Heng An
Standard Life
恒安標準人壽

Critical Illness Claim Form – Part I (To be completed by the Policy Owner/Life Insured/Claimant)
危疾保障索償表格 – 第一部份 (由保單持有人 / 受保人 / 索償人填寫)

Policy Number 保單編號 ____________________

Important Note 重要指示

Please ensure the following to avoid unnecessary delay in the claim process:
請確保下列各項，以免延誤索償進度：

1. This form is fully completed and signed by the Policy Owner/Life Insured/Claimant.
由保單持有人 / 受保人 / 索償人詳細填妥及簽署此申請表。
2. Heng An Standard Life (Asia) Limited ("Company" , "We") shall have the right to reject this form if you fail to fulfill the Company's requirements.
若　閣下未能符合恒安標準人壽 (亞洲) 有限公司 (「本公司」、「我們」) 的有關規定，本公司有權拒絕此表格。
3. Submit the relevant documents listed in "Document Checklist".
遞交在「所需文件指引」列出的相關文件。
4. We may require additional information from you or third parties in order to assess your claim.
我們就審核是次賠償申請，或需向　閣下或其他人士索取額外資料。
5. Please submit claim application within **180 days** after diagnosed.
索償申請需於確診後 **180 天**內遞交。
6. We will not be responsible for any expenses incurred by the Policy Owner or Life Insured in obtaining the requirements, except the medical fees for any tests or information we independently asked a Medical Practitioner to provide.
除本公司個別要求醫生進行測試或提供醫學資料所需的費用外，保單持有人或受保人為符合本保單條款所支付之任何費用，本公司將不予負責。
7. Before we accept any claim, Life Insured may be asked to undergo a medical examination or test, which in our opinion, is reasonable in order to ascertain the nature of the condition.
本公司在接納任何保單索償申請之前，或會要求受保人進行本公司認為合理的身體檢查或測試，以確定疾病的性質。
8. We will not accept a claim if the Life Insured does not undergo any medical examinations or tests which we consider necessary or reasonable.
如受保人未能進行本公司認為必要或合理的任何身體檢查或測試，本公司將不會作出賠償。
9. Any changes or amendments in this form must be countersigned in full signature.
必須在此表格內任何更改或修改的地方簽署作實。
10. Please provide all of the following requested personal information. Any incomplete information may result in a delay or rejection in processing your request.
請提供所有下列個人資料，如　閣下未能提供完整的資料可能會導致延遲或拒絕處理　閣下的申請。
11. If information in this form is different from our exiting record(s), the Company will update your relevant record(s) accordingly and such update will be applied to all policies under your ownership.
如　閣下在此表格所提供的資料與本公司現有記錄不同，本公司將相應更新　閣下相應的記錄， 該更新將適用於　閣下作為保單持有人之所有保單。
12. If you would like to have the original document returned to you, you hereby authorise the Company to make and keep certified true copies of the original documents. Please state the name and address of the person to whom the original documents should be returned. Please note that any original document(s) submitted to and returned by the Company is(are) so submitted and returned at the risk of the claimant(s), the beneficiary(ies) or any other person(s). The Company shall not be liable for any losses whatsoever suffered or incurred by the claimant(s), beneficiary(ies) or any other person(s) as a result of the loss of or damage to the original document(s) whether through the postage system.
如　閣下欲取回所遞交之正本文件，則　閣下謹此授權本公司影印該等文件及擁有該等文件正本加簽核實之副本。請列明所退還文件之收件人姓名及地址。請注意所有正本不論寄給本公司或本公司退回給索償人或受益人或相關人士，若在郵遞過程中或其它原因令有關正本文件遺失或破損，而導致索償人或受益人或相關人士蒙受任何損失，本公司均不負任何責任。

Document Checklist 所需文件指引

Below is a list of minimum documents required to proceed your claim. In certain circumstances, more information may be required to substantiate the claim.
請提供下列文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Basic Documents:
基本文件 :

