

Cancer Care Insurance Plan - Lump Sum Benefit Claim Form
癌症保障計劃 — 總額保障賠償表

Remarks 備註：

- A) Documents required to be submitted with this form: 以下文件請連同此表格一併交回：
1. Attending Physician's Report completed by the attending Physician (To be obtained by the Claimant). 主診醫生填寫之賠償申請書 (此報告需由索償人負責索取)。
 2. Hospital Summary/Discharge Summary. 出院摘要。
 3. Investigation Report, e.g. Histopathology, PET scan and MRI, etc. 索賠調查報告，例如組織病理學、PET 掃描及磁力共振等。
- B) Please note that if the applied claim is approved, the claim payment will be paid by cheque and mail to the Policyholder's correspondence address. 賠償申請一經核准，賠償金額將會以支票支付並郵寄至保單持有人的通訊地址。
- C) The claim approvals are subject to the decision of AXA General Insurance Hong Kong Limited. 一切索償結果均以安盛保險有限公司的決定為準。
- D) No claims will be processed if the claims documents are submitted after 90 days from date of first diagnosis. 如賠償申請於首次診斷結果日 90 天後遞交，賠償將不獲辦理。

Part I 甲部 – To be completed by the Claimant 由索償人填寫

(1) Details of patient 病人資料				
Name of patient 病人姓名： _____		Policy no 保單號碼： _____		
Date of birth 出生日期： _____		HKID card no 香港身分證號碼： _____		
(2) Type of Claimed Benefits 索償項目				
<input type="radio"/> Lump Sum Benefit of Cancer Benefit 癌症保障總額保障 <input type="radio"/> Lump Sum Benefit of Carcinoma-in-situ Benefits 原位癌保障總額保障 <input type="radio"/> Lump Sum Benefit of Early Stage Cancer Benefit 初期癌症保障總額保障				
The name of the Cancer under the Claim 索償癌症名稱		Signs/ Symptoms & Date of their Onset 病徵出現日期		Present Condition of the illness 現時病況
(3) Details of the consultation and treatment 求診及治療詳情				
	Date (dd/mm/yy) 日期 (日 / 月 / 年)	Name & Address of doctors 醫生姓名及地址	Diagnosis 診斷結果	Treatment 治療
(a) The doctor first consulted 首名諮詢醫生：				
(b) All other doctors consulted 其他諮詢醫生：				
(4) Admission details 住院詳情				
If you were treated at a hospital or similar institution for the illness, please give details. 如果您曾在醫院或同類機構為此疾病接受治療，請提供以下資料。				
(a) Name of Hospital or Institution 醫院或機構名稱 _____				
(b) Date of Admission & Discharge 入院及出院日期 _____				
(c) Diagnosis & Date of Diagnosis 診斷結果及日期 _____				
(5) Family doctor 家庭醫生				
Please give the name & address of your family/ usual doctor, if different from the above. 如果以上諮詢醫生不是閣下的家庭 / 常用醫生，請詳述醫生的名稱及聯絡地址。				
(6) Family illness history 家族病歷				
Has any of your immediate family member suffered from a similar or related illness? If yes, state relationship, nature of the illness and the date it was first diagnosed. 您的直系親屬有否相同或相關病歷？如果有，請詳述您們的關係，疾病性質及首次確診日期。				
(7) Use of Tobacco 吸食煙草習慣				
Do you use any Tobacco product? If yes, state quantity, type and duration of smoking. 您有吸食煙草習慣嗎？如果有，請詳述用量，種類和吸食年期。				

(8) Other insurers 其他保險賠償

Are you making any other insurance claim as result of this illness? 有關此次疾病，您有否申請其他保險賠償？

Are you insured for similar benefits with any other insurance company? If yes, please provide the name of insurance company, policy no and the amount of benefit insured. 您有否受保於其他保險公司之相似保障？如有，請提供保險公司名稱，保單號碼及受保障金額。

PERSONAL INFORMATION COLLECTION STATEMENT

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 which may be used, stored, processed, transferred, disclosed or shared by us for purposes (“Purposes”), including:

1. processing and evaluating any applications or requests made by you for products/services offered by the Company and, other companies of the AXA Group (“our affiliates”);
2. providing subsequent services to you, including but not limited to administering the policies issued;
3. 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;
4. evaluating your financial needs;
5. designing products/services for customers;
6. conducting market research for statistical or other purposes;
7. matching any data held which relates to you from time to time for any of the purposes listed herein;
8. 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;
9. conducting identity and/or credit checks and/or debt collection;
10. complying with the laws of any applicable jurisdiction;
11. carrying out other services in connection with the operation of the Company’s business; and
12. 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. *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;
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.

