

# Medical Expense Claim Form (Bright Superb Health)

## 醫療費用索償表格(明智顯耀醫療計劃)



Inter Partner Assistance Hong Kong Limited (IPA) is a service provider appointed to provide claims services for "Bright Superb Health". Please contact IPA hotline for any claim enquiry. Tel : (852) 8101 8011 Fax : (852) 8200 8377 Email : sunlife.hk@ip-assistance.com. **Please mail your completed claim form and original medical receipts to Sun Life Claims Department, G/F, Cheung Kei Center Tower B, 18 Hung Luen Road, Hung Hom, Kowloon.**

國際救援(亞洲)公司被委任為處理「明智顯耀醫療計劃」索償事務之服務商。如有關任何索償事項查詢，請致電IPA提供之專線。電話：(852) 8101 8011 傳真：(852) 8200 8377 電郵：[sunlife.hk@ip-assistance.com](mailto:sunlife.hk@ip-assistance.com) 請郵寄已填妥之索償表格及醫療收據正本至九龍紅磡紅鸞道18號祥祺中心B座地下埋賠部。

Consultant's Information 顧問資料				
Consultant Name 顧問姓名	District/ Branch Code 區域/分行編號	Consultant Code 顧問編號	Contact Phone No. 聯絡電話	
<b>Part 1 第一部份 - To be completed by Insured or Policy Owner if Insured is below 18 years old (Please attach hospital / medical expense receipts with this form)</b> 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/醫療費用單據一併交回)				
<b>1. Personal Particulars 個人資料</b>				
Name of Policy Owner 保單持有人姓名	Eng 英文	Family Name 姓 Given Name 名	Chi 中文	Policy No. 保單編號
Name of Insured 受保人姓名	Eng 英文	Family Name 姓 Given Name 名	Chi 中文	
HK Identity Card No. of Insured 受保人香港身份證號碼	Date of Birth 出生日期		YY/MM/DD (年/月/日)	Age 年齡
Country of Residence in the past 12 months of the Insured 受保人過去 12 個月之常住地				
Daytime Contact Telephone No. 日間聯絡電話			E-mail Address 電郵地址	
Name of Current Employer 現任僱主名稱			Position Held 受僱職位	
Address of Current Employer 現任僱主地址			Tel No. 公司電話	
<b>Remark 1 備註一:</b> Claim Status Notification and Claim Cheque (issued in Hong Kong Dollars) will be sent to your consultant unless you specified by ticking the following box. 如無下列方格內填上剔號作出指示，索償進度通知書及賠償支票(以港幣支付)將送予閣下顧問。 <ul style="list-style-type: none"> <li>Send the <b>Claim Status Notification, Claim Cheque and Claim Settlement Advice</b> to my correspondence address as your record 索償進度通知書、賠償支票及住院賠償通知寄往本人的通訊地址 <input type="checkbox"/></li> </ul>				
<b>Remark 2 備註二:</b> Please tick the box if return the <b>Certified True Copy</b> after processing claim 若理賠審結後需退回核實副本，請方格內填上剔號 <input type="checkbox"/>				
<b>2. Consultation Information 求診資料</b>				
Please provide consultation information to facilitate the claim processing 請提供詳細求診資料以便處理索償				
2.1 This consultation/ hospital confinement 是次求診/住院				
i. Reasons of this consultation (provide details as appropriate) 求診原因(請提供詳情)				
<ul style="list-style-type: none"> <li>Due to illness/ accident. Please provide the diagnosis 由疾病/意外所致，請提供診斷：</li> <li>For accident, please provide the circumstances of the incident 如屬意外導致，請提供意外詳情：</li> </ul>				
ii. When did you first aware of the manifestation of such symptoms 您何時首次發現上述病徵		iii. Date of first consultation 初診日期		
YY/MM/DD (年/月/日)		YY/MM/DD (年/月/日)		
iv. Name of Hospital / Clinic / Doctor 醫院/診所/醫生名稱				
v. Consultation period : From to 求診日期：由 至				
YY/MM/DD (年/月/日)		vi. Name of doctor(s) consulted for this illness / accident in the past : 您過去曾就是次疾病/意外就診之醫生名稱：		
2.2 Previous related consultation history 過去因該病求診紀錄				
i. What was the sign / symptom in the first consultation 首次求診之病徵：				
ii. Date of first consultation 初診日期		iii. Subsequent consultation dates of this sign / symptom 其後因該病徵覆診/再診之日期		
YY/MM/DD (年/月/日)		YY/MM/DD (年/月/日)		
2.3 Please provide the name and address of your usual / family doctor : 請列出閣下過去慣常求診的醫生/家庭醫生之名稱及地址：				
<b>3. Others 其他資料</b>				
Do you have other insurance coverage? If so, please state 請問除本公司外，受保人否投保於其他保險公司？如有，請列明：				
Name of Insurer 保險公司名稱	Type of Coverage 投保種類	Policy Number 保單編號	Policy Effective Date 保單生效日期	

**PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明**

I/we understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/we know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life 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) to my/our bank for payment purposes; (c) to my/our licensed insurance broker (if any); (d) to Sun Life's licensed insurance agencies and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/we understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/we have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, Tower B, Cheung Kei Center, 18 Hung Luen Road, Hung Hom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests. "Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」)可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: (i) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項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); 及 (ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上別號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途 (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); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的持牌保險經紀(如有); (d) 永明的持牌保險代理人及強積金中介人; (e) 永明的關連公司 (根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員; (g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項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; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道18號祥祺中心B座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊, 請於方格內填上別號。

**DECLARATION AND AUTHORIZATION 聲明及授權**

I/WE 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 submitted by me/us in connection with this claim are full, complete and true. (b) **Sun Life Hong Kong Limited** (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim.

I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, institution, insurance company, government, private office or person that has any record or knowledge or information of me/ the Insured to disclose, release or transfer to **Sun Life Hong Kong Limited** or its appointed representatives any such record, knowledge or information. (b) the Company or its appointed medical/paramedical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this application. (c) I specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome (A.I.D.S.) and A.I.D.S. related complex (A.R.C.). This authorization shall irrevocably bind the successors and assignees of me/the Insured and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等聲明及同意下列各點: (甲) 本賠償申請表上所載的聲明及答案, 以及經本人/吾等簽署之所需的醫療問卷或經本人遞其他文件, 均屬真確無訛, 詳細完整。本人/吾等明白倘有任何未知是否於重要事項的資料均須透露。(乙) 倘本人/吾等未能提供此申請所需資料, 可導致**香港永明金融有限公司**(以下稱為「公司」)未能處理此賠償申請。

本人/吾等同時授權以下各點: (甲) 任何註冊醫生, 醫院, 診所, 保險公司, 政府部門或任何其他持有有關本人/受保人之個人資料之人士或機構, 向**香港永明金融有限公司**或其代表透露, 發放或轉交任何有關資料。(乙) 公司或公司指定之醫護人員或化驗所, 可就此申請, 對本人/受保人進行所需之醫療評估及測試以審核本人/受保人之健康狀況。(丙) 本人/吾等特此授權上述人士或機構透露任何關於傳染性疾病及感染的所有資料, 包括但不限於任何經接觸傳染之疾病、人類免疫力缺乏病毒(HIV) 感染、後天免疫力缺乏病(愛滋病)及愛滋病有關發症。此授權對本人/受保人之繼承人或受讓人具有約束力。即使本人/受保人死亡或無行為能力, 此授權書仍有效力。此授權書的影印本與正本具同等效力。

Signature of Policy Owner 保單主權人簽署 X	ID / Passport No. 身份證 / 護照號碼	Date (YY/MM/DD) 日期 (年/月/日)
Name (in block letters) 姓名 (大寫)		
Signature of Insured 受保人簽署 X	ID / Passport No. 身份證 / 護照號碼	Date (YY/MM/DD) 日期 (年/月/日)
Name (in block letters) 姓名 (大寫)		

