

危疾索償申請表格 — 良性腦腫瘤

Critical Illness Claim Form – Benign Brain Tumour



保單號碼

Policy Number: _____

Part 1. 授權 (由保單持有人簽署) Authorization (Signed by Policyholder)

本人謹此代表本人/受保人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、或其他機構、組織或人士、凡知道或持有任何有關本人/受保人之記錄者，詳情或醫療資料，及/或曾診驗或可能將會診驗本人/受保人者，均可將該等資料提供給保泰人壽保險有限公司。此授權對本人之繼承人及受讓人具有約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

I HEREBY AUTHORIZE on behalf of myself/the insured any employer, registered practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that has any records, knowledge or medical information of me/the insured and who has attended or may hereafter attend myself/the insured to disclose such information to Bowtie Life Insurance Company Limited. This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

保單持有人姓名 身份證號碼 簽署 簽署日期
Name of Policyholder: _____ ID Number: _____ Signature: _____ Sign Date: _____

受保人姓名 身份證號碼 簽署 簽署日期
Name of Insured: _____ ID Number: _____ Signature: _____ Sign Date: _____

Part 2. 疾病詳情 (由主診醫生填寫) Illness details (To be completed by attending physician)

病人姓名 Name of patient	身份證號碼 Identity Card / HKID Card
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醫院名稱 Name of Hospital

入院日期 Date of Admission	DD / MM / YY	出院日期 Date of Discharge	DD / MM / YY
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病房級別	<input type="checkbox"/> 私家房 Private	<input type="checkbox"/> 半私家房 Semi-private	<input type="checkbox"/> 標準房 Ward	<input type="checkbox"/> 深切治療病房 ICU	<input type="checkbox"/> 門診小手術 Clinical Surgery	<input type="checkbox"/> 其他: Others:
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1. 閣下是否病人的慣常醫生? Are you the patient's usual doctor?	<input type="checkbox"/> 是, 自 Yes, Since DD / MM / YY
	<input type="checkbox"/> 否 No

2. 病人因此疾病的首次求診日期 Date of first consultation for this illness	DD / MM / YY
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3. 此疾病的主要病徵 Chief complaints / symptoms of this illness
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4. 於首次求診日期前病徵的出現日期 Date of symptom first appeared prior to the first consultation	DD / MM / YY
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5. (a) 最後診斷 Final Diagnosis

5. (b) 診斷日期 Date of Diagnosis	DD / MM / YY
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<p>6. 引起診斷結果的主因 Underlying cause for the diagnosis</p>					
<p>7. 病人何時被告知有關疾病的診斷? When was the patient informed of the diagnosis?</p>	<p>DD / MM / YY _____ 醫生姓名 Name of physician _____</p>				
<p>8. 病人曾否患有相關疾病? Has the patient previously suffered from related condition of this illness?</p>	<p><input type="checkbox"/> 是, 請說明詳情 Yes, Please provide details</p> <table border="0"> <tr> <td>日期 <u>Date</u></td> <td>醫生/醫院名稱 <u>Name of Physician / Hospital</u></td> <td>診斷 <u>Diagnosis</u></td> <td>治療詳情 <u>Details of treatment</u></td> </tr> </table> <p><input type="checkbox"/> 否 No</p>	日期 <u>Date</u>	醫生/醫院名稱 <u>Name of Physician / Hospital</u>	診斷 <u>Diagnosis</u>	治療詳情 <u>Details of treatment</u>
日期 <u>Date</u>	醫生/醫院名稱 <u>Name of Physician / Hospital</u>	診斷 <u>Diagnosis</u>	治療詳情 <u>Details of treatment</u>		
<p>9. 病人是否因任何家族病史或其他因素促使增加患上此疾病的機會? Is there any patient's family history or any precipitating factors which would have increased the risk of this illness?</p>	<p><input type="checkbox"/> 是, 請說明詳情 Yes, Please provide details</p> <p><input type="checkbox"/> 否 No</p>				
<p>10. 請提供此疾病的所有求診記錄及治療詳情。 Please provide all the consultation history and details of this illness.</p>	<table border="0"> <tr> <td>日期 <u>Date</u></td> <td>醫生/醫院名稱 <u>Name of Physician / Hospital</u></td> <td>診斷 <u>Diagnosis</u></td> <td>治療詳情 <u>Details of treatment</u></td> </tr> </table>	日期 <u>Date</u>	醫生/醫院名稱 <u>Name of Physician / Hospital</u>	診斷 <u>Diagnosis</u>	治療詳情 <u>Details of treatment</u>
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<p>11. 腦腫瘤所在的正確位置 The exact site of the tumour</p>					
<p>12. 腦腫瘤的體積及細胞組織分析 The size and histology of the tumour</p>					

13. 腫瘤是否有產生任何顯示顱內壓增高的徵狀?
Was the tumour giving rise to any characteristic signs of increased intra-cranial pressure?

