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You can scan the QR codes or search "Generali GenBRAVO" in Google Play / App Store to install our latest mobile app "GenBRAVO" for Generali Employee Benefits. 您可掃描 QR codes 或於 Google Play / App Store 裡搜尋「Generali GenBRAVO」，安裝最新的忠意保險僱員福利手機應用程式「GenBRAVO」。

Android iOS

OUTPATIENT CLAIM FORM 門診賠償申請表

☐ Claim(s) already submitted by e-means, I am now enclosing the original receipt(s) / document(s) to Generali for claim(s) >$8,000.
索償申請已經電子途徑提交，現附上港幣八千元以上的正本收據。

☐ Please return the Certified True Copy of receipts (not applicable for submission by e-means).
請退回收據核實副本(不適用於電子途徑提交)。

# Policy No.保單號碼	* Other Generali Medical Policy No. 其他忠意醫療保單號碼:	# Policy Holder / Company Name 保單持有人 / 公司名稱

# Member No. (with family endfix) 成員編號（包括家屬號尾碼）	# Employee Name 僱員姓名	Mobile No. / 手提電話號碼	# Patient Name (Name on medical card): 病者姓名（醫療卡上的姓名）

Please provide the required information for member identification. Any incomplete information will delay the reimbursement process.
請提供所需成員資料以便核實成員身份。如因資料不足而無法確認成員，索償申請可能因此延誤。

* Please specify Policy No. if it is insured by Generali Hong Kong Branch. 如屬於忠意保險香港分公司的醫療保單，請提供保單號碼，我們將一併處理。

Treatment Date (DD/MM/YYYY) 診治日期(日/月/年)	Claim Type (Please refer to your own Benefit Schedule) 申請賠償類別（請先參閱閣下的保障表）	Doctor Name or Registration No. 醫生姓名或註冊編號	Currency 貨幣	Receipt Amount 收據金額	2nd Claim 餘額索償	Diagnosis 診斷名稱
	☐ GP ☐ SP* ☐ Lab* ☐ TCM ☐ Physio*/Chiro* ☐ Dental ☐ Others:_____					
	☐ GP ☐ SP* ☐ Lab* ☐ TCM ☐ Physio*/Chiro* ☐ Dental ☐ Others:_____					
	☐ GP ☐ SP* ☐ Lab* ☐ TCM ☐ Physio*/Chiro* ☐ Dental ☐ Others:_____					

GP - General Practitioner's Consultation 普通科醫生
TCM - Chinese Herbalist/Bonesetter (both Herbalist Prescription and Official Receipt are required) 中醫治療跌打（中草藥中醫之索償需附有中藥處方正本及正式收據）
Dental - Dental Services 牙科
Others - Other benefit type 其他類別

*** Referral letter is required 須附上醫生轉介信**
SP* - Specialist 專科醫生
Lab* - Diagnostic Laboratory Tests 診斷化驗測試
Physio/Chiro*- Physiotherapist/Chiropractor 物理治療/脊醫

For check-up, prescribed medication, or clinical surgery at clinic / day surgery center, the official receipts with diagnosis and/or the surgery name (if applicable) are required. For admission to General Ward of Hospital Authority Hospitals, please provide receipts and a copy of discharge summary. 身體檢查、醫生處方藥物等，或:於門診 / 日間手術中心進行之小型手術 ， 收據上必須顯示診斷名稱及/或手術名稱（如適用）。如入住醫院管理局轄下之公立醫院的普通病房 ， 請提供收據及出院証明。

Declaration & Authorization / 聲明及授權書

I/We acknowledge that I/we have been provided (https://www.generali.com.hk/EN_US/personal_information) with the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/We confirm that I/we have read and understood the Statement. I/We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/our personal data in accordance with the terms of the Statement. I/We further confirm that I/we have obtained the express consent of the Insured Person and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.
I/We hereby declare and agree that all statements and information provided herein together with any subsequent alternations or supplements of it are collected to enable Generali to carry on insurance business and may be transferred to and/or used by Generali (including its subsidiaries, affiliated companies and associated companies, whether they are located or registered in Hong Kong or outside of Hong Kong) and any service providers as set out in paragraph e (i) of the Statement (whether they are located or registered in Hong Kong or outside of Hong Kong) for the purpose of adjudicating this insurance or related claims thereof, assessing, adjudicating, administering and processing this Group Medical Claim and administering the Group Medical Policy, and/or preventing money laundering and/or terrorist financing activities. Supply of information under this Form is a condition precedent to claim for the relevant benefit(s) available under the policy.
I/We also hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution, or individual that has any record or knowledge of my/the Insured Person's health and medical history of any treatment or advice and that has been or may hereafter be consulted to disclose to Generali such information. This authorization shall bind my/the Insured Person's successors and assigns and remain valid notwithstanding my/the Insured Person's death or incapacity in so far as legally possible.
A faxed, photographic, or electronic copy of this authorization shall be as valid as the original.

