

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	
床 宇 加 場	又体八姓日		XXXX	NY SYS
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	
			M 1 1 2 2 3 2 1 1 3 1 1 1 1 1 1 1 1 1 1 1	03402100
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	
TR Membership Number 業務代表會員號码	馬 IA III		ANG	
For proper follow up on your claims proginformation if no specific agent / broker / 營業員 / 保險或理財顧問 / 業務代表資料,如 If you do not agree on the above arra	IFA / TR information is pro您最新生效保單的友邦財務策	vided at above 動顧問 / 保險或	為了妥善地跟進您的賠償進度,若於以	.上沒有提供指定
PART I (TO BE COMPLETED BY INS	SURED / CLAIMANT) 第一	一部份由受保力	人或申請人填寫	
EMPLOYMENT PARTICULARS 就業	 詳情:			
1. Occupation (if more than one, state all occupational duties before disability. 現職(倘有兼職請列明)職位及職責。) and exact nature of	1.		
2. Name and address of business or emp公司或僱主名稱及地址。	oloyer.	2.		
3. Did you file a sick leave certificate with 有否向僱主遞交病假證明書?	your employer?	3. Yes 存	有 □ No 沒有	
4. Did you submit a claim for workmen's accident? 有否就此意外申請勞工賠償?	compensation for this	4. Yes 有	函 No 沒有	
5. Are you left-handed? 閣下是否左手慣用者?		5. Yes 有	I 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

									!			_!!
AC	CIE	DENT PARTICULARS 意外i	 羊情 :									
6.	a)	Date and time of accident 意外日期及時間			6. a)	MM月 DDE	T T	 YYY年	HR	: III	Ţ	
	b)	Where and how did it happen? 意外地點及經過	?		b)	WWY, BB,	<u> </u>	,		ay Will V		11
	c)	Part of body injured and type o 受傷部位及傷勢 (Please provide photo of the injure		200	c)							
		請提供受傷部位之相片以供參考。)		nice.								
TR	EΑ	TMENT PARTICULARS 治療	療詳情:									
7.	Giv	ve details of consultation. 診治詞										
						of Doctor / Ho 名稱及地址	spital		Cor	nsultation D 求診日期	ate	
	a)	The doctor first consulted f and First Consultation Date 首次就診的醫生資料及日期	or this accident					MM		DD日	YYY	Y年
	b)	The doctor you last consulted and the Last Consultation Da 最後求診的醫生資料及日期	for this accident te.					MM		DD日	YYY	
	c)	If hospitalized, please state the hospitalization.若曾住院,請列出住院時段。	ne period of	From 由 MM月	DD目	YYYY年		To 至 MM月	DD	T Y	YYY年	Ē
	d)	The doctor who referred you 建議入院的醫生資料。	to hospital.									
RE	CO	RD OF MEDICAL CONSUL	TATION / HOS	PITALIZATIO	ON 過往	之求診及住	院紀錄	:				
8.	De	tails of Physician(s) consulted o	or hospital(s) admi	itted for currer	nt accide		h曾就診	 :之醫生姓	 名或入	 住之醫院註	 結	
		Name and Address of Docto 醫生/醫院名稱及地	or / Hospital	Admissi		sultation No.(ission	/ Consultat 院 / 求診日	ion Da	ate(s)	
								MM)		DD日	YYY	
] [
								MM)] [DD日 一 「	YYY	Y#
								MM <i>)</i>		L DD目	YYY	
GF	NF	RAL 其他資料:										
	Are	e you insured for similar disabilit 下是否在其他公司投保類似喪失			pany? If 寫下欄 [。]		state.			Yes 有] No	
		Name of Insurer(s)	Type / Amount o		Amount	of Benefit(s)		er(s) Attac	hed		y Num	
		投保公司名稱	投保類別/	金額		金額		附加契約			單號碼	
01			L 54 MK 4 - 1 -					,				
		MS PAYMENT OPTION 支付	「賠償万法:									
