

The CUHK Medical Insurance Plan for Retirees / Long Serving Leavers Claim Form

香港中文大學退休及合資格離職僱員醫療保險計劃 - 索償表

Please complete in block letters and return to:
Liberty International Insurance Ltd.
13/F Berkshire House
25 Westlands Road, Quarry Bay, Hong Kong

請用正楷填寫並寄回:
香港鯉魚涌華蘭路25號栢克大廈13樓
利寶國際保險有限公司

Procedures are set out in Section 4.3 of the MIPR booklet

1. Complete a separate claim form for each insured person and each diagnosis.
2. It is essential that you provide all information in this form accurately and in detail.
3. Please attach the original itemised receipt(s) and bill(s) showing the date of consultation/service and diagnosis and copy of referral letter.
4. The claim form must reach Liberty within 90 days or 180 days (only for those within the deductible amount) from the date of treatment service.

有關程序詳列於 MIPR 小冊子第 4.3 段

- 一. 每份索償表祇適用於一位投保人及一項病症。
- 二. 資料必須齊全準確，以便盡快完成閣下之申請。
- 三. 請附上分類清楚並列明接受診治病症及日期之**正本**收據、單據、轉介信影印本及有關文件。
- 四. 索償表須於接受診治的**90天或180天(僅適用於在扣除額內的索償)**內送達。

PART I PERSONAL INFORMATION

第一部份 個人資料

Policy Number PTP10641
保單號碼

Name of the Patient
索償人姓名

HKID Card No.
香港身份證號碼

Name of the ex-CUHK Staff
前中大職員姓名

Previous CUHK Staff ID
前中大職員號碼

PART II PROFESSIONAL SERVICES

第二部份 專業服務

A. Diagnosis (e.g. gall stone, gastritis, etc)

一. 病症名稱 (例: 膽石、腸胃炎等)

Is this a continuation of a previous treatment which commenced prior to joining MIPR? If yes, give details:
此次診治, 是否延續閣下參加“退休僱員醫療保險計劃”前之治療, 若是, 請詳述

B. Referral

二. 轉介專項

1. Referral by 轉介醫生 Dr. _____

2. Post Hospitalization 出院後門診治療

3. Date of Referral 轉介日期 :

4. Specialty 專科* : Internal Medicine 內科

Surgery 外科

Skin 皮膚科

Gynaecology 婦科

Ear, Nose, Throat 耳鼻喉科

Other 其他 (please specify 請註明)

Ophthalmology 眼科

Orthopaedics 骨科

Oncology 腫瘤科

Psychiatry 精神科

Name of Medical Consultant 專科醫生姓名 : _____

***Please attach a copy of the referral letter.**

請附上轉介信影印副本

* Please tick, as appropriate 請於適當空格填上

C. Total Charges HK\$

三. 合共 HK\$

D. Other Information

四. 其他資料

Personal Data Collection Statement (Revised)

個人資料須知聲明(修訂)

Liberty International Insurance Limited (referred to hereinafter as the "Company") recognizes its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) (the "Ordinance"). 利寶國際保險有限公司(以下簡稱「本公司」)根據「個人資料(私隱)條例」(香港法例第486章)(以下簡稱「條例」)就收集、持有、處理、使用和/或轉移個人資料承擔有關責任。

Purpose 目的

The personal data of customers (including but not limited to policy owners, insureds and beneficiaries) collected or held by the Company may be used, stored, processed, transferred or disclosed or shared for the following obligatory purposes:

本公司所收集或持有的客戶個人資料(包括但不限於保單持有人, 受保人及受益人), 可能會使用、存儲、處理、轉移、或披露或分享致以下各強制性的目的:-

Processing and determining insurance applications, insurance claims and providing ongoing insurance services;

處理和確定保險申請書、理賠, 及持續提供保險服務;

Processing requests for payment and for direct debit authorization;

處理付款事宜和直接付款授權書;

