

1. Submit your claims within 90 days after the Insured Person is discharged from hospital or the date on which the relevant Medical Service is completed**於出院後或完成相關醫療服務後的日期起計的 90 天內提交索償申請**

- Please complete the following Claim Form and mail your claim to our company together with supporting documents.
請填妥以下索償表格，連同有關證明文件郵寄至本公司。

By Post : Allianz Global Corporate & Specialty SE
Hong Kong Branch
Units 2313-15, BEA Tower,
Millennium City 5,
418 Kwun Tong Road,
Kwun Tong, Kowloon

郵寄至: 安聯環球企業及專項保險香港分公司
香港九龍觀塘道 418 號
創紀之城五期
東亞銀行中心 23 樓
2313-15 室

2. Provide your Claims supporting document(s)**提交索償證明文件**

- Completed and duly signed the Claim Form
已填妥之索償表格
- Original medical receipt(s)/ bill with diagnosis
附有臨床診斷之醫療收費單據正本
- Original discharge slip/ summary
出院紙/ 出院撮要正本
- Original medical certificate(s)/ note(s)
醫療證明/ 備忘正本
- Referral letters for any specialist consultation, if any
專科治療轉介信，如有
- Completed Attending Physician Statement, applicable to all hospitalization
已填妥之主診醫生報告，適用於所有住院治療
- Copy of all surgical, histopathology (biopsy/ pathology) reports, blood test results, X-rays, CT scans, MRI and any other imaging studies, laboratory evidence, angiograms, echocardiogram, etc. and any relevant hospital reports that are available
所有手術，組織病理化驗(活體組織切片檢驗/ 病理檢驗)報告，驗血結果，X 光檢查，電腦掃描，磁力共振及其他影像報告，化驗報告，血管造影術報告，超聲心動圖等，或任何有關的醫院報告之副本

3. General claims assistance and enquiries**一般索償協助及查詢**

Should you have any claim enquiries, please contact us by our Hotline at +852 8100 2402 or through email at Claims@allianz.com.hk.

如有任何索償查詢，請致電熱線 +852 8100 2402 或電郵至 Claims@allianz.com.hk 與我們聯絡。

Important Notes 重要事項:

- Unless otherwise stated, all supporting document(s) shall be furnished at the expenses of the Policy Holder.
除非另有訂明，有關索償證明文件之費用須由保單持有人支付。
- Depending on the nature of your claim, we may require you to provide additional document(s)/ information.
我們將根據索償情況要求閣下提供其他索償證明文件。
- Please retain a copy of all your documents submitted to us for your own reference.
請於提交索償文件前保留一套參考副本。
- Please do not sign on blank or incomplete form.
請勿在空白表格或尚未填妥的表格上簽署。
- Allianz Global Corporate & Specialty SE Hong Kong Branch has appointed MHC Asia (HK) Ltd as its authorised claim services administrator, to provide you with claim services.
安聯環球企業及專項保險香港分公司委任創康聯(香港)有限公司為其授權的索償服務行政管理商，為閣下提供索償服務。

Allianz Global Corporate & Specialty SE
 (Incorporated in the Federal Republic of Germany with limited liabilities)
Hong Kong Branch
安聯環球企業及專項保險
 (在德意志聯邦共和國註冊成立的有限公司)
香港分公司

Suites 403-11, 4/F, 12 Taikoo Wan Road, Taikoo Shing, Island East, Hong Kong
 香港島東太古城太古灣道 12 號 4 樓 403-11 室
 Tel 電話: +852 8100 2402 Email 電郵: Claims@allianz.com.hk
www.agcs.allianz.com

Postal address for claim submission 索償申請郵寄地址:
 Allianz Global Corporate & Specialty SE Hong Kong Branch,
 Units 2313-15, BEA Tower, Millennium City 5, 418 Kwun Tong Road,
 Kwun Tong, Kowloon
 安聯環球企業及專項保險香港分公司
 香港九龍觀塘道 418 號創紀之城五期
 東亞銀行中心 23 樓 2313-15 室

ALLIANZ MEDICAL CLAIM FORM 安聯醫療索償表格

Part I - TO BE COMPLETED BY THE CLAIMANT 甲部 - 由申索人填寫

1. CLAIMANT DETAILS 申索人資料

Name of Insured Person 受保人姓名			
Place of residence (Insured Person) 居住地 (受保人)			
Occupation (Insured Person) 職業 (受保人)			
Name of Policy Holder 保單持有人姓名			
Policy No. 保單號碼		Mobile No. (Policy Holder) 手機號碼 (保單持有人)	
Correspondence address (Policy Holder) 通訊地址 (保單持有人)			
Email address (Policy Holder) 電郵地址 (保單持有人)			

