

How to apply Cashless Arrangement Service?
如何申請免找數安排服務？

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- Please contact Medical Administrators International (Hong Kong) Limited ("MAI") Hotline (852) 3106 7575 for reservation of "Cashless Arrangement Service".
- 請致電 MAI 熱線 (852) 3106 7575 預約免找數安排服務。

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- Complete 'Application for Cashless Arrangement Service Form' ("Form") (Form can be downloaded at <https://fwdlife.hk/en/support-claims/make-a-claim/>)
- 填妥免找數安排服務申請表格 (「申請表」)
(表格下載: <https://fwdlife.hk/tc/support-claims/make-a-claim/>)

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- Send Part IA 'Insured Information' and Part II 'Attending Physician Statement' of the Form to MAI and Part IB 'Credit card authorization form for shortfall collection' to FWD Life (Hong Kong) Limited ("FWD Assurance") with credit card copy by fax / by email at least 4 working days prior to Insured Person's hospitalization (If admission is in USA, two weeks notice is required.)
- 在受保人入院前最少 4 個工作天前 (如欲安排到美國住院, 須給予至少兩星期通知), 請以傳真及電郵分別遞交申請表第一部份甲部「受保人資料」及第二部份「主診醫生報告」予 MAI 及申請表第一部份乙部「繳付差額費用之信用卡授權書」連同信用卡副本予富衛人壽 (香港) 有限公司 (「富衛壽險」)。
- Fax no 傳真號碼: MAI (852)2529 9200 / FWD Assurance (852) 8101 3977
- Email address 電郵地址: MAI 'hospi@medical-administrators.com'

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- Once your application is successfully approved, MAI will inform you by phone or email of the confirmation and explain the arrangements regarding medical costs and its services. MAI will also send a Guarantee of Payment Letter ("GOP") to the attending hospital and a copy will be sent to you via email. Upon admission, the Insured Person needs to present the identity document to hospital for registration and you shall pay the balance of Annual Deductible or expenses not covered under the above Plan/Benefit (if any) to the hospital when discharged
- 免找數安排服務一旦獲成功批核, MAI 將聯絡您確認申請已獲批核並向您解釋醫療費用或服務安排。MAI 同時會向醫院發出「付款保證信」並經電郵向您提供一份副本。入院時, 受保人須出示身份證明文件登記及出院時向醫院繳付每年自付費餘額或不保事項相關之費用 (如有)。

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- You will receive a claim statement from FWD Assurance after the claim is processed. If the actual hospital expenses incurred exceeds the eligible claim amount, the shortfall will be deducted from the credit card account provided or you may settle the shortfall after receipt of the invoice.
- 文字方塊在理賠辦妥後, 您將會收到富衛壽險發出的賠償通知書。如實際醫療費用超出保障金額, 該差額費用將在您提供之信用卡戶口內扣除或您可於收到差額通知書後繳付。

Notes: FWD Life (Hong Kong) Limited has engaged an external provider, Medical Administrators International (Hong Kong) Limited ("MAI") to provide the Cashless Arrangement Service. FWD Life (Hong Kong) Limited may revise the details of the service from time to time without prior notice. The approval of the Cashless Arrangement Service is subject to the terms and conditions of the relevant policy provisions, terms and conditions of MAI and the acceptance of the "Guarantee of Payment Letter" by the hospitals. In event of any dispute, FWD Life (Hong Kong) Limited reserves the absolute right for final determination. If the hospital expenses incurred have exceeded the eligible claim amount, the shortfall has to be borne by the policyowner or insured person or beneficiary.

請注意: 富衛人壽 (香港) 有限公司已委任 MAI 為提供免找數安排服務之服務商。富衛人壽 (香港) 有限公司將不時修改服務細則而不須事先通知。此免找數安排服務之批核受限於有關保單條款及細則、MAI 之服務條款及有關醫院所接受「付款保證信」。如有任何爭議, 富衛人壽 (香港) 有限公司保留一切最終決定權利。倘若實際醫療費用已超出保障金額, 保單持有人或受保人或受益人均須承擔相關差額。

Application for Cashless Arrangement Service Form

免找數安排服務申請表格



Please complete and return 'Part IA (Insured Information) and Part II (Attending Physician Statement)' of this form to Medical Administrators International (Hong Kong) Limited ("MAI") by fax or email at least 4 working days prior to admission at non-USA hospitals or two weeks prior to admission in USA. Subject to the eligibility of the Insured Person (patient), the hospital will receive the "Guarantee of Payment Letter" for cashless arrangement service.

