

Hospital Cash Claim Form

住院保障計劃賠償申請表

QBE General Insurance (Hong Kong) Limited 昆士蘭保險(香港)有限公司



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Claims Hotline 理賠熱線
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852 2828 3138
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A. NOTES 注意事項



Insurance claims are now easier and faster with QBE eClaims.
Visit or scan the QR code to lodge your claim on any device, anytime, anywhere
請登入以下網址或掃描 QRcode，立即享受快捷的網上理賠體驗

claims.qbe.com/hk

- All questions must be answered. If not applicable, please write "n/a". You may attach additional sheet(s) if necessary.
所有問題必須作答。如不適用者，請填上「不適用」。如有需要，可附上額外紙張。
- Sections B and C should be fully completed and signed.
詳細填妥本表格 B 及 C 部份並簽署。
- Section F is to be completed and signed by the attending Doctor.
本表格 F 部份由主診醫生填妥並簽署。
- The issue of this claim form is not an admission of liability by QBE Hong Kong.
發出此索償申請表並不代表昆士蘭保險香港承認任何責任。
- If the Insured is unable to write on account of disablement, this form should be completed and signed by a close relative or other responsible person acting on behalf of the Insured for the time being.
如投保人因傷病不能書寫，投保人的家屬或負責人可代為填妥及簽署。
- Original hospital bill, receipt and doctor's referral letter are submitted together with this form.
住院賬單、收據及醫生介紹書正本應連同此表格一同提交。

B. DETAILS OF THE INSURED 保戶資料

Policy no. 保單編號：	Name of the Insured 投保人姓名：	
Address 地址：		
Email address 電郵地址：	Mobile phone no. 流動電話號碼：	Occupation 職業：

C. CLAIM INFORMATION 索償資料

Name of patient 病人姓名	Disease / nature of Injuries 疾病 / 受傷之性質					
Period of hospitalization (DD/MM/YYYY) 住院日期(日/月/年)：	From 由	Date 日期	Time 時間	To 至	Date 日期	Time 時間
Date when symptoms first appeared / accident happened (DD/MM/YYYY) 病發 / 意外發生日期(日/月/年)：	/		/	Date of receiving first treatment (DD/MM/YYYY) 首次接受治療日期(日/月/年)：		
Cause of the disease / injuries 病發 / 意外之成因：						

<p>Has the patient received treatment for the same disease before? 過去有否因此疾病而接受治療？</p> <p>If "Yes", please provide the doctor's name. 如「有」，請提供該醫生姓名。</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>Is the patient under the regular care and attendance of a physician? 病人有否經常診治的醫生？</p> <p>If "Yes", please provide the doctor's name. 如「有」，請提供該醫生姓名。</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>Is the patient insured with any other insurance company for hospital benefits? 病人有否投保其他保險公司之住院保障？</p> <p>If "Yes", please state the name of the company and the policy number. 如「有」，請列明其公司名稱及保單編號。</p>	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<p>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。 Note: Please provide a copy of the payment document if another insurance company has already paid part of the medical expenses.</p>	

D. PAYMENT MODE 收取賠償款項方式

Subject to the terms and conditions of your policy, you may select to receive the claim payable amount by way of direct credit or cheque. Normally, you will receive your payment 3-5 working days earlier if you choose the direct credit option. If you do not provide your payment preference, a cheque will be issued for any claim payment.

在保單條款許可情況下，閣下可選擇以銀行轉賬或支票方式收取賠償款項。一般情況下，選擇銀行轉賬收取賠償款項較支票快 3-5 個工作天。如閣下沒有選擇收取賠償款項方式，將會視作選擇以支票收取賠償款項。

Important Note for Direct Credit 銀行轉賬重要事項

- a. The claim payment shall be credited to the bank account in the name of the Insured Person in accordance with the terms and condition of your policy. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
有關之賠款將按其保單條款，存入該受保人名下之銀行賬戶。請確保賬戶號碼及賬戶持有人名稱正確，以免引致不必要之延誤。
- b. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment and any other additional banking handling charges regardless of whether the claim payment can be recovered.
如索償人提供之銀行賬戶號碼及 / 或戶口持有人名稱不正確，而導致本公司錯誤將賠款存至第三者戶口，無論有關賠款能否取回，本公司無任何責任再支付該賠款及其引致之相關銀行手續費用。

