



## Global Elite Health Plan

## 寰宇特選醫療計劃

## Medical Claim Form (Out-Patient)

## 門診索償申請表

To be completed by the Insured/claimant 由被保人/索償人填寫

## Important note:

1. This form is to be filled by the Insured/claimant. Please do not sign on blank form and use the same signature as policy record.
2. No fees, commission or charges of whatever nature are payable to Financial Consultant or Employees of the Company in respect of this claim.
3. To enable us to process your claim promptly, please answer all questions in this form as fully and accurate as you can.
4. Please submit a copy of the identification document of the Insured and/or Owner, unless submitted before, together with this form.

## 重要事項:

1. 此申請表應由被保人/索償人填寫。請勿在空白申請表上簽署，而簽名式樣須與保單的記錄相符。
2. 有關本索償，客戶無需支付任何手續費、佣金或其他任何性質的費用予本公司的理財顧問或其他僱員。
3. 請回答此申請表上的所有問題，以供我們批核閣下的索償申請。
4. 如之前未有遞交被保人及/或持有人的身份證明文件，請隨此申請表一併遞交。

## "The Company":

AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited / AXA Wealth Management (HK) Limited

## "本公司" 或 "貴公司":

安盛保險(百慕達)有限公司(於百慕達註冊成立的有限公司) / 安盛金融有限公司 / 安盛財富管理(香港)有限公司

\*A copy of the identification document of the Insured and/or Owner is a MUST if not submitted before.

\*如之前未遞交被保人及/或持有人的身份證明文件副本，必須於遞交申請表時一併交上。

Financial Consultant's Name 理財顧問姓名	Financial Consultant's Code 理財顧問編號	Financial Consultant's Contact No. 理財顧問聯絡電話

## 1. Details of Insured 被保人資料

Full name of Insured 被保人姓名	HKID Card/Passport No. 香港身份證 / 護照號碼	Date of birth (dd/mm/yyyy) 出生日期 (日 / 月 / 年)

## 2. Settlement method 付款方式

## Note 注意:

## \* For Autopay Settlement Method

1. For policy no. in sequence XXX-XXXXXXX:

Please ensure the bank account holder is the Insured if the Insured's age is above 18 years old

Please ensure the bank account holder is the Owner if the Insured's age is below 18 years old

## \* 如選擇自動轉賬方式

1. 保單編號為 XXX-XXXXXXX:

(1.1) 若被保人年滿十八歲或以上，銀行戶口持有人必須為被保人。

(1.2) 若被保人未滿十八歲，銀行戶口持有人必須為持有人。

<input type="checkbox"/> By Cheque 支票	<input type="checkbox"/> Pay to Insured 付予被保人	<input type="checkbox"/> Pay to Policyowner 付予保單持有人
<input type="checkbox"/> * By Autopay 自動轉賬	<input type="checkbox"/> HKD 港幣	<input type="checkbox"/> Policy Currency 保單貨幣

Name of bank account holder 銀行戶口持有人姓名

Name of bank 銀行名稱

Bank No. 銀行號碼      Branch No. 分行號碼      Account No. 戶口號碼

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### 3. Guidelines for document submission 遞交索償申請所須文件指引

Please tick against the documents you have submitted together with this claim form. We will notify you or your financial consultant if we need to obtain extra information from you or from other parties to assess your claim. As the time required for obtaining the information varies, the processing time of your claim will likely take longer time.

請於連同索償表格遞交文件之方格內加上剔號。如需要閣下或其他機構提供進一步資料作閣下之索償申請,本公司將會通知閣下或閣下之理財顧問。由於收集有關之資料時間有異,閣下之索償申請時間有可能因此而延長。

<input type="checkbox"/>	1. Claims form which is to be completed fully (original) 已填寫索償申請表正本
<input type="checkbox"/>	2. Cost details (original/ certified copy/ copy) 費用明細 (正本 / 核證副本 / 副本)
<input type="checkbox"/>	3. Result of the diagnostic test (Laboratory result, X-Ray, etc-original/certified copy/ copy) 診斷測試結果 (化驗結果、X光檢測等正本 / 核證副本)
<input type="checkbox"/>	4. Original payment receipt 付款收據正本
<input type="checkbox"/>	5. Prescription (original/ certified copy/ copy) 處方 (正本 / 核證副本 / 副本)
<input type="checkbox"/>	6. Tax invoice or original receipt (for overseas treatment) 稅務發票或收據正本 (海外治療)

### 4. Benefit Types of Out-Patient Claims 門診索償類別

Have you ever made or will you make any claim request for compensation from an organization as result of this treatment?

有關是次治療, 閣下有否向其他保險公司/機構申請賠償?

