

Policy Number 保單號碼

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7. Please describe the extent of the disease. 請描述該病的狀況。

- i. Is there evidence of multiple fractures of bones? 有沒有多處骨折? Yes 有 No 沒有
- ii. Is there evidence of progressive kyphoscoliosis? 有沒進行性脊柱後側凸畸形? Yes 有 No 沒有
- iii. Is there evidence of growth retardation resulted from the disease? 有沒因此病引致發育遲緩? Yes 有 No 沒有
- iv. Is there evidence of hearing impairment resulted from the disease? 有沒因此病引致聽力損傷? Yes 有 No 沒有
- v. If any of the above answers is "Yes", please list below the diagnostic tests, including dates & results (please provide copies of reports).
如上述任何一項答案是“有”，請列出確實有關診斷的檢驗詳情，包括日期及結果。(請提供報告副本以供參考。)

Name of Diagnostic Tests 檢驗項目	Results 檢驗結果	Dates (MM/DD/YYYY) 日期 (月/日/年)
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Note: please enclose copies of all reports, including neurological reports, blood tests, skin biopsy, x-rays, audiometric and sound-threshold test, CT Scans, MRI, other imaging studies, laboratory evidence, surgical report etc. and any relevant hospital reports that are available.
註：請提供所有報告包括神經系統報告、血液化驗、皮膚切片檢查、X-光檢查、聽力及聲域測驗、電腦掃描、磁力共震、其他影像、化驗及手術報告等，及任何有關的醫院報告。

8. i) Was skin biopsy done to confirm the diagnosis of Osteogenesis Imperfecta – Type III? 有沒就成骨不全症第三型之診斷進行皮膚切片檢查?
 Yes 有 No 沒有

ii) If "Yes", the result is: 如“有”，檢驗結果是： Positive 陽性 Negative 陰性
(Please supplement with copy of the relevant report. 請提供相關的報告以供參考。)

9. i) What was the cause of the disease? 該疾病是因何引致?

.....

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ii) Was it congenital in nature? 該疾病是否由先天性殘缺或疾病而導致?
 Yes 是 No 否

10. Present condition of the Insured 受保人現時之病況。

11. 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。

12. 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