

Claim Form -
Accident

意外賠償申請書

Claim Type 賠償類別

- ☐ Medical Benefit
☐ Weekly Accident Indemnity
☐ Accidental Dismemberment

<input type="checkbox"/> New claim 首次索償	<input type="checkbox"/> Pending claim 待決索償	<input type="checkbox"/> Further claim 再度索償	<input type="checkbox"/> Review/appeal 重批/覆核
Please provide claim no. for reference 請提供賠償編號以作參考			

Part I (To Be Completed by Claimant/Insured) 甲部 (由索償人 / 受保人填寫)

A. Insured's Particulars 受保人資料						
Policy no. 保單編號	Insured's name 受保人姓名	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	Tel. no. 電話號碼
B. Employment Particulars 就業詳情						
1. Present occupation 現時職業	Duties 工作範圍	Employer's name, address & tel. no. 僱主名稱、地址及電話號碼				

If more than one occupation, state all and exact nature of occupational duties. 若有兼職請全部列明，並詳述職位及職責。

2. Did you file a medical leave certificate to your employer? 有否向僱主遞交病假證明書?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
3. Did you submit a claim for workmen's compensation for this accident? 有否就此意外申請勞工賠償?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有
Submission date 遞交日期: (/ /) DD日 MM月 YYYY年	

C. Other Insurance Coverage 其他保險資料			
Does the Insured have any other insurance policy covering this case? 受保人會否就是次索償獲得其他保險賠償? <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有			
If "yes", please complete below particulars. 若「有」，請詳細填寫以下資料。			
Name of insurer 投保公司	Policy no. 保單號碼	Benefit type 保障類別	Benefit amount 保障金額

As part of our endeavour to keep our records updated and to maintain high quality of service, we sincerely invite you to provide us your email address. Please visit our website <https://eservice.chubbliife.com.hk> to update your email address.為使能為閣下提供更完善的服務及本公司可不時更新客戶個人資料，本公司現誠邀閣下使用本公司網上服務 <https://eservice.chubbliife.com.hk>，以提供閣下的電郵地址。

D. Accident Particulars 意外詳情

1. When (date and time) did the accident occur? 意外在何時（日期及時間）發生？	(/ /) (:) <input type="checkbox"/> AM 上午 DD日 MM月 YYYY年 HR時 MIN分 <input type="checkbox"/> PM 下午
2. Where did the accident occur? 意外在何地發生？	
3. How did the accident occur? (Please describe in details) 意外如何發生？（請描述詳情）	
4. Which part of the body injured and type of injury? 受傷部位及傷勢？	
5. a. Date on which you ceased work after the injury? 受傷後，何時停止工作？ b. Date on which you returned to work? 何時恢復工作？ c. Date on which you expect to return to work if you have not yet done so? 倘若未完全康復，閣下預料何時恢復工作？	a. (/ /) DD日 MM月 YYYY年 b. (/ /) DD日 MM月 YYYY年 c. (/ /) DD日 MM月 YYYY年
6. Any hospital confinement incurred? 有否住院？ If “yes”, please state the date of admission. 如「有」，請提供入院日期。	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有 (/ /) DD日 MM月 YYYY年

E. Treatment Particulars 治療詳情

Details of hospital confined or physicians consulted for this injury: 詳列出此次受傷而就診之醫生 / 醫院詳情：

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 就診 / 住院日期

Settlement Option 賠償支付方式

<p><input type="checkbox"/> Direct credit to existing premium collection autopay account (bank account which is held by the policyowner) 轉賬至現時用於繳交保費之戶口 (銀行戶口持有人必須為保單持有人)</p> <p><input type="checkbox"/> Direct Credit to Bank Account 直接存入銀行戶口 IMPORTANT MESSAGE: ONLY applicable to the policy WITHOUT autopay bank account for premium payment. Otherwise, the payment will be credited to autopay bank account which is held by the policyowner directly. 重要信息：只適用於不是以自動轉賬形式收取保費的保單，否則，款項將直接存入自動轉賬的銀行戶口 (銀行戶口持有人必須為保單持有人)。</p> <p>Name of Bank Account Holder (MUST BE the policyowner) 銀行戶口持有人姓名 (必須為保單持有人)</p> <hr/> <p>Bank Name 銀行名稱</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Bank No. 銀行編號</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Branch No. 分行編號</td> <td style="width: 33%; border-bottom: 1px solid black; text-align: center;">Bank Account No. 銀行賬戶號碼</td> </tr> <tr> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> <td style="border-bottom: 1px solid black; text-align: center;"> </td> </tr> </table> <p><small>*Please provide copy of passbook/bank statement/ATM card with name of account. *請提供存摺/銀行戶口結單/提款卡副本(附有銀行戶口持有人的姓名)以作核實。</small></p>	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼				<p><input type="checkbox"/> HKD Bank Draft (drawn in Mainland China) 港幣本票 (於中國內地兌現)</p> <p><input type="checkbox"/> TT Payment 滙款 Remittance charges will be borne by the policyowner 滙款的相關費用將由保單持有人支付</p> <ul style="list-style-type: none"> • Name of Bank Account Holder 銀行戶口持有人姓名 _____ • Bank Account No. 銀行戶口號碼 _____ • SWIFT Code SWIFT 代號 _____ • Bank Name 銀行名稱 _____ • Bank Address 銀行地址 _____ • IBAN No. 國際銀行賬戶號碼 _____ • Intermediary Bank Name 中介銀行名稱 _____ • Intermediary Bank Account No. 中介銀行戶口號碼 _____
Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行賬戶號碼					

