



Blue Cross 藍十字

Member of BEA Group 東亞銀行集團成員

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HOSPITALISATION & SURGICAL CLAIM FORM 住院及手術索償申請表

Claim Note

- This form is applicable to hospitalisation and day case surgery in hospital/clinic claim.
- Each claim form is for one claim only. Policy number and Insured number can be found on your Blue Cross Certificate of Insurance/Health Care Card or login to www.bluecross.com.hk/supercare to view account information.
- Please send the original receipts and this claim form to Medical Claims Department of Blue Cross within 90 days from the treatment date.
- Each original receipt must show the below information:
 - Full name of patient
 - Date of treatment
 - Diagnosis
 - Breakdown of charges
 - Name and signature of doctor
 - Name of surgery (if applicable)
- Please tick the appropriate box if certified true copy of receipt is required. Blue Cross will retain the original receipt for record purpose.
- Blue Cross accepts certified true copy of receipts with settlement advice issued by other insurance companies for claim processing.

索償注意事項

- 此申請表適用於住院及醫院/門診日間手術索償。
- 每張申請表只限一宗索償。保單號碼及受保人號碼顯示於閣下的藍十字保險證明書或醫療卡或登入 www.bluecross.com.hk/supercare 查閱賬戶資料。
- 請於治療後 90 日內，連同正本收據及此索償申請表寄回藍十字醫療保險理賠部。
- 每張正本收據必須顯示以下項目:
 - 病人姓名
 - 治療日期
 - 診斷
 - 收費項目說明
 - 醫生姓名及簽署
 - 手術名稱(如適用)
- 如需索取收據之核實副本，請於適當空格內畫上✓號。正本收據將存檔於藍十字。
- 藍十字接受由其他保險公司發出的收據核實副本連同理賠通知書作索償申請。

Part I 甲部 - To be completed by the Insured (Patient) 由受保人(病人)填寫

(or parent if the Insured is a minor 若受保人為小童，請由家長填寫)

To ensure that your claim can be processed promptly, please fill out the following 4 compulsory items in English BLOCK letters.
為確保閣下之索償能順利處理，請必須以英文正楷填寫下列 4 項。

Name of Policyholder 保單持有人名稱	Policy No. 保單號碼	
Name of Insured (Patient) 受保人(病人)姓名	Insured No. 受保人號碼	
Type of Personal Identification Document and Number 身份證明文件類別及號碼 (Please tick the appropriate box 請於適當方格內畫上✓號)		
<input type="checkbox"/> HKID Card No. 香港身份證號碼 <input type="checkbox"/> Passport No. 護照號碼 <input type="checkbox"/> Membership No. 會員編號 <input type="checkbox"/> Staff No. 職員編號		
Mobile No. 手提電話號碼		
Name of Hospital 醫院名稱	Date of Admission 入院日期 (DD日/MM月/YY年)	Date of Discharge 出院日期 (DD日/MM月/YY年)
(1) Have you ever had any prior treatment(s) for this diagnosis or related conditions? 閣下有否曾因同一診斷或相關病況而接受治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Date(s) 日期 (DD日/MM月/YY年) _____ Name of Doctor(s) 醫生姓名 _____ Contact No. 聯絡電話 _____		
(2) Have you ever made or are you going to make any other insurance claim(s) resulting from this treatment? 有關此次治療，閣下有否曾經或是否將會申請其他保險賠償? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Name of Insurance Company 保險公司名稱 _____ Policy No. 保單號碼 _____		
(3) Was the treatment a result of an accident? 此次治療是否由於一宗意外引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 Date 日期 (DD日/MM月/YY年) _____ Time 時間 _____ Place 地點 _____ Brief Description 經過 _____		
<input type="checkbox"/> Please tick this box for request of certified true copy of receipt for other insurance claim. 如需索取收據之核實副本辦理其他保險索償，請於方格內畫上✓號。		

