



# Medical/Hospital cash claim form (Life business) 醫療 / 住院現金索償表格 (人壽業務)

Private & Confidential 私人及保密文件

Please complete all sections 請填寫所有項目

Name of financial consultant  
理財顧問姓名

Contact phone no. of financial consultant  
理財顧問聯絡電話號碼

## 1. Personal information 個人資料

Policy no(s).  
保單號碼

Mr. 先生  Mrs. 太太  Ms. 女士 Name of life insured 受保人姓名 \*

HKID card no./Passport no.  
香港身份證號碼/護照號碼

Date of birth 出生日期  
Day日 Month月 Year年

Nationality  
國籍

Mr. 先生  Mrs. 太太  Ms. 女士 Name of claimant(s) 索償人姓名 \*

HKID card no./Passport no.  
香港身份證號碼/護照號碼

Date of birth 出生日期  
Day日 Month月 Year年

Nationality  
國籍

\* Please insert full name as shown on HKID Card/identification document (請以身份證/身份證明文件上的名字為準)

Claimant's residential address  
索償人地址

Claimant's correspondence address (if not the same as residential address)  
索償人之通訊地址 (如有別於上述地址)

Claimant's relationship with the life insured  
索償人與受保人關係

Claimant's phone no.  
索償人聯絡電話號碼

Claimant's contact email  
索償人聯絡電郵地址

\* Please insert full name as shown on HKID Card/identification document 請以身份證/身份證明文件上的名字為準

## 2. Details of the hospitalization 住院詳情

(a) Name of hospital  
醫院名稱

(b) Confinement period 住院日期 From (DD/MM/YYYY) 由 (日/月/年) To (DD/MM/YYYY) 至 (日/月/年)

(c) Name of the attending doctor(s)  
主診醫生姓名

(d) During hospitalization period, did the patient have any home leave period?  
在住院期間, 病人有否請假外出?  NO 否  YES, the home leave period is from 有, 請假外出期由 \_\_\_\_\_ to 至 \_\_\_\_\_

### 3. Are you making any other insurance or compensation claim as a result of this hospitalization 閣下是否正就此次住院申領其他保險或彌補賠償

No 否  Yes 是 If yes, please provide the following information 若是，請提供以下資料

Policy no. 保單號碼	Name of insurance company 保險公司名稱	Type of insurance (eg. medical expenses/hospital cash) 保障類別(如：醫療費用/住院現金)

### 4. If hospitalization was due to illness 若住院由疾病導致

(a) The life insured's symptoms  
受保人之病徵

\_\_\_\_\_

(b) How long had the life insured been having these symptoms before admission into hospital  
入院前多久受保人此病徵才被發現

\_\_\_\_\_

(c) Please provide details of 請詳述	Date 日期	Name(s), address(es) and phone no.(s) of doctor(s) 醫生姓名地址及電話
(i) The doctor first consulted for this illness 此症之首位主診醫生		
(ii) The doctor(s) who referred the life insured to hospital 轉介受保人往醫院之醫生		
(iii) All other doctors consulted during this illness 診治病人之其他醫生		
(iv) All other doctors consulted during the past five years 過去五年內所有醫生		

### 5. If hospitalization was due to accident 若住院由意外導致

(a) When did the accident happen  
意外何時發生

Date 日期	Time 時間

(b) Accident location  
意外地點

\_\_\_\_\_

(c) Please provide details on how the accident happened  
請述意外經過

\_\_\_\_\_

(d) Please provide details on the injuries  
請述受傷情況

\_\_\_\_\_

(e) Police station to which the accident was reported  
曾到報案之警署

\_\_\_\_\_

(f) Police reference no  
警方檔案號碼

\_\_\_\_\_

### 6. Others 其他

Do you want us to return the submitted claim document(s) to you upon completion of the claim procedure?  
索償程序完成後，閣下是否需要退回已遞交之有關文件

No 否  If yes, please select 如是，請選擇  original medical receipts 醫療單據之正本  Medical report 醫療報告

Claim documentation  
索償文件

Please complete and return this claim form together with the following original documents (if appropriate), so that we can process your claim:  
請填妥本索償表格並提交以下所需證明文件之正本(如適用)，寄回本公司以便處理 閣下之賠償事宜

(a) If it is a claim for hospitalization cash, please provide hospital invoice showing, itemized charges, name of the patient, period of confinement.  
倘若申請住院現金索償，請提供住院帳單，當中詳列各項費用，病人姓名，留院日期。