Managing, investigating and analyzing any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to subrogation rights;

管理、調查和分析任何索償事宜、訴訟和/或針對客戶的訴訟, 以及行使本公司根據保險條款賦予的權利, 包括但不限於代位權;

Compiling statistics or using for accounting purposes;

從事統計資料或用於會計事務;

For management of IT environment and business operation;

資訊科技管理及商業營運

Ensuring security of our IT environment;

保障資訊科技的安全

Detecting and investigating illegal activity, including fraud, money laundering or terrorism financing;

偵察及調查非法活動, 包括欺詐、洗黑錢及與恐怖主義有關的經濟活動

Comply with legal, regulatory and other good governance obligations, including respond to requests from public and governmental authorities (including those outside your country of residence);

遵從合法監管以及管治義務, 包括回應由公眾及政府相關單位的要求(包括你居住以外的國家)

For monitoring and assessing compliance with the Company and Liberty Mutual Group of Companies policies and standards

協助本公司和利寶互助保險集團公司政策及其標準監察及評估違規事宜

Achieve other legitimate business purposes, for example, to carry out insurance surveys, research and analysis, including analysis of our customer base and other individuals whose personal information we to analyse behaviour, preferences and interests, develop new products, improve our services, identify usage trends, understand the interests of our users, to plan and execute business transactions (including joint ventures and business sales) and for other legitimate business purposes

實現其他合法的商業目的, 例如開展保險調查, 研究和分析, 包括分析本公司的客戶群和其他個人資料, 分析他們的行為, 偏好和興趣, 開發新產品, 改進本公司的服務, 識別客戶使用趨勢, 了解本公司客戶的利益, 計劃和執行商業交易(包括合資企業和業務銷售)以及其他合法商業目的

To comply with any legal or regulatory obligations in Hong Kong or overseas;

遵守任何本地或海外的法律或監管義務

Establishing, exercising or defending legal rights of any member of the Liberty Mutual Group of Companies;

建立、行使或維護任何利寶互助保險集團公司成員的法律權利

Providing third party administration services;

提供第三方管理服務

Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes

促進協助利寶互助保險公司的全球性配合, 溝通和團隊合作

Other purposes directly relating to any of the above; and

直接涉及任何上述的其他目的; 及

Any other purposes we notify you at the time of obtaining your consent.

當獲得閣下同意時提及的任何其他目的:

Conducting research, insurance surveys and analysis for the purpose of product design and development;

從事研究、保險調查及開發產品和設計之分析;

Meeting disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company, its parent and affiliated companies("Liberty Mutual Group of Companies")

履行任何對本公司、母公司和附屬公司(「利寶互助保險集團公司」)具有約束力的本地或海外法律、法規、守則或指引之披露要求;

Complying with the legitimate requests or orders of the courts of Hong Kong Special Administrative Region and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and governmental-related establishments binding the Liberty Mutual Group of Companies;

遵守香港特別行政區的法院命令和包括但不限於保監處, 香港保險業聯會, 核數師, 政府機構和政府成立之相關監管機構對利寶互助保險集團公司具有約束力的合法要求;

Enabling an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment;

協助本公司的實質或建議受讓人評估有關之轉讓交易;

Conducting identity and/or credit checks and/or debt collection;

從事核實身份和/或信貸審查和/或追收債務;

Conducting medical or health reference checks for relevant insurance products; and

為相關保險產品進行具參考用途之醫療或健康調查; 及

Facilitating the Company's authorized service providers to provide services to the Company and/or customers for the above purposes

協助本公司所授權之服務供應商向本公司和/或客戶提供上述目的之服務;

Please note that if you do not provide us with your personal data, we may not be able to issue your policy, process claims or provide insurance products or services to you or process your request. 如閣下不向我們提供個人資料, 我們未必能夠簽訂保單、處理索償、提供保險產品、服務或處理您的要求。

Please also ensure that you provide complete and accurate personal data to us and keep us

updated on any changes to your personal data. Kindly note that if you do not provide complete and accurate personal information to us as and when it is required, it may have adverse consequences for you.