2. CLAIM INFORMATION 索償事項

Symptom(s) and complaint(s) 徵狀及疾病			
Final diagnosis 最後診斷			
Onset date of symptom(s) 首次病徵出現日期	(DD/MM/YYYY日/月/年) ____/____/____	First consultation date 首次看診日期	(DD/MM/YYYY日/月/年) ____/____/____
Name and address of the doctor for the first consultation 首次求診之醫生姓名及地址			
Name and address of the doctor referring to hospitalization 建議入院之醫生姓名及地址			
Name of hospital 醫院名稱			
Level of hospital ward 病房級別	<input type="checkbox"/> Others 其他 <input type="checkbox"/> Private 頭等房 <input type="checkbox"/> Semi-Private 二等房 <input type="checkbox"/> Ward 三等房 <input type="checkbox"/> Clinical Surgery 門診小手術		
Date of admission (DD/MM/YYYY) 入院日期 (日/月/年)	____/____/____	Total days of confinement 總住院日數	
Date of discharge (DD/MM/YYYY) 出院日期 (日/月/年)	____/____/____		
Name and address of the usual doctor 慣常就診之醫生姓名及地址			
Have you had any prior treatment for this or related conditions? (If applicable) 閣下有否曾經因同一病況而接受治療? (如適用)			
<input type="checkbox"/> Yes 是	Date (DD/MM/YYYY) 日期(日/月/年)	____/____/____	Name of physician 醫生姓名

Address 地址	
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Have you applied any other insurance or compensation claim for this hospitalization/ medical service? (If applicable)

閣下有否就是次住院/ 手術向其他保險公司索償 ? (如適用)

<input type="checkbox"/> Yes 是	(1)	Insurance Company 保險公司名稱		Policy No. 保單號碼	
	(2)	Insurance Company 保險公司名稱		Policy No. 保單號碼	

Was the hospitalization/ medical service the result of an accident? (If applicable) 此次住院/ 手術是否由一宗意外引致 ? (如適用)

<input type="checkbox"/> Yes 是	Date (DD/MM/YYYY) 日期(日/月/年)		Place 地點	
	Brief description 經過			

Please tick "✓" this box if you need us to return invoice(s) and receipt(s) after claim processing.
如欲索回發票和收據，請在空格內填上「✓」號。

Yes, please return invoice(s) and receipt(s) by post to correspondence address written in this Claim Form
是，請寄回發票和收據至表格上的通訊地址。

Note 注意 : The originals will not be returned and will only be retained for 3 months from the completion date of the claim process.
正本文件將不獲退還，並將只從索償處理完成日期起計保留3個月。

3. SETTLEMENT METHOD 賠款方式

For the claim payment (if applicable) direct credit to Policy Holder's bank account, Please complete all of the following:

請填寫以下所需資料以便本公司將賠償款項(如適用)直接存入保單持有人之戶口：

Name of account holder 帳戶持有人姓名 :

Bank name 銀行名稱 :

Swift Code 銀行代碼 :

Bank account No. 銀行帳戶號碼 : - -

Bank code 銀行編號 Branch code 分行編號 Account No. 帳戶號碼

Please provide account proof (e.g. bank statement/ bank book copy showing the name of account holder and account number).

請提供帳戶資料證明 (如: 附有帳戶持有人姓名及帳戶號碼之銀行帳單/ 銀行存摺之影印本)。

4. DECLARATION AND AUTHORISATION 聲明及授權

1. I/ We declare and agree to the best of my/ our knowledge and belief that the above information and particulars are accurate, true and complete.

本人/ 我們謹此聲明及同意以上所述事項均根據本人/ 我們所知及所信的情況下提供，並且為真實正確及完整。

2. I/ We hereby authorize i) any party, including but not limited to police, insurance company, hospital, clinic, registered medical practitioner or other persons and/ or government institution that possesses any records or knowledge of me/ us, to furnish any and all my/ our information or copies of records to Allianz Global Corporate & Specialty SE Hong Kong Branch ("Allianz") or its authorized representative as Allianz may request; and ii) Allianz or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my/ our health status in relation to this application and any claim arising therefrom. This authorization shall bind my/ our successors and remain valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as effective and valid as the original.

