

MEDICAL INSURANCE - HOSPITALIZATION & SURGICAL CLAIM FORM

醫療保險- 住院及手術索償表格

Please complete and sign this claim form and make sure that the original copy of invoices and receipts are attached. (Please complete in BLOCK LETTER)
 請填妥及簽署此賠償申請表並附上所有醫療收據正本 (請用正楷填寫)

PART I – To Be Completed by the Patient 甲部 – 由病人填寫		
Name of Policyholder / Employer 保單持有人/僱主名稱	Policy No 保單號碼	Certificate No. 証書號碼
Name of Employee (For group account only) 僱員姓名 (只適用於團體合約)	Day Time Contact Tel No. 日間聯絡電話	
Name of Patient 病人姓名	Date of Birth(DD 日/MM 月/YY 年) 出生日期	Sex 性別
1. Describe the symptoms and abnormalities which led to the hospitalization 請列出病人因何不適及有何症狀導致是次入院		
2. Since when had these symptoms first appeared 病人於何日首次出現上述症狀	3. Date of the first consultation 初診日期	
4. Name, address and telephone no. of doctor/hospital the patient first consulted for the illness 初診醫生姓名 / 醫院名稱、地址及電話		
5. Has the patient been treated by other doctor(s) for similar or related illness in the past? 病人曾否因同一或有關之病症而向其他醫生求診? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "yes", please specify 如 "是", 請詳述 <u>Treatment Date 診治日期</u> <u>Name & Address of doctor(s) / hospital(s) 醫生姓名 / 醫院名稱及地址</u>		
6. Was this hospitalization caused by an accident? 該住院是否因意外引致? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "yes", 如 "是" Please state when, where and how did it happen 請詳述意外發生的日期、地點及經過 Did the patient report such accident to the Police? 病人有否就這宗意外報警? Yes 有 <input type="checkbox"/> No 沒有 <input type="checkbox"/> If "yes" 若有 Name/address of police station? 警署名稱/地址 (Please attach a copy of the police report 請提交有關報告副本)		
7. Has the patient submitted or does the patient intend to submit a claim to another insurance company(ies) as a result of this hospitalization/surgery? 有關是次索償, 病人是否已經或有意向其他保險公司遞交索償申請? Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> If "yes", 如 "是" Please provide name, address and policy number of the other insurance company(ies). 請提供有關保險公司之名稱、地址及保單號碼 <u>Name and Address of Insurance Company 保險公司名稱及地址</u> <u>Policy Number 保單號碼</u>		
8. Please provide name and address of family doctor (or the doctor usually consulted by the patient) 請提供病人之家庭醫生(或經常求診醫生)的姓名及地址		

DECLARATION AND AUTHORIZATION 聲明及授權

I/We declare that the above statements and answers made by me/us are true and complete to the best of my/our knowledge. I/We hereby authorize any employer, physician, hospital, insurance company, other organization or person who has any record or knowledge with reference to the accident, or the health and medical history of the patient, to give such information to Wing Lung Insurance Co Ltd or its representative, such authorization to survive me/us in so far as legally possible. A photocopy of this authorization will be as valid as the original.
 I/We confirm that I/We have read and understood the "Personal Information Collection Statement" attached in this Claim Form.

本人/吾等謹此聲明, 以上所填報之一切資料, 均屬真確完整無訛。本人/吾等現授權持有有關上述意外事件資料或本人/吾等健康資料或病歷之僱主、醫生、醫院、保險公司、機構或人士, 將全部此等有關之資料給予永隆保險有限公司或其代表。如法律上可行, 本授權書在本人/吾等身故後仍然有效。此授權書之影等效力。
 本人/吾等確認已閱讀並清楚明白附於本索償表格內之「收集個人資料聲明」。

X

Signature of Patient 病人簽署

Name 姓名

Date Signed 簽署日期

(N.B.: If the patient is under 18 years of age, this form should be signed by his/her parent. 注意: 如病人是十八歲以下, 此表格需由其家長簽署。)

Continued on Part II to be completed by the attending doctor 繼續乙部由主診醫生填寫

PART II – To Be Completed by Attending Physician / Surgeon at the Claimant's Own Expenses

乙部 - 由主診醫生填寫, 所需費用由索償人自行承擔

Patient Name (in full) 病人姓名(全名): _____

Date of Admission 入院日期 (DD 日/MM 月/YY 年) _____ Date of Discharge 出院日期 (DD 日/MM 月/YY 年) _____

