

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 Hong Kong Limited 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 安達人壽保險香港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 Hong Kong Limited) 預計可賠償金額 (評估由安達人壽保險香港有限公司填寫)
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 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 DD/MM/YY 日/月/年</p>

Personal Information Collection Statement 個人資料收集聲明

I/WE HEREBY ACKNOWLEDGE, DECLARE AND AGREE THAT, by signing this form, any personal information collected or held by Chubb Life Insurance Hong Kong Limited (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the transferees indicated in and in accordance with the Personal Information Collection Statement set out in my/our Application For Life Insurance, which may include without limitation, any branch, subsidiary, holding company, associated company or affiliates of the Company (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference agencies, 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 and Mainland China. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our personal information 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 this form which is a condition precedent for me/us to apply for claims assessment, processing and other services. Failure to supply the required information may result in the Company being unable to process this form. For more details of the Company's policies on personal information and privacy protection, please read the Company's Privacy Notice available at <https://www.chubb.com/hk-en/footer/chubb-life-privacy-policy.html>. Any questions regarding personal information, access to or correction of personal information should be made in writing and forwarded to The Data Protection Officer of Chubb Life Insurance Hong Kong Limited at 35/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong.

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<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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