



## HSBC Voluntary Health Insurance Scheme Pre-authorisation Form

### 滙豐自願醫保計劃預先批核申請表

HSBC Life (International) Limited, incorporated in Bermuda with limited liability (the "Company" or "HSBC Life") 滙豐人壽保險(國際)有限公司(註冊成立於百慕達之有限公司)(「本公司」或「滙豐保險」)

#### Five Simple Steps 簡易五步驟

1	Contact claims service hotline to enquire your benefit eligibility and coverage. 致電理賠服務熱線，查詢您可享有的醫療保障資格及保障範圍。 Claims service hotline 理賠服務熱線：(852) 3128 0122
2	(Non-network doctor 非網絡醫生)  i. Complete the Pre-authorisation Form I and invite your attending physician/surgeon to complete Pre-authorisation Form II. 填妥預先批核申請表甲部及由您的主診醫生／外科醫生填妥預先批核申請表乙部。 ii. Send the completed Pre-authorisation Form to HSBC Life at least 3 working days prior to admission/treatment by email or fax 於入院／治療前至少三個工作天將已填妥的預先批核申請表電郵或傳真給滙豐保險。 iii. Upon our receipt of all required documents, we will notify you the result within 3-5 working days. 當收妥所需文件後，我們會在三至五個工作天內通知您有關結果。  Method of Submission 遞交方式 Email 電郵地址：vhispa@hsbc.com.hk Fax No. 傳真號碼：(852) 3409 1070  Please Note 請注意： - If you submit your application by mail, the approval process will be delayed. 如您以郵寄方式遞交申請，有關批核將會延誤。 - If you submit the Pre-authorisation Form outside office hour (office hour: 9am to 5:30pm, Monday to Friday), we will proceed the application in next working day. 如您於非辦公時間(辦公時間：星期一至星期五上午九時至下午五時半)遞交申請，我們將於下一個工作天處理有關申請。  (Network doctor from Care+ Medical Network by HSBC Life 滙豐保險的全方位醫療網絡醫生)  As a valued HSBC VHIS Plan's customer, you can access Care+ Medical Network by HSBC Life's doctors and healthcare facilities, including network day case procedure centres and any private hospitals in Hong Kong. Once the network doctor has confirmed that either a confinement or day case procedure is medically necessary, you need to sign a pre-authorisation request form, and the network doctor will handle the submission for you.  作為尊貴的滙豐自願醫保計劃客戶，您可透過滙豐保險的全方位醫療網絡，專享龐大醫生網絡及設備完善的網絡醫療機構服務，包括私家醫院和日間手術中心。當網絡醫生確認住院或日間手術中心的治療是醫療需要，您需要簽署預先批核申請表，醫療網絡醫生將為您遞交申請。
3	Upon the approval of pre-authorisation, we will issue a "Pre-authorisation Confirmation Letter" stating the approved details including pre-authorised limit to you. 一經成功獲准預先批核，我們將會通知您有關預先批核詳情，並發出「預先批核確認信」給您列明有關安排，包括預先批核保證額。
4	<u>Cashless Arrangement for Confinement And/Or Treatment 入院及／或治療之免找數服務</u> Upon the approval of pre-authorisation, we will also notify the doctor and hospital/medical facility of the pre-authorisation's result and the preauthorised limit. 一經成功獲准預先批核，我們亦會通知醫生及醫院／醫療機構有關預先批核結果及其預先批核保證額。
5	Upon discharge/after the treatment, HSBC Life will settle the bill directly with the hospital/healthcare facility for eligible medical expenses within your pre-authorised limit. Once HSBC Life has completed the claims assessment, if there is any shortfall, a "HSBC Voluntary Health Insurance Scheme Claim Settlement Notice" with details will be sent to you for shortfall collection. 出院／完成治療後，滙豐保險將直接向醫院／醫療機構支付預先批核保證額內的合資格醫療費用。滙豐保險完成賠償評估後，如有任何賠償差額欠款，我們將會向您發出「滙豐自願醫保計劃賠償通知書」，並列明有關細節。

