

身故賠償申請表 DEATH CLAIM FORM

保單號碼 Policy No.

第三部份 – 主診醫生報告書 (由主診醫生填寫, 所有費用由索償人自行承擔)
PART III – ATTENDING PHYSICIAN'S STATEMENT (To be completed by attending physician at the Claimant's own expenses)
A. 死者資料 PARTICULARS OF DECEASED

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| 死者姓名 Name of Deceased | 身份證/護照號碼 I.D / Passport No. |
|-----------------------|--------------------------------|

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| 身故時報稱住址 Deceased's Address at time of death | |
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|--|--------------------------------|-----------------------|---------|-------|
| 身故時報稱職業 Occupation at the time of death | 最後工作日期 Last date of working | 年 Year | 月 Month | 日 Day |
| | | _____ / _____ / _____ | | |

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|---------------------|-----------------------|-----------------------|---------|-------|
| 身故地點 Place of death | 身故日期 Date of death | 年 Year | 月 Month | 日 Day |
| | | _____ / _____ / _____ | | |

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|------------------------|--|
| 身故原因 Cause of death | |
|------------------------|--|

是否已經或將會進行驗屍？如有，請提供解剖驗屍日期和報告副本。 Whether an autopsy report will be or has been done? If so, please provide the date and a copy of autopsy report.

年 Year 月 Month 日 Day

沒有 No
 不確定 Uncertain
 有,日期 Yes, date
 _____ / _____ / _____

B. 診治資料 CONSULTATION DETAILS

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| 1 閣下為死者診症多久了？ How long have you been the medical physician for the Deceased? | |
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|--|--------------|-----------------------|---------|-------|
| 2 首次診治診斷結果及日期 Diagnosis and Date of your first visit | 診斷 Diagnosis | 年 Year | 月 Month | 日 Day |
| | | _____ / _____ / _____ | | |

3 閣下有否替死者診治與其身故原因相關之最後疾病？ Had you attend the deceased during his/her last illness related to the cause of death?

是 Yes 否 No

C. 由意外導致身故 DEATH CAUSED BY ACCIDENT

| | | | | | | |
|-------------------------------------|-----------------------|---------|-------|---------------|-------|------------|
| 1 意外日期和時間 Date and time of accident | 年 Year | 月 Month | 日 Day | 時 Hr | 分 Min | 上/下午 AM/PM |
| | _____ / _____ / _____ | | | _____ : _____ | | _____ |

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| 2 意外地點及詳情 Place and Details of accident | |
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D. 由疾病導致身故 DEATH CAUSED BY ILLNESS

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| 1 死者最後疾病的診斷結果及首次求診日期 The first treatment date of the for the last illness | 診斷 Diagnosis | 年 Year | 月 Month | 日 Day |
| | | _____ / _____ / _____ | | |

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| 2 死者最後疾病在求診前已存在多久？ How long did the deceased suffer from the last illness before seeking medical treatment? | |
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| 3 治療摘要 Medical Treatment Summary | |
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| 4 死者是否經由其他醫生或醫院轉介？如有，請說明詳情。 Had the Deceased been previously referred by other Physician / Hospital? If so, please specify details. | |
| <input type="checkbox"/> 沒有 No <input type="checkbox"/> 有, 醫生姓名/醫院名稱 Yes, Name of Physician / Hospital | |



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5 身故原因是否與舊病復發或其他慢性/嚴重疾病有關? 如有, 請說明詳情。 Was the cause of death secondary to a recurrent or other chronic / critical condition? If so, please specify details.

沒有 No 有 Yes

首次求診 First consultation 年 Year 月 Month 日 Day

首次徵狀出現 Symptom onset 年 Year 月 Month 日 Day

疾病 Disease

治療/住院詳情 Details of Treatment / Hospitalization

醫生姓名/醫院名稱 Name of Physician/Hospital

6 死者是否因以下原因, 直接或間接引致或加劇死亡? Was the Deceased's death directly or indirectly due to or aggravated by the following?

- 不是 No 是, 請在適當的位置上剔號及提供詳情 Yes, please tick where it is appropriate and give details
- 家族病史 unfavorable family health history 先天 / 遺傳性情況 congenital / inherited condition
 - 酗酒 / 酒精 / 毒品 / 藥物 alcoholism / alcohol / narcotics / drugs 後天免疫力缺乏症 / 與後天免疫力缺乏症相關的綜合症 AIDS / AIDS related complex disease
 - 精神紊亂 mental disorders 妊娠 / 分娩 pregnancy / childbirth
 - 參與危險性運動 / 活動 / 職業 engaging in hazardous sport / activity / occupation 自殺 / 自我傷害 suicide / self-inflicted
 - 中毒 / 氣體 / 濃煙 (自願或非自願) poison / gas / fumes (voluntarily or involuntarily)
 - 如有其他, 請說明: others, please specify:

E. 其他醫療病史 OTHER MEDICAL HISTORY

1 死者的飲酒/吸煙習慣 Details of drinking & smoking habit of the deceased

每日用量 (支/包/樽/罐) Daily consumption (piece/ pack/ bottle/ can)

習慣始自 Drinking/ Smoking start date since 年 Year 月 Month 日 Day

2 死者之死亡是否由飲酒之習慣促成? Did the drinking habit contribute to the death of the Deceased? 是 Yes 否 No

3 死者之死亡是否由吸煙之習慣促成? Did the smoking habit contribute to the death of the Deceased? 是 Yes 否 No

4 死者是否有使用藥物之習慣? 如有, 請陳述藥物之類別, 每日用量及以維持多少年。 Did the Deceased use of any drugs? If yes, please state the type of drugs used and also the no. of years of this habit. 是 Yes 否 No

每日用量 Daily consumption 藥物類別 Type of drugs

用藥始自 Using drugs start date since 年 Year 月 Month 日 Day

5 請詳述其他直接或間接導致死者身故之特殊因素, 包括死者之其他習慣及其職業。 Please state any other special cause, direct or indirect, for the death in the habits or occupation of the Deceased.

6 其他閣下認為可幫助我們審理此賠償之資料。 Any further information which, in your opinion, will assist us in assessing this claim.

F. 主診醫生資料及聲明 ATTENDING PHYSICIAN'S PARTICULARS AND DECLARATION

本人謹此聲明, 就本人所知所信, 上述由本人提供的資料均為事實之全部, 並確實無訛。 I HEREBY DECLARE that all the information provided by me in this form is true and correct to the best of my knowledge and belief.

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|---|--|---------------------|---|
| 主診醫生姓名 Name of Attending Physician | | 資歷 Qualification | |
| 地址 Address | | 聯絡電話 Contact No. | |
| 主診醫生簽署及醫院/診所蓋章 Signature of Attending Physician and Stamp of Hospital / Clinic | | 日期 Date | 年 Year <input type="text"/> 月 Month <input type="text"/> 日 Day <input type="text"/> |