(b) Receipt(s) of all attending doctors/specialists/anesthesiologist/surgeons/physiotherapists showing:  
所有主診醫生/專科醫生/麻醉師/外科醫生/物理治療師之帳單詳列：

Name of the patient, date of consultation, diagnosis and/or treatment given, medical report(s), amount of charges  
病人姓名，求診日期，診斷及/或治療紀錄，醫療報告，各項費用

- (c) If it is a claim for post surgery/post hospitalization out-patient medical fees, please provide doctor's receipt showing:  
倘若申請索償有關手術後/住院後之覆診費，請提供醫生帳單詳列：  
Name of the patient, date of consultation, diagnosis and/or treatment given, charges  
病人姓名，求診日期，診斷及/或治療紀錄，費用
- (d) Proof of identity (i.e. identity cards and/or passports) of the policyholder/assignee/life insured/claimant(s)/payee (if not provided previously) and proof of residential address (if applicable)  
保單持有人/受讓人/受保人/索償人/收款人之身份證明文件，如身份證及/或護照(如從未提供)及住址證明文件(如適用)  
(We reserve the right to seek further documentation or information which we consider necessary for processing your claim.)  
(如有需要，本公司保留權利向閣下索取進一步文件或資料以作審核。)

Upon submission of the required documents, your claim will be processed by our Life Claims Department. Should you have any questions, please call our Life Claims Hotline at 2535 3502.

閣下的賠償申請表格將由理賠部(人壽業務)處理。若有任何查詢，請致電本公司理賠熱線 2535 3502。

- (e) Payment details 付款詳情：

Subject to the terms of your policy, you may select to receive the claim amount by way of direct credit or cheque.  
在保單條款許可的情況下，閣下可選擇以銀行轉帳或支票方式收取賠償款項。

- By direct credit 銀行轉帳

Please provide your bank account details if you prefer to receive payment by direct credit. However this is subject to the bank's arrangement.  
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。

Our request of any information or documents under this section shall not be construed as an admission of liability under your policy. We reserve all our rights for assessing your claim subject to terms and conditions of your policy.

上述要求並不代表閣下之索賠已獲成功審批。本公司保留根據閣下之保單條款作審批的權利。

Note: The claim payment shall be credited to the bank account in the name of the policyholder or life insured in accordance with the terms of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.

請注意：有關之賠款將按其保單條款，存入該保單持有人或受保人名下之銀行帳戶。請確保帳戶號碼及帳戶持有人名稱正確，以免不必要之延誤。

- Bank name 銀行名稱
- The Hongkong and Shanghai Banking Corporation Limited 滙豐銀行  Standard Chartered Bank 渣打銀行
- Bank of China (Hong Kong) 中國銀行(香港)  Hang Seng Bank 恒生銀行
- Others, please specify 其它，請列明 \_\_\_\_\_

Name of account holder

帳戶持有人名稱 \_\_\_\_\_

Bank account no. 銀行帳戶號碼

Important note: the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment regardless of whether the claim payment can be recovered.

重要事項：如索償人提供之銀行帳戶號碼及/或帳戶持有人名稱不正確，而導致本公司錯誤將賠款轉帳至第三者之銀行帳戶，不論有關賠款是否能取回，本公司無任何責任再支付該賠款。

- By cheque 支票

## 7. Points to note 注意事項

- (a) Please insert correct policy number. 請填上正確之保單號碼。
- (b) Please make sure that the signature of the life insured/policyholder is consistent with that in the policy application form.  
請確保此表格上受保人/保單持有人之簽名與保單申請書之簽名一致。

## 8. 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

This Notice sets out the privacy policy of each of Zurich Life Insurance Company Ltd/Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited (each a "Company") in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

本通知列載 Zurich Life Insurance Company Ltd/Zurich Assurance Ltd/蘇黎世人壽保險(香港)有限公司(以下個別稱「本公司」)有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

- The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the 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 following purposes necessary in providing services to the customers ("necessary purposes") (otherwise the Company is unable to provide services to customers who fail to provide the required information):  
由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，其中亦包括在本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」)內的公司使用作以下為向客戶提供服務而必須的用途(「必須用途」)(否則本公司將無法為未能提供所需資料的客戶提供服務)：
  - to process, investigate (and assist others to investigate) and determine insurance applications, benefits and claims, perform reinsurance arrangements and provide ongoing services;  
辦理、調查(及協助他人調查)和決定保險申請、保障及索償，進行再保險安排和提供持續的服務；
  - to manage any claim, action and/or proceedings brought by or against or otherwise involving 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;  
處理任何客戶提出的、針對客戶所提出的或其他涉及客戶的索償、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；

