

Group Clinical Insurance Claim Form

團體門診保險賠償申請書



CLAIM INSTRUCTIONS 索償說明

<ol style="list-style-type: none"> Each claim form is for one Patient only. Submit the below documents within 90 days from the date of consultation. <ul style="list-style-type: none"> Completed and signed claim form Original receipt or certified true copy of receipt and settlement advice from other insurer Doctor's referral letter, if applicable Doctor's prescription with diagnosis, drug name and dosage, if applicable 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. Ensure to pay sufficient postage to avoid undeliverable mail. Co-Payment incurred when using Sun Life Privilege Care Card is not reimbursable. <input type="checkbox"/> Please "✓" this box to select to receive certified true copy of receipts after claim processing. Please note that original receipt will not be returned. 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. 	<ol style="list-style-type: none"> 每名病人須獨立填寫一份賠償申請書。 請於診症後的90日內遞交以下文件。 <ul style="list-style-type: none"> 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 醫生轉介信(如適用) 醫生處方(如適用),其中包括診斷、藥物名稱和劑量 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。 請確保支付足夠的郵資以免郵件無法投遞。 凡因使用「永明金融尊貴保健卡」而需要支付的自付費將不能獲得賠償。 <input type="checkbox"/> 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。 請將賠償申請文件交到香港九龍紅磡德輔道中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。
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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 <input type="checkbox"/> Self 本人 <input type="checkbox"/> Spouse 配偶 <input type="checkbox"/> Children 子女

Please fill in the nature of claim and breakdown of charges 請填寫索償性質及各項收費
Please put a "✓" in the appropriate box 請在適用方格內填上 [✓]

Date of Consultation 診症日期 DD日/MM月/YY年	General Practitioner 普通科醫生	Specialist* 專科醫生*	Physiotherapy / Chiropractic* 物理治療 / 脊椎治療*	Chinese Medicine Practitioner 中醫治療	Prescribed Medicine# 處方藥物#	X-Ray & Lab Test* X光診斷及化驗*	Others (please specify) 其他 (請註明)	Self-Declaration of Diagnosis (applicable for outpatient visits in public hospital / clinic and public charges) 病人自行聲明病症 (適用於在政府醫院 / 診所的門診就診及公眾收費類別)	Total Amount 總金額

* Doctor's referral is required unless it is waived. 除已獲豁免外,必須連同醫生轉介信遞交。

* Doctor's prescription with diagnosis/drug name/dosage is required unless it is waived. 除已獲豁免外,必須連同醫生處方,其中包括診症/藥物名稱/劑量。

DECLARATION AND AUTHORIZATION 聲明及授權

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

- 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.
此申請書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,包括繼承人或承讓入,(在此稱為「公司」)未能處理此申請。
- 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.
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。
- I/We hereby give my/our consent to the Company to use and disclose my/our personal data for the purposes as stated in the Company's Personal Information Collection Statement (PICS) as set out overleaf.
本人/吾等同意就申請表於後頁訂明有關公司的《個人資料收集聲明》中提及的用途,使用及披露本人/吾等的個人資料。
- 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.
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。
- 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.
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。

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, Hung Hom, 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.

EXCLUSIONS

The Company shall not pay any claims or expenses (other than a claim under the Compassionate Death Benefit) directly or indirectly caused by or resulting from any of the following causes unless specified in the Schedule of Benefits or Endorsement.