請確保你向本公司提供完整準確的個人資料, 並隨時更新您個人資料的任何變更。請注意, 如果您在需要時不向本公司提供完整和準確的個人資料, 可能會對你造成不良後果。

Direct Marketing 直接營銷

Certain personal data of customers collected or held by the Company, in particular, names and contact information such as telephone number, email address and postal address may be used by the Company and/or the Liberty Mutual Group of Companies to provide marketing materials and conduct direct marketing activities (including but not limited to promoting, marketing or selling of the Company, Liberty Mutual Group of Companies or co-branded insurance or financial or investment related products or services by electronic or other means) in relation to insurance and/or financial products and services of the Company, the Liberty Mutual Group of Companies and/or other financial services providers. Please tick the box at the bottom of this PICS if you do not consent to receive such marketing communications. 本公司所收集或持有的客戶個人資料, 特別是姓名和聯繫資料, 如電話號碼、電子郵件地址和郵政地址, 可能會用以提供本公司和/或利寶互助保險集團公司的營銷材料, 並進行有關本公司、利寶互助保險集團公司的保險及/或金融產品及服務和/或其他金融服務供應商的直接營銷活動(包括但不限於通過電子或其他手段促銷, 推廣或銷售本公司、利寶互助保險集團公司或聯營公司有關保險或財務或投資產品或服務)。如果你不同意接收有關直銷通訊, 請於本個人資料收集聲明下方口標上✓號。

In the absence of any "opt-out" request from the customer, the Company shall treat the application and continuation of his/her policy(ies) held with the Company as an indication of no objection to the Company's use of such personal data for this voluntary marketing purpose. 如保客戶沒有“選擇退出”的要求, 其保險申請書及於本公司持有之保單持續生效將被視為不反對本公司將其個人資料用於此自願性的營銷目的。

Our Liberty Mutual Group of Companies: Other Liberty Mutual affiliates may have access to and use of Personal Information in connection with the conduct of our business where appropriate in order to fulfill one or more of the above Purposes.

其他利寶互助公司: 其他利寶互助附屬公司可能會在適當的情況下取得和使用與本公司的業務相關的個人資料, 以實現上述一項或多項目的。

Your personal data held by the Company will be kept confidential but may be shared with the following parties, within or outside of Hong Kong: -

本公司所持有的個人資料將予以保密, 但可能會與以下香港境內或境外人士分享: -

Any Liberty Mutual Group of Companies, or any other company carrying on insurance or reinsurance related business, or an intermediary;

任何利寶互助保險集團公司, 或任何其他從事與保險或再保險業務有關的公司, 或中介人;

Any agent, contractor, banker or third party service provider who provides administrative, telecommunications, computer, payment, banking or other services to the Company in connection with the operation of its business;

任何為本公司業務操作提供行政, 電訊、電腦、付款、銀行或其他服務的代理人、承包商、銀行或第三方服務供應商;

Third party service providers including legal advisors, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, emergency assistance companies, medical doctor panel groups, medical advisory consultants, surveyors, specialists, repairers, accountants and data processors;

第三方服務供應商包括法律顧問、調查員、公証行、再保險公司、醫療和康復顧問、緊急救援公司、網絡醫生集團、醫療意見顧問、測量師、專家、維修人員、會計師和數據處理員;

Other Third Parties: To a third party in the event of any reorganization, merger, sale, joint venture, assignment, transfer or other disposition of all or any portion of our business, assets or stock (including in connection with any bankruptcy or similar proceedings); to reinsurance companies.

