

Hospital/Day Care Surgery Claim Form
住院保障/日間手術索償表格
H745
 Hospital claim 住院賠償 Hospital cash claim 住院現金賠償 Day care surgery 日間手術

1. You can report a claim anytime, anywhere around the world, simply click on the following for online claim lodgement:-
 您可以隨時隨地在世界各地申請索賠，只需點擊以下網址提出申請：

<https://forms.msig.com.hk/Forms/ClaimHealthCare> Or 或 QR:



2. Otherwise, please complete and submit this Claim Form to us within 30 days from hospital discharge or day care surgery, together with relevant supporting documents. Further information may be needed in the future.
 • Post: MSIG Insurance (Hong Kong) Limited, Claims Division, 9/F 1111 King's Road, Taikoo Shing, Hong Kong
 或者，請將填妥之索償表格連同有關證明文件，並於出院或日間手術後30天內呈交本公司。稍後可能需要提供進一步資料。
 • 郵寄地址：香港太古城英皇道1111號9樓 三井住友海上火災保險（香港）有限公司 理賠部
3. For inquiry, please call our Healthcare Services Hotline at +852 3122 6988 or email at HCclaims@hk.msig-asia.com
 如有任何查詢，請致電我們的醫療服務熱線+852 3122 6988 或電郵HCclaims@hk.msig-asia.com

Part 1 (To be completed by Policyholder/Insured Person)
第一部份（由保單持有人/受保人填寫）
Policyholder details 保單持有人資料

Surname: 姓：		Given name: 名：		Policy no.: 保單號碼：	
<input type="checkbox"/> HKID no. 香港身份證號碼： <input type="checkbox"/> Passport no. 護照號碼：		Date of birth (DD/MM/YYYY): 出生日期（日/月/年）：		Gender: 性別： M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	
Email: 電郵：				Contact no.: 聯絡電話：	
Correspondence address 通訊地址：					
Flat/Room 室		Floor 樓		Block 座	
Building/Estate 大廈/屋苑					
Street/Road & district area 街道及地區				<input type="checkbox"/> HK 香港 <input type="checkbox"/> KLN 九龍 <input type="checkbox"/> NT 新界	
If we need to contact you in written, which method would you prefer most? 如本公司需要以書面聯絡您，您認為那一種聯絡方式比較適合？				<input type="checkbox"/> Mail 郵件 <input type="checkbox"/> Email 電子郵件	

Insured Person/Patient details (If not the above Policyholder) 受保人/病人資料（如非上述保單持有人）

Surname: 姓：		Given name: 名：		Policy no.: 保單號碼：	
<input type="checkbox"/> HKID no. 香港身份證號碼： <input type="checkbox"/> Passport no. 護照號碼：		Date of birth (DD/MM/YYYY): 出生日期（日/月/年）：		Gender: 性別： M 男 <input type="checkbox"/> F 女 <input type="checkbox"/>	

Claim settlement method 賠償方法

To quicken our settlement for any valid claim, please provide your banking details if you prefer direct credit.
 在成功審批賠償後，本公司可以將賠款直接過戶。如您選擇此項服務，敬請提供銀行名稱和存款戶口號碼。

Account holder's name 戶口持有人姓名 (Must be the same as the Policyholder/Insured Person 必須與保單持有人/受保人相同)

Bank name
銀行名稱

Bank code
銀行編號

Branch no.
分行號碼

Bank A/C no.
銀行帳戶號碼

Did/Will you apply for compensation from another insurer(s)/organisation(s) for the same event?
 If 'yes', please provide the following information.