請填妥此表格第一部份甲部(受保人資料)及第二部份(主診醫生報告)並於入院前最少4個工作天前(非美國住院)或最少兩星期前(在美國住院),以傳真或電郵方式遞交給 MAI。於受保人(病人)符合資格情況下,醫院將會收到「付款保證信」以作出免找數安排服務。

Cashless Arrangement Service Enquiry 免找數安排服務查詢	
24-hour Service Hotline 24小時服務熱線:	(852) 3106 7575
Fax 傳真:	(852) 2529 9200
Email 電郵:	hospi@medical-administrators.com

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) 富衛壽險中介人編號(如適用)	Registration No.(if applicable) 登記號碼(如適用)	Contact Phone No. 聯絡電話

PART IA 第一部份甲部 (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 / Passport no. 身份證 / 護照號碼	Age 年歲	Sex 性別
Contact Phone no. 聯絡電話號碼		Email address / Fax no. 電郵地址 / 傳真號碼		
Correspondence address 通訊地址				
Principal Country of Residence where the Insured has been present for at least 183 days in the preceding 12 months 受保人於過去 12 個月逗留最少 183 日之常居地在				
<p>Notes for the Policyowner & Insured:</p> <p>Please note that the information submitted herein is only used for the approval to arrange direct settlement by FWD Life (Hong Kong) Limited ("FWD Assurance") to hospitals of all eligible medical expenses in excess of the annual deductible (if any) and uncovered medical expenses (if any) ("Cashless Arrangement Service"). The "Cashless Arrangement Service" might not be offered to the Insured person in the below events:</p> <ul style="list-style-type: none"> • If the balance of the annual deductible is not zero or if there are ineligible expenses while the hospital does not accept partial guarantee payment • The Insured Person whose Principal Location of Residence is in the list of the "Designated Country" and the hospital Confinement / treatment takes place in such country • The Insured Person is confined in a room of a upper class than the eligible room type corresponds to the chosen Plan Level • (For Global Plan only) The Insured Person whose Principal Location of Residence is the United States of America and the hospital Confinement / treatment takes place in such country • (For Multinational Plan and Oriental Plan only) The Confinement / treatment takes place in a country outside the Geographical Coverage Area of the chosen Plan Level (even if it is incurred solely for emergency purpose arising from Covered Injury caused by an Accident to the Insured Person within 30 days of entry to such country and such country is not the Principal Location of Residence of the Insured Person) <p>FWD Assurance reserves the right to accept or reject the application for the Cashless Arrangement Service. Please note that the guarantee amount may not be exactly the same as the requested amount due to ineligible items (including deductible, if any). The approval of Cashless Arrangement Service is subject to the acceptance of the "Guarantee of Payment Letter" by the hospitals.</p> <p>The approval of the Cashless Arrangement Service does not constitute the final claim decision which will be made by FWD Assurance based on relevant supporting documents after discharge from hospital, details of the insurance coverage, exclusions and terms and conditions of your policy.</p> <p>請注意本表格的資料是用作預先批核讓富衛人壽(香港)有限公司(「富衛壽險」)向醫院安排直接支付超出閣下每年自付額(如有)及不受保障的醫療費用(如有)以外之所有合資格的醫療費用(「免找數安排服務」)。</p> <p>本公司於以下情況未能提供免找數安排服務予受保人:</p> <ul style="list-style-type: none"> • 若每年自付額仍有餘額或有不合資格事項而該醫院不接受部份保證付款 • 若受保人的主要居住地屬指定國家而住院或診治是於該作為主要居住地的指定國家進行 • 若受保人入住病房之級別高於所選計劃級別所對應的病房級別 • (只適用於全球計劃) 若美國為受保人的主要居住地而受保人於美國接受任何住院或診治 • (只適用於環宇計劃或環亞計劃) 受保人於所選計劃級別所對應的保障地區以外的國家接受的住院或診治(即使是於受保人到達該國家起 30 日內僅因發生意外引致的受傷而導致之緊急住院或診治) <p>富衛壽險保留接受或拒絕提供免找數安排服務的權利。請注意有關之保證金額有可能因保單不合資格事項,包括墊底費(如有)而與索賠金額不相符,免找數安排服務之批核須受有關醫院是否接受「付款保證信」而約束。</p> <p>富衛壽險就此免找數安排服務之批核不構成最終賠償結果,富衛壽險將根據所提供的出院醫療文件、保障範圍、不保事項和有關保單條款及細則約束作考慮,並決定最終賠償結果。</p>				

