Critical Illness Claim Form
危疾索償表格

16/F, 348 Kwun Tong Road,
Kwun Tong, Kowloon, Hong Kong
Tel: 2560 1990 Fax: 2884 9752
www.cigna.com.hk

請經 MyCigna HK 手機應用程式遞交索償申請或郵寄相關文件至信諾賠償部。
Please submit your claim via MyCigna HK App or by mailing relevant documents to Cigna Claims Department.

危疾保障產品熱線 CRITICAL ILLNESS BENEFIT PRODUCT HOTLINE: (852) 2233 4888

代理人 / 經紀資料 (適用於由保險代理 / 經紀遞交之索償申請，如由保單持有人 / 受保人遞交，並不需要填寫)
BROKER / FINANCIAL CONSULTANT INFORMATION (APPLICABLE TO THE CLAIM WAS SUBMITTED BY BROKER / FINANCIAL CONSULTANT, NO NEED TO COMPLETE IF SUBMITTED BY POLICYHOLDER / INSURED PERSON)

保險代理人名稱 Insurance Broker Name	經紀名稱 Financial Consultant Name	經紀編號 Financial Consultant Code	聯絡電話號碼 Contact Phone No.

第一部份 – 由受保人 / 保單持有人 / 索償人 / 遺產管理人 / 遺囑執行人填寫
PART I – TO BE COMPLETED BY INSURED PERSON / POLICYHOLDER / CLAIMANT / ADMINISTRATOR / EXECUTOR

1. 保單持有人資料 Particulars of Policyholder

姓名 Name	英文 English	中文 Chinese	保單編號 Policy No.

2. 受保人資料 Particulars of Insured Person

姓名 Name	英文 English	中文 Chinese	性別 Gender	
身份證明文件號碼 Identity Document No.		出生日期 Date of Birth	(日/月/年) (DD/MM/YYYY)	年齡 Age
聯絡電話號碼 Contact Phone No.		電郵地址 Email Address		

3. 索償人 / 遺產管理人 / 遺囑執行人資料 (適用於已身故的受保人同時為保單持有人)
Particulars of Claimant / Administrator/ Executor (Applicable to the Insured Person and the Policyholder are the same deceased)

姓名 Name	英文 English	中文 Chinese
身份證明文件號碼 Identity Document No.		與保單持有人關係 Relationship with Policyholder
聯絡電話號碼 Contact Phone No.		電郵地址 Email Address
通訊地址 Correspondence Address		
所有索償通知將會經 MyCigna HK 手機應用程式通知或郵寄至閣下在本公司記錄之通訊地址。 All claim communications will be informed through MyCigna HK App or mailed to your correspondence address as per our company record.		

4. 付款指示 Payment Instruction

☐ 銀行轉賬至本保單內已成功設立自動轉賬之戶口，此選項只適用於銀行戶口持有人及保單持有人為同一人
Direct transfer to the bank account that has been set as Direct Debit Authorisation Account of this policy, this option only applicable to bank account holder is the policyholder.

☐ 銀行轉賬至保單持有人其他港幣戶口。請提供戶口資料證明影印本，如列有銀行戶口持有人姓名戶口號碼之銀行存摺、銀行結單或提款卡
Direct transfer to another HKD account of the policyholder. Please provide an account proof copy, such as bank book, bank statement or ATM card copy showing name of account holder and the account number.

銀行戶口持有人姓名
Name of account holder

銀行名稱 Name of the Bank	銀行編號 Bank No.			分行編號 Branch No.			帳戶號碼 Account No.								

銀行編號例子：滙豐銀行：004；中國銀行：012，詳情請向有關銀行查詢。Example of bank no.: HSBC: 004; Bank of China: 012, please check with relevant bank for details.

☐ 港幣 Hong Kong dollars ☐ 保單貨幣 (港幣保單除外)# Policy Currency (other than Hong Kong dollars)#

若未有指定上述付款指示，保障金額將以港幣支付。
Benefits will be made in Hong Kong dollars if payment instruction is not specified above.

如未能提供銀行戶口證明，賠償將以支票付款，支票將郵寄至保單持有人之通訊地址。
Claim payment by cheque if unable to provide bank account proof. The check will be mailed to the policyholder's mailing address.

本人/我們明白保單的任何保障金額以港幣支付。因此，本人/我們明白容許選擇以保單承保表內所列的貨幣「保單貨幣」作為收取任何此等保障金額的貨幣僅為信諾環球根據其絕對的酌情權所提供。本人/我們明白及同意如果本人/我們選擇以保單貨幣收取任何保單下的保障金額，任何貨幣兌換的差額均由本人/我們承擔，而採用的匯率乃信諾環球不時參考現行市場的匯率而釐定。

I/We understand that any benefits payable under the Policy are paid in Hong Kong dollars. Accordingly, I/We understand that the provision of the option to receive any such benefits in the currency specified in the Policy Schedule ("Policy Currency") is offered by Cigna Healthcare at its sole discretion. I/We understand and agree that if I/We select to receive payment of any benefits payable under the Policy in the Policy Currency, I/We shall bear any resulting from the currency exchange, and the exchange rate used is determined by Cigna Healthcare with reference to prevailing market exchange rates from time to time.

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5. 意外詳情 (如適用) Accident Details (If Applicable)

意外發生日期
Date of Accident

日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐ 時 HR ☐☐ 分 MIN ☐☐ ☐ 上午 A.M. ☐ 下午 P.M.

意外發生之地點
Location of Accident

意外詳情 (請描述意外發生經過)
Details of Accident (Please briefly explain how it happened)

6. 疾病詳情 (如適用) Illness Details (If Applicable)

就是次病況而言，何時出現首次徵狀？
For this episode, since when have these symptoms first appeared?