Remarks 備註:

- 1) Bank charges may be incurred by client for clearing the bank draft and TT. Policyowner is recommended to check with the bank before applying this instruction.
銀行或會向閣下徵收兌現本票或電匯的相關手續費。建議保單持有人於遞交指示前先向銀行查詢。
- 2) For payment by direct credit to bank account, bank account holder must be the policyowner and the maximum claim payment limit is HK\$200,000.
若選擇直接存入銀行戶口，銀行戶口持有人必須為保單持有人及賠償金額上限為港幣200,000元。
- 3) For the claim payment amount exceeding HKD200,000, HKD cheque will be issued and sent to agent/intermediary (if applicable) directly.
如賠償金額多於港幣200,000元，將發出港幣支票並直接送予保險代理 / 中介人（如適用）。
- 4) If unspecified or without clear instruction, claim payment will be settled by direct credit to existing premium collection autopay bank account (only applicable for the maximum claim payment limit is HKD200,000 and the aforesaid bank account holder is policyowner). Otherwise, claim HKD cheque will be issued and sent to agent/intermediary (if applicable) directly.
如沒有註明或清晰指示，賠償金額將會以直接轉賬至現時用於繳交保費之戶口（僅適用於賠償金額上限為港幣200,000元及銀行戶口持有人必須為保單持有人）（如有），否則將發出港幣支票並直接送予保險代理 / 中介人（如適用）。

For Agent's/Intermediary's Use Only 保險代理 / 中介人適用

Attachment 附件	<input type="checkbox"/> Sick leave certificate 病假證明書	<input type="checkbox"/> Copy/original receipt(s) issued by registered doctor 由註冊醫生所發出之收據副本 / 正本	<input type="checkbox"/> Copy/original receipt(s) issued by non-registered doctor 由非註冊醫生所發出之收據副本 / 正本
	<input type="checkbox"/> HKID card copy of insured 受保人之香港身份證副本	<input type="checkbox"/> HKID card copy of policyowner 保單持有人之香港身份證副本	<input type="checkbox"/> Others 其他 _____

I/We have verified the original HKID card/passport/residential address proof of the policyowner and confirmed the identity details in the HKID card/passport to be matched with the identity of the policyowner in this claim form. I/We will provide the required information and copies of the relevant documents to Chubb Life Insurance Hong Kong Limited without delay.

本人 / 吾等已核對保單持有人的香港身份證 / 護照 / 居住地址證明之正本，並確認香港身份證 / 護照之身份資料與此賠償申請書上保單持有人的資料一致。本人 / 吾等將會儘快遞交有關文件之副本予安達人壽保險香港有限公司。

Agent's/Intermediary's name	Agent's/Intermediary's code	Agency
保險代理 / 中介人姓名：	保險代理 / 中介人代號：	組別：

Agent's/Intermediary's signature 保險代理 / 中介人簽署：_____ Sign date 簽署日期：_____

Important Note 注意事項

In order to speed up your claim application, please attach the below documents together with this application form. Should any extra information or document be required for your claim processing, we will notify you or your agent or intermediary. Meanwhile please tick against the Required Documents submitted with this application form. 為使能儘速辦理您的索償申請，請將此表格連同以下文件遞交。如需要額外資料或文件，我們將另函通知閣下或閣下的保險代理或中介人。請於連同此表格提交的基本文件欄內劃上“X”號。

