Group Hospitalization & Surgical Insurance Claim Form
團體住院及手術保險賠償申請書

Sun Life 永明金融

CLAIM INSTRUCTIONS 索償說明

1. Submit the below documents within 90 days from the date of discharge from Hospital / clinic surgery.
   - Signed and completed claim form
   - Original receipt or certified true copy of receipt and settlement advice from other insurer
   - For medical package charges, please include breakdown of the charges
   - Discharge slip if confined in government hospital
2. The claimant may be required to provide further information and documents at the claimant's own expenses if the Company considers it necessary to assess whether the claim is payable under the policy.
3. Ensure to pay sufficient postage to avoid undeliverable mail.
4. ☐ Please "√" this box to select to receive certified true copy of receipts after claim processing. Please note that original receipt will not be returned.
5. Submit claim documents to Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong.

1. 請於出院 / 門診手術後的90日內遞交以下文件。
   - 填妥並已簽署的賠償申請書
   - 正本收據或收據的核實副本及由其他保險公司發出的賠償結算通知書
   - 如涉及醫療套餐收費，請提供收費項目明細
   - 如入住政府醫院，請提供醫院出院紙
2. 如公司認為有必要，索償人須自費提供進一步資料和文件以供公司就保單條款進行索償評估。
3. 請確保支付足夠的郵資以免郵件無法投遞。
4. ☐ 如需在賠償辦妥後選擇收取收據的核實副本，請於方格內填上「√」號。正本收據將不獲退回。
5. 請將賠償申請文件交到香港九龍紅磡德豐街 22 號海濱廣場二座 10 樓香港永明金融有限公司團體保險行政部。

Part A – To be completed by Patient 甲部 — 由病人填寫

1. Name of Employer (Policy Owner) 僱主名稱 (保單持有人)		Policy No. 保單號碼
2. Name of Employee 僱員姓名	Age 年齡	H.K.I.D. Card No. of the Employee (Must be Completed) 僱員之香港身份證號碼 (必須填寫)
3. Name of Patient (If other than Employee) 病人姓名 (如非僱員)	Age 年齡	Relationship to Employee 與僱員關係 ☐ Self 本人 ☐ Spouse 配偶 ☐ Children 子女

4. Was the hospitalization/surgery a result of an accident? 此次住院/手術是否由於一宗意外引致? ☐ Yes 是 ☐ No 否

   Date of Accident 意外日期 _____ Time 時間 _____ Place 地點 _____ Brief description 經過 _____

5. Have you had any prior treatment for this or related conditions? 閣下是否曾經因同一病況而接受治療? ☐ Yes 是 ☐ No 否

   Treatment Date (DD/MM/YY) 日期 (日/月/年) _____ Name of Doctor(s) 醫生姓名 _____ Contact No. 聯絡電話 _____

6. Have you ever made or are you going to make any other insurance claim(s) resulting from this treatment? 閣下有否就此次治療曾經或將會申請其他保險賠償?
   ☐ Yes 有 ☐ No 沒有
   If "yes", please provide Name of Insurance Company and Policy No. 若「有」，請提供保險公司名稱及保單號碼。 _____

DECLARATION AND AUTHORIZATION

The claimant (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:

1. All the foregoing statements and answers in this application together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with this application are full, complete and true. I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. Sun Life Hong Kong Limited, including its successors or assigns (collectively referred to as "the Company") may be unable to process this application if I/we fail to provide any information required to this application.
2. I/We fully understand that the Company is not bound by any statement which I/we may have made to any person if not written or printed here.
3. **PERSONAL INFORMATION COLLECTION STATEMENT**
   Personal data (including credit information, claims history and third party personal information) may be collected by the Company from time to time in various forms or processes. They are being collected, used and disclosed by the Company for the following necessary purposes: (i) processing and evaluating insurance applications and/or any other applications for financial services; (ii) administering and providing services in relation to insurance or financial products; (iii) processing, investigating and settling insurance claims and detecting and preventing fraud (whether or not relating to the policy issued by the Company) ; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for clients' use; (vi) selecting and participating in reward, loyalty or privileges program and related service; (vii) contacting clients for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order. The Company may disclose such personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, insurance adjusters, medical advisors, health care professionals, medical service providers, hospitals, emergency assistance service providers, reinsurers, accountants, solicitors and professional financial advisors; (b) to banks for payment purposes; (c) to insurance brokers who are representing the policy owners or clients directly or indirectly; (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, financial services companies and insurance companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to the policy owner / employers of an insured employee under a group product; (h) to any third party service provider appointed by the policy owner who provides administrative services for the policy owner (i) to organisations that consolidate claims and underwriting information for the insurance industry; (j) to fraud prevention organisations; (k) to other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (l) to any person to whom the Company or its related companies (inside or outside Hong Kong) are under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) are subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) are expected to comply and (m) as otherwise required or permitted by law. The Company may also use and disclose such personal data in other ways with the consent of the data subjects or as otherwise required or permitted by law. If third party personal information is supplied to the Company by the clients, clients' service providers, claimants or applicants for services, such clients, service providers, claimants or applicants must inform these third parties about this personal information collection statement before they collect their information and supply it to the Company. For group clients, these information may include but not limited to information belonging to the clients' employees, the group members, the insureds and/or their representatives or dependents. Clients in respect of whom personal data is being collected should understand that it is voluntary for them to provide these information, but failure to provide the requested personal data could mean that the Company is unable to process their applications or to continue the provision of the required services. Clients have the right to seek access to and request correction of any personal data the Company holds about them by sending a written request to Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hunghom, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests. The Company may from time to time provide its up-to-date Personal Information Collection Statement at its website www.sunlife.com.hk. The Company may also use contact details, basic personal data and policy details to contact clients with marketing information regarding the Company and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. The Company may not so use clients' data unless the Company has received clients' consents.
4. I/We further authorized: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application; and (b) the Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this application. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.
5. I/We agree to pay to the Company for any non-eligible expense(s) or expense(s) which exceed the benefit coverage of the policy which is/are paid to the medical service providers by the Company on behalf of me/us.

聲明及授權

索償人(本人/吾等)聲明、同意及明白以下各項(視乎情況適用而定),並在此申請表簽署作實:

1. 此申請表上所載的聲明及答案,以及經本人/吾等簽署之所需的體格檢驗、問卷、修改書及其他文件,均屬真確無訛,詳細完整,並構成申請的依據及其中部份。本人/吾等明白倘有任何未知是否屬於重要事項的資料均須在此透露。倘本人/吾等未能提供此申請所需資料,可導致香港永明金融有限公司,包括繼承人或承讓人,(在此稱為「公司」)未能處理此申請。
2. 本人/吾等完全明白公司不受一些本人/吾等沒有在此申請表上提及或刊印向任何人士定立的聲明所約束。
3. **個人資料收集聲明**
   公司可以不時透過各種表格或程序收集個人資料 (包括信用資料,索償紀錄和第三方個人資料)。上述的個人資料收集、使用及披露,是為了公司達到以下有需要的目的 :(i) 處理及估申請及/或任何其他金融服務申請;(ii) 管理並提供與保險及/或金融產品相關服務; (iii) 處理、調查和結清保險索償個案、以及偵測和防止欺詐行為(無論是否與公司發出的保單有關) (iv) 進行客戶調查;(v) 為客戶研究及設計金融 、保險或退休金產品;(vi) 甄選及參與獎賞、忠實或特選客戶計劃;(vii) 因上述目的與客戶聯絡; 與上述目的直接有關的任何其他目的;及 (ix) 為遵守適用的法例、法規或法庭命令。基於上述目的,公司可以披露有關客戶個人資料予 (a) 為協助公司就上述用途(不論在香港或其他地方)而提供服務的第三方,包括索償調查員、保險理算人、醫療顧問、醫護專業人士、醫療服務提供者、醫院、緊急支援服務供應商、再保險公司、會計師、律師、專業理財顧問;(b)銀行作繳款用途;(c) 直接或間接代表保單持有人或客户的保險經紀;(d) 公司的保險代理人及強積金中介人;(e) 公司的關連公司(根據公司條例訂明)包括退休金服務提供者、金融服務機構及其他保險公司; (f) 香港保險業聯會(或任何相似的保險公司協會)及其會員;(g) 團體產品的保單持有人 / 受保僱員之僱主;(h) 由保單持有人指定及提供行政服務給保單持有人的第三方服務供應商;(i) 整合保險業索償和承保資料的組織; (j) 防欺詐組織;(k) 其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士、警察和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊 (及其運營者) ;(l) 公司及其關連公司(不論在香港與否)為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士;及 (m) 按法例要求或准許的其他人士。在法例的要求或容許下、或獲得資料當事人的同意後,公司可以將客户的個人資料披露並作其他用途。假如第三方個人資料是由客戶、客戶的服務供應商、索償人或申請人提供給公司,該客戶、服務供應商、索償人或申請人必須在收集這些資料前,將此《個人資料收集聲明》告知有關的第三方才把資料提供給公司。對於團體客户而言,這些資料可以包括但不限於屬於客户的僱員、團體成員 、受保人和/或其代表或家屬的個人資料。客戶應明白就其個人資料收集所提供的個人資料乃出於自願,但如客戶未能提供所需的個人資料,公司將無法處理其申請或繼續提供所需服務。客戶有權查閱及要求更正公司持有的個人資料,有關要求可以書面形式郵寄至香港九龍紅磡德豐街22號海濱廣場二座10樓香港永明金融有限公司團體保險行政部。公司可就處理任何該等要求收取合理費用。公司可不時在其網站 www.sunlife.com.hk提供最新的《個人資料收集聲明》。公司亦可使用客戶之聯絡資料,基本個人資料及保單資料,就公司及第三方的退休金、金融及保險產品的推廣資訊,以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡客戶,惟我們必須先得到客戶的同意,否則公司不可使用客戶的資料為該用途。
4. 本人/吾等同時授權:(甲)任何擁有任何本人/受保人之記錄、詳情或資料(醫療或其他資料)之醫生、醫院、診所、保險公司、政府部門、機構或人士就此申請向公司或其代表披露、透露或轉移此等記錄、詳情或資料;及(乙)公司或公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗,以評估與此申請之本人/受保人的健康情況。此授權書對本人/受保人之繼承人及受讓人有約束力,並於本人/受保人身故後或喪失能力後仍然有效。此授權書的正本及影印本同屬有效。
5. 本人/吾等同意承擔及繳付由公司向醫療服務機構直接結清的任何不合條件的費用或超越本保單福利保障範圍的任何費用。

Signature of Patient** 病人簽署** : _____ Date 日期 : _____

** In the event of the Patient whose age is less than 18, this part should be signed by the Employee. The claim will be denied if signature is missing.
倘若病人之年齡在十八歲以下,此申請書須由僱員簽署。若缺少簽署,索賠會被拒絕。

Mailing address: Group Administration and Operations, Sun Life Hong Kong Limited, 10/F, Two Harbourfront, 22 Tak Fung Street, Hung Hom, Kowloon, Hong Kong 郵寄地址: 香港九龍紅磡德豐街22號海濱廣場二座10樓香港永明金融有限公司團體保險行政部
Tel電話:(852) 3183 2099 Fax 傳真:(852) 2302 0173

Sun Life Hong Kong Limited 香港永明金融有限公司
(Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限責任公司)
A member of the Sun Life Financial group of companies 永明金融集團成員之一

5-00-0034W/06-2024

Part B – To be completed by the attending physician 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

