Accidental/Medical Expenses - Attending Physician Statement (To be completed by the insured's attending doctor of the insured's cost)
意外/醫療費用 -主診醫生報告（此欄須由受保人之主診醫生填寫）

Full name of Patient _____ HK Identity Card No. _____ Age_____ Sex_____
病人姓名 香港身份證號碼 年齡 性別

Q1. About the medical conditions. Please state 請提供有關病況資料

1a. Treatment Period 治療期間 from 由 _____ to 至_____

1b. Please state the exact final diagnosis 最後診斷

_____

1c. What is the cause of the above final diagnosis? 導致上述最後診斷之原因是什麼？

_____

1d. Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period:
上述治療期間曾接受之檢查、治療、手術項目及結果：

_____

1e. Please list all medical consultations, hospital confinement, surgical procedure and course of medical therapy relating to the disability/illness. 請列出病人曾就此病況而求診、住院或接受手術及治療之有關紀錄及詳情。

Date/Period 日期/期間	Type of medical 主要治療項目	Treatment Details 詳情
_____	_____	_____
_____	_____	_____
_____	_____	_____

Q2. About the medical history. Please state 請提供有關病歷資料

2a. Prior to this consultation/hospitalization, did patient consult you/your hospital for the related signs and symptoms？在是次求診日期前，病人有否在台端之診所/醫院接受有關上述病況之診治紀錄？

☐No否 ☐Yes 有, the first consultation was since第一次求診日期始自_____

2b. What sign(s) and symptom(s) was/were the patient aware of at the first consultation？病人在第一次求診之主要病徵為何？

_____

2c. According to the patient, for how long had such symptoms(s) persisted before the first consultation？
根據病人自述，上述病徵在求診前出現多久？

_____

2d. Prior to the first consultation, such symptoms(s) had persisted for _____day(s) _____month(s) _____years(s)
在第一次求診時，病徵已持續了 _____ 日 _____ 月 _____ 年

2e. Was the patient referred to you by another doctor/hospital for further management？病人是否由另一位醫生/醫院轉介台端作進一步治療？ ☐No否 ☐Yes 是, the name of referral doctor is 該轉介醫生/醫院為

_____

Q3. If the sign(s) and symptom(s) mentioned above were caused by an accident, please provide details
如上述之徵狀是由意外所導致,請提供詳情

Accident Details 意外詳情

Accident Date (YY/MM/DD) 意外日期_____ Time時間_____ Place of the accident 意外地點_____

3a. Please give the circumstances of the accident in details 請詳述意外是如何發生。

_____

3b. Any external visible signs of bodily injury were revealed at the 1st consultation ? If yes, please give details.
在首次求診時，身體部位有否可見明顯外傷？ 如有，請提供詳情。

_____

3c. Any evidence of external bruise, wound or abrasion was revealed at the 1st consultation ?
在首次求診時，受傷部位有否可見之瘀傷、傷口或擦損？

_____

3d. Did injured area accompany with any complications? 受傷部位有否引致任何併發症?

_____

Q4. If the illness/injury required Hospitalization, please provide details
如上述疾病/意外需要住院,請提供詳情

Hospitalization details 住院詳情

Hospitalization Period is from住院日期 由_____ to 至 _____

4a. Was the hospitalization/treatment medically necessary? 是次住院/治療是否醫療需要？

☐ No 否 ☐ Yes 是 reason for this hospitalization 住院原因為 _____

4b. During the hospitalization, did the patient have any home leave? 在住院期間,病人有否請假外出?

☐ No 否 ☐ Yes 有 the home leave period is from 請假外出期間由_____to至_____

Home Leave Reason is 請假原因是_____

Q5. Please indicate if the medical condition and its subsequent treatment are associated with the followings:
如此病與下列情況有關，請註明：

☐ Congenital anomalies, infertility or sterilization 先天性不正常，不育或絕育情況
☐Dental care, general check up 牙科治療，身體檢查
☐ Under the influence of drugs or alcohol 受酒精或藥物影響
☐ Rest cure, rehabilitation, convalescence or extended care 休養，復康或延續護理
☐ Self-inflicted injuries or suicidal attempt while sane or insane 不論在神智清醒與否下之自我損傷或自殺行為
☐ Mental, psychiatric problems 心理，精神病科
☐ Pregnancy conditions or any related complications 懷孕或由此引發之病況
☐ Cosmetic / Plastic surgery 整形外科手術
☐ None of the above 不是上述任何一個

Any further information you want to supplement to us in assessing the claim. 其他有助審核本索償個案之資料。

_____

_____

_____	_____
Signature of Physician **醫生簽署**	Hospital/Physician Stamp **醫院/醫生蓋印**
_____	_____
醫生姓名 Physician Name	**簽署日期** Date Signed

駐診地址
Clinic Address of Physician _____