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## HOSPITALIZATION / SURGICAL CLAIM FORM 住院 / 手術賠償申請表

<b>PART A – Member Information – (to be completed by the insured employee)</b> 甲項 – 會員資料(由受保僱員填寫)				
Policy No. 保單號碼		Policy Holder / Company Name 保單持有人 / 公司名稱		
Member No. 會員編號	Employee Name 僱員姓名	Mobile No. 手提電話	Patient Name (for Dependent) 病者姓名 (家屬用)	Patient's Date of Birth (DD/MM/YYYY) 病者出生日期 (日/月/年)
Will you claim other insurance/compensation for this hospitalization/surgery? * Specify the Policy No. if it is insured by Generali Hong Kong Branch 此次住院/手術是否獲得其他保險金或補償金? * 如屬於忠意保險 香港分公司的醫療保單, 請提供保單號碼, 我們將一併處理。 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, Name of Insurance Company/Type of Compensation: 是, 保險公司名稱/補償金類別: _____ * Other Generali Medical Policy No.: / 其他忠意醫療保單號碼: _____ <input type="checkbox"/> For claim that is not fully reimbursed, please return certified true copy of medical receipt(s) for second claim submission. 如理賠申請未能獲全數賠款, 請退回醫療費用收據核實副本, 以便申請其他理賠。				
Has the patient had any prior treatment for this condition? 病者曾否在同一病況下就醫或治療? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, Please state date: 是, 請填寫日期: _____				
If hospitalization was the result of an accident, please give date and a brief description of the accident: 如因意外受傷而入院, 請略述其發生之日期、地點及情況: _____ <input type="checkbox"/> Non-Work related 與工作無關 <input type="checkbox"/> Workrelated, please advise if you have submitted this hospitalization / surgery claim to Employees Compensation Insurance 與工作有關, 此次住院/手術是否已申請僱員賠償保險索償 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是				
Notes for filing a claim: 1. Part A should be completed by the insured employee/member while Part B by Attending Doctor. 2. Original bills and receipts must be attached showing the date of treatment, patient's name, diagnosis and the Attending Doctor's stamp and signature. Please request Hospital to provide the itemized details and charges breakdown for laboratory, medication, treatment/medication, treatment/procedure. 3. Referral must be attached for specialist consultation. 4. For hospital claim, claim form must be sent to Claims Department within 90 days after discharge. 5. Original bills or receipts will not be returned (unless clearly stated). Please make copy as required. 6. If the hospitalization was made outside HKSAR, please specify the name of country and provide claim supporting document in English or Chinese. 7. If the hospitalization was made in Hospital Authority Hospital, please attached with the Discharge Summary for provision of diagnosis and surgery information. 8. Incomplete form or omission of required information may cause delay in processing.			申請賠償須知: 1. 此表格之甲項須由僱員/會員填報, 而乙項則須由主診醫生填報。 2. 必須附上正本單據及收條, 單據及收條須包括診治日期、病者姓名、診斷以及主診醫生蓋章及簽署。請要求院方提供化驗、藥物及其他治療的詳細資料及收費。 3. 專科賠償, 必須附上轉介推薦書。 4. 住院賠償申請必須在出院後 90 日內交回賠償部。 5. 所有正本單據及收條俱不會發還(除非清楚註明), 請自行影印副本。 6. 如入住海外醫院, 請提供國家名稱及英文或中文版本之賠償文件。 7. 如入住醫院管理局醫院, 請提供由病房簽發的出院摘要, 以便提供病症及手術資料。 8. 若此申請表未完全填妥或未有提供足夠理賠資料, 賠償處理將被延誤。	

### Declaration & Authorization / 聲明及授權書

I/ We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

I/ We hereby declare and agree that all statements and information provided herein together with any subsequent alternations or supplementary information are to the best of my / our knowledge and belief complete and true, and all such statement information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I/ We hereby declare that no information which may influence Generali's assessment and acceptance of this application has been withheld and understand that if I / We am / are uncertain as to whether or not a particular information is material, the information should be disclosed. If I / We fail to provide any information requested in this Form, it may result in Generali's inability to process this application.

I/ We also hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of me / us or my / our health, to divulge to Generali or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regards to me / us for the purpose of evaluating this application and any claims arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.

如須索取【聲明及授權書】的中文譯本, 請電郵至 [medicalcs@generali.com.hk](mailto:medicalcs@generali.com.hk) 或致電客戶服務熱線(852) 3187-6831 與忠意保險公司賠償部聯絡。

**A faxed or photographic copy of this authorization shall be as valid as the original. 此授權書之傳真或影印本同屬有效。**

Signature of Employee  
僱員簽署

Date signed  
簽署日期

Signature of Patient (Age 18 or above)  
病者 (18 歲或以上) 簽署





**PART B – To be completed by the Attending Doctor, for Hospitalization & Surgical Claim**

Name of Patient :	Date of Admission : (DD/MM/YYYY)	Date of Discharge: (DD/MM/YYYY)
Name of Doctor :	Doctor's Specialty :	Register No.:

Accommodation Level:  
 Ward                       Semi Private                       Private                       Hospital Outpatient Division

**1. Clinical History**

- 1a. Symptom(s)/complaint(s) and underlying cause(s) for this hospitalization/treatment:  
\_\_\_\_\_
- 1b. Date of the symptom(s) first appeared /accident occurred:  
\_\_\_\_\_
- 1c. Date on which the patient first consulted you for this medical condition(s)/injury:  
\_\_\_\_\_
- 1d. When was the patient last seen at your clinic before admission?  
\_\_\_\_\_