<input type="checkbox"/> Option (1) 選擇 (一)	<p>By direct credit – for HKD account only 銀行轉賬 – 只限港元戶口</p> <p>Please provide your bank account details 請提供相關銀行資料</p> <p>Bank Name <input type="checkbox"/> Hang Seng Bank 恒生銀行 銀行名稱 <input type="checkbox"/> Others, please specify 其它，請列明：</p> <p>Name of Account Holder (in English & block letter) 賬戶持有人姓名（英文及以大楷書寫）：</p> <p>Bank Account Information 銀行賬戶資料：</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Bank Code 銀行編號</td> <td style="width: 50%; text-align: center;">Bank A/C No. 銀行賬戶號碼</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>	Bank Code 銀行編號	Bank A/C No. 銀行賬戶號碼		
Bank Code 銀行編號	Bank A/C No. 銀行賬戶號碼				
<input type="checkbox"/> Option (2) 選擇 (二)	<p>Hong Kong Dollar Cheque 港幣支票</p>				

E. DECLARATION & AUTHORIZATION 聲明及授權

I / We hereby declare that:

本人 / 我等就此聲明：

1. The above information provided by me / us in this form is true and complete to the best of my / our knowledge and belief.
本人 / 我等在此表格提供的資料全是真實正確無訛。
2. I / We have not withheld from QBE General Insurance (Hong Kong) Limited any information within my / our knowledge connected with the accident / incident.
本人 / 我等就本人 / 我等所知，並未有向昆士蘭保險（香港）有限公司隱瞞 / 保留任何有關意外 / 事件資料。
3. I / We hereby authorize any medical practitioner, hospital, clinic, insurance company or organization that has any records or knowledge of me / us or my / our health, to furnish to QBE General Insurance (Hong Kong) Limited or its authorized representative, any and all information with respect to my / our illness or injury, medical history, consultation prescription or treatment. A photocopy of this authorization shall be considered as effective and valid as the original.
本人 / 我等現授權任何醫生、醫院、診所、保險公司或機構可將本人 / 我等之病情、以往病歷、診治及申請賠償等資料給予昆士蘭保險（香港）有限公司或其代表。此授權書之副本與正本同等有效。
4. I / We have read the QBE General Insurance (Hong Kong) Limited's Personal Information Collection Statement ("Notice") and acknowledge and agree that all personal data and information with respect to me / us which is provided by me / us in relation to this application may be held, used, processed or disclosed to such parties for such purposes as set out in the Notice.
本人 / 我等確認本人 / 我等已細閱昆士蘭保險（香港）有限公司之收集個人資料聲明（「通知」），並知悉及同意有關於本人 / 我等於是次申請由本人 / 我等提供的所有個人資料及其他資料將可能被持有、使用、處理或披露予有關各方以用作「通知」上所載的用途上。
5. I / We understand and agree that QBE General Insurance (Hong Kong) Limited by requesting me / us to submit and complete this form, and by requesting me / us to make the declaration and give the authorization herein, does not constitute a waiver of its rights entitled under the terms and conditions under the Policy and the law in general.
本人 / 我等明白並同意昆士蘭保險（香港）有限公司，在要求本人 / 我等完成及提交此表格，及在要求本人 / 我等聲明及授權，是不會構成其放棄保險單內條款和條件及一般法例權益。

Signature of the insured

保戶簽署：

H.K.I.D. no.

香港身份證號碼：

Date (DD/MM/YYYY)

日期(日/月/年)：

/

/

Signature of the patient (if not the insured)

傷者簽署（如非投保人）：

H.K.I.D. no.

香港身份證號碼：

Date (DD/MM/YYYY)

日期(日/月/年)：

/

/

F. CERTIFICATE OF MEDICAL ATTENDANT 醫生證明書

This section is to be completed by the claimant's attending physician / surgeon at the claimant's own expense.

此欄須由索償申請人之主診醫生填寫，所需費用由索償申請人自行承擔。

Patient's name (in full)

病人姓名（全名）：

Date of admission (DD/MM/YYYY)

入院日期(日/月/年)：

/

/

Date of discharge (DD/MM/YYYY)

出院日期(日/月/年)：

/

/

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

Clinical surgery 門診小手術

Clinical history 求診記錄

1. Date on which the patient first consulted you related to this illness / injury (DD/MM/YYYY)

病人就此疾病/受傷後，首次向閣下求診的日期(日/月/年)

/

/

2. Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation

病人就此次住院/治療/檢驗所出現的相關症狀及主訴：

Hospitalization details 住院詳情

1. Final diagnosis

最後的診斷

2. Date of operation (DD/MM/YYYY)

手術日期 (日/月/年)

/ /

3. Operation procedure(s) performed

手術的名稱

4. If the patient has consulted other physician during this hospitalization, please provide the following details:

如病人於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 治療詳情：

5. 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)

請提供出院撮要（包括開始時及持續出現的徵兆/症狀、病因、主要檢查的種類及結果、治療、併發症及覆診詳情）

6. Please provide reason(s) for hospitalization if this type of cases can be managed on day care / out-patient basis.

若此次病症能在日間護理 / 診所內進行治療，請提供住院原因。

Professional Comment 專業意見

1. In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis. If "Yes", please provide date of the first episode and details.