Claims Document Checklist 索償文件參考表	(PAMB) Medical Benefit 意外醫療	(PAWAI) Weekly Accident Indemnity 每週意外定額 賠償	(PAADD) Accidental Dismemberment 斷肢賠償
Document Type 文件類別			
<input type="checkbox"/> Claim Form - Accident Part II - Attending Physician's Statement 意外賠償申請書－乙部－主診醫生報告	✓	✓	✓
<input type="checkbox"/> Sick leave certificate with diagnosis (Period: From To) 列有診斷證明之病假證明書（時段：由 至 ）	*	✓	*
<input type="checkbox"/> Original medical/hospital receipts and statement of charges (Claimed amount:) 醫療 / 醫院收據及收費單正本（索償金額： ）	✓	*	*
<input type="checkbox"/> Labour Department Assessment Certificate 勞工賠償評估證明書	*	✓	✓
<input type="checkbox"/> Physiotherapy/occupational report 物理治療 / 職業治療報告	*	✓	*
<input type="checkbox"/> Compensation breakdown from other insurer/party 其他保險公司 / 機構之賠償細算表	✓	*	*
<input type="checkbox"/> Referral letter for physiotherapy/occupational therapy 物理治療 / 職業治療轉介信	✓	*	*
<input type="checkbox"/> Laboratory, X-Ray, CT Scan, MRI Report(s) 化驗、X光、電腦掃描、磁力共振報告	*	*	*
<input type="checkbox"/> Police report/traffic accident report/statement 警察報告 / 交通意外報告 / 口供紙	*	*	*
<input type="checkbox"/> Copy of HKID card/passport/birth certificate of the Insured 受保人香港身份證 / 護照 / 出生證明書副本	✓	✓	✓
<input type="checkbox"/> Copy of HKID card/passport/business registration document of the policyowner 保單持有人香港身份證 / 護照 / 商業登記文件之副本	✓	✓	✓

✓ Required Documents 基本文件 * Optional Documents 附加文件

Note: We reserve the right to request for the submission of the optional documents if necessary. 本公司保留要求客戶提交附加文件之權利。

F. Personal Information Collection Statement 個人資料收集聲明

Chubb Life Insurance Hong Kong Limited (“Chubb Life HK”, “Company”, “we”, “us”, “our”).
安達人壽保險香港有限公司(「安達人壽香港」、「本公司」、「我們」或「我們的」)。

Chubb Life HK recognizes the importance of protecting your privacy and is fully committed to implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance of Hong Kong.
安達人壽香港明白保護閣下的私隱的重要性，並致力實施和遵守香港的《保障資料原則》和《個人資料（私隱）條例》。

Personal Information we may collect

我們可能收集的個人資料

In the course of us providing you with the insurance policy and related services (“Services”), we may from time to time collect your personal information for the purposes set out in this Personal Information Collection Statement (“PICS”). We may collect your personal information directly from you, or indirectly from other third parties in connection with the Services, including but not limited to when you complete or submit an application form, submit a claim, access our website, or participate in any of our and/or our partner's programs. The personal information we collect may include but is not limited to your personal identification information, contact information, financial information, policy information, claims history, medical and health records.

在我們為閣下提供保單和相關服務（「服務」）的過程中，我們可能會不時收集閣下的個人資料，用於本個人資料收集聲明（「個人資料收集聲明」）中規定的目的。我們可能會直接從閣下收集閣下的個人資料，或從與服務相關的其他第三方間接收集閣下的個人信息，包括但不限於閣下填寫或提交申請表、提交索償、登入我們的網站或參與我們的及/或我們合作夥伴的任何計劃。我們收集的個人資料可能包括但不限於閣下的個人身份資料、聯絡資料、財務資料、保單資料、索償歷史、醫療和健康紀錄。

When you provide us with personal information about another person in connection with your application or insurance policy, which may include but is not limited to your dependents, the insured, the beneficiaries, your authorized representatives (“**relevant persons**”), you confirm you have obtained that relevant person’s consent to provide such personal information to us for the purposes stated in this PICS. 當閣下向我們提供與閣下的申請或保單有關的其他人的個人資料時，這可能包括但不限於閣下的受養人、受保人、受益人、閣下的獲授權代表（「**有關人士**」），閣下確認已獲得該人的同意，為本個人資料收集聲明中所述的目的向我們提供該等個人資料。

As a condition precedent to your application for the policy, you are required to provide us with the information set out under [Parts I and II of the application]. If you do not provide us with the required information, this may result in the us not being able to process your application, process claims or provide you with the Services.