本人/ 我們謹此授權 i) 任何包括但不限於警方、保險公司、醫院、診所、註冊西醫或其他人士及/ 或政府機構，凡知道或持有任何有關本人/ 我們之記錄，須按安聯環球企業及專項保險香港分公司(「安聯保險」)或其授權之代表的要求提供該資料或記錄副本；及 ii) 安聯保險或其委任之驗身醫生、醫療人員或化驗所可就此申請或任何與此賠償有關之申請替本人/ 我們進行所需之醫療評估及測試，作為審核本人/ 我們之健康狀況。本授權對本人/ 我們之繼承人及受讓人均具有約束力(即使在死亡或無行為能力的情況下仍然有效)。本授權書之影印本的法律效力等同正本。

3. I/ We hereby confirm I/ we have been advised to read carefully the Personal Information Collection Statement as accompanied with this form (the "PICS") and acknowledge and confirm that I have read and understood the PICS. Based on the foregoing, I/ we hereby give my/ our acknowledgment and agree to the use and transfer of my/ our personal data by Allianz in accordance with the PICS.

本人/ 我們謹此確認本人/ 我們已被通知須詳細閱讀隨本表格附上之個人資料收集聲明(「該聲明」)，並確認本人/ 我們已閱讀並明白該聲明。根據以上所述，本人/ 我們特此確認並同意安聯保險根據該聲明使用及轉移本人/ 我們的個人資料。

Signature of Insured Person
受保人簽署 : _____

Signature of Policy Holder
保單持有人簽署 : _____

HKID No. 香港身份證號碼 : _____

HKID No. 香港身份證號碼 : _____

Date 日期 : _____

Date 日期 : _____

5. PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

Allianz Global Corporate & Specialty SE Hong Kong Branch ("we", "us" "Allianz" or "the Company") may use the personal data we collect about you, which may include your name, address, email address, telephone number and other contact details, date of birth, bank account or credit card details, HKID card and/ or passport number and in some cases, medical records and/ or other data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/ or you correspond with us, for the following purposes:

安聯環球企業及專項保險香港分公司（「我們」，「安聯保險」，「本公司」）所收集您的個人資料，包括姓名、地址、電郵地址、電話號碼及其他聯絡資料、出生日期、銀行帳戶或信用卡資料、香港身分證及/或護照號碼、及部份情況下的醫療及/或其他資料，以及日後您提出保單申請、續保、索賠等及/或與我們通訊時收集的資料，本公司可能用作下列的用途：

- i) **processing and evaluating your insurance application and any future insurance application you may make;**
處理及評估您的保險申請及您日後提交的保險申請；
- ii) **administering your insurance policy and providing services in relation to your insurance policy;**
辦理您的保單及提供與該保單相關的服務；
- iii) **undergoing any alternations, variations, cancellation or renewal of any insurance and related services;**
進行任何保單更改、變更、取消或續保及有關服務；
- iv) **investigating, analysing, processing and paying claims made under your insurance policy;**
調查、分析、處理及支付您的保單相關索償；
- v) **conducting identity, medical or credit checks;**
進行身份、醫療或信用核實；
- vi) **designing insurance and other financial products and/or services for customers' use;**
保險及其他金融產品及/或服務的設計以供客戶使用；
- vii) **exercising any right under the insurance policy including right of subrogation, if applicable;**
行使有關保單所賦予的任何權利包括代位權，如適用；
- viii) **invoicing and collecting premiums and outstanding amounts from you;**
發出繳交保費通知及向您收取保費及欠款；
- ix) **reinsurance purposes;**
再保險用途；
- x) **conducting research, surveys and analysis for the purpose of product design and/ or the development and improvement of our services to you;**
進行用作產品設計及/或發展與改善公司向您提供之服務的研究、調查及分析；
- xi) **conducting statistical or actuarial research, data matching and/ or verification purposes;**
進行統計或精算研究、資料配對及/或核實之用；
- xii) **the operation and administration of the Company's internal business including without limitation any corporate reorganisation;**
公司內部業務的運作及管理，包括但不限於公司改組；
- xiii) **contacting you for any of the above purposes;**
就以上任何用途與您聯絡；
- xiv) **other ancillary purposes which are directly related to the above purposes; and**
其他與上述用途直接有關之輔助用途；及
- xv) **complying with any applicable laws, regulations or any industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders.**
遵守任何適用的法律及規例，及監管機構、業界團體、政府部門、執法機關所發出的業務守則、指引、要求，並法庭頒令。

You may also provide us with certain personal data about other proposed insured person(s) or third parties such as your dependents, and if you do so you confirm that you have their consent to provide their personal data to us.

