

Bupa Critical Illness Claim Form

保柏危疾賠償申請表



Please complete in BLOCK letters and preferably in English. Patient's membership number is MANDATORY and MUST be provided. 請以英文正楷填寫。必須提供病人會員編號。

Personal Information 個人資料 (To be completed by Patient / Legal Representative 由病人 / 合法代表填寫)

Membership No. of Patient 病人會員編號 (16 digits位)

(All Bupa Critical illness contracts 請填寫所有危疾合約會員號碼)

HKID Card No. / Passport No. of Patient 病人香港身份證號碼 / 護照號碼

Name of Subscriber (Surname followed by Given name, please leave a space between words) 投保人姓名 (先填姓氏, 再寫名, 每組字後請留一空格)

Name of Patient (If other than Subscriber / Employee)(Surname followed by Given name, please leave a space between words) 病人姓名 (如非投保人或僱員)(先填姓氏, 再寫名, 每組字後請留一空格)

Date of Birth 出生日期 DD 日 MM 月 YY 年

Sex 性別 M 男 F 女

Mobile Number 流動電話號碼

Correspondence Address 通訊地址

Email Address 電郵地址

Occupation 職業

Company Phone No. 公司電話號碼

Company Name and Address 公司名稱及地址

Claim Details 索償細節

1. Name of the Critical illness you are claiming for
申請索償之危疾名稱

2. Symptoms of the illness
主要症狀

3. Date the symptoms first occurred
首次病徵出現日期

4. Final diagnosis
最後診斷之病症

5. Date of final diagnosis (dd/mm/yy)
診斷日期 (日/月/年)

8. Details of any medical practitioners you have consulted and received medical treatment from in connection with the illness / accident
因是次疾病或意外而曾經求診及接受治療的醫生資料

Date of Consultation
求診日期

Doctor's Name
醫生姓名

Address and Telephone No.
地址及電話號碼

9. Details of hospitals or institutions which you have consulted and received medical treatment from in connection with the illness / accident
因是次疾病或意外而曾經求診之醫院或機構的名稱及其他有關資料

Admission date
入院日期

Discharge date
出院日期

Name of hospital/institution
醫院/機構名稱

10. Name, address and contact no. of your regular doctor
慣常求診的醫生姓名、地址及電話號碼

Other Information 其他資料

1. Have you ever had the same or similar illness before? 閣下過往曾否患此疾病或類似的疾病?

Yes 有 No 沒有

If yes, please state (a) the name of illness, (b) name and address of doctors/hospitals you consulted and dates of consultation s/treatment.

如有，請詳列 (a) 疾病名稱 (b) 曾經求診的醫生 / 醫院的名稱及地址及求診或接受治療的日期。

2. Have any of your immediate relatives suffered from a similar or related illness? 閣下有否直系親屬曾患此疾病或有關的疾病?

Yes 有 No 沒有

Relationship of relative 親屬關係: _____

Nature of illness 所患疾病詳情: _____

3. Have you ever had any other illness in the last five years? 閣下過往五年曾否患有其他疾病?

Yes 有 No 沒有

If yes, please state (a) the name of illness, (b) name and address of doctors/hospitals you consulted and dates of consultations/treatment.

如有，請詳列 (a) 疾病名稱 (b) 曾經求診的醫生 / 醫院的名稱及地址及求診或接受治療的日期。

4. Do you smoke or have you smoked in the past? 閣下有否於現在或過往吸煙?

Yes 有 No 沒有

No. of cigarettes / cigars smoked per day 每天吸煙 / 雪茄多少支: _____

5. Are you currently covered by any other Individual Medical Insurance plan(s) issued by Bupa (Asia) Ltd.? 閣下現時是否受保於保柏其他個人醫療保險計劃?

Yes 有 No 沒有

If yes, please provide the membership no. 如有，請提供會員編號: _____

6. Do you have concurrent claim for this illness with any other organisations including Insurers, the government or your employer? 閣下有否就此病向其他機構包括保險公司、政府或僱主索償?

Yes 有 No 沒有

Company Name 公司名稱

Policy/Membership No. 保單 / 會員編號

Issue Date (dd/mm/yy) 簽發日期 (日/月/年)

Declaration and Authorisation 聲明及授權書

I hereby declare that the above information given is true and correct.

