

HealthNoble Medical Insurance Plan

Outpatient Claim Form

「貴族醫療保險計劃」門診索償表格



In order to assist us in processing your claim promptly, please complete and return this form together with the original receipts/invoices within 30 days after termination of treatment.

為使本公司能迅速地處理閣下之索償申請，請於完成就醫後 30 日內填妥此表格及連同有關正本單據一併交回。

Policy no:
保單號碼:

To be completed by the Patient (病人填寫)

Please tick the appropriate circle. 請✓適用圓圈。

If the space provided is insufficient, please give details on a separate sheet. 若空位不足，請另加紙張填寫詳情。

Please complete in BLOCK LETTERS. 請以英文正楷大寫填報。

1. Information of patient 病人資料

Name of policyholder 保單持有人姓名		
Name of patient 病人姓名	HKID Card no. of patient 病人香港身份證號碼	Relationship with policyholder 與保單持有人關係
Occupation of patient 病人職業	Telephone no. 聯絡電話	Email address 電郵地址
Do you prefer to receive SMS messages for claim acknowledgment? If "Yes", please specify your preferred language. 閣下是否選擇以短訊形式接收確認收受索償申請通知？若「是」，請註明所選語言。		
		<input type="radio"/> No 否 <input type="radio"/> Yes, in English/Chinese 是，請以英文/中文通知

2. Please fill in the nature of claims and breakdown of charges 請填上索償性質及各項收費

Treatment Date 診治日期 (mm/dd/yy)	Presented Amount 收據金額	Type of claim 賠償申請類別 (Please tick 請在適當方格內加 x 號)
1)		<input type="radio"/> GP 普通科醫生 <input type="radio"/> SP 專科醫生 <input type="radio"/> Dental 牙科醫生 <input type="radio"/> Other 其他 _____
2)		<input type="radio"/> GP 普通科醫生 <input type="radio"/> SP 專科醫生 <input type="radio"/> Dental 牙科醫生 <input type="radio"/> Other 其他 _____
3)		<input type="radio"/> GP 普通科醫生 <input type="radio"/> SP 專科醫生 <input type="radio"/> Dental 牙科醫生 <input type="radio"/> Other 其他 _____
4)		<input type="radio"/> GP 普通科醫生 <input type="radio"/> SP 專科醫生 <input type="radio"/> Dental 牙科醫生 <input type="radio"/> Other 其他 _____
5)		<input type="radio"/> GP 普通科醫生 <input type="radio"/> SP 專科醫生 <input type="radio"/> Dental 牙科醫生 <input type="radio"/> Other 其他 _____

3. Other insurance or compensation claims 其他保險或賠償

Are you making any other insurance or compensation claims as a result of this consultation? 閣下是否正就此次診症申領其他賠償？ If "Yes", please state the name of insurance company and policy number. 若「是」，請提供保險公司名稱及保單號碼。		<input type="radio"/> No 否 <input type="radio"/> Yes 是
Policy no. 保單號碼	Name of insurance company 保險公司名稱	

4. Please fill in Section A for Consultation due to illness OR Section B for Consultation due to accident

若門診由疾病導致，請填寫 A 欄；如因意外導致，請填寫 B 欄。

Section A (Illness 疾病)	Section B (Accident 意外)
Describe the symptoms and abnormalities leading to this consultation. 請描述因何不適及有何異常引致是次門診	When (date & time) did the accident happen? 意外於何時(日期及時間)發生？
Name, Address & Telephone No. of doctor/hospital first consulted for the illness 首次求診之醫生姓名/醫院名稱、地址及電話號碼	How did the accident happen? 請詳述意外發生經過？
Date of the first consultation 首次求診日期	Describe the injuries 請詳述受傷情況

Section A (Illness 疾病)		Section B (Accident 意外)		
Since when did these symptoms first appear? 病徵於何日首次出現?		Was the accident reported to the police? 就此次意外有否向警方報案? <input type="radio"/> Yes 有 (Please provide copy of the police report 請提供警方報告副本) <input type="radio"/> No 無		
Has the Claimant had any prior treatment for the same or closely interrelated cause? If yes, please complete: 索償人以前曾否接受過同樣或相關原因之治療? 如「有」, 請填此欄:				
Date admitted/treated 入院/治療日期	Date discharged 出院日期	Cause 原因	Name & Address of Doctor 醫生姓名及地址	Name & Address of Hospital 醫院名稱及地址

5. Payment Details 付款資料

Subject to policy liability, you are given an option for settlement by claims cheque or by direct credit.
在保單條款許可的情況下, 閣下可選擇以支票或銀行轉帳方式收取賠償款項。

By cheque 以支票繳付

By direct credit/ wire transfer 銀行轉帳 (Limited to listed banks below and for claim less than HKD20,000 只適用於以下列出之銀行及少於20,000港元之賠償)

Please provide your banking details if you prefer payment by direct credit. However this is subject to the bank's arrangement. Furthermore, the supply of any information or documents under this section is not construed as an admission of liability under your policy. We hereby reserve all our rights for assessing your claim subject to terms and conditions of your policy.

