

Critical illness insurance claim form

危疾保險索償申請表

Please ✓ the appropriate box and * delete where inappropriate. 請 ✓ 適用方格及於*號刪去不適用者。

Please use blue or black ink and write clearly in BLOCK LETTERS. 請用藍色或黑色原子筆，用英文大楷清晰填寫資料。

For claims enquiry, please visit www.zurich.com.hk/claims 有關索償查詢，請瀏覽 www.zurich.com.hk/claims

1. Claim submission 申請索償

Claims must be submitted within 30 days from the date of incident through the following methods: 必須於事件發生後30日內經以下方法

申請索償：

- Complete this claim form and email to our company
填妥此索償申請表並電郵至本公司
Email 電郵：claims@hk.zurich.com

Remarks 注意事項：

- For claim amount below HKD 20,000, the original receipt is only required upon request by our claims handler. 如索償金額低於20,000港元，只在我們的理賠員要求時才需遞交正本收據。
- If you are applying for a medical expenses claim, please settle the payment before submitting this claim, and be reminded to obtain the documents from your hospital before discharge. 如您申請醫療費用索償，請先繳付後索償，並在出院前向醫院索取所需文件。
- You are responsible for the cost of requesting the medical report(s). 您需要自行承擔醫療報告之相關費用。
- If you receive medical treatment at a Hong Kong public hospital, please obtain the Discharge Slip before you leave the hospital and submit it to our company. 如您在香港公立醫院接受治療，請於出院前向醫院索取出院紙，並於申請索償時一併提交。
- For additional supporting documents, please email to our company. 如需補交文件，可電郵至本公司。
- You may also check your claims status through our Claims Virtual Assistant on Zurich Website. 您可以在蘇黎世網站上向我們的索償智能助理查詢索償進度。
- If you have any questions, visit www.zurich.com.hk/contactclaims to reserve a time, we will call you as per the booking time so to save your time on waiting. 有關索償查詢，請瀏覽www.zurich.com.hk/contactclaims預約時間，我們將根據預訂時間致電給您，以節省您的等待時間。

2. Claim acknowledgement 申請確認通知

- Receive acknowledgment SMS and/ or email in two working days in two working days內收到確認短訊及/或電郵

3. Claim result 索償結果

- Receive claim result after claim assessment
索償評估後收到索償結果

Policy no.

保單號碼

Claim no. (if any)

索償號碼 (如有)

1. Personal information 個人資料

Policyholder name

保單持有人姓名 (英文)

Insurance agent/broker name (if any)

保險代理 / 經紀姓名 (如適用)

Insured name

受保人姓名 (英文)

Insured HKID no.

受保人香港身份證

Insured date of birth

受保人出生日期

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Insured gender

受保人性別

Male

男

Female

女

Correspondence address

聯絡人通訊地址

Flat/Room

室 / 單位

Floor

樓

Block

座

Building

大廈

Estate name/No. & name of street/Lot no.

屋苑名稱 / 街名及門牌 / 地段

District

地區

HK/KLN/NT*

香港 / 九龍 / 新界*

1. Personal information (continued) 個人資料 (續)

Email address of contact person

聯絡人電郵地址

Insured occupation

受保人職業

Mobile phone no. of contact person

聯絡人手提電話號碼

We will send you the claim acknowledgment and claim settlement notification by SMS and/or email according to the above information. Also, we will contact you by email to obtain additional information to process your claim if necessary. If you have an insurance agent/broker, we will contact you via insurance agent/broker.

本公司根據以上填寫的資料，以電話短訊及 / 或電郵發送確認索償申請通知及賠款通知。如有需要，本公司將以電郵方式聯絡您獲取更詳細資料，如您有保險代理 / 經紀，本公司將透過保險中介人 / 經紀與您聯絡。

2. General information 一般資料

Are you making any other insurance claim as a result of this incident (including employee compensation, group/company medical scheme or individual medical insurance)?

您是否正就此次損失向其他保險公司索償 (包括勞工、團體或公司醫療保險或個人醫療保險) ?

Yes, please provide the following details
是，請提供以下資料

No
否

Name of insurance company

保險公司名稱

Policy no.

保單號碼

If you are making other insurance claims with other insurer and required to have a certified true copy of medical receipts(s) and/or medical report returned to you, please fill in the above information and send an email request to claims@hk.zurich.com with your policy number and email subject 'Request for return of certified true copy of medical receipts(s) and/or medical report'.

如您正就此次損失向其他保險公司索償 (必須填寫以上資料) 並需取回醫療單據或 / 及醫療報告的核實副本，可電郵至 claims@hk.zurich.com 並註明您的保單號碼及標題註明「需取回醫療單據或 / 及醫療報告的核實副本」作申請。

3. Payment method 支付方式

Please select one of the payment method below. The payment account must be owned by policyholder or insured person.

請選擇以下其中一個收款方式。收款賬戶持有人必須為保單持有人或保單受保人。

Faster Payment System (FPS) 「轉數快」 (Applicable for claim amount HKD 5,000 or below 適用於索償金額 5,000 港元或以下)

FPS account holder name

「轉數快」賬戶持有人姓名 (英文)

Please select one of the following. 請選擇以下其中一項。

Mobile phone no.
手提電話號碼

FPS identifier
「轉數快」識別號碼

Email address
電郵地址

Bank transfer 銀行轉賬

Please provide below bank details and copy of ATM card or bank book for the payment arrangement.