就閣下意見，病人是次住院治療是否因繼發性或慢性疾病所引致或與以往的主訴 / 診斷有關？若答案為「是」，請提供首次發病日期及詳情。

2. Was the condition due to or associated with the following? (Please tick the appropriate boxes)

上述情況是否出於或與以下問題關連（請在適當空格填上 ✓ 號）

- | | |
|---|--|
| <input type="checkbox"/> Accidental bodily injury 意外身體受傷 | <input type="checkbox"/> Hereditary condition 遺傳性問題 |
| <input type="checkbox"/> Pregnancy 懷孕 | <input type="checkbox"/> Mental disorder 精神紊亂 |
| <input type="checkbox"/> Congenital condition 先天性疾病 / 異常 | <input type="checkbox"/> Treatment for cosmetic purpose 美容性質的治療 |
| <input type="checkbox"/> Self-inflicted injury 自我傷害 | <input type="checkbox"/> General check-up 一般身體檢查 |
| <input type="checkbox"/> Infertility or sterilization 不育或絕育 | <input type="checkbox"/> Refractive error 屈光不正 |
| <input type="checkbox"/> Developmental condition 發育問題 | <input type="checkbox"/> Vaccination 疫苗接種 |
| <input type="checkbox"/> Abuse of drugs or alcohol 濫用藥物或酒精 | <input type="checkbox"/> Venereal disease, sexually transmitted disease or AIDS / HIV related illness 性病，性傳播疾病或愛滋病/愛滋病毒有關的疾病 |
| <input type="checkbox"/> Contraception 避孕 | |

Others 其他

1. If the patient was referred by another doctor, please provide the referring doctor's name and address.

如病人由其他醫生轉介，請提供轉介醫生的姓名和地址。



QBE General Insurance (Hong Kong) Limited
昆士蘭保險（香港）有限公司

A part of the worldwide QBE Insurance Group 屬澳洲昆士蘭保險集團一份子

QBE General Insurance (Hong Kong) Limited - Personal Information Collection Statement

In relation to the personal data collected by [QBE General Insurance (Hong Kong) Limited] ("QBE HK"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed.
- b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
- c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein
- d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at:

QBE General Insurance (Hong Kong) Limited –

Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong

Email: info.gihk@qbe.com.hk

- e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above.
- f) That in the event of differences between the English and Chinese, the English version shall prevail.

Jan 2022



QBE General Insurance (Hong Kong) Limited
昆士蘭保險（香港）有限公司

A part of the worldwide QBE Insurance Group 屬澳洲昆士蘭保險集團一份子

昆士蘭保險（香港）有限公司 - 收集個人資料聲明

關於[昆士蘭保險（香港）有限公司]（“昆士蘭保險香港”）收集之個人資料，本人 / 我等同意並承認：

- a) 索取之個人資料對於昆士蘭保險香港處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- b) 昆士蘭保險香港可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy> 所載私隱政策當中表明之目的，其中包括承保和管理本人 / 我等正在申請之保險（包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的）。
- c) 昆士蘭保險香港可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
 - i. 提供與本人 / 我等的保險（包括再保險）之管理有關的服務的第三方；
 - ii. 為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
 - iii. 在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社；
 - iv. 昆士蘭保險集團不論位於任何國家或地區的另一成員（為以上 (b) 項所述各種目的而提供該個人資料）；
 - v. 為昆士蘭保險私隱政策所指的各種目的，將個人資料提供予該私隱政策提及的其他人士。
- d) 本人 / 我等可以查閱或要求更正自己的個人資料（在這兩種情況下均需支付一筆合理費用）。提出有關要求，可經電郵或郵遞方式向以下地址發信：

昆士蘭保險（香港）有限公司 -

地址：香港鰂魚涌英皇道 979 號太古坊濠豐大廈 33 樓

電郵：info.gihk@qbe.com.hk

- e) 若本人 / 我等乃代表另一人士向昆士蘭保險香港提供個人資料，本人 / 我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險香港。
- f) 若本文件之中、英文版之間意義有分歧，應以英文版本為準。

2022 年 1 月