Yes 有 No 沒有

您有否就此事曾/將會向其他保險公司/機構申請理賠？
 如選擇「有」，請提供以下資料。

Insurance company/Organisation
保險公司/機構名稱

Type of cover
保障類別

Policy no./Reference number
保單號碼/相關號碼

Note: Please send copy of the payment document if other insurance company has already paid part of the medical expenses.
 注意：若其他保險公司曾作出賠償，請提供該保險公司之賠償證明。

Name of hospital/clinic:
醫院/診所名稱：

Hospitalisation period/visit date:
住院日期/診症日期：

From (DD/MM/YYYY) (HH:MM) To (DD/MM/YYYY) (HH:MM)
 由 (日/月/年) 時間(時:分) 至 (日/月/年) 時間(時:分)

Nature of medical condition: Sickness 疾病* Injury 受傷#
 病況之性質：

Reasons/diagnosis of hospitalisation/surgery
 住院/手術之原因或醫生診斷結果

Have you ever been treated for the above disability or related conditions before?
 您曾否因上述或相關情況而求診？

Yes 有 No 沒有

If 'yes', please state all the name(s) of doctor(s), name(s) and address(s) of hospital(s)/clinic(s),
 date(s) of confinement/consultation in chronological order.
 如「有」，請順序列出所有醫生的姓名、醫院/診所名稱及地址、住院/診症日期。

*For Sickness, please provide the information below *如屬疾病，請提供下列資料

(a) Sign and symptoms
徵狀

(b) When did the symptom(s) first occur (DD/MM/YYYY)?
徵狀初次出現日期(日/月/年)？

(c) Please state the date of previous episode of the same condition before, if any (DD/MM/YYYY)
 如以往曾出現同樣徵狀，請註明日期(日/月/年)

#For Injury, please provide the information below #如屬受傷，請提供下列資料

(a) What is the date of accident (DD/MM/YYYY)?
意外發生日期(日/月/年)？

(b) Please describe how and where the accident happened.
請詳述意外發生之地點及經過。

Please tick for return of certified true copy of receipt. 如需要取回收據的核實副本，請加上“✓”。
 Please note Certified True Copy will not be returned if the claims are fully reimbursed. 請注意，如申請已獲全數賠償，正式認證副本將不獲退回。

Declaration & authorisation 聲明及授權書

1. I/ We declare that the above information is in all respect true and complete to the best of my/our knowledge and belief;
本人（等）就此聲明，以上所述事項均根據本人（等）所知及所信的情況下提供，並且為正確及並無遺漏；
2. It is agreed that upon request by MSIG Insurance (Hong Kong) Limited. I/We shall make a statutory declaration to re-affirm the genuineness of all the information contained in this claim form; and
若三井住友海上火災保險（香港）有限公司提出有關要求，本人（等）將同意作出重申本索償申請表內資料均屬真確的法定聲明；及
3. I hereby declare and agree that any hospital, clinic, physician, insurance company, organisation or any person that has any records or knowledge of my health, or that of the above named patient, to furnish such information to MSIG Insurance (Hong Kong) Limited. A photocopy of this authorisation shall be considered as effective and valid as the original.
本人謹此聲明並同意任何擁有本人或上述病者之健康資料和記錄之醫院、診所、醫生、保險公司或任何機構之人士向三井住友海上火災保險（香港）有限公司提供有關資料。此授權書之影印本與正本具有同等之效力。
4. I believe that the facts stated in this claim form are true and correct. I acknowledge that the Insurers will rely upon the information supplied by me/the policyholder/the insured person, which I verily and honestly believe to be true and correct, in prosecuting or defending any claims or proceedings in future, and the signatory/the policyholders/insured person under this policy, if so required by the Insurers, will be asked and are bound to sign any court documents on the basis of information provided herein.
本人確認此索償申請書內之事實均為真實及正確。本人確認貴保險公司會依靠本人/保單持有人/受保人所提供的資料（本人誠實地相信該等資料是真實和正確的），作為將來進行或辯護任何索賠及訴訟程序之用。如貴保險公司要求，本簽署人/保單持有人/受保人將會及必定同意簽署任何有關倚靠該等資料所準備之法律文件。

Signature of Policyowner
保單持有人簽署

Signature of Insured Person
受保人簽署

Name of Policyowner
保單持有人姓名

Name of Insured Person
受保人姓名

Identity document number of Policyowner
保單持有人身份證明文件號碼

Identity document number of Insured Person
受保人身份證明文件號碼

Date signed (DD/MM/YYYY)
簽署日期（日/月/年）

Date signed (DD/MM/YYYY)
簽署日期（日/月/年）

Part 2 (To be completed by attending physician's statement at the Insured Person's own expenses)
第二部份 (由主診醫生填寫，所需費用由受保人負責)

We would be most grateful if you could attach copies of any specialist or hospital reports, together with any test, or similar evidence to support the validity of your Patient's claim.

