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Internal Use Only	**只供內部使用**
Claim No.	理賠編號

Critical Illness Claim Form – Part II
危疾賠償申請表 – 第二部份

Policy Number
保單號碼 | | | | | | | | |

Private & Confidential 私人及機密

TO BE COMPLETED BYTHE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
由主診醫生填寫，所需費用由索償人自行承擔

Important note 重要事項
Your patient is insured with us and to enable us to assess the claim, please complete this report with as much details as you can possibly provide. Your kind assistance will help expedite the claim settlement.
閣下的病人為本公司的受保人，請閣下詳細填寫此申請表並盡可能提供一切有關資料，以便本公司審核此索償。閣下的協助可使本公司加快索償安排。

Name of the Patient (Insured) 病人（受保人）姓名		HKID Card / Passport No. 香港身份證 / 護照號碼	

Details of the current illness
是次疾病的詳情

First consultation date for this illness
就此疾病的首次求診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)

Date symptoms first appeared
病徵首次出現日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)

Chief complaints / symptoms
主訴 / 病徵 _____

Final diagnosis
最終確診 _____

Date of diagnosis
確診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)

Diagnostic test performed & result
所進行的確診測試及結果 _____

Previously treated for same/related disorder? ☐ Yes (please provide details) 是（請提供詳情） ☐ No 否
是否曾因同類或相關疾病接受治療？

_____

Is there any complications? ☐ Yes 是 ☐ No 否
是否有併發症?

If yes, please give details.
若是，請提供詳情。

_____

If due to accident, please describe the accident in details.
若因意外導致，請描述意外詳情。

Date of accident
意外日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Place 地點 _____

Cause of Injury
受傷成因 _____

Injured part, nature & severity of injury
受傷部位、傷勢及嚴重程度 _____

Was the patient hospitalized for treatment due to this illness?
病人是否就此疾病曾入住醫院接受治療？

☐ Yes (please provide details) 是（請提供詳情） ☐ No 否

Period of Hospitalization
住院時期 _____

Name of Hospital
醫院名稱 _____

Any surgery performed during hospitalization? ☐ Yes (please provide details) 是（請提供詳情） ☐ No 否
住院期間是否有進行手術？

Date of surgery
手術日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年)

Name of surgery
手術名稱 _____

Other treatment performed
曾進行的其他治療 _____

Brief discharge summary (including investigation tests & results, results of the treatments, any complications and follow-up plans)
出院撮要（包括確診測試及結果、治療結果、有否併發症及跟進計劃）

