Tahoe 泰禾人壽

泰禾人壽保險有限公司 Tahoe Life Insurance Company Limited
(百慕達註冊之有限公司 Incorporated in Bermuda with limited liability)
總公司：香港太古城英皇道1111號太古城中心一座15樓
Head Office: 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong
www.tahoelife.com.hk I 客戶服務熱線 Customer Service Hotline: (852) 3767 8777

意外賠償申請表 Accident Claim Form

第一部分 (由受保人 / 保單持有人填寫) PART I (To be completed by insured/policyowner)

保單編號 Policy no.	受保人姓名 Name of insured 身份證明文件號碼 Identity document no.	年齡 Age 性別 Gender	☐ 首次索償 New Claim ☐ 再度索償 Further Claim ☐ 待決索償 Pending Claim ☐ 重批 / 覆核 Review / Appeal
保單持有人姓名 Name of policyowner	保單持有人聯絡電話 Contact phone no. of policyowner	持牌保險中介人姓名及號碼 Name & code of licensed insurance intermediary	賠償號碼 **(公司專用)** Claim no. **(For office use only)**

A. 就業詳情 EMPLOYMENT DETAILS

I. a. 現職（倘有兼職請列明）職位及職責 Present Occupation (if more than one, state all) and exact nature of occupation duties b. 公司或僱主名稱、地址及電話號碼 Name, Address and Phone no. of employer	2. 有否向僱主申請病假？Did you report your sick leave to your present employer? ❐沒有 No ❐有 Yes 病假由 Sick leave from ____________________ 至 to____________________ (日DD / 月MM / 年YYYY)
3 a. 復職日期 Date returned to work ____________________ (日DD / 月MM / 年YYYY) b. 如仍在休假，請提供預計復職日期 If you are still on sick leave, please provide the expected date of returning to work. ____________________(日DD / 月MM / 年YYYY)	4. 閣下有否就此次事件向其他保險公司、社會福利署、勞工處或其他機構申請索償？ Did you apply for compensation from other insurers, Social Welfare Department, Labour Department or organizations for the same event? ❐ 否No ❐ 有 Yes，請提供有關詳情 please provide details: 保險公司 / 機構 Insurance company/ Organization ____________________ 保單號碼 Policy No. ____________________ 索償類別 Benefit(s) to claim____________________ 結果 / 狀況 Result/ Status____________________

B. 意外詳情 ACCIDENT DETAILS

5. 意外發生日期、時間及地點 Date, Time & Location of accident 意外日期 Date of Accident ____________________(日DD / 月MM / 年YYYY) 時間 Time ____________________ 上午 AM / 下午 AM 地點 Location ____________________	6. 意外如何發生? 請形容當時進行之活動，如適用 How did the accident happen? Describe activities engaged if applicable.
7. 受傷部位及傷勢 Part(s) of body injured and type of injury	8. 有否報警 Did you report to the police? ❐ 否 No ❐ 有 Yes, 警署名稱 Name of Police Station: 檔案編號 Ref. no.

C. 治療詳情 TREATMENT DETAILS

9. 所有因此次受傷而就診之醫生或醫院資料 All Physicians consulted or Hospitals confined for the injury

就 診 / 住 院 日 期 (日 / 月 / 年) Date of consultation/ Confinement (DD/MM/YYYY)	醫生 / 醫院名稱 Physician/ Hospital name	地 址 Address	住院編號 / 病人編號 Hospital no./ Patient no.

D. 付款指示 (只需選擇自動轉賬或支票其中一項) PAYMENT INSTRUCTION (select either autopay or cheque only)

(如沒有註明方式或資料不清晰，將以港幣支票支付 If payment instruction is not specified or information is not clear, HKD cheque will be issued)

自動轉賬 By autopay

☐ 現時本公司紀錄之自動轉賬戶口；或
Current direct debit authorisation bank account in the Company record; or

☐ 以下指定之港幣銀行戶口 (附上銀行戶口證明)
Specified HKD bank account below (Bank account proof is attached)

銀行號碼 Bank no. ☐☐☐ - 分行號碼 Branch no. ☐☐☐ - 戶口號碼 Account no. ☐☐☐☐☐☐☐☐☐

注意事項：
(1) 銀行賬戶持有人姓名必須與**保單持有人**姓名相同。
(2) 請提供賬戶持有人的銀行賬戶證明，而該證明須列有銀行賬戶持有人姓名及銀行賬號。
(3) 自動轉賬只適用於香港銀行及款項將以港幣支付。
(4) 若自動轉賬不成功，本公司將以港幣支票支付相關之賠償款項。

Notes:
(1) Bank account holder name must be the same as **policyowner's** name.
(2) Please provide account holder's bank account proof which shows account holder name and account number.
(3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar.
(4) If the autopay is failed, the respective claim payment will be paid by HKD cheque.

