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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**

***For claim of "Coronary Artery Disease" and related Illness***
***適用於「冠狀動脈疾病」及其他相關疾病索償***

***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)<br>病人（受保人）姓名 | | HKID Card / Passport No.<br>香港身份證 / 護照號碼 | |
|---|---|---|---|

**Details of the consultation for current illness**
**就是次疾病求診的詳情**

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 _____

Duration of the symptoms
病徵出現時期 _____

Final diagnosis
最終確診 _____

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

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？

_____

**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）

_____

_____

| | |
|---|---|
| Had the patient previously referred by other physician?<br>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 |
| Details of the coronary artery disease<br>有關冠狀動脈疾病詳情 | Coronary arteries involved<br>受影響的冠狀動脈 _____<br><br>Percentage of narrowing or blockage<br>in respect of each involved artery?<br>每條冠狀動脈收窄或阻塞程度的百分比 _____<br><br>Was coronary angiography performed? ☐ Yes 是 ☐ No 否<br>是否曾進行冠狀動脈造影術？<br><br>Was open-chest surgery performed? ☐ Yes 是 ☐ No 否<br>是否需要透過開胸進行手術？<br><br>If yes, please provide details including date and type of surgery performed.<br>若是，請提供詳情，包括手術進行日期及種類。<br><br>_____<br><br>_____<br><br>If coronary bypass grafting, please state<br>the numbers and sites of grafts inserted.<br>如為冠狀動脈旁路移植手術，請註明植入數目及位置 _____<br><br>Types and details of other treatment rendered<br>其他所提供治療的種類及詳情 _____<br><br>_____<br><br>Did the patient have any treatments such as balloon angioplasty previously? ☐ Yes 是 ☐ No 否<br>病人以往是否曾接受其他如氣球血管擴張手術等治療？<br><br>If yes, please provide details including reason, date and type of treatment received.<br>若是，請提供詳情，包括原因、治療進行日期及種類。<br><br>_____<br><br>_____ |
| Please provide details and results of all investigation performed.<br>請提供曾進行檢驗的詳情及結果。<br><br>*Please enclose copies of all the test reports.*<br>*請附上所有檢驗報告。* | Date of Test 檢驗日期 / Test Item 檢驗項目 / Result 結果<br><br>_____ _____ _____<br>_____ _____ _____<br>_____ _____ _____<br>_____ _____ _____ |
| Is there any patient's family history or other precipitating factors which would have increased the risk of this illness?<br>是次疾病是否因任何家族病史或其他因素促使增加患上此疾病的機會？ | ☐ 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?<br>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<br><br>☐ Smoking 吸煙 ☐ Drinking 飲酒 ☐ Drug taking 服用藥物<br><br>Duration<br>持續時間 _____ Consumption per day<br>每天用量 _____ |
| Do you know whether the patient was suffering from any other major, chronic or congenital disease?<br>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 |

| | | | | |
|---|---|---|---|---|
| Please list details of all medical conditions (apart from what have mentioned above) that the patient had ever consulted you with.<br>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<br>求診日期 | Complaints/Symptoms<br>主訴 / 病徵 | Diagnosis<br>確診 | Treatment given<br>所提供治療 |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| Was there any usual physician of the patient other than you?<br>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 | |
| Any additional information you consider relevant to this claim.<br>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)