_____

Is it possible that this illness was related to the factors listed in the right side? 是次疾病是否有機會與右列之情況有關？	☐ Yes (please check appropriate and give details) 是（請選擇適當情況及提供詳情） ☐ No 否 ☐ Self-inflicted condition or suicide 自殘情況 / 自殺 ☐ Under influence of alcohol or other psychoactive substances 受酒精或精神藥物影響 ☐ Involvement in high risk activities 高危活動 ☐ Past injury or illness 過往受傷 / 疾病 ☐ AIDS and/or other sexually transmitted disease 愛滋病或其他性病 ☐ Psychological condition 心理因素 ☐ Occupation 職業 Please provide details 請提供詳情 _____
Had the patient previously referred by other physician? 病人是否經其他醫生轉介？	☐ Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） ☐ No 否
Activities of Daily Living (ADL) 日常生活活動	Please check against the box that most accurately describes the patient's ability. 請選擇最接近病人能力的方格。
Washing: the ability to wash oneself in the bath or shower (including getting in or out of the bath or shower) or wash oneself by any other means. 洗澡：可自行在浴缸或淋浴間進行沐浴或淋浴（包括進出浴缸或淋浴間）或使用其他方式洗澡的能力。	☐ No help is needed 不需要協助 ☐ Some help or supervision is needed (e.g. to wash the back, hair) 偶爾需要協助或監察 ☐ Needs someone to help most of the times 大部分時間都需要協助 ☐ Not able to do at all (needs to be washed or bathed entirely by caregiver) 完全無法自行完成
Dressing: putting on and taking off all necessary items of clothing without requiring assistance of another person. 更衣：在無需其他人士幫助的情況下，可自行穿著及除掉一切所需衣物。	☐ No help is needed 不需要協助 ☐ Some help or supervision is needed (e.g. to button clothes, put on trousers) 偶爾需要協助或監察 ☐ Needs someone to help most of the times 大部分時間都需要協助 ☐ Not able to do at all (needs to be dressed entirely by caregiver) 完全無法自行完成
Feeding: all tasks of getting food into the body once it has been prepared without requiring assistance of another person. 餵養：在無需其他人士幫助的情況下，可自行進食已預備好之食物。	☐ No help is needed 不需要協助 ☐ Some help or supervision is needed (e.g. to scoop food) 偶爾需要協助或監察 ☐ Needs someone to help most of the times 大部分時間都需要協助 ☐ Not able to do at all (needs caregiver to feed entirely or is tube-fed) 完全無法自行完成
Continence: the ability to voluntarily control bladder and bowel functions so as to maintain personal hygiene. 如廁：有控制膀胱及大腸功能的自發能力，以保持個人衛生。	☐ No help is needed 不需要協助 ☐ Some help or supervision is needed (e.g. to get on or off the toilet) 偶爾需要協助或監察 ☐ Needs someone to help most of the times 大部分時間都需要協助 ☐ Not able to do at all (needs diaper and cleaned by caregiver) 完全無法自行完成
Transferring: getting in and out of a chair or bed without requiring any physical assistance. 移動能力：在無需任何幫助的情況下，可自行上落床、坐椅及自椅子起立。	☐ No help is needed 不需要協助 ☐ Some help or supervision is needed (e.g. to get on or off the chair/bed) 偶爾需要協助或監察 ☐ Needs someone to help most of the times 大部分時間都需要協助 ☐ Not able to do at all (needs to be placed on the chair/bed by caregiver) 完全無法自行完成
Moving: The ability to move from room to room without requiring any physical assistance 行動能力：在無需任何幫助的情況下，可自行由某一間房間移動至另一間房間。	☐ No help is needed 不需要協助 ☐ Some help or supervision is needed 偶爾需要協助或監察 ☐ Needs someone to help most of the times 大部分時間都需要協助 ☐ Not able to do at all 完全無法自行完成
Was there any usual physician of the patient other than you? 病人是否有其他慣常求診的醫生？	☐ Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） ☐ No 否
Do you know whether the patient was suffering from any other major, chronic or congenital disease? 你是否知道病人曾患有任何其他嚴重、慢性或先天疾病？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否
Did the patient have any of the following habits - smoking, drinking or drugs taking? 病人是否有以下習慣 - 吸煙、飲酒或服用藥物？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否 ☐ Smoking 吸煙 ☐ Drinking 飲酒 ☐ Drug taking 服用藥物 Duration 持續時間 _____ Consumption per day 每天用量 _____

Have the biological parents or siblings of the patient been diagnosed prior to age 60 with any of the illnesses listed in the right side? 請問病人的親生父母或兄弟姐妹在六十歲之前有患有右列之疾病？	☐ Yes (please check appropriate and give details) 是（請選擇適當情況及提供詳情） ☐ No 否 ☐ Cancer 癌症 ☐ Heart disease 心臟病 ☐ Stroke 中風 ☐ Diabetes 糖尿病 ☐ Alzheimer's Disease 阿茲海默症 ☐ Parkinson's Disease 柏金遜病 ☐ Polycystic Kidney Disease 多囊性腎病 ☐ Other inherited disease or disorder 其他遺傳性疾病 Please provide details 請提供詳情 _____
Please list details of all medical conditions (apart from what have mentioned above) that the patient had ever consulted you with. 請提供病人過去曾向你求診的所有醫療病況詳情（除上述已提及外）。	Consultation date 求診日期 / Complaints/Symptoms 主訴 / 病徵 / Diagnosis 確診 / Treatment given 所提供治療 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Any additional information you consider relevant to this claim. 其他與是次索償有關的資料。	

Declaration 聲明

I hereby certify that I have personally examined and treated the patient in connection to the above condition and that the facts as given above present my opinion of his/her condition and all are true to the best of my knowledge and belief. I hereby declare that no information has been withheld by me at the request of the patient or his/her family.

本人謹此聲明曾親自為病人檢查及作出診治，以上填報的各項資料乃本人基於病人的情況而提供意見，所有答案，就本人所知所信，均為事實全部並確實無訛。本人在此聲明，沒有任何病人或其家屬要求本人隱瞞任何資料。

Name of Attending Physician / Specialist and Qualifications
主診 / 專科醫生姓名及資歷

Address and Contact No.
地址及聯絡電話號碼

Signature of Attending Physician / Specialist (with chop)
主診 / 專科醫生署名（蓋印）

Date (dd / mm / yyyy)
日期 (日 / 月 / 年)