其他第三方: 對於任何重組, 合併, 出售, 合資, 委託, 轉讓或其他處置的全部或任何部分的情況下之第三方業務, 資產或股票(包括任何破產或類似訴訟); 再保險公司。

Credit reference agencies, and in the event of default, any debt collection agencies or companies carrying on claim or investigation services;

信貸資料服務機構, 在違約情況下, 任何債務追收機構或辦理索償理賠或調查服務公司;

Any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or any of its associated companies for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Company or any of its associated companies are expected to comply;

本公司或任何聯營公司在遵守由政府、監管機構或其他當權者推行的法規、守則或指引及履行法律責任時需要向其披露之任何人士;

Any person pursuant to any order of a court of competent jurisdiction;

根據有司法管轄權的法院命令受權之任何人士;

Any actual or proposed assignee of the Liberty Mutual Group of Companies or transferee of the Liberty Mutual Group of Companies' rights in respect of the policy owners; 利寶互助保險集團公司的實質或建議受讓人或利寶互助保險集團公司與保單持有人相關權利的承讓人;

Supplied to the Data Center of Liberty Mutual Group of Companies or Liberty Mutual Group of Companies in the USA may host such respective servers or may utilize third party servers which Liberty Mutual Group of Companies would be the controller for processing, storage, and/or backup of Personal Data. Such Data Centers and/or servers are/ may be located in Singapore, elsewhere in Asia, the United States of America, Europe and Latin America or such other countries/territories as determined by the Liberty Mutual Group of Companies from time to time;

提供給美國利寶互助保險集團公司或利寶互助保險集團公司的數據中心可以託管相應的服務器, 或者可以利用利寶互助保險集團公司將成為處理, 存儲和/或備份的控制器的第三方服務器個人資料。這些數據中心和/或服務器可能位於新加坡, 亞洲其他地區, 美國, 歐洲和拉丁美洲或由利寶互助保險集團公司集團公司確定的其他國家/地區;

Companies within the Liberty Mutual Group of Companies;

利寶互助保險集團公司旗下的公司;

Providers of risk intelligence for the purpose of customer due diligence or anti-money laundering screening;

為客戶盡職調查或打擊清洗黑錢的篩選之風險智能供應商；

Other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements for marketing communication if “no objection” is provided; and

如保客戶沒有“選擇退出”的要求，與本公司保持業務轉介或其他安排上之其他銀行/金融機構、商業或慈善組織作為直銷通訊用途；及

Third party marketing service providers and insurance intermediaries for marketing communication if “no objection” is provided.

第三方營銷服務供應商和保險中介機構作為直銷通訊用途。

Made available to any actual or proposed purchaser of Company business or, in the case of a merger, acquisition or other public offering, the purchaser or subscriber for shares in Liberty Mutual Group of Companies;

任何實際或建議購買者提供給公司業務，在合併、收購或其他公開發行的情況下，購買者或認購者為利寶互助保險集團公司的股份；

Supplied to an organization involved in maintaining, reviewing and developing our business systems, procedures and infrastructure including testing or upgrading our computer systems; 提供給參與維護、審查和開發本公司的業務系統，程序和基礎設施的組織，包括測試或電腦升級系統；

Provided to your representatives including your legal advisers;

提供您的代表，包括您的法律顧問；

Made available to anyone to whom you have given your consent.

提供給已獲得你同意的人。

Made available to other Company's authorized service providers to provide services to you for the above purposes for which the personal data are to be used

提供獲其他公司授權的服務供應商在需使用個人資料向你提供有關上述項目之服務

As we believe to be necessary or appropriate: To comply with legal process, to respond to requests from public and government authorities including public and government authorities outside your country of residence, to enforce our terms and conditions, to protect our operations, to protect our rights, privacy, safety or property, and/or that of you or others; to detect and prevent fraud; and to allow us to pursue available remedies or limit the damages that we may sustain.