如須索取【聲明及授權書】的中文譯本，請電郵至medicalcs@generali.com.hk或致電客戶服務熱線 (852) 3187-6831與忠意醫療保險賠償部聯絡。

Signature of Employee 僱員簽署	Date signed 簽署日期	Signature of Patient (Age 18 or above) 病者 (18 歲或以上) 簽署

OPCF

Personal Information Collection Statement 收集個人資料聲明

a. From time to time, it is necessary for you to supply Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable) (the "**Company**") with data about yourself(ves), policyholder(s), life insured(s), beneficiary(ies), claimant(s), and/or other relevant individuals (the "**Personal Data**") in connection with the provision of insurance and/or related products and services to you, the processing of claims under insurance policies issued and/or arranged by the **Company**, and/or the processing of any or all other requests, enquiries and complaints from you.

閣下須要不時向忠意人壽（香港）有限公司/忠意保險有限公司香港分行〔如適用〕（「**本公司**」）提供關於閣下自己、保單持有人、受保人、受益人、索償人及/或其他有關人士的資料（「**個人資料**」），以讓**本公司**為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

b. Provision of the **Personal Data** to the **Company** by you is voluntary. However, failure to supply the **Personal Data** may result in the **Company** being unable to provide insurance and/or related products and services to you, process claims under insurance policies issued and/or arranged by the **Company**, and/or process any or all other requests, enquiries, or complaints from you.

閣下向**本公司**提供的**個人資料**全屬自願。然而，若閣下未能提供**個人資料**，可能導致**本公司**不能夠為閣下提供保險及/或相關產品與服務，處理經由**本公司**發出及/或安排的保單之下的索償事宜，及/或處理閣下提出的任何或所有其他要求、查詢和投訴。

c. The purposes for which the **Personal Data** may be used are as follows: (i) administering your insurance application, arranging and executing insurance contracts and/or related products and services, and managing your account with the **Company**;(ii) processing (including, but not limited to, investigating, analyzing, assessing and adjudicating) and/or settlement of claims under insurance policies issued and/or arranged by the **Company**;(iii) exercising rights of subrogation(if applicable);(iv) collection of amounts outstanding (if any) from customers;(v) arranging coinsurance and/or reinsurance in respect of the insurance policies issued and/or arranged by the **Company**;(vi) communicating with customers via telephone, mail, e-mail, facsimile and other communication means;(vii) providing customer services (including, but not limited to, processing enquiries and complaints) and other related activities;(viii) conducting data matching procedures;(ix) designing insurance and/or related products and services for customers' use;(x) statistical or actuarial research of the **Company**, **Company**'s parent company and group companies (hereinafter referred to as the "**Group Entities**"), insurance industry associations or federations, government departments, regulatory or other recognized bodies;(xi) complying with the requirements under any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the **Company** and/or its **Group Entities** are expected to comply with, including, without limitation, performing due diligence on customers and making disclosures of the relevant information; and(xii) fulfilling any other purposes directly relating to (i) to (xi) above.

個人資料可被用於以下用途：(i)處理閣下的保險申請，安排並執行保險合約或相關產品與服務，並管理閣下在**本公司**的賬戶；(ii)處理（包括但不限於調查、分析、評估和裁定）及/或理賠經由**本公司**發出及/或安排的保單之下的索償事宜；(iii) 行使代位權（如適用）；(iv)向客戶追收尚欠金額（如有）；(v)經由**本公司**發出及/或安排的保單之下籌劃共同保險及/或再保險；(vi)透過電話、郵件、電郵、傳真及其他通訊方式與客戶聯絡；(vii)提供客戶服務（包括但不限於處理查詢和投訴）及其他相關活動；(viii) 進行資料核對程序；(ix)設計保險及/或相關產品與服務供客戶使用；(x)**本公司**、**本公司**的母公司及集團公司（下文合稱為「**集團實體**」）、保險業協會或聯會、政府部門、監管或其他認可機構的統計或精算研究；(xi)為遵從任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，或**本公司**及/或**集團實體**應要遵守的任何其他有關規定，包括但不限於對客戶進行盡職審查及披露有關資料；及(xii)實現與上述(i)至(xi)直接有關的任何其他用途。

d. The **Company** requires your separate consent to the use and provision of **Personal Data** in direct marketing (which includes an indication of no objection) to use your **Personal Data**, including but not limited to name, contact details, other products and services portfolio information, transaction pattern and behavior, financial background and demographic information, etc., to send you direct marketing communications regarding the following classes of products and services, including but not limited to direct marketing of: insurance related products and services; health, wellness, medical, hospitality and accommodation, and lifestyle and entertainment related products and services; discounts, promotions, rewards, loyalty or privileges programs related to the foregoing products and services; and donations and contributions for charitable or non-profit making purposes ("**Classes of Marketing Subjects**").The **Company** also intends to provide your Personal Data to the **Group Entities** and third party service providers selected by the **Company**, including, without limitation, call centers, so that they may send you direct marketing communications regarding the same **Classes of Marketing Subjects**.