支票 By cheque (若沒有選擇支票貨幣，將以港幣支票支付。If no cheque currency is selected, HKD cheque will be issued)

支票貨幣 Cheque currency

☐ 港幣 Hong Kong dollar ☐ 保單貨幣 Policy currency

E. 所需文件指引 請於下方格內加上 "√" 號表示連同以賠償申請表遞交的文件：

DOCUMENT CHECKLIST Please put a "√" in the box below to indicate the documents submitted with this claim form：

文件類別 Document Type	意外醫療費用保障 Medical Reimbursement Benefit	每週賠償保障 Weekly Indemnity Benefit
❒ 受保人及保單持有人之身份證明文件副本 Copy of identity document of the insured & policyowner	√	√
❒ 賠償申請表第一部分（由保單持有人填寫） Claim Form Part I (Completed by the policyowner)	√	√
❒ 賠償申請表第二部分（由受保人之主診醫生填寫） Claim Form Part II (Completed by the insured's Attending Physician)	√	√
❒ 醫療收據及收費單（費用明細表） Medical Receipt(s) and Statement(s) of Charges	√ (正本 Original)	#
❒ 出院總結 / 出院紙副本 Copy of Discharge Summary/ Discharge Slip	√	√
❒ 化驗 / X-光 / 電腦掃描 / 磁力共振 / 病理檢驗報告副本 Copy of Laboratory / X-ray/ CT scan/ MRI/ Pathological Report(s)	√	√
❒ 中國內地醫院之病案首頁、入院紀錄、出院總結、每日醫囑單及體溫表正本 Copy of Admission Note, Discharge Summary, Discharge Certificate, Daily Medical Record & Temperature Sheet of hospital in Mainland China	√	√
❒ 列有診斷證明之病假證明書副本 Copy of Sick Leave Certificate with clear diagnosis	√	√
❒ 物理治療 / 職業治療報告副本 Copy of Physiotherapy / Occupational Therapy Report(s)	#	#
❒ 由註冊醫生發出之X-光 / 職業治療 / 脊醫治療轉介信副本 Copy of X-ray / Physiotherapy/ Occupational Therapy/ Chiropractic Treatment referral letter by Registered Medical Practitioner	√	#
❒ 其他保險公司或機構之賠償細算表 Copy of Compensation Breakdown from other Insurer/ Party	√	#

√ 基本文件 Required Documents # 附加文件 Optional Documents

**本公司可能會按個別個案情況要求遞交額外資料 / 文件*
The Company may request for the submission of extra information/ documents on case by case basis

保單號碼 **Policy no.**：________________________

個人資料收集聲明及使用 Personal Data Collection And Use

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明（「泰禾人壽個人資料收集聲明」）。
本人 / 我們聲明及同意在本表格所載或泰禾人壽保險有限公司（「泰禾人壽」）不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。
本人/ 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人/ 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

I / We confirm that I / we have read and understood the Tahoe Life Personal Information Collection Statement (the "Tahoe Life PICS").
I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life Insurance Company Limited (the "Company") by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.
I/We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

☐ 本人 / 我們不同意根據泰禾人壽個人資料收集聲明（參閱「為直接促銷目的而使用個人資料」部分）為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。
I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out in the Tahoe Life PICS (see "Use of Personal Data for Direct Marketing Purposes") and do not wish to receive any promotional and direct marketing materials.

聲明及授權 Declaration And Authorisation

聲明 - 本人 / 我們謹聲明並同意：不論是否由本人 / 我們親手書寫，所有與上列索償有關的陳述及所有問題的答案均按本人所知及所信均屬完整及真確。

授權
本人 / 我們謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人 / 我們之紀錄者、及 / 或曾診驗或可能將會診驗本人 / 我們者，均可將該等資料提供給泰禾人壽保險有限公司「泰禾人壽」；(2) 泰禾人壽或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之健康狀況。此授權對本人 / 我們之繼承人及受讓人員具約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。
本人 / 我們聲明本人 / 我們有權及同意作出上述授權。

DECLARATION - I/WE HEREBY DECLARE AND AGREE that all statements and answers to all questions in relation to the above claims whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true.

AUTHORISATION
I/WE HEREBY AUTHORISE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution, or person, that has any records or knowledge of me/us and who has attended or may hereafter attend myself/ourselves to disclose such information to Tahoe Life Insurance Company Limited ("Tahoe Life"); (2) Tahoe Life or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this claim. This authorisation shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original.
I/We declare and agree that I/we have the full authority from and consent to make the above authorisations.

