危疾索償申請表格 — 癌症
Critical Illness Claim Form — Cancer

bowtie

保單號碼
Policy Number: _____

掃描二維碼了解索償程序
Scan to read our claim procedure

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 Name of Policyholder : _____ 身份證號碼 ID Number : _____ 簽署 Signature : _____ 簽署日期 Sign Date : _____

受保人姓名 Name of Insured : _____ 身份證號碼 ID Number : _____ 簽署 Signature : _____ 簽署日期 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
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
病房級別 ☐ 私家房 Private ☐ 半私家房 Semi-private ☐ 標準房 Ward ☐ 深切治療病房 ICU ☐ 門診小手術 Clinical Surgery ☐ 其他: Others:	
1. 閣下是否病人的慣常醫生? Are you the patient's usual doctor?	☐ 是,自 Yes, Since DD / MM / YY ☐ 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
3. 此疾病的主要病徵 Chief complaints / symptoms of this illness	
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
5. (a) 最後診斷 Final Diagnosis	
5. (b) 診斷日期 Date of Diagnosis	DD / MM / YY

6. 引起診斷結果的主因 **Underlying cause for the diagnosis**	

7. 病人何時被告知有關疾病的診斷? **When was the patient informed of the diagnosis?**	DD / MM / YY **醫生姓名 Name of physician** _____

8. 病人曾否患有相關疾病? **Has the patient previously suffered from related condition of this illness?**	☐ **是,請說明詳情** **Yes, Please provide details** 日期 Date / 醫生/醫院名稱 Name of Physician / Hospital / 診斷 Diagnosis / 治療詳情 Details of treatment ☐ **否** **No**

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?**	☐ **是,請說明詳情** **Yes, Please provide details** ☐ **否** **No**

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.**	日期 Date / 醫生/醫院名稱 Name of Physician / Hospital / 診斷 Diagnosis / 治療詳情 Details of treatment

11. 請提供此疾病的詳情 **Please provide the details of this illness** **(a) 腫瘤的確定位置** **What is the site of the Tumour?** **(b) 腫瘤被界別為第幾級別?** **What is the staging of the Tumour?** **(c) 是否屬原位癌?** **Was it Carcinoma-in-situ?** **(d) 腫瘤是否完全在原位生長?** **Was the Tumour completely localized?** **(e) 惡性細胞是否不受控制地生長及擴散?** **Was there uncontrolled growth and spread of malignant cells?**	**(a)** **(b) 級別 Staging** _____ **級別分類 Staging System** _____ **(c)** ☐ **是 Yes** ☐ **否 No** **(d)** ☐ **是 Yes** ☐ **否 No** **(e)** ☐ **是 Yes** ☐ **否 No**

(f) 腫瘤是否已侵略至其他鄰近細胞或淋巴?
Was there any invasion of adjacent tissue or regional lymph node?

(g) 腫瘤是否轉移到其他身體器官?
Was there distant metastasis to other organ(s)?

(h) 診斷是否經病理分析確定? (請提供病理分析報告)
Is the diagnosis confirmed with histological examination?
(Please provide the histological report)

(f) ☐ 是 Yes ☐ 否 No

(g) ☐ 是 Yes ☐ 否 No

(h) ☐ 是,請說明詳情 Yes, Please provide details ☐ 否 No

日期 Date	病理分析類別 Type of histological examination performed	結果 Result

若未有進行病理分析,原因為何?
What is the reason if histological examination is not done?

12. 如診斷為白血病,請提供確實白血病之類別詳情。
If the diagnosis is Leukaemia, please advise the type and details of Leukaemia.

13. 如診斷為皮膚癌,是否屬非黑色素瘤皮膚癌或惡性黑色素瘤?
If the diagnosis is Skin Cancer, was it non melanoma skin cancers or malignant melanoma?

☐ 是,請提供活組織檢查報告及結果 Yes, Please provide the biopsy report and result ☐ 否 No

14. 治療詳情
Treatment Details

☐ 電療 Radiotherapy ☐ 化療 Chemotherapy

☐ 舒緩治療 Palliative

☐ 手術 Surgical 手術名稱 Name of Surgery _____

☐ 其他,請註明 Others, please specify _____

15. 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.)

