中国太平洋保险
China Pacific Insurance

中國太平洋保險(香港)有限公司
China Pacific Insurance Co.,(H.K.) Ltd.
香港灣仔港灣道18號中環廣場4301室
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Tel:(852)2541 4338 Fax:(852)2541 4332

門診索償表格
OUT - PATIENT NOTICE OF CLAIM FORM

For Office Use Only
Claim No.

保險單編號 Policy No.:	保險有效期 : 由 Insurance Period : From	至 to
索償人 Claimant	職員姓名 (全名) Name of Staff (in Full) 中文 Chinese 英文 English	職員編號 Staff No. _____ 身份証號碼 I.D.Card No. _____
	僱主名稱 Name of Employer	電話 Tel.:
家屬索償人 Patient for Dependent Only	家屬姓名 (全名) Name of Dependent (In Full) 英文 English	中文 Chinese

出事日期 / 患病日期 Date of Accident / Sickness	出事原因 / 疾病名稱 Nature of Accident Injury / Sickness

診金及藥費
Consultation & Medicine :

X光 / 化驗費
X-Ray / Lab Test :

索償次數
No. of Calls :_____

醫療費用共銀
Total Medical Expenses :

聲明及授權書 DECLARATION AND AUTHORIZATION

本人謹此聲明本人確認以上所填報之資料及所列各項之事件乃屬完全真確並無對保險公司作任何資料之保留。本人茲授權於任何曾替本人作診療之醫生、醫務人員、醫院或診所提供有關本人病歷之資料予中國太平洋保險(香港)有限公司，此授權之影印本亦屬有效。

I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and completed and are made without reservation of any kind. I hereby authorized my physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health including my whole medical history to China Pacific Insurance Co. (HK) Ltd. A photocopy of this authorization shall have the full effect of the original authorization.

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人明白本人提供的資料為中國太平洋保險(香港)有限公司提供保險業務所需，並可能使用於下列目的：
・任何與保險或財務有關的產品或服務，或該等產品或服務的任何更改、變更、取消或續期；
・任何索償，或該等索償的調查或分析；
・行使任何代位權；及

可能移轉予：
・任何有關的公司，或任何其他從事與保險業或再保險業務有關的公司，或與保險業務有關的中介人或索償或其他服務提供者，以達到任何上述或有關目的；
・現存或不時成立的任何保險公司的協會或聯會或同類組織(「聯會」)，以達到任何上述或有關目的，或以便「聯會」執行其監管職能，或其他基於保險業或任何「聯會」會員的利益而不時在合理要求下賦予「聯會」的職能；及
・透過「聯會」移轉予任何「聯會」的會員，以達到上述或有關目的。

此外，本人授權中國太平洋保險(香港)有限公司可向「聯會」從保險業收集的資料中查閱及/或核對本人任何資料。本人明白本人有權查閱及要求更正由中國太平洋保險(香港)有限公司持有有關本人的個人資料。如有需要，本人將向中國太平洋保險(香港)有限公司個人資料(私隱)條例監察主任提出。(電話：(852) 2541 4338，傳真：(852)2541 4332)

I understand that the information I provide to China Pacific Insurance Co. (HK) Ltd. is collected to enable China Pacific Insurance Co. (HK) Ltd. to carry on insurance business and may be used for the purpose of:
• any insurance or financial related product or service or any alternations, variations, cancellation or renewal of such product or services;
• any claim or investigation or analysis of such claim;
• exercising any right of subrogation; and

may be transferred to:
• any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claim or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes;
• any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation and
• any members of the "Federation" by the "Federation" for any of the above or related purposes.

Moreover, China Pacific Insurance Co. (HK) Ltd. is hereby authorized to obtain access to and/or to verify any of my data with the information collected by the Federation from the insurance industry.

I understand I have the right to obtain access to and to request correction of any personal information concerning myself held by China Pacific Insurance Co. (HK) Ltd. . Requests for such access can be made to the Personal Data (Privacy) Ordinance Compliance Officer of China Pacific Insurance Co. (HK) Ltd.. (Telephone No.: (852) 2541 4338, Fax No.: (852) 2541 4332)

索償人簽署
Signature of Claimant

日期
Date :

保戶簽署(如屬公司請蓋章)
Signature of Insured
(with company chop if applicable)

日期
Date :

NOTE : PLEASE ATTACH ORIGINAL COPIES OF MEDICAL BILL AND RECEIPT

If any enquiries, please call our Claims Department at (852)2541 4338

備 註：敬請附上有關醫療收據正本
如有任何查詢，請致電(852)2541 4338