中銀集團保險有限公司
BANK OF CHINA GROUP INSURANCE COMPANY LIMITED

索償編號 (公司專用)
Claim No. (for office use)

醫療保險 *Medical Insurance* – 門診醫療索賠申請書*Outpatient Benefit Claim Form*

投保人姓名
Policyholder Name : _____
保單號碼
Policy Number : _____
受保病人姓名
Name of Insured Patient _____
身份證號碼
HKID No. : _____

序號 *No.*	診治日期 *Date of Consultation*	收據金額 *Amount Incurred*	按索償類別 Nature of Reimbursement (必須加上 "✓" 註明 Please"✓" in the appropriate box) (按所屬保單處理 According benefit schedule as specify in the Policy)					***注意：所遞交之正本文件將會存留於本公司，請自備副本參考。Note : ORIGINAL DOCUMENTS submitted would be retained by our company. You are advised to keep a copy for reference.***
			普通科 GP	物理治療 Physiotherapy	專科 Specialist	X光/ 化驗 X-ray/ Laboratory	中醫/ 跌打/ 針灸 Chinese Herbalist/ Bonesetter / Acupuncturist	其他 Other (請註明 Pls. specify)
1								
2								
3								

請提供投保人的香港銀行自動轉帳戶口號碼(不接受聯名戶口)及電郵地址作理賠賠款之用。指定之銀行自動轉帳戶口號碼及電郵地址將適用於以後的理賠，特別註明除外。 Please provide policyholder's bank autopay account number in Hong Kong (Do not accept joint account) and email address for claim settlement purpose. Unless otherwise specify, the designated account number and email address shall be applied to all future claim settlements.

	戶口持有人 Bank Account Holder				銀行及分行編號 Bank and Branch Code				自動轉帳戶口號碼 Bank Autopay Account Number								電郵地址 Email Address
投保人 Policyholder					--				--								

授權

本人現授權任何西醫、醫院、診所、保險公司及其他人士，均可向**中銀集團保險有限公司**提供本人或本人家屬之健康情況、傷病資料及病歷記錄，作為審核有關醫療保險索賠之用。本授權書之影印本與正本有同等效力。

聲明

1、本人聲明上述所填報之資料均屬真實無訛，本人清楚明白如上述資料有誤或不實，可能導致本人或本人家屬的保障無效。

2、本人明白本人提供予中銀集團保險有限公司("中銀集團保險")的資料，為中銀集團保險提供保險業務所需，並可能使用於下列目的:

(i) 處理及審批本人的保險申請或本人將來提交的保險申請；(ii) 執行本人保單的行政工作及提供與本人保單相關的服務；(iii) 分析或調查、處理及支付本人保單有關的索償；(iv) 發出繳交保費通知及向本人收取保費及欠款；(v) 任何與保險有關的產品或服務的任何更改、變更、取消或續期；(vi) 就以上用途聯絡本人；(vii) 中銀集團保險行使任何代位權；(viii) 其它與上述用途有直接關係的附帶用途；及(ix) 遵循適用法律，條列及業內守則及指引。

中銀集團保險亦可因應上述用途將本人及/或受保人的個人資料移轉予下列各方 (不論在香港特別行政區境內或境外)：

(a) 就上述用途，向中銀集團保險提供行政、通訊、電腦、付款、保安及其它服務的第三方代理、承包商及顧問（包括：醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；(b) 處理索賠個案的理賠師、理賠調查員及醫療顧問； (c) 追討欠款的收數公司或索償代理；(d) 保險資料服務公司及信貸資料服務公司；(e) 再保公司及再保經紀；(f) 本人的保險經紀（若有）；(g) 中銀集團保險的法律及專業業務顧問；(h)中銀集團保險的關連公司(以《公司條例》內的定義為準)；(i) 現存或不時成立的任何保險公司協會或聯會或類同組織(「聯會」)及其會員，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；(j) 透過「聯會」移轉予任何「聯會」的會員，以達到任何上述或有關目的；(k) 任何有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，以達到任何上述或有關目的；(l) 任何負責處理保險相關投訴及/或爭議之行業或監管機構；及(m) 法例要求或許可的政府機關。

本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及/或核對本人及/或受保人的任何資料。

此外，經本人同意，中銀集團保險可能會以其它方式使用及披露本人及/或受保人的個人資料。

本人有權查閱及要求更正由中銀集團保險持有有關本人及/或受保人的個人資料。如有需要，可向中銀集團保險法律與合規部提出 (地址: 香港中環德輔道中71號永安集團大廈9樓)。

Authorization

*I act on behalf of myself and my dependents hereby authorize any medical practitioner, hospital, clinic, insurance company to disclose to the **Bank of China Group Insurance Co., Ltd.** all information concerning the above disability and any prior medical history for the purpose of proceeding the medical claim. A photostat of this authorization shall be as valid as the original.*

Declaration

1. *I hereby declare that the above statement and answers are true and correct. I understand that any misrepresentation of the above statement and answers will cause my/our claim invalid.*
2. *I understand that the information provided by me to Bank of China Group Insurance Company Limited ("BOCG Insurance") is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of:*
   (i) processing and evaluating my insurance application and any future insurance application I may make; (ii) administering my insurance policy and providing services in relation to my insurance policy; (iii) analysis or investigating, processing and paying claims made under my insurance policy; (iv) invoicing and collecting premiums and outstanding amounts from me; (v) any alterations, variations, cancellation or renewal of any insurance related product or service; (vi) contacting me for any of the above purposes; (vii) exercising any right of subrogation by BOCG Insurance; (viii) other ancillary purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulations or any industry codes or guidelines.

