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忠意人壽(香港)有限公司

忠意保險有限公司  
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**Internal Use Only** 只供內部使用  
Claim No. 理賠編號



## Critical Illness Claim Form – Part II

### 危疾賠償申請表 – 第二部份

Policy Number

保單號碼

Private & Confidential 私人及機密

For claim of "Cancer" / "Carcinoma-in-situ" / "Early-Stage Malignancy" / "Benign Brain Tumour" /  
"Surgical Excision of Covered Benign Tumour"  
適用於「癌症」/「原位癌」/「早期癌症」/「良性腦腫瘤」/「手術切除受保良性腫瘤」索償

**TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES**  
由主診醫生填寫，所需費用由索償人自行承擔

#### Important note 重要事項

Your patient is insured with us and to enable us to assess the claim, please complete this report with as much details as you can possibly provide. Your kind assistance will help expedite the claim settlement.

閣下的病人為本公司的受保人，請閣下詳細填寫此申請表並盡可能提供一切有關資料，以便本公司審核此索償。閣下的協助可使本公司加快索償安排。

1. Name of the Patient (Insured) 病人(受保人)姓名	2. HKID Card / Passport No. 香港身份證 / 護照號碼
3. Details of the current illness 是次疾病的詳情	First consultation date for this illness 就此疾病的首次求診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Date symptoms first appeared 病徵首次出現日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Chief complaints / symptoms 主訴 / 病徵 _____ Final diagnosis 最終確診 _____ Date of diagnosis 確診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Diagnostic test performed & result 確診測試及結果 _____ Previously treated for same/related disorder? 是否曾因同類或相關疾病接受治療? <input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No 是(請提供詳情) 否 Is there any complications? 是否有併發症? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please give details. 若是, 請提供詳情。 _____
4. Was the patient hospitalized for treatment due to this illness? 病人是否就此疾病曾入住醫院接受治療?	<input type="checkbox"/> Yes (please provide details) 是(請提供詳情) <input type="checkbox"/> No 否 Period of Hospitalization 住院時期 _____ Name of Hospital 醫院名稱 _____ Any surgery performed during hospitalization? 住院期間是否有進行手術? <input type="checkbox"/> Yes (please provide details) <input type="checkbox"/> No 是(請提供詳情) 否 Date of surgery 手術日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Name of surgery 手術名稱 _____ Other treatment performed 曾進行的其他治療 _____ Brief discharge summary (including investigation tests & results, results of the treatments, any complications and follow-up plans) 出院撮要(包括確診測試及結果、治療結果、有否併發症及跟進計劃) _____ _____

<p>5. Had the patient previously referred by other physician? 病人是否經其他醫生轉介？</p>	<p><input type="checkbox"/> Yes (please provide name &amp; address of the doctor) 是 (請提供醫生姓名及地址) <input type="checkbox"/> No 否</p>
<p>6. Details of the current Cancer / Carcinoma-in-situ / Early-Stage Malignancy 是次「癌症」/「原位癌」/「早期癌症」詳情</p>	<p>Site of the tumour 腫瘤位置 _____</p> <p>Staging of the tumour 腫瘤級別 _____</p> <p>Staging System 所用級別系統 _____</p> <p>Was it Carcinoma-in-situ? 是否屬原位癌？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Was it early-stage malignancy? 是否屬早期癌症？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Was the tumour completely localized? 腫瘤是否完全在原位生長？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Was there uncontrolled growth of malignant cells? 惡性細胞是否不受控制地生長及蔓延？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Was there any invasion of adjacent tissue or regional lymph node? 腫瘤是否已浸潤至其他鄰近細胞或局部淋巴結？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Was there distant metastasis to other organ(s)? 腫瘤是否已擴散至其他身體器官？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Is the diagnosis confirmed with histological examination? 診斷是否經病理分析確定？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please provide details (including type of examination &amp; result) and enclose the histological report. 若是，請提供詳情（包括病理分析類別及結果）及附上病理分析報告。 _____</p> <p>If no, please provide the reason(s) of not performing the histological examination in details. 若否，請詳述未有進行病理分析的原因。 _____</p>
<p>7. If the tumour is benign in nature, please provide details here 如腫瘤屬良性，請在此提供詳情。</p>	<p>Was there any malignancy potential according to appropriate medical criteria during investigation? 根據適當的醫學標準，在調查期間是否有發現潛在的惡性傾向？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, from what evidence? Please give details and enclose the investigation reports. 若是，請提供相關證明詳情及附上調查報告。 _____</p> <p>_____</p>
<p>8. If the diagnosis is Leukaemia, please provide details here. 如診斷為白血病，請在此提供詳情。</p>	<p>Is it Chronic Lymphocytic Leukemia? 是否慢性淋巴性細胞白血病？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>Please confirm the RAI or Binet stage. 請確定該 RAI 或 Binet 級別 <input type="checkbox"/> RAI stage 級別 <input type="checkbox"/> Binet stage 級別 _____</p>
<p>9. If the diagnosis is skin cancer, please provide details here. 如診斷為皮膚癌，請在此提供詳情。</p>	<p>Is it malignant melanoma? 是否惡性黑色素瘤？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否</p> <p>If yes, please provide the biopsy report and result. 若是，請提供活組織檢查報告及結果。 _____</p> <p>_____</p>



