中国太平 CHINA TAIPING

中國太平人壽保險(香港)有限公司
CHINA TAIPING LIFE INSURANCE(HONG KONG)COMPANY LIMITED

保單號碼 Policy Number

| T | P | L | H | K | | | | | | | | | | | | 0 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

# 危疾賠償申請表 (癌症/早期惡性腫瘤)
# CRITICAL ILLNESS CLAIM FORM (Cancer/Early Stage Malignancy)

| 第二部份 (申請人自費由主診醫生填寫)<br>PART II (To be completed by the Attending Physician at the Claimant's own expenses) | | | |
|---|---|---|---|
| 病人姓名 Name of Patient | | | |
| 身份證/護照號碼<br>ID Card / Passport No. | | 性別 Gender | |

## 1. 一般資料 General Information

(a) 閣下是否受保人慣常求診之醫生? 如「是」，請問受保人首次向閣下求診之日期?
Are you the Insured's usual medical physician? If "yes", when did the Insured first consult you?

☐ 是 Yes _____ (日 DD/月 MM/年 YYYY) ☐ 否 No

(b) 受保人首次就有關疾病向閣下求診之日期。 When were you first consulted for this illness?

_____ (日 DD/月 MM/年 YYYY)

受保人之病徵? What were the symptoms?

該病徵約存在多久? How long had the symptoms been present?

(c) 受保人是否有同類之病史? Has the Insured previously suffered from this illness or any related conditions?
☐ 是 Yes ☐ 否 No

如"是"，請提供求診日期及診斷結果。 If "Yes", please give dates of consultation and the resulting diagnosis.

(d) 有關疾病之診斷是何時首次確認? On which date was the diagnosis made?

_____ (日 DD/月 MM/年 YYYY)

受保人何時首次知悉有關疾病之診斷? On which date was the Insured first made aware of it?

_____ (日 DD/月 MM/年 YYYY)

(e) 受保人之家族病史是否增加受保人患上此病之機會? Is there anything in the Insured's family history which would have increased the risk of this illness?
☐ 是 Yes ☐ 否 No

## 2. 其他/附加資料 Other/Additional Information

(a) 請提供受保人曾經就診之所有醫生姓名或醫院名稱及地址。 Please provide names, addresses and dates of doctors and hospitals which the Insured was referred and/or admitted to.



香港銅鑼灣新寧道 8 號中國太平大廈 1 期 7 樓
7/F, China Taiping Tower Phase I, 8 Sunning Road, Causeway Bay, Hong Kong
電話 (Tel) : 800 961 589 (中國香港 China HK) / 95589 (中國內地 Mainland China) 網址 (Website): tplhk.cntaiping.com

保單號碼 Policy Number

| T | P | L | H | K | | | | | | | | | | | | 0 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## 3. 受保人病況之詳情 Details of the Insured's Illness

(a) 請提供受保人之所有及確定的診斷詳情，包括該腫瘤之確定的位置及細胞組織分析。 Please provide full and exact details of the diagnosis and the site involved and the precise histology of the tumour.

(b) 診斷是否經病理分析確定? Is the diagnosis confirmed with histological examination? ☐ 是 Yes ☐ 否 No

若是，所作病理分析之類別及進行日期。 If yes, the type and date of histological examination performed.

(日 DD/月 MM/年 YYYY)

苦未有進行病理分析，原因為何? If histological examination is not done, what is the reason?

病理分析結果: Histological result:

i) 病理分析結果是否原位癌? Is the histological result carcinoma-in-situ? ☐ 是 Yes ☐ 沒有 No

ii) 癌細胞有否不受控制地生長? Is there uncontrolled growth of malignant cells? ☐ 是 Yes ☐ 沒有 No

iii) 癌細胞有否明顯入侵基質? Is there any clear stromal invasion of malignant cells? ☐ 是 Yes ☐ 沒有 No

iv) 根據 TNM 評級系統，此癌症屬於哪一階段? (慢性淋巴性白血病，則請列出其 RAI 級別。) What is the staging of the cancer according to the TNM classification system? (For Chronic Lymphocytic Leukemia, please state the RAI Stage.)

v) 癌細胞有否擴散至其他器官? 如有，已確認被擴散的器官? ☐ 有 Yes ☐ 沒有 No
Is there any distant metastasis? If yes, any identified secondary site?

請提供所有診斷報告，如活體檢視記錄，細胞分析報告，X 光檢查，電腦掃瞄，超聲波，驗血，心電圖，及其他化驗報告等，或任何有關的醫院報告。 Please enclose copies of all reports including biopsy records, cytology reports, X-rays, CT scans, other imaging studies, laboratory evidence, surgical report, etc, and any relevant hospital reports that are available.

(c) 受保人接受哪一種治療? What is the nature of the treatment?

☐ 外科手術 Surgical ☐ 放射性治療 Radiotherapy

☐ 化學治療 Chemotherapy ☐ 姑息治療 Palliative

☐ 其他，請註明: Others, please specify: _____

請提供治療之詳情: Please provide details of procedure(s):

(d) 受保人有否感染人體免疫力缺乏病毒(HIV)? Whether HIV infection is present in the Insured?

☐ 有 Yes ☐ 沒有 No

如有，請提供詳情。If yes, please give details

(e) 請列明受保人曾患上或接受治療的其他主要疾病。 Please state if the Insured has suffered/been treated for any other major illness(es) in the past.

(f) 請提供其他有助審核本索償個案之資料。Is there any further information, which in your opinion will assist us in assessing this claim?

**保單號碼 Policy Number**

| T | P | L | H | K | | | | | | | | | | | | | 0 | 0 | 8 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## 4. 主診醫生聲明書 Declaration of Attending Physician

| | | | |
|---|---|---|---|
| 主診醫生姓名<br>Name of Attending Physician | | 電話<br>Telephone No. | |
| 專業資格<br>Field of Specialization and Qualification | | 電郵<br>Email Address | |

本人謹此聲明本人曾親自為病人的病情和疾病進行了檢查、建議和治療，以上陳述是按本人專業所知所信真實及完整的填報。我在此聲明並同意將上述陳述作為索賠表的一部分。

I hereby declare that I have personally examined, advised and treated the Patient in connection to the conditions and illnesses herein and that the foregoing statements are true and complete to the best of my professional knowledge and belief. I hereby declare and agree to make my statements above as part of the claim form.

醫生簽署和蓋章
Signature and Official Chop

簽署日期 Date of Signing
(日 DD/月 MM/年 YYYY)