#### Please Note 請注意：

- Final decision of pre-authorisation application or direct billing approval is subject to the discretion of HSBC Life.  
滙豐保險有權保留預先批核申請或直接結算批核的最終決定權。
- If the treatment or hospitalisation is due to illness or disability classified under any exclusion or whatsoever of the concerned policies, the pre-authorisation application will be rejected.  
如因保單下的不受保事項而引發之治療或住院，預先批核申請將會被拒。
- Pre-authorisation Form Part II to be completed by the attending physician/surgeon at the claimant's own expenses in English or Chinese  
預先批核申請表乙部需由主診醫生／外科醫生以英文或中文填寫，所需費用由索償人自行承擔。
- You will be required to provide treatment information and authorise HSBC Life to charge and collect any shortfall (i.e. the amounts we paid to the hospital/healthcare facility for any and all items which are not covered under the plan or exceeds the benefit limit), if any, from your designated bank account. For more details, please refer to the Bank Account Authorisation and Declaration for Shortfall Collection under the Pre-authorisation Form Part I or Medical Insurance Application Form (if applicable).  
您將須提供治療資料及授權滙豐保險從您指定的銀行戶口中收取賠償差額欠款(即我們向醫院／醫療機構已支付但不受醫療計劃保障或超出保障限額之項目的有關費用)(如有)。詳情請參閱此預先批核申請表甲部或醫療計劃申請表之收取差額費用之銀行戶口授權及聲明(如適用)。
- The actual date of the pre-authorization result depends on the submission of required documents by hospital/healthcare facility.  
預先批核結果通知的實際日期需視乎醫院／醫療機構遞交所需文件的時間而有所不同。
- In case the actual medical expense exceeds the pre-authorised limit stated in the "Letter of Guarantee", you will need to settle the balance directly with hospital/healthcare facility and submit a claim with Claim Form and original receipt(s) for assessment to HSBC Life afterwards. (Payment of charges for any items not covered under the plan will have to be borne by you).  
如實際醫療費用超出「付款保證書」列明之預先批核保證額，您須直接向醫院／醫療機構支付相關金額，並向滙豐保險提交索償表及正本收據申請賠償(不受此醫療計劃保障的項目之有關費用須由您自行承擔)。

**Pre-authorisation Form I – to be completed by the insured or claimant in English or Chinese**  
**預先批核申請表甲部 – 由受保人或索償人以英文或中文填寫**