Name of Hospital 醫院名稱 _____

Level of hospital ward 病房級別: Private 頭等房 Semi-private 二等房 Ward 三等房 Clinical Surgery 門診小手術

1. Clinical History 求診記錄

a) Date on which the patient first consulted you related to this illness/injury 病人就此疾病/受傷後, 首次向閣下求診的日期(DD 日/MM 月/YY 年) _____

b) Symptoms / complaint(s) of the patient relating to this hospitalization /treatment /investigation 病人就此次住院/治療/檢驗所出現的相關症狀及主訴

c) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久? _____

2. Hospitalization Details 住院詳情

a) Final Diagnosis 最後的診斷 _____ Date of Operation 手術日期(DD 日/MM 月/YY 年) _____

b) Operation procedure(s) performed 手術的名稱 _____

c) If the patient has consulted other physician during this hospitalization, please provide the following 如病人於住院期間曾向其他醫生求診, 請提供以下資料:

Name of physician consulted 醫生姓名 _____ Reason 原因 _____

What treatment had the physician performed 治療詳情 _____

d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan)請提供出院摘要(包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情)

e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care / out-patient basis.
若此次病症能在日間護理/診所內進行治療, 請提供住院原因。

3. Professional Comment 專業意見

a) In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis.

If "yes", please provide date of the first episode and details.

就閣下意見, 病人是次住院治療是否因繼發性或慢性疾病引致或與以往的主訴/診斷有關? 若答案為“是”, 請提供首次發病日期及詳情。

b) Was the condition due to or associated with the following?(Please tick the appropriate boxes) 上述情況是否出於或與以下問題關連? 請在適當空格填上 √ 號)

- | | | |
|---|---|--|
| <input type="checkbox"/> Accidental bodily injury 意外身體受傷 | <input type="checkbox"/> Pregnancy 懷孕 | <input type="checkbox"/> Congenital condition 先天性疾病/異常 |
| <input type="checkbox"/> Self-inflicted injury 自我傷害 | <input type="checkbox"/> Infertility or sterilization 不育或絕育 | <input type="checkbox"/> Developmental condition 發育問題 |
| <input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酒精 | <input type="checkbox"/> Contraception 避孕 | <input type="checkbox"/> Hereditary condition 遺傳性問題 |
| <input type="checkbox"/> Mental disorder 精神紊亂 | <input type="checkbox"/> Treatment for cosmetic purpose 美容性質的治療 | <input type="checkbox"/> General check-up 一般身體檢查 |
| <input type="checkbox"/> Refractive error 屈光不正 | <input type="checkbox"/> Vaccination 疫苗接種 | |
| <input type="checkbox"/> Venereal disease, sexually transmitted disease or AIDS / HIV related illness 性病, 性傳播疾病或愛滋病/愛滋病毒有關的疾病 | | |

Others 其他

a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人由其他醫生轉介, 請提供轉介醫生的姓名和地址。

b) Are you the patient's usual physician? 閣下是否該病人的慣常醫生? Yes 是 / No 否

I hereby certify that all information given above is accurate and true to the best of my knowledge.

本人特此聲明, 就本人所知, 上述所有資料均準確無誤。

X

Signature & Chop of attending physician / Surgeon 主診醫生/外科醫生簽名及蓋章

Address and Telephone No. 地址及電話號碼

Name of attending physician/Surgeon & qualifications 主診醫生姓名/外科醫生姓名及資歷

Date 日期 (DD 日/MM 月/YY 年)

本索償表格乙部已獲香港醫學會及香港保險業聯會屬下醫療保險協會認可。

永隆保險有限公司 關於個人資料（私隱）條例（「該條例」）致客戶的通知

永隆保險有限公司（「本公司」）為永隆銀行有限公司（「永隆銀行」）的全資附屬公司，永隆銀行集團（定義見下文第9段）的成員。遵照個人資料（私隱）條例的規定，本公司現通知閣下以下事項：

