



**Assicurazioni Generali S.p.A.**  
**Hong Kong Branch**  
 21/F, Cityplaza One,  
 1111 King's Road,  
 Taikoo Shing, Hong Kong  
 T +852 2521 0707  
 F +852 2521 8018  
 info@generali.com.hk  
 generali.com.hk

**Medical Claims Department**  
 Member Service Hotline  
 T +852 3187 6831  
 F +852 2387 6831  
 medicalcs@generali.com.hk

忠意保險有限公司  
 香港分行  
 香港英皇道1111號  
 太古城中一期21樓  
 電話 +852 2521 0707  
 傳真 +852 2521 8018  
 info@generali.com.hk  
 generali.com.hk

醫療保險賠償部  
 會員服務熱線  
 電話 +852 3187 6831  
 傳真 +852 2387 6831  
 medicalcs@generali.com.hk

You can use the QR codes or search "Generali We Care" in Google Play / App Store to install our latest mobile app "We Care" for Generali Employee Benefits. 您可以使用 QR codes 或於 Google Play / App Store 裏搜尋「Generali We Care」，安裝最新的忠意保險僱員福利手機應用程式「We Care」。



## OUTPATIENT CLAIM FORM 門診賠償申請表

<input type="checkbox"/> Claim(s) already submitted by e-means, I am now enclosing the original receipt(s) / document(s) to Generali for claim(s) >\$3,000. 理賠已經電子途徑遞交，現將港幣三千元以上的單據正本交忠意保險公司。			
<input type="checkbox"/> Please return certified true copy of medical receipt(s). (*not applicable for submission by e-means) 請退回醫療費用收據核實副本。(*不適用於電子途徑遞交)			
# Policy No. 保單號碼	* Other Generali Medical Policy No. 其他忠意醫療保單號碼:		# Policy Holder / Company Name 保單持有人 / 公司名稱
# Member No. (with family endfix) 會員編號 (包括家屬號尾碼):	# Employee Name 僱員姓名	Mobile No. / 手提電話	#Patient Name (Name on medical card): 病者姓名 (醫療卡上的姓名):

# Please provide the required information for member identification. Any incomplete information will delay the reimbursement process.  
 請提供所需會員資料以便核實會員身份。如因資料不足而無法確認會員，理賠程序可能因此延長。

\* Please specify the Policy No. if it is insured by Generali Hong Kong Branch. 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。

Treatment Date (DD/MM/YYYY) 診治日期(日/月/年)	Claim Type (Please refer to your own Benefit Schedule) 申請賠償類別 (請先參閱閣下的保障表)	Doctor Name or Registration No. 醫生姓名或註冊編號	Currency 貨幣	Receipt Amount 收據金額	2 <sup>nd</sup> Claim 餘額索償	Diagnosis 診斷
	<input type="checkbox"/> GP <input type="checkbox"/> SP* <input type="checkbox"/> Lab* <input type="checkbox"/> TCM <input type="checkbox"/> Physio*/Chiro* <input type="checkbox"/> Dental <input type="checkbox"/> Others: _____					
	<input type="checkbox"/> GP <input type="checkbox"/> SP* <input type="checkbox"/> Lab* <input type="checkbox"/> TCM <input type="checkbox"/> Physio*/Chiro* <input type="checkbox"/> Dental <input type="checkbox"/> Others: _____					
	<input type="checkbox"/> GP <input type="checkbox"/> SP* <input type="checkbox"/> Lab* <input type="checkbox"/> TCM <input type="checkbox"/> Physio*/Chiro* <input type="checkbox"/> Dental <input type="checkbox"/> Others: _____					

**GP -** General Practitioner's Consultation 普通科醫生  
**TCM -** Chinese Herbalist/Bonesetter (both Herbalist Prescription and Official Receipt are required) 中醫治療跌打 (中草藥中醫之索償需附有中藥處方正本及正式收據)  
**Dental -** Dental Services 牙科  
**Others -** Other benefit type, e.g. 其他類別,如  
 check-up, prescribed medication, or Clinical surgery at clinic /Day Surgery Center (diagnosis and the surgery name are printed on the official receipt) Admission to General Ward of Hospital Authority Hospitals (Receipt and a copy of Discharge Summary are required) 身體檢查、醫生處方藥物等·或·於門診 / 日間手術中心進行之小型手術 (收據上必須顯示診斷名稱及手術名稱) 入住醫院管理局轄下之公立醫院的普通病房 (請提供收據及出院證明)

**\* Referral required 須附醫生轉介推薦書**  
**SP\* -** Specialist 專科醫生  
**Lab\* -** Diagnostic Laboratory Tests 診斷化驗測試  
**Physio/Chiro\* -** Physiotherapist/Chiropractor 物理治療/脊醫

### 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 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 understand use of false, fraudulent or any forged document, or deceiving means to apply for a claim is an offence, and will be held liable for subsequent legal consequence.

