



保單編號 Policy No.

第一部份 – 索償資料

PART I – PARTICULARS OF CLAIM

A. 保單持有人資料 PARTICULARS OF POLICYHOLDER

保單持有人姓名 Name of Policyholder:

聯絡電話 Contact phone no:

電郵地址 Email Address

B. 病人資料 Particulars of Patient

1 病人姓名 Name of Patient

年齡及性別 Age and Sex

2 身份證/ 護照號碼 I.D. Card / Passport No.

C. 治療詳情及預計費用 TREATMENT DETAILS AND COST ESTIMATION

1 醫院名稱 Name of Hospital

2 預計入院日期 Expected Date of Admission

年 Year

月 Month

日 Day

3 預計留院日數 Estimated length of stay

住院級別 Bed Class

私家 Private

半私家 Semi-Private

大房 Ward

4 治療計劃或手術名稱 Treatment plan or Surgical procedure name

麻醉 Anesthesia

全身麻醉 G.A.

局部麻醉 L.A.

醫院或日症中心

住院 In-patient

診所 Clinic

醫院門診部 Hospital OPD

日症 Day case

5 建議之化驗 / 影像檢查 / 其他診斷性檢查及接受該等檢查的原因。 Please list out any Lab tests/imaging/other diagnostic investigations required for this hospitalisation and reasons for the same.

住房及膳食費 Room and board

MOP/HK\$

Per Day

醫生巡房費用 Daily Visit Fee

MOP/HK\$

Per Day

外科醫生費用 Surgeon's Fee

MOP/HK\$

麻醉師費用(請列出明細 ; 如有) Anaesthetist's Fee(with breakdown; if any)

MOP/HK\$

手術室費用 Operating Theatre Fee

MOP/HK\$

醫院雜項費用 Miscellaneous Expenses

MOP/HK\$

其他費用 (例如專科醫生費及其他) Other Expenses (e.g. specialist fee etc.)

MOP/HK\$

入院前及出院後之門診護理 Pre and post hospitalization outpatient follow up

MOP/HK\$

**E. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT**

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 <https://www.chinalife.com.mo/zh-hant/personal-information-collection-statement> 下載或向中國人壽保險(海外)股份有限公司索取。

I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from <https://www.chinalife.com.mo/zh-hant/personal-information-collection-statement> or is made available upon request.

**F. 聲明及授權 DECLARATION AND AUTHORIZATION****授權 Authorization**

本人/我們，受保人/保單持有人/索償人，代表本人/我們及尚未成年之受保人(如有)謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、政府部門，或其他機構、組織或人士，凡知道或具有任何有關本人/我們/尚未成年之受保人之紀錄、認識或資料者，均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」)；(2) 貴公司或任何其指定之醫療/輔助醫療檢查員或化驗所，可就本索償申請替本人/我們/尚未成年之受保人進行所需之醫療評估及測試，作為審核本人/我們/尚未成年之受保人之健康狀況。此授權對本人/我們之繼承人及授讓人具有約束力；即使本人/我們死亡或無行為能力時，此授權書仍具效力。此授權書的影印本與正本均有同等效力。I/We, the Insured/Policyholder/Claimant, represent me/ us/ the Insured under 18 years old (if any) HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, government department, or other organization, institution or person, that is aware of or has any records, knowledge or information of me/us/the insured under 18 years old to disclose, release and transfer such information to the Company; (2) the Company or any of its appointed medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves/ the insured under 18 years old in relation to this claim. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

**聲明 Declaration**

本人謹此聲明及同意(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，均為事實之全部並確實無訛；本人明白倘有任何未知是否屬於重要事項的資料均須透露；(2)本人對任何人所作出之任何聲明，如沒有在此申請表上填寫或印出，貴公司不須受其約束。若相關人士不能提供任何此申請表所需的資料，貴公司可能因此不能審核及處理此預先批核申請。I HEREBY DECLARE and AGREE that (1) all the foregoing 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; I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I may have made to any person if not written or printed here. If any relevant persons fail to provide any information requested in this application form, it may result in the Company's inability to process and deal with this pre-approval application.

**H. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)**

	受保人 Insured			保單持有人 / 索償人* Policyholder / Claimant*			見證人 Witness		
簽署 Signature									
姓名 Name									
身份證/護照號碼 I.D. Card / Passport No.									
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day
*索償人與受保人/保單持有人關係 *Relationship with Insured/Policyholder									