本公司認為這是必要的或適當的：遵守法律程序，回應公共和政府機構（包括居住國以外的公共和政府機構）的要求，執行我們的條款和條件，保護本公司的運營，及保護本公司的權利、隱私、安全或財產，以及/或你或他人的；偵察和防止欺詐行為；並允許本公司補救措施或限制本公司可能遭受的損害。

Please tick here if you do not consent to receive marketing communications. 如你不同意接收有關直銷通訊，請標上✓號

Declaration & Authorization

投保人聲明 / 授權

It should be noted that any false declaration will result in claims being declined or worse your coverage under the Plan could be rendered null and void. 請注意，任何虛假聲明會導致賠償申請被拒，或更可使閣下在本計劃下之保障被作廢。

I/ We have read and understood the contents of the Plan booklet which summarises the terms and conditions and wish to apply for membership of the Plan. 本人已細讀並充分理解本小冊子之內容並同意參加本計劃

Declaration: I hereby apply to be enrolled in the Plan together with the Applicant listed overleaf. I/We declare to the best of my/our knowledge and belief that the information given in this Application is true and complete. I/We agree that this declaration and information given in this Application shall form the basis of the contract between the Applicants and the Insurer. I/We understand this insurance is available to medical expenses incurred in Hong Kong SAR only.

Authorization: I / We authorize Liberty International Insurance Ltd to provide and collect information about me/us in connection with this application and subsequent assessment of any insurance claim under the policy that may be issued pursuant to this application from other organizations, institutions or other persons, including other insurance companies/medical service provider, and to compare such information with my/our personal data, and to use the results for taking of any actions that may be adverse to my/our interests. I / We authorize any hospital, physician, insurance company or organization that has any records or knowledge of me/us or my/our health, to furnish Liberty International Insurance Limited or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. This authorization shall survive me/us and shall be irrevocable and a photocopy of this authorization shall be as valid as the original.

* **投保人聲明：**本人及申請書內各投保人現向 貴公司投購醫療保險謹聲明已就實情完整地將本人及各投保人的資料填報於投保書內。本人(等) 已細讀並同意遵守本計劃之各條例並同意這份聲明及投保書將被用作投保 / 受保雙方合約的基礎，及同意此保單只適用於在本港治療的醫療費用。

* **授權：**本人(等)授權利寶國際保險有限公司向 / 從其他組織或機構(包括其他保險公司/醫療提供者)收集關於本人(等)的必須投保資料及其後索償申請之資料並與本人(等)的個人資料作出比較並利用比較結果採取任何行動，包括不符合本人(等)利益者(包括不接納此申請)；此授權不能推翻，即使本人(等)去世，此授權仍然有效。此授權書之影印本與正本具同等效力。

I further confirm my agreement to all sections in this claim form including Personal Data Collection Statement (Revised).

本人更確認同意本索償表內之所有部分，包括個人資料須知聲明(修訂)。

Signature (Patient) 簽名 (病人)

Date (DD/MM/YY) 日期 (日/月/年)

Name 姓名

Contact Telephone Number 聯絡電話

PART III – ATTENDING PHYSICIAN’S STATEMENT

第三部份 – 本欄由主診醫生填寫

Patient Name (in full) 病人姓名(全名) : _____

Admission Date 入院日期 : _____
(DD/MM/YY) (日/月/年)

Date of Discharge 出院日期 : _____
(DD/MM/YY) (日/月/年)

1. Clinical history of this patient 病人之門診病歷

a. Date on which the patient first consulted you regarding this medical condition(s)/injury 閣下首次為病人就上述病況/受傷之首次診症日期 : _____

Symptoms and complaints for this hospitalization/treatment
b. 是次住院/接受治療的病徵及申訴 : _____

c Underlying cause(s) of this hospitalization 構成是次住院的成因 : _____

d According to the medical history given by the patient, how long had he/she been experiencing these symptoms before the first consultation and the date of the first consultation?
根據病人提供之病歷，他/她首次求診前該傷病已患有多長時間？並請提供他/她的首次求診日期

e How long, in your opinion, has the patient been suffering from this illness? 就閣下意見，病人患有此傷病已多長時間？