作為閣下申請保單的先決條件，閣下需要向我們提供 [申請表的第一部分和第二部分] 中列出的資料。如果閣下不向我們提供所需資料，可能會導致我們無法處理閣下的申請、處理索償或向閣下提供服務。

What we may use your Personal Information for

我們可能將閣下的個人資料用於什麼目的

By making the application and receiving the Services, you give us your consent to use, process, disclose, transfer, store your or the relevant persons, personal information for any purpose related to the Services, and to communicate with you and the relevant persons for such purposes, which may include without limit:

通過提出申請和接受服務，閣下同意我們為與服務相關的任何目的使用、處理、披露、轉移、儲存閣下或有關人士的個人資料，並就該目的與閣下和有關人士溝通，可能包括但不限於：

- (i) to process and evaluate this and any future application for the insurance policy;
處理和評估此申請以及任何未來的保單申請;
- (ii) for policy administration, processing payments and premium collection;
用於保單管理、處理付款和保費收取;
- (iii) to conduct medical, security and underwriting checks;
進行任何醫療、保安及核保檢查;
- (iv) to assess insurance claims and to process payments;
評估保險索償及處理付款事宜;
- (v) to provide insurance products and related services;
提供保險產品及有關服務;
- (vi) with your consent, to promote and directly market to you and your related persons: (a) the insurance products and services of the Chubb Limited group of companies; (b) mandatory provident fund-related products/services sponsored by the third party scheme providers connected with us; (c) insurance, financial or investment related products/services, rewards, loyalty, co-branding and/or other privileges programs related to health, wellness, medical, entertainment, media, offered by third party partners appointed by us; 在閣下的同意下，向閣下及閣下的有關人士推廣及直接促銷; (a) 安達集團公司的保險相關產品/服務; (b) 與我們有關聯之第三者計劃供應商所提供的強制性公積金相關產品/服務; (c) 保險、金融或投資相關產品/服務、獎勵、忠誠度、聯合品牌及/或其他由我們指定的第三方合作夥伴提供與健康、醫療、娛樂、媒體相關的優惠計劃;
- (vii) to perform data matching and communicating with you and/or your relevant persons for such purposes;
進行資料核對，及因此用途與閣下及閣下的有關人士聯絡;
- (viii) to cooperate with law enforcement bodies for law enforcement purposes, to prevent any serious threat to public safety; for police investigation purposes; or to comply with requirements imposed by or agreed with government or regulatory bodies or imposed by law or for litigation;
協助執法團體執法，以防止任何嚴重威脅公眾安全的事宜；作警察進行調查用途；或遵守政府或監管機構施加或協議的規定；或訴訟；
- (ix) to enable industry associations, federations, government or regulatory bodies to carry out their functions and requirements that may be assigned to them from time to time as are reasonably required and in the interests of the insurance industry;
讓保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定;
- (x) to conduct research, research, surveys, data analytics and statistics, administration, communications, computer, security and other services (including medical services, mailing and IT services) in connection with the usual operations of the Company as a life insurance company; and
進行與本公司作為人壽保險公司的日常運營有關的研究、調查、數據分析和統計、行政、通訊、電腦、安全和其他服務（包括醫療服務、郵寄和資訊科技服務）；及
- (xi) for any other purpose directly relating to any of the above.
用於與上述任何一項直接相關的任何其他目的。

Who we may share your personal information with

我們可能與誰共享閣下的個人資料

We may for the purposes stated in this PICS disclose or transfer your or the relevant persons, personal information, within or outside of Hong Kong, to:

我們可能會就本個人資料收集聲明中所述的目的，在香港境內或境外披露或轉移閣下或有關人士的個人資料至：

- (i) our authorized agents, insurance intermediaries, third party providers or administrators including healthcare providers, in connection with the placement or handling of your insurance policy and any related claims and/or services;
就閣下的保單及任何相關索償及/或服務的安排或處理，獲我們授權的代理人、保險中介人、第三方供應商或管理人員，包括醫療保健供應商；
- (ii) reinsurers, claims investigators, loss adjudicators, fraud investigators, medical advisers, debt recovery agents, credit reference agencies, law enforcement bodies, fraud prevention agencies;
再保險公司; 理賠調查公司; 理賠調查員; 欺詐調查員; 醫療顧問、債務追收公司、信貸資料機構、執法機構、防止欺詐機構；
- (iii) any branch, subsidiary, holding company, associated company or affiliates of Chubb Life HK (“**Group Companies**”);
安達人壽香港（「**集團公司**」）的任何分行、附屬公司、控股公司、聯營公司或聯繫公司；
- (iv) our appointed third-party vendors, agents, contractors, advisers;
我們指定的第三方供應商、代理人、承包商、顧問；及
- (v) insurance industry associations and federations, government or judicial or regulatory bodies, or any person to whom we have a legal or regulatory obligation to make disclosure.
我們有法律或監管義務向其作出披露的保險行業協會和聯會，政府或司法或監管機構，或任何人士。