**2. Hospitalization Summary:**

- 2a. Final diagnosis of the conditions:  
\_\_\_\_\_
- 2b. Describe the type of treatment / surgical procedure given to the patient:  
\_\_\_\_\_
- 2c. Please give brief discharge summary (clinical and pathological findings, etiology, complication and follow-up plan)  
\_\_\_\_\_
- 2d. If the patient has consulted other Doctor during this hospitalization, please provide the following:  
 Name of Doctor consulted \_\_\_\_\_ Reason: \_\_\_\_\_  
 What treatment had the Doctor performed?  
 \_\_\_\_\_
- 2e. Please provide the reason(s) for hospitalization if this type of cases can be managed on day care/outpatient basis:  
\_\_\_\_\_

**3. Professional comment: To the best of your knowledge**

- 3a. Is condition congenital?  
 No     Yes, please give details: \_\_\_\_\_
- 3b. Has the patient ever had the same or similar conditions or symptoms relating thereto?  
 No     Yes, please state date of consultation:  
 \_\_\_\_\_

**4. Is the patient referred by another doctor?**

No     Yes, please state the name & address of the referring Doctor: \_\_\_\_\_

5. **If the condition is due to pregnancy**, please give approximate date of commencement of pregnancy: (Mandatory information if it is a maternity claim)  
 \_\_\_\_\_

**I hereby certify that all information given above is accurate and true to the best of my knowledge.**

Doctor's Name : \_\_\_\_\_ Qualification : \_\_\_\_\_

Doctor's Signature : \_\_\_\_\_ (with Chop)                      Clinic Address and Tel No.: \_\_\_\_\_

Date Signed: \_\_\_\_\_



## Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (the "Company") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/ or other relevant individuals (the "Personal Data") in connection with the provision of insurance and/ or related products and services to you, the processing of claims under insurance policies issued and/ or arranged by the Company, and/ or the processing of any or all other requests, enquiries and complaints from you.
- b) Provision of the Personal Data to the Company by you is voluntary. However, failure to supply the Personal Data may result in the Company being unable to provide insurance and/ or related products and services to you, process claims under insurance policies issued and/ or arranged by the Company, and/ or process any or all other requests, enquiries, or complaints from you.
- c) The purposes for which the Personal Data may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the Company; iii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/ or settlement of claims under insurance policies issued and/ or arranged by the Company; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the Company; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time; xiii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) The Personal Data held by the Company shall be kept confidential, but the Company may provide the Personal Data to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/ or any other relevant individuals to whom the Personal Data is related: i) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and/ or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the Company in connection with the operation of its business; ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations; iii) overseas locations or branches, as appropriate, of the Company and/ or its Affiliated Companies; iv) persons to whom the Company and/ or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/ or its Affiliated Companies; vi) lawful successors or assigns of the Company; and vii) persons who owe a duty of confidentiality to the Company and/ or its Affiliated Companies.
- e) The Company may verify any or all of the Personal Data by using information collected and released or transferred by relevant insurance industry associations or federations, and/ or members of such industry associations or federations.
- f) In accordance with the Personal Data (Privacy) Ordinance: i) any individual has the right to: A) check whether the Company holds data about him/ her and, if so, obtain a copy of such data; B) require the Company to correct any data relating to him/ her that is inaccurate; and C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of data held by the Company; and ii) the Company has the right to charge a reasonable fee for the processing of any data access request.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 21/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

## 收集個人資料聲明

- a) 閣下須要不時向忠意保險有限公司香港分行（「本公司」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料（「個人資料」），以讓本公司為閣下提供保險及/或相關產品與服務。處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
- b) 閣下是自願向本公司提供個人資料的。然而，若閣下未能提供個人資料，可能導致本公司不能夠為閣下提供保險及/或相關產品與服務。處理經由本公司發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。
- c) 個人資料可被用於以下用途：
- i) 處理（包括但不限於承保）及/或審批保險及/或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效；ii) 管理經由本公司發出及/或安排的保單；iii) 處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由本公司發出及/或安排的保單之下的索償事宜；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 經由本公司發出及/或安排的保單之下籌劃共同保險及/或再保險；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及/或相關產品與服務供客戶使用；xi) 推銷本公司及/或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及/或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究；xiv) 遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及本公司及/或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- e) 由本公司持有的個人資料將受到保密，但本公司可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供個人資料，事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士：
- i) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何其他有關各方，以適用者為準；ii) 相關的保險業協會或聯會，及/或該等協會或聯會的成員；iii) 本公司及/或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及/或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及/或關聯公司有約束力的任何法律之下，本公司及/或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及vii) 對本公司及/或關聯公司負有保密責任的人士。
- f) 本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有個人資料。
- g) 根據《個人資料（私隱）條例》：
- i) 任何人士均有權：A) 查詢本公司有沒有持有其資料，如有的話，可取得一份該等資料；B) 要求本公司改正其任何不正確的個人資料；及 C) 查明關於本公司的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及 ii) 本公司有權就處理任何查閱個人資料的要求之下收取合理的費用。
- h) 如欲查閱及/或改正個人資料及/或查詢關於本公司的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：  
個人資料保護主任，忠意保險有限公司香港分行，香港英皇道1111號太古中心一期21樓

附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。