______________________	______________________	______________________
保單持有人簽名 Signature of policyowner	受保人簽名（年滿18歲或以上） Signature of insured (Age 18 or above)	日期（日 / 月 / 年） Date (DD/MM/YY)
姓名 Name ______________________	姓名 Name ______________________	
身份證明文件號碼 Identity document no. ______________	身份證明文件號碼 Identity document no.______________	
與受保人關係 Relationship to the insured ______________		

保單號碼Policy no.：________________________

第二部分 (須由主診醫生填寫。所需費用由索償人自行承擔。)
Part II (To be completed by the Attending Physician at claimant's expense)

病人姓名 Name of patient	年齡 Age	性別 Gender	身份證明文件號碼：Identity document no.	意外日期 Date of Accident

1. a. 首次就診日期 Date of first consultation (日DD/月MM/年YYYY)

   b. 受傷原因 Cause of Accident：

   c. 受傷部位 Part(s) of body injured：

   d. 有否表面傷痕 Any visible wound?

   ☐ 沒有 No

   ☐ 有Yes，請在適當位置劃上剔號 please tick where it is appropriate
   - ( ) 瘀傷 Bruises
   - ( ) 腫脹 Swelling
   - ( ) 挫傷 Contusion
   - ( ) 割傷 / 擦傷 / 傷口 Laceration/ abrasion/ wound
   - ( ) 其他，請說明 Others, please specify ____________________

   e. 傷勢及受傷情況 Nature and extent of injury

2. a.i)隨後的診治日期 Subsequent consultation date(s) (DD日/MM月/YY年)

   ii) 治療詳情 Treatment details：

   b. 請列明因是次意外受傷而接受之檢查或治療項目及結果 Please state the investigations/treatments administered and results for this injury.

檢查 Investigation/治療 Treatments	結果 Result	日期 Date (日DD /月MM /年YY)
☐ 縫針 Suturing		
☐ X 光檢查 X-ray		
☐ 物理治療 Physiotherapy		
☐ 其他 (請註明) Others (please specify)		

3. 病人現時，或在意外發生時，有否感染疾病或已出現身體不適的情況？ Is the patient now, or was he/she at the time of the incident, suffering from any illness, disease or infirmity?

   ☐ 沒有No ☐ 有，請提供有關詳情 Yes, please provide details

4. a. 現時傷患之情況或康復之程度。 Present condition of injury/degree of recovery.

   b.請詳述受傷部位現時之活動程度 Please describe the current range of motion of the injured area

   c.請詳述康復進度 Please describe the progress of recovery

   d.有否其他因素影響痊癒進度？Is healing complicated by other factors?

   ☐ 沒有 No ☐ 有，請提供有關詳情 Yes, please provide details：

5. 是否需要住院？ Was hospitalization required?

   ☐ 否 No ☐ 是 Yes, 由 From ____________至 to ______________ (日DD /月MM /年YYYY)

   醫院名稱 Hospital Name：______________________

6. 意外是否因下列情況而導致或加劇？ Was such injury due to or aggravated by the following(s)?

   ☐ 否 No ☐ 是Yes，請在適當位置劃上剔號及提供詳情 please tick where it is appropriate and provide details
   - ( ) 酗酒或濫用藥物 alcoholism or drugs abuse
   - ( ) 退化 / 先天性異常degenerative changes/ congenital anomalies
   - ( ) 自毀 self – inflicted injury
   - ( ) 過往的傷患 / 疾病（請說明）past injury/ illness (please specify)：______________________
   - ( ) 美容或整形手術 cosmetic or plastic surgery
   - ( ) 其他，請說明 others, please specify：

7. 以病人之職業而論，請詳述此意外 / 傷勢對其的影響： Bearing in mind, the declared occupation of this patient, please indicate the effect of the accident / disablement

   a. 請詳述此意外 / 傷勢對其日常工作的影響 Please indicate the effect of his/her daily job activities of the injury/ disablement

   b. 閣下為什麼認為此傷勢會 / 不會令病人完全不能工作？請列明原因。In what way do you feel the injuries would/ would not totally prevent the patient from working?

   c. 若不能工作兩星期以上，請詳述閣下認為病人不可提早復工之原因。 If an absence from work for more than two weeks is necessary, please describe in detail why you think the patient could not return to work earlier.

8. 閣下有否轉介病人往其他醫生或醫院？ Did you refer the patient to another physician/ hospital?

   ☐ 否 No ☐ 有 Yes, 請提供醫生或醫院名稱、地址及詳述轉介原因 Please provide name & address of the physician / hospital and details of referral reason

9. 病人曾否就此意外向其他醫生求診? Had other physicians treated the patient for the same accident?

   ☐ 否 No ☐ 有，醫生姓名、地址及求診日期 Yes, name & address of the physician and consultation dates

10. 閣下是否病人慣常求診的醫生? Are you the patient's usual physician?

    ☐ 否 No ☐ 是, 醫療紀錄可追溯至Yes, medical records date back to ______________________ (日DD/月MM/年YYYY)

____________________	____________________
主診/專科醫生姓名(資歷) Name of Attending Physician/ Specialist (with qualifications)	簽名及蓋印 Signature with chop
地址及電話 Address & Phone no.	日期Date (日DD /月MM /年YYYY)