- Critical Illness Claim Form Part I
危疾保障索償表格第一部份
- Critical Illness Claim Form Part II - Attending Physician's Report to be completed by the attending physician of Life Insured
危疾保障索償表格第二部份 - 由受保人的主診醫生填寫的醫生報告
- Original or certified true copy of identification of the Policy Owner and Life Insured/Claimant
保單持有人及受保人 / 索償人的身份證明文件正本或核實副本
- Copy of laboratory/x-ray/CT scan/MRI report/pathological reports
化驗 /X 光 / 電腦斷層掃瞄 / 磁力共振 / 病理檢驗報告副本
- Copy of discharge summary
出院摘要副本

If applicable below:
如適用 :

- Copy of sick leave certificate/patient card copy
病假紙 / 覆診卡副本
- Copy of referral letter to specialists
專科介紹信副本
- Copy of claims settlement advice from other insurer
其他保險公司發出的賠償細算表副本

Section A – Details of Policy Owner and Life Insured 甲部 – 保單持有人及受保人資料

First Policy Owner 第一保單持有人			
Name 姓名		HKID Card/Passport No. and Issuing Country 香港身份證 / 護照號碼及簽發國家	
Contact Phone No. 聯絡電話號碼		Occupation and Industry 職業及行業	
Nationality 國籍		Email Address 電郵地址	
Residential Address 住宅地址			
Correspondence Address (If different from residential address) 通訊地址 (若與住宅地址不同)			
Second Policy Owner (if applicable) 第二保單持有人 (如適用)			
Name 姓名		HKID Card/Passport No. and Issuing Country 香港身份證 / 護照號碼及簽發國家	
Contact Phone No. 聯絡電話號碼		Occupation and Industry 職業及行業	
Nationality 國籍		Email Address 電郵地址	
Residential Address 住宅地址			
Correspondence Address (If different from residential address) 通訊地址 (若與住宅地址不同)			
First Life Insured 第一受保人			
Name 姓名		HKID Card/Passport No. and Issuing Country 香港身份證 / 護照號碼及簽發國家	
Occupation and Industry 職業及行業		Contact Phone No. 聯絡電話號碼	
Second Life Insured (if applicable) 第二受保人 (如適用)			
Name 姓名		HKID Card/Passport No. and Issuing Country 香港身份證 / 護照號碼及簽發國家	
Occupation and Industry 職業及行業		Contact Phone No. 聯絡電話號碼	

Section B – Details of Current Claim 乙部 – 是次索償詳情

Name of Critical Illness to Claim 申請賠償的危疾名稱				
Complete this section if critical illness is due to an accident 若危疾由意外導致， 請填寫此部份				
Date of Accident 意外發生日期	______ / ______ / ______ DD 日 MM 月 YYYY 年	Time of Accident 意外發生之時間	☐ AM 上午 ☐ PM 下午	______ : ______ Time 時間
Place of Accident 意外地點				
Details of Accident 意外詳情				
Part(s) of body injured and degree of injury 受傷部位及程度				
Has this accident been reported to the Police? 曾否就是次意外報警 ?	☐ No 否 ☐ Yes (please provide information on the right) 是，請提供右面資料	Police Station 警署地點		
		Case Ref. No. 檔案編號		
	Remarks: Please attach a photocopy of the Police Report/Traffic Accident Report/Police Statement/Alcohol Test Report. 註：請附上警察報告 / 交通意外報告 / 口供紙 / 酒精測試報告影印本。			

Section B – Details of Current Claim 乙部 – 是次索償詳情

Complete this section if critical illness is due to illness 若危疾由疾病導致，請填寫此部份

Sign and Symptoms 徵狀		Since when did these symptoms first appear? 何時出現首次徵狀	____ / ____ / ____ DD 日 MM 月 YYYY 年
Date of first consultation 首次求診日期	____ / ____ / ____ DD 日 MM 月 YYYY 年	Name of Physician/Hospital for first consultation 首次求診之醫生 / 醫院名稱	
		Address and contact phone no. for Physician/Hospital for first consultation 首次求診之醫生 / 醫院地址及聯絡電話	
Please provide details of the last attending Physician/Hospital 請提供最後主診之醫生 / 醫院資料	Name of Physician 醫生名稱		
	Name of Hospital 醫院名稱		
	Address and contact phone no. 地址及聯絡電話		

Other hospitals/ physicians consulted for current illness.
曾應診現時疾病的其他醫院 / 醫生資料。

Name of hospital/Physician and Address 醫生 / 醫院名稱及地址	Consultation Date 求診日期

Have any immediate family members suffered from a similar illness?
直系親屬是否曾患有相同或類似的疾病？

