



亞洲保險
ASIA INSURANCE

醫療保險－門診及牙科索償表格
MEDICAL INSURANCE - OUT-PATIENT & DENTAL CLAIM FORM

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*必須填寫 **Mandatory** 請用大楷及正楷填寫 **Please complete in CAPITAL and BLOCK LETTERS**

保單編號* Policy No.*	僱主名稱* Employer's Name*
僱員編號 Staff No.	僱員姓名(先填姓氏)* Employee's Name (Surname first)*
証書編號* Certificate No.	病人姓名(先填姓氏)* Patient's Name (Surname first)*
公司專用 OFFICIAL USE Claim No.	與上述僱主之關係: Relationship to the above Employer: ☐ 僱員 Employee ☐ 家屬 Dependent
重要事項 IMPORTANT NOTES: (1) 申請門診醫療索償，門診收據需註明病症及醫生簽署。For the application of out-patient claims, Physician's Receipt(s) with Diagnosis and Physician's Signature is required. (2) 中醫治療之索償，必須一併遞交中醫師發出的正式收據及藥方。For Chinese Medicine Practitioner's Claims, both ORIGINAL receipt(s) and prescription must be submitted. (3) 物理治療/脊骨治療/X光及化驗/藥物處方必須連同主診醫生介紹信一併寄回。Physician's Referral Letter is required for claim of Physiotherapist's Treatment/Chiropractor's Treatment/X-ray & Laboratory Test/Prescribed Medicine. 申請人明白：The Applicant Understands this: 亞洲保險有限公司（「本公司」）可以運用、保存或透露以上之個人資料予任何人士或機構，用以審核此項索償，或提供有關服務。本公司會遵守香港特別行政區法例第486章《個人資料（私隱）條例》。本公司會不時就本公司的服務及產品向閣下收集個人資料及詳情，以下統稱為「閣下的個人資料」。「閣下的個人資料」亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。關於個人資料收集聲明，請瀏覽亞洲保險網頁 www.asiainsurance.hk。如有任何疑問，需查閱或更正以上之個人資料，可致函香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。 Any personal information collected by Asia Insurance Co., Ltd. (the "Company") may be used, stored or disclosed to any individual or organization to evaluate this Claim, to provide subsequent services to you. It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. Your personal information and particulars related to our services and products which collectively referred to in the PICS as "Your Personal Data". It also includes personal data relating to your beneficiaries, dependents, authorized representatives and other individuals in relation to which you have provided information. Details of the Personal Information Collection Statement ("PICS"), please kindly refer to our website www.asiainsurance.hk. For any questions, requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR. 申請人聲明及授權：The Applicant Declare and Authorize this: 本人現聲明上述所填報的資料正確無誤。本人授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給予亞洲保險或其代理人作理賠之用。此授權書之影印本與正本具同等效力。 I hereby declare that the above information given is true and correct. I hereby authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to Asia Insurance or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for claims purpose. A photostat copy of this authorization shall be considered as effective and valid as the original.	
病者簽署/父母或合法監護人簽署(適用於18歲以下病者) Signature of patient/Parent or Legal Guardian	
日期 Date	