B. HOSPITALIZATION DUE TO ILLNESS 因病患住院	C. HOSPITALIZATION DUE TO ACCIDENT 因意外受傷住院
1. Describe the symptoms 詳述病徵 _____	1. Date, time and place of accident 意外日期、時間及地點 _____ MM/DD/YY 月/日/年 <input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午 _____ Place 地點
2. When did the symptoms first appear? 上述徵狀何時首次出現? _____ MM/DD/YY 月/日/年	2. How did the accident happen? 意外發生經過 _____
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? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有, Date of first attack 首次發病日期 _____ MM/DD/YY 月/日/年 Disease details 病況資料 _____	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? <input type="checkbox"/> No 沒有 <input type="checkbox"/> 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

D. 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
1. The doctor / hospital first consulted or this illness / injury 首次就診此傷病之醫生 / 醫院資料	_____	_____
2. The doctor / hospital which referred the Insured to hospital 建議入院之醫生 / 醫院資料	_____	_____
3. Other doctor / hospital seen for this illness / injury 其他曾診治此傷病之醫生 / 醫院資料	_____	_____
4. Usual doctor / hospital for general illnesses 慣常求診一般疾病的醫生 / 醫院資料	_____	_____

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)

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 / Passport no. of Insured 受保人姓名及身份證 / 護照號碼

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 24-hour Service Hotline on 3106 7575

如有任何查詢，請致電 24 小時服務熱線 3106 7575

FWD Life Assurance Company (Hong Kong) Limited 富衛人壽保險(香港)有限公司

FWD Life (Hong Kong) Limited 富衛人壽(香港)有限公司

57/F, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong 灣仔皇后大道東 183 號合和中心 57 樓

Application for Cashless Arrangement Service Form 免找數安排服務申請表格



Please complete and return 'Part IB (Credit Card Authorization Form for Shortfall Collection)' of this form **with the credit card copy** to **FWD Life (Hong Kong) Limited** ("FWD Assurance") by **fax** at least 4 working days prior to admission at non-USA hospitals or two weeks prior to admission in USA.

請填妥此表格第一部份乙部 (繳付差額費用之信用卡授權書) 並連同信用卡副本於入院前最少4個工作天前 (非美國住院) 或最少兩星期前 (在美國住院), 以傳真方式遞交給富衛人壽 (香港) 有限公司 (「富衛壽險」)。

Customer Engagement 客戶聯繫	
Service Hotline 服務熱線：	(852) 2199 1000
Fax 傳真：	(852) 8101 3977
請以傳真發送本頁到上述傳真機號碼 please send this page to above fax number	

PART IB 第一部份乙部 (To be completed by Insured / Policyowner / Beneficiary 由受保人 / 保單持有人 / 受益人填寫) Credit Card Authorization Form for Shortfall Collection 繳付差額費用之信用卡授權書

Important Note 重要提示：

If the amount paid by FWD Assurance to the hospital exceeds the benefit limits applicable to the eligible claims arising from this hospitalization / day case surgery, this Form authorizes FWD Assurance to collect the shortfall amount (the "Shortfall") from the following credit card account. The cardholder should be the Policyowner, the Insured or the Beneficiary of this policy. FWD Assurance will hold a HK\$5,000 credit limit until the claim assessment is fully completed. The shortfall notification will be sent to policyowner 14 days prior to the collection. (Please note that only Master Card and Visa Card are accepted; please send the credit card copy along with this form to us for verification.

如富衛壽險支付予醫院的費用超出是次住院或門診手術應付的賠償額, 此授權書將授權富衛壽險從以下信用卡帳戶收取此差額費用 (「差額費用」)。持卡人必須為此保單持有人、受保人或受益人。富衛壽險將保留港幣 5,000 元的信用額直至索償程序完結為止。富衛壽險將於收取差額費用十四天前發出差額付款通知書通知保單持有人有關差額詳情。(請注意, 只接受 MASTER 及 VISA 信用卡, 請填妥此申請書連同信用卡副本以供核對)

Credit Card Authorization Form 信用卡付款授權書 (the section must be completed 此部份必須填寫)

I hereby authorize and direct FWD Assurance to hold a HK\$5,000 credit limit and debit the outstanding Shortfall from the following credit card account. 本人授權及指示富衛壽險從以下信用卡戶口保留港幣 5,000 元的信用額, 並扣除差額費用。

Cardholder's Name 持卡人姓名	Cardholder's ID Card / Passport No. 持卡人身份證 / 護照號碼	Signature of Cardholder (must be the same as that on the Credit Card) 持卡人簽署 (須與信用卡上簽名相同) x _____ Date Signed 簽署日期
Credit Card Account No. 信用卡號碼 (Master Card / VISA)	Credit Card Expiry Month 信用卡到期月 MM/YY 月 / 年	
		MM/DD/YY 月 / 日 / 年