- c) to process requests for payment, and for direct debit authorization;  
辦理付款要求及直接付款授權；
- d) to provide subsequent services and administer the policies issued, such as to arrange medical examination, process additions, alterations, variations, assignments, cancellation, renewal or reinstatement of the relevant policies;  
提供後續服務及執行／管理已發出的保單，例如安排身體檢查和處理相關保單的增加、更改、變更、轉讓、撤銷、續期或恢復；
- e) to compile statistics or database or conduct market or actuarial research or insurance surveys or perform customer analysis, profiling and segmentation undertaken by the Company and/or a company within the Zurich Insurance Group, respective regulators or industry recognized bodies, or to enhance existing or design new products and services of the Zurich Insurance Group, or for customer relationship building;  
由本公司及／或蘇黎世保險集團內的任何公司、相關監管機構或公認行業組織編撰統計數字或資料庫，或進行市場、精算研究或保險調查，或進行客戶研究分析及分層，或為蘇黎世保險集團改進現有的產品和服務或設計新的產品和服務，或建立客戶關係；
- f) use for accounting and actuarial purposes;  
作會計及精算用途；
- g) to enable the Company and/or any company within the Zurich Insurance Group to fulfill any services or contract of insurance that a customer has requested, and/or to form a single overall view of the customer's relationship with the Zurich Insurance Group and of the customer's record, such as underwriting and claims history, for present and future reference in processing, assessing, determining and investigating insurance applications, benefits and claims, administering the customer's policy, performing reinsurance arrangements and providing ongoing services;  
使本公司及／或蘇黎世保險集團內的任何公司能夠履行客戶要求的任何服務或保險合約，及／或全面了解客戶與蘇黎世保險集團之間的關係以及客戶的總體記錄，例如承保和索償歷史，以供現在及將來於處理、評估、決定和調查保險申請、保障及索償、管理客戶保單、進行再保險安排和提供持續的服務時作為參考；
- h) to meet the disclosure requirements of any local or foreign law, rules, regulations, codes or guidelines binding on the Zurich Insurance Group and conduct matching procedures where necessary;  
符合對蘇黎世保險集團具約束力的任何本地或外國法例、規則、規例、守則或指引的披露規定及如需要時進行核對程序；
- i) to comply with the requirements, orders or legitimate requests of, or contractual or other commitment or arrangement with the courts of Hong Kong, local and foreign regulators, tax or law enforcement authority, self-regulatory or industry recognized bodies such as federations or associations of insurers or financial services providers, including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, credit reference agencies, governmental bodies and government-related establishments;  
遵循香港法院、本地與外地的監管機構、稅務或執法機構、獨立監管或公認行業組織（例如保險公司或金融服務供應商的聯會或協會），包括但不限於保險業監管局、香港保險業聯會、核數師、信貸諮詢機構、政府組織和政府相關機構所作出的規定、指令或合法要求，或遵循與上述機構或團體間之合約承諾、其他承諾或安排；
- j) to collect (and assist other companies within the Zurich Insurance Group to collect) debts;  
追討（並協助蘇黎世保險集團內的其他公司追討）債務；
- k) to prevent and detect (and assist other companies within the Zurich Insurance Group to prevent and detect) fraud;  
偵測和防止（並協助蘇黎世保險集團內的其他公司偵測和防止）欺詐行為；
- l) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes;  
以便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；
- m) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment; and  
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；及
- n) to fulfil any other purposes directly related to any of the above purposes.  
履行與上述任何用途直接相關的其他用途。
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the necessary purposes:  
本公司可就必須用途，向以下於香港境內或境外的人士提供任何客戶個人資料：
- a) companies within the Zurich Insurance Group, any other company carrying on insurance or reinsurance related business, an intermediary, or an industry recognized body;  
蘇黎世保險集團成員公司、任何進行保險或再保險相關業務的其他公司、中介人或受業界認可的團體；
- b) any agent, contractor or third party service provider who provides administrative, telecommunications, technology, computer, payment, policy administration, support, storage, cloud, record management, call center, mailing and printing, data processing, customer satisfaction analysis, outsourcing 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、技術、電腦、付款、保單管理、支援、儲存、雲端、記錄管理、熱線中心、郵寄、印刷、資料處理、客戶滿意度分析、外判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；
- c) third party service providers including insurers, bankers, legal advisors, accountants, fund management companies, financial institutions, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, hospitals, surveyors, specialists, repairers, emergency service providers, research and analysis companies and data processors;  
第三方服務供應商，包括保險公司、銀行、法律顧問、會計師、基金管理公司、金融機構、調查員、理賠師、再保公司、醫護及復康顧問、醫院、考察員、專家、維修人員、緊急服務提供者、研究與分析公司及資料處理者；
- d) 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，而在客戶欠帳時，任何債務追收代理或進行索償或調查服務的公司；
- e) any person to whom the Zurich Insurance Group is under an obligation or otherwise required 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 local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies 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，及就任何由本地或外地政府、監管、稅務或執法機構、公認行業組織、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或必須向其作出披露的任何人士；
- f) any person to whom the Zurich Insurance Group is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign governmental, regulatory, tax or law enforcement authority, industry recognized bodies or other authorities that is assumed by or imposed on the Zurich Insurance Group or any of its associated companies;  
根據蘇黎世保險集團或其任何關連機構承擔或被施加的與本地或外地政府、監管、稅務或執法機構、公認行業組織、或其他機關的合約承諾、其他承諾或安排而言，蘇黎世保險集團有責任或必須向其作出披露的任何人士；
- g) any person pursuant to any order of a court of competent jurisdiction;  
根據主管司法權區的法院的任何頒令的任何人士；

