

**CRITICAL ILLNESS CLAIM FORM****危疾保障賠償申請表**

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	TR Membership Number 業務代表會員號碼 <input type="checkbox"/> PIBA <input type="checkbox"/> CIB <input type="checkbox"/> ANG										
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	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 經紀姓名	Agent / TR's Tel. No. 營業員 / 經紀聯絡電話											



03382060

PART I (TO BE COMPLETED BY INSURED / CLAIMANT) 第一部(份由受保人或申請人填寫)This is a 這次是： New Claim 首次索償 Further Claim 再次索償 Review / Appeal 重批 / 覆核**NATURE OF CLAIM AND RELATED DETAILS 賠償性質及有關資料：**

1. Name the critical illness you are claiming for. 申請賠償的危疾名稱	1.					
2. Date of first consultation 首次求診日期	2. <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> MM月 / DD日 / YYYY年					
3. Describe the symptoms from date of onset. 詳述病發日起所患之一切病徵。	3.					
4. The name, address and contact phone no. of the doctor you first consulted for this illness. 首次就此病而求診之醫生姓名，地址及聯絡電話。	4.					
5. How long have you been having these symptoms from the date of your first consultation? 閣下在首次求診日起，以上的病徵已存在多久？	5.					
6. The name, address and contact phone no. of your regular doctor. 閣下慣常求診之醫生姓名，地址及聯絡電話。	6.					

This form is applicable for making claims against the policies issued by AIA International Limited (hereinafter called "AIA").
此表格適用於友邦保險(國際)有限公司(以下簡稱“友邦保險”) 繕發之保單的索償申請。

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RECORD OF MEDICAL CONSULTATION / HOSPITALIZATION 過往之求診及住院記錄：

7. Please give below the details of any doctor(s) who have been consulted in connection with this illness.
請提供曾診治此病之其他醫生或專科醫生資料。

Name(s) and Address(es) 姓名及地址	Consultation Date(s) 求診日期
	MM月 / DD日 / YYYY年
	MM月 / DD日 / YYYY年
	MM月 / DD日 / YYYY年

8. Please give below the details of any hospitalization in connection with this illness.
請提供與此病有關之住院記錄。

Name of Hospital(s) 醫院名稱	Date of Admission 入院日期	Date of Discharge 出院日期
	MM月 / DD日 / YYYY年	MM月 / DD日 / YYYY年
	MM月 / DD日 / YYYY年	MM月 / DD日 / YYYY年

GENERAL 其他資料：

9. Have any of your blood relatives suffered from a similar or related illness? If "yes", please state.
直係親屬中有否曾患有相同或有關之危疾？如“有”，請填寫下欄。

Relationship of Relative 親屬關係	Nature of Illness 危疾類別	Date Illness Diagnosed 診斷日期
		MM月 / DD日 / YYYY年
		MM月 / DD日 / YYYY年
		MM月 / DD日 / YYYY年

10. Are there any other illnesses / complaints treated for or suffered by you prior to this critical illness you are claiming for? If so, please give full details.
閣下在患有是次申請賠償之疾病前是否患有其它疾病？如“有”，請把有關資料詳細填報。

Name of Hospital(s) 醫院名稱	Date of Admission 入院日期	Date of Discharge 出院日期
	MM月 / DD日 / YYYY年	MM月 / DD日 / YYYY年
	MM月 / DD日 / YYYY年	MM月 / DD日 / YYYY年
	MM月 / DD日 / YYYY年	MM月 / DD日 / YYYY年

11. Are you insured for similar benefits with any other Company? If "yes", please state.
閣下是否在其它公司投保類似危疾保障？如“有”，請填寫下欄。

Name of Insurer 投保公司名稱	Type of Benefit 投保類別	Amount of Benefit 投保金額	Policy Number 保單號碼

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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 as stated in this application form "Claims Document Checklist".
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，請參閱此表格之“索償文件參考表”。
- b. In case you want to claim for other benefits such as disability 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，如傷殘，您須另行填寫及遞交相關的索償申請表格和所需證明。

CLAIMS DOCUMENT CHECKLIST 索償文件參考表

Please attach the following documents together with this application form and kindly tick against the documents submitted with this form.
請將此表格連同以下文件遞交，並於提交的文件欄內畫上“X”號。

- Histopathological Report
病理檢驗報告
- Confidential Medical Certificate for your claimed critical illness or performed surgery
您所索償的危疾或有關手術的危疾保障賠償醫生報告
- Laboratory, Ultrasonogram, X-Ray and/or MRI Report(s)
化驗、超聲波、X-光、電腦掃描及磁力共振報告
- Hospital Discharge Summary / Sick Leave Certificate with Diagnosis
出院總結 / 列有診斷證明之病假證明書
- Patient Card Copy of Consulted Doctor(s)
醫生覆診卡副本

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.

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，我們會通知閣下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。

Claims Payment Option 支付賠償方法:

- Hong Kong Dollar 港元 Policy Currency 保單貨幣

- 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。

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 putting a tick ✓ 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✓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。

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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、病假記錄、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記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、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(如保單在香港續發)或澳門(如保單在澳門續發)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。

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Signature of Witness 見証人簽署

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: _____

Date 日期: _____

ID Card / Passport No. 身份證 / 護照號碼: _____

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)