<b>A. Policy Details 保單資料</b>						
1. Policy No. 保單號碼	2. Name of Policyholder 保單持有人姓名	3. Name of Insured Person 受保人姓名				
4. Contact Number (Use for follow up of this pre-authorisation) 聯絡電話 (用於跟進是次預先批核)						
5. Email Address (Use for follow up of this pre-authorisation) 電郵地址 (用於跟進是次預先批核)						
<b>B. Bank Account Authorisation and Declaration for Shortfall Collection 收取差額費用之銀行戶口授權及聲明</b>						
6. Payment Method 繳費方式						
<input type="radio"/> Please debit from Policyholder's designated HSBC bank account according to the Policyholder's authorisation in the application form. (If select this payment method, Policyholder needs to provide signature in the box of "signature of account holder" for authorisation and declaration. 請根據保單持有人在保單申請表中授權的指定滙豐銀行戶口中扣款。(如選此繳費方式, 保單持有人需要在「戶口持有人簽署」框內簽署以進行授權及聲明。)						
<input type="radio"/> Debit from HSBC HKD account 由滙豐港幣戶口扣除 <sup>^</sup>						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Bank Name and Branch 銀行及分行之名稱 The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司</td> <td style="width: 15%; padding: 2px;">Bank No. 銀行編號 0   0   4</td> <td style="width: 15%; padding: 2px;">Branch No. 分行編號</td> <td style="width: 20%; padding: 2px;">Account No. 賬戶號碼</td> </tr> </table>	Bank Name and Branch 銀行及分行之名稱 The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司	Bank No. 銀行編號 0   0   4	Branch No. 分行編號	Account No. 賬戶號碼	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">For HSBC Integrated Account, if the debit is from the Current Account, please write the last 3 digits of the account No. with 001. 如支賬戶口為滙豐綜合理財戶口內之往來戶口, 請將賬戶號碼最後3個數字寫為001。</td> </tr> </table>	For HSBC Integrated Account, if the debit is from the Current Account, please write the last 3 digits of the account No. with 001. 如支賬戶口為滙豐綜合理財戶口內之往來戶口, 請將賬戶號碼最後3個數字寫為001。
Bank Name and Branch 銀行及分行之名稱 The Hongkong and Shanghai Banking Corporation Limited 香港上海滙豐銀行有限公司	Bank No. 銀行編號 0   0   4	Branch No. 分行編號	Account No. 賬戶號碼			
For HSBC Integrated Account, if the debit is from the Current Account, please write the last 3 digits of the account No. with 001. 如支賬戶口為滙豐綜合理財戶口內之往來戶口, 請將賬戶號碼最後3個數字寫為001。						
<sup>^</sup> For HSBC Integrated Account, shortfall will be debited from HKD Savings Account or HKD Current Account. 當支賬戶口為滙豐綜合理財戶口時, 賠償差額將於港幣儲蓄戶口或港幣往來戶口扣除。						
<input type="radio"/> Debit from non-HSBC HKD account 由非滙豐港幣戶口扣除						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Bank Name and Branch 銀行及分行之名稱</td> <td style="width: 15%; padding: 2px;">Bank No. 銀行編號</td> <td style="width: 15%; padding: 2px;">Branch No. 分行編號</td> <td style="width: 20%; padding: 2px;">Account No. 賬戶號碼</td> </tr> </table>	Bank Name and Branch 銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> </td> </tr> </table>	
Bank Name and Branch 銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼			
<b>Please Note 請注意:</b> If the receiving bank is a non-HSBC or different currency bank account, bank charges or exchange rate difference may incur which will be deducted from the amount payable by the said receiving bank, if applicable. The Company will not be liable for any charges due to different bank or currency or rejection of transaction by the receiving bank as a result of inconsistent bank account details.  如收款戶口非滙豐銀行或不同貨幣戶口, 該銀行可於款項中收取服務費用或兌換差價, 如適用。本公司將不會承擔任何因不同銀行或貨幣而導致被收取之費用或因銀行戶口資料不乎而被拒絕轉賬之責任。						
7. Relationship between Account Holder and Policyholder/Insured Person 戶口持有人與保單持有人/受保人之關係						
I/We hereby authorise The Hongkong and Shanghai Banking Corporation Limited to debit my bank account (as specified on this HSBC Voluntary Health Insurance Scheme Pre-authorisation Form) to repay any medical expenses not covered by the policy and/or shortfall incurred (collectively "Outstanding Amount") and transfer the Outstanding Amount to HSBC Life (International) Limited. 本人(等)謹此授權香港上海滙豐銀行有限公司從本人之滙豐銀行戶口(列明在)滙豐自願醫保計劃預先批核申請表中扣除任何應償還之不受保治療費用及/或賠償差額欠款(之賠償差額欠款金額)轉賬至滙豐人壽保險(國際)有限公司的戶口。						
I/We hereby declare that the above information is true, accurate and complete; agree to fully indemnify and hold HSBC Life harmless from any loss, claim, damage, proceeding, cost, expense and liability directly or indirectly suffered or incurred by HSBC Life in connection with the disclosure of any of the information contained herein or processing any such transfer(s) or payment(s). 本人(等)謹此聲明上述之資料乃屬真實、準確及完整, 並同意對滙豐保險作全面賠償擔保, 不使滙豐保險因披露本授權書中之任何資料或處理任何該等轉賬或付款而直接或間接遭受或招致任何損失、申索、損害、訴訟、費用、支出及責任。						
Signature of Account Holder 戶口持有人簽署 (Must Match with Bank's Record 必須與所屬銀行記錄相同)	Signature of Joint Account Holder 聯名戶口持有人簽署 (Must Match with Bank's Record 必須與所屬銀行記錄相同)					
_____  Name 姓名: _____	_____  Name 姓名: _____					
ID Type & No. 身份證明文件及號碼	ID Type & No. 身份證明文件及號碼					

**C. Declaration and Authorisation 聲明及授權**

I(We) hereby certify that the answers and statement given above are true and complete and that I(We) have not withheld any information. 本人(等)在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I(We) authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of me/us or my/our health, to disclose to HSBC Life (International) Limited or its representative any information relevant to this claim. This authority shall remain valid notwithstanding my/our death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人(等)授權任何知道本人(等)健康情況及據知任何紀錄之醫生、醫院、診所、保險公司或其他私人、政府機構向滙豐人壽保險(國際)有限公司或其代表提供本人之有關資料。此授權書於本人(等)死亡或喪失能力後依然生效。本授權書之影印本亦屬有效。

