

Group Clinical Insurance Claim Form 團體門診保險賠償申請書



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Sun Life Financial
永明金融

INSTRUCTIONS 說明

- This form must be completed by the employee and signed by the patient and then submitted within **60 days** of incurring such expenses. 此申請書必須由僱員填寫及病人簽署，並於付款後六十天內遞交。
- Original receipts from the physician must be submitted together with this claim form. Each receipt must show the following information: 所有連同本申請書遞交之收據必須為正本，並由有關主診醫生發出。每張收據必須清楚顯示下列資料：
(a) Date of consultation 診症日期
(b) Name of patient 病人姓名
(c) Amount charged 收費
(d) Diagnosis 診斷之病症
The receipt must bear the physician's stamp and signature. 每張收據必須由主診醫生簽署及蓋章。
- Medical Certificate or Sick Leave Certificate with diagnosis treated 清楚列明診斷之病症之醫生證明書或病假證明書
[For medical consultation in the General Out-patient clinic, Specialist Out-patient clinic or Accident & Emergency Department under Hospital Authority]
[適用於醫院管理局轄下醫院之門診部、專科門診部或急症室求診]
- Original Prescription List [For medical consultation of Chinese Herbalist] 中藥處方正本 [適用於中醫診症]
- Any claim for expenses incurred for Diagnostic X-Ray & Laboratory Tests, Chiropractor Treatment, Physiotherapy or Specialist Consultation must be supported with a referral letter together with the diagnosis from the attending physician. 任何診斷性X光檢查及化驗、整脊治療、物理治療或專科醫生診治之賠償申請，必須呈交由主診醫生簽發並附有其診斷之病症之推介信。
- Any claim for expenses incurred for "Prescribed Drugs & Medicines" must be supported with a prescription letter from the attending physician. Name of patient, date of issue, diagnosis, name of the medicine prescribed, dosage and duration must be clearly stated on the prescription letter. 任何「註冊醫生之處方藥物」（只限於註冊西藥房購藥）之索償申請，必須連同主診註冊西醫之處方信正本一併遞交。處方上必須清楚列明病人姓名、處方日期、診斷之病症、藥物之名稱、劑量和服用天數。
- Separate claim form must be completed for each patient. 每位病人必須填寫個別申請書。
- Return all original receipts after claim processing? 賠償辦妥後需退回所有收據正本? Yes 是 No 否

Name of Employer (Policy Owner) 僱主名稱 (保單持有人)	Policy No. 保單號碼	
Name of Employee 僱員姓名	Age 年齡	H.K.I.D.Card No./Membership No. 香港身份證號碼/會員號碼
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

No. 項目	Date of Consultation 診症日期			Amount 收費		For Special Consultation 適用於專科醫生診症 Please put a tick (✓) below 請於下列空格裏加上 (✓)	FOR OFFICE USE ONLY 公司專用
	Day 日	Month 月	Year 年	Dollars 元	Cents 分		
1.							
2.							
3.							
4.							
Total: 總額:							

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)，並在此賠償申請書簽署作實：

- All the foregoing statements and answers in this claim form together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with this claim 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, the Company) may be unable to process this claim application if I/we fail to provide any information required to this application.
此賠償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，均屬真實無訛，詳細完整，並構成賠償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/吾等未能提供此賠償申請所需資料，可導致香港永明金融有限公司 (包括繼承人或承讓人，公司) 未能處理此賠償申請。
- 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/吾等沒有在此賠償申請書上提及或刊印向任何人土定立的聲明所約束。
- The personal information of employees, members and dependents held by or on behalf of the Company (whether contained herein or otherwise obtained and including personal information obtained after the date of this Application) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the Personal Information Collection Statement below:
由公司所持有及由本人/吾等提供有關僱員、成員及配偶或子女的個人資料，公司 (不論是否從此申請書或其他途徑，包括在此申請後所得) 可持有、使用、發放或轉交予有關人等作以下《個人資料收集聲明》中提及的用途：
Personal Information Collection Statement
Any personal information collected or held by or on behalf of the Company (whether contained in this Application or otherwise obtained) may be held, used, disclosed and transferred by the Company to individuals, companies or organizations associated with the Company or any selected third parties that the Company may consider necessary or advisable, including those carrying on financial services, insurance or related businesses (within or outside of Hong Kong, including reinsurance and claims investigation companies, professional advisors, intermediaries, industry associations/federations, medical services providers, facilities and other services providers relevant to insurance business), for the purposes of (i) processing this Application, (ii) providing insurance and related services, and after-sale services for other financial products and services, (iii) direct marketing and/or data matching for promotional purposes with or without monetary gains and (iv) carrying out regulatory functions and communicating with me/us for such purposes and all other directly related purposes. The Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected from the insurance industry by any association, federation or similar organization of insurance companies. I/We understand that the information I/we give is on a voluntary basis. However, failure to supply information may result in the Company being unable to process my/our Application. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. I/We have the right to obtain access to and to request correction of any personal information concerning me/us held by the Company. Request for such access can be made in writing and addressed to: Group Insurance Administration, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon.
《個人資料收集聲明》
任何貴公司收集或持有 (無論此申報表格所載或由其他途徑所獲取) 之任何個人資料並可由貴公司持有、使用、披露及轉移予與貴公司有關之個人、公司或機構或任何貴公司認為必須或合適之指定第三者，包括金融服務、保險或相關業務的經營者 (不論在本港或海外，包括再保險及索償調查公司、專業顧問、中介人、同業協會或聯會、醫療服務供應商、醫療機構及有關保險業務之服務供應商)，以用作(i)處理此申請(ii)提供相關保險服務及其他金融產品及服務之售後服務、(iii)直銷推廣及/或作推廣用途的數據配對，不論是否涉及金錢得益，及(iv)執行監管職能及因此等用途與本人/吾等聯絡或其他直接有關之用途。本人/吾等在此授權貴公司索取及/或核實由任何保險業協會或聯會或從事與保險業務有關之公司所提供關於本人/吾等的資料。本人/吾等明白本人/吾等所提供之資料均屬自願，惟若不能提供該等資料有機會導致貴公司無法處理本人/吾等之申請。根據個人資料 (私隱) 條例，貴公司可能就任何資料查詢要求收取合理費用。本人/吾等有權查閱及要求更正貴公司持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄香港九龍廣東道15號威威大廈永明金融大樓8樓香港永明金融有限公司團體保險行政部。
 Please tick (✓) if you do not want your data to be used for the purpose identified in item (iii) above. 如閣下不願意將其個人資料被用於上述第 (iii) 項之用途，請在方格內填上 (✓) 號。
- 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、機構或人士就此賠償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，以評估與此賠償申請之本人/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。

Date 日期:

Signature of Patient 病人簽署 (*):

(* In the event of the patient whose age is less than 18, this part should be signed by the insured employee. 倘若病人之年齡在十八歲以下，本申請書須由受保僱員簽署。
若本申請書內之中文譯本與英文原文有任何差異或不連貫時，一切文意以英文為準。

Customer Service Centre
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客戶服務中心
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Sun Life Hong Kong Limited 香港永明金融有限公司
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A member of the Sun Life Financial group of companies 永明金融集團成員之一