I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa. A copy of this authorisation shall be considered as effective and valid as the original.

I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa to accept or process the claim.

本人謹此聲明，以上所填報之一切資料，均屬真實無訛。

本人並且授權任何為本人 / 會員觀察或治療的醫生、醫院、診所，或持有本人及 / 或會員健康或任何資料之保險公司或機構將本人及 / 或會員之全部資料（包括病歷）呈交予保柏，本授權書之副本與正本具同等效力。

本人明白，如本人及 / 或會員未能就本賠償申請表所需提供足夠資料，可能會導致保柏不能接受或處理本賠償申請。

Personal Information Collection Statement 個人資料收集聲明

I have read and understood the Personal Information Collection Statement on the last page of this form. I understand that I have the right to request Bupa to cease using my / the member's Personal Information for direct marketing purposes by writing to Bupa's Data Protection Officer or calling the Customer Care helpdesk.

本人已細閱並明白本表格最後一頁的個人資料收集聲明，並明白本人有權致函保柏的保障資料主任或致電客戶服務專線，以要求保柏停止將本人 / 會員的個人資料作直接市場推廣用途。

(MANDATORY 必須簽署)

X

Signature of Patient / Legal Representative (Only when patient is unable to sign) 病人 / 合法代表簽署 (只適用於病人未能簽署時)

Name of Signer 簽署人姓名

Relationship with Patient (if Signer is not Patient)

與病人關係 (如簽署人並非病人)

X Signed on
簽署之日期

____ / ____ / ____
DD 日 MM 月 YY 年

HKID Card No. 香港身份證號碼 / Passport No. 護照號碼

Declaration and Authorisation 聲明及授權書

To help us process your claim promptly:

- Please check that the Claim Form has been completed and signed by the Patient/Legal Representative.
- Enclose any original supporting documents and medical reports to help us assess your claim, for example laboratory and pathological reports, medical certificates, hospital discharge slip. For accident related claims please include police reports etc if applicable. For cancer related claims, please provide itemised medical receipts and/or invoice together with type of cancer treatment and treatment procedure indicated, if applicable.
- Send the claim form to Bupa within 90 days of the first diagnosis of any critical illness. Please note that after our initial claims assessment we may contact yourself, your doctor or the hospital for further information to enable us to process the claim.

為了使我們能儘速處理閣下之索償申請，請您檢查是否已：

- 由病人 / 合法代表填妥及簽署此賠償申請表。
- 附上所有索償證明及醫療報告之正本，例如化驗及病理報告、醫療證明、出院紙。如索償由意外引起，請提供警方報告 (如適用)。如索償有關癌症賠償，請提供醫療收據正本及 / 或分項賬單正本連同癌症治療類別及治療程序 (如適用)。
- 索償申請表須於危疾首次確診日90天內遞交。
保柏於初步審核申請後可能會聯絡閣下、您的醫生或醫院，進一步索取所需資料。

Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

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

- From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy;
- Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;**
- During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
- The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:**
 - processing, assessing and determining any Applications for insurance products and services;
 - offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
 - performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - provision and design of products and services of the Company;
 - exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
 - enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part 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
 - making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
- Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:**
 - the Company's group companies ("Group Company");
 - any insurance, adjusters, agents and brokers;
 - any re-insurance companies authorised by the Company;
 - employers (for members of corporate policy only);
 - healthcare professionals and hospitals;
 - any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors;
 - any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.
- Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:
 - Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
 - rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
 - donations and contributions for charitable and/or non-profit making purposes.The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent. For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.
- Under and in accordance with the terms of the Ordinance, you have the following rights:**
 - to check whether the Company holds personal information relating to you or the Member and to access such personal information;
 - to require the Company to correct any personal information relating to you or the Member which is inaccurate;
 - to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
 - to request the Company to cease using your personal information for direct marketing purposes.Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer
18/F, Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong
- In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.
- For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.
- Nothing in this Statement shall limit the rights of customers under the Ordinance.
- In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保柏(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例,本公司特此通知閣下以下事項:

- 閣下或受保於閣下保單的其他會員(每位「會員」)向本公司申請保險或金融產品及服務,或當閣下更改保單或續保時,必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申索紀錄,如適用);
- 如閣下未能提供本公司所要求的個人資料,本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務;
- 本公司亦可能會在日常業務運作的過程中向閣下或會員收集更多個人資料,例如當閣下為本人或代會員向本公司提出保險索償時。
- 本公司可能會收集、使用或披露閣下或會員的個人資料作下列用途:
 - 處理、評估、決定任何保險產品及服務之申請;
 - 為閣下或會員提供保險產品及服務及處理閣下或會員不時提出的要求,包括但不限於要求增加、更改、刪除、維持及管理保障項目或受保會員;
 - 任何有關閣下或會員對本公司所提供之保險產品及服務提出之索償,包括但不限於賠償、辯護、分析、調查、偵測及防止欺詐行為(無論是否與就此申請而簽發之保單及相關的任何申請或索償)處理、評估、決定、解決或回應該等索償;
 - 執行與本公司所提供的保險產品及/或服務相關的功能及活動,包括但不限於審計、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排;
 - 提供及設計本公司的產品及服務;
 - 行使本公司向閣下或會員提供保險和服務時有關的權利,例如釐定閣下拖欠的任何款項的金額,及向閣下或任何已為閣下的債務提供任何擔保或承諾的人士,追收和收回拖欠的任何款項;
 - 就任何本聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡;
 - 允許本公司全部或部份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,就涉及之轉讓、出讓、參與或次參與的交易進行評估;及
 - 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。
- 有關閣下或會員被本公司收集或持有的個人資料將會保密,但本公司可能會向以下不論在香港特別行政區境內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途:
 - 本公司的集團公司(「集團公司」);
 - 任何由本公司授權的保險理算人、代理及經紀;
 - 任何由本公司授權的再保險公司;
 - 僱主(只適用於團體保單之會員);
 - 醫護專業人員及醫院;
 - 任何代理人、承包商、或向本公司提供行政、電訊、電腦、付款、資料處理或儲存、印刷、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理財顧問、律師、會計師、理賠調查員、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指定的其他人士)、為保險業界整合申索及承保資料之組織、警察、供保險業界用作分析及核對所提供的資料與既有資料的資料庫及登記冊(及其運營者)、收數公司、資料處理公司、研究服務機構及專業顧問);
 - 本公司的任何全部或部份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;
 - 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,包括但不限於適用監管機構、政府機構、相關行業認可機構、信貸資料服務機構或法院,及在其他情況下,法律規定本公司必向其披露的人士或機構。
- 本公司只會在得到閣下同意或表示不反對的情況下,使用閣下的個人資料如姓名、聯絡方法、性別、健康及家庭狀況,向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或即時通訊):
 - 保險、醫療、健康、個人發展、美容、生活消閒、娛樂、財務及其相關的服務及產品;
 - 獎賞、權益、折扣、會員活動、會員忠誠或優惠計劃及其相關的服務及產品;及
 - 為慈善及/或非牟利用途的捐款及捐贈。本公司將不會在沒有閣下的同意及許可下將閣下的個人資料向第三方透露,用作他們的市場推廣用途。為避免有疑慮,不論閣下是否同意接收以上第六點所述的市場推廣資訊類別,本公司仍然可能就閣下保單相關的行政、保障及續保事宜與閣下聯絡。
- 根據有關條例中的條款,閣下有權:
 - 查核本公司是否持有閣下或會員的個人資料及查閱該等個人資料;
 - 要求本公司改正任何有關閣下或會員的不準確的個人資料;
 - 查明本公司對於資料的政策及處理方法和獲告知本公司持有的個人資料種類;及
 - 要求本公司停止將閣下的個人資料作直接市場推廣用途。有關要求請致函本公司保障資料主任,地址如下:

香港鰂魚涌華蘭路25號栢克大廈18樓
保柏(亞洲)有限公司 保障資料主任
- 根據有關條例之條款,本公司有權就任何處理個人資料查閱或更改的要求收取合理費用。
- 如閣下對本聲明有任何查詢,請隨時致電本公司的客戶服務專線 2517 5333。
- 本聲明不會限制客戶在條例下所享有之權利。
- 中英文本如有歧義,概以英文為準。