☐ No
否

☐ Yes (Please provide information below)
是（請於下方提供詳情）

Relationship of Relative 親屬關係	Nature of Illness 危疾類別	Date Illness Diagnosed 診斷日期
		____ / ____ / ____ DD 日 MM 月 YYYY 年
		____ / ____ / ____ DD 日 MM 月 YYYY 年
		____ / ____ / ____ DD 日 MM 月 YYYY 年

Please provide information of all hospitals/physicians that Life Insured has consulted in the past five years.
請提供過去五年受保人曾求診的醫院 / 醫生資料。

Name and Address 名稱及地址	Consultation Date 求診日期	Illness/Diagnosis 病因 / 確診
	____ / ____ / ____ DD 日 MM 月 YYYY 年	
	____ / ____ / ____ DD 日 MM 月 YYYY 年	
	____ / ____ / ____ DD 日 MM 月 YYYY 年	

Is there any claim submitted to other insurance companies for current illness?
現時疾病是否有向其他保險公司遞交索償申請？

☐ No
否

☐ Yes (Please provide information below)
是（請於下方提供詳情）

Name of Insurance Company 保險公司名稱	Policy Number 保單號碼	Sum Insured 保額	Claim Status 賠償進度

Section C – Payment Instructions 丙部 – 付款指示

Payment Currency 賠償貨幣	☐ HK Dollars 港幣 ☐ Policy Currency 保單貨幣
Settlement Option 賠款方式	☐ Cheque 支票 (Local banks only 只限本地銀行)
	☐ Bank Transfer 銀行轉帳 (Local banks only 只限本地銀行) Name of Bank Account Holder 賬戶持有人姓名 ______ Name of Bank 銀行名稱 ______ Bank No. 銀行編號 ☐☐☐ Branch No. 分行編號 ☐☐☐ Account No. 賬戶號碼 ☐☐☐☐☐☐☐☐☐☐☐☐
	☐ Telegraphic Transfer (TT) 電匯 (Overseas payment only 只限海外戶口) English Name of Account Holder 賬戶持有人英文姓名 ______ Bank Account No. 銀行賬戶號碼 ______ Bank Name and Branch 銀行及分行名稱 ______ Address of Bank 銀行地址 ______ SWIFT Code 匯款銀行代碼 ______ Intermediary Bank SWIFT Code (if applicable) 中轉銀行代碼 (如適用) ______ Country of Intermediary Bank (if applicable) 中轉銀行之國家 (如適用) ______
	Remarks 備注 : 1. The account must be owned by the Policy Owner. 戶口必須為保單持有人持有的銀行戶口。 2. If the payment currency selected is different from the policy currency, the amount of our payment to you will be converted from an amount denominated in the policy currency at an exchange rate as determined by us. 如賠償貨幣與保單貨幣不同，賠償之金額將根據我們釐定之兌換率由保單貨幣轉換而成。 3. Bank charges may be incurred by client for TT. You are recommended to check with the bank before. 銀行或會向　閣下徵收電匯的相關手續費。建議於遞交指示前　閣下先向銀行查詢。 4. Please note that this request should not be treated as an admission of our liability and we reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy. 請留意 : 此項要求並不代表　閣下的索償現正獲得成功審批。同時，我們在收集全部證明文件後，將根據保單一切條款才作出最後審批。 5. If the currency of the bank account provided in this form for claim settlement is different with the payment currency selected in above (e.g. USD account is provided for HKD payment settlement), the insurance benefit in Payment Currency will be paid to your designated bank account which may then be converted by your bank from Payment Currency to the currency of your bank account based on the exchange rate as determined by the bank. The Company takes no responsibility for the exchange rate imposed by your bank. 如在本表格指定作賠償金額直接轉賬存款之戶口的貨幣與賠償貨幣戶口不同 (如提供美元戶口作港元賠償)，以賠償貨幣支付之保險賠償金額將入賬於　閣下指定之戶口，貴銀行可能隨即根據其釐定之匯率折算為戶口之貨幣。本公司不會就貴銀行釐定的匯率折算負上任何責任。

