

Critical Illness Benefit Claim - Cancer

Part II - Attending Physician's Statement

(to be completed by attending physician at the claimant's own expenses)

危疾保障賠償 - 癌症

乙部 - 主診醫生報告 (由申請人自費，由主診醫生填寫)

Policy no. 保單編號

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Patient's name 病人姓名	HKID Card/Passport no. 香港身份證/護照號碼	Date of birth 出生日期 DD日 MM月 YYYY年 / /	Sex 性別	Age 年齡
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Cancer

A malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal tissue. The cancer should be confirmed by histological evidence of malignancy on a pathology report. This includes leukaemia, but excludes any lesions described as pre-malignant, non-invasive, carcinoma-in-situ; any non melanoma skin cancers; chronic Lymphocytic Leukaemia (CLL) at RAI Stage 0 or less; prostate cancers which are histologically described as TNM Classification T1a, T1b, T1c or are of another equivalent or lesser classification; or all tumours in the presence of any human immunodeficiency virus.

癌症

惡性腫瘤而具有惡性細胞不受控制地生長及擴散並入侵人體組織。癌症應經過病理報告中關於惡性程度的組織學證據來確定。癌症包括白血病，但不包括任何被形容為癌前病變、非侵襲性腫瘤、原位癌之病變；任何非轉移性非黑色素瘤的皮膚癌；相同或低於RAI氏第0期之慢性淋巴白血病 (CLL)；在組織學上被TNM病理分期中定為T1a、T1b、T1c級或其他相當等級或更低等級的前列腺癌；或與人類免疫不全病毒(HIV)感染同時存在的所有腫瘤。

A. General Information 一般資料

1. Are you the patient's usual doctor? 閣下是否病人之慣常醫生? Yes 是 No 否
Since when 自從 (/ /) DD日 MM月 YYYY年

2. When were you first consulted for this illness? 病人就是次疾病首次向閣下求診之日期?
(/ /) DD日 MM月 YYYY年

3. What were the presenting symptoms? 請描述病人之病徵?

4. According to the patient, how long had the symptoms been present? 根據病人之描述，該病徵於何時出現?
Since 自從 (/ /) DD日 MM月 YYYY年 **OR** 或 for 已存在: years年 months月 days日

5. What were the significant physical findings? 請提供體檢結果或發現?

6. What was the exact diagnosis? 請提供診斷?

7. Date of diagnosis made? 診斷日期?
(/ /) DD日 MM月 YYYY年

8. When was the patient informed of the diagnosis? (Please give exact date) 病人於何時得悉上述診斷? (請提供日期)
(/ /) DD日 MM月 YYYY年

9. If you are not the first who diagnosed for this illness, please give name and address of the doctor who informed the patient of the diagnosis.
若閣下不是首次確診病人上述診斷之醫生，請提供該醫生之姓名及地址。

10. Other physicians or medical facilities the patient has consulted for this condition. 病人就有關情況向其他醫生或醫療機構求診。

Name of physician(s) &/or hospital(s) 醫生/醫院名稱	Address(es) 地址	Date of consultation(s) &/or period of confinement 求診日期及/或住院期 DD日 MM月 YYYY年
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)
		(/ /) To 至 (/ /)

B. Extent of Illness 疾病程度

1. a. What was the site and / or organ involved? 涉及部位及/或器官?

b. What was the histology of tumour? 請提供腫瘤之病理組織結構?

2. What stage did the disease reach? Please describe this by using whichever staging classification is appropriate.
病症已達到何階段? 請以合適之分期分類指出。

- a. Was the disease completely localised? 病症是否完全局部化? Yes 是 No 否
- b. Was there invasion of adjacent tissues? 有否侵略鄰近細胞組織? Yes 是 No 否
- c. Were regional lymph nodes involved? 有否影響鄰近淋巴結? Yes 是 No 否
- d. Was there any distant metastasis? 有否距離性轉移? Yes 是 No 否

3. Please provide details of the actual type if the diagnosis is leukaemia. Is it chronic lymphocytic leukaemia?
若診斷結果為白血病，請詳細提供其實際種類之資料。是否慢性淋巴白血病?

4. Please provide details of the actual type if the diagnosis is skin cancer. Is it malignant melanoma?
若診斷結果為皮膚癌，請詳細提供其實際種類之資料。是否惡性黑色素瘤?

5. Investigations 檢查

a. Was a biopsy of the tumour performed? Yes 是 No 否 when (/ /) DD日 MM月 YYYY年
病人是否進行活組織檢查?

b. Please enclose copies of all reports including biopsy records, cytology reports, x-rays, CT scans, other imaging studies, laboratory evidence, surgical report etc, and any relevant hospital reports that are available.
請附上活檢記錄、細胞學報告、X光檢查、電腦斷層掃描、其他影像學檢查、實驗室證據、手術報告等以及任何相關的醫院報告。

6. What is the nature of treatment? 請提供治療之性質。

- a. Surgical 外科手術 Radiotherapy 電療 Chemotherapy 化療 Palliative 紓緩治療
- b. Please provide details of procedure(s). 請提供程序之詳情。

7. What is the prognosis of the disease? 請提供該疾病預期之康復進度。

C. Other Information 其他資料

1. Does the patient smoke cigarette or drink alcohol? If yes, please give details including the daily consumption and the duration of the habit.
病人是否有吸煙或飲酒習慣? 若有，請提供詳情包括每天飲用或吸食之用量及該習慣之持續時間。

Yes 是 No 否

Quantity 數量 Type 類別 Duration 持續時間

2. Please state if the patient has suffered / been treated for any other illness(es) / complaints other than this critical illness.
請說明病人是否曾經患有除此危疾以外之其他疾病或接受治療。

3. Is there any further information, which in your opinion will assist us in assessing this claim?
請提供任何資料閣下認為可以幫助本公司審核此索償申請。

I hereby certify that I have personally examined and treated the patient for the above illness and that the facts as given above present my opinion of his/her conditions.
本人在此聲明，已向病人進行身體檢查，並對上述疾病進行治療及上述事實表明本人對上述病人的情況表述。

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Name of physician (with stamp) 醫生姓名 (連印章)	Qualification 醫學資格	Signature 簽署	Date 日期

Address 地址 : _____

_____ Tel no. 電話號碼: _____

Chubb. Insured.SM