

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：

URL : <https://forms.msig.com.hk/Forms/ClaimHealthCare>



2. Otherwise, please complete and submit this Claim Form to us within 30 days from the date of accident, 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

請將填妥之索償表格連同有關證明文件，並於事發後 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 A

3. For inquiry, please call our Claims Services Hotline at 2894 0660 or email at claimin@hk.msig-asia.com

如有任何查詢，請致電我們的賠償服務熱線 2894 0660 或電郵 claimin@hk.msig-asia.com

Policyholder 保單持有人資料		Policy No. 保單編號	
Surname in English 姓 (英文)		Given Name in English 名 (英文)	
Full Name in Chinese 中文姓名		HKID No. / Passport No. 香港身份證／護照號碼	()
Email Address 電郵		Mobile/Contact No. 手提電話／聯絡電話	
Correspondence Address 聯絡地址			
Insured Person/ Patient Details (If not the above Policyholder) 受保人/病人資料 (如非上述索償人)			
Surname in English 姓 (英文)		Given Name in English 名 (英文)	
Full Name in Chinese 中文姓名		HKID No. / Passport No. 香港身份證／護照號碼	()

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閣下，您認為那一種聯絡方式比較適合？

☐ Mail 郵件 ☐ Email 電子郵件

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。如閣下選擇此項服務，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) / organization(s) for the same event? 閣下有否就此事曾／將會向其他保險公司／機構申請理賠?		<input type="checkbox"/> No 否／不會 <input type="checkbox"/> Yes, please provide the information below 是／會，請提供以下之資料
Name of Insurer/ Organization 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 of the part of 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					
Hospitalization Period/ Visit Date 住院日期／診症日期	From 由		To 至		
	Date (dd/mm/yy) 日期(日/月/年)	Time (HH:MM) 時間(時:分)	Date (dd/mm/yy) 日期(日/月/年)	Time (HH:MM) 時間(時:分)	
Nature of Medical Condition 病況之性質		<input type="checkbox"/> Sickness 疾病* <input type="checkbox"/> Injury 受傷#			
Reasons/ Diagnosis of Hospitalization/ 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? 您曾否因上述健康情況而求診？				<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide the information below 有，請提供以下之資料	
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. 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	
When did the symptom(s) first occur (dd/mm/yy)? 徵狀初次出現日期(日/月/年)？	
Please state the date of previous episode of the same condition before, if any (dd/mm/yy) 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	
What is the date of accident (dd/mm/yy)? 意外發生日期(日/月/年)？	
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“✓”

Declaration & Authorisation 聲明及授權	
<p>1. I declare that the above information is in all respect true and complete to the best of my knowledge and belief; 本人就此聲明，以上所述事項均根據本人所知及所信的情況下提供，並且為正確及並無遺漏；</p> <p>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</p> <p>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。</p> <p>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。</p>	
Signature of Insured Person/ Patient 受保人簽署 HKID No. 香港身份證號碼： ()	Date Signed (dd/mm/yy) 簽署日期(日/月/年)

To be completed by Attending Physician's Statement (at the Insured Person's own expenses)**主診醫生之填寫（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。

Patient Name (in full) 病人姓名：

Date of Admission 入院日期：	dd 日	mm 月	yyyy 年	Date of Discharge 出院日期：	dd 日	mm 月	yyyy 年
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Name of Hospital 醫院名稱：

 Level of hospital ward: 病房級別： ☐ Private 頭等房 ☐ Semi-private 二等房 ☐ Ward 三等房 ☐ 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/ yy)

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 hospitalization/ 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？

Since (dd/mm/ yy) OR for day(s) month(s) year(s)

從 (日/月/年) 或 已存在 日 月 年

2. Hospitalisation Details 住院詳情：

- a. Final Diagnosis

最後診斷

Date of Operation (dd/ mm/ yy)

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，請提供以下資料：

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。

3. Professional Comment 專業意見：

- a. To the best of your knowledge, Other than this episode, has the patient ever been treated for the same / related conditions?

據閣下所知，除了此次病症，病人曾否患有同類/相關病況而接受治療？

☐ Yes 是

☐ No 否

If yes, please provide the dates of consultation, details of conditions and diagnosis.