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

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, Unit 2201 – 2206 22/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, 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.

* 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.

收集個人資料的聲明

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，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. 處理和評估閣下就本公司及安盛集團的其他公司（“安盛關聯方”）所提供之產品／服務提出的任何申請或要求；
2. 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；
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他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
4. 評估閣下的財務需求；
5. 為客戶設計產品／服務；
6. 為統計或其他目的進行市場研究；
7. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
8. 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；
9. 進行身份和／或信用核查和／或債務追收；
10. 遵守任何適用的司法管轄區的法律；
11. 開展與本公司業務經營有關的其他服務；及
12. 與上述任何目的直接有關的其他目的。

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. * 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；
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他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向本公司和／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）並對個人資料負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人、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。

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。

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：

個人資料保護主任
安盛保險有限公司
香港九龍灣宏泰道 23 號 22 樓 2201-2206 室

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。

* 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情況。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。

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 the Company 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》對貴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。

Date 日期

Signature of patient 病人簽署

The Policyholder / Legal Guardian should sign on behalf of the patient who is under 18 years of age.
如果病人是十八歲以下人士，請由保單持有人 / 合法監護人代為簽署。

Please state the name and the relationship 請說明姓名及與病人之關係

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 Commissioner of Insurance 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 Companies 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理專員授權並受其監管。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公司條例（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。

Part II 乙部 – To be completed by the attending physician/surgeon at the claimant's own expenses 由主診醫生填寫，所需費用由索償人自行承擔

Name of patient (in full) 病人姓名 (全名) :	_____
Patient's HKID Card No. 病人香港身分證號碼 :	_____
Date of birth 出生日期 :	_____
Age 年齡 :	_____

1. Information of this patient 病人資料 :

<p>(a) Consultation Date 求診日期 If you are the patient's family/ usual doctor, please state the first consultation date for any illness 如果你是該病人的家庭 / 常用醫生，請詳述該病人首次求診的日期</p> <p>_____</p> <p>Date of first consultation for this condition 該病人因該疾病首次向你求診的日期</p> <p>_____</p>															
<p>(b) Symptoms 病徵 Symptoms present during the first consultation 首次求診出現的病徵</p> <p>_____</p> <p>Date and duration of symptoms 病徵出現日期及時期</p> <p>_____</p>															
<p>(c) Diagnosis 診斷結果 Date of diagnosis 診斷日期</p> <p>_____</p> <p>Final diagnosis 最後的診斷</p> <p>_____</p>															
<p>(d) Causes of the illness 疾病原因 Underlying cause of patient's illness / condition 該病人患有此疾病的基本原因</p> <p>_____</p> <p>Other significant findings 其他重要發現</p> <p>_____</p>															
<p>(e) Other information 其他資料 Name and address of the doctor who has referred this patient to you for this condition 就該病人的情況而轉介給你的醫生姓名及聯絡地址</p> <p>_____</p> <p>If you were not the first doctor who made the diagnosis, please provide name & address of the first doctor who made it 如果你並非首位作出診斷的醫生，請提供首位診斷醫生的姓名及地址</p> <p>_____</p>															
<p>(f) Any factors below contributing to the disease? 疾病是否由下列原因引致？ If answer is "Yes"; please provide details 如果答案有“是”，請詳述情況</p> <table><tr><td>1. Previous illness or injury 以往的疾病或受傷</td><td><input type="radio"/> Yes 是 _____</td><td><input type="radio"/> No 不是</td></tr><tr><td>2. Life style 生活方式</td><td><input type="radio"/> Yes 是 _____</td><td><input type="radio"/> No 不是</td></tr><tr><td>3. Occupation 職業</td><td><input type="radio"/> Yes 是 _____</td><td><input type="radio"/> No 不是</td></tr><tr><td>4. Hepatitis virus carrier 肝炎病毒帶菌者</td><td><input type="radio"/> Yes 是 _____</td><td><input type="radio"/> No 不是</td></tr><tr><td>5. HIV related 與人類免疫缺乏病毒有關</td><td><input type="radio"/> Yes 是 _____</td><td><input type="radio"/> No 不是</td></tr></table>	1. Previous illness or injury 以往的疾病或受傷	<input type="radio"/> Yes 是 _____	<input type="radio"/> No 不是	2. Life style 生活方式	<input type="radio"/> Yes 是 _____	<input type="radio"/> No 不是	3. Occupation 職業	<input type="radio"/> Yes 是 _____	<input type="radio"/> No 不是	4. Hepatitis virus carrier 肝炎病毒帶菌者	<input type="radio"/> Yes 是 _____	<input type="radio"/> No 不是	5. HIV related 與人類免疫缺乏病毒有關	<input type="radio"/> Yes 是 _____	<input type="radio"/> No 不是
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5. HIV related 與人類免疫缺乏病毒有關	<input type="radio"/> Yes 是 _____	<input type="radio"/> No 不是													

