



Assicurazioni Generali S.p.A.
Hong Kong Branch
 21/F, 1111 King's Road,
 Taikoo Shing, Hong Kong
 T +852 2521 0707
 F +852 2521 8018
 info@generali.com.hk
 generali.com.hk

Medical Claims Department
 Member Service Hotline
 T +852 3187 6831
 F +852 2387 6831
 medicalcs@generali.com.hk

忠意保險有限公司 香港分行
 香港太古城
 英皇道1111號 21樓
 電話 +852 2521 0707
 傳真 +852 2521 8018
 info@generali.com.hk
 generali.com.hk

醫療保險賠償部
 會員服務熱線
 電話 +852 3187 6831
 傳真 +852 2387 6831
 medicalcs@generali.com.hk

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」。



OUTPATIENT CLAIM FORM 門診賠償申請表

Claim(s) already submitted by e-means, I am now enclosing the original receipts / documents for claims > \$3,000. 索償申請已經電子途徑提交，現附上港幣三千元以上的正本收據。

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) 會員編號 (包括家屬號尾碼):	# Employee Name 僱員姓名	Mobile No. / 手提電話
		# 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.

請提供所需會員資料以便核實會員身份。如因資料不足而無法確認會員，索償申請可能因此延誤。

* Please specify the Policy No. if it is insured by Generali Hong Kong Branch. 如屬於忠意保險香港分行的醫療保單，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	2 nd Claim 餘額索償	Diagnosis 診斷名稱
	<input type="checkbox"/> GP <input type="checkbox"/> SP* <input type="checkbox"/> Lab* <input type="checkbox"/> TCM <input type="checkbox"/> Physio*/Chiro* <input type="checkbox"/> Dental <input type="checkbox"/> Others: _____					
	<input type="checkbox"/> GP <input type="checkbox"/> SP* <input type="checkbox"/> Lab* <input type="checkbox"/> TCM <input type="checkbox"/> Physio*/Chiro* <input type="checkbox"/> Dental <input type="checkbox"/> Others: _____					
	<input type="checkbox"/> GP <input type="checkbox"/> SP* <input type="checkbox"/> Lab* <input type="checkbox"/> TCM <input type="checkbox"/> Physio*/Chiro* <input type="checkbox"/> Dental <input type="checkbox"/> 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/跌打 (需附有中藥處方及正式收據)
Dental - Dental Services 牙科
Others - Other benefit type 其他類別

* **Referral Letter required** 須附醫生轉介信
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，請提供收據及出院證明。

Declaration & Authorization / 聲明及授權書

I/We acknowledge that I/we have been provided with a copy of 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 d (i) of the Personal Information Collection 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, approving and underwriting the application, administering and reinsuring the 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.

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





Personal Information Collection Statement

- a) From time to time, it is necessary for you to supply Assicurazioni Generali S.p.A., Hong Kong Branch (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.
- 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.
- c) The purposes for which the Personal Data may be used are as follows: i) processing (including, without limitation, underwriting) and/ or approving applications for insurance and/ or related products and services, and any addition, alteration, variation, cancellation, renewal and/ or reinstatement of such products and services; ii) administering insurance policies issued and/ or arranged by the Company; iii) 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; iv) exercising rights of subrogation, if applicable; v) collection of amounts outstanding (if any) from customers; vi) arranging coinsurance and/ or reinsurance in respect of the insurance policies issued and/ or arranged by the Company; vii) communicating with customers via telephone, mail, e-mail, facsimile and other communication means; viii) customer services (including, but not limited to, processing enquiries and complaints), marketing, and other related activities; ix) conducting data matching procedures; x) designing insurance and/ or related products and services for customers' use; xi) marketing insurance and/ or other related products and services of the Company and/ or its affiliated companies (which includes, but are not limited to, its group companies, parent company, trust companies of the Company's parent company (hereinafter such affiliated companies are collectively referred to as the "Affiliated Companies")); xii) direct marketing of insurance and/ or other related products and services subject to your prior prescribed consent (if any), and you can exercise the right of opt-out by notifying the Company at any time; xiii) statistical or actuarial research of the Company, its Affiliated Companies, relevant insurance industry associations or federations, supervisory authority, government department and/ or other competent authority; xiv) 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 Affiliated Companies are expected to comply with, including, without limitation, making disclosures of the relevant information; and xv) fulfilling any other purposes directly relating to (i) to (xiv) above.
- d) 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) agents, intermediaries, claims investigation companies, coinsurance companies, reinsurance companies, third party service providers, 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 Affiliated Companies; iv) persons to whom the Company and/ or its Affiliated Companies are under an obligation to make disclosure under the requirements of any laws, rules, regulations, codes, guidelines, court orders, compliance policies and procedures, and any other relevant requirements which the Company and/ or its Affiliated Companies are expected to comply with; v) any court, supervisory authority, government department or other competent authority (including, without limitation, tax authority) under any laws binding on the Company and/ or its Affiliated Companies; vi) lawful successors or assigns of the Company; and vii) persons who owe a duty of confidentiality to the Company and/ or its Affiliated Companies.
- e) 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.
- f) In accordance with the Personal Data (Privacy) Ordinance: i) any individual has the right to: A) check whether the Company holds data about him/ her and, if so, obtain a copy of such data; B) require the Company to correct any data relating to him/ her that is inaccurate; and C) ascertain the Company's policies and practices in relation to data and to be informed of the kind of 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.
- g) The person to whom requests for access to data and/ or correction of data and/ or for information regarding policies and practices and kinds of data held are to be addressed as follows: Personal Data Protection Officer, Assicurazioni Generali S.p.A., Hong Kong Branch, 21/F, 1111 King's Road, Taikoo Shing, Hong Kong.