1. 客戶、潛在客戶及其他個人（包括但不限於保險產品及服務的申請人、受保人、索償人、擔保人、保證人、公司客戶或申請人的股東、董事、高級職員及管理人員、申請人的獨資經營者或合夥人以及其他合約對手方）（統稱「資料當事人」）須不時就各種事項向本公司提供有關的資料包括但不限於申請及提供保險或金融產品或服務、管理保單及其他保險及金融服務。
2. 若未能向本公司提供該等資料，可能導致本公司無法為客戶處理保險申請或繼續提供保險產品或服務及/或其他相關服務。
3. 視乎資料當事人與本公司的關係的性質，資料當事人的資料可被用作包含下列全部或其中任何一項或多項的用途：
 - (i) 處理及評估保險產品及服務的申請、安排保險合約及管理資料當事人的賬戶；
 - (ii) 向資料當事人提供保險產品及服務及處理資料當事人對本公司提供的保險產品及服務提出的要求，包括但不限於任何相關保險產品或服務的更改、變更、取消或續期；
 - (iii) 處理、判定保險索償及就保險索償抗辯，包括進行任何附帶調查；
 - (iv) 行使任何代位權；
 - (v) 執行與所提供的保險產品及服務附帶的功能及活動，如核實身份，核對資料及再保險安排；
 - (vi) 行使本公司因不時向資料當事人提供的保險產品及服務而享有的權利；
 - (vii) 進行市場、服務或產品的分析或研究、設計、發展或改善本公司的保險產品及服務；
 - (viii) 履行根據下列適用於本公司及/或永隆銀行集團被期望遵守的就披露及使用資料的義務、規定或安排：
 - (1) 不論於香港特別行政區境內或境外及不論目前或將來存在的對其具法律約束力或適用的任何法律；
 - (2) 不論於香港特別行政區境內或境外及不論目前或將來存在的任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會作出或發出的任何指引或指導；
 - (3) 本公司或永隆銀行集團因其位於或跟相關本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的司法管轄區有關的金融、商業、業務或其他利益或活動，而向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會承擔或被彼等施加的任何目前或將來的合約或其他承諾；
 - (ix) 遵守永隆銀行集團為符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案就於永隆銀行集團內共用資料及資訊的任何其他使用而指定的任何義務、要求、政策、程序、措施或安排；
 - (x) 使本公司的實際或建議承讓人（包括其法律、會計顧問及/或商業顧問）或就本公司對資料當事人享有的權利的參與人或附屬參與人（包括該等參與人或附屬參與人的法律、會計顧問及/或商業顧問）評核其擬承讓、參與或附屬參與的交易；
 - (xi) 合理的內部管理用途（包括但不限於為申索抗辯及監察本公司或永隆銀行集團所給予或提供的服務質素及效率）；及
 - (xii) 與上述有關的用途。
4. 如本公司、永隆銀行集團或第3段所指的任何受讓人認為合適，資料當事人的資料可於任何國家（香港境內或境外）處理、保存及傳達或披露，以作第3段所載用途。有關資料可在本公司、永隆銀行集團及/或有關所指定受讓人符合適用司法管轄區（香港境內或境外）的當地慣例、法律和規則（包括任何政府行政措施和政令）的情況下發放或披露。本公司持有資料當事人的資料將予以保密，但本公司獲授權可就第3段列明的用途把資料當事人的資料提供予下列各方（不論在香港境內或境外）：
 - (i) 就本公司業務運作向本公司提供行政、管理、電訊、電腦、付款、保安、託管、調查、追討欠款、客戶盡職審查、反清洗黑錢審查或其他服務及就本公司所提供之保險產品及服務相關其他服務的代理人、承辦商或第三方服務供應商，如醫療服務供應商、緊急救援服務供應商、郵寄服務商、資訊科技服務供應商、公證行、理賠調查員、追討欠款公司及專業顧問；
 - (ii) 資料當事人的保險中介人；
 - (iii) 保險資料服務公司或信貸資料服務公司；
 - (iv) 與本公司有或將有商業往來的再保險人或再保險公司；
 - (v) 任何對本公司或永隆銀行集團負有保密責任的其他人士，包括承諾保密該等資料的永隆銀行集團成員；
 - (vi) 本公司或永隆銀行集團根據對本公司或永隆銀行集團具法律約束力或適用的任何法律規定，或根據及為符合任何法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會作出或發出的並期望本公司或永隆銀行集團遵守的任何指引或指導，或根據本公司或永隆銀行集團向本地或外地的法律、監管、政府、稅務、執法或其他機關，或保險或金融服務供應商的自律監管或行業組織或協會的任何合約或其他承諾（以上不論於香港特別行政區境內或境外及不論目前存在或將來存在的），而有義務或以其他方式被要求向其披露該等資料的任何人士；
 - (vii) 本公司的任何實際或建議承讓人（包括其法律、會計顧問及/或商業顧問）或就本公司對資料當事人享有的權利的參與人或附屬參與人或受讓人（包括其法律、會計顧問及/或商業顧問）；
 - (viii) 對資料當事人的義務提供或計劃提供擔保或第三方抵押的任何人等；
 - (ix) 於香港或其他司法管轄區的任何永隆銀行集團成員；
 - (x) (x)在符合公眾利益要求；或(y)在資料當事人明示或暗示同意情況下之任何其他人士。
5. 根據該條例中的條款，任何資料當事人有權：
 - (i) 查核本公司是否持有其資料及查閱該等資料；
 - (ii) 要求本公司改正任何有關其不準確的資料；及
 - (iii) 查明本公司對於資料的政策及實務及獲告知本公司持有的個人資料的種類。
6. 根據該條例的條款，本公司有權對處理查閱資料要求而收取合理的費用。