2. Details of treatments 治療內容：

(a) Prior to the diagnosis of this illness, was there any diagnostic test / histology / biopsy done for the patient? If yes, please provide the details and provide all available test reports
 在確診前，病人有沒有進行診斷測試 / 組織測試 / 活組織檢驗？如有，請提供詳細資料及有關報告

Date (dd/mm/yyyy) 日期 (日 / 月 / 年)	Type of tests 測試種類	Results 結果

(b) Has the patient previously suffered from related conditions of this illness? If yes, please provide the dates of consultation, details of conditions and diagnosis 病人曾否患有相關疾病？如有，請提供就診日期，有關資料及診斷

(c) Did the patient suffer from any tumor, malignant or pre-cancerous conditions? If yes, please state the site and organ involved
 病人是否患有腫瘤、惡性或癌前病變的情況？如是，請列出該位置及器官

Site and organ involved 位置及器官	Lymph node involved 擴散至淋巴核

(d) What is the tumor staging for this patient? What staging classification is used? 腫瘤的級別？級別的分類？

(e) Is there any distant metastasis? Where is the metastasis? 有否擴散情況？擴散到身體那些部份？

(f) If the diagnosis is Leukaemia, is it Chronic Lymphatic Leukaemia?
 若診斷為白血病，該疾病是否慢性淋巴細胞白血病？ Yes 是 No 不是

(g) If the diagnosis is skin cancer, is it malignant melanoma?
 若診斷為皮膚癌，該疾病是否惡性黑色素瘤？ Yes 是 No 不是

(h) Is the patient planning to have surgery, chemotherapy, radiotherapy, or other treatment? Please provide the following details
 病人是否計劃進行手術、化療、電療或其他治療？請提供相關資料

Date of surgery / chemotherapy / radiotherapy 手術 / 化療 / 電療日期	Type of surgery 手術種類	Type of chemotherapy / radiotherapy 化療 / 電療種類

3. The patient's health history 病人的健康紀錄：

Consultation or treatment at clinic or hospital 於診所或醫院求診或接受治療紀錄

Consultation date or hospital admission (dd/mm/yyyy) 求診或住院日期 (日 / 月 / 年)	Name of doctor or hospital 醫生姓名或醫院名稱	Date of initial consultation for this condition (dd/mm/yyyy) 首次為上述情況求診日期 (日 / 月 / 年)	Diagnosis 診斷結果	Treatments given (please state name of surgical procedure if it has been or will be performed) 所接受的治療 (請提供手術名稱，如有)

Date of surgery 手術日期	Name of surgery 手術名稱	Diagnostic tool 診斷檢驗	Results of any histopathological study 病理化驗結果

4. Declaration and agreement 聲明及授權：

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人現聲明上述所填報資料是據我所知及正確無訛。

 Name of attending physician, Qualification and Specialty
 醫生姓名、醫療資格及專業資格

 Address & Telephone No.
 地址及電話

 Signature of attending doctor with Practice / Hospital Stamp
 醫生的簽名及其或醫院印章

 Date (DD/MM/YY)
 日期 (日 / 月 / 年)