- h) organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, employers, the police and databases or registers (and their operators); and  
整合保險業申索和承保資料的組織、防欺詐組織、僱主、警察、數據庫或登記冊(及其運營者);及
- i) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policyholders.  
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. Certain personal information of policyholders and insured persons collected or held by the 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), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company for the following marketing-related purposes ("**marketing purposes**"):

由本公司不時收集或持有的保單持有人及受保人的某些個人資料(其中亦包括在本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),特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等,均可供本公司使用作以下市場推廣相關用途(「**市場推廣用途**」):

- a) to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes).  
為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務,及/或其他商業合作夥伴之相關服務,提供市場推廣資料及進行直接促銷活動(例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品,由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品,出於慈善及/或非牟利用途的捐贈或捐款)。

The Company may use the personal information of any customer for the marketing purposes only with such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policyholder and insured person to the Company's use of their personal information for the marketing purposes. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

本公司只能在客戶同意下,方可使用任何客戶的個人資料作市場推廣用途。在未有收到任何「反對」要求,本公司將把有關保險申請及持續投保,視作有關保單持有人及受保人之不反對本公司使用其個人資料作市場推廣用途。為免生疑問,就本公司不時收集或持有的所有客戶個人資料,本公司將會以從客戶收到的最新指示(例如同意或表示不反對的指示,或提出反對要求)作準。

4. The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, upon such policyholder's and insured person's written consent, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's marketing purposes:

經保單持有人及受保人書面同意後,本公司可就以下人士本身及/或就本公司的市場推廣用途,向以下於香港境內或境外的人士提供其某些個人資料,特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等,以供其使用:

- a) companies within the Zurich Insurance Group;  
蘇黎世保險集團成員公司;
- b) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;  
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織;
- c) third party reward, loyalty, co-branding or privileges program providers;  
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者;
- d) third party marketing-related service providers and insurance intermediaries.  
第三方市場推廣相關服務供應商及保險中介人。

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policyholders or insured persons, for the marketing purposes without their written consent. For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time. The Company may receive money or other property in return for providing the personal information to the parties set out in paragraph 4(a) to (d) above.

未經客戶書面同意,本公司不得向任何第三方提供有關客戶(特別指保單持有人及受保人)的個人資料作上述第3段所述的市場推廣相關用途。為免生疑問,就本公司不時收集或持有的所有客戶個人資料,本公司將會以從客戶收到的最新指示(例如同意或表示不反對的指示,或提出反對要求)作準。本公司或會因向上述第4(a)至(d)段所述的各方提供個人資料而獲得金錢或其他財產作為回報。

5. Customers' personal information may from time to time be provided to any of the parties set out in paragraph 2 (and paragraph 4 for customers who consented to the marketing purposes) above (including cloud providers) which may be located in Hong Kong or elsewhere for necessary purposes (and marketing purposes for customers who have given their consent) and in this regard customers consent to the transfer of their personal information outside Hong Kong and understand that their personal data may not be protected to the same or similar level compared to Hong Kong.