檢查日期 Examination date	檢驗項目 Examination Item	結果 Result

16. 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

17. 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)

☐ 心臟病 Cardiac problem
☐ 糖尿病 Diabetes mellitus
☐ 曾接受手術 Previous operation
☐ 吸煙習慣 Smoking habit
☐ 高血壓 Hypertension
☐ 乙型肝炎 Hepatitis B
☐ 濫用藥物 Drug addiction
☐ 飲酒習慣 Drinking habit
☐ 人類免疫力缺乏病毒感染 HIV infection
☐ 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** DD / MM / YY **Date** _____

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，均屬真確無訛，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.

Part 4. 個人資料收集聲明 Personal Information Collection Statement

個人資料收集聲明

收集目的
保泰人壽保險有限公司 (「保泰」) 可以將從你所收集的個人資料作以下目的，而保泰亦需要你的個人資料以達致該目的：

1. 處理及評估申請/資料遞交；
2. 確認和核實身份;
3. 管理你所持有的保泰產品， 並提供相關服務；
4. 處理及調查你所持有的保泰產品的索償個案；
5. 進行客户調查；
6. 為客戶研究，設計及/或優化保泰的產品與服務；
7. 為你甄選及參與獎賞、忠實或特選客戶計劃，並提供予你有關的服務；
8. 因上述目的與你聯絡；
9. 為遵守所有保泰及其關連公司所受限制的 (香港或其他國家) 法例、 法規、 法規指引、法庭命令或保泰及其關連公司與任何管轄區域的監管機構或政府之間的協議項目下的義務或其他承諾 (其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)；
10. 核實資料，不管是否用來對你作出不利行動；
11. 協助你透過第三方身份認證服務（如 Google、Apple 或「智方便」）登入；及
12. 與上述任何目的直接有關的其他目的。

你可自願提供予保泰有關你的個人資料。倘若你未能提供所需個人資料，保泰或不能處理你的申請/資料遞交，或繼續提供予你你所須的產品或服務。

雖然大部份你的個人資料由你直接提供，但如你選擇將你的保泰帳戶連結至第三方或使用第三方身份認證服務（如 Google）登入，我們亦可能從這些第三方收集你的個人資料（如你的姓名、電郵地址及唯一識別碼）。選擇連結你的帳戶或使用這些第三方服務，即代表你授權我們根據本聲明收集、使用及儲存這些由第三方提供的資料。你確認該等資料由第三方轉移至保泰的過程，受你與該第三方的協定及適用於該第三方的私隱守則所約束。

「你的個人資料」包括由你提供有關你本人、你的受養人、受益人、代表及其他人士的資料(包括但不限於身份辨識資料、聯絡資料、生物辨識資料 (例如面部圖像及自拍錄像))。如你代表他人提供個人資料，你確認你乃是他們的父母或監護人或你已取得有關人士之同意提供有關人士之個人資料予保泰作本聲明之用途。

個人資料承轉人的類別
保泰可為以上目的披露你的個人資料予下列承讓人：

1. 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、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)；
2. 你的銀行作繳款用途；
3. 保泰的商業夥伴、服務提供者或被保泰任命的人；
4. 保泰的關連公司 (根據公司條例訂明) ；
5. 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；
6. 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；
7. 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你的資料；
8. 代表你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
9. 研究調查公司，信貸評級機構及保泰僱用的其他公司，藉以加強保泰向你所提供的服務。

使用個人資料作直接促銷
保泰打算使用和轉移你的姓名和聯絡資料給保泰的合作夥伴、服務提供者或關連公司，以不同的渠道包括電話、郵件、電郵、電話短訊或任何電子信息等方法，聯絡你以直接促銷保泰及其合作夥伴、服務提供者或關連公司在包括但不限於保險、健康及生活消閒等方面的產品、服務和優惠。