請附上任何有關專科診治、住院報告、測試檢查或其他證明文件，以協助病人的索償申請，多謝合作。

Name of Patient (in full):

病人姓名：

Name of hospital:

醫院名稱：

Date of admission (DD/MM/YYYY):

入院日期 (日/月/年)：

Date of discharge (DD/MM/YYYY):

出院日期至 (日/月/年)：

Level of hospital ward:

病房級別：

Standard private 標準私家房

Semi-private 半私家房

General ward 普通房

Day Care Surgery 日間手術

1. Clinical history 門診病歷：

a) Date on which the Patient first consulted you related to this illness/injury (DD/MM/YYYY)

病人首次就有關疾病/受傷情況之診治日期 (日/月/年) _____

b) Symptom(s)/complaint(s) of the Patient relating to this hospitalisation/treatment/investigation

病人就有關是次住院/接受治療/檢查之徵狀/疾病

c) How long had the Patient been experiencing these symptoms before the first consultation?

病人之病徵於首次求診前出現了多久？ _____

2. Hospitalisation details 住院詳情：

a) Final diagnosis

最後診斷 _____

Date of operation (DD/MM/YYYY)

手術日期 (日/月/年) _____

b) Operation procedure(s) performed

手術詳情 _____

c) If the Patient has consulted other physician during this hospitalisation, please provide the following:

如病人於是次住院期間曾向其他醫生求診，請提供以資料：

Name of physician consulted

醫生姓名 _____

Reason

原因 _____

What treatment had the physician performed?

該醫生曾提供甚麼治療？ _____

d) Please give a brief discharge summary (including onset and duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow up plan)

請提供出院摘要 (包括病發及疾病徵狀、病因、類型及主要檢查、治療、併發症之結果及跟進計劃)

e) Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/out-patient basis.

假若這類個案可於日間護理/門診護理，請提供入住醫院原因。

f) Did you refer the patient to another physician/hospital?

Yes 是 No 否

If 'yes', please provide information.

您是否有轉介病人往其他醫生或醫院？如「是」，請提供所需資料。

3. Professional comment 專業意見：

- a) In your opinion, was the Patient hospitalised as a result of recurrent episode or achronic illness or related to a previous complaint/diagnosis. Yes 是 No 否
 If 'yes', please provide date of the first episode and details.
 根據你的意見，病人是否因長期疾病或慢性疾病或與之前有關之病況而住院？如「是」，請提供首次患病之日期及詳情。

- b) Was the condition due to or associated with the following? (Please Tick "✓" the appropriate boxes)
 病人的病況是否與下列情況有關？（在適當的方格內“✓”）

- | | |
|--|------------------------|
| <input type="checkbox"/> Accidental bodily injury | 意外受傷 |
| <input type="checkbox"/> Self-inflicted injury | 自殘 |
| <input type="checkbox"/> Abuse of drugs or alcohol | 濫用藥物或酗酒 |
| <input type="checkbox"/> Mental or nervous disorder | 精神/神經病 |
| <input type="checkbox"/> Refractive error | 視力問題 |
| <input type="checkbox"/> Pregnancy | 懷孕 |
| <input type="checkbox"/> Infertility or sterilisation | 不育或絕育 |
| <input type="checkbox"/> Contraception | 節育 |
| <input type="checkbox"/> Treatment for cosmetic purpose | 美容手術 |
| <input type="checkbox"/> Vaccination | 防疫注射 |
| <input type="checkbox"/> Congenital condition | 先天性疾病 |
| <input type="checkbox"/> Developmental condition | 發展障礙 |
| <input type="checkbox"/> Hereditary condition | 遺傳性疾病 |
| <input type="checkbox"/> General check-up | 一般身體檢查 |
| <input type="checkbox"/> Vnereal disease, sexually transmitted disease or AIDS/HIV related illness | 性病、性傳染疾病或愛滋病/與HIV有關之疾病 |
| <input type="checkbox"/> None of above | 以上都不是 |

