Disability Claim Form
殘疾索償表格

Please complete and return this form with the supporting documents (see "Claims Document Checklist" on page 2) to FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited (wherever applicable) ("FWD Assurance") at P.O. Box 69465, Kwun Tong Post Office, Kowloon, Hong Kong.

請填妥本索償表格，連同其他所需文件(見第二頁之「索償文件參考表」)，寄回香港九龍觀塘郵政局郵政信箱69465號富衛人壽保險（香港）有限公司 / 富衛人壽（香港）有限公司(如適用)(「富衛壽險」)。

Insurance Intermediary' s Information 保險中介人資料	
Name of Insurance Intermediary 保險中介人姓名	
Insurance Intermediary Code in FWD Assurance (if applicable) 富衛壽險保險中介人編號 (如適用)	
Contact Phone No. 聯絡電話	

PART I 第一部份 (To be completed by Insured / Claimant 由受保人或索償人填寫)

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 年歲 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 DISABILITY 殘疾詳情

1. Period for this disability 殘疾日期

From 由 ☐☐/☐☐/☐☐ (MM/DD/YY 月 / 日 / 年) To 至 ☐☐/☐☐/☐☐ (MM/DD/YY 月 / 日 / 年)

Diagnosis of the disability 殘疾之診斷

2. Are you making any other insurance claim regarding this disability 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 disability 首次就診此殘疾之醫生 / 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 disability 其他曾診治此殘疾之醫生 / 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. DISABILITY DUE TO ILLNESS 殘疾 (因病患)

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 有，Date of first attack 首次發病日期 ☐☐/☐☐/☐☐ (MM/DD/YY 月 / 日 / 年)

Disease details 病況資料

D. DISABILITY DUE TO ACCIDENT 殘疾 (因意外)

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 / 口供紙

FWD-CLM-DIS-CFF-0124

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

E. EMPLOYMENT PARTICULARS 就業資料

Employment before disability 殘疾前之就業情況	☐ Full-time 全職	☐ Part-time 兼職
Occupation (if more than one, please state all) and exact nature of occupational duties 所有職位及職責		
Name and address of business or employer 公司或僱主名稱及地址		
Any sick leave certificate(s) with your employer 有否向僱主遞交病假証明書	☐ No 沒有 ☐ Yes 有	☐ No 沒有 ☐ Yes 有
Date of last worked (MM/DD/YY) 最後工作日期 (月 / 日 / 年)		
Date returned to work / expected date of return (MM/DD/YY) 恢復工作日期 / 預計復工日期 (月 / 日 / 年)		

CLAIMS DOCUMENT CHECKLIST 索償文件參考表

(To facilitate our assessment of your claims, please complete and provide the following basic documents to "FWD Assurance".)
(請完成及提交以下之基本所需文件，以便「富衛壽險」盡快審核閣下的索償個案。)

Basic Document Required 基本所需文件	Claimed Benefit 索償保障
	Waiver of Premium / Payor Benefit / Total & Permanent Disability 保費豁免 / 付款人保障 / 完全及永久殘疾保障
Fully completed Disability Claim Form Part I 已填妥的殘疾索償表格第一部份	✓
Fully completed Disability Claim Form Part II 已填妥的殘疾索償表格第二部份	✓
Original / Certified true copy of sick leave certificate 病假証明書正本 / 核實副本	✓
Policyowner' s ID copy 保單持有人身份証副本	✓
Police report / Police statement 警察報告 / 口供紙	❍

Remarks: ✓ **Basic documents 基本文件** ❍ **Supplementary documents 補充文件**

Note: (i) Supplementary documents / information may be further required from you or other related parties for claims assessment.
(ii) "FWD Assurance" reserves the right to request for original documents if "FWD Assurance" deemed necessary.

注意：(i)「富衛壽險」或需於稍後向閣下 / 其他有關人士索取額外文件 / 資料以作理賠審核之用。
(ii) 如有需要，「富衛壽險」保留權利要求閣下提交文件正本。

REQUEST FOR RETURN OF DOCUMENTS 退回文件

If you want to get back the following submitted documents , please tick the corresponding box(es) below:
如閣下欲取回下列已呈交之文件，請於有關文件欄內劃上"✓"號：

☐ Certified true copy of sick leave certificates 病假証明書核實副本

DECLARATION AND AUTHORIZATION 聲明及授權

I/We declare that I/we have read and fully understand the implications of the contents of this Application, and that the information given in this Application is true and complete to the best of my/our knowledge. I / We agree that if I/We fail to provide any information requested in this Application, it may result in the inability of FWD Assurance to accept the application.

