affected by any of the following?
   受傷是否由下列情況導致或影響?
   ☐ Yes 是 ☐ No 否 Physical defects / congenital anomaly 身體缺陷/ 先天性毛病
   ☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史
   ☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變
   ☐ Yes 是 ☐ No 否 Alcohol or drugs 酒精或藥物

   (b) Please give details if any of the above answers is "yes".
   如以上任何一項為"是"，請提供詳情。

7. (a) Do you expect a fundamental or marked change of patient's present condition in the future?
   閣下認為病者現時之狀況會否有基本 / 明顯的改善?
   ☐ Yes 會 ☐ No 不會

   (b) Please state any further treatment / rehabilitation plan.
   請說明任何進一步之治療 / 康復計劃。

8. Please enclose copies of surgical reports and all relevant hospital reports that are available.
   請提供所有手術報告，或任何有關的醫院報告。

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 Attending Physician / Specialist (with qualifications) 主診 / 專科醫生的姓名（資歷）	Signature (with chop) 簽名（蓋印）
Address and Telephone No. 地址及電話	Date 日期

Policy Number 保單號碼

PART III (To be completed by the Insured / Claimant) 第三部份（由受保人 / 索償人填寫）

Note: This part is to be signed by the insured / claimant and applies when the insured is being examined for the said injury by the Company's staff doctor.
附註: 若是由本公司的醫生負責為受保人或索償人檢驗所述之傷患，則此部份適用，並需由受保人填寫及簽署。

STATEMENT BY THE INSURED / CLAIMANT FOR ACCIDENT INDEMNITY
受保人 / 索償人申請意外賠償之聲明

To : AIA International Limited
致 : 友邦保險(國際) 有限公司

With respect to the examination of the above-mentioned injury conducted by the AIA's staff doctor (hereinafter called "the said doctor") for the purpose of assessing my claim (as opposed to my own attending doctor), I hereby agree and confirm that:
有關由友邦保險的醫生（以下簡稱「上述醫生」）負責為本人進行驗傷，以便評估本人之索償申請的事宜（而非本人之主診醫生），本人謹此同意及確認：

(a) The medical findings by the said doctor shall be relied upon by the AIA when processing my said claim, and
由上述醫生作出之檢驗結果將成為友邦保險處理本人上述索償申請的根據。

(b) I understand that this examination does not prevent or restrict me from consulting with my own attending doctor at any time in the future forfurther medical assessments, advice or treatments that may be necessary for the said injury.
本人明白是次檢驗並不會對本人將來任何時候因所述傷患而需向本人之主診醫生尋求進一步的醫療評估及醫治時構成任何限制。

Signature of Witness 見證人簽署	Signature of Insured / Claimant 受保人 / 申請人簽署 (Please do not sign on blank form and use the signature on our file 請勿在空白表格上簽署，並確保簽名與保單申請書一致)
Name 姓名：	Name 姓名：
	ID Card / Passport No. 身份證 / 護照號碼；
Date 日期：	Date 日期：