For a To a upon 我 Ow 持	Cu Fec fark nark ner 所 所 所 所 所 所 所 所 的 形 的 形 的 的 的 的 的 的 的 的	RTANT NOTE 重要事項: stomers who have registered 已登記使用「轉數快」或「電子 eive claims payment easily ar 便快捷收到賠償款項,請填妥以 is 註: / successful claims payment through pmpletion of the registration. 保單 %完成登記當日發送短訊通知您。 's Mobile Number 流動電話號碼:	· 入賬服務」,賠償nd conveniently, 下資料以即時登前 I FPS / e-BankIn, all I持有人的所有保單須	書款項將會自重 please regis 已「轉數快」可 policies belong 頁登記「轉數快」	的人賬至 t er FPS (「電子。 ed to sam 或「電子	指定銀行戶口 / e-BankIn by 入賬服務」: ne owner must b 子入賬服務」以 <i>f</i>	/ compl e registe 论許我們以	leting the red for FPS 以「轉數快	e follov 6 / e-Bai 」或「電	wing: nkln. We will 電子入賬服務	」支付	財賠償款項。
upo Idei	n c	ompletion of the registration. 如 proof must be provided for reg 的身份證/護昭,雲遞交身份證	此號碼跟公司紀鈞 istration of FPS /	永不同,我們會 e-BankIn if yo	更新有 u have r	關號碼至以上係 not submitted	保單。 我	們將於完	成登記	當日發送短	記訊通	知您。

Policy Number 保單號碼

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•	y Nulliber							<u>_</u>	<u>_</u>	<u></u>	<u></u>	$\underline{\sqcup}$	
Complete this section if application for Hong Kong Policy(ies) 請填妥以下													
Apply to all your Hong Kong policies held with our Company. 是次申請應用 Apply to the following Hong Kong policy / policies. 是次申請只應用於下列之			之所有	百 香港(米単。								
7, ppry to the following Hong Young points 7 pointes. 227(1) and 7, per 1137(1) 17.22	-176/4-												
						nn im tak			<h pp.<="" td=""><td>15.0.1=</td><td></td><td>\</td><td></td></h>	15.0.1=		\	
Please take the appropriate box; otherwise we will apply to all of your Hong Kor 您於公司所持有之所有香港保單。	ng policies he	eld wit	th our	Compa	any. 請	選擇週	用者,	合則:	找們清	将曾把	是次申	1請應)	用於
Use "FPS / e-Bankin" to transfer policy benefits paid under the above policy to		_											
maximum limit set by the Company. 使用「轉數快」或「電子入賬服務」將以上定的上限。	· 保里號鴝所:	文刊的	7休里7	列	人卜列		銀行戶	, H , i	轉人.	乙金額		i 週公 ī	可州
Please select transferring policy benefits paid to <u>either FPS OR e-BankIn</u> . 請選擇	「轉數快」	或「電	[子入]	長服務	其中	一項 以	轉入り	【上保!	單號码	馮所支	付之保	(單利	益。
a. FPS* 轉數快*					賬服務								
Please select either ONE of the "Proxy ID" below by putting a tick on appropriate box and provide relevant information. More than one selection will be treated as invalid	Please pro document								,	gether	with th	e follov	wing
application. Your FPS account must also be registered under the policy owner. 請以	,		•		k pass								
剔號選擇下列 <u>其中一種</u> 「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。	,	_		,	valid ba 可戶口			-					
Email 電郵地址:					/ 有效釒 ved. 不								
					also be				e poli	cy owr	ner. 電音	子入賬	服務
FPS Identifier 「轉數快」識別號碼:	的戶 Bank Nar			保單持 och in		ona ₹	法组织	 行 K 子	 >/テラ	夕稲			
Mobile Number 手機號碼:	Dalik Ival	ile ai	iu Diai	ICH III	nong r	torig ⊤	17已败1	.] IX /J	11 /	口們			
() Country Code Telephone No Bank No. Branch No. My Account No.													