Declaration and Authorisation 聲明及授權書

- I/We have obtained all necessary authorisation from my/our dependents (if applicable) to supply their information to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative if my/our dependents are parties to the claim request(s). I/We also understand that the information requested in this form is required in order for the Company to process these claims.
- I/We hereby authorise any hospital, physician, medical practitioner, medically related service provider, insurance company, person, party and/or authority that has any records or is holding any information of the insured person or me/us to disclose to the Company or its authorised representative, any and all information with respect to the insured person's or my/our loss, disability, claim history, medical history, police statement made and the like for the purpose of assessing the insured person's or my/our claim request(s). A photocopy of this authorisation shall have the same effect as the original.
- I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company.
- I/We confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.
 - 如本人/我們之家屬為賠償申請之一方，本人/我們已向家屬取得一切所需授權(如適用)，向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供其個人資料，本人/我們亦明白本表格內所提供的資料是讓貴公司作處理本人/我們索償之用。
 - 本人/我們謹此授權任何持有受保人或本人/我們之任何記錄或資料的醫院、醫生、醫學界執業人士、與醫療有關的服務供應商、保險公司、有關人士、機構、及/或有關當局，向貴公司或其授權代表提供任何或所有有關受保人或本人/我們之損失、損傷、賠償記錄、病歷、口供或任何相關資料作評估受保人或本人/我們的賠償申請之用途。此授權書之正本及副本皆具同等效力。
 - 本人/我們謹此聲明，上述所有問題的答案包括所有資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此賠償申請之重要資料，將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。本人/我們明白發出或填妥此賠償表格並不代表貴公司確認責任或保證賠償。
 - 本人/我們確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Insured (Patient) 受保人(病人)簽署 _____ Date 日期 (DD日/MM月/YY年) _____

In the event of the patient is aged under 18, this form should be signed by his/her parent. 倘若病人之年齡在18歲以下，本申請表須由其家長簽署。

Part II - To be completed by the attending physician/surgeon at the claimant's own expenses

乙部 - 由主診醫生/外科醫生填寫，所需費用由索償人自行承擔

Full Name of Patient (please fill in English BLOCK letters) 病人全名 (請以英文正楷填寫) : _____

Date of Admission 入院日期 (DD日/MM月/YY年) : _____ Date of Discharge 出院日期 (DD日/MM月/YY年) : _____

Name of Hospital 醫院名稱 : _____

Level of hospital ward 病房級別 : Private 私家房 Semi-private 半私家房 Ward 普通房 Clinical Surgery 門診小手術

1. Clinical History 求診記錄

a) Date on which the patient first consulted you related to this illness/injury 病人就此疾病/受傷後，首次向閣下求診的日期 (DD日/MM月/YY年) : _____

b) Symptom(s)/complaint(s) of the patient relating to this hospitalisation/treatment/investigation 病人就此次住院/治療/檢驗所出現的相關症狀及主訴 : _____

c) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久? _____

2. Details of Hospitalisation 住院詳情

a) Final Diagnosis 最後的診斷 : _____ Date of Operation 手術日期 (DD日/MM月/YY年) : _____

b) Operation procedure(s) performed 手術名稱 : _____

c) If the patient has consulted other physician(s) during this hospitalisation, please provide the following 如病人於住院期間曾向其他醫生求診，請提供以下資料 :

Name of physician consulted 醫生姓名 : _____ Reason 原因 : _____

What treatment had the physician performed 治療詳情 : _____

d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要 (包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情) : _____

e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/out-patient basis. 若此次病症能在日間護理/診所內進行治療，請提供住院原因 : _____

3. Professional Comment 專業意見

a) In your opinion, was the patient hospitalised as a result of recurrent episode or a chronic illness or related to a previous complaint/diagnosis. If "yes", please provide date of the first episode and details. 就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴/診斷有關? 若答案為「是」者，請提供首次發病日期及詳情 : _____

b) Was the condition due to or associated with the following? 上述情況是否出於或與以下問題關連? Yes 是 No 否

If "yes", please tick the appropriate boxes 若答案為「是」者，請在適當空格填上✓號

Accidental bodily injury 意外身體受傷 Pregnancy 懷孕 Congenital condition 先天性疾病/異常

Self-inflicted injury 自我傷害 Infertility or sterilization 不育或絕育 Developmental condition 發育問題

Abuse of drugs or alcohol 濫用藥物或酒精 Contraception 避孕 Hereditary condition 遺傳性問題

Mental disorder 精神紊亂 Treatment for cosmetic purpose 美容性質的治療 General check-up 一般身體檢查

Refractive error 屈光不正 Vaccination 疫苗接種

Venereal disease, sexually transmitted disease or AIDS/HIV related illness 性病、性傳播疾病或愛滋病/愛滋病毒有關的疾病

Others 其他 : _____

4. Others 其他

a) If the patient was referred by another doctor, please provide the name and address of the referring doctor. 如病人由其他醫生轉介，請提供轉介醫生的姓名和地址 : _____

b) Are you the patient's usual physician? 閣下是否此病人的慣常醫生? Yes 是 No 否

I hereby certify that all information given above is accurate, true and complete and are given to the best of my knowledge.