如您向我們提供關於其他受保人或第三者例如家屬的個人資料，在提供當刻代表您確認您已獲取該等人士的同意以提供其個人資料予我們。

Such personal data may be disclosed, shared, divulged, supplied or otherwise transferred to the following persons for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

以上個人資料可能會被披露、分享、透露、提供或轉移到下列各方人士以作為上述或其直接有關之輔助用途，或其他適用法律所容許的用途：

- a) **any of our directors, officers, employees, representatives, agents or delegates;**
任何本公司的董事、人員、僱員、代表、代理人、或受委託人士；
- b) **any of our shareholders or related corporations, and any of their successors or assigns, and their directors, officers, employees, representatives, agents or delegates;**
任何本公司的股東或連繫公司，及其任何後繼或轉讓公司以及該公司董事、人員、僱員、代表、代理人、或受委託人士；
- c) **any service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the website and/ or the products and services that we offer to you, and their directors, officers, employees, representatives, agents or delegates;**
任何我們不時委任有關於公司網站及/或我們向您提供產品及服務的供應者、代理、承辦商、受委託者、供應商或第三者(或其分包商)，及其董事、人員、僱員、代表、代理人、或受委託人士；
- d) **business partners (including reinsurers, brokers and bank partners), associates and third party service providers when reasonably necessary, and on a need-to-know basis;**
商業伙伴(包括再保險公司、經紀及銀行伙伴)、及有合理必要和需要知情的伙伴及第三者服務供應商；
- e) **our professional advisers, consultants and auditors and any person who we believe in good faith to be your legal advisers or other professionals;**
我們的專業顧問、專家與核數師及任何我們秉誠相信為您的法律或其他專業顧問；
- f) **anyone who takes over or may take over all or part of our rights or obligations under this Personal Information Collection Statement ("PICS") or anyone this PICS (or any part of it) is transferred to or may be transferred to;**
任何接管或可能接管我們於此《個人資料收集聲明》(「聲明」)下所有或部份權利或責任的人士，或任何此聲明(或其部分)正轉移或可能轉移其下之人士；
- g) **another entity in the event Allianz is intended to be acquired by or merged with, or is acquired by or is merged with, that another entity;**
如安聯保險有意或正被其他公司收購或與其合併的該其他公司；
- h) **any relevant governmental or regulatory authority pursuant to a request by any relevant governmental or regulatory authority, or any person to whom we are, in our belief in good faith, under an obligation to make disclosure as required by any applicable laws; and/ or**
如任何相關政府或監管機構要求，則該政府或監管機構、或任何我們秉誠相信按適用法律有責任向其作出披露的人士；及/或

- i) parties whom assist us in carrying out the purposes laid out above in this PICS.
協助我們進行此聲明內上述用途的人士。

We may transfer, store, process and/ or deal with such personal data outside Hong Kong. The personal data will only be transferred to locations where we are satisfied that adequate or comparable levels of protection are in place to protect personal data held in that jurisdiction, and (where we are required to do so) with your consent. In doing so, we will comply with all applicable data protection and privacy laws, including the Hong Kong Personal Data (Privacy) Ordinance.

我們或於香港境外地區轉移，保存，處理及/ 或處置該個人資料。但我們僅會在確保這些地區擁有令我們滿意的充足或具有足夠保護機制以保護該司法管轄區內的個人資料時，方會將該個人資料轉移往該地區，且我們會先獲取您的同意（如屬於必須）。在這過程中，我們會遵守所有適用資料保障及私穩法律，包括香港個人資料（私隱）條例。

In the unlikely event that our or substantially all of any of our assets are acquired by an unrelated third party, such personal data may be one of the transferred assets. We may disclose the personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

在鮮有情況下當我們的全部或大部份資產被非關連第三者收購時，該個人資料或屬於其中一項的被轉移資產。在保密的情況下，我們或向任何潛在收購者或其專業顧問透露該個人資料（此情況下不論香港或海外）以供其盡職審查或完成任何收購業務下的交易及繼續營運的用途。

If you do not agree to the provision of the personal data requested or the use of such data for the above purposes, we may not be able to process your application and render the services or to otherwise correspond with you.