如有，請說明何時及當時情況。

- 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？
(請於適當之空格加上「✓」)

- | | | |
|---|--|---|
| <input type="checkbox"/> None of above 以上都不是 | <input type="checkbox"/> Pregnancy 懷孕 | <input type="checkbox"/> Congenital condition 先天性疾病 |
| <input type="checkbox"/> Accidental bodily injury 意外受傷 | <input type="checkbox"/> Infertility or sterilization 不育或絕育 | <input type="checkbox"/> Developmental condition 發展障礙 |
| <input type="checkbox"/> Self-inflicted injury 自戕 | <input type="checkbox"/> Contraception 節育 | <input type="checkbox"/> Hereditary condition 遺傳性疾病 |
| <input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酗酒 | <input type="checkbox"/> Treatment for cosmetic purpose 美容手術 | <input type="checkbox"/> General check-up 一般身體檢查 |
| <input type="checkbox"/> Mental or nervous disorder 精神/神經病 | <input type="checkbox"/> Vaccination 防疫注射 | <input type="checkbox"/> Refractive error 視力問題 |
| <input type="checkbox"/> Venereal 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 | | |

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? 你是否病人慣常之醫生？ ☐ Yes 是 ☐ No 否

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。

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

Address and telephone no. 地址及聯絡電話

Name of attending physician/surgeon & qualifications 主診醫生姓名及認可資格

Date 日期： dd日 mm月 yyyy年



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 for any purposes. 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 agent, contractor or third party 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 customers, 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 the 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.

Your personal data may be used for obligatory purpose. If personal data are to be used for an obligatory purpose, you **MUST** provide your personal data to MSIG if you want MSIG to provide the Product. Failure to supply such data for obligatory purpose may result in MSIG being unable to provide the Product.

The obligatory purposes for which your personal data may be used are as follows:-

- processing and evaluating your insurance application and any future insurance application you may make;
- our daily operation and administration of the services and facilities in relation to the Product provided to you;
- variation, cancellation or renewal of the Product;
- invoicing and collecting premiums and outstanding amounts from you;
- assessing and processing claims in relation to the Product and any subsequent legal proceedings;
- exercising any right of subrogation by us;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes;
- complying with applicable laws, regulations or any industry codes or guidelines; and
- detecting and preventing fraud (whether or not relating to the policy issued in respect of this application).

In connection with any of the above purposes, the personal data that we have collected might be transferred to:

- third party agents, contractors and advisors who provide administrative, communications, computer, payment, security 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);
- in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- reinsurers and reinsurance brokers;
- your insurance broker;
- our legal and professional advisors;
- our related companies as defined in the Companies Ordinance;
- the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members;
- the Insurance Complaints Bureau and similar industry bodies;
- government agencies and authorities as required or permitted by law;
- 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.

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

Under the relevant laws and regulations, you have the right to request access to and to request correction of your personal data held by us. 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.

三井住友海上火災保險（香港）有限公司（下稱「三井住友保險」、「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

三井住友保險極為重視您的私隱。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。三井住友保險採取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，我們均不會出售您的個人資料給任何人。三井住友保險嚴格執行認可管制，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。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」）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。

您的個人資料可被用於強制性用途。如個人資料是用於強制性用途，而您希望三井住友保險提供有關保單，則您必須向三井住友保險提供有關個人資料，否則三井住友保險將不能向您提供有關保單。

您的個人資料可被用於以下強制性之用途：

- 處理及審批您的保險申請或您將來提交的保險申請；
- 向您提供與保單及核保相關之日常運作及行政用途；
- 保單之更改、取消或續保用途；
- 發出繳交保費通知及向您收取保費及欠款；
- 評估及處理透過保單索償及任何繼後法律訴訟之用途；
- 由本公司行使代位權利之用途；
- 就以上用途聯絡您；
- 其他與上述用途有直接關係的附帶用途；
- 遵循適用法律，條例及業內守則及指引；及
- 偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的。

就任何上述的用途，我們所收集的個人資料可能會被轉移至：

- 向我們提供行政、通訊、電腦、付款、保安及其他服務的第三方代理、承包商及顧問（包括：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；

- 再保公司及再保經紀；
- 您的保險經紀；
- 我們的法律及專業業務顧問；
- 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（或同類的保險公司聯會）及其會員；
- 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；
- 防欺詐組織；
- 其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；
- 警察；及
- 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)。

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。

根據有關法例及規例，您有權查閱及更正本公司所持的任何載有您的個人資料之記錄。如您欲行使以上權利，可以書面形式投寄至香港太古城英皇道 1111 號 9 樓三井住友海上火災保險（香港）有限公司，通知本公司的資料保護主任。

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。