

殿本加め 11.11.

受保人單位 Policyholder Nai	mo '	Ī	新療 体	i fix I	vieu	icai Ins	urai	nce –	7] 7	杆系	保單界			Claim Form			
Policyrioider ival 受保人姓名											POlic	y INUITIL	er <u>·</u>				
Name of Insured												Out to be written			41 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
索償人姓名 (如不是受保人) Name of Claimant _(IF NOT INSURED PERSON)												證號碼) No. :		與 受 保 人 關 係 Relationship :			
須由應診习 To be con	开醫填寫 npleted by your	attendii	ng dent	tist								注意	· 所遞	交之正本文件將會行	字留於本公司,請自備副本參考 FS submitted would be retain	ş .	
牙科診治或脈	ces as a	result	of accide	nt?	₹ Yes	/ 否 No	our	compai	ny. You are advised	d to keep a copy for reference	eu by e.						
序號 No.				No.			治療	項目 Partio	Particulars				收據金	額 Amount Incurred			
2																	
3																	
	病人接受治療的牙齒或 eeth treated or area of				_		_		唇	LABIAL		_	_				
	on the following chart	()		M	XC		3)(30)	(3)(2)(3)	(Q)		牙醫簽署及診所印章 Signature of Dentist and Clini	c Chop	
		右	RIGHT -						- 舌口	INGUA					EFT		
		()	$\mathbb{Z}(\mathbb{Z})$	\mathbb{Q}	\mathbb{Z}		Z)(į	9)(Q))	()		χg	(Q)			,	
										ABIAL							
															provide bank autopay account r I future claim settlements.	iumber	
戶口持有人		銀行	及分行編	扁號			自動	轉帳戶口	號碼					電郵地址			
Bank Accoun	nt Holder	Ban	k and Bra	anch C	Code	 	Ban	k Autopay	/ Acc	ount N	umber			Email Address			
投保人 Insured																	
配偶 Spouse																	
授權 本人現授權任何 康情况、傷病資	西醫、醫院、診所、保險公司 科及病歷記錄,作爲審核有關						家屬之條	disclose	n behai e to the	olf of mys e Bank o	f China Gr	oup Insi	urance Co	o., Ltd. all information cond	oractitioner, hospital, clinic, insurance con cerning the above disability and any prior prization shall be as valid as the original.		
 登明 1、本人聲明上述所填報之資料均屬真實無訛,本人清楚明白如上述資料有誤或不實,可能導致人家屬的保障無效。 						ab	atement a	nd answers	will caus	e my/our d	elaim invalid.	ect. I understand that any misrepresentation					
2、本人明白本人提供予中銀集團保險有限公司("中銀集團保險")的資料,爲中銀集團保險提供保險業務所需,並可能使用於下列目的:						co	 I understand that the information provided by me to Bank of China Group Insurance Company Limited ("BOCG Insurance") is collected to enable BOCG Insurance to carry on insurance business and may be used for the purpose of: If the purpose of the purpos										
(i) 處理及審批本人的保險申請或本人將來提交的保險申請;(ii)執行本人保單的行政工作及提供與本人保單相關的服務;(iii)分析或調查、處理及支付本人保單有關的索償;(iv)發出繳交保費通知及向本人收取保費及欠款;(v)任何與保險有關的產品或服務的任何更改、變更、取消或續期;(vi)就						insu clair	(i) processing and evaluating my insurance application and any future insurance application I may make; (ii) administering my insurance policy and providing services in relation to my insurance policy; (iii) analysis or investigating, processing and paying claims made under my insurance policy; (iv) invoicing and collecting premiums and outstanding amounts from me; (v) any alterations, variations, cancellation or renewal of any insurance related product or service; (vi) contacting me for any of the above										
以上用途聯	絡本人;(vii)中銀集團保 聲循適用法律,條列及業内	儉行使任何代	位權;(viii)					purp the	oses; (above p	(vii) exerc	ising any rig and (ix) cor	ght of sub mplying v	brogation b with applica	by BOCG Insurance; (viii) of able laws, regulations or an	t or service, (vi) contacting the for any of it ther ancillary purposes which are directly r y industry codes or guidelines. for the above purposes to the following cl	elated to	
(a) 就上述用	下可因應上述用途將本人及 用途,向中銀集團保險提供 (包括:醫療服務供應商、	行政、通訊	、電腦、付款	次、保安及	及其它朋			transfer (a) third services	rees: d party s which	agents, o	contractors a	and advis	sors who parry out the	provide administrative, com e above purposes (including	munications, computer, payment, security g medical service providers, emergency as	or other	
科技服務供應商及數據處理服務商); (b) 處理索賠僱案的理賠節,理賠罰查員及醫療顧問; (c) 追討欠款的收數公司或索債代理;(d) 保險資料服務公司及信貸資料服務公司;(e) 再保公司及再保經紀;(f) 本人的保險經紀(若有);(g) 中銀集團保險的法律及專業業務顧問;(h)中銀集團保險的關連公司以《公司條例》內的定義爲準);							adjudica reference () Insuran	service providers, telemarketers, mailing houses, IT service providers and data processors); (b) in the event of a claim, loss adjudicators, claims investigators and medical advisors; (c) in the event of default, debt collectors and recovery agents; (d) insurance reference bureaus or credit reference bureaus; (e) reinsurers and reinsurance brokers; (f) my insurance broker (if any); (g) BOCG Insurance's legal and professional advisors; (h) BOCG Insurance's related companies (a that term is defined in the Companies Ordinance); (f) any association, federation or similar or granization of insurance companies ("Federation") and its members that exists									
(i) 現存或不時成立的任何保險公司協會或鄰會或類同組織(「聯會」)及其會員,以達到任何上述或有關目的,或以便「聯會」執行其監管職能,或其他基於保險業或任何「聯會」會員的利益而不時在台理要求下賦予「聯會」的職能;(j) 透過「聯會」移轉予任何「聯會」的會員,以達到任何上述或有							or is for function interest	or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation; (j) any member(s) of the "Federation" for any of the above or related purposes; (k) any related company or any other company carrying on insurance or reinsurance related									
的中介人或 的保險業機	(任何有關的公司,或任何 索償或調查或其他服務提信 構;及(m) 法例要求或許可 15年集團保險可由「緊急	供者,以達到 的政府機關。	任何上述或不	有關目的	j;(l) 俘	R險索償投訴	局及同類	for any	of the	e above gencies a	or related p nd authoritie	ourposes es as req	; (I) the I uired or pe	Insurance Claims Complaii ermitted by law.	r providing services relevant to insurance into Bureau and similar industry bodies; of my and/or the Insured Person(s)'s data	and (m)	
本人在此授權中銀集團保險可向「聯會」從保險業內收集的資料中查閱及「或核對本人及「或受保人的任何資料。 此外、經本人同意、中銀集團保險可能會以其它方式使用及披露本人及「或受保人的個人資料。 本人有權查閱及要求更正由中銀集團保險持有有關本人及「或受保人的個人資料。如有需要,可向中銀集								informa Moreov I have Person	information collected by the Federation from the insurance industry. Moreover, BOCG Insurance may also use and disclose my and/or the Insured Person(s)'s personal data otherwise with my consent. I have the right to obtain access to and to request correction of any personal information concerning myself and/or the Insured Person(s) held by BOCG Insurance. Requests for such access can be made to BOCG Insurance's Legal and Compliance								
團保險法律與台	· 規部提出 (電話:2867 08	88,傳真: 39	006 9939) •					Departr	nent (T	el: 2867	0888 / Fax: 3	3906 993	39).				
日期 Date							索償	人簽署 <i>S</i>	ignatı	ure of (Claimant			聯絡電話	Contact Number		