如果您不同意為上述用途按要求的提供個人資料，我們或無法處理您的申請及為您提供服務。

Allianz is committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

安聯保險承諾確保您個人資料安全及保密，並且不會存留超過所需時間。

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

註：中文本與英文本如有歧義，概以英文本為準。

Attending Physician Statement 主診醫生報告

1. To be completed by the Insured Person's attending doctor at the Insured Person's own Expenses.

由受保人之主診醫生填寫而費用由受保人負責。

2. Please attach copies of any specialist or hospital reports, together with any tests, or similar evidences to support the validity of your patient's claim.

請附上任何有關專科診治、住院報告、測試檢查或其他證明文件，以協助病人的索償申請。

Full name of Patient 病人全名	HKID / Passport Number 香港身份證/護照號碼	Gender 性別

Part I: General Information 第一部份: 一般資料

Are you the patient's usual physician? 閣下是否病人慣常求診的醫生? No 否 Yes, please specify the details below: 是, 請提供以下資料:

Medical records trace back to 醫療紀錄追溯至 : _____/_____/_____ (DD/MM/YYYY 日/月/年)

Period of consultation 應診期間 : _____

Past health history 病人過往健康情況 : _____

Date of first consultation related to this sickness/ accident 有關是次疾病/ 意外之首次看診日期 _____/_____/_____ (DD/MM/YYYY 日/月/年)	How long had the patient been experiencing these symptoms before the first consultation? 在首次看診前該病徵已經出現於病人身上多久? _____
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Symptom(s)/ complaint(s) of the patient relating to the first consultation/ hospitalization 病人就有關首次看診/ 住院之徵狀/ 疾病 _____	Diagnosis 診斷 _____
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1. According to your best knowledge, has the patient ever been diagnosed with or suffered from Cancer or growth of any kind, Heart Disease or Stroke, Diabetes, raised blood pressure, mental disease, HIV/AIDS or any medical condition affecting his or her brain, thyroid, blood, heart, lungs, gastric, breast, liver, kidney, uterus, ovaries, colon, bones or prostate?
就閣下所知, 病人曾否被診斷或患有癌症或任何異常增生、心臟病或中風、糖尿病、高血壓、精神病、人類免疫力缺乏病毒/ 愛滋病; 或任何醫療狀況正在影響病人的腦部、甲狀腺、血液、心臟、肺、胃、乳房、肝、腎臟、子宮、卵巢、腸、骨骼或前列腺?
 No 否
 Yes, please provide details whether the patient ever had any physical or health conditions not mentioned above that required any form of medical treatment, consultation, investigation or repeat tests in last 3 years? (Apart from usual flu, colds and prenatal care)
有, 請詳述病人過去三年曾否患有任何上述沒有提及的身體或健康問題而需要進行任何的治療、諮詢、檢查或重覆測試? (除了一般流感、傷風及產前檢查)

1a. For insured between age 2 to 15 只適用於2-15歲:
According to your best knowledge, has the patient ever been told to have or ever have any of the following? Autism spectrum disorder, slow mental or physical development. 就閣下所知, 病人曾否被告知或患有以下情況: 自閉症、精神或身體發展遲緩。
 No 否
 Yes, please provide details 有, 請詳述

1b. For insured age below 2 years 只適用於2歲以下:
According to your best knowledge, did the patient born with low birth weight (less than 2.5kg) or premature (less than 37 weeks gestation)?
就閣下所知, 病人出生時是否屬於低體重(少於 2.5 公斤)或是早產(少於 37 周孕期)?
 No 否
 Yes, please provide details 是, 請詳述

2. According to your best knowledge, in last 3 years, has the patient ever had any physical or health conditions not mentioned above that required any form of medical treatment, consultation, investigation or repeat tests?
就閣下所知, 過去3年內, 病人曾否患有任何上述沒有提及的身體或健康問題而需要進行任何的治療、諮詢、檢查或重覆測試?
 No 否
 Yes, please provide details (Apart from usual flu, colds and prenatal care) 是, 請詳述(除了一般流感、傷風及產前檢查)

3. According to your best knowledge, does the patient have two or more natural parents or siblings diagnosed with cancer, stroke, heart disease, diabetes, kidney disease, multiple sclerosis or inherited disease before age 55?
就閣下所知, 病人的父母或兄弟姊妹中, 是否有兩位或以上在 55 歲前曾被診斷患有癌症、中風、心臟病、糖尿病、腎病、多發性硬化症或遺傳性疾病?
 No 否
 Yes, please provide details 是, 請詳述