I/We (acting on behalf of the Insured, wherever applicable) hereby irrevocably authorize any employer, doctor, hospital, clinic, insurance company, government office or any organization, or persons who have any records, knowledge or information (whether medical or otherwise) of me/us (or the Insured, wherever applicable) to disclose, release or transfer to FWD Assurance or its representative(s) such information pertinent to this application. This authorization shall bind my/our successors and assignees and remain valid notwithstanding my/our (or the Insured, wherever applicable) death or incapacity in so far as legally feasible. This authorization shall be valid until my/our further instructions. A photocopy of this authorization shall be as valid as original.

I/We have read, understand and accept this PICS. I/We consent to the transfer of my personal data outside Hong Kong and I/We understand my/our personal data may not be protected to the same or similar level in Hong Kong.

本人/吾等在此聲明本人/吾等已閱讀及完全明白本申請所載內容及含意，就本申請所提供的資料均屬本人/吾等所知的事實及全部。本人/吾等同意若本人/吾等不能提供本申請所需的任何資料，可致使富衛壽險不能接受本申請。

本人/吾等(代表受保人，如適用)在此授權(並不可撤回)任何凡持有本人/吾等(或受保人,如適用)任何記錄、資訊或資料(不論醫療或其他性質)的僱主、醫生、醫院、診所、保險公司、政府部門或其他機構或人士，向富衛壽險或其代表透露、發放或轉移該等資料作本申請之用。本授權對本人/吾等繼承人及承讓人具約束力，不管本人/吾等(或受保人，如適用)死亡或喪失行為能力，在法律容許下依然生效，直至本人/吾等進一步指示。本授權書的影印本具有與正本同等的效力。

本人/吾等已細閱及本人/吾等明白及接受本收集個人資料聲明。本人/吾等同意把本人的個人資料轉移至香港境外，並本人/吾等明白本人/吾等的個人資料未必可以獲得與在香港相同或類似程度的保障。

Signature of Policyowner 保單持有人簽署	# Signature of Insured 受保人簽署
Name & ID card no. of Policyowner 保單持有人姓名及身份證號碼	# Name & ID card no. of Insured 受保人姓名及身份證號碼
Email address of Policyowner 保單持有人電郵地址	Date (MM/DD/YY) 日期(月/日/年)
# Mobile No. of Policyowner 保單持有人手提電話號碼	Relationship between Insured and Policyowner 受保人與保單持有人之關係
Date (MM/DD/YY) 日期(月/日/年)	# Not required if the Insured is the Policyowner # 如受保人同為保單持有人，此欄無須簽署或填寫

ENQUIRIES 查詢

For enquiries, please call our Service Hotline on 2199 1000 during office hours, from Monday to Friday, 9:00am to 6:00pm and Saturday 9:00am to 1:00pm (except public holidays)
如有任何查詢，請於辦公時間內，星期一至星期五，上午九時至下午六時，及星期六上午九時至下午一時(公眾假期除外)，致電服務熱線2199 1000。

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD Life Assurance Company (Hong Kong) Limited / FWD Life (Hong Kong) Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
5. The purposes for which Your Personal Data may be used are as follows:
   (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
   (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
   (iii) developing insurance and other financial services and products;
   (iv) developing and maintaining credit and risk related models;
   (v) processing payment instructions;
   (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
   (vii) exercising any rights that the Company may have in connection with our services and/or products;
   (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
   (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims, detecting and preventing fraud (whether or not relating to the policy issued in respect of this application);
   (x) performing policy reviews and needs analysis (whether or not on a regular basis);
   (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
   (xii) for marketing, customer services research, statistical or actuarial research undertaken by the Company or any member of the Group; and
   (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
   (i) other members of the Group;
   (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
   (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, organizations that consolidate claims and underwriting information for the insurance industry, fraud prevention organizations, other insurance companies (whether directly or through fraud prevention organizations or other persons named in this paragraphs), the police and databases or registers (and their operators) used by the insurance industry to analyze and check information provided against existing information, legal advisors and/or other professional advisors engaged in connection with the Company's business;
   (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
   (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
9. In connection with direct marketing, the Company intends:
   (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
      a. insurance services and products;
      b. wealth management services and products;
      c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
      d. health-check and wellness services and products;
      e. media, entertainment and telecommunications services;
      f. reward, loyalty or privileges programmes and related services and products; and
      g. donations and contributions for charitable and/or non-profit making purposes; and
   (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
10. You may also write to the Company at the address below to opt out from direct marketing at any time.
11. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
12. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
13. Requests for access to or correction of Your Personal Data should be made in writing to:

    Corporate Data Protection Officer
    FWD Life Assurance Company (Hong Kong) Limited /
    FWD Life (Hong Kong) Limited
    19/F, Tower 1, Millennium City 1,
    388 Kwun Tong Road, Kwun Tong,
    Kowloon, Hong Kong

    Should you have any queries, please do not hesitate to call our Customer Service Hotline on 2199 1000.
14. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
15. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