Your data access rights

閣下查閱資料的權利

You have the right to obtain access to and to request correction of your personal information held by Chubb Life HK or be given reasons for any refusal of access or correction. We may charge you a reasonable fee to process your data access request.

閣下有權查閱和要求更正安達人壽香港持有閣下的任何個人資料，或獲得拒絕查閱或更正的理由。我們可能會向閣下收取合理的費用，以處理閣下的資料查閱要求。

For more details of the Company's policies on personal data and privacy protection, please read the Chubb Life HK's Privacy Policy available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal data, access to or correction of personal data should be made in writing and submitted to: Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

有關本公司個人資料及私隱保障政策的詳情，請參閱安達人壽香港的私隱政策，網址為<https://www.chubb.com/hk-zh/footer/chubb-life-privacy-policy.html>。有關個人資料、查閱或更正個人資料的任何問題，請以書面形式向安達人壽保險香港有限公司的資料保護主任提出，並送交至香港銅鑼灣告士打道三一號皇室大廈安達人壽大樓三十五樓。

In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

如中英文本有任何歧義之處，概以英文本為準。

G. Authorization 授權

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 Hong Kong Limited "the Company" or its representative such information pertinent to this claim; (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 claim. 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. 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（如有不同）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，用以作為該份索償申請的參考；(ii) 貴公司或貴公司委任的醫療／輔助醫療檢查員或檢驗所，就有關索償的申請，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。

Agent's/Intermediary's code 保險代理/中介人號碼	Signature of Insured 受保人簽署	Signature of Policyowner (if other than Insured) 保單持有人簽署（如並非受保人）
Signature of witness/Agent/Intermediary 見證人 / 保險代理 / 中介人簽署	Date 日期	Date 日期
	Full name of Insured 受保人姓名	Full name of Policyowner* 保單持有人姓名*
Name of witness/Agent/Intermediary in full 見證人 / 保險代理 / 中介人姓名	HKID card/passport no. of Insured 受保人香港身份證 / 護照號碼	HKID card/passport/BR no. of Policyowner* 保單持有人香港身份證 / 護照 / 商業登記號碼*
	Date of birth of Insured 受保人出生日期	Date of birth of Policyowner* 保單持有人出生日期*
Date 日期	Nationality of Insured 受保人國籍	Nationality of Policyowner* 保單持有人國籍*

* In compliance with the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and the Guideline on Anti-Money Laundering and Counter-Terrorist Financing which is issued by the Office of the Commissioner of Insurance as amended from time to time, Chubb Life Insurance Hong Kong Limited is required to collect the identity information for the above items with asterisk (*) and verify the identity of the Policyowner. Your agent/intermediary, therefore, is needed to verify the original identification documents and collect the copies of the relevant and other documents as deemed necessary of the Policyowner.

* 根據打擊洗錢及恐怖分子資金籌集（金融機構）條例及保險業監理處所發出及不時修訂之「打擊洗錢及恐怖分子資金籌集指引」，安達人壽保險香港有限公司必須收取以上註有星號(*) 項目之保單持有人身份資料並核實保單持有人的身份。閣下之保險代理/中介人必須核實保單持有人的正本身份證明文件，並收取有關及其他所須文件之副本。

Part II - Attending Physician's Statement (To Be Completed by Attending Physician at the Claimant's Own Expense)

乙部－主診醫生報告（由申請人自費，由主診醫生填寫）

Policy No.

