



FirstCare - Outpatient and Dental Claim Form

摯關懷醫療計劃 — 門診和牙科賠償表

 <p>1) Claim Submission 遞交索償申請 No reimbursement for claims if submitted after <u>60 days</u> from the date of consultation. 索償申請必須在<u>60天</u>內寄回，否則不作任何賠償</p> <p>How to submit my claim? 如何遞交索償申請</p> <ul style="list-style-type: none"> ▪ In Person: HSBC Branches, OR 親身遞交：經滙豐分行，或 ▪ By Post: The Claims Department AXA General Insurance Hong Kong Limited P.O. Box No. 90854 Tsim Sha Tsui Post Office, Kowloon, Hong Kong 郵寄至：香港九龍尖沙咀郵政局信箱 90854 號，索償部收 	 <p>2) Claim Result 索償結果</p> <ul style="list-style-type: none"> ▪ Claims assessment will be completed within 7 working days after all required documents are received 理賠批核將於收到所須文件後 7 個工作日內完成 ▪ Actual assessment time maybe prolonged if additional information is required 實際批核時間會因應須要補充資料而延長 ▪ Upon claims approval, claim payment will be reimbursed to the account you specified during application or by cheque if you did not specify a claims settlement account 當索償批核後，我們會將索償款項轉賬至您於申請時指定之銀行戶口。如您並未指定銀行戶口，索償款項將以支票形式郵寄給您
<p>Remarks 備注</p> <ul style="list-style-type: none"> ▪ AXA General Insurance Hong Kong Limited may request for additional medical report(s) or supporting documents to assess the claims. Any expenses incurred will be borne by the Policyholder. 安盛保險有限公司可能就索償要求額外醫療報告/資料。所產生之費用須由保單持有人所承擔。 ▪ For inquiry, please contact AXA Customer Care Hotline: (852) 2867 8678. 如有查詢，請致電AXA安盛客戶服務熱線 (852) 2867 8678。 	

PART I – TO BE COMPLETED BY INSURED PERSON (PATIENT) 甲部 - 由受保人 (病人) 填寫			
GENERAL INFORMATION 一般資料			
Name of policyholder 保單持有人姓名	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士		
	Surname 姓	Given Name 名	
Policy number 保單號碼			
INSURED PERSON'S (PATIENT'S) INFORMATION 受保人(病人)資料			
Note: Please fill in (b) to (d) only if insured person (patient) is same as policyholder. 注意：如受保人 (病人) 與保單持有人為同一人，只需填妥 (b) 至 (d)。			
(a)	Name of insured person (patient) 受保人(病人)姓名	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士	
	Surname 姓	Given Name 名	
(b)	ID type and number 身份證明文件類別及號碼	<input type="checkbox"/> HKID 香港身份證 <input type="checkbox"/> Passport No 護照	Number 號碼：_____
		If insured person (patient) is under 18 years old, please provide HKID / passport Number of policyholder. 如受保人(病人)未滿 18 歲，請提供保單持有人之香港身份證 / 護照號碼	
(c)	Mobile number 手機號碼	(d)	Email address 電郵地址
	(Use for follow up of this claim 用於跟進是次索償)		(Use for follow up of this claim 用於跟進是次索償)

Outpatient – only if you have chosen outpatient benefit (Option 3), which is stated in your policy schedule

門診 – 若申請人已選擇門診保障 (選項 3) (已列明於您的保障項目表內) · 可申請此項賠償。

Please fill in the nature of claims and the breakdown of charges 請填上索償性質和各項收費明細

Date of Treatment (DD/MM/YY) 治療日期 (日/月/年)	General Practitioner 普通科醫生	Physiotherapy*/chiropractic* 物理治療*/脊骨治療*	Specialist* 專科醫生*	Chinese Herbalist★/bonesetter 中醫門診★/跌打	Alternative treatment 其他治療	Diagnostic X-Ray and laboratory tests * 診斷性推測及醫學檢驗*	Prescribed medication # 醫生處方藥物#	Others (Please specify) 其他 (請註明)	Total Amount 總額
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Total No. of Receipts 醫療收據總數				Total Receipt(s) Amount (HKD) 總醫療收據金額					\$
If treatment is due to pregnancy, please give expected date of delivery (DD/MM/YY) 如是次治療因懷孕引致 · 請提供預產期 (日/月/年)									
Is the above claim a clinic surgery? (If applicable) 是次治療是否診所手術 (如適用)									<input type="checkbox"/> Yes 是

Note: 1. * Doctor Referral Letter with clinical diagnosis to be attached 註冊西醫的轉介信 · 需包括臨床診斷之病症
2. ★ Chinese medicine prescription is required 需要中藥處方
3. # Doctor's prescription with drug name and dosage 醫生處方 (藥物名稱和劑量)

Dental – you are entitled to dental benefits if you have chosen this benefit, which is stated in your policy schedule

牙科 – 若申請人已選擇牙科保障 (已列明於您的保障項目表內) · 可申請此項賠償。

Date (DD/MM/YYYY) 日期 (日/月/年)	Tooth No. 牙齒號碼	Particulars 項目	Is treatment for orthodontics? 是否矯齒?	Charges 收費
			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	\$
			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	\$
			<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	\$