日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐

徵狀
Sign and symptoms

就是次病況的首次就診日期 For this episode, Date of First consultation 日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐	醫生 / 醫院名稱及聯絡電話 Name and Telephone No. of Physician / Hospital

診斷結果
Diagnosis

過往曾診治同類病況之就診日期 Date of consultation for similar condition in the past 日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐	醫生 / 醫院名稱及聯絡電話 Name and Telephone No. of Physician / Hospital

除了此次病況，請提供其他病歷 (如適用)
Other than this episode, please provide other health history (If applicable)

慣常就診的醫生姓名及地址
Usual Physician Name and Address

7. 其他資料 Other Information

有關是次疾病或意外，您是否有申請其他保險賠償？
Are you making insurance claim with other insurance company as a result of this illness or accident?

☐ 否 No ☐ 有，請填寫下列所需資料 Yes, please state below information

保險公司 / 機構名稱 Name of Insurance Company / Organization	保單 / 會員編號 Policy No. / Membership No.	保障類別 Type of Benefit

8. 索償文件清單 Claim Documents Checklist

☐ 由保單持有人 / 受保人填寫之危疾索償表格第一部份
Critical Illness Claim Form Part I completed by Policyholder / Insured Person

☐ 由主診醫生填寫之危疾索償表格第二部份 - 主診醫生報告
Critical Illness Claim Form Part II
– Attending Physician Statement completed by your attending doctor

☐ 所有相關的化驗、影像及診斷報告副本 (如適用)
Copy of all relevant laboratory test, imaging and diagnostic test reports.
(If applicable)

☐ 保單持有人及受保人之身份證副本
Identity card copy of the Policyholder and Insured Person

☐ 出世紙副本或受保人與保單持有人之關係證明 (適用於受保人18歲以下)
Copy of Birth Certificate of Insured Person or Relationship Proof between Insured Person and Policyholder (Applicable to Insured Person below 18)

☐ 其他
Others

以下疾病診斷需提供特定醫療文件
The specific medical documents are required for the following diagnoses

☐ 病理組織化驗報告副本 (適用於癌症 / 早期惡性腫瘤相關疾病)
Copy of all histopathological reports. (Applicable to Cancer / Early Stage Malignancy related illness)

☐ 電腦掃描及磁力共振報告副本 (適用於中風)
Copy of CT scan and MRI reports. (Applicable to Stroke)

☐ 所有報告例如心電圖、運動心電圖、心臟超聲波、心肌酵素化驗、血管造影、冠狀動脈造影報告等副本 (如適用於心臟相關疾病)
Copy of all reports such as ECG, exercise stress test, echocardiogram, enzymes assays, angiograms, coronary angiography reports etc.
(Applicable to Heart Disease)

以下文件只適用於已身故的受保人同時為保單持有人
Documents below only applicable to Insured Person and Policyholder are the same deceased

☐ 死亡證之核實副本
Certified true copy of Death Certificate

☐ 遺產管理人 / 遺囑執行人之身份證明文件副本
Copy of Administrator / Executor ID

☐ 遺產管理書 / 遺囑認證之核實副本
Certified true copy of Letters of Administration / Grant of Probate

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9. 信諾香港個人資料收集聲明 Personal Information Collection Statement of Cigna Hong Kong

信諾環球保險有限公司（「信諾香港」或「我們」）
Cigna Worldwide General Insurance Company Limited ("Cigna Hong Kong", "our", "we", "us")

信諾香港關注保障個人資料私隱。我們尊重個人資料，並且全力執行及遵守保障資料原則，以及《個人資料（私隱）條例》（"私隱條例"）。
The protection of privacy in relation to personal information is the concern of Cigna Hong Kong. We respect personal information and are committed to fully implementing and complying with the Data Protection Principles and the Personal Data (Privacy) Ordinance ("the Ordinance").

1) 我們收集及/或持有的個人資料的範圍 Personal Information We Collect and/or Hold

我們為本個人資料收集聲明中列明之目的向閣下收集個人資料。我們可能會以各種方式直接或間接向閣下收集個人資料，包括但不限於當閣下填寫或提交申請或索償，要求提供服務或產品，當面、透過電話、郵件、電郵或在綫聯繫我們時，當閣下參與我們的計劃時，當閣下使用我們的網站和服務時。我們收集及/或持有的個人資料，包括閣下之個人識別資料、聯絡資料、保單詳情、交易記錄、財務背景、索償歷史、生物識別數據（包括但不限於閣下的聲音模式及面部圖像）、根據閣下設備的位置信息和醫療及健康記錄。
We collect your personal information from you for the purposes as set out in this Personal Information Collection Statement. We may collect personal information directly or indirectly from you in a range of ways, including but not limited to when you complete or submit an application, or claim, or request services or products, contact us in person, phone, mail, email or online, when you participate in our programs, when you access our website and services. The personal information that we collect and/or hold includes your personal identification information, contact information, policy details, transaction records, financial background, claims history, biometric data including but not limited to your voice pattern and facial images, location information based on your device and medical and health records.

我們亦可能收集下列人士的個人資料：受保人、閣下的受益人（或被指定或有權獲得相應保單下利益的任何其他人士）、受讓人、獲授權代表、受養人、公司僱員及閣下已提供其個人資料的其他個人。 當閣下向我們提供他人個人資料時，閣下確認閣下作為其父母或監護人有權向我們提供其個人資料，或者已獲得該人同意向我們提供其個人資料，供信諾香港按照本個人資料收集聲明使用和轉移。
We may also collect personal information of the insureds, your beneficiaries (or any other personnel designated or entitled to receive benefits under the corresponding policies), assignees, authorized representatives, dependents, company employees, and other individuals to which you have provided personal information of. Where you provide personal information of others to us, you confirm that you have authority to do so as their parent or guardian or have obtained that person's consent to provide such personal information to us for Cigna Hong Kong's use and transfer in accordance with this Personal Information Collection Statement.

