

危疾賠償申請表-持續癌症支援保障

CRITICAL ILLNESS CLAIM FORM – CONTINUOUS CANCER SUPPORT BENEFIT

保單號碼 Policy No.

第二部份 – 主診醫生報告書 (由主診醫生填寫, 所有費用由受保人/保單持有人/索償人自行承擔)

PART II – ATTENDING PHYSICIAN'S STATEMENT (To be completed by attending physician at the Insured / Policyholder / Claimant's own expenses.)

A. 病人資料 PARTICULARS OF PATIENT

1 病人姓名 Name of Patient

2 年齡及性別 Age and Sex

3 身份證/ 護照號碼 I.D. Card / Passport No.

B. 臨床資料 CLINICAL DETAILS

1 病人之醫療記錄可追溯至 We can trace the medical record of patient back to

年 Year 月 Month 日 Day

2 首次出現病徵日期發生日期 Date of the symptoms first appeared

年 Year 月 Month 日 Day

3 何時確診 When was the diagnosis made

年 Year 月 Month 日 Day

4 診斷 Diagnosis

5 請提供治療上述疾病而進行的手術或治療詳情 (包括手術日期、治療日期、檢查及結果)。 Please provide details of the operation performed or treatment received for the above illness (including operation date, date of treatment, investigations and results)

6 治療計劃詳情 Details of treatment plan

7 病情預測 The prognosis of the condition

C. 主診醫生資料 ATTENDING PHYSICIAN'S INFORMATION

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.

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	月 Month	日 Day

