

HealthAngel Medical Insurance Plan

Annual foot or eye examination application form

「三高保」醫療保險計劃

年度足或眼檢查及評估申請

Please submit the completed form via fax or email 請以傳真或電郵遞交已填妥的表格：

Fax 傳真：2802 6633 Email address 電郵地址：zurich.medical@hk.zurich.com

For any enquiry, please call 2968 2222. 如有任何查詢，請致電 2968 2222。

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English. 請用藍色或黑色原子筆，用**英文大楷**清晰填寫資料。

All fields are mandatory. 所有項目必須填報。

1. Insured person's information 受保人資料

Policy number
保單號碼

Last name
姓

First name
名

HKID/Birth certificate number
香港身份證 / 出生證明書號碼

Mobile phone number
流動電話號碼

Correspondence address 通訊地址

Flat/Room*
室 / 單位*

Floor
樓

Block
座

Building
大廈

Estate name/no. & name of street/lot no.*
屋苑名稱 / 街名及門牌 / 地段*

District
地區

HK/KLN/NT*
香港 / 九龍 / 新界*

Email address
電郵地址

*Delete whichever is inappropriate 於*刪去不適用者

Our company may contact you by **email** to obtain additional information to process your application, if necessary. If you would like to change the communication channel for this application to mail, please tick the box:

如有需要，本公司將以**電子郵件**方式聯絡閣下獲取更詳細資料，以處理閣下的申請；如閣下想就是次申請改以郵件方式聯絡，請在空格內加上✓號：

☐ I prefer to communicate via mail
以郵件方式聯絡

(If you have an insurance intermediary/agent, our company will contact you via your insurance intermediary/agent.)

(如閣下有保險中介人/經紀，本公司將透過保險中介人/經紀聯絡閣下。)

2. Supporting documents 證明文件

To process your application, kindly provide the below required documents together with this form to our company. Our company may request for additional documents.

請提供以下文件，連同此表格一併交回本公司，以處理您的申請。本公司可能要求提供額外相關文件。

Supporting documents checklist 證明文件清單:

- ☐ 1. Copy of medical report dated in the past three months showing any one of the following results:

您在過去三個月內的醫療報告副本，而報告必須列明以下任何一項結果:

- HbA1C equals or greater than 6.5%
糖化血紅蛋白 HbA1C 在6.5% 或以上
- Fasting plasma glucose equals or greater than 126 mg/dL (7.0mmol/L)
空腹血漿血糖在126mg/dL (7.0mmol/L) 或以上
- Two-hour plasma glucose equals or greater than 200 mg/dL (11.1mmol/L) during a standard oral glucose tolerance test
在口服糖耐量試驗中，血漿血糖在200mg/dL (11.1mmol/L) 或以上
- Random plasma glucose equals or greater than 200 mg/dL (11.1mmol/L) with classic symptoms of hyperglycemia or hyperglycemic crisis
隨機血漿血糖在200mg/dL (11.1mmol/L) 或以上並有高血糖症狀或危象

AND 及

- ☐ 2. Copy of referral letter of the captioned foot or eye examination recommended by your attending doctor dated in the past three months
在過去三個月內主診醫生建議您接受有關足或眼檢查的轉介信副本

3. Declaration and authorization 聲明及授權

1. I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
2. I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」) 之私隱政策**。
3. I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
4. I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
5. A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

4. 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

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd** (“**Company**”) from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the 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).

由蘇黎世保險有限公司（「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，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料（例如從第三方收到的索償資料和病歷），均可供本公司及／或其所屬集團（「蘇黎世保險集團」）內的公司使用作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）。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.



本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。

Name of insured person (name of parent if insured person is under 18)
受保人姓名（如受保人未滿18歲，請填寫其父或母姓名）

Signature of insured person (signature of parent if insured person is under 18)
受保人簽署（如受保人未滿18歲，請由其父或母簽署）

Date
日期

D	D	M	M	Y	Y	Y	Y
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