4. Others 其他：

- a) If the Patient was referred by another doctor, please provide the referring doctor's name and address.
 如病人為其他醫生轉介，請提供該轉介醫生之姓名及地址。

- b) Are you the Patient's usual physician? Yes 是 No 否
 你是否病人慣常之醫生？

I hereby certify that all information given above is accurate and true to the best of my knowledge.
 本人證明上述的資料根據本人所知皆為正確無訛。

Physician/surgeon details 主診醫生/外科醫生資料

Name of attending physician/surgeon 主診醫生/外科醫生姓名	Qualification 認可資格
Address 地址	Telephone no. 聯絡電話

Signature and chop of attending physician/surgeon
 主診醫生/外科醫生簽署及蓋章

_____ Date _____ (DD/MM/YYYY)
 日期 _____ (日/月/年)

Appendix: Notice to customers relating to The Personal Data (Privacy) Ordinance ("the Ordinance")

MSIG Insurance (Hong Kong) Limited ("MSIG", "we" or "us") would ask that you take the time to read this privacy policy carefully. In case of discrepancies between the English and Chinese versions of this statement, the English version shall prevail.

Privacy Policy

MSIG takes your privacy very seriously. To ensure your personal information is secure, we communicate and enforce our privacy and security guidelines according to the relevant laws and regulations. MSIG takes precautions to safeguard your personal information against loss, theft, and misuse, as well as against unauthorised access, disclosure, alteration, and destruction. Furthermore, we will not sell your personal information to anyone without your consent. MSIG imposes very strict sanction control and only authorised staff on a need-to-know basis are given access to or will handle your personal data, and we provide regular training to our staff to keep them abreast of any new developments in privacy laws and regulations.

We will only retain your personal data in our business records for as long as it is necessary for business and tax purposes as permitted by the laws. We will require our agents, contractors or third parties who provides administrative or other services on our behalf to protect personal data they may receive in a manner consistent with this policy. We do not allow them to use such information for any other purposes. If you have any questions or inquiries regarding our Privacy Policy, please feel free to contact us.

We may amend this Privacy Policy at any time and for any reason. The updated version will be available by following the 'Privacy Policy' link on our website homepage at msig.com.hk. You should check the Privacy Policy regularly for changes.

Personal Information Collection Statement

Personal information is data that can be used to uniquely identify or contact a single person. As our customer, it is necessary from time to time for you to supply us with your personal data in relation to the general insurance services and products ("the Product") that we provide to you and in order for us to deliver and improve customer service. This includes but not limited to the personal data contained in the proposal form or in any documents in relation to the Product or any claim made under the Product.

If you do not provide us with your personal data, we may not be able to provide the Product you need or process your request.

We may use your personal data for:-

- processing and evaluating your insurance application and any variation or renewal of the Product;
- administration of the services and facilities in relation to the Product provided to you;
- conducting identity and/or credit checks;
- invoicing, processing payment instructions and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product;
- conducting statistical or actuarial research and/or analysis by us;
- automated decision-making processes, including profiling, for risk assessment and claims management;
- other ancillary purposes which are directly related to the above purposes;
- conducting matching procedures (as defined under the Ordinance);
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting, investigating and preventing fraud and/or other illegal activity (whether or not relating to the Product issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be disclosed or transferred to the following persons and/or entities (who may be located within or outside of Hong Kong, or may process or store your personal data outside of Hong Kong):