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」）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 / Beneficiary
保單持有人/受益人簽署

* Signature of Insured 受保人簽署

Name & ID card / Passport no. of Policyowner / Beneficiary
保單持有人/受益人姓名及身份證/護照號碼

* Name & ID card / Passport no. of Insured 受保人姓名及身份證/護照號碼

Email address of Policyowner/ Beneficiary
保單持有人/受益人電郵地址

Date (MM/DD/YY) 日期(月/日/年)

Mobile No. of Policyowner / Beneficiary
保單持有人/受益人手提電話號碼

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。

FWD Life Assurance Company (Hong Kong) Limited 富衛人壽保險(香港)有限公司

FWD Life (Hong Kong) Limited 富衛人壽(香港)有限公司

57/F, Hopewell Centre, 183 Queen's Road East, Wan Chai, Hong Kong 灣仔皇后大道東183號合和中心57樓

Application for Cashless Arrangement Service Form

免找數安排服務申請表格



Please complete and return 'Part IA (Insured Information) and Part II (Attending Physician Statement)' of this form to Medical Administrators International (Hong Kong) Limited ("MAI") by fax or email at least 4 working days prior to admission at non-USA hospitals or two weeks prior to admission in USA. Subject to the eligibility of the Insured Person (patient), the hospital will receive the "Guarantee of Payment Letter" for cashless arrangement service.

請填妥此表格第一部份甲部(受保人資料)及第二部份(主診醫生報告)並於入院前最少4個工作天前(非美國住院)或最少兩星期前(在美國住院),以傳真或電郵方式遞交給MAI。於受保人(病人)符合資格情況下,醫院將會收到「付款保證信」以作出免找數安排服務。

Cashless Arrangement Service Enquiry 免找數安排服務查詢	
24-hour Service Hotline 24小時服務熱線:	(852) 3106 7575
Fax 傳真:	(852) 2529 9200
Email 電郵:	hospi@medical-administrators.com

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

Attending Physician Statement 主診醫生報告

Policy no. 保單號碼	Name of patient 病人姓名	ID card / Passport no. 身份證 / 護照號碼	Age 年歲	Sex 性別
1. (a) Chief complaints of the patient relating to this hospitalization / surgery 此次住院/手術之主要原因		1. (b) Date of symptoms first appeared or accident 首次出現病徵日期或意外日 MM/DD/YY 月/日/年		
1. (c) Were the complaints caused by an accident? 此次住院/手術之主要原因 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide details how and where the accident happened 是, 請提供意外發生經過及地點				
2. (a) Diagnosis 診斷	2. (b) Underlying cause 病因	2. (c) Date of first attack of the underlying cause 病因首次病發日期 MM/DD/YY 月/日/年		
3. Was the illness a recurrent episode or a chronic disease? 是次疾病是否舊病復發或慢性疾病? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, Date of first attack 是, 首次病發日期 MM/DD/YY 月/日/年				
4. Was the conditions caused by or contributed to by the following? 診斷是否因下列導致或促成?				
(a) hereditary / birth defects / congenital anomalies / developmental disorders 遺傳性疾病 / 先天缺憾 / 先天異常 / 發展障礙		(h) cosmetic / plastic / reconstructive / elective surgery 整容 / 整形 / 重建 / 選擇性手術		
(b) birth control / infertility / assisted reproduction / foetal surgery / sexual problem / sex changes 節育 / 不育 / 人工受孕 / 胎兒手術 / 性功能障礙 / 變性		(i) AIDS / Sexually transmitted disease / HIV-related illness 愛滋病 / 經性接觸傳染之疾病 / 免疫力衰減症 有關之疾病		
(c) under influence of alcohol / drugs / intoxicants / narcotics / sedatives / substance abuse 受酒精 / 藥物 / 麻醉品 / 毒品 / 鎮靜劑 / 濫用物品所影響		(j) dental treatment or surgery 牙齒治療或手術 Not sound & natural teeth involved (e.g. dentures / tooth decay) 包含非健康天生牙齒 (如假牙、蛀牙)		
(d) self-destruction / intentionally self-inflicted injury / attempted suicide 自我毀滅 / 蓄意自我損傷 / 企圖自殺		(k) routine preventive health check or vaccination 例行預防性檢查、疫苗及防疫注射		
(e) mental illness / psychiatric or psychological illness or disorder / nervous or mood disorder 精神病 / 神經或心理病或失常 / 焦慮或情緒病		(l) sleep disorders / insomnia / snoring / sleep apnoea 睡眠紊亂 / 失眠 / 打鼾 / 睡眠窒息症		
(f) pregnancy / childbirth / miscarriage / abortion / complication related to pregnancy / surrogacy 懷孕 / 分娩 / 墮胎 / 與懷孕有關的併發症 / 代孕		(m) organ transplant services 器官移植服務		
(g) rest cures / sanatorium / convalescence / rehabilitation 靜養療法 / 療養 / 康復 / 復康		(n) obesity / weight control program / bariatric surgery 過度肥胖 / 控制體重計劃 / 減肥手術		