By signing below, I/we agree that: HSBC Life may use and disclose all personal data about me/us and/or Beneficiary that the Company currently or subsequently hold for the purposes as set out in the Notice relating to Personal Data (Privacy) Ordinance which accompanies this form. The Company will collect, use, disclose and transfer my/our and/or beneficiary's personal information, for the purposes necessary to detect and prevent fraud (whether or not relating to the policy mentioned in this form to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: 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), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information. 本人(等)在下方簽署即同意：滙豐保險可按本表格隨附的關於個人資料(私隱)條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人(等)及/或受益人的全部個人資料。貴公司將收集、使用、披露及轉移本人(等)及/或受益人的個人資料給以下人士，以用作偵測和防止欺詐行為(無論是否與就本表格而發出的保單有關)所需的目的。而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：整合保險業申索和承保資料的組織；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名的其他人士)；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)。

The beneficiary(ies) has consented regarding all of the above. 保單受益人(等)同意以上條款。

Signature of Insured Person 受保人簽署

Name 姓名：\_\_\_\_\_

HKID/Other ID No. 香港身份證/其他身份證明號碼

Date 日期(DD日/MM月/YYYY年)

Signature of Policy Holder 保單持有人簽署

Name 姓名：\_\_\_\_\_

HKID/Other ID No. 香港身份證/其他身份證明號碼

Date 日期(DD日/MM月/YYYY年)

## Data Privacy Notice

Notice relating to the Personal Data (Privacy) Ordinance

We protect your privacy. Read this notice to find out how we collect, store, use and share your personal data.

### 1

#### HOW WE COLLECT AND STORE YOUR DATA

##### We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of [www.hsbc.com.hk](http://www.hsbc.com.hk) and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with Hong Kong law.

### 2

#### WHAT WE USE YOUR DATA FOR

##### We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services

*For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to*

- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Hong Kong
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

### 3

#### WHO WE SHARE YOUR DATA WITH

##### We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

##### You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

##### You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

##### You can contact us

[dfv.enquiry@hsbc.com.hk](mailto:dfv.enquiry@hsbc.com.hk)  
The Data Protection Officer  
HSBC, PO Box 72677,  
Kowloon Central Post Office,  
Hong Kong

## A Collect and store

### We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps

## B Use

### We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Hong Kong. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- match data held by HSBC group companies for purposes listed in this notice
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

### If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained in this notice.

## C Share

### We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programs, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

## D Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

**We don't give your data to others for them to market their products and services to you.** If we ever wanted to do this, we'd get your separate consent.

This notice will apply for as long as we store your data. We'll send you the latest version at least once a year. If we use your data for a new purpose, we'll get your consent.

Note: In case of any discrepancies between the English and Chinese versions, the English version shall apply and prevail.

## 資料私隱通知

關於個人資料(私隱)條例的通知

我們致力保護您的私隱。請閱讀此通知，了解我們如何收集、儲存、使用及披露您的個人資料。

### 1

#### 我們如何收集及儲存您的資料

##### 我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 [www.hsbc.com.hk](http://www.hsbc.com.hk) 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據香港法律保護您的資料安全。

### 2

#### 我們如何使用您的資料

##### 我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務  
*例如：(i) 保險、年金、退休金、健康與保健產品及服務；(ii) 教育材料；(iii) 關於您已報名參與之活動及推廣的產品與服務*
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守香港或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B部分所列的其他目的

### 3

#### 我們與誰披露您的資料

##### 我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C部分所列的其他第三方

我們可能在本地或海外披露您的資料。

#### 您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

#### 您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

#### 您可聯絡我們

[dfv.enquiry@hsbc.com.hk](mailto:dfv.enquiry@hsbc.com.hk)

資料保護主任

香港上海滙豐銀行有限公司  
香港九龍中央郵政局  
郵政信箱 72677 號

## A

### 收集及儲存

#### 我們或會

- 收集生物辨識、醫療及健康/生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用 cookies 或類似技術

## B

### 使用

#### 我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括香港或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則/算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 與滙豐集團旗下公司所持有的資料核對，以供作本通知所列明的用途
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

#### 若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按本通知所述，告知該人士我們將如何收集、使用和披露其資料。

## C

### 披露

#### 我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

## D

### 直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

**我們不會向他人提供您的資料，以供其向您推廣產品及服務。**如有此意，我們會另行徵求您的同意。

本通知於我們儲存您的資料期間適用。我們亦會每年向您提供此通知的最新版本。若我們將您的資料用於新用途，則會徵求您的同意。

注意：中英文本如有任何歧義，概以英文本為準。

**Pre-authorisation Form Part II – to be completed by the attending physician/surgeon at the claimant's own expenses in English or Chinese**