本人特此聲明，就本人所知，上述所提供的所有資料均是準確無誤、真實及為事實之全部。

Signature and chop of attending physician/surgeon 主診醫生/外科醫生簽署及蓋章

Address and Telephone No. 地址及電話號碼

Name of attending physician/surgeon & qualifications 主診醫生/外科醫生的姓名及資歷

Date 日期 (DD日/MM月/YY年)

Note: Part II of this claim form is drafted by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers, and subsequently revised by Blue Cross (Asia-Pacific) Insurance Limited.

備註：本索償申請表乙部由香港醫學會及香港保險業聯會屬下醫療保險協會提供初稿，後經藍十字(亞太)保險有限公司修訂。

The Personal Data (Privacy) Ordinance (“the Ordinance”) – Personal Information Collection Statement

Blue Cross (Asia-Pacific) Insurance Limited (“the Company”) is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this statement as the “BEA Group”.

In compliance with the Ordinance, the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services.
- (2) Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you.
- (3) Data may also be collected by the Company from you in the ordinary course of the Company’s business, for example, when you lodge insurance claims with the Company.
- (4) Data relating to you may be used for the following purposes:
 - (i) processing applications for insurance products and services;
 - (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, establishment of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
 - (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
 - (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
 - (v) exercising the Company’s rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
 - (vi) designing insurance products and services with a view to improving the Company’s service;
 - (vii) preparing statistics and conducting research;
 - (viii) marketing the following services and products (in respect of which the Company may or may not be remunerated):
 - (1) insurance, financial, banking and related services and products;
 - (2) reward, loyalty or privileges programmes and related services and products; and these services or products may be provided and/or marketed by:
 - (1) the Company or members of the BEA Group;
 - (2) third party reward, loyalty or privileges programme providers; and
 - (3) third party marketing services providers;
 - (ix) making disclosure under the requirements of any law or rules, regulations, codes of practice or guidelines issued by regulatory or other authorities binding on the Company or the BEA Group or with which the Company or the BEA Group is expected to comply;
 - (x) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - (xi) any other purposes relating to the purposes listed above.
- (5) Data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties inside or outside Hong Kong for the purposes set out in paragraph (4):-
 - (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
 - (ii) any member of the BEA Group;
 - (iii) reinsurance companies with whom the Company has or proposes to have dealings;
 - (iv) third party service providers which the Company engages for any of the purposes set out in paragraph (4) (viii);
 - (v) any person or entity under a duty of confidentiality to the Company or the BEA Group which has undertaken to keep such data confidential;
 - (vi) any person or entity to whom the Company or the BEA Group is under an obligation to make disclosure under the requirements of any law or rules, regulations, codes of practice or guidelines issued by regulatory or other authorities binding on the Company or the BEA Group or with which the Company or the BEA Group is expected to comply; and
 - (vii) any actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business.
- (6) In accordance with the Ordinance, you have the right:
 - (i) to check whether the Company holds data about you and to exercise a right of access to such data;
 - (ii) to require the Company to correct any data relating to you which is inaccurate;
 - (iii) to ascertain the Company’s policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company; and
 - (iv) to request the Company to cease using your data for direct marketing purposes. Requests for (i) access to or correction of data; (ii) information regarding policies and practices and kinds of personal data held; and (iii) cessation of use of data for direct marketing purposes can be made in writing to the Company’s Corporate Data Protection Officer at the following address:

The Corporate Data Protection Officer, Blue Cross (Asia-Pacific) Insurance Limited
29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
Fax : (852) 3608 2938
- (7) According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request other than an opt-out request.
- (8) The Company keeps data only for as long as is reasonably necessary for any of the above purposes or as required by the applicable law or regulation.
- (9) Should you have any query with this statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (10) Nothing in this statement shall limit the rights of customers under the Ordinance.