Please mark the teeth / area of oral treatment on the chart below 請於接受治療之牙齒或範圍標記於下圖

PERMANENT TEETH 恆齒

DECIDUOUS TEETH 乳齒

Signature of Dentist 牙科醫生簽名	Date 日期	____ DD 日 ____ MM 月 ____ YYYY 年
Name of Dentist 牙科醫生的姓名	Licence No. 執照號碼	Telephone 電話

Settlement of remaining balance of medical expenses under other AXA policy(ies)

索償之餘額於 AXA 安盛生效之保單上提出索償

If you would like to claim for the remaining balance of the medical expenses under your other inforce AXA policy(ies), please provide the policy information of the relevant policy(ies).

如欲將此次索償之餘額於另一 AXA 安盛生效之保單上提出索償 · 請提供以下有關保單資料。

Life Policy No. 人壽保險號碼

Non-Life Policy No. 非人壽保險號碼

Group Medical Policy No. 團體醫療保險號碼

CLAIMS WITH OTHER INSURANCE COMPANY 向其他保險公司索償

Are you making any other insurance company claim? 您有否向其他保險公司申請索償?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please provide details below. 如是 · 請提供以下資料
Name of insurance company 保險公司名稱	
Policy Number 保單號碼	

Request for document return 退還文件	<input type="checkbox"/> Please "✓" this box for obtaining Certified True Copy of original invoice(s) and receipt(s) after claim processing. 如欲索取醫生的發票和收據正式認證副本，請在空格內填上「✓」號。Note 注意: 1) Certified True Copy will not be issued if the claims are fully reimbursed Note 注意: 1) Certified True Copy will not be issued if the claims are fully reimbursed 如索償已獲全數賠償，正式認證副本將不獲發出。 2) The originals will not be returned and will only be retained for 3 months from the claim processed date 正本文件將不獲退還，並將只從索賠處理完成日期起計保留 3 個月。
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Claims Documents Required 所需文件
Please ✓ the required documents you have submitted. Our company may request for additional information.
請✓您所提交的文件。本公司有可能就個別情況要求進一步文件證明，以處理索償申請。

Basic documents for all claims (must be completed and submitted) 所有索償類別的基本文件 (必須完成及遞交)	<input type="checkbox"/> Completed and signed claim form 填妥此表格及簽名 <input type="checkbox"/> Original receipt(s) of the medical expenses 醫療費用收據正本 <input type="checkbox"/> Settlement advice from other insurer, if any 請提供其他保險公司之賠償結算通知，如適用
Chinese Herbalist & Bonesetter 中醫/跌打	<input type="checkbox"/> Original Receipts and Prescription 收據正本和處方
Specialist / Physiotherapy / Chiropractic / Diagnostic Imaging & Tests 專科/物理治療/脊醫/診斷性推測及醫學檢驗	<input type="checkbox"/> Copy of Referral Letter (if any). 醫生轉介信副本(如有)
Prescribed Medication 藥房購買之藥品	<input type="checkbox"/> Doctor's Prescription with Drug Name and Dosage 醫生的處方與藥品名稱及用量

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;

2. I/W/E ACKNOWLEDGE AND CONFIRM that the Personal Data may be provided to

*The Hongkong and Shanghai Banking Corporation Limited ("HSBC") for any of the Purposes and for the following additional bank related purposes: ensuring ongoing credit worthiness of customers, creating and maintaining credit and risk related models, providing the personal data to credit reference agencies for the purposes of conducting credit checks and other directly related purposes, determining the amount of indebtedness owed to or by customers and collection of amounts outstanding from customers and those providing security for customers' obligations;

* This is applicable only if you are applying for a product and/or service of, or making a request to, the Company through HSBC as the Company's distribution agent. Your personal data will not be provided to HSBC for any of the Purposes and the additional purposes and for direct marketing by HSBC set out in the paragraphs above if you do not apply for the product and/or service of, or make a request to, the Company through HSBC as the Company's distribution agent.

3. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
4. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
5. credit reference agencies or, in the event of default, debt collection agencies;
6. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
7. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.
8. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Use and provision of personal data in direct marketing: The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
 - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
 - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
 3. the above products and services may be provided by the Company and/or:
 - a) any of our affiliates;
 - b) third party financial institutions;
 - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
 - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose;

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
5/F AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

安盛保險有限公司(下稱“本公司”)明白其就《個人資料(私隱)條例》(香港法例第486章)(“條例”)收集、持有、處理、使用和/或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的(“有關目的”)而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴(參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份)之產品/服務，以及提供、維持、管理和操作該等產品/服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品/服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行/管理已發出的保單；
4. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為(無論是否與就本公司及/或安盛關聯方提供的產品/服務有關)；
6. 評估閣下的財務需求；
7. 為客戶設計產品/服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本條所列的任何目的核對所持有的與閣下有關的任何資料；
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. 進行身份和/或信用核查和/或債務追收；
12. 遵守任何適用的司法管轄區的法律；
13. 開展與本公司業務經營有關的其他服務；及
14. 與上述任何目的直接有關的其他目的。