- third party agents, contractors, service providers and advisors (including but not limited to debt collection agencies, credit reference bureaus or call centers) who provide administrative, communications, computer, data processing and storage, payment, security, information technology, marketing or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance

- service providers, telemarketers, mailing houses, IT service providers and data processors);
- loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance intermediary;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar insurance industry association or federation);
- the Insurance Complaints Bureau and similar industry bodies; and
- government agencies and authorities as required or permitted by law;
- the police and fraud investigation or prevention organizations;
- databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; and
- in the event that we transfer all or a substantial part of our business to another company, the transferee of that business, who may then use your personal data to continue carrying out that business.

In order to confirm the accuracy of your personal data, you agree to provide us with authorisation to access and to verify any of your personal data with the information collected by any federation of insurance companies from the insurance industry.

MSIG also intends to use your name, your address, your phone number and email address from time to time to provide marketing materials and conduct direct marketing (including but not limited to promotion, marketing and sales) of the Product.

If you do not wish MSIG to use your personal data for direct marketing as listed above, you should tick the box on the right and send us a copy of this Notice at the address listed below together with the required information which are necessary for us to process your opt-out request. You may also notify us by filling in the "Enquiry form – Opt-out from direct marketing activities" on our website at msig.com.hk. In your notification, you must supply the same required information as listed below.

To enable us to process your opt-out request, please provide us below information and send to:
The Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

Full name:

Contact number:

HKID number: *(for identification purpose)*

Policy/Certificate/Acknowledgement number
(if you have one):

Note: This instruction will override all previous instructions relating to direct marketing that have been given to MSIG.

Under the Ordinance, you have the right to: (a) be informed of the kind of personal data held by us; (b) be informed of the main purposes for which personal data held by us are or are to be used; (c) request access to your personal data held by us; (d) request correction of your personal data held by us; and (e) ascertain our policies and practices in relation to personal data. If you wish to exercise these rights, please write to our Data Protection Officer at 9/F, 1111 King's Road, Taikoo Shing, Hong Kong.

If you have any enquiries or require assistance with this Personal Information Collection Statement, please call us at +852 3122 6922.

Proposer's signature

Date _____ (DD/MM/YYYY)

附錄：關於《個人資料（私隱）條例》（「條例」）的客戶通知

三井住友海上火災保險（香港）有限公司（下稱「MSIG」、「我們」或「本公司」）請您仔細閱讀下列條款與條件。如此聲明的英文版本與中文版本內容有歧異，將以英文版本為準。

私隱政策

MSIG極為重視您的私隱。為了保障您的個人資料，我們以有關法例及規例為準則，向公司內部傳達並執行我們定立之私隱及保障指引。MSIG採取切實可行的預防措施以保障您的個人資料免遭受遺失、盜竊、誤用，以及在未經許可之情況下被取用、洩露、更改及破壞。此外，除非得到您的同意，我們均不會出售您的個人資料給任何人。MSIG嚴格執行認可管制，只容許獲授權之職員在必需要的情況下，取用或處理您的個人資料。此外，我們會向職員定期提供培訓，確保他們知悉任何有關私隱法律及規例的新發展。

我們只會在法律容許並必需用於業務及稅務用途之情況下，保留您的個人資料作為我們的業務記錄。我們會向以本公司之名義提供行政或其他服務之代理、承辦商或第三者，要求他們遵循本政策保護有可能收到的個人資料。本公司不會容許他們使用有關資料於任何其他目的。如您對我們的私隱政策有任何疑問，歡迎聯絡我們查詢。

我們可能不時修改此範本。修改後的範本可於本公司網頁 msig.com.hk 下載。您應定期查閱此範本所修改的內容。

個人資料收集聲明

個人資料是可以用作獨立識別或聯絡個別人士之數據。貴為我們的客戶，您須向我們不時供給與我們提供之一般保險服務及保單產品（下稱「保單產品」）相關的個人資料，讓我們可向您提供客戶服務及改善服務質素。當中包括但不限於您在申請表填寫或任何與保單有關之文件上或任何透過保單索償上所載之個人資料。