個人資料 (私隱) 條例 (「條例」) – 收集個人資料聲明

藍十字 (亞太) 保險有限公司 (「本公司」) 乃東亞銀行有限公司的全資附屬公司。在本聲明內, 東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

遵照條例, 本公司特此通知閣下以下事項:

- (1) 在申請及接受保險產品及服務時, 與及當本公司提供與保險產品及服務相關之其他服務時, 閣下有需要不時向本公司提供個人資料。
- (2) 若閣下未能提供該等資料, 可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務或其他相關服務。
- (3) 本公司亦可能會在日常業務運作的過程中向閣下收集資料, 例如當閣下向本公司提出保險索償。
- (4) 閣下的資料可能會用作下列用途:
 - (i) 處理保險產品及服務的申請;
 - (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求, 包括但不限於要求增加、更改或刪除保障項目或受保成員, 安排直接付款及保單取消、更新或復效申請;
 - (iii) 處理、判定保險索償及就索償抗辯, 包括進行任何附帶調查;
 - (iv) 執行與所提供的保險產品及服務相關的功能及活動, 如核實身份、資料配對及再保險之安排;
 - (v) 行使本公司向閣下提供保險產品及服務而享有的權利, 例如向閣下追討欠款;
 - (vi) 設計保險產品及服務以提升本公司的服務質素;
 - (vii) 製作數據及進行研究;
 - (viii) 營銷下列服務和產品 (本公司或會因此而得到報酬):
 - (1) 保險、金融、銀行和相關服務及產品;
 - (2) 獎賞、會員或優惠計劃和相關服務及產品; 及以上服務或產品可能會由下列機構提供及/或營銷:
 - (1) 本公司或東亞銀行集團成員;
 - (2) 第三方獎賞、會員或優惠計劃提供者; 及
 - (3) 第三方營銷服務提供者;
 - (ix) 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司或東亞銀行集團具有約束力或要求其遵守的規則、規例、實務守則或指引, 而作出披露;
 - (x) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人, 就涉及的轉讓、出讓、參與或次參與的交易進行評估; 及
 - (xi) 與上述有關的其他用途。
- (5) 存於本公司的資料將會保密, 但本公司可能會向以下各方 (不論在香港境內或境外) 透露該等資料作第(4)段列出的用途:
 - (i) 任何代理人、承辦人或就本公司之業務運作, 包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務, 或就與保險產品及服務相關之其他服務, 向本公司提供服務的第三方服務供應商 (如公證行、理賠調查員、收數公司、資料處理公司及專業顧問);
 - (ii) 任何東亞銀行集團成員;
 - (iii) 與本公司有或將有商業往來的再保險公司;
 - (iv) 本公司為第(4) (viii) 段所載用途而聘用的第三方服務供應商;
 - (v) 對本公司或東亞銀行集團有保密責任, 並已承諾將資料保密的任何人士或機構;
 - (vi) 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司或東亞銀行集團具有約束力或要求其遵守的規則、規例、實務守則或指引, 而有責任向其作出披露的任何人士或機構; 及
 - (vii) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或次參與人。
- (6) 根據條例規定, 閣下有權:
 - (i) 查詢本公司是否持有閣下的資料及查閱該等資料;
 - (ii) 要求本公司對任何有關閣下不準確的資料作出更改;
 - (iii) 查明本公司對於個人資料的政策及處理慣例並獲告知本公司持有的個人資料的種類; 及
 - (iv) 要求本公司停止將閣下的資料作直接促銷用途。關於(i)查閱或更改資料; (ii)查明個人資料的政策及處理慣例和所持有的個人資料的種類; 及(iii)停止將資料作直接促銷用途等要求, 請以書面向本公司的個人資料保障主任提出, 地址如下:

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓
藍十字 (亞太) 保險有限公司
個人資料保障主任
傳真: (852) 3608 2938
- (7) 根據條例, 本公司有權就辦理任何資料查閱的要求而收取合理費用, 但拒絕服務要求則除外。
- (8) 本公司只會根據上述用途上合理需要或適用法例或規例規定的期間保存有關資料。
- (9) 如閣下對本聲明有任何疑問, 請隨時致電本公司的客戶服務熱線 3608 2988。
- (10) 本聲明不會限制客戶在條例下所享有的權利。