**Part 2 第二部份 - Attending Physician Statement (To be completed by the Insured's attending doctor at the Insured's cost)**

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, 而費用需由受保人負責)

Full name of Patient 病人姓名	HK Identity Card No. 香港身份證號碼	Age 年齡	Sex 性別
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**1. Consultation Information 求診資料**

Treatment Period from 診斷日期 由 to 至

1.1 Diagnosis of conditions :  
病況診斷 :

1.2 Investigations, treatment, therapy, surgical procedures done and result during the above mentioned treatment period :  
上述診斷期間曾接受之檢查、治療手術項目及結果 :

**2. History of Consultation 有關上述病況之資料**

2.1 Prior to this consultation, did patient first consult you for the related signs and symptoms and when was the first consultation?  
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記錄? 如有, 病人始自何時求診?  
 NO  YES, the first consultation was since  
否 有, 第一次求診日期始自

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

2.3 If the sign(s) and symptom(s) mentioned above were caused by an accident.  
如上述之徵狀是由意外所導致,  
i) Accident Date 意外發生日期 YY/MM/DD (年/月/日) Time 時間 Place 地點  
ii) Please give the circumstances of the accident in details.  
請詳述意外如何發生。  
iii) Any external visible signs of bodily injury were revealed at the 1st consultation? Please give details.  
請問傷者在首次求診時, 受傷部位有否可見明顯外傷?

2.4 According to the patient, for how long had such symptom(s) persisted before the first consultation?  
據病人自述, 上述病徵在求診前出現多久  
YY/MM/DD (年/月/日)

2.5 In your opinion, prior to the first consultation, such symptom(s) had persisted for  
據你的診治, 在第一次求診時, 病徵已持續了  
YY/MM/DD (年/月/日)

2.6 Was the patient referred to you by another doctor for further management? If so, please state name of referral doctor :  
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 :  
 No  Yes, the name of referral doctor is Reason of referral :  
否 是, 該醫生為 轉介理由

2.7 Was hospitalization required for the above mentioned diagnosis?  
就上述病況, 病人有否住院?  
 Yes Hospitalization Period is from to Reason for this hospitalization :  
是 住院日由 至 住院原因  
 No, The patient does not require to stay at hospital for treatment  
否, 病人不需要住院接受治療

2.8 If you have recommended the patient for specialist's opinion (other than attending Physician), please give specialist name and nature of treatment provided:  
如有轉介予專科診治, 請提供專科醫生之姓名及治療詳情 :

2.9 During hospitalization period, did the patient have any home leave taken? 在住院期間, 病人有否請假外出?  No  Yes, the home leave period is from to Reason is  
否 有, 請假外出日期由 至 原因是

2.10 Please indicate if the medical condition and its subsequent treatment are associated with the followings  
請指出上述病況是否與下列情況有關 :

Yes / No 是 否	Congenital anomalies, infertility or sterilization 先天性不正常情況, 不育或絕育	Yes / No 是 否	Dental care or General Check-up 牙科治療, 身體檢查
Yes / No 是 否	Under the influence of drugs or alcohol 受酒精或藥物影響	Yes / No 是 否	Rest cure, rehabilitation, convalescence or extended care 休養、康復、療養或延續護理
Yes / No 是 否	Self-inflicted injuries or suicidal attempt while sane or insane 不論在神智清醒與否下之自我傷殘或自殺行為	Yes / No 是 否	Mental or psychiatric problems 心理或精神科
Yes / No 是 否	Pregnancy conditions or any related complications 懷孕或由此引發之病況	Yes / No 是 否	Cosmetic / Plastic Surgery 美容/整形外科手術

Signature of Physician 醫生簽署 Hospital / Physician Stamp 醫院/醫生蓋印

Physician Name in Block 醫生姓名 Date Signed 簽署日期

Clinic Address of Physician 診所地址