在特定情況下，我們亦可能向第三者收集有關閣下的個人資料，如其他保險公司、代理、經紀及其他中介人、信用查詢/報告機構、僱主、供應商、金融機構、防欺詐機構或數據庫、政府機構、醫務人員、法院或公共記錄。
We may also collect personal information about you from third parties in certain circumstances, such as from other insurance companies, agents, brokers and other intermediaries, credit reference/reporting agencies, employers, vendors, financial institutions, fraud prevention agencies or databases, government agencies, medical personnel, courts or public record.

2) 收集個人資料的重要性 Importance of Information Collection

閣下不時有義務且有必要向信諾香港提供有關的個人資料。倘若閣下無法或未能向信諾香港提供強制性要求的資料，信諾香港可能無法簽發保單，處理索償、申請或閣下的要求，或向閣下提供產品或服務。
From time to time, it is mandatory and necessary for you to supply Cigna Hong Kong with personal information. Where you are unable or fail to supply the mandatory information requested by Cigna Hong Kong, Cigna Hong Kong may not be able to issue policies, process claims, applications or your requests, or provide products or services to you.

3) 收集個人資料的目的及用途 Purposes of Information Collection and Usage

信諾香港所持有閣下的資料可能會被用於下列用途：
Your personal information held by Cigna Hong Kong may be used for the following purposes:-

i) 處理及評估閣下就產品或服務提出的任何申請或要求；
processing and evaluating any applications or requests made by you for products or services;

ii) 處理保險或財務或投資相關產品或服務之日常運作，包括但不限於其更改、變動、轉讓、取消或續期；
administration of insurance or financial or investment related products or services, including but not limited to alterations, variations, assignments, cancellation or renewal of such products or services;

iii) 處理、調查或分析就產品或服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索償申請；
processing, investigation or analysis of any claim applications made by, against or otherwise involving you in respect of any products or services;

iv) 為與我們的業務及信諾集團公司任何成員的業務有關的任何其他目的，進行研究、滿意度調查、數據分析和統計，以進一步瞭解閣下的需求，並改進和測試我們的設施及服務及/或產品；
conducting research, satisfaction surveys, data analytics and statistics, to further understand your needs and to improve and test our facilities and services and/or products for any other purposes in connection with our business and the business of any member of the Cigna group companies;

v) 進行核對程序；
carrying out matching procedures;

vi) （得到閣下的同意下 – 請看以下第7條）直接促銷，包括但不限於透過電子或其他模式作推廣、宣傳或銷售信諾香港或信諾香港聯合的其它公司或其他第三者的保險、財務或與投資相關之產品或服務；
(with your consent – see section 7 below) direct marketing including but not limited to promoting, marketing or selling of Cigna Hong Kong or co-branded or other third party insurance or financial or investment related products or services by electronic or other means;

vii) 遵守適用於信諾香港或其集團公司的法律、規則、規例、實務守則或指引，及就其要求作出披露，並就公共、政府機構、監管機構和訴訟方面的要求作出答覆；
making disclosure under and/or complying with any law, rules, regulations, codes of practice or guidelines binding on or applicable to Cigna Hong Kong or any of its group companies and respond to requests from public, governmental authorities, regulatory bodies and litigation;

viii) 使信諾香港的確實或建議再保人，評核意圖再保交易的有關保單或相關風險；
evaluating the policy or related risk intended to be the subject of reinsurance by an actual or proposed re-insurer of Cigna Hong Kong;

ix) 用作於醫療或健康參考上之用；
conducting medical or health reference checks;

x) 用作於保險、財務或投資相關調查、研究及統計之用；
conducting surveys, research and compiling statistics for insurance, financial or investment related purposes;

xi) 調查及處理索償、爭議，偵測及防止欺詐（無論是否與根據申請簽發之保單有關）；及
investigation and settlement of claims, disputes and detection and prevention of fraud (whether or not relating to the policy issued in respect of an application); and

xii) 與上述任何目的直接有關的其他目的。
other purposes directly relating to any of the above.

4) 個人資料的轉移 Transfer of Personal Information

信諾香港所持有閣下的資料會被絕對保密，但信諾香港可能會就上述任何目的把有關資料給予下列人士及/或實體（無論在香港境內還是境外）：
Your personal information held by Cigna Hong Kong will be kept confidential, but may be shared with the following individuals and/or entities, whether within or outside Hong Kong, for any of the purposes set out above:-

i) 任何向信諾香港提供行政、會計、資料寄存、分析及處理、客戶服務、電話中心、財務、法務、電訊、資訊科技、基金管理、收債、繳費、反洗黑錢及其他法規的審查、促銷、研究、郵寄、印刷、理賠、或其他服務的代理、承辦商或第三者服務供應商；
any agent, contractor or third party service provider who provides administrative, accounting, data hosting, analytics and processing, customer service, call center, financial, legal, telecommunications, technology, fund management, debt collection, payment, anti-money laundering and other regulatory screenings, marketing, research, mailing, printing, loss adjustment or other services to Cigna Hong Kong;