AXA General Insurance Hong Kong Limited 安盛保險有限公司

Office Address: Unit A, 5/F, AXA Southside, 38 Wong Chuk Hang Road, Wong Chuk Hang, Hong Kong 公司地址: 香港黃竹坑黃竹坑道 38 號安盛匯 5 樓 A 室
Mailing Address: Claims Department - P.O. Box No. 90854, Tsim Sha Tsui Post Office, Kowloon, Hong Kong 郵寄地址: 索償部 - 香港九龍尖沙咀郵政信箱 90854 號

Tel 電話: 2867 8878

FirstCare - Outpatient and Dental Claim Form

華關懷醫療計劃 — 門診和牙科賠償表

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 本人/我們知悉及確認個人資料可提供給
 - * 就任何有關目的和下列與銀行有關的額外目的提供給香港上海滙豐銀行有限公司（“滙豐”）：確保客戶信貸信譽度持續良好，建立和維持信貸及風險的相關模型，為進行信用核查以及其他直接相關的目的而向信貸資料服務機構提供個人資料，確定尚欠客戶的債務或客戶所欠債務的金額以及向客戶和為客戶的欠款提供擔保之人追收未償款項；
 - * 此僅適用於閣下透過滙豐（作為本公司的分銷代理人）申請本公司的產品和/或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求的狀況。如果閣下並未透過滙豐（作為本公司的分銷代理人）申請本公司的產品和/或服務或者透過滙豐（作為本公司的分銷代理人）向本公司提出要求，閣下的個人資料將不會因上文所述的任何有關目的、額外目的或為讓滙豐進行直接促銷而提供給滙豐。
3. 與就本公司和/或安盛關聯方提供的任何產品/服務而由閣下或針對閣下提出的或者其涉及閣下的任何索賠相關的任何人士（包括私家偵探）；
4. 在香港或香港以外其他地方本公司和/或安盛關聯方提供行政、技術或其他服務（包括直接促銷服務）並對個人資料具有保密義務的任何代理、承包商或第三方；
5. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
6. 本公司權利或業務的任何實際或建議的承讓、受讓方、參與者或次參與者；及
7. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。
8. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地、或是通過防欺詐組織或本段中指定的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

在直接促銷中使用及將其個人資料提供予其他人士

本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司、安盛關聯方、本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷（包括但不限於提供獎賞、客戶或會員或優惠計劃）：
 - a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
 - b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及/或以下列機構提供：
 - a. 任何安盛關聯方；
 - b. 第三方金融機構；
 - c. 提供上文 2. 所列之服務及產品之本公司及/或安盛關聯方的商業合作夥伴或合作品牌夥伴；
 - d. 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文 1. 段部份所述的資料提供予上文 3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意（包括表示不反對）。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在不再收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否有持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港黃竹坑黃竹坑道 38 號安盛匯 5 樓

安盛保險有限公司

個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement ("PICS"). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS.

本人 / 我們確認本人 / 我們已閱讀並明白收集個人資料的聲明《該聲明》。本人 / 我們確認本人 / 我們已被通知本人 / 我們須詳細閱讀《該聲明》，而本人 / 我們已詳細閱讀《該聲明》對公司所收集或持有之本人 / 我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人 / 我們特此確認並同意安盛保險有限公司根據《該聲明》使用及轉移本人 / 我們的個人資料。

<input type="checkbox"/> Signature of insured person (patient) 受保人(病人)簽署 OR 或 <input type="checkbox"/> The policyholder should sign on behalf of the patient under 18 years old or a full time student aged 23 or below 如果病人是十八歲以下或二十三歲或以下全日制學生，請由投保人代為簽署	Date 日期 _____dd 日 _____mm 月 _____yyyy 年
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Important Notes 重要事項：

The above policy is underwritten by AXA General Insurance Hong Kong Limited ("AXA"), which is authorised and regulated by the Insurance Authority of the Hong Kong SAR. AXA will be responsible for providing your insurance coverage and handling claims under your policy. The Hongkong and Shanghai Banking Corporation Limited is registered in accordance with the Insurance Ordinance (Cap. 41 of the Laws of Hong Kong) as an insurance agent of AXA for distribution of general insurance products in the Hong Kong SAR. 以上保單由安盛保險有限公司(「AXA安盛」)承保，AXA安盛已獲香港保險業監管局授權並受其監管。AXA安盛將負責按保單條款為您提供保險保障以及處理索償申請。香港上海滙豐銀行有限公司乃根據保險業條例(香港法例第 41 章)註冊為AXA安盛於香港特別行政區分銷一般保險產品之授權保險代理商。

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AXA General Insurance Hong Kong Limited 安盛保險有限公司

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Mailing Address: Claims Department - P.O Box No. 90854, Tsim Sha Tsui Post Office, Kowloon, Hong Kong 郵寄地址：索償部 - 香港九龍尖沙咀郵政信箱 90854 號

Tel 電話：2867 8678

FirstCare - Outpatient and Dental Claim Form

華關懷醫療計劃 一 門診和牙科賠償表