(1) PARTICULARS OF THE PATIENT 病人資料

Name of Patient 病人姓名 _____ H.K.I.D.Card No. 香港身份證號碼 _____ Age 年齡 _____

(2) DETAILS OF HOSPITALIZATION 住院詳情

Name of Hospital 醫院名稱 _____

Date of Admission 入院日期 _____ Date of Discharge 出院日期 _____

Level of Hospital Ward 病房類別 ☐ Private 私家病房 ☐ Semi-private 二等病房 ☐ Ward 普通病房 ☐ Clinic Surgery 門診手術

Name of Operation 手術名稱 _____ Date of Operation 手術日期 _____

(3) DIAGNOSIS AND MEDICAL HISTORY 診斷及病歷記錄

a) Symptoms / complaints of the patient relating to this hospitalization / surgery / investigation 病人就此次住院 / 手術 / 檢驗所出現的病徵 / 主訴

_____

b) Date of the accident or when symptoms first appeared 首次出現病徵或意外發生日期 _____

c) Date on which the patient first consulted you for this condition or related illness 病人首次求診日期 _____

d) In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis.
就閣下意見，病人是次住院是否因繼發性或慢性疾病所引致或與以往的主訴 / 診斷有關。 ☐ Yes 是 ☐ No 否

If "yes", please provide date of the first episode and details 若「是」，請提供首次發病日期及詳情：_____

e) When did you refer the patient for hospitalization? 閣下轉介病人入院的日期? _____

f) Final Diagnosis 最後診斷 _____

g) Was the condition due to or associated with the following? (Please tick the appropriate boxes) 此病症是否與下列情況有關？(請選擇適合方格)

☐ Accidental bodily injury 意外身體受傷
☐ General check-up 一般身體檢查
☐ Congenital Conditions 先天性疾病 / 異常
☐ Dental and oral surgery 牙科治療及口腔外科手術
☐ Vaccination 預防疫苗
☐ Mental or nervous disorder 心理或精神疾病
☐ Self-inflicted injury 自我傷害
☐ Influence of drugs or alcohol 受藥物或酒精影響
☐ Correction of eye sight 視力矯正
☐ Cosmetic or plastic surgery 美容或整形手術
☐ Infertility, sterilization or contraception 不育，絕育或避孕
☐ Pregnancy 懷孕 (date of commencement of pregnancy 受孕日期 _____)
☐ AIDS, venereal disease, sexually transmitted disease 愛滋病，性病或性接觸傳染病
☐ NONE OF THE ABOVE 以上都不是

h) Brief discharge summary (including treatments, investigation procedures, results, and/or any complications and follow up plan).
出院撮要：(治療及以後治療計劃，包括診查辦法、結果、併發症及跟進計劃)。

_____

i) Please provide reason(s) for hospitalization if this type of cases can be managed on day case / outpatient basis. 如類似個案可以在門診處理，請提供人入院之理由。

_____

j) If the patient has consulted other physician during this hospitalization, please provide the following details: 如病人在是此住院曾經其他醫生會診，請提供以下詳細資料：

Name of physician consulted 醫生姓名 _____ Reason 理由 _____

What treatment had the physician performed? 此醫生提供什麼治療計劃？ _____

k) Was the patient referred by another physician? 病人是否由其他醫生轉介？ ☐ Yes 是 ☐ No 否

If "yes", please provide the Name and Address of the referring doctor: 若「是」，請提供轉介醫生姓名和地址：_____

_____

l) Are you the patient's usual physician? 你是否病人常見醫生？ ☐ Yes 是 ☐ No 否

m) Has the patient taken any home leave during this hospitalization? 病人有否於住院期間離開醫院？ ☐ Yes 有 ☐ No 沒有

If "yes", please state the date, time and reason for home leave 若「有」，請詳述離開醫院的日期、時間及原因：_____

I hereby certify that all information given above is accurate and true to the best of my knowledge 本人特此證明據本人所知，上述所有資料是準確和真實。

Name of Physician 主診醫生姓名：

_____

Signature of Physician with Official Chop

主診醫生簽署及蓋章

Qualifications 資歷：_____

Address 地址：_____

Telephone 聯絡電話：_____ Date 日期：_____