國際電話區號 手機號碼	銀行編號			行編號				戶號碼					
* "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			- L			- L							
related systems and services from time to time provided by Hong Kong Interbank	Name as								nce /	Stater	nent /	Bank o	card
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	(must be 銀行存摺							,	有人好	生名(必須與	上述化	保單
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	持有人相	同)											
及服務。 # "Proxy ID" means an identifier which may be accepted by HKICL for the								\perp			\perp		
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							T	Ŧ			Ŧ	$\overline{\Box}$	
資料,包括您的手機號碼,電郵地址或「轉數快」識別號碼。													
Complete this section if application for Macau Policy(ies) 請填妥以下部分如				8 /N 00									
Apply to all your Macau policies held with our Company. 是次申請應用於您 Apply to the following Macau policy / policies. 是次申請只應用於下列之澳門		ヨレガ	「月凞「	1休毕	,								
Diagon take the appropriate how attenuing use will apply to all of your Massy as	بر امام مونوا	ith au	r Com	nanı, i	生 488 十里 :	商田耂	. 不日	111/18				E EΠ ₹Λ1	你心
Please take the appropriate box; otherwise we will apply to all of your Macau pc 公司所持有之所有澳門保單。	olicies field w	itii ou	ii Coiii	рапу. і	用选择:	凹川石	, 10 13	14% 17	肘百1	正定从	中明旭	を用がり	S.II.
e-Bankin 電子入賬服務		******	L I. I AE	·	· 선명 사이 표구	40 → -	T-1 -2 -2-	·/					
Please provide bank account information below and submit together with the following 1) Copy of any recent bank passbook / bank correspondence / bank statement	nt (including	e-state	ement)	/ valid	bank	card s			acco	unt ho	lder'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 / J Joint account is not allowed. 不接受聯名戶口。					「卡副本								
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務 Bank Name in Macau 澳門銀行之名稱	的尸口必須回位	惊為伢	(甲持有	引人。									
			T			7 I			r	<u> </u>	戶貨幣		_
My Account No. 本人之賬戶號碼	the Owner	of th	o obo	VO D	lio ()			HKD }	港幣 [N	IOP 澳	!門幣	
Name as recorded on Bank Passbook / Statement (must be same as 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		OI III	ie abc	ive Po	nicy)								
Declaration & Authorization 聲明及授權													
By using the FPS / e-BankIn, I / we confirm I / we have read and agreed to be 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													.aia.
Only if FPS / e-Bankin has not been registered or requested, we will follo 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	w payment	optio	on sel	ected									xes.
Deposited the claims payment (in the same Policy Currency) in the ancilla govern and apply. (Applicable to Mainland Chinese Visitors policy only) 以	ry Future Pre	emiur	n Dep	osit Ac	count(:	s) ("FP	DA").	Term	s of l	Jse of	the F	PDA s	shall
「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 custor Paid by Cheque in Hong Kong Dollar (not applicable for FPS / e-BankIn cu													
(a) I / We understand that any benefits payable under the Policy will be	paid in the la	atest	policy	curren	cy as	shown	on the	e Poli	icy In	format	tion Pa	age of	
Policy or, if applicable, the appropriate subsequent endorsement. According to the latest policy currency (the "Opted Currency") is solely a service of the property of the pr	ice offered b	y AIA	at its	discre	tion. 本	人/我	們明白	1所有	保單程	利益之	款項將	好根據(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 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 a necessary exchange difference, such difference being determined by	AIA on the	basis	of Al.	A's inte	ernal e	xchang	ge rate	es as	at th	e time	of the	e relev	vant
currency conversion.本人/我們明白及同意如本人/我們選擇任何保 而該差額是有關貨幣兑換時依據友邦保險內部貨幣兑換率而釐定。	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	需的兑	換差額	額,
OTHER INFORMATION 其他資料													

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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: 請將您的素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
 The Air Control of the Contro
 - 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 1903, 19/F 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19樓1903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 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。

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、賢或肝功能失常、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)
Mame 姓名	Mame 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 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 i 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 Please complete the following information if the signature is not given by the insu	簽署。
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									
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第:	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.		Name of patient 病人姓名	4.	ph	ease give details of treatment administered (such as suturing, ysiotherapy, etc. with treatment dates) 提供治療詳情(如縫針、物理治療等)及治療日期。									
	(b)	ID Card / Passport Number 身份證 / 護照號碼												
	(c)	Occupation 職業	5.	(a)	Was there any hospitalization, x-rays and / or special diagnostic									
	. ,	,		` '	procedures required?									
