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

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死亡賠償申請表 第二部份 主診醫生報告
APPLICATION FOR DEATH CLAIM PART II ATTENDING PHYSICIAN'S STATEMENT

(申請人自費由主診醫生填寫 To be completed by the Attending Physician at the Claimant's own expenses)

死者資料 Particulars of the Deceased

死者姓名 Name of Deceased		**性別及年齡 Gender & Age**	
出生日期 Date of Birth		**身份證/護照號碼 ID card / Passport No.**	
死者生前住址 Residence prior to Death		**死者生前職業 Occupation prior to Death**	

1. 死亡事件詳情 Particular of Death

(a) 死亡日期及時間 Date and Time of Death	(日 DD/月 MM/年 YYYY) (時 HR /分 MIN)
(b) 死亡地點 Place of Death	
(c) 死亡原因 (國際疾病分類代碼) Cause of Death (ICD-10 code)	
若因意外/事故致命，請填寫 i 至 iv 題 Please fill in i to iv if death is by an accident / incident	若因疾病導致 / 自然死亡，請填寫 v 至 vii 題 Please fill in v to vii if death is by illness / natural cause
i. 事故日期 Date of incident (日 DD/月 MM/年 YYYY)	v. 病因為何及此病症存在多久？ What was the underlying disease and for how long?
ii. 事故地點 Place of incident	病徵始於 onset date since (日 DD/月 MM/年 YYYY)
iii. 事故性質 Nature of incident □ 意外 Accident □ 自殺 Suicide □ 其他 Others :	vi. 有否併發症及此情況維持了多久？ Any complications and for how long?
iv. 事故發生之詳情 Details of incident happened	vii. 是否為復發性病症或慢性病症？請提供詳情。 Was it a recurrent episode / chronic disease? Please give details.
(d) 死者之遺體是否已/將進行驗屍或安排死因裁決？ Was there / will there be an autopsy or death inquest on the body of the Deceased?	□ 否 No □ 是，請提供驗屍日期及結果 Yes, please provide Date of Autopsy and Result

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2. 死者過往病歷及與醫生關聯的資料 Past history and Doctor(s) association with the Deceased

(a) 請列出死者生前的病歷紀錄及與閣下的關係(如有報告敬請提供)。
Please list out All past health records prior to Death and the relationship with the Deceased (please enclose reports if you have it).

死者之醫療紀錄自
Medical records of the Deceased since

(日 DD/月 MM/年 YYYY)

本人是死者生前的 I am the Deceased's :
☐ 家庭/慣常醫生 Family/Usual Doctor
☐ 主診醫生 Attending Physician
☐ 其他 Others :

求診日期 Consultation Date (DD/MM/YY)	病因 / 症狀 Diagnosis / Symptoms	病徵始於 Onset Date (DD/MM/YY)	檢驗、治療及住院詳情 Details of Diagnostic Test(s), Treatment and Hospitalization

(b) 死者是否經其他醫生轉介? 如是，請提供轉介醫生姓名和聯絡資料
Was the Deceased referred by another doctor?
If yes, please give Name and Contact of the referring physician.

☐ 是 Yes ☐ 否 No
醫生姓名 Name of doctor :
地址及電話 Address & Contact No. :

(c) 死者曾否在求診中透露其過往的醫療健康紀錄史？
Had the Deceased disclose past medical health history during consultation(s)?

☐ 否 No
☐ 是 Yes，請填寫問題(d)至(g)
Please fill in question (d) to (g)

(d) 過往三年，死者過去有否向**其他醫生**求診? 如有，請詳細說明。
In the past 3 years, had the Deceased ever consulted to **other physician(s)**? If yes, please give a brief summary.

日期 Date (DD/MM/YYYY)	醫生/醫院資料 Information of Doctor/Hospital	疾病及治療 Disease & Details of Treatment

(e) 死者過去曾否患有同類死因之病況? 如有，請詳細說明。
Had the Deceased ever have the same or similar conditions or symptom preceding Death? If yes, please give a brief summary.

日期 Date (DD/MM/YYYY)	醫生/醫院資料 Information of Doctor/Hospital	疾病及治療 Disease & Details of Treatment

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(f)	死者是否因任何家族病史或其他因素促使增加患上此疾病的機會？ Is there any Deceased's family history or any precipitating factors which would have increased the risk of this illness?	□ 是 Yes □ 否 No 請提供詳情 Please provide details :
(g)	死者過往有否下列之病歷 / 習慣？ Had the Deceased ever have the following medical illness(es) or the habit(s)?	□ 否 NO □ 是 YES，請在適當位置劃上剔號，並提供詳情 Please tick where it is appropriate and give details
	i. 死者生前活動/習慣 Activity prior to Death/Habit history : ○ 濫用藥物 Drug addiction ○ 吸煙習慣 Smoking habit ○ 飲酒習慣 Drinking habit ○ 危害的運動/活動/職業 Hazardous sport/activity/occupation _____ 上述習慣/活動始於 The above habit/activity since (日 DD/月 MM/年 YYYY) _____ 每日服用量 Daily consumption	ii. 死者過往病歷 Past Health History of the Deceased : ○ 高血壓 Hypertension ○ 高血脂 Hyperlipidaemia ○ 心臟病 Cardiac problem ○ 哮喘 Asthma ○ 糖尿病 Diabetes mellitus ○ 乙型肝炎 Hepatitis B ○ 人類免疫力缺乏病毒感染 HIV infection ○ 精神異常 Mental abnormity ○ 曾接受手術 Previous operation ○ 懷孕/分娩/流產 Pregnancy/childbirth/Abortion ○ 其他嚴重、慢性或先天性/遺傳疾病 Other major, chronic or congenital / heredity illness _____ 詳情 Details: 診斷日期及醫生名稱 Diagnosis date and name of physician _____ 是次死因是否直接/間接由上述之因素所引致或使惡化？如是，請提供詳情: Was the death related to or directly/indirectly due to or aggravated by such records? If yes, please give details.

3. 主診醫生聲明書 Declaration of Attending Physician

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

本人謹此聲明本人曾親自為死者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 Deceased 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.

_____
主診醫生簽署和蓋章
Signature and Official Chop of Attending Physician

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

_____
簽署地 Place of Signing

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