



ZURICH®

蘇黎世

Pre-hospitalization claim assessment form (Applicable to Voluntary Health Insurance Scheme certified plans)

入院前索償預先評估表格 (適用於自願醫療保障計劃認可產品)

Please complete the following form by the policyholder/insured, and the registered attending physician, and email the completed form to vhis_claims@hk.zurich.com for Claims Department of Zurich Insurance Company Ltd at least three working days prior to receiving treatment or hospitalization. If you have any questions, please contact our claims hotline at +852 2903 9388 or email to vhis_claims@hk.zurich.com.

請保單持有人 / 受保人，以及註冊主治醫生填寫此表格，並於接受治療或入院前最少三個工作天把完成之表格電郵至vhis_claims@hk.zurich.com蘇黎世保險有限公司賠償部。如有任何疑問，請致電索償熱線+852 2903 9388或電郵至vhis_claims@hk.zurich.com。

Please note that this pre-assessment is not meant to guarantee acceptance of claim application. Claims assessment for the eligibility and the reimbursable amount will be subject to provision of sufficient proof and according to policy provisions.

請注意，此預先評估並不保證賠償申請之批核。賠償申請之批核及賠償金額將以及後所提交之索償文件資料及保單條款決定。

1. Policy information 保單資料 – To be completed by the policyholder or insured 由保單持有人或受保人填寫

Policy no. 保單號碼	
Policyholder name 保單持有人姓名	Insured name 受保人姓名
Insured HKID card no. 受保人香港身份證號碼	Contact no. 聯絡電話
Email address 電郵地址	Fax no. 傳真號碼

2. Expected Treatment Details 預期治療詳情 – To be completed by the attending physician 由主診醫生填寫

2.1 Diagnosis 診斷

Date of accident occurred or symptom first appeared
意外日期或首次出現病徵日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Date of first consultation for this condition or related illness
首次就有關情況之求診日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Date of admission
入院日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Date of discharge
出院日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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Name of admitting hospital
入住醫院名稱

2. Expected Treatment Details 預期治療詳情 – To be completed by the attending physician 由主診醫生填寫

Surgery or treatment to be performed 將進行之手術或治療

Diagnosis of condition 病情診斷 _____ Name of surgery 手術名稱 _____

Estimated expenses 預計費用		Estimated eligible claim amount 預計可賠償金額	
(assessment to be completed by Zurich Insurance Ltd) (評估由蘇黎世保險有限公司填寫)			
Level of accommodation 病房級別	<input type="checkbox"/> Ward 普遍房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Day-Surgery 日間手術		
Room charges 病房費用	HKD 港元 _____ per day 每天	HKD 港元 _____ per day 每天	
Day visit's fee 醫生巡房費	HKD 港元 _____ per day 每天	HKD 港元 _____ per day 每天	
Surgeon's fee 外科醫生費用	HKD 港元 _____	HKD 港元 _____	
Anesthetist's fee 麻醉科醫生費用	HKD 港元 _____	HKD 港元 _____	
Operating theatre fee 手術室費用	HKD 港元 _____	HKDy 港元 _____	
Miscellaneous expenses 醫院雜項費用	HKD 港元 _____	HKD 港元 _____	

Name, stamp and signature of the attending physician 主診醫生姓名 · 蓋章及簽署	Authorized signature 授權簽署
Date 日期 Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date 日期 Day日 Month月 Year年 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3. Declaration and Authorization 聲明及授權

- 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。
- I / We confirm that I/we have read, understood and agreed to the Notice to customers relating to the Personal Data (Privacy) Ordinance of Zurich Insurance Company Ltd ("the Company") as described in section 6 below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下第6部分所列有關蘇黎世保險有限公司 (「蘇黎世」) 的有關個人資料 (私隱) 條例的客戶通知。
- 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蘇黎世或其代理人。
- 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 / 我們是次或相關事件等資料提供予蘇黎世或其代理人。
- 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、保單受讓入及索償人) 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。



Signature of the policyholder/insured
保單持有人 / 受保人簽署

Date
日期

Day日 Month月 Year年

D	D	M	M	Y	Y	Y	Y
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