BOCG Insurance may disclose my and/or the Insured Person(s)'s personal data for the above purposes to the following classes of transferees (whether within or outside the Hong Kong Special Administrative Region):

(a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist BOCG Insurance to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, IT service providers and data processors); (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors; (c) in the event of default, debt collectors and recovery agents; (d) insurance reference bureaus or credit reference bureaus; (e) reinsurers and reinsurance brokers; (f) my insurance broker (if any); (g) BOCG Insurance's legal and professional advisors; (h) BOCG Insurance's related companies (as that term is defined in the Companies Ordinance); (i) any association, federation or similar organization of insurance companies ("Federation") and its members that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; (j) any member(s) of the "Federation" by the "Federation" for any of the above or related purposes; (k) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; (l) any industry or regulatory bodies responsible for handling insurance related complaints and/or disputes; and (m) government agencies and authorities as required or permitted by law.

BOCG Insurance is hereby authorized to obtain access to and/or to verify any of my and/or the Insured Person(s)'s data with the information collected by the Federation from the insurance industry.

Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent.

I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance Department *(Address: 9/F., Wing On House, 71 Des Voeux Road Central, Hong Kong)* .

日期 *Date* _____ 病人簽署 *Signature of Patient* _____ 聯絡電話*Contact Number* _____

醫療保險 *Medical Insurance* – 門診醫療索賠申請書 *Outpatient Benefit Claim Form*

申請索償指示

- 申請索償時必須提交正本收據連同有關資料呈交保險公司處理。 索償申請必須在診症日後90天內呈交。**所遞交之正本文件將會存留於本公司，請自備副本參考**。
- 有關是次門診索償，閣下是否申請其他保險公司賠償？ □是 □否
  如是，(1)請提供保險公司名稱及保單號碼：_____
  (2如欲索回收據核實副本, 請在方格內填上「✓」號。□
  (註: 退回收據安排將按保單條款處理。如申請已獲全數賠償，收據核實副本將不獲退回。)
- 若病人在我司也有其他保單並且要求一併索償, 請提供該保單編號或者在下方空格內畫上「✓」號。
  □保單號碼:_____
- 所有正本收據必須清楚列明以下資料，並須醫生蓋章簽署：
  - ✧ 病人姓名
  - ✧ 診症日期
  - ✧ 各項收費明細
  - ✧ 診斷及治療/手術名稱
- 專科、物理、脊醫治療及X光及化驗之索償需提供註冊西醫有效轉介信，轉介信有效期由簽發日起計有效6個月(如適用)，每次索償均需提交推薦信副本。
- 有關索償中醫、針灸及跌打師需提供醫師姓名及登記註冊編號，及中醫則需提交處方正本。

以下情況，索償申請將不獲辦理：

- 索償申請於診症/治療日90天後遞交。
- 所需資料不足。

填妥之索賠申請書連同附帶文件請交回：
中銀集團保險有限公司 – 健康保險部收
香港德輔道中71號
永安集團大廈九樓

客戶服務熱線：3187 5100 傳真：3906 9906
網址：http://www.bocgins.com

Claims Instructions

- Submit claim form with original receipt(s) and all supporting documents to the Insurance Company within 90 days from consultation. **Note : Original documents submitted would be retained by our company. You are advised to keep a copy for reference.**
- Are you making any insurance claim as a result of this outpatient visit? □ Yes □ No
  If Yes, (1) please provide the said insurance company name and the policy No.:
  _____ and,
  (2) "✓" the box for returning certified true copy of medical receipt(s) after claim processing. □
  (Remarks: The arrangement for returning receipts will be processed according to the policy terms and conditions. Please note Certified True Copy of medical receipts will not be returned if the claims are fully reimbursed.)
- If you would like to claim the same loss under another policy with us (when applicable), please also provide the policy number or tick the box. □ Policy number:_____
- All original receipts must indicate the following information and be signed / stamped by the attending doctor:
  - ✧ Patient's name
  - ✧ Consultation date
  - ✧ Breakdown of charges
  - ✧ Diagnosis and treatment/operation name
- Referral letter written by a registered Medical Practitioner is required for Specialist Consultation / Physiotherapy / Chiropractic Treatment / X-ray & laboratory (if applicable). Referral letter is valid for 6 months from date of issuance; copy of referral letter is required for each claim.
- For Chinese herbalist, acupuncturist and bonesetter, please specify Chinese Medical Practitioner's name and registration number. For Chinese herbalist consultation, please attach original prescription sheet for reimbursement.

No reimbursement of outpatient claims if:

- Claim(s) submitted after 90 days date of consultation / visit
- Insufficient of required information

Please send this completed claim form with attachment(s) to:
Bank of China Group Insurance Co. Ltd. – Health Insurance Dept.
9/F., Wing On House,
71 Des Voeux Road Central, Hong Kong

Customer Service Hotline: 3187 5100 Fax : 3906 9906
Website : http://www.bocgins.com