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.

The customer is the owner and designated user of the email account ("the Designated Email") provided to Assicurazioni Generali S.p.A, Hong Kong Branch ("the Branch") for submission of claims purpose. It is the customer who has sole responsibility in taking all necessary security measures and precaution to ensure that the Designated Email is not accessed by any unauthorized party. The customer agrees and confirms that the Branch does not warrant the timeliness, security, confidentiality, availability or completeness in the transmission of any document via the Designated Email. Nor, is the Branch responsible or liable in any manner for any loss, damages, costs, expenses, compensation or indemnity of whatsoever nature howsoever incurred or suffered by the customer due to any failure, delay, and error of whatever kind or incomplete transmission of any document.

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。

I consent to and accept all of the above Declaration & Authorization (submit via e-claim) 我同意及接受以上所有的聲明及授權書 (使用電子索償)。

A faxed, photographic or electronic copy of this authorization shall be as valid as the original. 此授權書之傳真、影印或電子版本同屬有效。

**Submit PDF**

(No signature is required if the claim is submitted by PDF 經由PDF遞交的索償不需簽署)

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



OPCF



### Notes for claim submission and using editable claim form

1. Please use **separate claim form** for each insured member.
2. Please check if the official receipt is printed with patient name, date of service, diagnosis, doctor name/service provider name, itemized breakdown of service charge, doctor's signature and/or clinic stamp.
3. After you completed the claim form, you may press the <Submit PDF> button to submit the claim electronically. Send the claim form together with the scanned copy of the receipt and relevant supporting document(s). Please add Policy No. and Member No. as the subject of the email.
4. For claims submitted via electronic means, when the claim amount for individual claim is HK\$3,000 and below, no need to send us the original receipt(s). However, member is required to keep the original receipt(s) and the supporting document(s) for 90 days after claim payment is received. Generali will request the original receipt(s) on random basis for audit purpose.
5. If the claim amount for individual claim is more than HK\$3,000, please print the first page of this Claim Form and attach the original receipt(s) and other supporting document(s), tick the relevant check box on the front page and follow the conventional means to submit the claim(s) to Generali.
6. It is a generic claim form for all Group Medical Policies. Since the benefit design and administrative procedure may vary among different Group Medical Policies. Benefit provision will subject to member's eligibility, benefit limit and other requirements and limitations of the Policy.
7. Please note that all claims must be submitted and received by the Generali Medical Claims Department within **90 days** of treatment for both electronic or hard copy submission

\* **For Personal Information Collection Statement, please visit our website:**  
<http://www.generali.com.hk/customer-service/claims/employee-benefits> or download at **We Care**.

\* 收集個人資料聲明可於我們的網站:  
[http://www.generali.com.hk/ZH\\_HK/customer-service/claims/employee-benefits](http://www.generali.com.hk/ZH_HK/customer-service/claims/employee-benefits) 或於 **We Care** 下載。

### 使用此賠償申請表及保險索償需知

- 1 請每位受保成員使用 **獨立的索償表格**。
- 2 請留意單據及收條上面是否印有病者姓名、診治日期、診斷、服務細項收費、醫生/治療提供者之名稱、簽署及蓋章。
- 3 完成此表格後可於底部按 <Submit PDF> 同時請連同相關索償文件之掃描附件一併遞交，請於電郵標題寫上閣下的保單號碼及會員編號以作記錄。
- 4 經電子途徑遞交的理賠，如每單一索償之銀碼為港幣三千元或以下，會員暫時無須遞交正本單據及相關文件。但請於完成理賠後的九十天內保留理賠文件正本，本公司有機會要求閣下提供索償文件之正本作審計用途。
- 5 如每單一索償之銀碼為港幣三千元以上，列印此表格第一頁並在適當的空格加上指示，連同單據正本及有關文件，使用傳統方式交本公司醫療保險賠償部收。
- 6 此為本公司所有保單之通用索償表格。由於福利設計及處理程序可能因不同的保單/集團醫療政策而異，福利條款將受到會員的資格、福利限額、及其他要求和細則約束。
- 7 賠償申請必須於診治日期後 **90日** 內交遞交。