4. Was the patient referred to you by another doctor for further management? 病人是否由另一位醫生轉介予您作進一步治療?
 No 否
 Yes, please specify the name and address of referral doctor 是, 請提供該醫生之姓名及地址

5. Was there any hospitalization for the patient? 病人有否住院?
 No, please complete the Part III & Part IV of this form 否, 請填寫本表格之第三及第四部份
 Yes, please complete Part II to Part IV of this form 有, 請填寫本表格之第二至第四部份

Part II: Details of Hospitalisation 第二部份: 住院詳情						
Name of Hospital/ Day Care Unit 醫院名稱/ 日症中心						
<table border="1"> <tr> <td>Date of admission 入院日期</td> <td>Date of discharge 出院日期</td> </tr> <tr> <td>____/____/____ (DD/MM/YYYY 日/月/年)</td> <td>____/____/____ (DD/MM/YYYY 日/月/年)</td> </tr> </table>			Date of admission 入院日期	Date of discharge 出院日期	____/____/____ (DD/MM/YYYY 日/月/年)	____/____/____ (DD/MM/YYYY 日/月/年)
Date of admission 入院日期	Date of discharge 出院日期					
____/____/____ (DD/MM/YYYY 日/月/年)	____/____/____ (DD/MM/YYYY 日/月/年)					
Final diagnosis 最終診斷		ICD 10 Codes				
Operation procedure(s) performed 手術名稱		ICD 10 Codes CPT Codes				
<p>If the patient has consulted other physician during this hospitalisation, please provide the following: 如病人於是次住院期間曾向其他醫生求診，請提供以下資料：</p> <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please specify the following: 有，請填寫詳情: Name of doctor and clinic address 醫生名稱及診所地址: Treatment performed 提供治療: Reason 原因: Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/out-patient basis. 假若這類個案可於日間/ 門診護理，請提供入住醫院原因。						

Part III: Professional Comment 第三部份: 專業意見	
According to your professional opinion, was the hospitalization a result of recurrent episode/ chronic illness or related to a previous condition? 閣下認為是次看診是否因為複發性/ 長期疾病或之前的疾病/ 意外?	
<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide details. 是，請詳述。	
Please tick the box if the medical condition and its subsequent treatment are associated with the followings. 如上述病況及其後的治療與下列情況有關，請於下列方格加上剔號。	
<input type="checkbox"/> Accident or related disorder 意外或有關疾病 <input type="checkbox"/> Cosmetic/ Plastic Surgery 整形外科手術 <input type="checkbox"/> Dental or Maxillofacial treatment 牙齒或面頰治療 <input type="checkbox"/> Venereal & Sexually transmitted disease 性病 <input type="checkbox"/> Mental psychiatric problems 心理精神病 <input type="checkbox"/> General Check-up or Vaccination 身體檢查或疫苗注射 <input type="checkbox"/> Influence of drugs/ alcohol 藥物或酒精影響	<input type="checkbox"/> Pregnancy conditions or any related complications 懷孕或由此引發之病況 <input type="checkbox"/> Prophylactic treatment or Preventive care 預防藥物治療或護理 <input type="checkbox"/> Eye correction or Refractive error 矯視或視光問題 <input type="checkbox"/> Congenital condition, Infertility or Sterilization 先天性疾病,不良或絕育情況 <input type="checkbox"/> HIV & its related disability 人類免疫力缺乏病毒疾病 <input type="checkbox"/> Experimental or Unproven medical technology or Procedure 試驗性質或未經驗証的醫療技術或手術

Part IV: Declaration 第四部份: 聲明					
I hereby declare that all the above information are to the best of my knowledge, is true and complete. 本人證明上述的資料根據本人所知皆為正確無訛。					
<table border="1"> <tr> <td>Signature and chop of attending physician 主診醫生簽署及蓋章</td> <td>Address and telephone no. 地址及聯絡電話</td> </tr> <tr> <td>Data 日期: ____/____/____ (DD/MM/YYYY 日/月/年)</td> <td></td> </tr> </table>		Signature and chop of attending physician 主診醫生簽署及蓋章	Address and telephone no. 地址及聯絡電話	Data 日期: ____/____/____ (DD/MM/YYYY 日/月/年)	
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