1. 閣下需要不時向**富衛人壽保險(香港)有限公司 / 富衛人壽(香港)有限公司**(「本公司」)或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情,可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
2. 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料,以下統稱為「閣下的個人資料」。
3. 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料,閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
4. 如本聲明所述,閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。
5. 閣下的個人資料可能用於以下用途:
   (i) 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品;
   (ii) 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求,以及維持閣下在本公司的賬戶;
   (iii) 發展保險及其他金融服務及產品;
   (iv) 發展及維持本公司信貸及風險之相關模型;
   (v) 處理付款指示;
   (vi) 釐訂任何欠付閣下或閣下所欠的負債,及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款;
   (vii) 行使與本公司的服務及 / 或產品有關的任何權利;
   (viii) 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及 / 或身份核証;
   (ix) 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索,包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索以及偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的目的;
   (x) 進行保單審閱及需求分析(不論是否定期進行);
   (xi) 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)要求而須作出披露,包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構(包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動)或向任何獨立監管或行業團體(如保險業聯會或協會等)作出披露;
   (xii) 作本公司或本集團的任何成員的客戶服務、市場推廣、統計或精算研究;及
   (xiii) 履行與上文第(i) 至 (xii)段直接有關的其他用途。
6. 閣下的個人資料將被保密但為達成上文第5段列出的用途,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用:
   (i) 本集團的其他成員;
   (ii) 任何因本公司業務而聘用之經營保險相關及 / 或再保險相關業務之人士或公司;
   (iii) 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、整合保險業申索和承保資料的組織、防欺詐組織、其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指名的其他人士)、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者)、法律顧問及/或其他專業顧問;
   (iv) 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商;及 / 或
   (v) 任何本公司或本集團的其他成員負有責任或需要或預期要根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)作出披露的官員、規管者、部門、執法代理或其他人士(不論在香港境內或境外)。
7. 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
8. 本公司只可在閣下作出書面同意或不反對的情況下 (i) 使用閣下的個人資料作直接促銷用途,或 (ii) 將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
9. 就直接促銷而言,本公司擬:
   (i) 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途;銷售本公司、本集團其他成員及 / 或本公司之業務夥伴(即以下產品及服務的供應商)不時提供的下列服務及產品:
      a. 保險服務及產品;
      b. 財富管理服務及產品;
      c. 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品;
      d. 健康檢查及健康服務及產品;
      e. 媒體、娛樂及電信服務;
      f. 獎賞、客戶忠誠或優惠計劃及相關服務及產品; 及
      g. 為慈善及 / 或非牟利用途的捐款及捐贈。
   (ii) 將閣下的姓名及聯絡資料提供予本集團任何成員及 / 或本公司之業務夥伴,讓其用於直接促銷上文第9(i)段所載的服務或產品(如為業務夥伴,則包括作金錢或其他商業利益)。
10. 閣下亦可於任何時間致函本公司以下地址,藉以拒絕直接促銷。
11. 為達成上文第5及第9段所列出的目的,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料(私隱)條例》大致相同或用作同一用途的資料保護法。
12. 根據《個人資料(私隱)條例》,閣下有權要求查閱本公司所持有閣下的個人資料,並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
13. 查閱或改正閣下的個人資料要求,應以書面形式向下列人士提出:

    資料保護主任

    富衛人壽保險 (香港) 有限公司 / 富衛人壽 (香港) 有限公司

    香港九龍觀塘道388號 創紀之城第一期 第一座19樓

    如閣下有任何疑問,敬請致電本公司之客戶服務熱線2199 1000。

14. 中英文本如有歧異,概以英文本為準。
15. 本公司保留隨時增補、更改、更新及修訂本聲明之權利,並任何更改將於發出通知時起生效。

Disability Claim Form – Attending Physician Statement
殘疾索償表格 – 主診醫生報告

FWD insurance

PART II 第二部份
(To be completed by attending physician at the Claimant' s expense 由主診醫生填寫，費用由索償人支付)

Policy no. 保單號碼	Name of Patient 病人姓名	ID card no. 身份證號碼	Age & Sex 年齡及性別

1. Are you the patient' s usual medical physician?

☐ No ☐ Yes , medical record date back to _____ (MM/DD/YY) (please provide details as follows)

Date of consultation (MM/DD/YY)	Complaints & symptoms	Diagnosis	Types of treatment given	Duration of each treatment

2. If the disability / dismemberment was due to accident:
   a) Date of accident (MM/DD/YY)

   b) How did the accident happen?

   c) On which you first saw the patient for the injury.(MM/DD/YY)

   d) Which part of the body was injured and the type of injury? Please describe the extent of injury.

   e) Is there any evidence of visible contusion or wound on the exterior of the body?