本公司須取得閣下的另行同意使用及提供**個人資料**作直接促銷（包括表示不反對）方可使用閣下的**個人資料**（包括但不限於姓名、聯絡資料、其他產品及服務組合資訊、交易模式與行為、財務背景及人口統計資料等）向閣下發送有關以下類別產品及服務的直接促銷通訊，包括但不限於直接促銷：保險相關產品及服務； 健康、保健、醫療、住院和家居，以及生活和娛樂及其相關之產品與服務；與前述產品及服務相關之折扣、推廣、獎賞、客戶忠誠或優惠計劃；以及為慈善或非牟利用途的捐款和捐贈（「**促銷目的類別**」）。**本公司**亦擬將閣下的**個人資料**提供予**集團實體**，以及**本公司**選定的第三方服務供應商（包括但不限於電話服務中心），以便其向閣下發送關於上述**促銷目的類別**的直接促銷通訊。

e. The **Personal Data** held by the **Company** shall be kept confidential, but the **Company** may provide the **Personal Data** to the following parties (whether within or outside the Hong Kong Special Administrative Region) for the purposes set out in paragraph (c) above, without prior notification to you and/or any other relevant individuals to whom the **Personal Data** is related:(i) intermediaries, claims service provider, coinsurers, reinsurers, banks and credit-card companies, health and medical organizations, professional advisers, contractors, business partners, and / or any other relevant parties, as appropriate, who provide administrative, telecommunication, computer, payment, marketing, investigation, advisory and/ or other services to the **Company** in connection with the operation of its business;(ii) relevant insurance industry associations or federations, and/ or members of such industry associations or federations;(iii) overseas locations or branches, as appropriate, of the **Company** and/or its **Group Entities**;(iv) persons to whom the **Company** and/or its **Group Entities** are under an obligation to make disclosure under the requirements of as mentioned in (c)(xi);(v) any court, government departments, regulatory or other recognized bodies (including, without limitation, tax authority, insurance authority, etc.) under any laws binding on the **Company** and/or its **Group Entities**;(vi) lawful successors or assigns of the **Company**; and (vii) persons who owe a duty of confidentiality to the **Company** and/or its **Group Entities**.

由**本公司**持有的**個人資料**將受到保密，但**本公司**可依據以上（c）段所列的用途向以下各方（不論在香港特別行政區境內還是境外）提供**個人資料**，事前無須知會閣下及/或該等個人資料所涉及的任何其他有關人士：(i)中介人、索償服務提供商、共同保

險公司、再保險公司、銀行及信用卡公司、健康及醫療機構、專業顧問、承包商、業務夥伴及/或任何以適用於向**本公司**提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他與業務營運相關服務的有關各方；(ii)相關的保險業協會或聯會，及/或該等協會或聯會的成員；(iii)**本公司**及/或以適用的**集團實體**海外辦事處或分行； (iv)根據上述(c)(xi)的規定，**本公司**及/或**集團實體**負有義務須向其作出披露的人士；(v)任何根據法律約束之下，**本公司**及/或**集團實體**須向其提供資料的任何法院、政府部門、監管或其他認可機構（包括但不限於稅務局、保險業監管局等）；(vi)**本公司**的合法繼承人或受讓人；及(vii) 對**本公司**及/或**集團實體**負有保密責任的人士。

f. The **Company** may verify any or all of the **Personal Data** by using information collected and released or transferred by relevant insurance industry associations or federations, and/or members of such industry associations or federations.

本公司可使用由相關的保險業協會或聯會及/或該等協會或聯會的成員所收集及發放或轉移的資料，來核實任何或所有**個人資料**。

g. In accordance with the Personal Data (Privacy) Ordinance (Cap 486): (i)any individual has the right to: (A) check whether the **Company** holds **Personal Data** about him/her and, if so, obtain a copy of such data;(B) require the **Company** to correct any **Personal Data** relating to him/her that is inaccurate; and (C) ascertain the **Company**'s policies and practices in relation to **Personal Data** and to be informed of the kind of **Personal Data** held by the **Company**; and (ii) the **Company** has the right to charge a reasonable fee for the processing of any data access request.

根據第486章《個人資料（私隱）條例》：(i)任何人士均有權：(A)查詢**本公司**有沒有持有其**個人資料**，如有的話，可取得一份該等資料；(B)要求**本公司**改正其任何不正確的**個人資料**；及(C)查明關於**本公司**的個人資料政策和處事常規，並可獲通知有關本公司所持個人資料的種類；及(ii)**本公司**有權就處理任何查閱**個人資料**的要求之下收取合理的費用。

h. The person to whom requests for access to **Personal Data** and/or correction of **Personal Data** and/or for information regarding policies and practices and kinds of **Personal Data** held are to be addressed as follows: Personal Data Protection Officer, Generali Life (Hong Kong) Limited / Assicurazioni Generali S.p.A. Hong Kong Branch (where applicable),21/F, 1111 King's Road, Taikoo Shing, Hong Kong.

如欲查閱及/或改正個人資料及/或查詢關於**本公司**的政策和處事常規及所持個人資料的種類，請向以下人員提出要求：
個人資料保護主任忠意人壽（香港）有限公司 或 忠意保險有限公司香港分行〔如適用〕 香港太古城英皇道1111號21樓

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.
附註：本收集個人資料聲明的英文及中文版本之間如有任何歧義，概以英文版本為準。