ii) 任何代表閣下安排購買信諾香港提供的保單，或代表閣下處理對信諾香港的保險索償，或由閣下通知信諾香港作為代表閣下的保險中介人（"保險中介人"）；（在得到閣下的同意下 – 請看以下第7條）個人資料作其直接促銷或業務推廣的用途，並可能從而得益；
any insurance intermediary acting on your behalf (in placing an insurance policy with Cigna Hong Kong, in handling insurance claims with Cigna Hong Kong or as notified by you to Cigna Hong Kong) (an "Insurance Intermediary") and (with your consent – see section 7 below) for its own direct marketing and business purposes, and such provision of your personal information may be for gain;

iii) 任何由保險中介人聘用的代理，承辦商或第三者服務供應商（由保險中介人不時通知信諾香港）以提供任何有關第3(i)及(ii)條所載用途之服務；
any agent, contractor or third party service provider engaged by an Insurance Intermediary (as notified by such Insurance Intermediary to Cigna Hong Kong from time to time) to provide any services to the Insurance Intermediary in relation to the purposes set out under sections 3(i) and 3(ii) above;

iv) 任何保險理賠員、代理、經紀或其他中介人；僱主；醫療服務提供者；專業醫護人員；醫院；為保險業整合索償及承保資料的組織；防欺詐組織；其他保險公司（無論是直接或透過防欺詐組織或本段中提及的其他人）；警方及保險業用作分析和基於現有資料核對所提供資料的數據庫或登記處（及其運營人）；
any insurance adjusters, agents, brokers or other intermediaries; employers; medical service providers; health care professionals; hospitals; organizations that consolidate claims and underwriting information for the insurance industry; fraud prevention organizations; other insurance companies (whether directly or through fraud prevention organization or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;

v) 信諾香港的分行、附屬公司、控權公司、關聯公司或聯繫公司；
any branch, subsidiary, holding company, associated company or affiliates of Cigna Hong Kong;

vi) 安達人壽保險香港有限公司，或其分行、附屬公司、控權公司、關聯公司或聯繫公司，以及其各別繼承人及受讓人；
Chubb Life Insurance Hong Kong Limited, or any branch, subsidiary, holding company, associated company or affiliates of Chubb Life Insurance Hong Kong Limited, and their respective successors and assignees;

vii) 與閣下用作繳交保費戶口有關的金融機構或信用咭/記賬咭發咭人；
any financial institution or credit / charge card issuer related to your premium payment account;

viii) 信諾香港的確實或建議再保人；
any actual or proposed re-insurer of Cigna Hong Kong;

ix) 適用於及對信諾香港或任何其集團公司具法律、規則、規例、實務守則或指引約束力的規定下而信諾香港有責任對其作出披露的任何人或機構；
any person or authority to whom Cigna Hong Kong is under an obligation to make disclosure under the requirement of any law, regulations, rules, codes of practice or guidelines binding on or applicable to Cigna Hong Kong or any of its group companies;

x) 其他對信諾香港資料有保密責任並承諾保密該等資料的人士；
any other person under a duty of confidentiality to Cigna Hong Kong which has undertaken to keep such information confidential;

xi) 任何收賬代理；及
any debt collection agencies; and

xii) 任何調查、研究及統計機構或人員。
any organization or person who provides survey, research and statistics services.

5) 轉移資料往香港以外地區 Transfer of Information Outside Hong Kong

信諾香港可能不時就上述不同的目的（包括但不限於處理或儲存）將閣下的資料轉移往香港以外地區。
Cigna Hong Kong may from time to time transfer your personal information outside Hong Kong for different purposes set out above including but not limited to processing or storage.

6) 資料查閱 Data Access

I. 根據私隱條例中的條款，閣下有權：
Under and in accordance with the terms of the Ordinance, you have the right to:-

i) 查詢信諾香港是否持有閣下的資料及查閱有關的資料；及
check whether Cigna Hong Kong holds data about you and seek access to such data; and

ii) 要求信諾香港改正有關閣下不準確的資料。
require Cigna Hong Kong to correct any data relating to you which is inaccurate.

II. 信諾香港有權就處理任何查閱資料的要求收取合理費用。
Cigna Hong Kong may charge a reasonable fee for the processing of any data access request.

III. 任何關於上述條款6(I)的要求，應向右列人士提出：信諾香港資料私隱主任（香港觀塘觀塘道348號16樓）。
Requests under section 6(I) should be addressed to the following:
Cigna Hong Kong's Data Protection Officer
16/F, 348 Kwun Tong Road, Kwun Tong, Hong Kong

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7) 直接促銷 Direct Marketing

根據私隱條例的要求，信諾香港擬使用及轉移閣下的個人資料作直接促銷之用途，但除非我們得到閣下的同意或書面同意（在轉移的情況下），否則不得使用及轉移閣下的個人資料作此用途。
In accordance with the requirements of the Ordinance, Cigna Hong Kong intends to use and transfer your personal information for the purposes of conducting direct marketing and may not do so unless we have received your consent or written consent (in the case of transfer).