Note: In case of discrepancies between the English and Chinese versions of this Personal Information Collection Statement, the English version shall prevail.

收集個人資料聲明

- a) 閣下須要不時向忠意保險有限公司香港分行（「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) 閣下是自願向本公司提供個人資料的。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) 個人資料可被用於以下用途：
- i) 處理（包括但不限於承保）及/或審批保險及/或相關產品與服務的申請，以及該等產品與服務的任何附加、更改、變更、取消、續期及/或復效；ii) 管理經由本公司發出及/或安排的保單；iii) 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；iv) 如適用的話，行使代位權；v) 向客戶追收尚欠金額（如有）；vi) 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；vii) 透過電話、郵件、電郵、傳真及其他通訊方式與客戶通訊；viii) 客戶服務（包括但不限於處理查詢和投訴）、推銷，以及其他相關活動；ix) 進行資料核對程序；x) 設計保險及/或相關產品與服務供客戶使用；xi) 推銷本公司及/或本公司的關聯公司（包括但不限於本集團的公司、母公司、本母公司的信託公司（該等關聯公司在下文合稱為「關聯公司」））的保險及/或其他相關產品與服務；xii) 就閣下事前訂明的同意（如有）約束之下，直接促銷保險及/或其他相關產品與服務，而閣下可在任何時間知會本公司以行使撤回同意的權利；xiii) 本公司、關聯公司、相關的保險業協會或聯會、監管當局、政府部門及/或其他法定監管機構的統計或精算研究；xiv) 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，以及本公司及/或關聯公司應要遵守的任何其他有關規定，包括但不限於披露有關資料；及 xv) 實現與上述（i）至（xiv）直接有關的任何其他用途。
- d) 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) 就本公司的業務營運向本公司提供行政、電訊、電腦、付款、推銷、調查、諮詢及/或其他服務的代理人、中介人、索償調查公司、共同保險公司、再保險公司、第三方服務提供商、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/或任何其他有關各方，以適用者為準；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/或關聯公司的海外辦事處或分行，以適用者為準；iv) 根據任何法律、規則、規例、守則、指引、法院命令、合規政策和程序的規定，以及應要遵守的任何其他有關規定之下，本公司及/或關聯公司負有義務須向其作出披露的人士；v) 根據對本公司及/或關聯公司有約束力的任何法律之下，本公司及/或關聯公司須向其提供資料的任何法院、監管當局、政府部門或其他法定監管機構（包括但不限於稅務局）；vi) 本公司的合法繼承人或受讓人；及vii) 對本公司及/或關聯公司負有保密責任的人士。
- e) 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。
- f) 根據《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有關個人資料的要求之下收取合理的費用。
- g) 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，忠意保險有限公司香港分行，香港英皇道1111號 21樓

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。