

## 危疾賠償申請表

## CRITICAL ILLNESS CLAIM FORM

第一部份 (由受保人或索償人填寫)

PART I (To be completed by Insured / Claimant)

保單號碼 Policy Number										保險中介人姓名 / 編號 Insurance Intermediary's Name / Code										保險中介人聯絡電話 Insurance Intermediary's Contact Number									
T	P	L	H	K												0	0	8											
申請人 / 持有人姓名 Name of Claimant/Owner										受保人姓名 Name of Insured																			
身份證 / 護照號碼 ID Card / Passport No.										身份證 / 護照號碼 ID Card / Passport No.																			
出生日期 Date of Birth										出生日期 Date of Birth																			
聯絡電話 / 電郵地址 Contact phone no./Email address										聯絡電話/電郵地址 Contact phone no./Email address																			

請在以下適當空格填上✓。 Please tick ✓ in the appropriate box below.

第 1 部份: 基本索償資料										SECTION 1: PARTICULARS OF THE CLAIM									
1. 這次是 This is a:										<input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再次索償 <input type="checkbox"/> Review / Appeal 重批 / 覆核									
第 2 部份: 賠償性質及有關資料										SECTION 2: NATURE OF CLAIM AND RELATED DETAILS									
2 疾病 / 危疾名稱 Illness / Critical illness																			
3 若因疾病導致, 請詳述該疾病之詳情 If due to illness, please give details of the illness										首次出現病徵之日期 Date of first appearance of the symptoms _____ (日 MM / 月 MM / 年 YYYY)									
										詳述所患之病徵及異常 Describe the symptoms & abnormalities  主診醫生 / 醫院名稱 Name of the attending physician / hospital									
4 若因意外導致, 請詳述該意外之詳情 If due to accident, please give details of the accident										意外發生日期及時間 Date and time of accident _____ (日 MM / 月 MM / 年 YYYY)									
										意外發生地點 Accident Place									
										意外詳情、受傷部位及傷勢 Accident details, part of the body injured and nature of injury									
										有否報警? Was the case reported to police? <input type="checkbox"/> 沒有 No <input type="checkbox"/> 有, 請提供所需資料 Yes, please provide information									
										警署 Police Station: _____									
										檔案編號 Reference No.: _____									
										註: 請附上警察報告/交通意外報告/口供紙/酒精測試報告影印本 Remarks: Please attach a copy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report									

5

請提供首次及曾診治此疾病或傷勢的醫院、醫生或專科醫生資料。  
Please give details of any hospital(s), physician(s) or specialist(s) consulted **firstly** and following in connection with this illness or injury.

醫院 / 醫生 / 專科醫生名稱 Name of Hospital / Physician / Specialist	地址 Address	求診日期 (日/月/年) Date of Consultation (DD/MM/YYYY)

6	請提供與此疾病或傷勢有關之住院記錄。 Please give details of any hospitalization in connection with this illness or injury.		
	醫院名稱 Name of Hospital	入院日期 (日/月/年) Date of Admission (DD/MM/YYYY)	出院日期 (日/月/年) Date of Discharge (DD/MM/YYYY)

7	<p>閣下慣常求診之醫生 / 醫院名稱、地址及聯絡電話</p> <p>The name, address and contact phone number of your usual physician / hospital</p>	<p>醫生 / 醫院名稱</p> <p>Name of the physician / hospital</p> <p>醫生 / 醫院地址</p> <p>Address of the physician / hospital</p> <p>醫生 / 醫院聯絡電話</p> <p>Contact phone number of the physician / hospital</p>
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8	直係親屬中有否曾患有相同或有關之疾病？如“有”，請填寫下欄。 Have any of your blood relatives suffered from a similar or related illness? If “yes”, please state.		
	親屬關係 Relationship of Relative	危疾類別 Nature of Critical Illness	診斷日期 (日/月/年) Date of Diagnosis (DD/MM/YYYY)

