

Group Medical Insurance Plan Hospitalization & Day Care Treatment Claim Form

「團體醫療保險計劃」住院及日症治療索償表格

In order to assist us in processing your claim promptly, please complete and return this form to **Zurich Insurance Company Ltd ("Zurich")** together with the original receipts/invoices within 90 days after termination of treatment.

為使本公司能迅速地處理閣下之索償申請，請於完成就醫後90日內填妥此表格及連同有關正本單據一併交回蘇黎世保險有限公司（「蘇黎世」）。

Part I — To be completed by the Patient

甲部 — 由病人填寫

Please tick the appropriate circle. 請✓適用圓圈。

If the space provided is insufficient, please give details on a separate sheet. 若空位不足，請另加紙張填寫詳情。

Policy no:

保單號碼:

Hospitalization 住院治療索償

Hospital Income 住院現金索償

Day Care Treatment 日症治療索償

1. Information of patient 病人資料

Name of policyholder 投保人名稱		
Name of patient 病人姓名	HKID Card no. of patient 病人香港身份證號碼	Name of employee 僱員姓名
Occupation of patient 病人職業	Telephone no. 聯絡電話	Certificate no. 保險證號碼
Relationship with employee 病人與僱員關係	<input type="radio"/> Spouse 配偶	<input type="radio"/> Child 子女

2. Details of hospitalization/surgery 住院/手術詳情

(a) Name of hospital/clinic 醫院/診所名稱
(b) Date of admission/surgery 入院/手術日期
(c) Name of the attending doctor(s) 主診醫生姓名
(d) Claimed amount 索償總額

3. Other insurance or compensation claims 其他保險或賠償

Are you making any other insurance or compensation claims as a result of this hospitalization? 閣下是否正就此住院申領其他賠償? No 否 Yes 是
If "Yes", please state the name of insurance company and policy number (including another Zurich's medical policy number for settlement of remaining balance). 若「是」，請提供保險公司名稱及保單號碼(包括其他蘇黎世醫療保險餘額將於此保單賠償)。

Policy no. 保單號碼	Name of insurance company 保險公司名稱
<input type="radio"/> Return certified true copy after claim processing, if yes, please [✓] the box (Please note: Original receipts will not be returned if the claim was fully reimbursed unless return original receipt is requested for other purpose, please state the reason) 如欲索回醫生收據的認證副本，請在空格內填上「✓」號。(請注意：如申請已獲全數賠償，正本收據將不獲退回。除非本收據需用作其他用途，請註明原因)	

4. If hospitalization/surgery was due to illness 若住院/手術由疾病導致

(a) Describe the patient's symptoms 病人之病徵		
(b) How long had the patient been having these symptoms before admission into hospital? 病人在入院前多久發現此病徵?		
(c) Give details of 請詳述	Date 日期	Doctor's name(s), address(es) and telephone no.(s) 醫生姓名、地址及電話
(i) the doctor first consulted for this illness 診治此症之首位主診醫生		
(ii) the doctor who referred the patient to hospital 轉介往醫院之醫生		
(iii) all other doctors consulted for this illness 診治此症之其他醫生		

5. If hospitalization/surgery was due to accident 若住院/手術由意外導致

(a) When did it happen 意外何時發生	Date 日期	Time 時間
(b) Describe how it happened 請詳述意外發生經過		
(c) Describe the injuries 請詳述受傷情況		
(d) Police station to which the accident was reported (if applicable) 曾到何警署報案(如適用)		

- (e) Police reference no. (please provide copy of the police report)
警署檔案編號(請提供警方報告副本)

6. Declaration and Authorisation 聲明及授權

I/We declare that the answers given above are true and complete to the best of my/our knowledge and belief.

I/We authorize any employer, hospital, physician, insurance company or other organization or person who has any record or knowledge with reference to the illness, injury, the health and medical history, consultation, prescription or treatment of the patient, to give information to Zurich Insurance Company Ltd ("the Company"). A photocopy of this authorization shall be considered as effective and valid as the original.

