

Hospitalization/Medical Expense Claim Form

住院/醫療費用索償表格

如有關任何索償事項查詢，請致電客戶服務熱線 (852) 2560 1990。(請於選擇語言後，按“4”以聯絡專責索償團隊)
(Please press "4" after language selection to contact the dedicated claim team)



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

☐ 首次索償 First claim ☐ 持續索償 Further claim

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 submitted by Broker/Financial Consultant, no need to complete if submitted claim by Policyholder /Insured)

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 Contact Phone no.
_____	_____	_____	_____

第一部份 – 請由受保人填寫，如受保人未滿18歲，則由保單持有人填寫。(請連同住院/醫療費用單據一併寄回)

Part I – To be completed by insured or policy holder if insured is below 18 years old. (Please attach hospital/medical expense receipts with this form)

個人資料 Personal Particulars Ref: _____ (for office use)

保單持有人姓名 Name of Policyholder	英文 姓 Eng Family Name	名 Given Name	中文 Chi	保單編號 Policy No.
受保人姓名 Name of Person Insured	英文 姓 Eng Family Name	名 Given Name	中文 Chi	
受保人香港身份證號碼 HKID Card No. of Person Insured	出生日期 Date of Birth		年齡 Age	性別 男 女 Sex M / F
聯絡電話 Contact Telephone No.	電郵地址 E-mail Address			
受保人之現任僱主名稱 Name of Current Employer of Person Insured	受僱職位 Position Held			
受保人之現任僱主地址 Address of Current Employer of Person Insured	公司電話 Tel No.			

所有索償通知將會郵寄至閣下在本公司記錄之通訊地址。

All claim communication will be mailed to your correspondence address as per our company record.

付款指示 Payment Instruction

如已使用自動轉帳並以儲蓄/來往帳戶以作繳付保費之保單而銀行戶口持有人及保單持有人為同一人，賠償款項將轉入指定銀行戶口，如沒有使用此服務，請提供下列文件以作安排直接付款賠償：

Should the premium payment of this policy has been set as DDA saving/current account and the account holder is the policyholder, the claim payment will be debited to your designate DDA bank account, or else please provide following information for direct payment transfer:

戶口資料證明(如銀行存摺或銀行帳單或提款卡影印本列有銀行戶口持有人姓名及戶口號碼)

Account proof (e.g. bank book / bank statement or ATM card copy showing the name of account holder & account no.)

*銀行戶口持有人及保單持有人必須為同一人

*The bank account holder and the policyholder must be the same person

☐ 直接付款賠償(適用於香港境內)
Direct Transfer payment (applicable to Hong Kong)

銀行戶口持有人姓名 Name of account holder	銀行名稱 Name of Bank	銀行號碼 Bank Code	分行號碼 Branch Code	戶口號碼 Account No.
_____	_____	_____	_____	_____

☐ 銀行電匯付款(適用於香港境外)
Telegraphic Transfer payment (applicable to outside Hong Kong)

銀行戶口持有人姓名 Name of account holder	銀行名稱 Name of Bank	銀行號碼 Account No	代號 Sort/Swift/ABA- Routing code
_____	_____	_____	_____
銀行分行地址 Bank Branch Address _____			

醫療資料 Treatments Details

請註明索償類別是因疾病/意外而導致的住院/醫院費用及提供有關資料。(註：若閣下是次索償的疾病或意外曾求診門診和入院，請填寫門診及入院資料)

Please specify claim type is Hospitalization/Medical Expense due to illness/accident and provide the relevant information: (Note: Please fill in both Hospitalization and Clinical Consultation Section if you have been admitted and visited clinic for the claiming disorder.)

醫院名稱/提供醫療服務者機構名稱 治療日期 由 至
Name of Hospital/Medical Provider: Treatment Period: From to

治療原因，請註明：

Reason of Treatment. Please tick as appropriate:

☐ 由疾病所致，並請闡述所患之病症：
Due to an illness, please indicate the diagnosis:

上述疾病之徵狀始自何時？
When were you aware of the manifestation of such symptoms?

☐ 在住院期間，病人有否請假外出？ ☐ 否 ☐ 有，請假外出期由 至 原因是
During hospitalization period, did the patient have any home leave period? NO YES, the home leave period is from to Reason is

☐ 因意外受傷所致，請闡述意外詳情： 日期 時間 地點
Due to an accident, please state particulars of the accident: Date Time Place of the accident happened

意外怎樣發生？
How was it happened?

上述意外有否交由警方調查？如有，請列明所辦理之警署地點，報案編號及提交該口供紙副本。

Was the accident reported to the Police? If so, please state name and address of the Police Station to which the accident was reported, the case reference no. and provide a copy of the police statement.

門診診斷資料 Details of Clinical Consultation:

1. 首次求診日期

Date of the first consultation: (YY/MM/DD)

2. 是次主訴原因

What was the complaint/symptom of the first consultation?

3. 其後因是次主訴之覆診/再診之日期

Subsequent consultation/s date(s) of the complaint(s) OR symptom(s) in Q2.

過往求診資料，請註明 Previous Consultation History:

1. 請列出曾求診治療上述病況之醫生名稱：

Name of doctors consulted for the above illness/accident during the past year: 初診日期
Date of First Consultation

2. 請列出過去慣常求診之醫生名稱及地址：

Please list name and address of your usual consultant:

其他資料 Others

請問除本公司外，有否投保於其他保險公司？如有，請述 Do you have other insurance coverage? If so, please state:

保險公司名稱 投保種類 保單編號 保單生效日期
Name of Insurer Type of Coverage Policy Number Policy Effective Date

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、電郵或在線聯繫我們時，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 (無論是否與根據中請簽發之保單有關) ; 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

信諾香港所持有關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 services, 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、控股公司、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、控股公司、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卡 / 記賬卡發行人；
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 / 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，應向下列人士提出：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

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.

