



redefining / standards

Policy Number 保單編號

HK JUL 2014

Global Elite Health Plan

寰宇特選醫療計劃

Medical Claim Form (In-Patient)

住院索償申請表

Part I – To be completed by the Insured/Policyowner

必須由被保人/保單持有人填寫

Important note :

1. This form is to be filled by the Insured/Policyowner. 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 Policyowner, unless submitted before, together with this form.

重要事項：

1. 此申請表應由被保人/保單持有人。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. 如在之前未有遞交被保人及/或保單持有人的身份證明文件，請隨此申請表一併遞交。

Financial consultant's code:
理財顧問編號:

Financial consultant's name:
理財顧問姓名:

Financial consultant's
contact no.:
理財顧問聯絡號碼:

"The company"
"本公司" 或 "貴公司" :

AXA China Region Insurance
Company (Bermuda) Limited
(incorporated in Bermuda
with limited liability)
安盛保險(百慕達)有限公司
(於百慕達註冊成立的有限
公司)

AXA China Region
Insurance Company Limited
安盛金融有限公司

1. Details of insured 被保人資料

Full name of insured 被保人姓名

Gender 性別

National ID/Passport No 身份證/護照號碼

Date of birth 出生日期

(dd/mm/yyyy)(日/月/年)

Contact number 聯絡電話

Email address 電郵地址

2. Cause of hospitalisation 住院原因

1) If caused by illness 若由疾病導致	2) If caused by an accident 若由意外導致
Date symptoms first noticed 病徵首次出現日期:	Date & time 日期及時間:
First consultation date 首次求診日期:	Place 地點:
Symptoms of illness 疾病的病徵:	Description 意外詳情:

3) Have you previously suffered from or been treated for the same symptoms or disability in the past 5 years? If "Yes", please provide details below.
過去五年曾否患有上述傷病或就上述傷病接受治療?

Date 日期	Disease/ Disorder (Details of treatment) 疾病 (治療詳情)	Medical practitioner/ Hospital 醫生/醫院	Contact Details 聯絡詳情
(dd/mm/yyyy) (日/月/年)			

3. Details of current hospitalisation 住院記錄

Date of admission 入院日期	Date of discharge 出院日期	Name and address of medical practitioner/hospital 醫生/醫院名稱及地址	Diagnoses & date of diagnosis 診斷日期及診斷

Please provide name & address of other regular (usually visited) medical practitioners
請提供其他經常就診醫生之姓名及地址

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4. Other Insurance coverage 其他保障資料

Name of Company 保險公司名稱	Policy No. 保單編號	Benefit Amount 保障金額	Claim Status 賠償結果

5. Settlement method 付款方法*

<input type="checkbox"/> By Cheque 支票 (To be drawn in Hong Kong 於香港兌現) <div><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"/> HKD 港幣 <input type="checkbox"/> Policy Currency 保單貨幣</div>
<input type="checkbox"/> By Autopay 自動轉賬 Name of bank account holder 銀行戶口持有人姓名 <div>_____</div> <div>Name of bank in Hong Kong 香港的銀行名稱</div> <div>_____</div> <div>Bank account number 銀行戶口號碼</div> <div><div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div></div>

Note:

* Settlement Method

1. The settlement amount will pay to the Insured or Policyowner.
2. The settlement amount will pay to the Insured, except:
(a) Insured is below age 18,
OR
(b) Insured do not have any bank account.
3. The settlement amount will be in policy currency, unless specified.

注意:

* 付款方法

1. 賠償金額會付予給被保人或保單持有人。
2. 賠償金額會付予給被保人，除非：
(a) 被保人未滿十八歲，或
(b) 被保人並未擁有任何銀行戶口。
3. 除非另行說明，賠償金額會以保單貨幣支付。

6. 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) 已填妥的索償申請表(正本)
<input type="checkbox"/>	2. Itemized Detailed Bill with Cost Breakdown (original/certified copy) 詳細分項列明的費用明細(正本/核證副本)
<input type="checkbox"/>	3. Result of the diagnostic test (Laboratory result, X-Ray/MRI etc- original/certified copy) (where applicable) 診斷測試結果(化驗結果、X光、磁力共振造影等正本/核證副本)(如適用)
<input type="checkbox"/>	4. Prescription upon discharge (original/certified copy) (where applicable) 出院時處方(正本/核證副本)(如適用)
<input type="checkbox"/>	5. Hospital discharge summary (where applicable) 出院報告(如適用)
<input type="checkbox"/>	6. Medical reports associated to the existing medical condition (where applicable) 存在病症有關聯的醫療報告(如適用)

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 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 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

Note:

Please submit copies of the identification document of the Policyowner and the Insured, unless submitted before, together with this form. This is in accordance with the Guidance Note on Prevention of Money Laundering and Terrorist Financing issued by the Office of the Commissioner of Insurance which requires that copies of the identification document of customers should be collected no later than the time of payout for identification and verification.