本人/吾等謹此聲明以上填寫一切均屬本人/吾等所知的事實之全部。

本人/吾等現授權任何僱主、醫院、醫生、保險公司或機構及人士提供有關本人所有疾病、受傷、病歷等資料、診治、配藥或治療紀錄予蘇黎世保險有限公司(「蘇黎世」)。此授權之影印本亦屬有效。

7. Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

本人/吾等明白並同意以下有關Zurich Insurance Company Ltd (「本公司」)處理所收集及保存本人/吾等之個人資料的安排。

1. The personal information of customers (include policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Zurich Insurance Company Ltd ("Company") from time to time may be used by the Company for the following purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):

由Zurich Insurance Company Ltd (「本公司」)不時收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料,均可供本公司使用作以下為向客戶提供服務而必須的用途(否則本公司將無法為未能提供所需資料的客戶提供服務):

- to process, investigate (and assist others to investigate) and determine insurance applications, benefits and claims, perform reinsurance arrangements and provide ongoing insurance services;
辦理、調查(及協助他人調查)和決定保險申請、保險及索償,進行再保險安排和提供持續的保險服務;
- to manage any claim, action and/or proceedings brought by or against or otherwise involving the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
處理任何客戶提出的、針對客戶所提出的或其他涉及客戶的索償、訴訟及/或司法程序;以及行使本公司的權利(詳情見適用保單條款所定),包括但不限於代位權;
- to process requests for payment, and for direct debit authorization;
辦理付款要求及直接付款授權;
- to provide subsequent services and administer the policies issued, such as to arrange medical examination, process additions, alterations, variations, assignments, cancellation, renewal or reinstatement of the relevant policies;
提供後續服務及執行/管理已發出的保單,例如安排身體檢查和處理相關保單的增加、更改、變更、轉讓、撤銷、續期或恢復;
- to compile statistics or database or conduct market or actuarial research or insurance surveys undertaken by the Company and/or its group ("Zurich Insurance Group"), the financial services industry, respective regulators or industry recognized bodies, or use for accounting and actuarial purposes;
由本公司及/或其所屬集團(「蘇黎世保險集團」)、金融服務業界、相關監管機構或公認行業組織編撰統計數字或資料庫,或進行市場、精算研究或保險調查,或作會計及精算用途;
- to perform customer analysis, profiling and segmentation, or to design new or enhance existing products and services of the Zurich Insurance Group;
進行客戶研究分析及分層,或為蘇黎世保險集團設計新的產品/服務,或改進現有的產品/服務;
- to meet the disclosure requirements of any local or foreign law, rules, regulations, codes or guidelines binding on the Zurich Insurance Group and conduct matching procedures where necessary;
符合對蘇黎世保險集團具約束力的任何本地或外國法例、規則、規例、守則或指引的披露規定及如需要時進行核對程序;
- to comply with the requirements, orders or legitimate requests of, or contractual or other commitment or arrangement with the courts of Hong Kong, local and foreign regulators, tax or law enforcement authority, self-regulatory or industry recognized bodies such as federations or associations of insurers or financial services providers, including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, credit reference agencies, governmental bodies and government-related establishments;
遵循香港法院、本地與外地的監管機構、稅務或執法機構、獨立監管或公認行業組織(例如保險公司或金融服務供應商的聯會或協會),包括但不限於保險業監管局、香港保險業聯會、核數師、信貸諮詢機構、政府組織和政府相關機構所作出的規定、指令或合法要求,或遵循與上述機構或團體間之合約承諾、其他承諾或安排;
- to collect debts;
債務追討;
- to prevent and detect fraud;
偵測和防止欺詐行為;
- to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
便利本公司的認可服務供應商,就上述目的為本公司及/或客戶提供服務;及
- to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。

2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the purposes **necessary** in providing services, as set out in paragraph 1 above:

本公司可就上述第1段所述為向客戶提供服務而必須的用途,向以下於香港境內或境外的人士提供任何客戶個人資料:

- companies within the Zurich Insurance Group, any other company carrying on insurance or reinsurance related business, an intermediary, or an industry recognized body;
蘇黎世保險集團成員公司、任何進行保險或再保險相關業務的其他公司、中介人或受業界認可的團體;
- any agent, contractor or third party service provider who provides administrative, telecommunications, technology, computer, payment, policy administration, support, storage, cloud, record management, call center, mailing and printing, data processing, customer satisfaction analysis, outsourcing or other services to the Zurich Insurance Group in connection with the operation of its business;
任何向蘇黎世保險集團提供行政、電訊、技術、電腦、付款、保單管理、支援、儲存、雲端、記錄管理、熱線中心、郵寄、印刷、資料處理、客戶滿意度分析、外判或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商;
- third party service providers including insurers, bankers, legal advisors, accountants, fund management companies, financial institutions, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, hospitals, surveyors, specialists, repairers, research and analysis companies and data processors;
第三方服務供應商,包括保險公司、銀行、法律顧問、會計師、基金管理公司、金融機構、調查員、理賠師、再保公司、醫護及復康顧問、醫院、考察員、專家、維修人員、研究與分析公司及資料處理者;
- credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸諮詢機構,而在客戶欠賬時,任何債務追收代理或進行索償或調查服務的公司;
- any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例,及就任何由本地或外地政府、監管、稅務或執法機構、公認行業組織,或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言,蘇黎世保險集團有責任或必須向其作出披露的任何人士;
- any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities that is assumed by or imposed on the Zurich Insurance Group or any of its associated companies;
根據蘇黎世保險集團或其任何關連機構承擔或被施加的與本地或外地政府、監管、稅務或執法機構、公認行業組織,或其他機關的合約承諾、其他承諾或安排而言,蘇黎世保險集團有責任或必須向其作出披露的任何人士;
- any person pursuant to any order of a court of competent jurisdiction;
根據主管司法權區的法院的任何頒令的任何人士;
- organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, employers, the police and databases or registers (and their operators); and
整合保險業申索和承保資料的組織、防欺詐組織、僱主、警察、數據庫或登記冊(及其運營者);及
- any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policyholders.
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。

7. Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") (continued) 有關個人資料(私隱)條例(「私隱條例」)的客戶通知(續)

3. Customers' personal information may from time to time be provided to any of the parties set out in paragraph 2 above (including cloud providers) which may be located in Hong Kong or elsewhere and in this regard customers consent to the transfer of their personal information outside Hong Kong and understand that their personal data may not be protected to the same or similar level compared to Hong Kong.

客戶的個人資料可能不時提供於任何上述第2段中提及的一方(包括雲端服務供應商)。有關一方可能處於香港境內或其他地方。客戶同意他們的個人資料可能被轉移至境外,及明白該資料未必可以獲得與香港同等或類似程度的保障。

4. All customers have the right to access, correct, or change any of their own personal information held by the Company, and in the case of policyholders and insured persons, opt-out of the Company's use and transfer of their personal information for the marketing-related purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request.

所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料,亦可向本公司提出,並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。

Personal Data Privacy Officer	個人資料私隱主任
26/F, One Island East	香港港島東華蘭路18號
18 Westlands Road	港島東中心26樓
Island East	
Hong Kong	

5. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.

根據私隱條例,本公司有權收取合理費用,藉以處理任何資料的查閱要求。

6. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

本通知的中英文版本如何任何歧異或不一致,概以英文版為準。

7. The Company reserves the right to change or update this Notice at any time without prior notice. The changes or updates will be notified to customers on Company's website or in writing and any such change or update will be effective immediately upon posting.

本公司保留隨時更改或更新本通知的權利而毋須事先通知。所有更改或更新將透過本公司的網站或以書面形式通知客戶,並將於刊登後即時生效。

I/We confirm that all information provided by me/us in this claim form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this claim form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").

本人/吾等確認由本人/吾等於此索償表格提供之所有資料均為事實正確無誤。本人/吾等更確認同意本索償表格內之所有部分,包括但不限於上列之聲明細則及有關個人資料(私隱)條例(「私隱條例」)的客戶通知。



Signature of Patient / Legal Guardian (Applicable for age below 18):
病人簽署 / 父母或合法監護人簽署 (適用於18歲以下之病人):

Date 日期:

D 日

M 月

Y 年

Part II - To be completed by the attending physician/surgeon at the claimant's own expense**乙部 — 必須由主診醫生填寫，所需費用由索償人自行承擔**

Please tick the appropriate circle. 請✓適用圓圈。

If the space provided is insufficient, please give details on a separate sheet. 若空位不足，請另加紙張填寫詳情。 Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