如您未能向我們提供您的個人資料，我們可能無法提供您所需的產品或處理您的請求。

我們可能將您的個人資料用於以下用途：

- 處理和評估您的保險申請及任何保單產品的變更或續保；
- 管理與保單產品相關的服務和設施；
- 進行身份和/或信用審查；
- 發出賬單、處理付款指示及向您收取保費和未結清款項；
- 評估及處理與產品相關的索償；
- 進行統計或精算研究和/或分析；
- 風險評估和索償管理的自動化決策過程，包括分析；
- 與上述目的直接相關的其他輔助用途；
- 進行配對程序或相關活動（如有關係例中所定義）；
- 遵守適用的法律、法規或任何行業守則或指引；及
- 偵測、調查和防止欺詐及/或其他非法活動（無論是否與本申請下所發出的保單產品有關）。

在以上任何目的下，我們收集的個人資料可能會被披露或轉移至以下人士和/或實體（他們可能位於香港境內或境外，或可能在香港境外處理或儲存您的個人資料）：

- 向我們提供行政、通訊、電腦、數據處理和儲存、支付、保安、資訊科技、營銷或其他協助我們實現上述目的的服務的第三方代理、承包商、服務供應商及顧問（包括但不限於追討欠款機構、信用調查局或呼叫中心，以及醫療服務供應商、緊急救援服務供應商、電話促銷商、郵寄及印刷服務商、資訊科技服務供應商及數據處理服務商）；
- 處理索賠個案的理賠師、理賠調查員及醫療顧問；

- 再保險公司及再保險經紀；
- 您的保險中介人；
- 我們的法律及專業顧問；
- 我們的關連公司（以《公司條例》內的定義為準）；
- 香港保險業聯會（或同類的保險行業協會或聯會）；
- 保險投訴局及同類的保險業機構；
- 法例要求或許可的政府機關；
- 警方及防止或調查欺詐的組織；
- 保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）；及
- 在我們將全部或大部分業務轉讓給其他公司時，該業務的受讓人可繼續使用您的個人資料來執行該業務。

為了確保您的個人資料之準確性，您同意授權本公司查閱並核實任何由保險業界內保險公司聯會所收集有關您的個人資料。

MSIG亦擬不時使用您的姓名、地址、電話號碼及電郵地址提供產品的市場推廣及直接促銷（包括但不限於推廣、營銷及銷售）。

如您不欲MSIG將您的個人資料用作直接促銷用途，您應於右列方格加上剔號並將此通告之副本連同您要求拒絕直接促銷活動所必須提供的資料（詳情如下）郵寄至下列地址。您亦可填妥本公司網頁 msig.com.hk 的「查詢表格—拒絕直銷活動」通知我們。在您的通知中，您必須於提供以下列出的相同所需資料。



為讓我們能夠處理您以上提出的拒絕直接促銷活動之請求，請提供以下資料並寄至：香港太古城英皇道1111號9樓，資料保護主任收。

姓名：

聯絡電話：

香港身份證號碼：
（作識別之用）

保單號碼/證書編號/確認編號（如適用）：

附註：此拒絕直接促銷活動要求將會取代您先前給予MSIG一切關於直接促銷的指示。

根據條例，您有權：(a) 知悉我們所持有的個人資料種類；(b) 知悉我們所持有的個人資料的主要用途；(c) 查閱我們所持有的您的個人資料；(d) 更正我們所持有的您的個人資料；及 (e) 查詢我們有關個人資料的政策和實務。如您希望行使這些權利，請致函香港太古城英皇道1111號9樓，我們的資料保護主任收。

如您對此個人資料收集聲明有任何疑問或須協助，請致電 +852 3122 6922 與我們聯絡。

投保人簽署

日期 _____ (日/月/年)