A. General Information 一般資料

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	Sex 性別	Age 年齡
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Are you the patient's usual doctor? 閣下是否病人之慣常醫生？

☐ Yes 是 ☐ No 否

B. Extent Of Injury 受傷詳情

<p>1. a. Date of accident. 意外發生日期。</p> <p>b. When were you first consulted for this injury? 就是次受傷之首次求診日期？</p> <p>c. Was there any evidence of a visible contusion, an accidental cut or wound on the exterior of the patient's body at the first consultation? 於首次診治時，病人身體是否有明顯之瘀痕或傷口？</p> <p>d. Please provide the cause of this injury. 請提供受傷原因。</p> <p>e. Please provide details on type of injuries sustained. 請描述受傷類別。</p> <p>f. Please provide details on which part of body injured. 請描述受傷部位。</p> <p>g. Please provide details on extent of injuries. 請描述受傷程度。</p>	<p>a. (/ /) DD日 MM月 YYYY年</p> <p>b. (/ /) DD日 MM月 YYYY年</p> <p>c. <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 沒有</p> <p>d. _____</p> <p>e. _____</p> <p>f. _____</p> <p>g. _____</p>
<p>2. What was the condition of the injury as at the last consultation date? Any complications? 最後一次求診的受傷情況如何？是否有併發症？</p>	<p>a. Date 日期 _____</p> <p>b. Physical finding 身體情況 _____</p> <p>c. Treatment 治療 _____</p> <p>d. Complications 併發症 _____</p>
<p>3. Did this injury require hospitalization? (If "yes", please state) 此次受傷是否需要住院？（如「是」，請提供詳情）</p>	<p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Date of admission 入院日期 (/ /) DD日 MM月 YYYY年</p> <p>Date of discharge 出院日期 (/ /) DD日 MM月 YYYY年</p> <p>Name of hospital 醫院名稱 _____</p>
<p>4. Did this injury require: (if "yes", please give details including date, result and finding) 此次受傷是否需要：（如「是」，請提供詳情如下）</p> <p>a. Surgery? 進行手術？</p> <p>b. X-rays? X光檢查？</p> <p>c. Magnetic resonance imaging (MRI)? 磁力共振？</p> <p>d. Computerized Tomography (CT) Scan? 電腦斷層掃描？</p> <p>e. Physiotherapy/occupational treatment? 物理治療 / 職業治療？</p> <p>f. Other diagnostic procedures? 其他診斷程序？</p>	<p>a. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____</p> <p>b. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____</p> <p>c. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____</p> <p>d. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____</p> <p>e. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____</p> <p>f. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____</p>

5. Please provide the prognosis of the injury. 請提供是次受傷之預期治療計劃。	
6. a. Any physical loss of joint was resulted from this accident? If “yes”, please specify the joint involved. 病人是否因此意外而導致喪失關節？如「有」，請說明那一個關節喪失？ b. Any total functional disablement of joint and the condition is same as total physical severance of the said joint resulting from this accident? If “yes”, please specify the joint involved. 病人是否因是次受傷導致關節完全喪失其功能及其情況如同喪失該關節？如「有」，請說明那一個關節。	a. _____ b. _____
7. Was such injury induced from or effected by any of the followings, which may have contributed to the accident? (If “yes”, please give details) 受傷是否由以下情況導致或影響？（如「是」，請提供詳情如下） a. Physical defects/congenital abnormality 身體缺陷 / 先天毛病 b. Past medical history 過往病史 c. Degenerative changes 退化轉變 d. By drugs or alcohol 藥物或酒精	a. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____ b. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____ c. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____ d. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 _____
8. With reference to the patient’s occupation stated overleaf. 就前頁所示，病人之職業而言。 a. Do the injuries totally prevent him/her from performing each and every duty of his/her occupation? 此次受傷會否完全阻礙病人履行該等職業之任何職務？ b. If the patient is still disabled, please give approximate date he/she should be able to return to work? 如病人未能恢復工作，閣下估計病人何時能夠工作？	a. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 From 由 (/ /) To 至 (/ /) DD日 MM月 YYYY年 DD日 MM月 YYYY年 b. (/ /) DD日 MM月 YYYY年
9. If an absence from work for more than two weeks was necessary, please describe in details the reasons why you feel the patient could not return to work earlier. 若不能工作兩星期或以上，請詳述閣下認為病人不可提早復工之原因。	
10. a. Was the healing complicated? 痊癒是否有困難？ b. If “yes”, please state the reason and any special treatment given? 如「是」，請提供原因及施行之任何特別治療。	a. <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 b. _____
11. To your best knowledge, please give name(s) and address(es) of other physician(s) who treated the patient for the same injury and the date of consultation. 據閣下所知，請詳列就是次受傷曾對病人作出治療之醫生姓名、地址及診治日期。	Dr. name 醫生姓名 _____ Address 地址 _____ Date of consultation 診治日期 (/ /) DD日 MM月 YYYY年
Signature (with chop) 簽署	Name of physician 主診醫生姓名
Date 日期	Qualification 資歷
Address 地址	Tel. no. 電話號碼

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