

# Hospital & Surgical/ Day-Surgery Claim Pre-Assessment Form

## 住院及手術/日間手術賠償預先評估表格

- Please complete the following form by the policyowner and/or the attending physician **who is a registered medical practitioner** and send to Claims Department of Chubb Life Insurance Company Ltd. via Fax no. 2837 5145 or Email to: claims.hklife@chubb.com. For accurate estimation of eligibility and reimbursement amount, Part II is recommended to be completed by the attending physician.

請由保單持有人及/或註冊醫生填寫此表格，並傳真至 2837 5145 或電郵到：claims.hklife@chubb.com 安達人壽保險有限公司賠償部處理。為計算出準確的評估，請由主診醫生填寫第二部份。

- Please note that (1) this pre-assessment is **not meant to guarantee acceptance** of claim application and (2) claims assessment for the eligibility and the reimbursable amount will be subject to provision of sufficient proof and according to policy provisions.

請注意(1)此預先評估並不保證賠償申請之批核及(2)賠償申請之批核及賠償金額將以及後所提交之索償文件資料及保單條款決定。

### Part I 第一部份 (Policy Particulars 保單資料)

Policy no. 保單編號	Insured's name 受保人姓名	Policyowner's name 保單持有人姓名
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### Part II 第二部份 (Treatment Details and Assessment 治療詳情及評估)

	Estimated fee and details (To be completed by the policyowner/attending physician) 預計有關費用及詳情 (由保單持有人/或主診醫生填寫)	Estimated eligible amount (Assessment to be completed by Chubb Life Insurance Co. Ltd.) 預計可賠償金額 (評估由安達人壽保險有限公司填寫)
Diagnosis 診斷		
Date of accident occurred or symptom first appeared 意外日期或首次出現病徵日期	DD/MM/YY 日/月/年	N/A 不適用
Date of first consultation for this condition or related illness 首次就有關情況之求診日期	DD/MM/YY 日/月/年	
Date of admission 入院日期	DD/MM/YY 日/月/年	
Name of admitting hospital 入住醫院名稱		
Type of surgical procedure/ treatment setting 將進行之手術治療設置	<input type="checkbox"/> In-patient 住院 <input type="checkbox"/> Day-surgery 日間手術	<input type="checkbox"/> In-patient 住院 <input type="checkbox"/> Day-surgery 日間手術
Level of accommodation 病房級別 (For In-patient case only) (只適用於住院病人個案)	Room type to be admitted: 病人即將入住病房之級別 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 普通房 HK\$      Per day 每日	Entitled level of accommodation: 可享有的病房級別 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 普通房 HK\$      Per day 每日
Daily visit 醫生巡房費用 (For In-patient case only) (只適用於住院病人個案)	HK\$      Per day 每日	HK\$      Per day 每日
Miscellaneous expenses 醫院雜項費用	HK\$      Per day 每日	HK\$      Per day 每日

<p>Surgical procedure and surgeon's fee 手術名稱及外科醫生費用 (Please attach a copy of referral letter from the attending physician, if any) (請提供由主診醫生發出之介紹信副本 [如有])</p>	<p>1. _____ HK\$ _____</p> <p>2. _____ HK\$ _____</p> <p>3. _____ HK\$ _____</p>	<p>1. _____ HK\$ _____</p> <p>2. _____ HK\$ _____</p> <p>3. _____ HK\$ _____</p>
<p>Anaesthetist's fee 麻醉師費用</p>	<p>1. HK\$ _____</p> <p>2. HK\$ _____</p> <p>3. HK\$ _____</p>	<p><input type="checkbox"/> 35% of the surgeon fees incurred 外科醫生費用的百分之三十五</p>
<p>Operating theatre fee 手術室費用</p>	<p>1. HK\$ _____</p> <p>2. HK\$ _____</p> <p>3. HK\$ _____</p>	<p><input type="checkbox"/> 35% of the surgeon fees payable 外科醫生費用賠償的百分之三十五</p>
<p>Top-Up benefit (if applicable) 附加額外保障 (如適用)</p>	<p>N/A 不適用</p>	<p>80% of unrecoverable eligible expenses in excess of the above estimated payable amount would be paid under Top-Up benefit. 每症賠償超出「可適用賠償」的80%附加額將於額外保障中賠償</p> <p>Maximum HK\$ _____ 最高賠償額</p>
<p>Name and signature of the attending physician 主診醫生姓名及簽署</p>	<p>DD/MM/YY 日/月/年</p>	<p>Authorised signature 授權人簽署</p> <p>DD/MM/YY 日/月/年</p>