在得到閣下的同意或書面同意（在轉移的情況下）下（包括表示不反對），信諾香港可：
With your consent or written consent (in the case of transfer) (which includes an indication of no objection), Cigna Hong Kong may:

I. 使用閣下提供予信諾香港的個人資料，包括閣下的姓名、聯絡資料、產品及服務組合資料、財務背景及人口統計資料作直接促銷之用途；
use personal information, including your name, contact details, products and other services portfolio information, financial background and demographic data it holds about you for direct marketing purposes;

II. 就信諾香港及信諾香港的聯繫公司、聯合品牌夥伴及商業合作夥伴可能提供之下列類別的產品及服務進行直接促銷；
conduct direct marketing in relating to the following classes of products and services that Cigna Hong Kong, our affiliates, our co-branding partners and our business partners may offer:

i) 保險、財務或投資相關產品及服務；
insurance, financial or investment related products and services;

ii) 獎賞、年資、聯合品牌及優惠計劃及其相關產品及服務：健康、保健及醫療、體育運動及會員服務、娛樂、旅遊及交通、禮賓、家庭護理（包括寵物護理）、家居、餐飲、服裝、珠寶、電訊、教育、社交網絡及媒體；及
reward, loyalty, co-branding or privileges programs and related services and products on health, wellness and medical, sporting activities and membership, entertainment, travel and transportation, concierge, home care (including pet care), household, food and beverages, apparel, jewelry, telecommunication, education, social networking and media; and

iii) 作慈善或非牟利用途的捐獻；
donations and contributions for charitable or non-profit making purposes;

III. 將第7(I)條所述的個人資料提供予任何代理人或承辦商以代表信諾香港進行直接促銷上述產品及/或服務之用途；及
provide the personal information described in section 7(I) to any agent or contractor for the purpose of carrying out direct marketing of the above products and/or services on behalf of Cigna Hong Kong; and

IV. 除促銷上述產品及服務外，將第7(I)條所述的個人資料提供予任何或所有下列人士作直接促銷之用，並從而得益；及信諾香港就此用途必須得到閣下的書面同意（包括表示不反對），並在沒有閣下的書面同意下不會就此用途轉移閣下的個人資料：
in addition to marketing the above products and services, share the personal information described in section 7(I), for gain, with any or all of the following persons for use in direct marketing, and Cigna Hong Kong requires your written consent (which includes an indication of no objection) for the purposes and will not do so without your written consent:

i) 任何代表閣下的保險中介人作其直接促銷保險、財務或投資相關產品或服務之用途，及業務推廣之用途；及
any Insurance Intermediary acting on your behalf for its own direct marketing purposes in relation to insurance, financial or investment related products or services, and business purposes; and

ii) 任何提供第7(II)條所述的產品及/或服務類別之第三者供應商作直接促銷該等類別的產品及/或服務之用途。
any third party provider of any of the classes of products and/or services as described in section 7(II) for direct marketing purposes in relation to such classes of products and/or services.

如閣下不同意信諾香港就任何上述使用及/或轉移閣下的個人資料之用途，閣下可根據上述地址通知信諾香港資料私隱主任行使你的權利選擇拒絕直接促銷，我們便不會使用及/或轉移閣下個人資料作以上之用途。閣下亦可隨時根據上述地址致函給我們的信諾香港資料私隱主任撤回閣下的同意意願。如閣下行使你的權利選擇拒絕閣下的個人資料被用於或轉移作以上任何用途，這代表將來閣下不能從信諾香港，閣下的保險中介人及/或第三者服務供應商收到任何針對性或特別優惠的直接促銷。
If you do not consent to Cigna Hong Kong using and/or sharing your personal information for any of those purposes, you may exercise your opt-out right by notifying Cigna Hong Kong's Data Protection Officer at the above address, and we will not do so. You may also subsequently withdraw your consent by writing to Cigna Hong Kong's Data Protection Officer at the above address. If you exercise your right to opt out of the use/sharing of your personal information for any of the above purposes, it will mean that Cigna Hong Kong, your Insurance Intermediary and/or third party service providers will not be able to send you any direct marketing, targeted or special offers in the future.

信諾香港不會使用任何未成年人的個人資料作直接促銷之用及/或轉交至任何第三者作直接促銷業務推廣的用途。
Cigna Hong Kong will not use any personal data of minors for its own direct marketing purposes and/or share the personal data of minors with any third party for its direct marketing/business purposes.

8) 個人資料的保存 Retention of personal information

除非適用法律另有要求或允許，否則，我們按本個人資料收集聲明中規定目的所需的期限或閣下與我們另行約定的期限保存閣下的個人資料。倘若我們為本個人資料收集聲明列明之目的不再需要閣下的個人資料，或者法律另有要求，我們將採取適當措施，安全地刪除或銷毀閣下的個人資料。
We retain your personal information for as long as necessary for the purposes set out in this Personal Information Collection Statement, or otherwise agreed between you and us, unless otherwise required or permitted under applicable law. Where we no longer require your personal information for the purposes under this Personal Information Collection Statement, or otherwise required under law, we will take appropriate steps to securely delete or destroy your personal information.

在此個人資料收集聲明發出的日期起，它將成為閣下與信諾香港或有意與信諾香港訂定之所有合約、協議、及其他約束性安排之一部份。如有任何有關此個人資料收集聲明的查詢，請致電 2560 1990 與我們的客戶服務部聯絡。
This Personal Information Collection Statement shall from the date hereinafter appearing be deemed an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with Cigna Hong Kong. For any enquiries regarding this Personal Information Collection Statement, please contact our Customer Services Hotline at 2560 1990.

發出日期：二零二二年十一月
Release Date: November 2022

此聲明備有中英文版本，如內容有異，以英文版本為準。
In case of discrepancies between the English and Chinese version, the English version shall apply and prevail.

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10. 聲明及授權 **Declaration & Authorization**

本人 (吾等) 謹此聲明及同意有關此保險索償申請之作答及陳述，不論載於此表格與否，及不論由本人 (吾等) 親筆書寫與否，據本人所知及所信，均屬完整及屬實無訛。
I (We) hereby declare and agree that all the answers and statements in this application for claim, whether or not contained in this form and whether or not written by my (our) own hand, are complete and true to the best of my (our) knowledge and belief.

