CHUBB®

Attending Physician's Statement For Death Claim

死亡賠償主診醫生報告表

To be completed by the deceased's last attending doctor at the claimant's expenses 由最後診治死者之醫生填寫，費用須由索償人負責

Policy no. 保單編號	Deceased (Surname first) 死者姓名	Sex 性別	Age 年齡	HKID Card/Passport no. 香港身份證/護照號碼
Residence prior to death 生前住址			Occupation prior to death 生前職業	

1. a. Were you the last attending physician of the deceased? If not, please give details of the last attending physician?
閣下是否死者生前最後就診之醫生？如否，請詳列最後就診之醫生資料。

b. Date on which you first saw the deceased?
閣下首次診治死者之日期？

c. Who referred the deceased to you? Please indicate his/her full name and address.
死者由誰人介紹到診？請提供該醫生之資料。

d. How long have you acquainted with the deceased?
閣下認識死者多久？

e. Please give particulars of any illnesses or investigations for which he/she has consulted you:
請提供死者因任何疾病或檢查而曾求診之紀錄：

Date attended 就診日期 (DD/MM/YY)	Complaints & abnormal physical findings 求診原因/病徵	Duration of illness 該病存在多久	Diagnosis 診斷	Describe treatment (including name of drugs prescribed) or operation 治療詳情

2. a. Date of death
死亡日期

b. Place of death
死亡地點

c. Cause of death
死因

3. To the best of your knowledge, please give names and address of all other physicians who attended the deceased during the past three years.
根據閣下所知，在過往三年死者曾就診之醫生資料

Date 日期	Disease/disorder 病因	Details of treatment/hospitalization 治療及住院詳情	Name and address of the doctor 醫生名稱及地址

4. Was there any medical condition in any way contributed or predisposed to the cause of death? If 'yes', please give details.
過往死者曾否患有任何病患與死因有直接或間接關係？如「有」，請詳列。

5. a. Did the deceased have any habit of smoking, alcohol drinking or taking drugs? ☐ Yes 是 ☐ No 否
死者有否吸煙，飲酒或用葯習慣？

b. Did the deceased suffer from any illness which predispose to cause the death, in the past? ☐ Yes 是 ☐ No 否
死者過往曾否患有任何病症與死因有關？

c. Did the deceased have any family history which predispose to cause the death? ☐ Yes 是 ☐ No 否
死者之死因是否與其家族病史有關？

d. Was the death related to self-inflicted behaviour? ☐ Yes 是 ☐ No 否
死因是否與自我毀傷有關？

For females only: 只適用於女性：

e. Was the death related to pregnancy or complication of pregnancy? ☐ Yes 是 ☐ No 否
死因是否與懷孕或懷孕所引致之問題有關？

For any 'yes' answer, please state the question number and give details.
如上列任何問題之答案為 '是' ，請詳加說明。

6. Was there any post-mortem examination done in the deceased's body? If 'yes', please give a copy of the report. ☐ Yes 是 ☐ No 否
死者之遺體曾否進行驗屍？如「是」，請提供有關之驗屍報告副本。

7. Do you consent the Chubb Life medical director and/or claim assessor to release the information provided by you in this report to the deceased's family and / or claimant(s) when we are requested by the deceased's family and / or claimant(s), to explain our claim decision.
如死者家屬或索償人要求安達人壽就賠償作出解釋時，閣下是否同意安達人壽醫務總監或賠償部審核員透露閣下於此報告內所提供的相關資料予死者家屬或索償人。

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.
本人證明有親身檢查及治療上述之疾病及以上所述事實均為本人對其狀況之意見

Name of Attending Physician (with stamp) 醫生姓名及蓋章	Qualification 學歷	Signature 簽署	Date 日期

Address： 地址	Tel no.: 電話號碼

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