Section D – Personal Information Collection Statement 丁部 – 個人資料收集聲明

I/We, the Policy Owner/Life Insured/Claimant of the above policy, hereby jointly and severally declare that:
本人 / 吾等，上述保單的保單持有人 / 受保人 / 索償人，在此共同及分別確認 :

1. I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of Heng An Standard Life (Asia) Limited ("the Company"). I/We agree that the Company may collect, use, store, process, disclose, transfer and otherwise share our personal data in accordance with the terms of the PICS. For the latest version of PICS, it can be downloaded from the Company website (https://www.hengansl.com.hk) or available upon request.
本人 / 吾等確認已閱讀及明白恒安標準人壽 (亞洲) 有限公司 (「貴公司」) 的收集個人資料聲明。本人 / 吾等確認已經閱讀並且明白本聲明。本人 / 吾等同意貴公司可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用吾等的個人資料。有關最新版本的收集個人資料聲明，可於貴公司網站上 (https://www.hengansl.com.hk) 下載或向恒安標準人壽 (亞洲) 有限公司索取。

2. I/We hereby declare that any personal data provided by me/us to the Company (whether by way of this application or otherwise) which is in relation to a third party not being myself/ourselves has been obtained by me/us in compliance with the Personal Data (Privacy) Ordinance, and the relevant third party has explicitly agreed to the disclosure of his/her personal data to the Company for the purposes set out in the PICS. I/We agree to indemnify and hold harmless the Company against all losses, liability and costs which the Company may incur or suffer as a result of, or in connection with, any breach of my/our declaration contained in this paragraph.
本人 / 吾等謹此聲明，任何由本人 / 吾等向貴公司提供（不論是透過本申請或其他方式提供）有關第三者（而非本人 / 吾等）的個人資料乃是以符合個人資料（私隱）條例規定的手法取得，而有關第三者已明確同意向貴公司披露其個人資料作「個人資料收集聲明」所述的用途。本人 / 吾等同意彌償及確保貴公司免受因本人 / 吾等違反於本文下的聲明而產生或引致的任何損失、責任或費用。

Section E – Declaration & Authorisation 戊部 – 聲明及授權

I/We, the Policy Owner/Life Insured/Claimant of the above policy, hereby jointly and severally declare that:
本人 / 吾等，上述保單的保單持有人 / 受保人 / 索償人，在此共同及分別確認：

1. I/We hereby declare and agree on behalf of myself/ourselves and other person referred to this form ("Relevant Persons") that all statements and answers to all questions, whether or not written by my/our own hand, are to the best of my/our knowledge and belief complete and true.
本人 / 吾等謹此代表本人 / 吾等及其他在此申請表提及之人士 (「相關人士」) 聲明及同意上述一切陳述及問題的所有答案，不論是否本人 / 吾等親手所寫，就本人 / 吾等所知所信，均為事實全部並確實無訛。

2. I/We authorise any employer, licensed physician, medical practitioner, hospital, clinic, other medically related facility, insurance company, bank, government institution, any association, federation or similar organisation of insurance companies, other organisation, institution or person, that has any records or knowledge of me/us and who has attended or may hereafter attend to myself/ourselves to disclose such information to the Company; the Company or any of its appointed medical examiners or laboratories to perform the necessary medical assessments and tests to evaluate the health status of myself/ourselves in relation to this claim. This authorisation shall remain valid notwithstanding my/our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorisation shall be as valid as the original. To avoid any uncertainty, this authorization shall binding on my/our successors, assignees, executors and administrators.
本人 / 吾等授權任何僱主、註冊醫生、醫療從業員、醫院、診所、其他有關醫療機構、保險公司、銀行、政府機構、其他協會、聯會或類似保險公司之組織、其他組織、機構或人士，凡知道或持有任何有關本人 / 吾等之記錄者，及曾診驗或可能將會診驗本人 / 吾等，均可將該等資料提供給貴公司。貴公司或任何其他指定之醫生或化驗所，可就此索償申請替本人 / 吾等進行所需之醫療評估及測試，作為審核本人 / 吾等之健康狀況。此授權在本人 / 吾等去世後或於無行為能力（包括但不限於精神上無行為能力）時繼續生效。本授權書的影印副本跟正本同樣有效。為免任何疑問，此授權書對本人 / 吾等之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。

