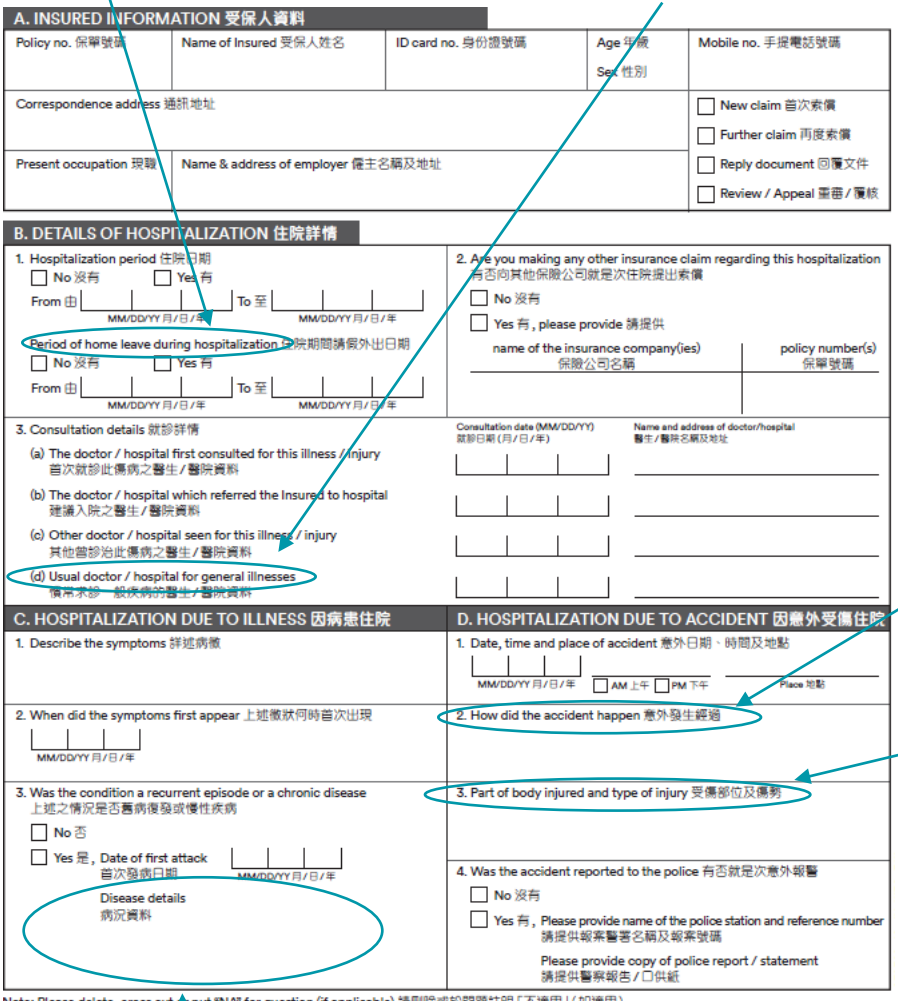
Guidance for completing an Hospital Claim Form Part I

- **all dates in claim form are in the format of mm/dd/yy**
- **please reply (e.g. "NIL" or "NA") for the answers of non-applicable questions**
- **please complete and sign for "Declaration and Authorization" on page 2 of claim form part I**
- **the claim form part I should be fully completed. Missing of information may lengthen the claims assessment process**
- **please countersign with date for any amended information**

Period of not staying in hospital during hospitalization

Family doctor or usual attending clinic/ hospital



A. INSURED INFORMATION 受保人資料

Policy no. 保單號碼 | Name of Insured 受保人姓名 | ID card no. 身份證號碼 | Age 年齡 Sex 性別 | Mobile no. 手提電話號碼

Correspondence address 通訊地址

☐ New claim 首次索償
☐ Further claim 再度索償
☐ Reply document 回覆文件
☐ Review / Appeal 重審 / 覆核

Present occupation 現職 | Name & address of employer 僱主名稱及地址

B. DETAILS OF HOSPITALIZATION 住院詳情

1. Hospitalization period 住院日期
☐ No 沒有 ☐ Yes 有
From 由 ____ To 至 ____ MM/DD/YY 月/日/年

Period of home leave during hospitalization 住院期間請假外出日期
☐ No 沒有 ☐ Yes 有
From 由 ____ To 至 ____ MM/DD/YY 月/日/年

2. Are you making any other insurance claim regarding this hospitalization 有否向其他保險公司就是次住院提出索償
☐ No 沒有
☐ Yes 有, please provide 請提供
name of the insurance company(ies) 保險公司名稱 | policy number(s) 保單號碼

3. Consultation details 就診詳情
Consultation date (MM/DD/YY) 就診日期 (月/日/年) | Name and address of doctor/hospital 醫生/醫院名稱及地址
(a) The doctor / hospital first consulted for this illness / injury 首次就診此傷病之醫生 / 醫院資料
(b) The doctor / hospital which referred the Insured to hospital 建議入院之醫生 / 醫院資料
(c) Other doctor / hospital seen for this illness / injury 其他曾診治此傷病之醫生 / 醫院資料
(d) Usual doctor / hospital for general illnesses 慣常求診一般疾病的醫生 / 醫院資料

C. HOSPITALIZATION DUE TO ILLNESS 因病患住院

1. Describe the symptoms 詳述病徵

2. When did the symptoms first appear 上述徵狀何時首次出現
MM/DD/YY 月/日/年

3. Was the condition a recurrent episode or a chronic disease 上述之情況是否舊病復發或慢性疾病
☐ No 否
☐ Yes 是, Date of first attack 首次發病日期 MM/DD/YY 月/日/年
Disease details 病況資料

D. HOSPITALIZATION DUE TO ACCIDENT 因意外受傷住院

1. Date, time and place of accident 意外日期、時間及地點
MM/DD/YY 月/日/年 ☐ AM 上午 ☐ PM 下午 Place 地點

2. How did the accident happen 意外發生經過

3. Part of body injured and type of injury 受傷部位及傷勢

4. Was the accident reported to the police 有否就是次意外報警
☐ No 沒有
☐ Yes 有, Please provide name of the police station and reference number 請提供報案警署名稱及報案號碼
Please provide copy of police report / statement 請提供警察報告 / □供紙

Note: Please delete, cross out & put "NA" for question (if applicable) 請刪除或於問題註明「不適用」(如適用)

Provide how incident happened in details

- Please state **exact** injured area (e.g. left elbow)
- Type of injury (e.g. sprain, contusion)

Disease details in the past (e.g. diagnosis, attending doctors / hospital name & contact)