醫療保險 Medical Insurance - 牙科索賠申請書 Dental Claim Form

申請索償指示

- 申請索償時必須提交正本收據連同有關資料呈交保險公司處理。 索償申請必須在診症日 後90天內呈交。除非有特別要求,否則有關單據將不退還
- 注意:所遞交之正本文件將會存留於本公司,請自備副本參考。如要求退回文件,本 公司只退還文件之核實正本。
- 所有正本收據必須清楚列明以下資料,並須醫生蓋章簽署:
 - ♦ 病人姓名
 - ◆ 診症日期
 - ◇ 收費資料
 - ◇ 診斷及治療/手術名稱

以下情況,索償申請將不獲辦理:

索償申請於診症/治療日90天後遞交。

所需資料不足。

填妥之索賠申請書連同附帶文件請交回: 中銀集團保險有限公司 - 醫療保險部收 香港德輔道中71號永安集團大廈九樓 網址: www.bocgroup.com/bocg-ins/

Claims Instructions

- Submit claim form with $\underline{\text{original receipt}(s)}$ and all supporting documents to the Insurance Company. Claims must be submitted to the Insurance Company within 90 days from incurred date / consultation.
- Note : ORIGINAL DOCUMENTS submitted would be retained by our company. You are advised to keep a copy for reference. Only CERTIFIED TRUE COPY would be returned upon request.
- All original receipts must indicate the following information and be signed / stamped by the attending doctor:
 - ♦ Patient's name
 - Consultation date
 - Breakdown of charges
 - Diagnosis and treatment/operation name

No reimbursement of outpatient claims if:

- Claim(s) submitted after 90 days date of consultation / visit
- Insufficient of required information

Please send this completed claim form with attachment(s) to: Bank of China Group Insurance Co. Ltd. - Medical Insurance Dept. 9/F., Wing On House,71 Des Voeux Road Central, Hong Kong

: 2867 0888 Fax : 3906 9906 Tel Website: www.bocgroup.com/bocg-ins/