**PERSONAL INFORMATION COLLECTION STATEMENT AND CONSENT:** I/WE UNDERSTAND AND CONSENT THAT, by signing this form, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference bureaus, government or judicial or regulatory bodies or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate the request and any future claims and insurance application I/we may make; (ii) provide all services related to this request and claims, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; and (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected by the insurance industry associations, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under the form which is a condition precedent for me/us to apply the request. Failure to supply the required information may result in the Company being unable to process the request. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong. 個人資料收集聲明及授權 就簽署此表格, 本人/吾等明白及同意安達人壽保險有限公司(「貴公司」)可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有之任何本人/吾等的個人資料與貴公司隸屬同一集團附屬公司之其他公司(「集團公司」)、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會及聯會、信貸資料服務公司、政府或司法或監管機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士, 及貴公司指定的第三方代理、承包商及顧問, 不論屬本地或海外, 以 (i) 處理及審批申請及本人/吾等將來提交之賠償及保險申請; (ii) 提供所有關於此申請之服務, 賠償申請, 管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對, 及因此等用途與本人/吾等聯絡; (iii) 令保險行業協會及聯會、政府或監管機構執行其經不時修訂及為合理要求以維護其及保險行業利益的功能及規定; 及 (iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務(包括醫療服務、緊急救援服務、郵寄服務及資料科技服務)。此外, 貴公司獲授權向保險行業協會及聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等收集之資料。本人/吾等有責任提供此表格上之所需資料, 以作為此申請之先決條件。如未能提供所需的資料, 可能會導致貴公司無法處理本申請。本人/吾等明白本人/吾等有權取閱及更正任何貴公司持有之有關本人/吾等的任何個人資料, 或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜, 查閱或更正個人資料必須以書面形式向貴公司壽險行政部的資料保護主任提出, 並送交至香港銅鑼灣告士打道三十一號皇室大廈三十三樓。

**AUTHORIZATION:** I hereby irrevocably authorize or authorize on behalf of the Insured (if different) (i) any employer, doctor, hospital, clinic, insurance company, government office or any organizations or persons who have any records, knowledge or information (whether medical or otherwise) of me or the Insured (if different) to disclose, release or transfer to Chubb Life Insurance Company Ltd. "the Company" or its representative such information pertinent to this request; (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my or the Insured (if different) health status in relation to this request. This authorization shall bind my and the Insured's successors and assignees and remain valid notwithstanding my or the Insured's death or incapacity in so far as legally possible. A photocopy of this Authorization shall be valid as the original. 授權: 本人或受保人授權(如有不同) (i) 任何僱主、醫生、醫院、診所、保險公司、政府部門, 或其他機構及人士, 如具有本人/受保人(如不同)的任何紀錄、知識或資料, 可將該等資料向貴公司或貴公司代表透露、發放或移交, 用以作為該份申請的參考; (ii) 貴公司或貴公司委任的醫療/輔助醫療檢查員或檢驗所, 就有關的申請, 進行醫療評估或測驗, 以檢定本人/受保人(如有不同)的健康狀況。該授權書對本人/受保人的繼承人及承讓人均有約束力, 即使在本本人/受保人(如有不同)死亡或喪失行為能力後仍然有效。該授權書的影印本具有與正本同等的效力。

<p>Name and signature of the policyowner 保單持有人姓名及簽署</p>	<p>DD/MM/YY 日/月/年</p>
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Chubb. Insured.<sup>SM</sup>