除非得到你的同意 (包括表示不反對該用途)，否則保泰不可使用你的資料作為該用途。未經您明確同意，我們不會將您的個人資料提供給第三方用於其直接促銷活動。如你不願意保泰使用你的個人資料作直接推廣之用途，請於保泰每一次收集個人資料 (例如，經保泰網站) 時所提供的方格，表示你的意願。如你沒有根據以上所述表達你的意願，你於下列確認這個人資料收集聲明，即代表你同意保泰可能使用你的個人資料作直接推廣用途。

如將來你希望更改你對保泰上述使用你的個人資料以作直接推廣用途的意願，請聯絡保泰的私隱保障主任 (參考下述聯絡方法)。

保留資料
保泰將僅在必要時保留你的個人資料，以實現收集資料的目的。我們亦可能保留存檔的個人資料以作統計之用。不再需要的個人資料將會被銷毀。

安全措施
除上述情況外，你的個人資料 (無論如何存取) 將只會由獲得授權的保泰員工或承包商查閱。如果個人資料以電子方式存取，它將會被保存在獨立的伺服器上，並受密碼保護 (或在相等的保護下)，亦只能由授權人士查閱。保泰指定處理個人資料的員工和承包商將會按指示，根據上述目的使用個人資料。

查閱及更正個人資料
你有權查閱保泰持有有關你的個人資料；要求更正在保泰的紀錄內任何有關你的個人資料；及確定保泰有關個人資料的政策及慣例。有關要求可以書面形式郵寄至香港灣仔莊士敦道 68 號保泰人壽大廈 4 樓，或 cs@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。

修改個人資料收集聲明
保泰保留權利可隨時且在無須通知的情況下修改本個人資料收集聲明。倘保泰決定修改其個人資料政策，保泰將於其網站或以電子訊息更新其個人資料收集聲明。任何有關修改將在刊登後即時生效。

你/你們承認並確認你/你們已閱讀並理解個人資料收集聲明。你/你們確認已被建議閱讀並已仔細閱讀此個人資料收集聲明，及已仔細考慮其對保泰收集或持有的你/你們的個人資料的效果和影響 (無論是否包含在本申請/資料遞交中)。基於上述內容，你/你們特此承認並同意保泰根據個人資料收集聲明使用和轉讓你/你們的個人資料，包括使用和提供你/你們的個人資料，以作直接推廣。

Personal Information Collection Statement

Purpose of collection
Bowtie Life Insurance Company Limited ("Bowtie") may use the personal data collected from you for the following purposes, and your personal data is necessary for the same:

1. Processing and evaluating applications/data submissions;
2. Checking and authenticating identity;
3. Administering and providing services in relation to the Bowtie products you hold;
4. Processing and investigating claims in relation to the Bowtie products you hold;
5. Conducting customer surveys;
6. Researching, designing and/or enhancing Bowtie's products and services;
7. Selecting you to participate in reward, loyalty or privileges program and providing you with related services;
8. Contacting you for the above purposes;
9. Complying with all applicable laws, regulations, regulatory guidance and/or court orders; or obligation or requirement under an agreement, or other commitment, between Bowtie or its associated companies and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Bowtie and its associated companies are subject to (of Hong Kong or any other countries);
10. Verifying data, whether or not for the purpose of taking adverse action against you;
11. Facilitating your login through third-party identity verification services (such as Google, Apple, or 'iAM Smart'); and
12. Fulfilling other purposes which are directly related to any of the above purposes.

It is voluntary for you to provide the personal data to Bowtie. If you do not provide the requested personal data, Bowtie may not be able to process your application/data submission or continue to provide you with the products or perform the services you require.

While most of your personal data is collected directly from you, if you choose to link your Bowtie account with third parties or use third-party identity verification (e.g., Google) sign-in services, we may also collect your personal data (such as your name, email address and unique identifiers) from these third parties. By choosing to link your accounts or use these third-party services, you authorize us to collect, use, and store the data provided by these third parties consistent with this PICS. You acknowledge that the transfer of such data from the third party to Bowtie is governed by your agreement with that third party and the privacy practices applicable to that third party.