3. I/We understand and acknowledge the Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to evaluate the health status of the Life Insured in relation to the proposal for assurance and any claims arising therefrom.
本人 / 吾等明白及確認貴公司或任何由貴公司指定之醫生、醫務人員或化驗所，可就此申請或任何有關索償申請替受保人進行所需之醫療評估及測試，以審核受保人之健康狀況。

4. I/We understand and acknowledge the Company shall have the right to request me/us or any other person who may be entitled to obtain claim settlement under the policy including without limitation any Relevant Persons, to provide (and/or complete and sign such document relating to) such information and supporting documentation the Company may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility.
本人 / 吾等明白及確認貴公司有權要求本人 / 吾等或可能有權獲得賠償金額的任何其他人士包括但不限於任何相關人士提供貴公司可能合理索取的資料及附助確證的文件（及 / 或填寫及簽署與此相關的文件），包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制。

5. I/We declare and agree that I/we have the full authority from and consent of the Relevant Persons to make the above declaration, agreements and authorisations.
本人 / 吾等聲明及同意已獲相關人士授權作出上述聲明、同意及授權。

The Policy Owner is resident for tax purposes of any countries or jurisdiction(s) other than Hong Kong?
保單持有人是否為除香港以外任何國家或司法管轄區的稅務居民？

☐ Yes 是 ☐ No 否

If yes 若是
For Policy Owner 就保單持有人而言
In respect of such countries or jurisdiction(s) I/we have not previously provided Heng An Standard Life (Asia) Limited with information about your Tax Identification Number(s)?
本人 / 吾等未曾向恒安標準人壽 (亞洲) 有限公司提供有關該國家或司法管轄區的稅務編號？

☐ Yes 是 ☐ No 否

If both answers are yes, I/we understand the Policy Owner must provide Heng An Standard Life (Asia) Limited a separate "Self-Certification Form."
如以上兩個答案都是答是，本人 / 吾等明白保單持有人必需向恒安標準人壽 (亞洲) 有限公司單獨提交一份「自我證明表格」。

If the Life Insured is on or above the age of 18, the form should be signed by him/her and the Policy Owner. If the Life Insured is below the age of 18, the Policy Owner should sign on his/her behalf. If the Life Insured and Policy Owner are not able to sign on the form, the Claimant should sign on their behalf.
如受保人年滿 18 歲，則由受保人及保單持有人簽署。如受保人未滿 18 歲，則由保單持有人簽署。如受保人及保單持有人未能簽署，則由索償人簽署。

Name of Life Insured/Claimant 受保人 / 索償人姓名	Signature of Life Insured/Claimant 受保人 / 索償人簽署	Date of Signature (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)
Name of First Policy Owner 第一保單持有人姓名	Signature of First Policy Owner 第一保單持有人簽署	Date of Signature (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)
Name of Second Policy Owner (if applicable) 第二保單持有人姓名 (如適用)	Signature of Second Policy Owner (if applicable) 第二保單持有人簽署 (如適用)	Date of Signature (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)

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Heng An
Standard Life
恒安標準人壽

For claim of 適用於以下索償 :

- *Stroke 中風*

Critical Illness Claim Form – Part II
危疾保障索償表格 – 第二部份

Policy Number 保單編號	Name of Policy Owner 保單持有人姓名	Name of Life Insured 受保人姓名

Private & Confidential 私人及機密

TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
由主診醫生填寫，所需費用由索償人自行承擔

Important note 重要事項
Your patient is insured with us and to enable us to assess the claim, please complete this form with as much details as you can possibly provide. Your kind assistance will help expedite the claim settlement.
您的病人為本公司的受保人，請您詳細填寫此申請表並盡可能提供一切有關資料，以便本公司審核此索償。您的協助可使本公司加快索償安排。