本人 (吾等) 謹此授權，凡存有關於受保人任何記錄、醫療病歷或資料，或得悉此方面資料的任何持牌醫師、醫生、醫院、診所或者其他醫療或與醫療相關的設施、執法機關、僱主、保險公司或其他組織、機構或個人，可向信諾環球保險有限公司「信諾香港」及其再保險公司提供有關資料，以處理及評估本保險索償申請及任何相關索償，及期後服務 / 客戶滿意度調查。本授權書對本人 (吾等) / 保單持有人 / 受保人之繼承人、轉讓人、遺囑執行人及遺囑管理人均具有約束力。即使本人 (吾等) 死亡或無行為能力，本授權仍具效力。此授權書的複本與正本同樣有效。
I (We) hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, enforcement bodies, employer, insurance company or other organization, institution or person, that has any records or knowledge of any records, medical history, or knowledge of the person insured to give to Cigna Worldwide General Insurance Company Limited ("Cigna Hong Kong") and its reinsurers any such information for the purpose of assessing and/or processing this application for claim and any related claims, and subsequent services/customer satisfaction survey. This authorization shall bind all my(our)/policyholder's/the person insured's successors, assignees, executors and administrators and shall remain valid notwithstanding my death or incapacity. A photographic copy of this authorization shall be as valid as the original.

本人 (吾等) 同意信諾環球可根據其個人資料收集聲明 (「聲明」)，使用及/或披露本人 (吾等) 之個人資料。本人 (吾等) 確認已閱讀及明白此聲明。
I (We) agree that Cigna Healthcare may use and/or disclose my (our) personal information in accordance with Personal Information Collection Statement of Cigna Hong Kong ("Statement") and acknowledge that I (we) have read and understood the Statement.

受保人簽署 (如十八歲或以上)
Signature of Insured Person (if aged 18 or above)

保單持有人簽署
Signature of Policyholder

受保人姓名 (請以正楷書寫)
Name of Insured Person (in block letters)

保單持有人姓名 (請以正楷書寫)
Name of Policyholder (in block letters)

受保人身份證明文件號碼
Identity Document No. of Insured Person

保單持有人身份證明文件號碼
Identity Document No. of Policyholder

與受保人之關係
Relationship of Insured Person

日期
Date

日期
Date

只適用於已身故的受保人同時為保單持有人
Only applicable to the Insured Person and Policyholder are the same deceased.

索償人 / 遺產管理人 / 遺囑執行人簽署
Signature of Claimant / Administrator / Executor

姓名 (請以正楷書寫)
Name (in block letters)

身份證明文件號碼
Identity Document No.

與保單持有人之關係
Relationship of Policyholder

日期
Date

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第二部份 – 主診醫生報告 (此部份須由受保人之主診醫生填寫，而費用須由受保人負責)
PART II – ATTENDING PHYSICIAN STATEMENT
(TO BE COMPLETED BY THE INSURED PERSON'S ATTENDING PHYSICIAN AT THE INSURED PERSON'S COST)

病人姓名 Full name of Patient _____ 身份證明文件號碼 Identity Document No. _____ 年齡 Age _____ 性別 Gender _____

1. 診治詳情 Consultation Details

閣下是否病人之慣常醫生？若「是」，請填寫有關資料
Are you the patient's usual physician? If "Yes", please give details
☐ 否 No ☐ 是 Yes

首次求診日期
Date of First consultation
日 DD 月 MM 年 YYYY

首次求診時出現的徵狀
Signs and symptoms complained at the First consultation

首次求診前其徵狀已存在多久？
How long had the patient been experiencing these signs and symptoms BEFORE the first consultation?

_____ 日 Day(s) _____ 月 Month(s) _____ 年 Year(s)
或自從 Or since 日 DD 月 MM 年 YYYY

病人有否同類之病史？ 如「有」，請提供求診日期及診斷結果。
Has the Patient previously suffered from this illness or any related conditions? If "Yes", please give dates of consultations and the diagnosis.
☐ 否 No ☐ 有 Yes

就此次病症而言，病人之前有否就有關之情況向其他醫生求診？
For this episode, had the patient previously seen other physician(s) for these symptoms?
☐ 否 No ☐ 有，請提供下方所需資料 Yes, please provide information below

求診日期 Consultation Date 日 DD 月 MM 年 YYYY	醫生名稱及聯絡電話 Name and Telephone No. of Physician
轉介日期 Date of Referral 日 DD 月 MM 年 YYYY	醫生名稱及聯絡電話 Name and Telephone No. of Physician

2.1 最後診斷詳情 (癌症 / 早期惡性腫瘤) Final Diagnosis Details (Cancer / Early Stage Malignancy)

註：請提供所有病理組織化驗報告及相關檢查報告副本。
Remarks: Please provide copy of all histopathological and relevant reports.

最後診斷
Final Diagnosis

確診日期
Date of Diagnosis made
日 DD 月 MM 年 YYYY

何時通知病人診斷結果？(請填寫準確日期)
When was the patient informed of the diagnosis? (Please give exact date)
日 DD 月 MM 年 YYYY

請填寫腫瘤所處之位置或受影響之器官及詳列腫瘤之組織結構？
What was the site or organ involved and the precise histology of the tumor?