<p>18. Have the biological parents or siblings of the patient been diagnosed prior to age 60 with any of the illnesses listed in the right side?          請問病人的親生父母或兄弟姐妹在六十歲之前有否患有右列之疾病？</p>	<p><input type="checkbox"/> Yes (please check appropriate and give details) 是 (請選擇適當情況及提供詳情)      <input type="checkbox"/> No 否</p> <table border="0"> <tr> <td><input type="checkbox"/> Cancer</td> <td>癌症</td> </tr> <tr> <td><input type="checkbox"/> Heart disease</td> <td>心臟病</td> </tr> <tr> <td><input type="checkbox"/> Stroke</td> <td>中風</td> </tr> <tr> <td><input type="checkbox"/> Diabetes</td> <td>糖尿病</td> </tr> <tr> <td><input type="checkbox"/> Alzheimer's Disease</td> <td>阿茲海默症</td> </tr> <tr> <td><input type="checkbox"/> Parkinson's Disease</td> <td>帕金森病</td> </tr> <tr> <td><input type="checkbox"/> Polycystic Kidney Disease</td> <td>多囊性腎病</td> </tr> <tr> <td><input type="checkbox"/> Other inherited disease or disorder</td> <td>其他遺傳性疾病</td> </tr> </table> <p>Please provide details          請提供詳情</p> <hr/>	<input type="checkbox"/> Cancer	癌症	<input type="checkbox"/> Heart disease	心臟病	<input type="checkbox"/> Stroke	中風	<input type="checkbox"/> Diabetes	糖尿病	<input type="checkbox"/> Alzheimer's Disease	阿茲海默症	<input type="checkbox"/> Parkinson's Disease	帕金森病	<input type="checkbox"/> Polycystic Kidney Disease	多囊性腎病	<input type="checkbox"/> Other inherited disease or disorder	其他遺傳性疾病
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<p>19. Any additional information you consider relevant to this claim.          其他與是次索償有關的資料。</p>	
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**Declaration 聲明**

I hereby certify that I have personally examined and treated the patient in connection to the above condition and that the facts as given above present my opinion of his/her condition and all are true to the best of my knowledge and belief. I hereby declare that no information has been withheld by me at the request of the patient or his/her family.

本人謹此聲明曾親自為病人檢查及作出診治，以上填報的各項資料乃本人基於病人的情況而提供意見，所有答案，就本人所知所信，均為事實全部並確實無訛。本人在此聲明，沒有任何病人或其家屬要求本人隱瞞任何資料。

\_\_\_\_\_  
 Name in block letters of Attending Physician / Specialist and Qualifications  
 主診 / 專科醫生姓名及資歷

\_\_\_\_\_  
 Address and Contact No.  
 地址及聯絡電話號碼

\_\_\_\_\_  
 Signature of Attending Physician / Specialist (with chop)  
 主診 / 專科醫生署名 (蓋印)

\_\_\_\_\_  
 Date (dd / mm / yyyy)  
 日期 (日 / 月 / 年)