NO 沒有 ☐ YES 有 ☐

If yes, please provide the below information. 如有, 請提供下列資料。

Name of Insurance company/organization 保險公司 / 機構名稱

Policy Number/ Membership No. 保單/會員編號



	Consultation Date 求診日期	Onset date of symptoms 發病日期	Diagnosis 診斷	Type of Claims (Please "√" the appropriate box) 索賠類型 (請在適當的空格打"√")						Amount Claimed 索償金額
				GP/SP Medicine 普通科醫生/ 專科醫生/ 藥物	Laboratory test/ MRI/ CT/ PET/ Ultrasound 化驗測試 電腦掃描/磁 力共振造影/ 正電子掃描/ 超聲波	Chinese Practitioner/ Acupuncture/ Homeopath 中醫/針灸 順勢療法	Physiotherapy/ Chiropractor/ Osteopath *Referral letter is required 物理治療/ 脊醫/ 整骨醫生 *需提供轉介信	Similar condition/ symptoms in the past 5 years? 過去五年曾否 患有同類病況?	Congenital Condition? 先天性 疾病?	
1								YES / NO 有 / 沒有	YES / NO 有 / 沒有	
2								YES / NO 有 / 沒有	YES / NO 有 / 沒有	
3								YES / NO 有 / 沒有	YES / NO 有 / 沒有	
4								YES / NO 有 / 沒有	YES / NO 有 / 沒有	
5								YES / NO 有 / 沒有	YES / NO 有 / 沒有	
	Vaccination/ Health Screen/ Optical Care 接種疫苗/健康檢查/例行眼部護理									

If you have any questions regarding this form or any other aspects of the coverage, please contact our Global Elite Customer Service at (852) 3723 3008 (Hong Kong) or (853) 2882 2001 (Macau) quoting your policy numbers.

Claims must be submitted along with all supporting documents within 90 days from date of service. Send this claim form together with all supporting documents to Global Elite Customer Service at Units 1001-1008, 10/F, Tower 1, Millennium City 1, 388 Kwun Tong Road, Kwun Tong, Kowloon

若閣下對本申請表格或其他保單相關事宜有任何疑問, 請致電 (852) 3723 3008 (香港) 或 (853) 2882 2001 (澳門) 聯絡我們的寰宇特選客戶服務, 並提供閣下的保單編號。

索償申請須於接受診治後 90 天內, 連同所有證明文件一併呈交。請將此申請表與所有證明文件發送 至 寰宇特選客戶服務, 地址為: 九龍觀塘道388號創紀之城1期1座10樓1001-1008室



## 5. Declaration and authorisation 聲明及授權

I HEREBY DECLARE AND AGREE on behalf of myself and other persons referred to in this application/form (hereinafter referred to as "Relevant Persons", "We", "Our" or "Us") (for the avoidance of doubt, the expressions "Relevant Persons", "We", "Our" or "Us" include myself and such other persons) that (1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; (2) the Company is not bound by and is not required to rely on any statement which I may have made to any person if not written or printed here; (3) any information and personal data of the Relevant Persons collected, compiled or held by the Company from time to time (whether contained in this application or otherwise), may be used, stored, processed, transferred or disclosed to and/or shared with individuals, entities and/or organisations associated with the Company, reinsurance companies, claims investigation companies, industry associations or federations, fund management companies, financial institutions, government authorities and/or the Company's appointed service providers, in each case whether within or outside of Hong Kong, for the purpose of: (i) processing and evaluating this application and any other application for insurance or policy change / service; (ii) providing subsequent services to Us including but not limited to administering the policies issued or direct marketing of insurance and/or other financial products or services and data matching; (iii) evaluating Our potential financial needs; (iv) conducting market research for statistical or other purposes; (v) marketing other financial services and/ or products to Us; (vi) complying with the laws of any applicable jurisdiction; and/or (vii) other services in connection with the operation of the Company's business; (4) I/We understand that I/We have the right to obtain access to and to request correction of my/Our personal data held or controlled by the Company. A reasonable fee may be charged for processing any data access request. If I/We do not wish to receive direct marketing information or materials, I/We will notify the Company in a written form specified by the Company. All such requests shall be addressed to the Head of Customer Service of the Company at 16/F, Tower One, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong. If We fail to provide any information requested in this application / form, it may result in the Company's inability to accept or process this application.

I HEREBY AUTHORISE on behalf of the Relevant Persons that (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organisation, institution or person, that has any records or knowledge of me/the Relevant Persons and/or who has attended or may hereafter attend to me/the Relevant Persons to disclose such information to the Company as the Company may request; (2) the Company or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/the Relevant Persons in relation to this application and any claim arising therefrom; (3) the Company to give either the Hong Kong Federation of Insurers or other parties, as required for proper administration of the Code of Practice for Life Insurance Replacement, a copy of the Customer Protection Declaration and any related records or information. This authorisation shall bind the successors and assignees of the Relevant Persons and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.

I HEREBY DECLARE AND AGREE that I have the full authority from and consent of the Relevant Persons to make the above declarations, agreements and authorisations.