進行了哪些測試來確認此診斷？(請提供所有有關檢驗報告及醫療報告副本)
What tests were performed to confirm the diagnosis? (Please enclose copies of all relevant laboratory reports and medical reports)

檢驗日期 (日/月/年) Date of the Test (D/M/Y)	檢驗項目 Test Item	結果/ 最後診斷 Result / Final Diagnosis

病症是否完全局部化？
Is the disease completely localized?
☐ 否 No ☐ 是 Yes

癌細胞是否不受控制地生長及擴散？
Is there uncontrolled growth and spread of malignant cells?
☐ 否 No ☐ 是 Yes

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癌細胞是否侵入和破壞鄰近細胞組織？
Are there invasions and destruction of adjacent tissue by malignant cells?
☐ 否 No ☐ 是 Yes

是否影響鄰近淋巴結？
Are regional lymph nodes involved?
☐ 否 No ☐ 是 Yes

是否距離性轉移？
Are there any distant metastases?
☐ 否 No ☐ 是 Yes

根據TNM評級系統，此腫瘤屬於哪一級別？
What is the staging of the tumour according to the TNM classification system?

腫瘤之分期 / 級別？
What is the cancer staging / grading?

如診斷為白血病，請提供白血病之類別。
If the diagnosis is Leukemia, please state the type.

如診斷為慢性淋巴性白血病，請提供其RAI級別。
If the diagnosis is Chronic Lymphocytic Leukemia, please state the RAI Stage.

如診斷為皮膚癌，該疾病是否惡性黑色素瘤？
If the diagnosis is skin cancer, is it malignant melanoma?
☐ 否 No ☐ 是 Yes

如診斷為腦瘤，請提供所涉及腦部那一部份。
If the diagnosis is brain tumour, please state site of brain involved.

病人正 / 曾接受什麼治療？
What kind of treatment(s) is/are the patient receiving / had the patient received?

治療日期、期間及時間表 Treatment Dates, Period and Schedule	治療詳情 Treatment Details	醫生 / 醫院名稱 Name of Physician / Hospital

2.2 最後診斷詳情 (中風) Final Diagnosis Details (Stroke)

註：請提供電腦掃描及磁力共振報告及相關檢查報告副本。
Remarks: Please provide copy of CT scan, MRI and relevant reports.

請描述初診情況：
Please describe the initial episode:

是次中風是否急性病發？其病徵持續了多久？
Is this an acute attack?
How long has the symptoms lasted for?

就此次病症之首次求診日期
Date of First consultation for this episode
☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

最後診斷
Final Diagnosis

確診日期
Date of Diagnosis made
☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

何時通知病人診斷結果？(請填寫準確日期)
When was the patient informed of the diagnosis? (Please give exact date)
☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

事故之因由 (如因腦組織梗塞、腦出血 、血栓等原因引致)。
The exact cause of the incident (e.g. infarction of brain tissue, haemorrhage and cerebral embolism, etc.)

腦血管病發事件是否因以下：
Is cerebrovascular incident due to the following:

i) 短暫性腦缺血發作
Transient Ischemic Attack (TIA)
☐ 否 No ☐ 是 Yes

ii) 由於偏頭痛而導致的腦損傷
Brain damage due to migraine
☐ 否 No ☐ 是 Yes

iii) 對眼或視覺神經或前庭系統功能造成影響的血管疾病
Vascular disease affecting the eye, optic nerve or vestibular function
☐ 否 No ☐ 是 Yes

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有否進行腦掃描等程序或其它檢驗？如「有」，請提供詳情及提交有關檢驗報告及醫療報告副本。
Has any radiological scanning or imaging procedures on brain or other tests were performed?
If "yes", please provide details and enclose copies of all laboratory reports and any relevant hospital reports that are available.

☐ 否 No ☐ 有 Yes

檢驗日期 (日/月/年) Date of the Test (D/M/Y)	檢驗項目 Test Item	結果/ 最後診斷 Result / Final Diagnosis

任何超過持續二十四小時的神經系統後遺症？如「有」，請詳述後遺症的症狀。
Any neurological sequelae which lasted more than 24 hours? If "yes", please provide full details on the neurological sequelae.

☐ 否 No ☐ 有 Yes

任何神經功能性受損，發病後至少4個星期由註冊腦神經科專科醫生進行身體檢查，確認有客觀神經異常症狀。如「是」，請提供詳情。
Any neurological functional impairment with objective neurological abnormal sign on physical examination by a Registered Specialist Neurologist at least 4 weeks after the event. If "Yes", please provide details.

☐ 否 No ☐ 是 Yes

病人現時的體能和精神限制和狀況。
The patient's present limitations on both physical and mental conditions.

病人是否有任何可逆性缺血性神經功能障礙？
Has the patient had any reversible ischaemic neurological deficit?

☐ 否 No ☐ 是 Yes

回復正常活動的日期
Date of return to normal activities.

☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

病人過往是否有中風及/或相關的病症、心臟疾病、高血壓、糖尿病、高膽固醇或肥胖的病史？如「是」，請提供詳情。
Has the patient ever had history of stroke in the PAST and / or any history of related illness, heart problems, hypertension, diabetes mellitus, high blood cholesterol or obesity? If "Yes", please provide details.

☐ 否 No ☐ 是 Yes

治療日期、期間及時間表 Treatment Dates, Period and Schedule	治療詳情 Treatment Details	醫生 / 醫院名稱 Name of Physician / Hospital

2.3 最後診斷詳情 (心臟疾病) Final Diagnosis Details (Heart Disease)

註：請提供所有報告例如心電圖、運動心電圖、心臟超聲波、心肌酵素化驗、血管造影、冠狀動脈造影及相關檢查報告等副本。
Remarks: Please provide copy of all reports such as ECG, exercise stress test, echocardiogram, enzymes assays, angiograms, coronary angiography and relevant reports etc.