Details of hospitalization of patient 病人住院詳情			
Name of patient 病人姓名		HKID Card no. 香港身份證號碼	
Date of admission 入院日期		Date of discharge 出院日期	
Name of hospital/clinic 醫院/診所名稱			
1. Diagnosis of conditions 診斷之傷疾			
2. (a) The first date of consultation for this illness 首次就此疾病求診日期		(b) The most recent date of consultation for this illness 最近就此疾病求診日期	
3. According to the patient, how long had he/she been experiencing these symptoms from the first date of consultation? 根據病人所述，他/她患上此病徵由首次求診日期起計有多久？			
4. Was the patient referred to you by another doctor? 病人是否由其他醫生轉介？ <input type="radio"/> No 否 <input type="radio"/> Yes 是 If "Yes", please give name and address of the doctor. 若「是」，請提供醫生姓名及地址。			
5. (a) Details of medical treatment given 治療詳情			
(b) Details of operation performed 手術名稱			
Date performed 手術日期			
(c) If the patient has consulted other physician during this hospitalisation, please provide the following 如病人於住院期間曾向其他醫生求診，請提供以下資料： Name of physician consulted 醫生姓名 Reason 原因 What treatment had the physician performed 治療詳情			
(d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院撮要(包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情)			
(e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care / out-patient basis. 若此次病症能在日間護理/診所內進行治療，請提供住院原因。			
6. (a) To the best of your knowledge, has the patient previously been treated or hospitalized for this illness or any other disorder? <input type="radio"/> No 否 <input type="radio"/> Yes 是 據您所知，病人在過去是否曾就此疾病或任何其他異常情況接受治療或住院治療？ If "Yes", please give details. 若「是」，請提供詳情。			
(b) If your answer to 6(a) is "Yes", please advise if the present condition is related to and/or arising out of any of the above disease/disorder? <input type="radio"/> No 否 <input type="radio"/> Yes 是 若 6(a) 的答案為「是」，請說明病人現時狀況是否與上述疾病/異常情況有關及/或由此而引致？ If "Yes", please specify which disease/disorder. 若「是」，請註明何種疾病/異常情況。			
7. Are conditions due to or associated with the following: 傷疾是否因以下情況導致或與其有關聯：			
(a) Pregnancy? 懷孕？	<input type="radio"/>	<input type="radio"/>	
(b) The influence of drugs or alcohol? 受藥物或酒精影響？	<input type="radio"/>	<input type="radio"/>	
(c) Aids, venereal disease or sexually transmitted disease? 愛滋病、性病或因性行為感染的疾病？	<input type="radio"/>	<input type="radio"/>	
(d) Infertility or sterilization? 不育或絕育手術？	<input type="radio"/>	<input type="radio"/>	
(e) Cosmetic or plastic surgery? 美容或整容手術？	<input type="radio"/>	<input type="radio"/>	
(f) Mental or nervous disorder? 精神或神經異常？	<input type="radio"/>	<input type="radio"/>	
(g) Congenital deformities or anomalies? 先天性畸形或異常？	<input type="radio"/>	<input type="radio"/>	
(h) Suicide, insanity or self-infliction? 自殺、神經失常或自我傷害？	<input type="radio"/>	<input type="radio"/>	
Name of attending physician / surgeon & qualifications 主診醫生姓名及資歷		Signature of attending physician / surgeon 主診醫生簽署	

Address and Telephone No.
地址及電話號碼

Date
日期

Claim documentation 索償文件

Please return the completed claim form to Zurich Insurance Company Ltd, Claims Department, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong with the following documents (original copy), if appropriate, for our handling.
請填妥本索償表格並連同以下所需證明文件(正本)寄回蘇黎世保險有限公司賠償部, 地址: 香港港島東華蘭路18號港島東中心26樓以便處理閣下之賠償事宜。

Hospitalization & Day Care Treatment

住院及日症治療索償

- (a) Hospital statement showing 醫院賬單詳列
- Name of the patient 病人姓名
 - Period of confinement 留院日期
 - Itemized charges 各項費用
- (b) Receipt(s) of all attending doctors/specialists/anaesthetists/surgeons/physiotherapists showing 所有主診醫生/專科醫生/麻醉師/外科醫生/物理治療師之賬單詳列
- Name of the patient 病人姓名
 - Date of consultation 求診日期
 - Diagnosis and/or treatment given 診斷證明及/或治療紀錄
 - Amount charged 費用
- (c) All associated medical and laboratory reports 所有相關的醫療和化驗報告

Post-surgery home nursing

手術後家庭看護

- (a) Written requirement of attending doctor 主診醫生之書面要求
- (b) Receipt(s) of qualified nurse for services showing 註冊護士之賬單詳列
- Name of the patient 病人姓名
 - Period of services 服務日數
 - Amount charged (per day/total) 收費金額(每天/總額)
 - Name of qualified nurse 註冊護士姓名