7. 任何關於查閱或改正資料，或索取關於資料政策及實務或所持有的資料種類的要求，應向下列人士提出：
資料保護主任
永隆保險有限公司
香港中環德輔道中45號
傳真：2526 7045
8. 本通知不會限制資料當事人在該條例下所享有的權利。
9. 在本通知內，下列詞語具以下涵義：
「永隆銀行集團」指永隆銀行或其繼承者、永隆銀行的任何附屬企業、永隆銀行的任何關連公司、永隆銀行的任何相聯公司、永隆銀行的任何直接和/或間接母企業、任何前述母企業的任何附屬企業、其任何關連公司或相聯公司，為免產生疑問，包括招商局集團有限公司轄下各企業；及「附屬企業」、「母企業」及「企業」具有公司條例（香港法例第622章）所指之相同涵義。
10. 如中英文本有任何歧異，皆以英文本為準。

WING LUNG INSURANCE COMPANY LIMITED
Notice to Customers relating to the Personal Data (Privacy) Ordinance (the “Ordinance”)

Wing Lung Insurance Company Limited (the “Company”) is a wholly owned subsidiary of Wing Lung Bank Limited (the “Bank”), a member of Wing Lung Bank Group (as defined in paragraph 9 below). In compliance with the Personal Data (Privacy) Ordinance, the Company would wish to inform you of the following:

1. From time to time, it is necessary for customers, potential customers and various other individuals (including without limitation applicants for insurance products and services, insured, claimant, sureties, guarantors, shareholders, directors, officers and managers of corporate customers or applicants, and sole proprietors or partners of applicants and other contractual counterparties) (collectively, "data subjects") to supply the Company with data in connection with various matters including without limitation the application for and provision of insurance or financial products or services, administration of policies and other insurance and financial services.
2. Failure to supply such data may result in the Company being unable to process the insurance applications or continue to provide the insurance products or services and/or the related services for its customers.
3. The purposes for which data relating to a data subject may be used will vary depending on the nature of the data subject's relationship with the Company, which may comprise all or any one or more of the following purposes:-
 - (i) processing and evaluating applications for insurance products and services, arranging a contract of insurance and managing the account of data subject;
 - (ii) providing insurance products and services to data subject and processing request made by data subject in relation to the insurance products and services offered by the Company, including but not limited to alteration, variation, cancellation or renewal of any insurance related products or services;
 - (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
 - (iv) exercising any right of subrogation;
 - (v) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangements;
 - (vi) exercising the Company's rights in connection with the provision of insurance products and services to data subject from time to time;
 - (vii) conducting market, service or product analysis or researching; designing, developing or improving insurance products and services of the Company;
 - (viii) complying with the obligations, requirements or arrangements for disclosing and using data that apply to the Company and/or the Wing Lung Bank Group or that it is expected to comply according to:
 - (1) any law binding or applying to it within or outside the Hong Kong Special Administrative Region existing currently and in the future;
 - (2) any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers within or outside the Hong Kong Special Administrative Region existing currently and in the future;
 - (3) any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers that is assumed by or imposed on the Company or the Wing Lung Bank Group by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authority, or self-regulatory or industry bodies or associations of insurance or financial services providers;
 - (ix) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the Wing Lung Bank Group and/or any other use of data and information in accordance with any group-wide programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities;
 - (x) enabling an actual or proposed assignee of the Company (including their legal, accounting and/or commercial advisers), or participant or sub-participant of the Company's rights in respect of the data subjects (including legal, accounting and/or commercial advisers to such participant or sub-participant) to evaluate the transaction intended to be the subject of the assignment, participation or sub-participation;
 - (xi) for reasonable internal management purposes (including without limitations, the defence of claims and the monitoring of the quality and efficiency of services offered or provided by the Company and Wing Lung Bank Group);
 - (xii) and purposes relating thereto.
4. The data of a data subject may be processed, kept and transferred or disclosed in and to any country (in or outside Hong Kong) as the Company, Wing Lung Bank Group or any of the transferees contemplated in paragraph 3 may consider appropriate for the purposes set out under paragraph 3. Such data may also be released or disclosed in accordance with the local practices and laws, rules and regulations (including any governmental acts and orders) to which the Company, Wing Lung Bank Group and/or such contemplated transferees are subject to the applicable jurisdiction (inside or outside Hong Kong). Data held by the Company relating to data subjects will be kept confidential but the Company is authorized to provide the data of a data subject to the following parties whether inside or outside Hong Kong for the purposes set out in paragraph 3:-
 - (i) any agent, contractor or third party service provider who provides administrative, management, telecommunications, computer, payment, security, custodian, investigation, debt collection, customer due diligence, anti-money laundering screening or other services to the Company in connection with the operation of its business as well as other services related to the provision of insurance products and services such as medical service providers, emergency assistance service providers, mailing houses, IT service provider, loss adjusters, claim investigators, debt collection agencies and professional advisers;
 - (ii) insurance intermediaries of the data subject;
 - (iii) insurance reference bureaus or credit reference agencies;
 - (iv) reinsurers or reinsurance companies with whom the Company has or proposes to have dealings;