Section A – Patient Details 甲部 – 病人資料

Name of Patient 病人姓名		HKID Card/Passport No. 香港身份證 / 護照號碼	
Occupation 職業			

Section B – Details of Critical Illness 乙部 – 危疾的詳情

Are you the patient's usual physician? 你是否病人慣常求診的醫生？	☐ No 否	☐ Yes, medical records traceable to 是，醫療紀錄可追溯至 ______ / ______ / ______ DD 日 MM 月 YYYY 年
Date symptoms first appeared 病徵首次出現日期	______ / ______ / ______ DD 日 MM 月 YYYY 年	
Chief complaints/symptoms 主訴 / 病徵		
First consultation date for this illness 就此疾病的首次求診日期	______ / ______ / ______ DD 日 MM 月 YYYY 年	
Clinical diagnosis 臨床診斷	______ / ______ / ______ DD 日 MM 月 YYYY 年	
When was it made? 何時確實這診斷？	______ / ______ / ______ DD 日 MM 月 YYYY 年	
When was the patient informed of the clinical diagnosis? 病人何時被醫生告知其所患的臨床病疾及診斷？	______ / ______ / ______ DD 日 MM 月 YYYY 年	
How long, in your opinion, has the patient suffered from this illness before his/her first consultation? 根據閣下的意見，病人在接受第一次診療之前，該病症已持續了多久？		
Final diagnosis 最後診斷		
Date of final diagnosis 最後診斷日期	______ / ______ / ______ DD 日 MM 月 YYYY 年	
Diagnostic test performed and result 所進行的診斷測試及結果		

Section B – Details of Critical Illness 乙部 – 危疾的詳情

Previous treated for same/related disorder? 是否曾因同類 / 相關疾病接受治療？	☐ No 否 ☐ Yes (please provide details) 是（請提供詳情） __________ __________
Was the patient hospitalized for treatment due to this illness? 病人是否就此疾病曾入住醫院接受治療？	☐ No 否 ☐ Yes (please provide details) 是（請提供詳情） Period of Hospitalization 住院期間 __________ Name of Hospital 醫院名稱 __________ Any surgery performed during hospitalization? 住院期間是否有進行手術？ ☐ No 否 ☐ Yes (please provide details) 是（請提供詳情） Date of surgery 手術日期 ____ / ____ / ____ DD 日 MM 月 YYYY 年 Name of surgery 手術名稱 __________ Other treatment performed 曾進行的其他治療 __________ Brief discharge summary (including investigation tests & results, results of the treatments, any complications and follow-up plans) 出院摘要 (包括確診測試及結果、治療結果、有否併發症名跟進計劃) __________ __________ __________
Had the patient previously referred by other physician? 病人是否經其他醫生轉介？	☐ No 否 ☐ Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） __________ __________
Details of the stroke 有關中風詳情	Has there been an infarction of brain tissue? 是否有腦組織梗塞？ ☐ No 否 ☐ Yes 是 Has there been any cerebral and subarachnoid haemorrhage? 是否發生大腦及蛛網膜下出血？ ☐ No 否 ☐ Yes 是 Has there been any cerebral embolism and cerebral thrombosis? 是否出現腦栓塞及腦血栓？ ☐ No 否 ☐ Yes 是 Is there any evidence of permanent neurological damage? 是否有證據顯示永久性神經功能受損？ ☐ No 否 ☐ Yes 是 If yes, please provide details including type and duration of the damage. 若是，請提供詳情，包括神經功能受損情況及維持時期。 __________ __________
Please provide details and results of all investigations performed, such as MRT, CT scanning or other reliable imaging techniques. 請提供曾進行檢驗的詳情及結果，包括磁力共振、電腦斷層掃描、或其他可靠的影像檢查。 *Please enclose copies of all the test reports.* *請附上所有檢驗報告。*	Date of Test 檢驗日期 / Test Item 檢驗項目 / Result 結果 ____ ____ ____ ____ ____ ____ ____ ____ ____
What is the current condition of the patient? 病人現時狀況如何？請詳述。	