本人謹此代表本人及其他在此申請表提及之人士（下稱「相關人士」或「我們」）（為免存疑，「相關人士」或「我們」指包括本人及此申請書提及之其他人士）聲明及同意（1）上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實全部並確實無訛；（2）本人對任何人所作出的任何聲明，如沒有在此申請書上填寫或印出，貴公司不須受其約束；（3）貴公司可以使用、儲存、處理、轉移或披露及／或分享貴公司所不時收集、編輯或持有之任何相關人士的個人資料（不論是否此申請書所載或從其他途徑所取得）予任何不論在本港境內或境外與貴公司聯繫之個別人士、獨立個體及／或機構、再保公司、理賠調查公司、業內組織或聯會、基金管理公司、財務機構、政府機關及／或貴公司指定之服務供應商作以下用途：（i）審核及評估此申請及任何其他投保申請或保單更改／服務申請；（ii）向相關人士提供隨後的服務，其包括但不限於已繕發保單之管理，或保險及／或其他金融產品或服務之直接市場推廣及資料核對用途；（iii）分析相關人士的財務需要；（iv）進行市場研究統計或其他用途；（v）向相關人士推廣其他金融服務及／或產品；（vi）為遵守任何適用的司法管轄權之法律；及／或（vii）提供與貴公司業務運作相關的其他服務；（4）本人／我們明白本人／我們有權就貴公司持有或管理我們各自的個人資料提出查閱及修正的要求。貴公司可就處理任何查閱資料的要求收取合理費用。如本人／我們不願意接收直接市場推廣資訊或資料，本人／我們將以貴公司指定書面形式通知貴公司。所有有關要求必須致函香港銅鑼灣勿地臣街1號時代廣場1座16樓向客戶服務主管提出。如我們不能提供任何此申請所需的資料，貴公司或不能接受或處理此申請。

本人謹此代表相關人士授權（1）任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他組織、機構或人士，凡知道或持有任何有關本人／相關人士之記錄，及／或曾診驗或可能將會診驗本人／相關人士者，均可應貴公司要求將該等資料提供給貴公司；（2）貴公司或任何其指定之驗身醫生、醫療人員或化驗所，可就此申請或任何與此有關之賠償申請替本人／相關人士進行所需之醫療評估及測試，作為審核本人／相關人士之健康狀況；（3）貴公司於有需要時，向香港保險業聯會或其他執行壽險轉保守則的機構，提供客戶保障聲明書副本，以及其他有關紀錄或資料。此授權對相關人士之繼承人及受讓人具有約束力；即使相關人士死亡或無行為能力時，此授權仍具效力。此授權書的影印本與正本均有同等效力。

本人謹此聲明及同意已獲相關人士授權及同意本人作出以上聲明、協議及授權。

## 6. Personal Information Collection Statement 收集個人資料的聲明

The Company recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:



1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer  
AXA China Region Insurance Company Limited  
Suite 1601-6, 16/F, Tower 1, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

本公司明白其就《個人資料(私隱)條例》(香港法例第486章)(“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料,並將採取一切切實可行的步驟,確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟,確保個人資料的安全性,及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意,如果閣下不向本公司提供閣下的個人資料,我們可能無法提供閣下所需的資料、產品或服務,或無法處理閣下的要求。

目的:本公司不時有必要收集閣下的個人資料,並可能因下列各項目的(“有關目的”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料:

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴之產品/服務,以及提供、維持、管理和操作該等產品/服務;
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求;
3. 向閣下提供後續服務,包括但不限於執行/管理已發出的保單;
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的,包括索賠調查;
5. 評估閣下的財務需求;
6. 為客戶設計產品/服務;
7. 為統計或其他目的進行市場研究;
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料;
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查;
10. 進行身份和/或信用核查和/或債務追收;
11. 遵守任何適用的司法管轄區的法律;
12. 開展與本公司業務經營有關的其他服務;及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移:個人資料將予以保密,但在遵守任何適用法律條文的前提下,可提供給:

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構,以及就此方面而言,閣下同意將閣下的資料轉移至香港境外;
2. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士(包括私家偵探);
3. 在香港或香港以外其他地方向本公司和/或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方;
4. 信貸資料機構或(在出現拖欠還款的情況下)追討欠款公司;
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者;及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

閣下的個人資料將僅為上文規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正:根據條例,閣下有權查明本公司是否持有閣下的個人資料,獲取該資料的副本,以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求,或有關獲取政策、常規及本公司所持的資料種類的資料,均應以書面形式發送至:

個人資料保護主任  
香港銅鑼灣勿地臣街1號時代廣場1座16樓1601-6室  
安盛金融有限公司

本公司可能會向閣下收取合理的費用,以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by <entity name> in accordance with the PICS.

<本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明《該聲明》。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀《該聲明》，而本人／我們已詳細閱讀《該聲明》對貴公司所收集或持有之本人／我們的個人資料的影響(不論是否此表格所載或從其他途徑所取得)。根據以上所述，本人／我們特此確認並同意〈公司名稱〉根據《該聲明》使用及轉移本人／我們的個人資料。>

Name of claimant 索償人姓名	Signature of claimant 索償人簽署	Signature date 簽署日期
HKID Card/Passport No. 香港身份證/護照號碼	Nationality 國籍	Relationship to Insured 與被保人關係
Email address 電郵地址		Contact no. 流動電話號碼
Name of Financial Consultant/witness 理財顧問/見証人姓名	Signature of Financial Consultant/witness 理財顧問/見証人簽署	Signature date 簽署日期

**Note 注意:**  
Claimant refers to Insured or Owner or the person who filed a claim against the Company.  
索償人指被保人或持有人或向公司索償的人士。