	(u)	Is the Patient left-handed? 病人是否左手慣用者? ☐ Yes 有 ☐ No 沒有			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									
2.	. ,	Accident Date 意外日期		(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									
	(b)	Cause of injury 受傷原因			醫院報告。									
				(C)	Was any surgery rendered? 有沒有進行手術? Yes 有 No 沒有									
	(c)	Please specify part of body injured and type of injury. 請列明受傷部位及其類別。		(d)	If yes, please give details (such as name of procedure and date of surgery)									
			6.	(2)	如有,請提供詳情(如手術名稱及施行手術日期)。 Was the injury induced from or affected by any of the following?									
	(d)	Please use a diagram to specify the part of body injured. 請利用圖表以列明受傷部位。	0.	(a)	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									
		Extent of injury (e.g. ROM of affected joint, site and extent of amputation, % of functional loss of the injured body part)			☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史									
		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)			☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變									
		Please state the overall condition and functionality of part of body injured when you last saw the patient.			☐ Yes 是 ☐ No 否 Alcohol or drugs 酒精或藥物									
		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。		(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。									
3.	(a)	Present condition of injury 現時受傷情況												
			7	(2)	Do you expect a fundamental or marked change of patient's									
	(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)。	,.	(α)	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?									
	. ,	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.		(b)	Please state any further treatment / rehabilitation plan. 請説明任何進一步之治療 / 康復計劃。									
		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。												
本	人 / :	nereby declare that the information given on this form is 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 DNAL DATA COLLECTION AND USE	true 言之:	an 事實	d complete to the best of my / our knowledge and belief. 【及其全部。									
PL	EAS	SE READ THE AIA PERSONAL INFORMATION COLLI FICATE. IF THE AIA PIC STATEMENT IS NOT ATTACH												
ver	sior	of AIA PIC is available for download from its website:	WW	/w.a	aia.com.hk. All the personal data and other information									
be	utili	zed in accordance with AIA PIC. By asking you to fill in	this	Cei										
		it to release his/her personal data and other information 料收集及使用	10 0	ur (company.									
簽署		醫生報告前,請先閱讀AIA個人資料收集聲明 。如AIA個。												
任化	可資	。AIA個人資料收集聲明的最新版本亦可於以下網址下載 料將會被我們用作處理受保人之索償申請,我們亦可根據 即表示受保人/保單持有人已授權閣下可於此報告透露他	AIA	個ノ	人資料收集聲明使用該些資料。向閣下提出要求填寫此醫									
	пиП	☆☆☆メルバ/ M十四日八日以作団 「 可が地代日及路じ	, , , , , ,	או ניא										
		of Attending Physician / Specialist (with qualifications)			ture (with chop)									
王訂	∅/專	科醫生的姓名(資歷)	簽	古(蓋印)									
	dres 址及'	s and Telephone No.	Da 日	ate										
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Policy Number 保單號碼					

第二	部	II (TO BE COMPLETED BY THE ATTENDING PHYSICIA 份由受保人自費由主診醫生或手術醫生填寫 as of Speech / Loss of Hearing 喪失說話能力及 / 或失聰適用	AN /	/ SURGEON AT THE CLAIMANT'S OWN EXPENSES)
1. (a	a)	Name of patient 病人姓名 ID Card / Passport Number 身份證 / 護照號碼	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。
(1	(ر	ID Calu / Fassport Number 对 D 应 / 唛炽炕喎	5.	(a) Was there any hospitalization, x-rays and / or special diagnostic
		Occupation 職業	J.	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
·	•	Accident Date 意外日期		(b) If yes, please give details. 如是,請提供詳情。
(t		Please specify part of body injured and type of injury. 請列明受傷部位及其類別。		(c) Was any surgery rendered? 有沒有進行手術? Yes 有 No 沒有
(0		Cause of Loss of Speech and / or Loss of Hearing 導致喪失説話能力及 / 或失聰之原因		(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)。
(0		Duration of Loss of Speech 喪失説話能力之持續時段	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?