心臟病發作日期
Date of Heart Attack

☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

確診日期
Date of Diagnosis made

☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

何時通知病人診斷結果？(請填寫準確日期)
When was the patient informed of the diagnosis? (Please give exact date)

☐☐ 日 DD ☐☐ 月 MM ☐☐☐☐ 年 YYYY

有否典型胸痛病史？如「有」，請詳述胸痛的情況及日期
Was there a history of typical chest pain? If "Yes", please provide details and date of the chest pain condition.

☐ 否 No ☐ 有 Yes

有否引致心臟肌肉壞死？如「有」，心臟肌肉壞死是否因對心臟或冠狀動脈進行任何創傷性或手術程序導致？或其他原因導致？請列明。
Was there death of a portion of heart muscle resulted? If "Yes", was it caused by surgical or invasive procedure to the heart or the coronary arteries? Or, other causes? Please specify.

☐ 否 No ☐ 有 Yes

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心肌酵素或心肌旋轉蛋白有否升高？
Was there elevation of cardiac enzymes or Troponin?
☐ 否 No ☐ 有 Yes

檢驗日期 (日/月/年) Date of the Test (D/M/Y)	檢驗項目 Test Item	結果/ 最後診斷 Result / Final Diagnosis

在相關心臟事故期間心電圖有否顯示新近具急性心肌梗塞特徵的變化？如「有」，請提供有關變化之詳情。
Were there new characteristic ECG changes indicating acute myocardial infarction at the time of the relevant cardiac incident? If "Yes", please give details of the changes.
☐ 否 No ☐ 有 Yes

請列出所有收窄了的冠狀動脈名稱及其血管腔收窄之程度 (百分比)。
Which arteries are involved and what is the degree of narrowing (%) in respect of each involved artery?

上述的冠狀動脈收窄經由甚麼心血管影像檢查確認？
Through what angiographic imaging was the above narrowing confirmed?

手術詳情
Details of procedure done

手術日期
Surgery Date
日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐

有否接受氣囊血管成形術、動脈粥樣瘤清除手術、激光舒緩治療、橫越心肌激光血管成形、置入支架或任何其他經動脈進行的手術？如「有」，請列出受保人所接受的手術程序名稱及所針對之動脈名稱。
Was balloon angioplasty, atherectomy, laser relief treatment, Transmyocardial laser revascularisation, insertion of a stent or any other intraarterial procedures done? If "yes", please state which procedure was done and to which artery.
☐ 否 No ☐ 有 Yes

手術醫院
The hospital where the surgery was performed

手術是否由心臟專科醫生進行？
was the surgery performed by a cardiologist?
☐ 否 No ☐ 有 Yes

若非由填寫此表格之醫生進行，請提供心臟專科醫生之姓名及地址。
Please give the Name and Address of the cardiologist if it is not the undersigned.

有沒有嚴重的病徵，顯示受保人的活動耐受力只局限於低水平，以防止胸痛？
Were the symptoms sufficiently severe to indicate that the Insured's future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain?
☐ 否 No ☐ 有 Yes

2.4 最後診斷詳情 (其他疾病) Final Diagnosis Details (Other Illness)

註：請提供所有相關的化驗、影像及診斷報告副本。(如適用)
Remarks: Please provide copy of all relevant laboratory test, imaging and diagnostic test reports. (If applicable)

引起最後診斷的病因
What is / are the underlying cause(s) for final diagnosis?

最後診斷
Final Diagnosis

確診日期
Date of Diagnosis made
日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐

何時通知病人診斷結果？(請填寫準確日期)
When was the patient informed of the diagnosis? (Please give exact date)
日 DD ☐☐ 月 MM ☐☐ 年 YYYY ☐☐☐☐

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詳細病情 (包括病情階段 / 嚴重程度與影響所及部位、器官或機能)
Stage / degree / severity of the disability and extent of area / organ offected

據台端之專業意見，預計今後病情展望如何？病人之生命會否因此病受威脅，或造成任何永久性之身體機能喪失？
What is the prognosis? According to your professional opinion, does the disability pose only life threatening signs or does it result in any permanent / irreversible loss of function?

3. 病史詳情 Medical History Details

除了此次病症，病人有否其他病歷？如「有」，請提供詳情。 ☐ 沒有 No ☐ 有 Yes
Other than this episode, do the patient have other medical history? If "yes", please provide details.

就診日期 (日/月/年) Consultation Date (D/M/Y)	診斷 Diagnosis	治療 / 住院詳情 Details of Treatment(s) / Hospitalization	醫生 / 醫院名稱 Name of Physician / Hospital

受保人之家族病史是否增加受保人患上此病之機會？如「有」，請提供詳情。 ☐ 否 No ☐ 是 Yes
Is there anything in the Insured's family history which would have increased the risk of this illness? If "yes", please provide details.

關係 Relationship	確診年齡 Age of Diagnosed	確診詳情 Details of Diagnosis

4. 其他資料 Other Information

請提供其他有助審核本索償個案之資料。
Is there any further information, which in your opinion will assist us in assessing this claim?

5. 醫生資料 Physician Particulars

主診醫生姓名 Name of Attending Physician	資歷 Qualification
醫院 / 診所名稱、地址及聯絡電話 Hospital Name / Clinic Name, Address and Telephone No.	

除專業身份外，與病人是否有其他關係？ ☐ 否 No ☐ 是，請在適當位置劃上剔號或提供詳情 Yes, please specify the relationship with patient
Are you related to the patient in any way other than the professional capacity?

☐ 僱主 / 僱員 Employer / Employee ☐ 直係親屬 Immediate family member ☐ 業務夥伴 Business partner ☐ 其他 (請說明詳情) Others (Please specify details) _____

醫院 / 醫生簽署及蓋印 Signature & Hospital / Physician's Chop	日期 Date

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