<p>5. (a) Is the patient referred by another doctor? 有否經其他醫生轉介?</p> <p><input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please give details 是, 請提供詳情</p> <p>_____</p> <p>Treatment dates (MM/DD/YY) Name & Address of doctor /hospital 診斷日期(月/日/年) 醫生/醫院名稱及地址</p>	<p>5. (b) Has the patient ever had the same or similar conditions or symptoms relating thereto? 病人以往曾否患有同類情況或徵狀?</p> <p><input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please give details 是, 請提供詳情</p> <p>_____</p> <p>Treatment dates (MM/DD/YY) Name & Address of doctor /hospital 診斷日期(月/日/年) 醫生/醫院名稱及地址</p>
<p>6. (a) Surgery / treatment advised 建議之手術 / 治療</p>	<p>6. (b) Anesthesia advised 建議之麻醉</p> <p><input type="checkbox"/> General Anesthesia 全身麻醉 <input type="checkbox"/> Local Anesthesia 局部麻醉</p>
<p>7. Lab tests / Imaging / other diagnostic investigation advised 建議之化驗 / 影像檢查 / 其他診斷性檢查</p>	
<p>8. Given the conditions of the patient, is it possible to provide this treatment on an outpatient basis? 根據你的評估及意見, 病人就是次的病況, 是否可以單從門診設施中接受適當的治療?</p> <p><input type="checkbox"/> Yes 是 <input type="checkbox"/> No, please explain 否, 請提供原因:</p> <p>_____</p>	
<p>9. Treatment Plan 治療計劃</p>	
<p>10. (a) Hospital Name suggested 建議之醫院名稱</p>	<p>10. (b) Address of Hospital 醫院地址</p> <p><input type="checkbox"/> Hong Kong / 香港</p> <p><input type="checkbox"/> Overseas / 海外, please provide the full address 請提供詳細地址: _____</p>
<p>11. (a) Expected Admission Date 預計入院日期</p> <p>_____</p> <p>MM/DD/YY 月/日/年</p>	<p>11. (b) Estimated length of stay 估計留院日數</p> <p>_____ day(s) 日</p>
<p>12. (a) Room Class 住房級別</p> <p><input type="checkbox"/> Day Case / Outpatient 醫院日症 / 醫院門診</p> <p><input type="checkbox"/> Ward 普通病房 <input type="checkbox"/> Semi-private 半私家 <input type="checkbox"/> Private 私家</p>	<p>12. (b) Room Charges Per Day 每日病房費用</p> <p>_____ / day 每日</p>
<p>12. (c) Doctor's Visit fee 醫生巡房費用</p> <p>_____ / day 每日</p>	<p>12. (d) Estimated Surgeon fee 預計外科手術費用</p>
<p>12. (g) Estimated other hospital expenses (i.e. medicines, X-ray or Lab) 預計其他醫院費用 (如: 藥物, X光或化驗)</p>	<p>12. (h) Estimated total fee for this confinement 預計是次住院總費用</p>
<p>I hereby certify that I have personally examined and treated the patient in connection to the above condition and that the answers given above are all true to the best of my knowledge and belief. 本人謹此聲明曾為病人就上述診斷作出檢查及治療, 而據本人所知所信, 以上填報各項答案均屬正確。</p> <p>Name of Physician 醫生姓名 _____ Signature of Physician 醫生簽署 _____</p> <p>Qualification 資格 _____ Date 日期 _____ MM/DD/YY 月/日/年</p> <p>Address 地址 _____ Tel No 電話 _____</p>	

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)
- In case of inconsistency between the Chinese and English version, the English version shall prevail
如中文版本的内容與英文版本有任何差異, 均以英文版本為準。

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 affiliate 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
57th floor, Hopewell Centre,
183 Queen's Road East,
Wanchai, 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
香港灣仔皇后大道東一百八十三號合和中心五十七樓

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。