客戶的個人資料可能就必須用途(及市場推廣用途,如客戶已同意)不時提供於任何上述第2段(及第4段,如客戶已同意市場推廣用途)中提及的一方(包括雲端服務供應商)。有關一方可能處於香港境內或其他地方。客戶同意他們的個人資料可能被轉移至境外,及明白該資料未必可以獲得與香港同等或類似程度的保障。

6. All customers have the right to access, correct, or change any of their own personal information held by the Company, and in the case of policyholders and insured persons, opt-out of the Company's use and transfer of their personal information for the marketing purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request.

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。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述市場推廣用途,亦可向本公司提出,並於有關反對要求中清楚註明要求人士之全名、身份證明文件號碼、保單號碼、電話號碼和地址。

Personal Data Privacy Officer  
26/F, One Island East  
18 Westlands Road  
Island East  
Hong Kong  
個人資料私隱主任  
香港島東華蘭路18號  
港島東中心26樓

7. 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。
8. 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何任何歧異或不一致，概以英文版為準。
9. The Company reserves the right to change or update this Notice at any time without prior notice. The changes or updates will be notified to customers on Company's website or in writing (which may include electronic format) and any such change or update will be effective immediately upon posting. The continuation of insurance or other business relationship with the Company signifies a customer's agreement to the changes and updates in relation to the uses of such customer's personal information for the necessary purposes, otherwise the Company is unable to continue the insurance or other business relationship with the customer.  
本公司保留隨時更改或更新本通知的權利而無須事先通知。所有更改或更新將透過本公司的網站或以書面形式（其中包括電子形式）通知客戶，並將於刊登後即時生效。若客戶與本公司持續保險或其他業務關係，將表示客戶同意就使用該客戶個人資料的必須用途作出的更改和更新，否則本公司無法與客戶持續保險或其他業務的關係。

## 9. Declaration for data protection 個人資料保障聲明

I/We confirm that I/we, agree to the use or transfer of my/our personal data for the purposes as set out above.  
本人/我們確認本人/我們同意貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

I/We declare that proper consent from the life insured or policyholder (if different from the claimant) has been obtained before the personal data is provided to Zurich Life Insurance (Hong Kong) Limited and/or Zurich Life Insurance Company Ltd and/or Zurich Assurance Ltd.

本人/我們於提供受保人或保單持有人（如與索償人不同）的個人資料予蘇黎世壽險（香港）有限公司及/或 Zurich Life Insurance Company Ltd 及/或 Zurich Assurance Ltd 前已獲得受保人或保單持有人之正式同意。

## 10. Authorization 授權

1. I/We hereby request payment of all benefits in accordance with the policy and I/we warrant that I am/we are legally and beneficially entitled to such sum.  
本人/我們現就上述保單作出賠償申請，及聲明本人/我們有合法資格受益於此保單之所有賠款。
2. I/We hereby authorize any hospitals, physicians, medical practitioners, insurance companies, employers or organizations that have any records or knowledge of the life insured \_\_\_\_\_, the holder of HKID card/Passport no. \_\_\_\_\_ to disclose to the Company or its authorized representatives any and all the information with respect to his/her health, medical history, disease, hospitalization, advice, treatment, investigatory result, employment records or any other policies details and claim records, etc.  
本人/我們在此授權任何醫院、醫療專業人士、內外科醫生、保險公司、僱主或機構及凡持有受保人 \_\_\_\_\_，香港身份證/護照號碼 \_\_\_\_\_ 資料之人士。可向 貴公司或其授權代表披露有關他/她的資料，包括：健康狀況、過往之病歷、病狀、入院記錄、診治建議、治療方法、調查結果、在職記錄或其他保單資料及賠償記錄等。
3. I/We also agree that the Company may use the copy(ies) of my/our identification document(s) and the life insured's identification document for claim purposes.  
本人/我們亦同意 貴公司使用本人/我們之身份證明文件副本或受保人之身份證明文件副本以作上述查詢用途。
4. A faxed or photographic copy of any section of this claim statement shall be as valid as the original.  
此申請表各項之影印本亦屬有效。

Full name 姓名	HKID Card/Passport no. 香港身份證/護照號碼						
Signature 簽署	Date signed 簽署日期 <table style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Day日</td> <td style="text-align: center;">Month月</td> <td style="text-align: center;">Year年</td> </tr> <tr> <td style="text-align: center;"> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> </td> <td style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </td> </tr> </table>	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"/>
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"/>					

**PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。**

In the event of any discrepancy or inconsistencies between the English and Chinese versions of this claim statement, the English version shall prevail.  
如中英文版本有任何歧異或不一致，概以英文版為準。

