



中國交銀保險有限公司  
CHINA BOCOM INSURANCE CO., LTD.

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ISO 9001 : 2000  
Certificate No. 202608

住院醫療保險索償表  
IN-PATIENT MEDICAL INSURANCE CLAIMS FORM

甲部 由索償人填寫  
Part I To Be Completed By The Claimant

僱主名稱 Name of Employer	職員姓名 Name of staff	
保險單編號 Policy No.	會員號碼 Membership No.	
地址及電話號碼 Address & Telephone No.		
* 如索償者並非職員本人，請提供家屬資料 * If claimant is not the Insured Staff itself, pls provide informaton of dependant		
家屬姓名 Name of Dependent	家屬會員號碼 Dependent's Membership No.	
(1)	診症 / 入院日期 Date of Consultation / Admission	入住醫院名稱 Name of Hospital Admitted
	出事原因/疾病名稱 Nature of Accident/Sickness	
	出院日期 Date of Discharge	醫療費用總額 Total Medical Expenses :
(2)	閣下 / 賠償申請人是否曾經因同一病況而接受治療? Have you / the claimant had any prior treatment for this or related conditions? 沒有 No 有 Yes	
	醫生姓名 Doctor's Name: _____ 日期 Date: _____ 地址 Address: _____	
(3)	此次住院 / 手術是否由於一宗意外引致? Was the hospitalization surgery a result of an accident? 否 No 是 Yes	Date 日期: _____ Time 時間: _____ Place 地點: _____
	Brief Description 經過: _____	
(4)	有關是次醫療 / 住院 / 手術，閣下有否申請其他保險賠償? Are you making any other insurance claim as a result of this medical treatment / hospitalization / surgery ?	
	否 No.	
	是 Yes	保險公司名稱 Name of Insurance Company
		保險單編號 Policy No.
<b>聲明及授權書 Declaration and Authorization:</b>		
1) 本人現聲明上述所填報資料，均屬正確及真實無訛。 2) 本人茲授權於任何替本人作診察之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予中國交銀保險有限公司，此授權書之影印本與正本具同等效力。		
1) I hereby declare that the above information given by me in this form is true and correct to the best of my knowledge. 2) I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated, to give full particulars about my health including my whole medical history, to CHINA BOCOM INSURANCE CO., LTD. A photocopy of this authorization shall have the full effect of the original authorization.		
<b>收集個人資料聲明</b>		
閣下提供的資料，為本公司提供保險業務所需，並可能使用於任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消、續期、索償或索償分析；及可能移轉給現存或不時成立之任何與我們有關的公司，或任何其他從事與保險或再保險業務有關的公司，或與保險業務有關的中介人或索償或調查或其他服務提供者，或任何保險公司的協會或聯會。閣下有權要求查閱及更正由中國交銀保險有限公司持有之閣下的個人資料，如有此項要求，請與我們的個人資料主任聯絡。		
<b>Personal Information Collection Statement</b>		
The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variation, cancellation or renewal of them and any claim or analysis of it; and may be transferred to any of our related companies or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any association or federation of insurance companies that exists or is formed from time to time. You have the right to obtain access to and to request correction of any personal information concerning yourself held by CHINA BOCOM INSURANCE CO., LTD. Requests for such access can be made to our Compliance Officer.		
日期 Date	索償人簽署 Signature of Claimant	