預先批核申請表乙部 – 由主診醫生／外科醫生以英文或中文填寫，所需費用由索償人自行承擔

A. Details of Insured Person (Patient) 受保人(病人)資料		
1. Name of Insured Person (Patient) 受保人(病人)姓名	2. Policy Number 保單號碼	3. HKID card/Passport no. 香港身份證／護照號碼
4. Date of Birth 出生日期 (DD日/MM月/YYYY年)	5. Age 年齡	6. Contact Number 聯絡電話 (Use for follow up of this pre-authorisation 用於跟進是次預先批核)
B. Particulars of Medical Information 臨床及入院資料		
1. Symptom(s)/chief complaint(s) presented 病徵／主訴出現		2. Onset Date 病徵出現日期 (DD日/MM月/YYYY年)
3. Diagnosis 診斷		4. Date of First Consultation 首次看診日期 (DD日/MM月/YYYY年)
5. Is it a chronic/recurrent illness 是否慢性／復發疾病 <input type="radio"/> Yes 是 <input type="radio"/> No 否		
6. Name of Hospital/Day Centre/Clinic 醫院／日間中心／診所名稱 <input type="radio"/> Inpatient 住院 <input type="radio"/> Hospital OPD 醫院門診 <input type="radio"/> Day Centre 日間中心 <input type="radio"/> Clinic 診所		7. Date of Admission/Treatment 入院／治療日期 (DD日/MM月/YYYY年)
8. Bed Class 住院級別 <input type="radio"/> Private 私家房 <input type="radio"/> Semi-private 半私家房 <input type="radio"/> Ward 普通房 <input type="radio"/> Hospital Day Ward 醫院日間病房		9. Daily Doctor's Round Fee 每日醫生巡房費
10. Estimated Length of Stay 預計留院日數		11. Daily Room Charges 每日住宿費用
12. Name of Surgery/Treatment 手術名稱／治療		13. Surgery/Treatment Fee 手術／治療費用
14. Name of Medical Implant (if any) 醫療植入裝置名稱 (如有)	15. Medical Implant Charges (if any) 醫療植入裝置費用 (如有)	16. Operating Theatre and Materials Charges 手術室及物料費用
17. Anaesthesia 麻醉 <input type="radio"/> G.A. 全身麻醉 <input type="radio"/> M.A.C 監察麻醉 <input type="radio"/> L.A. 局部麻醉		18. Anaesthesiologist's Fee 麻醉科醫生費
19. Referral to Specialist (if any), please provide name and reason. 轉介專科醫生 (如有)，請提供醫生姓名及原因。		20. Specialist's Consultation Fee 專科醫生診療費用
21. Can such diagnostic test(s) required only be available in hospital and cannot be done on an outpatient basis/at day surgery centre? If yes, please provide reason(s) 該診斷測試是否僅可在醫院進行而不能在門診／日間手術中心進行？如是，請提供原因		22. Diagnostic Test Charges 診斷測試費用
23. Can the therapeutic medication required only be available in hospital and cannot be done on an outpatient basis/at day surgery centre? If yes, please provide reason(s) 該藥物治療是否僅可在醫院進行而不能在門診／日間手術中心進行？如是，請提供原因		24. Medication Charges 藥物費用
25. If hospitalisation is arranged for physiotherapy or a surgical procedure that is normally carried out in clinic or day centre or hospital daycase/OPD, please explain why hospital stay is necessary. 如是次住院之目的為物理治療或一般門診手術或一般日間手術或一般醫院日症／門診手術，請說明留院之原因。		
26. Estimated Doctor's Fees (Total) 預算醫生費用(總計)		27. Estimated Hospital Charges (Total) 預算醫院費用(總計)
I hereby declare and agree that all statements and answers to all questions are complete and true to the best of my knowledge and belief. 本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。		
Name of attending physician/surgeon (with qualifications) 主診／外科醫生姓名(資歷)		Signature and Chop of Attending Physician/Surgeon 主診／外科醫生簽名及蓋章
Address 地址		Date 日期(DD日/MM月/YYYY年)
Contact Number 聯絡電話		Fax Number 傳真號碼