支付貨幣 Payment Currency

保障金額應以以下貨幣支付*：

Benefits will be paid in*：

☐ 港幣 HongKong dollars

☐ 保單貨幣(港幣除外)[#] 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.

[#] 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 elect to receive payment of any benefits payable under the Policy in the Policy Currency, I/we shall bear any difference 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.

聲明及授權 Declaration & Authorization

請由受保人簽署，如受保人未滿18歲，則由保單持有人簽署

To be signed by insured. If insured is below 18 years old, please sign by Policyholder

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「信諾環球」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 Healthcare") 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/保單持有人簽署

Signature of Person Insured/Policyholder

簽署日期

Date Signed

受保人/保單持有人姓名(請以正楷書寫)

Name of Person Insured/Policyholder (in block)

受保人/保單持有人香港身份證號碼

HKID Card No. of Person Insured/Policyholder

第二部份 – 主診醫生報告 (此欄須由受保人在住院期間之主診醫生填寫，而費用須由受保人負責)

Part II – Attending Physician Statement (To be completed by the insured's attending doctor at the insured's cost)

病人姓名 _____ 香港身份證號碼 _____ 年齡 _____ 性別 _____
Full name of Patient _____ HKID Card No. _____ Age _____ Sex _____

醫療資料 Treatments Details

診斷日期 _____ 由 _____ 至 _____
Treatment Period from _____ to _____

1. 病況診斷
Diagnosis of conditions _____
2. 上述診斷期間曾接受之檢查、治療手術項目及結果：
Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period: _____

有關上述病況之資料 History of Consultation

1. 在是次求診日期前，病人有否在台端執業之診所診治有關上述病況之紀錄？如有，病人始自何時求診？
Prior to this consultation, did patient first consult you for the related signs and symptoms? And when was the first consultation?
☐ 否 ☐ 有，第一次求診日期始自 _____
NO YES, the first consultation was since _____
 2. 病人在第一次求診之主要病徵為何？
What sign(s) and symptom(s) was/were the patient aware of at the first consultation? _____
 3. 如上述之徵狀是由意外所導致，
If the sign(s) and symptom(s) mentioned above were caused by an accident,
i) 意外發生日期、時間、地點。
Accident Date _____ (YY/MM/DD) Time _____ Place of the accident happened _____
ii) 請詳述意外是如何發生。
Please give the circumstances of the accident in details _____
iii) 請問傷者在首次求診時，受傷部位有否可見明顯外傷？
Any external visible signs of bodily injury were revealed at the 1st consultation? Please give details. _____
iv) 請問傷者在首次求診時，傷者之受傷部位表面有否可見之瘀傷、傷口或擦損？
Any evidence of external bruise, wound or abrasion was revealed at the 1st consultation? _____
 4. 又據病人自述，上述病徵在求診前出現多久？
According to the patient, for how long had such symptoms(s) persisted before the first consultation?
在第一次求診時，病徵已持續了 _____ 日 _____ 月 _____ 年
Prior to the first consultation, such symptoms(s) had persisted for _____ day(s) _____ month(s) _____ years(s)
 5. 病人是否由另一位醫生轉介台端作進一步治療？如是，請列出姓名：
Was the patient referred to you by another doctor for further management? If so, please state name of referral doctor:
☐ 否 ☐ 有，該醫生為 _____
NO YES, the name of referral doctor is _____
 6. 就上述病況，病人有否住院？
Was hospitalization required?
☐ 是 住院日 _____ 由 _____ 至 _____ 住院原因 _____
YES Hospitalization Period is from _____ to _____ Reason for this hospitalization _____
☐ 否 病人不需要住院接受治療
NO The patient does not require to stay at hospital for treatment
 7. 如有轉介予專科診治，請提供專科醫生之姓名及治療詳情：
If you have recommended the patient for specialists's opinion (other than attending physician), please give specialist name & nature of treatment provided: _____
 8. 在住院期間，病人有否請假外出？☐ 否 ☐ 有，請假外出日期 _____ 由 _____ 至 _____
During hospitalization period, did the patient have any home leave taken? ☐ NO YES, the home leave period is from _____ to _____
原因是 _____
Reason is _____
 9. 請指出上述病況是否與下列情況有關：
Please indicate if the medical condition and its subsequent treatment are associated with the followings:

是 / 否	先天性不正常情況、不育或絕育情況	是 / 否	牙科治療、身體檢查
YES / NO	Congenital anomalies, infertility or sterilization	YES / NO	Dental care, general check up
是 / 否	受酒精或藥物影響	是 / 否	休養、復康或延續護理
YES / NO	Under the influence of drugs or alcohol	YES / NO	Rest cure, rehabilitation, convalescence or extended care
是 / 否	不論在神智清醒與否下之自我損傷或自殺行為	是 / 否	心理、精神科
YES / NO	Self-inflicted injuries or suicidal attempt while sane or insane	YES / NO	Mental, psychiatric problems
是 / 否	懷孕或由此引發之病況	是 / 否	整形外科手術
YES / NO	Pregnancy conditions or any related complications	YES / NO	Cosmetic Plastic surgery
- 醫生簽署 _____ 醫院/醫生蓋印 _____
Signature of Physician _____ Hospital/Physician Stamp _____
醫生姓名 _____ 簽名日期 _____
Physician Name in Block _____ Date Signed _____
診所地址 _____
Clinic Address of Physician _____