Your personal data includes the data relating to you, your dependents, your beneficiaries, your delegates and other persons provided by you (including but not limited to identification information, contact information, biometric data (including facial image and selfie video)). If you provide personal data on behalf of another person, you confirm that you are either his/her parent or guardian or you have obtained that person's consent to provide his/her personal data for use by Bowtie for the purposes set out in this PICS.

Classes of transferees
Bowtie may disclose your personal data to the following transferees for the purposes mentioned above:

1. Third parties who provide services in Hong Kong or elsewhere which assist Bowtie to carry out the above purposes, including, but not limited to, claims investigators, medical advisors, medical service providers, emergency assistance service providers, investment management companies, 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);
2. Your bank for payment purposes;
3. Bowtie's business partners, service providers and appointed persons of Bowtie;
4. Bowtie's associated companies (as defined in the Companies Ordinance);
5. Hong Kong Federation of Insurers and its members, and other insurance companies and financial services companies;
6. 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);
7. Actual or proposed assignees of Bowtie's business and/or assets, or participants or sub-participants of Bowtie's rights in respect of you, to allow them to evaluate the intended assignment, participation or sub-participation, and enable the actual assignees to use your data in the operation of the business or rights assigned;

8. Any authorised persons acting on your behalf, payment recipients, beneficiaries, account nominees, correspondent and agent banks; and
9. Research companies, rating agencies and other companies engaged by Bowtie to enhance the products and services Bowtie provides to you.

Use of personal data for direct marketing

Bowtie intends to use and transfer your name and contact information to its business partners, service providers or associated companies for the purpose of direct marketing on the products, services and offers of Bowtie, its service providers, associated companies or business partners relating to areas including but not limited to insurance, healthcare and lifestyle, through various communication means such as phone call, mail, email, SMS or any type of electronic message.

Bowtie may not so use your data unless Bowtie has received your consent (which includes an indication of no objection of the intended use). We will not transfer your personal data to third parties for their use in direct marketing without your express consent to the same. If you object to Bowtie's use of your personal data for direct marketing purposes, please tick the box enclosed with each of our information request (e.g., via Bowtie's website) to indicate your preference. If you do not indicate your preference, then by acknowledging this PICS below you agree that Bowtie may use your personal data for direct marketing purposes.

If you wish to change your preference in the future in respect of Bowtie's use of your personal data for direct marketing purposes, please contact Bowtie's Privacy Officer (see below for contact details).

Retention of data

Bowtie will keep your personal data only for as long as necessary to fulfil the purpose(s) for which the data was collected. We may also retain archived personal data for statistical purposes. Personal data which is no longer required will be destroyed.

Security

Except as mentioned above, your personal data, however stored, will be accessed only by Bowtie's employees or contractors who are authorised to do so. Where personal data is stored electronically, it will be kept on a separate server, password-protected (or under some equivalent form of protection) and accessible only by authorised personnel. Bowtie employees and contractors authorised to handle personal data will be instructed to do so for the above mentioned purposes for which personal data are to be used.

Access to and correction of personal data

You have the right to request access to and correction of any of your personal data relating to you in any of Bowtie's records, or ascertain Bowtie's policies and practices in relation to personal data, by sending a written request to Bowtie's Privacy Officer at 4/F, Bowtie Life Insurance Tower, 68 Johnston Road, Wan Chai, Hong Kong, or to cs@bowtie.com.hk. Bowtie may charge a reasonable fee for processing such requests.

Amendment of this PICS

Bowtie reserves the right to amend this PICS at any time and without prior notice. If Bowtie changes its personal data policy, Bowtie may update the PICS on Bowtie's website or through electronic messages. All amendments will be effective immediately upon posting.

YOU ACKNOWLEDGE AND CONFIRM that you have read and understood the Personal Information Collection Statement ("PICS"). You confirm that you have been advised to read and have carefully read the PICS, and you have carefully considered its effect and impact in respect of your personal data collected or held by Bowtie Life Insurance Company Limited ("Bowtie") (whether contained in this application/data submission or otherwise). Based on the foregoing, you hereby acknowledge and agree to the use and transfer of your personal data by Bowtie in accordance with the PICS, including the use and provision of your personal data for the purpose of direct marketing.