Section B – Details of Critical Illness 乙部 – 危疾的詳情

Do you know whether the patient was suffering from any other major, chronic or congenital disease? 你是否知道病人曾患有任何其他嚴重、慢性或先天疾病？	☐ No 否 ☐ Yes (please provide details) 是（請提供詳情） ______________________ ______________________
Did the patient have any of the following habits - smoking, drinking or drugs taking? 病人是否有以下習慣 - 吸煙、飲酒或服用藥物？	☐ No 否 ☐ Yes (please provide details) 是（請提供詳情） ☐ Smoking 吸煙 ☐ Drinking 飲酒 ☐ Drug taking 服用藥物 Duration 持續時間 __________ Consumption per day 每天用量 __________
Is there any patient's family history or other precipitating factors which would have increase the risk of this illness? 是次疾病是否因任何家族病史或其他因素促使增加患上此疾病的機會？	☐ No 否 ☐ Yes (please provide details) 是（請提供詳情） ______________________ ______________________
Please list details of all medical conditions (apart from what have mentioned above) that the patient had ever consulted you with. 請提供病人過去曾向你求診的所有醫療病況詳情（除上述已提及外）。	Consultation date 求診日期 / Complaints/Symptoms 主訴 / 病徵 / Diagnosis 診斷 / Treatment given 所提供治療 ____ / ____ / ____ DD 日 MM 月 YYYY 年 ____ ____ ____ ____ / ____ / ____ DD 日 MM 月 YYYY 年 ____ ____ ____ ____ / ____ / ____ DD 日 MM 月 YYYY 年 ____ ____ ____
Was there any usual physician of the patient other than you? 病人是否有其他慣常求診的醫生？	☐ No 否 ☐ Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） ______________________ ______________________
Any additional information you consider relevant to this claim. 其他與是次索償有關的資料。	

Section C – Personal Information Collection Statement 丙部 – 個人資料收集聲明

1. I confirm that I have read and understood the Personal Information Collection Statement ("PICS") of Heng An Standard Life (Asia) Limited ("the Company"). I agree that the Company may collect, use, store, process, disclose, transfer and otherwise share my personal data in accordance with the terms of the PICS. For the latest version of PICS, it can be downloaded from the Company website (https://www.hengansl.com.hk) or available upon request.
本人確認已閱讀及明白恒安標準人壽 (亞洲) 有限公司 (「貴公司」) 的收集個人資料聲明。本人確認已經閱讀並且明白本聲明。本人同意貴公司可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人的個人資料。有關最新版本的收集個人資料聲明，可於貴公司網站上 (https://www.hengansl.com.hk) 下載或向恒安標準人壽 (亞洲) 有限公司索取。

2. I hereby declare that any personal information of third parties provided by me to the Company (whether provided under this claim form or otherwise provided) has been obtained by me in compliance with the Personal Data (Privacy) Ordinance and the relevant third parties have agreed to the disclosure of their personal information to the Company for the purposes as set out in this personal information collection statement. I agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.
本人特此聲明，由本人提供予貴公司的任何第三方個人資料 (無論載於此索償表格或從其他途徑所提供) 乃由本人在遵守個人資料 (私隱) 條例的情況下獲得，且有關第三方已同意為此等個人資料收集聲明所載之目的向貴公司提供其個人資料。本人同意應貴公司要求，就貴公司因發生任何違反本文中所載的聲明，而可能招致或與之相關的任何損失、責任及費用，對貴公司作出賠償，並使貴公司免受損害。

Section D – Declaration 丁部 – 聲明

I **HEREBY CERTIFY** that I have personally examined and treated the patient in connection with the above condition and that the facts as given above present my opinion of his/her condition and are true and complete to the best of my knowledge and belief. I hereby declare that no information has been withheld by me at the request of the patient or his/her family. I agree to make the declaration on Part II of this claim form.
本人**謹此聲明**曾親自為病人就上述狀況進行檢查及治療，並確認上述資料為本人對病人的情況作出之意見。所有答案，就本人所知所信，均為事實之全部並確實無訛。本人在此聲明，沒有病人或其家屬要求本人隱瞞任何資料。本人同意就此索償表格第二部分作出聲明。

Name of the Medical Practitioner 醫生姓名	Qualification and Specialty 資格及專業
Signature of the Medical Practitioner (with chop) 醫生簽署 (加蓋印章)	Name and Address of the Hospital 醫院名稱及地址
Contact Phone No. 聯絡電話	Date of Signature (DD/MM/YYYY) 簽署日期 (日 / 月 / 年)

Heng An Standard Life (Asia) Limited (662679) is registered in Hong Kong at 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to write Class A, Class C and Class I long term business in Hong Kong.
恒安標準人壽 (亞洲) 有限公司 (662679) 的註冊公司地址為香港鰂魚涌英皇道 979 號太古坊林肯大廈 12 樓，其已獲香港的保險業監管局授權於香港承保 A 類、C 類及 I 類之長期業務。

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