2. Hospitalization History of this patient 病人之住院病歷

a. Final Diagnosis 病症結果 : _____
Date of Operation 手術日期 : _____

Operational procedure(s) performed 手術名稱 : _____

b. If you have consulted other doctor(s) during this hospitalization, please provide the following:
若閣下曾於是次住院中徵詢其他醫生的意見，請提供以下資料：
i) Consulted Doctor's Name 醫生姓名 : _____
ii) Reason 原因 : _____
iii) What treatment had the doctor(s) performed 所作的診治 : _____

c. Brief discharge summary (including onset and duration of signs & symptoms /disease, etiology, types & results of major examinations, treatment, complications and follow up plan).
出院摘要：(請列出有關病徵的病發日期、病因、檢驗性質與結果、有關治療、併發症及跟進計劃)

d. Has the patient taken any home leave during this hospitalization?
病人在住院期間有否請假外出？ No 沒有 Yes 有
If Yes, please state the date, time and reason 如有，請說明日期、時間及原因 : _____

e. Please provide reason(s) for hospitalization if the type of cases can be managed by day care. 若病情能以日間護理處理，請提供住院理由。

Remarks: Please attach copies of histopathology, endoscopic, diagnostic / laboratory tests report, operating theatre summary.
備注：請連同病理學、內視鏡、診斷性化驗/檢驗報告、手術室摘要交回。

3. Professional comment 專業意見

a In your opinion, was the hospitalized illness a recurrent episode or a chronic illness or related to previous complaint / diagnosis?
就閣下意見，是次病況是否為復發性病徵、慢性病症或與以往之病因/診斷有關？
No 否 Yes 是 Please provide date of the first episode and details. 請詳述首次發病的日期及細節。

b Has the patient ever had the same symptoms before/has the patient been treated or hospitalized for the same symptoms before?
病人以往曾否患有同類病況/病人以往曾否因同類病況而接受治療或住院？
No 否 Yes 是 If yes, please state details, to the best of your knowledge, (including a brief summary describing the onset date, duration of signs and symptoms/disease, etiology, types and results of major examinations, treatments, complications and follow-up plan). 據閣下所知，請另加附頁，說明何時及詳細描述(請列出過往有關病及病徵的病發日期、病因、檢驗性質與結果、有關治療、併發症及跟進計劃)。

c. Was the condition due to or associated with the following? If yes, please circle the condition. 上述病況是因以下問題所致？如有，請圈出所屬病況。
Accidental bodily injury 身體意外受傷 / Abuse of drugs or alcohol 濫用毒品或酒精 / AIDS/HIV related illness 後天免疫力缺乏症(愛滋病)/人體免疫缺陷病毒有關之疾病/ Venereal disease or sexually transmitted disease 性病或因性接觸傳染之疾病 / Pregnancy, Infertility or Sterilization 懷孕、不育或絕育/ Refractive error 屈光不正 / Cosmetic or Plastic surgery 美容或整容手術/ Mental or Nervous disorder 精神或神經病/ Congenital condition 先天性症狀/ Hereditary condition 遺傳性疾病 / Developmental condition 發育異常/ Self-inflicted injury 自我傷害 / General check-up or Vaccination 一般身體檢查或防疫注射 Yes 是 None of the above 以上無一合適

d If the condition is due to pregnancy, please advise the date of the LMP 若狀況與懷孕有關，請提供上次月經週期首天的日期: _____

4. Others 其他
Please give the name and address of the referring physician (if any) : 請提供轉介醫生之姓名及診所地址 (若適用) :

Name 姓名 : _____ Address 診所地址 : _____

I hereby certify that all information given above is accurate and true to the best of my knowledge.

本人聲明上述一切陳述及問題所提供之答案均為本人所知所信之全部，並確實無訛。

Name of Doctor 醫生姓名

Signature of Attending Doctor/Surgeon with Hospital Stamp
主診醫生簽名及蓋章

Address and Telephone Number / Fax Number
地址及電話號碼/傳真