注意:

如在之前未有遞交身份證明文件,請隨此申請表一併遞交保單持有人及被保人的身份證明文件副本。根據保險業監理處發出的「防止洗黑錢及恐怖分子籌資活動指引」,保險公司必須在不遲於付款時收集客戶的身份證明文件副本以作核實用途。

7. 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，其包括但不限於已續發保單之管理，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。

8. 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，並可能因下列各项目的（“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中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/見證人姓名	Signature of Financial Consultant/ witness 理財顧問/見證人簽署	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。

Part II – To be completed by the attending medical practitioner at the Insured or Policyowner's expense

索償表格第二部份 – 必須由主診醫生填寫，費用由被保人或保單持有人支付

9. Patient's details 病人資料

Full name of insured 被保人姓名

National ID /Passport No 身份證/護照號碼

Date of birth 出生日期

Gender 性別

10. Known history with patient 病人求診資料

Date the patient first consulted you for condition related to this admission 有關是次住院疾病病人首次求診日期

(dd/mm/yyyy)(日/月/年)

Name and address of medical practitioner who has referred this patient to you for this injury or illness

轉介醫生之姓名及地址

11. About the hospitalisation 有關住院資料

Name of hospital

醫院名稱

Date of admission

入院日期

(dd/mm/yyyy)

(日/月/年)

Diagnosis

診斷

Date of operation

手術日期

(dd/mm/yyyy)

(日/月/年)

Type of surgical

procedures 手術類別

Date of discharge

出院日期

(dd/mm/yyyy)

(日/月/年)

Nature and results of the

operation 手術性質及結果

Chief complaint of the patient relating to this hospitalisation or surgery 是次住院或手術的原因

Brief discharge summary 出院摘要 (包括治療、診查程序、結果、併發症及/或跟進計劃)

(including treatment, investigation procedures, results, and/or any complications and follow up plans)

Did the patient take any home leave during the hospital confinement

病人是否於住院期間離院?

☐ Yes 是 ☐ No 否

If yes, please specify the reason for home leave

如有，請注明住院期間離院的原因

Period of home leave 離院時段

12. About the medical condition 有關傷殘資料☐ Due to an illness 由疾病導致

Diagnosis 診斷	Date of Diagnosis 診斷日期	Date of the first consultation for this condition 首次求診日期	Symptoms presented during the first consultation 首次求診的病徵	Duration of symptoms 病徵出現時期
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has the patient ever had the same or similar conditions or symptoms in the past 5 years? If yes, please elaborate. 病人過去五年曾否患有同類病況? 如有，請詳細說明。

☐ Due to an accident 由意外導致

Date and time of incident 意外日期及時間	Signs of bodily injury e.g. visible bruise or wound 身體明顯瘀痕或傷痕

Was illness/injury related to the following condition 疾病/受傷是否由以下情況引起？

1. Congenital anomaly 先天性異常	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	If answer is "Yes", please state details 如是，請提供詳細 資料：
2. Self inflicted 自我傷殘	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	
3. Psychiatric condition 精神病	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	
4. Influence of alcohol, drug or intoxicant 受酒精藥物影響	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	
5. Obesity, weight reduction or weight improvement 體重因素	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	
6. Pregnancy, childbirth caesarian section, abortion or miscarriage 懷孕、分娩、墮胎或流產	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	
7. Treatment related to infertility 治療不育	<input type="checkbox"/> Yes是 <input type="checkbox"/> No否	

13. Progress of recovery 康復進度

Date of last consultation 最後求診日期	Physical findings 身體情況	Treatments 治療	Indication for Follow-up 覆診指示
Current physical or mental impairment 現時身體或精神狀況		Factors there may have contributed or lengthened the period of disability 延長是次傷殘時間的原因	

If the patient is still unable to return to regular occupation, what is the future treatment/
rehabilitation plan? And what is the expected date he/she may engage in any other occupation?
如病人仍然不能回復其日常工作，是否有其他治療/復康計劃？預計病人何時可從事任何其他工作？

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14. Medical practitioner declaration and agreement 聲明及授權

I HEREBY CERTIFY that I have personally examined and treated the Patient in connection to the above condition and that the facts as given above present my opinion of his/her condition. I declare and agree to make the declaration on this claim form.

本人謹此聲明曾為病人作出診治，以上填報的各項資料乃本人基於以上的情況而提供意見。本人謹此聲明及同意上述一切陳述及問題的所有答案均為事實之全部並確實無訛。

Name of medical practitioner 醫生名稱	Qualification 醫學資格	Specialty 專業資格

Contact Tel. No. & Mailing address 聯絡電話及地址

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Signature of medical practitioner 醫生簽署	Date 日期 (dd/mm/yyyy)(日/月/年)