3. If the disability / dismemberment was due to illness:
   a) What symptoms did the patient complain of at this first consultation?

   b) According to the patient, how long had he/ she been experiencing these symptoms before this first consultation?

   c) Was the symptom a secondary condition to some other illness / injury? ☐ No ☐ Yes, (please give details as follows)

Illness / Injury	Symptom onset date (MM/DD/YY)	First consultation date (MM/DD/YY)	Name & address of doctor

4. Results of investigation such as neurological examination, laboratory tests, X-rays, Wasserman, etc

5. When were you first consulted for this illness / injury?

MM/DD/YY

8. Was the patient referred to you by other physician?
   ☐ No
   ☐ Yes (Please provide name and address)

9. What is the final diagnosis?

10. Please describe the nature and severity of the disability.

11. What is the present condition of the patient' s disability?

12. What is the recovery progress of the patient?

13. Is the healing/ recovery complicated?

☐ No ☐ Yes , reasons:
Any special treatment:

14. Is there any planned follow- up/ treatment? Please give details and date(s) (MM/DD/YY).

☐ No ☐ Yes ,(please give details)

Disability Claim Form – Attending Physician Statement
殘疾索償表格 – 主診醫生報告

15. Was injury/ illness induced from or effected by any of the following which may contribute to the accident/ illness?

a) Physical defects/ congenital anomaly	☐ No	☐ Yes _____
b) Unfavorable past medical history	☐ No	☐ Yes _____
c) Degenerative changes	☐ No	☐ Yes _____
d) Alcohol or drugs	☐ No	☐ Yes _____

(If any of the above is " Yes" , please give details)

16. Did the disability prevent the patient from performing any gainful occupation or business for wages, compensation or profit? (Please refers to Section C of Claim Form Part I or the patient for occupation details)

☐ No

☐ Yes . Is the disability permanent? ☐ Yes ☐ No (please specify disability period)

From 由 ___/___/___ To 至 ___/___/___
MM/DD/YY 月 / 日 / 年 MM/DD/YY 月 / 日 / 年

Reasons:

17. Did the disability prevent the patient from performing any gainful occupation for wages, compensation or profit, which the patient is otherwise fit to perform by reason of his education, training or experience? (Please refers to Section C of Claim Form Part I or the patient for occupation details)

☐ No

☐ Yes . Is the disability permanent? ☐ Yes ☐ No (please specify disability period)

From 由 ___/___/___ To 至 ___/___/___
MM/DD/YY 月 / 日 / 年 MM/DD/YY 月 / 日 / 年

Reasons:

18. Did the disability prevent the patient from performing his/her own occupation? (Please refers to Section C of Claim Form Part I or the patient for occupation details)

☐ No

☐ Yes. Is the disability permanent? ☐ Yes ☐ No (please specify disability period)

a) Unable to perform each and every duty of his/her occupation from From 由 ___/___/___ To 至 ___/___/___
MM/DD/YY 月 / 日 / 年 MM/DD/YY 月 / 日 / 年

Reasons:

b) Able to perform some of the duty of his/her occupation from From 由 ___/___/___ To 至 ___/___/___
MM/DD/YY 月 / 日 / 年 MM/DD/YY 月 / 日 / 年

Reasons:

19. With the current health condition of the patient, did the patient' s disability prevent him to perform any of the following activities on his own without other' s assistance

	Unable to perform on his own without other' s assist
a) Dressing – ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances for oneself	☐ No ☐ Yes. Is the disability permanent? ☐ Yes, ☐ No
b) Feeding – ability to feed oneself once food has been prepared and made available	☐ No ☐ Yes. Is the disability permanent? ☐ Yes, ☐ No
c) Mobility – ability to move oneself from room to room on level surfaces in an indoor environment	☐ No ☐ Yes. Is the disability permanent? ☐ Yes, ☐ No
d) Toileting – ability to use the lavatory or similar facilities and to manage own bowel and bladder functions so as to maintain a satisfactory level of personal hygiene	☐ No ☐ Yes. Is the disability permanent? ☐ Yes, ☐ No
e) Transferring – ability to move oneself from a bed to an upright chair or wheelchair and vice versa	☐ No ☐ Yes. Is the disability permanent? ☐ Yes, ☐ No
f) Washing – ability to wash oneself in the bath or shower (including getting into and out of the bath tub or shower area) or wash satisfactorily by other means.	☐ No ☐ Yes. Is the disability permanent? ☐ Yes, ☐ No

20. Is there any other information and professional comment that you consider should by make known to us?

I hereby certify that I have personally examined and treated the Patient in connection to the above hospitalization and that the answers given above are all true to the best of my knowledge and belief.

Name of Physician _____ Signature _____ Hospital Stamp _____

Qualification _____ Date _____

Address _____ Tel No _____