(6	9)	Was the diagnosis confirmed by an audiometric and sound-threshold test?		☑ Yes 是 ☑ No 否 Physical defects / congenital anomaly 身體缺陷 / 先天性毛病
		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		☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史
3. (a	a)	Present condition of injury 現時受傷情況		☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變
				☑ Yes 是 ☑ No 否 Alcohol or drugs 酒精或藥物
	c)	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 Is the loss of Speech and / or Loss of Hearing considered total and irreversible? 要失説話能力及/或失聰之狀況是否屬於完全及永久性之缺陷?		(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。
(0	d)	☑ Yes 是 ☑ No 否 Please state any further treatment / rehabilitation plan.	7.	Please enclose copies of all reports from (Ear, Nose and Throat)
		請説明任何進一步之治療 / 康復計劃。		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。
本人 <u>PER</u>	/ = S(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 DNAL DATA COLLECTION AND USE	言之	and complete to the best of my / our knowledge and belief. 事實及其全部。
versi conta be ut	TI or air tili:	FICATE. IF THE AIA PIC STATEMENT IS NOT ATTACH of AIA PIC is available for download from its website: aed in this Confidential Medical Certificate will be used by	ED, ww by u this	YOU CAN ASK FOR A COPY FROM US. Also, the updated ww.aia.com.hk. All the personal data and other information as for the processing of the Insured's claim(s), and will also Certificate, the Insured / Owner has given you the express our Company.
個人 簽署 本一任何	資此 份資	<mark>料收集及使用</mark> 醫 生報告前,請先閱讀AIA個人資料收集聲明 。如AIA個/ 。AIA個人資料收集聲明的最新版本亦可於以下網址下載	人資 ;:w	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 www.aia.com.hk。所有個人及其他於此醫生報告收集所得的 M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
		of Attending Physician / Specialist (with qualifications) 科醫生的姓名(資歷)		gnature (with chop) 名(蓋印)
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Policy Number 保單號碼										
NG PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES)										

第二	部	II (TO BE COMPLETED BY THE ATTENDING PHYSICI 份由受保人自費由主診醫生或手術醫生填寫 ss of Speech / Loss of Hearing 喪失說話能力及 / 或失聰適用	AN	/ SU	RGEON AT THE CLAIMANT'S OWN EXPENSES)
		Name of patient 病人姓名	5.	(a)	What is the prognosis? 病情進展如何?
(1	b)	ID Card / Passport Number 身份證 / 護照號碼			
(0	c)	Occupation 職業		(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
2. (a	a)	Accident Date 意外日期		(c)	If yes, what kind of surgery will be necessary? 如會,病者需要接受什麼手術?
(1	b)	Please specify Part of body injured and Type of injury			
		請列明受傷部位及其類別	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?
(0	c)	Cause of blindness 導致失明之原因			Yes 是 No 否 Physical defects / congenital anomaly 身體缺陷 / 先天性毛病
((d)	What is the visual acuity of both eyes at present?			Yes 是
		雙眼現時之視力分別為多少?			☐ Yes 是 ☐ No 否 Degenerative changes 退化轉變
		Left Eye 左眼: Right Eye 右眼:			Yes 是
3. (a	a)	What kinds of treatment were rendered?		(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。
	,	施行了哪些治療?			
(1	b)	Was any surgery rendered? 有沒有進行手術治療?	7.	(a)	Do you expect a fundamental or marked change of patient's present condition in the future?