請提供提款卡或存摺作副本收取索償款項之用。

Bank account holder name

銀行賬戶持有人姓名 (英文)

Bank account no.
銀行賬戶號碼

Bank code
銀行編號

Branch code
分行編號

Account no.
賬戶號碼

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4. Claim items 索償項目

Please submit the required documents listed below together with this form to our company. Our company may request for additional relevant claim documents.

請連同以下所需之文件及此表格一併交回本公司。本公司可能要求提供額外相關索償文件。

For claim amount below HKD 20,000, the original receipt is only required upon request by our claims handler.

如索償金額低於20,000港元，只在我們的理賠員要求時才需遞交正本收據。

Claim item(s) 申請索償項目	Basic supporting documents required 索償所需的基本文件
<input type="checkbox"/> Critical Illness 危疾	<input type="checkbox"/> The Attending Physician Statement (APS) report completed by the attending physician (subject to the relevant critical illness you suffered) 由主診醫生填寫的主診醫生報告（根據所患的危症疾病而填寫） <input type="checkbox"/> Relevant medical test report(s) (e.g. Histopathological, X-ray, ECG, MRI, CT Scan etc.) 相關醫療測試報告（如：醫理化驗·X-光·心電圖·磁力共振·電腦斷層掃描等等）
<input type="checkbox"/> Medical expenses 醫療費用	<input type="checkbox"/> Medical receipt(s) 醫療收據 <ul style="list-style-type: none"> • Hospital – hospital receipt(s), doctor professional slip, official receipt and deposit receipt issued by hospital 住院 – 由醫院發出的醫療收據·醫生專業收費單·正式收據及按金收費單 • Outpatient/Day patient/Outpatient surgery – medical receipt(s) issued by registered medical practitioner showing the patient name, diagnosis of condition, consultation date and medical expenses breakdown 門診 / 日症病人 / 門診手術 - 由註冊醫生發出的醫療收據並列出病人姓名·診斷結果·診症日期及醫療費用明細 <input type="checkbox"/> Attending physician/Specialist/Anesthetist/Surgeon/Physical therapist diagnosis and/or treatment records, medical reports showing the patient name, diagnosis and consultation date 主診醫生 / 專科醫生 / 麻醉師 / 外科醫生 / 物理治療師之診斷及治療記錄·醫療報告並列明病人姓名·診斷結果及診症日期 <input type="checkbox"/> Sick leave certificate issued by registered medical practitioner 註冊醫生發出之病假證明書 <input type="checkbox"/> Attending Physician Statement completed by the Attending Physician Statement or hospital admission/discharge summary (applicable to Hong Kong public hospital only) 由主診醫生填妥的主診醫生報告或入院摘要 / 出院總結（只適用於香港公立醫院） <input type="checkbox"/> The Attending Physician Statement (APS) report completed by the attending physician (subject to the relevant critical illness you suffered) 由主診醫生填寫的主診醫生報告（根據所患的危症疾病而填寫）

5. Details of injury and sickness 傷病詳情

Date of symptom(s) first appeared Day日 Month月 Year年
首次出現病徵的日期

Symptom(s) before admitted to hospital/consultation
入住醫院 / 求診前的病徵

Date of first consultation Day日 Month月 Year年
首次求診日期

Name of hospital/medical provider
醫院 / 提供醫療服務機構名稱

What treatments had been performed relating to this sickness
請列明是次疾病接受之治療

Date of surgery Day日 Month月 Year年
手術日期

Date of admission Day日 Month月 Year年
入院日期

Date of discharge Day日 Month月 Year年
出院日期

First consultation doctor's name
首次就診醫生姓名

Hospital or service provider name and address
醫院或服務提供者名稱及地址

Name of the doctor of recommending admission to hospital
建議入院的醫生姓名

Hospital or service provider name and address
醫院或服務提供者名稱及地址

Name of the doctor of consulted for the related sickness/accident
過往就相關病症 / 意外曾求診的醫生姓名

Hospital or service provider name and address
醫院或服務提供者名稱及地址

Total medical expenses claimed (HKD)
索償醫療費用總額 (港元)

Do you need to attend follow up treatment/consultation?
是否需要繼續接受治療 / 覆診?

Yes, please provide the following details
是，請提供以下資料 No
否

How long will the treatment last or follow up consultation date
是次疾病之療程還需要多久或覆診日期

Estimated medical expenses (HKD)
預計醫療費用 (港元)

Other claims related information 其他索償有關資料

6. Declaration and authorization 聲明及授權

1. I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
2. I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」)**之私隱政策。
3. I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
4. I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
5. A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

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

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the 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**蘇黎世保險有限公司 (「本公司」)**不時收集或持有的客戶 (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，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料 (例如從第三方收到的索償資料和病歷)，均可供本公司及 / 或其所屬集團 (「**蘇黎世保險集團**」) 內的公司使用作為向客戶提供服務而**必須**的用途 (否則本公司將無法為未能提供所需資料的客戶提供服務)。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.



本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。

Name of insured person (Name of policyholder of the insured under 18 years old)

受保人姓名 (如受保人未滿18歲，請填寫保單持有人姓名)

Insured HKID no./Birth certificate registration no.

受保人香港身份證號碼 / 出生證明登記編號

Signature of insured person (Signature of policyholder of the insured under 18 years old)

受保人簽署 (如受保人未滿18歲，請由保單持有人簽署)

Day日 Month月 Year年
Date 日期