- (v) any other person under a duty of confidentiality to the Company or the Wing Lung Bank Group including a member of the Wing Lung Bank Group which has undertaken to keep such information confidential;
 - (vi) any person to whom the Company or the Wing Lung Bank Group is under an obligation or otherwise required to make disclosure under the requirements of any law binding on or applying to the Company or the Wing Lung Bank Group, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers with which the Company or the Wing Lung Bank Group is expected to comply, or any disclosure pursuant to any contractual or other commitment of the Company or the Wing Lung Bank Group with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of insurance or financial services providers, all of which may be within or outside the Hong Kong Special Administrative Region and may be existing currently and in the future;
 - (vii) any actual or proposed assignee of the Company (including their legal, accounting and/or commercial advisers) or participant or sub-participant or transferee of the Company's rights (including their legal, accounting and/or commercial advisers) in respect of the data subject;
 - (viii) any party giving or proposing to give a guarantee or third party security to guarantee or secure the data subjects' obligations;
 - (ix) any member of the Wing Lung Bank Group in Hong Kong or other jurisdiction(s);
 - (x) any other person (x) where public interest requires; or (y) with the express or implied consent of the data subject.
5. Under and in accordance with the terms of the Ordinance, any data subject has the right:-
- (i) to check whether the Company holds data about him and access to such data;
 - (ii) to require the Company to correct any data relating to him which is inaccurate; and
 - (iii) to ascertain the Company's policies and practices in relation to data and to be informed of the kind of personal data held by the Company.
6. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request.
7. The person to whom requests for access to data or correction of data or for information regarding policies and practices and kinds of data held are to be addressed is:-
- The Data Protection Officer
Wing Lung Insurance Company Limited
45 Des Voeux Road Central, Hong Kong
Fax: 2526 7045
8. Nothing in this Notice shall limit the rights of data subjects under the Ordinance.
9. In this Notice, the following terms shall have the following meanings:
- "Wing Lung Bank Group" means the Bank or its successor, any subsidiary undertaking of the Bank, any related company of the Bank, any associated company of the Bank, any direct and/or indirect parent undertaking of the Bank, any subsidiary undertaking of any such parent undertaking, any of their related companies, any of their associated companies including, for the avoidance of doubt, undertakings within the group of China Merchants Group Ltd; and
- The expressions "subsidiary undertaking", "parent undertaking" and "undertaking" bear the meanings under the Companies Ordinance (Cap.622, Laws of Hong Kong).
10. In case of any discrepancy between the English and Chinese versions, the English version prevails.