

INSTRUCTIONS 填寫指示：

1. This form is only for 1 claimant and can accommodate 6 claims only. Separate forms must be used for different claimants (Member/Spouse/Child). 此表格只適用於一位賠償申請人及其 6 項賠償申請。不同的賠償申請人（受保人/配偶/子女）需分開表格填寫。
2. If the claimant is the Insured Member, please complete the column of 'Insured Member' only and leave 'Claimant (if not Insured Member)' blank. If the claimant is the Dependant, complete both columns. In both cases, this Form is to be completed by the Insured Member. 如賠償申請人乃受保人，只需填寫「受保人」一欄。如賠償申請人乃家屬，請填寫「受保人」及「賠償申請人（如與受保人不同）」兩欄。此表格在上述兩種情況下均由受保人填寫。
3. Original receipt of each claim bearing the following information must be submitted: (a) Date of Treatment; (b) Name of Patient; (c) Amount of Charge; (d) Diagnosis; (e) Attending Physician's signature and Official Stamp and (f) Name of the Clinic/Laboratory/Hospital. 每一項賠償申請所需之收條正本必須載有以下資料：(a) 診症日期；(b) 病者姓名；(c) 收費；(d) 診斷症狀；(e) 主診醫生簽署及蓋章；(f) 診所、化驗所或醫院之名稱。
4. For Laboratory Test, Specialist Consultation, Physiotherapy/Chiropractor and Prescribed Medicines claims, the Attending Physician's recommendation must be attached. 所有化驗、專科門診、物理/脊醫治療及處方藥之賠償申請均需附有主診醫生之轉介信。
5. For Chinese Herbalist claims, the following documents must be submitted: (a) original receipt and (b) prescription. 中醫門診賠償申請必須提供以下文件：(a) 收條正本及 (b) 處方。
6. This Form must be submitted within 90 days of incurring such expenses. Otherwise, claims will not be approved. 請於費用支出後 90 日內遞交此表格，否則此賠償申請將不獲受理。
7. This Form must be fully completed and signed and the information supplied on all receipts should be clearly stated. Otherwise, documents submitted will be returned for verification or other necessary actions. 此表格必須詳盡填寫並由受保人簽署。收據所載之資料必須清楚明確，否則所遞交之文件會被退回查對。
8. Documents returned must be re-submitted within 90 days of incurring such expenses. Otherwise, such claims will be declined. 被退回之文件必須於費用支出後 90 日內再次遞交，否則此賠償申請將不獲受理。
9. No benefit is payable for items and conditions listed under 'EXCLUSIONS' in the Policy. 在保單之「不受保障範圍」內之項目不在賠償之列。