Generali Life (Hong Kong) Limited

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忠意人壽（香港）有限公司

忠意保險有限公司
香港分行

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Internal Use Only **只供內部使用**
Claim No. 理賠編號

Death Claim Form – Part II
身故賠償申請表 – 第二部份

Policy Number
保單號碼 | | | | | | | | |

Private & Confidential 私人及機密

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. Date of Death 死亡日期	_____ / _____ / _____ (dd/mm/yyyy) (日/月/年)	4. Place of Death 死亡地點	

5. Immediate Cause of Death 直接死亡原因	
6. If Death due to accident, please describe the accident in details. 若因意外導致死亡，請詳述意外詳情。	Date of accident 意外日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Place 地點 _____ Accident details 意外詳情 _____
7. Details of the first consultation related to the last illness. 最後疾病的首次求診詳情。	First consultation date 首次求診日期 _____ / _____ / _____ (dd/mm/yyyy) (日/月/年) Chief Complaints / symptoms 主訴 / 病徵 _____
8. How long, in your opinion, had the patient suffered from the last illness prior to his/her first attendance? 根據你的意見，病人於首次求診前，該最後疾病已持續多久？	
9. Was the death secondary to a recurrent or chronic condition? 此死亡是否由於復發或慢性病況繼發而來？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否
10. Were there any precipitating factors which may have contributed to or hastened this death? 是否有任何因素促使或導致是次死亡？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否
11. Had any of the patient's immediate family members suffered from similar or related illness? 病人之直系家屬中是否曾患有相同或相關的疾病？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否
12. Had the patient previously referred by other physician? 病人是否經其他醫生轉介？	☐ Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） ☐ No 否
13. Was there any usual physician of the patient other than you? 病人是否有其他慣常求診的醫生？	☐ Yes (please provide name & address of the doctor) 是（請提供醫生姓名及地址） ☐ No 否
14. Do you know whether the patient was suffering from any other major, chronic or congenital disease? 你是否知道病人曾患有任何其他嚴重、慢性或先天性疾病？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否

15. Did the patient have any of the following habits - smoking, drinking or drugs taking? 病人是否有以下習慣 - 吸煙、飲酒或服用藥物？	☐ Yes (please provide details) 是（請提供詳情） ☐ No 否 ☐ Smoking 吸煙 ☐ Drinking 飲酒 ☐ Drug taking 服用藥物 Duration 持續時間 _____ Consumption per day 每天用量 _____
16. Please list details of all medical history that the patient had ever consulted you with. 請提供病人過去曾向你求診的所有醫療病歷詳情。	Consultation date 求診日期 / Complaints/Symptoms 主訴 / 病徵 / Diagnosis 確診 / Treatment given 所提供治療 _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
17. Please provide the patient's hospitalization records, if any. 請提供病人的住院記錄（如有）。	Name of hospital 醫院名稱 / Confinement period 住院時期 / Surgical procedure & Date 手術程序及日期 _____ _____ _____ _____ _____ _____
18. Any additional information you consider relevant to this claim. 其他與是次索償有關的資料。	

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's family or the policy beneficiary.

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，沒有任何病人家屬或保單受益人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 / 專科醫生署名及蓋印

Date (dd / mm / yyyy)
日期 (日 / 月 / 年)