如閣下選擇銀行轉帳, 請提供相關銀行資料。此服務必須得到銀行安排下進行。本公司特此聲明, 上述要求並不代表閣下之索賠現正獲成功審批。有關決定, 本公司在收妥全部證明文件後, 將根據保單一切條款才作最後審批。敬請留意。

Account Holder's Name (Must be the same as the Policyholder):
戶口持有人姓名(必須與保單持有人相同):

Bank Name:
銀行名稱:

The Hongkong and Shanghai Banking Corporation Limited 匯豐銀行

Standard Chartered Bank 渣打銀行

Bank of China (Hong Kong) 中國銀行(香港)

Hang Seng Bank 恆生銀行

Bank A/C No.:
銀行帳戶號碼:

Signature of Account Holder:
戶口持有人簽署:

6. Declaration 聲明

1. I/We declare that to the best of my/our knowledge and belief the information on this enrollment form is true and complete in every respect. I/We understand that this enrollment form and declaration will form the basis of the contract between me/us and Zurich Insurance Company Ltd (the "Company").

本人/吾等特此聲明此投保表格的資料乃根據本人/吾等所知及所信為確實及完全而填報, 屬實無訛。本人/吾等明白本人/吾等與蘇黎世保險有限公司(「貴公司」)的保險合約將照此投保表格及聲明而訂立。

2. I/We authorize the Company to obtain medical information from my/our medical practitioner(s), and I/we agree to supply additional information relevant to this Plan at my/our own expense.

本人/吾等明白本人/吾等授權 貴公司有權向本人/吾等之醫生索取有關病歷資料; 本人/吾等亦同意提供進一步與此計劃有關之資料並自付所需費用。

3. I/We understand that I/we shall refer to the Policy for details of the insurance coverage, exclusion clauses and terms and conditions.

本人/吾等明白所有保障範圍、不承保事項、條款及細則概以此保險計劃保單為準。

4. I/We understand I/we must complete and provide all information requested in this form, failing which the Company cannot process my/our application for the Policy.

本人/吾等明白本人/吾等必須完成及提供此表格之所有資料, 貴公司將不會受理本人/吾等資料不全之保單申請。

This insurance application will not be in force until the application(s) has been accepted by the Company and the premium has been paid.

此保險申請須待 貴公司覆核, 接納投保書及收訖保費後才能生效。

7. Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

I/We understand and agree the following issues about the arrangement of my/our personal information collected or held by Zurich Insurance Company Ltd.

本人/吾等明白並同意以下有關 Zurich Insurance Company Ltd(「本公司」)處理所收集及保存本人/吾等之個人資料的安排。

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by Zurich Insurance Company Ltd ("Company") may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):

由 Zurich Insurance Company Ltd(「本公司」)收集或持有的客戶(包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人)個人資料, 均可供本公司使用作以下**強制性用途**, 以便為客戶提供服務(否則本公司將無法為未能提供所需資料的客戶提供服務):

1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;

辦理、調查(及協助他人調查)和決定保險申請、保險索償及提供持續的保險服務;

2) to process requests for payment, and for direct debit authorization;

辦理付款要求及直接付款授權;

3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;

處理任何對客戶的索償、訴訟及/或司法程序; 以及行使本公司的權利(詳情見適用保單條款所定), 包括但不限於代位權;

4) to compile statistics or use for accounting and actuarial purposes;

編撰統計數字, 或作會計及精算用途;

5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("Zurich Insurance Group") and conduct matching procedures where necessary;

符合對本公司及/或其所屬集團(「蘇黎世保險集團」)具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序;

7. Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance") 有關個人資料(私隱)條例(「私隱條例」)的客戶通知

- 6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
 遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
- 7) to collect debts;
 債務追討；
- 8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 便利本公司的認可服務供應商，就上述目的為本公司及/或客戶提供服務；及
- 9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
 使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-
 本公司可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：
- 1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
 - 2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
 - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - 3) 第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
 - 4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 信貸諮詢機構，而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
 - 5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
 - 6) any person pursuant to any order of a court of competent jurisdiction; and
 根據主管司法權區的法院的任何頒令的任何人士；及
 - 7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners;
 蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。
3. All customers have the right to access to, correct, or change any of their own personal information held by the Company by request in writing to the Company's Personal Data Privacy Officer at the address below.
 所有客戶均有權以書面向本公司之個人資料私隱主任(地址如下)要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。
- | | |
|-------------------------------|-------------|
| Personal Data Privacy Officer | 個人資料私隱主任 |
| 26/F, One Island East | 香港港島東華蘭路18號 |
| 18 Westlands Road | 港島東中心26樓 |
| Island East | |
| Hong Kong | |
4. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
 根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
5. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
 本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

I/We confirm that all information provided by me/us in this claim form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this claim form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").
 本人/吾等確認由本人/吾等於此索償表格提供之所有資料均為事實正確無誤。本人/吾等更確認同意本索償表格內之所有部分，包括但不限於上列之聲明細則及有關個人資料(私隱)條例(「私隱條例」)的客戶通知。

<input type="checkbox"/>	Signature of proposer: 投保人簽署：	Date 日期：	D 日	M 月	Y 年
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8. Claim documentation 索償文件

Please complete and return this claim form together with the following documents (original copy), if appropriate, for our handling.
 請填妥本索償表格並連同以下所需證明文件(正本)寄回本公司以便處理閣下之賠償事宜。

Outpatient Benefits/Dental treatment/Pre and Post Surgery Cover/Wellness Benefit
門診/牙科治療/手術前後之覆診費/保健保障

- (a) Medical receipt showing: Name of the patient, Date of consultation, Diagnosis and/or treatment given/Itemized charged
 醫療賬單詳列：病人姓名、求診日期、診斷證明及/或治療紀錄、各項費用
- (b) All associated medical and laboratory reports
 所有相關的醫療和化驗報告
- (c) Referral letter by attending doctor for specialist treatment/acupuncturist/physiotherapist/chiropractor/lab test
 由主診醫生發出之專科治療/針灸師/物理治療師/脊醫/化驗測試轉介信