## 11. To be completed by the attending physician/surgeon at the claimant's own expense

由主診醫生填寫，有關費用由索償者支付

Please complete in block letters

Name of patient \_\_\_\_\_ Identity card no \_\_\_\_\_

Date of admission (DD/MM/YYYY) \_\_\_\_\_ Date of discharge (DD/MM/YYYY) \_\_\_\_\_

Name of hospital \_\_\_\_\_

**(1) Clinical history of this patient:**

- (a) Date on which the patient first consulted you relating to this medical condition(s)/injury \_\_\_\_\_
- (b) If caused by injury, please describe the cause and extent of injury \_\_\_\_\_
- (c) Symptoms and complaints for this hospitalization/treatment \_\_\_\_\_
- (d) Underlying cause(s) of the hospitalization \_\_\_\_\_
- (e) According to the medical history given by the patient, how long had he/she been experiencing these symptoms before the first consultation and the date of the first consultation? \_\_\_\_\_
- (f) How long, in your opinion, has the patient been suffering from this illness/injury? \_\_\_\_\_
- (g) Was the patient confined in an Intensive Care Unit during this hospitalization or did he/she suffer from 3rd or 4th degree of burning? If yes, please indicate the period/numbers of days stayed \_\_\_\_\_

**(2) Hospitalization history of this patient:**

- (a) Final diagnosis \_\_\_\_\_
- (b) Date of operation \_\_\_\_\_  
Operational procedure(s) performed \_\_\_\_\_
- (c) If you have consulted other doctor during this hospitalization, please provide the following:  
Consulted doctor's name \_\_\_\_\_ Reason \_\_\_\_\_  
What treatment(s) had the doctor performed \_\_\_\_\_
- (d) Please give brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examination, treatment, complications and follow up plan) \_\_\_\_\_
- (e) Has the patient taken any home leave during this hospitalization? If yes, please state the date, time and reason \_\_\_\_\_
- (f) Please provide reason(s) for hospitalization if this type of cases can be managed on day care \_\_\_\_\_

**(3) Professional comment:**

- (a) In your opinion, was the hospitalized illness a recurrent episode or a chronic illness or related to a previous complaint/diagnosis? If yes, please provide date of the first episode and details \_\_\_\_\_
- (b) Has the patient ever had the same symptoms before/has the patient been treated or hospitalized for these same symptoms before? \_\_\_\_\_

If yes, please state, to the best of your knowledge, on a separate sheet when and describe details (including a brief summary describing the onset date, duration of signs and symptoms, disease, etiology, types and results of major examination, treatments, complications and follow up plan)

- (c) Was the condition due to or associated with the following (please circle the right answers)?  
Accidental bodily injury, abuse of drugs or alcohol, AIDS/HIV related illness, venereal disease or sexually transmitted disease, pregnancy, childbirth, miscarriage, abortion, infertility or sterilization, correction of vision, refractive error, cosmetic or plastic surgery, mental or nervous disorder, congenital condition heredity condition, developmental condition, suicide, attempted suicide, ionizing radiation, self-inflicted injury, participation in any sports, general check up or vaccination or none of the above.
- (d) If you are referred by another doctor, please provide the referring doctor's full name and address \_\_\_\_\_

**I hereby certify that all information given above is accurate and true to the best of my knowledge**

The personal information collected from the physician in this form will be used by the Company for administration, verification and record purposes in respect of the subject matter of this form. The Company will not be able to process the request in the form, if the physician fails to provide the personal information as requested. For personal data access or change requests, please write to our Personal Data Privacy Officer, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

<hr/> Name of attending doctor/surgeon/qualification	<hr/> Signature of attending doctor/surgeon with practice/hospital stamp
<hr/>	
<hr/>	Date signed <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="text-align: center;">Day <input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;">Month <input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;">Year <input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;"><input style="width: 20px; height: 20px;" type="text"/></div> </div>
<hr/> Address and phone no.	

**PLEASE DO NOT SIGN ON BLANK FORM.**

Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)  
Zurich Life Insurance Company Ltd (a company incorporated in Switzerland with limited liability)  
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)  
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong  
Tel: +852 2968 2383                      Website: www.zurich.com.hk

Zurich Assurance Ltd (於英格蘭及威爾斯註冊成立之有限公司)  
Zurich Life Insurance Company Ltd (於瑞士註冊成立之有限公司)  
蘇黎世人壽保險(香港)有限公司(於香港註冊成立之有限公司)  
香港港島東華蘭路18號港島東中心25-26樓  
電話：+852 2968 2383                      網址：www.zurich.com.hk

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