(0	c)	Yes 有			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
		date of surgery) 如有,請提供詳情(如手術名稱及施行手術日期)		(b)	Please state any further treatment / rehabilitation plan. 請說明任何進一步之治療 / 康復計劃。
	_				
4. (6	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	8.	rep	Lase enclose copies of all reports including ophthalmologist orts,CT Scan and any relevant reports that are available. 是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
(1	b)	If yes, please give details. 如是,請提供詳情		報告	특 o
本人	/	hereby declare that the information given on this form is 我們現聲明此申請書上所填資料皆為本人/ 我們所知及所 DNAL DATA COLLECTION AND USE			
PLE CER versi	AS TI	SE READ THE AIA PERSONAL INFORMATION COLL FICATE. IF THE AIA PIC STATEMENT IS NOT ATTACH of AIA PIC is available for download from its website ned in this Confidential Medical Certificate will be used	ED, : wv	, YO vw.a	J CAN ASK FOR A COPY FROM US. Also, the updated ia.com.hk. All the personal data and other information
		zed in accordance with AIA PIC. By asking you to fill in at to release his/her personal data and other information			
簽署 本一 任何	此份資	料收集及使用 醫生報告前,請先閱讀AIA個人資料收集聲明。如AIA個 。AIA個人資料收集聲明的最新版本亦可於以下網址下電 料將會被我們用作處理受保人之索償申請,我們亦可根摣 即表示受保人 / 保單持有人已授權閣下可於此報告透露他	v∶ý RAIÆ	www A個人	aia.com.hk。所有個人及其他於此醫生報告收集所得的 資料收集聲明使用該些資料。向閣下提出要求填寫此醫
		of Attending Physician / Specialist (with qualifications) 科醫生的姓名(資歷)		ignat 名(]	ure (with chop) ^{盖印)}
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Policy Number 保單號碼										
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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									
	(a)	Name of patient 病人姓名 ID Card / Passport Number 身份證 / 護照號碼	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?				
	(D)	ID Card / Passport Number 身份超 / 護煦弧幅		(b)	Yes 是				
	(c)	Occupation 職業		` ,					
2.	(a)	Accident Date 意外日期		(c)	Was any surgery rendered? 有沒有進行手術? Yes 有 No 沒有				
	, ,	MM月 DD日 YYYY年 Please specify Part of body injured and Type of injury		(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)				
		請列明受傷部位及其類別			如有,萌症供肝间(如于侧右悔及爬11于侧口刺)				
	(c)	Please use a diagram to specify the part of body injured. 請利用圖表以列明受傷部位。	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?				
	(d)	What was the cause of major burns?			Yes 是 No 否 Physical defects / congenital anomaly 身體缺陷/ 先天性毛病				
		嚴重燒傷因何引致?			☐ Yes 是 ☐ No 否 Unfavorable past medical history 過往病史				
	` ,	Is the burn considered as Third Degree Burns (full thickness skin destruction)?			Yes 是 No 否 Degenerative changes 退化轉變				
		燒傷之程度是否屬於第三級燒傷(皮膚全層燒傷)? ☑ Yes 是 ☑ No 否			☐ Yes 是 ☐ No 否 Alcohol or drugs 酒精或藥物				
	(f)	Extent of the burn covering the body surface (in %). 身體表面燒傷之程度(百分比)。		(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。				
3.	(a)	Present condition of injury 現時受傷情況	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 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) 。		(b)	☐ Yes 會 ☐ No 不會 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。		8.	rep	ase enclose copies of surgical reports and all relevant hospital orts that are available. 是供所有手術報告,或任何有關的醫院報告。					
	11337	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -							
		hereby declare that the information given on this form is 我們現聲明此申請書上所填資料皆為本人/ 我們所知及所(
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。									
Na 注	ime (診/專	of Attending Physician / Specialist (with qualifications) 科醫生的姓名(資歷)		ignat 译名(I	ure (with chop) 蓋印)				
	ldres 址及'	s and Telephone No. 電話		ate 日期					

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	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 / Cl (Please do not sign on blanl 請勿在空白表格上簽署,並码	k form	and use	the si	ignatu	ire on our	file				
	Name 姓名:		Name 姓名:										
		1	ID Card / Passport No. 🧐	身份證	/護照號	虎碼;	,						
	Date 日期:		Date 日期:								7		

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