1. Pre-existing conditions for which the Insured receives medical treatment, diagnosis, consultation or prescribed drugs during the ninety (90) days preceding the effective date of coverage, unless the Insured has been covered under this Policy for not less than twelve (12) months;
2. Hospitalization primarily for the purpose of diagnostic X-Ray, advanced imaging, laboratory tests or physiotherapy;
3. general check up, rest curve, sanatoria care;
4. special nursing care or charges and expenses for wheel-chair, iron-lung, artificial limbs, braces, crutches, dentures, glasses, hearing aids, heat appliances or other prosthetic devices or hospital equipment except for the rental of such devices or equipment during Hospitalization;
5. charges for non-medical services such as telephone, television, radio, guest meals, photocopy of medical report, tax and the like;
6. Injury arising from war or any act of war (whether war is declared or not), insurrection, civil war, or any warlike operation, whether or not the Insured was actively participating in them;
7. suicide, or any attempt threat, while sane or insane; intentionally self-inflicted injuries; Injury or Sickness sustained while the Insured is under the influence of drugs or alcohol, and treatment in connection with addiction to drugs or alcohol;
8. treatment of illness directly or indirectly, wholly or partly by Human Immunodeficiency Virus (HIV) and/or HIV-related illness including acquired immune deficiency syndrome (AIDS) and/or any mutations, deviations or variations thereof; venereal disease, sexually transmitted disease;
9. psychiatric treatment, mental or nervous disease or disorder and including any investigation and treatment of psychological, emotional, or behavioral conditions;
10. dental treatment and oral surgery except for emergency treatment from an Accident received during Hospitalization. Any follow up treatment after discharge from Hospital related to dental treatment or oral surgery shall be excluded;
11. eye examinations, surgical procedure for correction of eye refraction including routine eye tests, fitting of spectacles or lens; cosmetic surgery, plastic surgery and the like, except and to the extent that any such treatment is necessary for the cure or alleviation of an Injury to the Insured;
12. vaccinations, immunization, injections, preventive medication or preventive care;
13. pregnancy, childbirth, miscarriage, abortion and all complications in connection therewith,
14. any expense incurred after a person has ceased to be insured under this Benefit or after this Benefit has been terminated;
15. expenses recoverable from a Third Party;
16. any investigation, treatment or surgical operation for Congenital Conditions;
17. alternative treatment including but not limited to acupuncture, Tui Nai, hypnotism, rolfing, massage therapy and aroma therapy; or
18. any charges for birth control or reversal of birth control, infertility including in-vitro fertilization or any other artificial method of inducing pregnancy, sterilization, sexual dysfunction including but not limited to impotence and the like.

This is a general list of exclusions, please refer to the Group Insurance Policy Contract for details.

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) 處理及評估申請及/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;(viii) 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戶的保險經紀;(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定的其他人士、警察和保險業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,公司可以將客戶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。對於團體客戶而言,這些資料可以包括但不限於屬於客戶的僱員、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自自願,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。公司可就此處理任何該等要求收取合理費用。

公司可時在其網站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。

不保事項

除非保障一覽表或批註中另有規定,否則本公司將不會直接或間接因下列任何原因所致的或由其而引起的任何索償或費用支付任何賠償(恩恤身故保障下的索償除外)。

1. 凡在生效日期前九十(90)日內受保人已呈現之已存在的情況並曾就其接受治療、診斷、診症、或處方藥物;除非受保人已於本保單受保不少於十二(12)個月;
2. 主要是因接受X光診斷、先進造影、化驗或物理治療而住院;
3. 例行身體檢查、休養、療養等;
4. 特別護理服務、或收費及費用輪椅、人工呼吸器、義肢、支架、拐杖、假牙、眼鏡、助聽器、暖爐或矯型器具或醫療設備的收費和費用;但於住院期內租用以上器具或設備除外;
5. 非醫療性質服務收費如電話、電視、收音機、訪客膳食、影印醫療報告費、稅項及類似費用;
6. 任何戰爭或戰爭行動(不論宣戰與否)、暴動、內戰、或其他任何類似戰爭的事故所引致的身體損傷,不論受保人參與其中與否;
7. 自殺、或自我傷害,不論神志清醒與否、受保人因服用或吸收任何毒品、酒精所引致之身體損傷或疾病;及與針對濫用藥物或酗酒有關的治療;
8. 直接或間接因人類免疫缺陷病毒及/或其有關之病症包括愛滋病及/或因後天免疫缺乏症(愛滋病)或其任何變異、衍生或變體引發之病症;性病、性接觸傳染病而引致之治療費用;
9. 精神治療、心理或精神疾病或症狀包括心理、情緒或行為狀態的檢查及治療;
10. 牙科治療及口腔外科手術,惟因意外而需住院接受的緊急治療除外。任何出院後關於牙科治療及口腔外科手術的覆診治療將不在受保範圍內;
11. 眼部檢查、眼折射測試包括例行眼部檢驗、驗配眼鏡或鏡片,以及任何為矯正視力準確度或折射不正而進行的任何手術程序,整容手術,整形手術及類似手術;惟醫治或減輕受保人的受傷所需進行的上述任何治療除外;
12. 接種疫苗、免疫、注射、預防性藥療或預防性護理;
13. 懷孕、分娩、流產、人工流產及所有有關的併發症;
14. 當某人不再是本保障下的受保人後或本保障終止後所引致的任何費用;
15. 可向第三方追索的費用;
16. 任何關於先天性症狀的檢查、治療或手術;
17. 另類療法包括但不限於指壓、推拿、催眠、羅夫式按摩、按摩治療及香薰治療;或
18. 節育或恢復生育;不育治療包括體外受孕或以任何其他人工方法導致懷孕;結紮;性功能失調包括但不限於原因導致陽萎、不舉、早泄等治療費用。

這是一般不受保障項目,詳情請參閱團體保險保單合約。