是 - 請在下列適當位置劃上剔號並提供詳情
Yes - Please tick where appropriate and give details

否
No

視乳頭水腫
Papilloedema

神經功能障礙
Mental symptoms

痙攣
Seizures

感覺神經障礙
Sensory Impairment

其他
Others _____

請提供所顯示徵狀的詳情
Please provide details of the sign(s)

14. 有否進行磁力共振掃描或電腦掃描以確定此病?
Has any imaging investigation or laboratory examination done e.g. MRI or CT brain?

有, 請提供詳情及檢驗報告
Yes, Please provide details and examination report

否
No

15. 上述的腦腫瘤是否屬於右列的類別?
Does the brain tumour belong to any one listed on the right column?

(a) 囊腫
Cyst 是 Yes 否 No

(b) 肉芽腫
Granulomas 是 Yes 否 No

(c) 腦部動脈或靜脈血管畸形
Malformations in, or of, the arteries or veins of the brain 是 Yes 否 No

(d) 血腫
Haematomas 是 Yes 否 No

(e) 腦垂體或脊髓腫瘤
Tumours in the pituitary gland or spine 是 Yes 否 No

(f) 顱底腫瘤
Tumours of the skull base 是 Yes 否 No

16. 所有診斷檢驗的詳情及結果。(請提供所有檢查報告)
Details of all diagnostic tests performed and the result.
(Please enclose copies of all examination reports.)

檢驗日期 Examination date	檢驗項目 Examination Item	結果 Result

17. 如病人由其他醫生轉介，請提供轉介醫生的姓名和地址
If the patient was referred by another doctor, please provide the referring doctor's name and address

18. 病人過往有否下列的病歷/習慣?

Did the patient have the following past medical history / habit?

是 - 請在下列適當位置劃上剔號並提供詳情(如適用)

Yes - Please tick where appropriate and give details (if applicable)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 心臟病
Cardiac problem | <input type="checkbox"/> 糖尿病
Diabetes mellitus | <input type="checkbox"/> 曾接受手術
Previous operation | <input type="checkbox"/> 吸煙習慣
Smoking habit |
| <input type="checkbox"/> 高血壓
Hypertension | <input type="checkbox"/> 乙型肝炎
Hepatitis B | <input type="checkbox"/> 濫用藥物
Drug addiction | <input type="checkbox"/> 飲酒習慣
Drinking habit |
| <input type="checkbox"/> 人類免疫力缺乏病毒感染
HIV infection | <input type="checkbox"/> 其他嚴重、慢性或先天性疾病
Other major, chronic or congenital illness | | |

詳情 Details _____

診斷日期及醫生名稱
Diagnosis date and name of physician DD / MM / YY _____

病歷之現況
Current condition of the above medical history : 完全康復 Fully recovered 治療中 On treatment

吸煙/飲酒習慣開始於
Smoking / Drinking habit since DD / MM / YY _____

否
No

Part 3. 醫生資料 Physician Details

本人謹此聲明曾為病人作出診治，以上之所陳述乃本人對病人健康狀況之意見。

I hereby certified that I did personally treat the patient and the facts as given above represent my opinion of his/her condition.

主診醫生姓名 Name of Attending Physician	資歷 Qualification
地址 Address	聯絡電話 Telephone No.
主診醫生簽署及蓋印 Signature and stamp of Attending Physician	日期 Date DD / MM / YY _____

本人/受保人聲明及同意下列各點：(甲) 本賠償申請表格上所載的聲明及答案，以及經本人/受保人所簽署之醫療問卷或所遞之其他文件，均屬真實無訛，詳細完整。(乙) 倘本人/受保人未能提供此申請所需資料，可導致保泰人壽保險有限公司(保泰)未能處理此賠償申請。

I/The insured hereby declare and agree that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document signed or submitted by me/the insured in connection with this claim are full, complete and true. (b) Bowtie Life Insurance Company Limited (Bowtie) may be unable to process this claim if I/the insured fail to provide any information related to this claim.

