



「享譽」醫療計劃 - 重疾關愛服務申請書  
Vantage Medical Plan - Critical Illness Assistance Service Application Form

- 發出此申請書並不表示本公司已接納是次申請。在此申請過程中，無任何性質之手續費需支付予本公司之僱員或保險代理人。  
The issuance of this application form does not constitute an admission of liability. No fee, commission or charge of whatever nature is required to pay to the employees or insurance agents of the company with respect to this application.
- 請回答申請書第一部份所有問題。申請書第二部份(對應申請重疾種類的醫生診斷報告)必須由主診醫生填寫並由保單權益人/受保人支付有關費用。其他有關報告或文件如病理報告、化驗報告等必須一併呈上。  
Please answer ALL the questions in Part I of this application form. Part II of this application form (Attending Physician's Statement corresponding to the critical illness claiming for) MUST be completed and signed by the attending physician. The completion of this part is at Policyowner/Life Insured's own expenses. Any other reports or documents such as pathological and laboratory reports or evidences, etc. must be submitted.
- 請附上有關報告或文件，例如醫院發出的出院報告並列明病症、病假紙、醫療報告等以方便審核。  
Please attach relevant reports or documents, such as discharge summary issued by hospital containing the exact diagnosis, sick leave certificate, medical report, etc. to enable us to assess your application.
- 請確保保單權益人/受保人在此申請書的簽署必須和投保書簽署一致。  
Please make sure the signature of Policyowner/Life Insured on this application form is in consistent with that appearing on the policy application form.

1. 保險代理人姓名 Name of Insurance Agent	<input type="text"/>	2. 保險代理人編號 Insurance Agent No.	<input type="text"/>	3. 聯絡電話 Contact Tel. No.	<input type="text"/>
4. 附上文件 Documents Attached	<input type="checkbox"/> 病理報告 Pathological Report	<input type="checkbox"/> 出院報告 Discharge Summary			
	<input type="checkbox"/> 醫療報告 Medical Report	<input type="checkbox"/> 其他 Others	<input type="text"/>		

第一部份 保單權益人/受保人聲明(由保單權益人/受保人填寫)  
PART I POLICYOWNER/LIFE INSURED'S STATEMENT (to be completed by Policyowner/Life Insured)

5. 保單號碼 Policy No.	<input type="text"/>	6. 受保人姓名 Name of Life Insured	英文 in English	<input type="text"/>	中文 in Chinese	<input type="text"/>
7. 身分證/護照號碼 ID Card / Passport No.	<input type="text"/>	8. 性別 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female	9. 聯絡電話 Contact No.	<input type="text"/>
10. 出生日期   年齡 Date of Birth   Age	<input type="text"/>	11. 電郵地址 E-mail Address	<input type="text"/>			

重疾詳情  
Critical Illness Details

12. 重疾名稱 Name of critical illness	<input type="text"/>
13. 請敘述所患重疾及其病徵。 Please describe the nature of critical illness and the symptoms.	<input type="text"/>
14. 請敘述曾接受之手術、醫療治療及化驗檢查及其結果。 Please describe the surgical procedure, medical treatment received and laboratory tests performed and the results.	<input type="text"/>

本人/我們清楚明白及完全同意以下各項：(1) 香港人壽保險有限公司 (下稱「香港人壽」) 收集所需的個人資料是為處理投保或其他保險或財務產品/服務之申請，及提供所有關於該等申請之繼續服務，處理理賠或其有關分析、統計或精算研究用途、訴訟、通訊、內部/外界審計、保持優質服務、直接銷售保險產品及資料披露之任何因香港人壽提供的產品及/或服務之機構/人士溝通。香港人壽會將該等資料儲存、使用、透露、發放及/或轉交予 (不論在本港或海外) 任何從事與保險或再保險業務有關之公司、中介人、第三方管理人、第三方服務供應商 (包括但不限於保險公司、銀行、律師、會計師，以及其他提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令香港人壽的業務可以運作的第三方服務供應商)、理賠調查員、醫療賬單審查公司、有關提供保險業務服務之公司、專業顧問、研究人員、政府機關、任何保險業組織或聯會、信貸資料服務機構、收賬代理、伙伴金融機構、符合法例或法庭頒令的資料披露規定之單位、或根據監管或其他有關機構所發出的指引而作出披露之單位；(2) 本人/我們有權知悉香港人壽是否持有本人的資料及有權查閱該等資料，若認為有關本人/我們的資料不準確，有權要求香港人壽給予改正，同時有權查悉香港人壽對於資料的政策與實務做法，及獲告知香港人壽持有本人/我們資料的類別。任何關於查閱或改正資料申請，或欲查悉香港人壽對於個人資料的政策與實務做法或所持有的資料類別，可以書面形式致函香港皇后大道中 183 號中遠大廈 15 樓，向香港人壽資料保護主任提出；(3) 香港人壽有權處理任何查詢資料的要求收取合理費用。

本人/我們確認並知悉：(1) 本人/我們將有責任遵守就本人/我們為公民或居民或作為住所的國家之有關法律、監管政策及/或其他法例要求；(2) 如有疑問，本人/我們將徵詢獨立專業顧問有關購買、持有、提款、贖回或以其他方式處置所發保單或行使保單內的權利可能引致的稅務、法律或法規上的後果。香港人壽沒有就本人/我們的稅務或個人之公民身份提供任何意見；(3) 香港人壽有權，就如需要並在法律許可的範圍內，提供有關本人/我們的個人資料和其他有關本人/我們的保單或於本申請書上所載之投資或以其他方式刊載的其他資料予政府部門、監管機構、法院、法庭、行政委員會及/或執法機構 (包括本地及海外)。香港人壽也會就上述政府部門、監管機構、法院、法庭、行政委員會及/或執法機構所提出之任何問題及/或查詢作出回答，及在適當的情況下，會主動提供報告，以符合有關法律、法規和守則/行為。本人/我們明白，如果本人/我們拒絕給予上述之明示不同意予香港人壽，香港人壽將無法出售任何保險產品，及提供任何服務給本人/我們。

