

# Living Benefit Claim - Cancer

## Part II - Attending Physician's Statement

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

### 生活保障賠償 - 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 disease manifested by the presence of malignant tumours characterized by the uncontrolled growth and spread of malignant cells, and invasion of normal tissue. The term Cancer includes leukemia and Hodgkin's disease. All skin cancers except malignant melanomas are excluded as well as premalignant tumours or polyps and carcinoma in situ. Diagnosis must be made by a Registered Medical Practitioner and supported by clinical, radiological, histological, and laboratory evidence.

#### 癌症

惡性腫瘤有明顯病理性變化；其特徵為惡性細胞不受控制地生長及擴散並入侵正常組織。癌症的定義包括白血病及霍奇金氏病，但不包括皮膚癌（除惡性黑色素瘤）非惡性腫瘤、息肉及原位癌。病徵需由註冊醫生診斷，且需有臨床的放射學、組織學及實驗室檢驗報告作證據。

#### 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

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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

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

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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

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

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

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

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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

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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。

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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

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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。

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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。

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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。

<hr/> Name of physician (with stamp) 醫生姓名 (連印章)	<hr/> Qualification 醫學資格	<hr/> Signature 簽署	<hr/> Date 日期
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Address 地址 : \_\_\_\_\_

\_\_\_\_\_ Tel no. 電話號碼: \_\_\_\_\_

Chubb. Insured.<sup>SM</sup>