個人資料收集聲明

本人/吾等明白及同意保泰可以將從本人/吾等所收集的個人資料作以下用途：(a) 處理及評估本人/吾等的此項申請；(b) 管理本人/吾等所持有的保泰產品，並提供相關服務；(c) 處理及調查本人/吾等所持有的保泰產品索償個案；(d) 進行客戶調查；(e) 為客戶研究，設計及/或優化保泰的產品與服務；(f) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃，並提供予本人/吾等有關的服務；(g) 因上述目的與本人/吾等聯絡；(h) 為遵守適用的法例、法規、法規指引或法庭命令；及(i) 與上述目的直接有關的任何其他目的。保泰可為以上目的披露本人/吾等的個人資料予下列承讓人：(a) 為協助保泰就上述用途(不論在香港或其他地方)而提供服務的第三方，包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司及專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料)；(b) 本人/吾等的銀行作繳款用途；(c) 保泰的商業夥伴、服務提供者或被保泰任命的人；(d) 保泰的關連公司(根據公司條例訂明)；(e) 香港保險業聯會及其會員，以及其他保險公司及金融服務機構；(f) 保泰及其關連公司因受(香港或其他國家之)法例、法規、法規指引、法庭命令或保泰與任何管轄區域的監管機構、政府，或於香港境內或境外存在的財務服務供應商的自律監管或行業組織或協會所提供的，或之間的協議項目下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局；(g) 保泰及/或其資產的實際或建議受讓人等、或保泰就其權利的參與人等或附屬參與人等，可以讓其評核擬成為轉讓、參與或附屬參與的交易，及讓實際受讓人等在運作被轉讓的業務或權利中使用本人/吾等的資料；(h) 代表本人/吾等行事的任何授權人士、收款人、受益人、戶口代名人或往來及代理銀行；及(i) 研究調查公司，信貸評級機構及保泰僱用的其他公司，藉以加強保泰向本人/吾等所提供的服務。本人/吾等可自願提供予保泰有關本人/吾等的個人資料，然而倘若未能提供所需個人資料，保泰或不能處理本人/吾等的申請。本人/吾等有權查閱及要求更正保泰持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港觀塘偉業街180號26樓GP18，或Hello@Bowtie.com.hk，保泰的私隱保障主任。保泰可就處理該等要求收取合理費用。

PERSONAL INFORMATION COLLECTION STATEMENT

I/We understand and consent that, the personal data collected from me/us by Bowtie may be used by Bowtie for the following purposes: (a) processing and evaluating this application I/we make; (b) administering and providing services in relation to the Bowtie products I/we hold; (c) processing and investigating claims in relation to the Bowtie products I/we hold; (d) conducting customer surveys; (e) researching, designing and/or enhancing Bowtie's products and services; (f) selecting me/us to participate in reward, loyalty or privileges program and providing me/us with related services; (g) contacting me/us for the above purposes; (h) complying with applicable laws, regulation, regulatory guidance and/or court orders and (i) fulfilling other purposes which are directly related to the above purposes. Bowtie may disclose my/our personal data to the following transferees for the above purposes: (a) third parties who provide services in Hong Kong or elsewhere which assist Bowtie to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) my/our bank for payment purposes; (c) Bowtie's business partners, service providers and appointed persons of Bowtie; (d) Bowtie's associated companies (as defined in the Companies Ordinance); (e) Hong Kong Federation of Insurers and its members, and other insurance companies and financial services companies; (f) any person or authority or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong to whom Bowtie is required to disclose under applicable law, regulation, regulatory guidance or court order or obligation or requirement under an agreement, or other commitment, between Bowtie & its associated companies and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) that Bowtie and its associated companies are subject to or required to comply with (of Hong Kong or any other countries); (g) actual or proposed assignees of Bowtie's business and/or assets, or participants or sub-participants of Bowtie's rights in respect of me/us, to allow them to evaluate the intended assignment, participation or sub-participation, and enable the actual assignees to use my/our data in the operation of the business or rights assigned; (h) any authorised persons acting on my/our behalf, payment recipients, beneficiaries, account nominees, correspondent and agent banks; and (i) research companies, rating agencies and other companies engaged by Bowtie to enhance the products and services Bowtie provides to me/us. It is voluntary for me/us to provide the personal data to Bowtie, but if I/we do not provide the requested personal data, Bowtie may not be able to process my/our application. I/We have the right to request access to and correction of any of my/our personal data relating to me/us in any of Bowtie's records by sending a written request to Bowtie's Privacy Officer at GP18, 26/F, Two Harbour Square, 180 Wai Yip Street, Kwun Tong, Hong Kong, or to Hello@Bowtie.com.hk. Bowtie may charge a reasonable fee for processing such requests.