本人/我們明白如欲拒絕接收香港人壽推廣資料，可任何時候以書面形式向香港人壽資料保護主任提出有關申請。



本人/我們謹此授權：(1) 任何僱主、醫生、醫院、診所、保險公司、政府部門、其他因香港人壽提供的產品及/或服務之機構/人士，凡曾已或將會知悉或持有本人/我們的個人資料 (不論是醫療或其他資料)，均可向香港人壽或其代表透露、發放或轉交該等資料，以作為處理本申請及其後之保單復效和理賠事宜；(2) 香港人壽或任何其指定之醫護人員或化驗所，可就本申請及其後之保單復效和理賠事宜，替本人/我們進行所需之醫療評估及測試以審核本人/我們的健康狀況。即使本人/我們死亡或喪失能力，如法律上可行時，此授權書仍具效力，而本人/我們之繼承人及承讓入亦會受此授權書約束。本授權書之影印本與正本均有同等效力。

I/ We hereby declare, understand and agree that: (1) Hong Kong Life Insurance Limited (hereinafter referred to as "Hong Kong Life") only collects necessary personal information for the purpose of processing your application or any other applications for insurance or financial related products/ services and providing all on-going services relating to such applications, claim processing or any analysis of it, statistical or actuarial research, litigation, communication, internal/ external audit, to maintain quality services, direct marketing for insurance products and data matching, and communication with any relevant organization/ person in respect of any services and/ or products provided by Hong Kong Life. Any personal information collected or held by Hong Kong Life is to enable it to carry on insurance business and may be stored, used, disclosed, released and/ or transferred (whether within or outside Hong Kong) by Hong Kong Life to any other companies carrying on insurance or reinsurance related businesses or any intermediaries or third party administrators or third party service providers (including without limitation insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to Hong Kong Life) or claims investigator or medical bill review companies or other service providers providing services relevant to insurance business or professional advisors or researchers or government authorities or any associations or federation of insurance companies or credit reference agencies or debt collection agencies or partnering financial institutions or any organizations which meet disclosure requirements imposed by law or court orders or pursuant to guidelines issued by regulators or other relevant authorities; (2) I/ We have the right to check whether Hong Kong Life holds data about me/ us and the right of access to such data and require Hong Kong Life to correct any data relating to me/ us which are inaccurate. I/ We also have the right to ascertain Hong Kong Life's policies and practices in relation to data and to be kept informed of the kind of data held by Hong Kong Life. Such request can be made in writing and addressed to the Data Protection Officer of Hong Kong Life at 15/ F, Cosco Tower, 183 Queen's Road Central, Hong Kong; (3) Hong Kong Life has the right to charge a reasonable fee for the processing of any data access request.

I/ We confirm and acknowledge that: (1) I/ We shall be responsible for observing and complying with any applicable law, regulatory policy and/ or other statutory requirement of the country of my/ our citizenship, residence or domicile; (2) If in doubt, I/ We shall consult independent professional advisers concerning possible tax, legal or regulatory consequences of purchasing, holding, withdrawing, redeeming or otherwise disposing the policy issued or exercising any rights of the policy. Hong Kong Life has not provided any advice to me/ us around tax or a person's citizenship status; (3) Hong Kong Life shall be entitled to, insofar as necessary and to the extent permitted by laws, furnish the relevant governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/ or law enforcement bodies (both local and overseas) with any of my/ our personal data and other information relating to my/ our policy(ies) or investments contained in this application or otherwise. Hong Kong Life may also answer any question or inquiry the said governmental authorities, regulator(s), court(s), tribunal(s), administrative board(s) and/ or law enforcement bodies, and as it sees appropriate, make any report at its own initiative in order to comply with the laws, regulations and codes of practice/ conduct. I/ We understand that Hong Kong Life will not be able to sell any insurance product to me/ us and provide any service if I/ We refuse to give the said express consent.

I/ We hereby understand that if I/ We do not want to receive any promotional information from Hong Kong Life, I/ We can make such request in writing to the Data Protection Officer of Hong Kong Life at any time.

I/ We hereby authorize: (1) any employer, doctor, hospital, clinic, insurance company, government office or any relevant organization/ person in respect of any services and/ or products provided by Hong Kong Life who has or may hereafter have any record, knowledge or information of me/ us (whether medical or otherwise) to disclose, release or transfer to Hong Kong Life or its representative such record, knowledge or information pertinent to this application and any reinstatement or claim arising therefrom; (2) Hong Kong Life or any of its appointed medical/ paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of me/ us in relation to this application for insurance and any reinstatement or claim arising therefrom. This authorization shall bind me/ us as well as the successors and assignees of me/ us and remain valid notwithstanding death or incapacity in so far as legally possible. A photocopy of this authorization shall be valid as the original.

	保單權益人簽署 Signature of Policyowner
	受保人簽署 Signature of Life Insured
S.V.	

保單權益人姓名及身分證/護照號碼 Name & ID Card / Passport No. of Policyowner
受保人姓名及身分證/護照號碼 Name & ID Card / Passport No. of Life Insured

日 DD / 月 MM / 年 YYYY Date
日 DD / 月 MM / 年 YYYY Date