9	閣下曾否患上類似 / 相關此疾病或其它病症因而作檢驗或治療？如“有”，請提供詳細資料。 Have you previously suffered from, tested or received treatment for similar or related illness? If so, please give details.			
	疾病名稱 / 類別 Name / Nature of Illness	檢驗 / 診斷日期 Date of test / diagnosis	醫院 / 醫生 / 專科醫生名稱 Name of Hospital / Physician / Specialist	檢驗 / 診斷結果 Result of test / diagnosis

10	閣下有否在其它機構包括保險公司、政府及僱主享有類似的危疾保障？如“有”，請提供詳細資料。 Are you insured for similar benefits with any other organizations including insurer, the government & employer? If “yes”, please give details.		
	投保公司名稱 Name of Insurance Company	投保類別及保單號碼 Type of Benefit & Policy Number	投保金額 Amount of Benefit
			索償結果(如有) Claim Result (if any)



保單號碼 Policy Number

T	P	L	H	K														0	0	8
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第 6 部份：賠款選項

SECTION 6: SETTLEMENT OPTION

支票交付方式 Cheque Collection Method

- ☐ 郵寄至保單持有人於本公司紀錄上的通訊地址  
By Mail to Policy owner's correspondence address in the Company's record
- ☐ 由代理人轉遞 via Agent
- ☐ 親臨客戶服務中心領取  
Pick up at the Customer Centre in person

支票幣值 Cheque Currency

- ☐ 港幣 HKD\*
- ☐ 保單貨幣 Policy currency
- \* 按中國太平人壽保險(香港)有限公司每月之固定兌換率計算  
at monthly fixed rate of China Taiping Life Insurance(Hong Kong) Company Limited

第 7 部份：索償文件參考表

SECTION 7: CLAIMS DOCUMENT CHECKLIST

請將此表格連同以下文件遞交，並於提交的文件欄內畫上“✓”號。

Please attach the following documents together with this application form and kindly tick "✓" against the documents submitted with this form.

文件類別 Document Type

- ☐ 危疾賠償申請表 第II部份 - 主診醫生報告  
Application for Critical Illness Claim Part II – Attending Physician's Statement
- ☐ 收據正本或由其他保險公司簽發的收據核實副本之原件 (只適用於癌症特藥保)  
Original receipt or Certified True Copy issued by other insurer (Only applicable to Cancer Drug Protector)
- ☐ 出院總結/列有診斷證明之病假證明書  
Hospital Discharge Summary / Sick Leave Certificate with Diagnosis
- ☐ 病理檢驗報告  
Histopathological Report
- ☐ 化驗、超聲波、X-光、電腦掃描及磁力共振報告  
Laboratory, Ultra sonogram, X-Ray and/or MRI Report(s)
- ☐ 醫生覆診卡副本  
Patient Card Copy of Consulted Doctor(s)
- ☐ 附加文件，如有：醫生轉介信 / 物理治療報告 / 職業治療報告  
Additional Documents, if any: Referral Letter by Physician / Physiotherapy or Occupational Therapy Report(s)
- ☐ 自我證明表格 – 個人 (如適用)  
Self-Certification Form – Individual (if applicable)

重要事項 Important note:

- 此申請表應由受保人或申請人填寫。請勿在空白申請表上簽署，而簽名式樣須與保單的記錄相符。  
This form is to be filled by the Insured/Claimant. Please do not sign on blank form and use the same signature as policy record.
- 索償申請須於被診斷患有嚴重疾病日期起計 180 天內連同所有證明文件一併呈交。  
Claims must be submitted along with all supporting documents within 180 days from diagnosis date of the critical illness.
- 為使能儘速辦理您的索償申請，請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件，請參閱此表格之“索償文件參考表”。文件的核證副本可於我們的客戶服務中心或賠償部辦理。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料，我們會通知閣下或您的保險顧問。因索取有關資料需時，賠償申請的審核時間會較長。  
In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents as stated in this application form "Claims Document Checklist". Documents can be certified at our Customer Service Centre or Claims Department. We will notify you or your broker if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.