



Sompo Insurance (Hong Kong) Co., Ltd.

21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong
Tel: (852) 2831 9980 Fax: (852) 2573 2072 Website: www.sompo.com.hk

海外旅行傷害保険 保険金請求書(傷害治療費用・疾病治療費用)

【OVERSEAS TRAVEL ACCIDENT INSURANCE CLAIM FORM-for Medical Expenses (sickness and injury)】

傷害・疾病治療以外のご請求は“CLAIM REPORT FORM”をご利用ください。For claims other than Medical Expenses, please use “CLAIM REPORT FORM”

*保険金請求書には、以下の書類を添えてご提出いただきますようお願いいたします。

1. 領収書(原本)

2. 診断書 : 診断名が領収書等に見られない場合は必ず医師に診断名の記入をご依頼ください。

*金額が HKD 2,000、または相当の金額を超える場合、必ず3ページ目(P.3/3)の診断書の記入を担当医にご依頼ください。

Please fill in the form below, and hand in with the **original receipt**, the **report of the sickness/injury of the claimant**, and the **attending physician's statement** on Page 3/3. (If the total medical claim amount exceeds HKD2,000 or equivalent, please ask physician to complete the statement.)

会社名 Company Name		証券番号 Policy No.	
保険金請求者 CLAIMANT	被保険者 Insured Name	電話番号 Tel	
	患者氏名 Patient's Name	<input type="checkbox"/> 男(M) <input type="checkbox"/> 女(F)	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶者 Spouse <input type="checkbox"/> 子供 Child
	患者の旅券/HK IDカード番号 Patient's Passport / HK ID No.	小切手の支払先(宛名) (Cheque payable to whom)	

ご注意ください。〈主な免責〉 次のような事由による傷害もしくは疾病などにつきましては担保されません。

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| (1) 妊娠、出産、早産、流産に起因する医療処置および疾病 | (4) 医師の治療を開始した日から180日(傷害の場合には、ケガをした日から180日)を経過した後の治療費用 |
| (2) 歯科疾病 | (5) 自殺、闘争、犯罪行為、心神喪失により起因したもの |
| (3) 予防接種に係わる費用 | |

詳細は約款をご参照ください。

病気やケガの状況をできるだけ詳しくお書きください (Please fill in the condition of sickness or injury)	
1. 受傷日/症状が現れた日 (When was the accident? / When did the symptom appear?)	年 月 日
2. 初診日 (Date of First Consultation)	年 月 日
3. どのような症状・状況でしたか - 病気の場合: 症状について - ケガの場合: 場所や事故の状況について (What was the symptom like / the circumstances of the accident)	
※以前に同様のケガ・病気をしたことがありますか (Have you had any prior treatment for this diagnosis?)	<input type="checkbox"/> はい(Yes) → 受診日: 年 月 頃 (year) (month) <input type="checkbox"/> いいえ(No)
請求金額 CLAIM AMOUNT	治療費・薬代・入院費等 (Medical Expenses) その他 (Others) 合計金額 Total Amount (支払通貨: currency) HKD その他の通貨()

Personal Information Collection Statement ("PICS")

(v022019)

1. Purpose: Sompo Insurance (Hong Kong) Co., Ltd. (the "Company") is committed to protecting the personal data of our customers. The Company is also committed to the implementation of the data protection principles set out in Schedule 1 of Personal Data (Privacy) Ordinance ("the PDPO")(Chapter 486 of the laws of Hong Kong). From time to time it is necessary for you to supply the Company personal data of you, insured and beneficiary under the insurance policy which may be used, stored, processed, transferred, disclosed or shared by the Company for the following purposes:

- (a) processing and evaluating your application or request for and any alterations, variations, cancellation, renewals and reinstatements of any insurance products and / or services offered by the Company;
- (b) administering your insurance policy and providing services in relation to your insurance policy;
- (c) any purposes in connection with any claims made by or against or otherwise involving you in respect of any products and / or services provided by the Company, including processing and / or investigating any claims and detect / prevent fraud;
- (d) invoicing and collecting premiums and / or outstanding amounts from you;
- (e) exercising any right of subrogation, if applicable;
- (f) conducting statistical analysis;
- (g) contacting you for any of the above purposes;
- (h) meeting the requirements to make disclosure (i) under any law binding on the Company; or (ii) under any applicable rules, regulations, codes or guidelines or to assist in law enforcement purposes, investigation by police or other government or regulatory authorities; or (iii) for complying with any requirements, policies or measures for using data and information within Sompo Holdings Group ("the Group") in accordance with any Group-wide programmes from time to time for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities / misconducts;
- (i) other purposes directly related to any of the above purposes.

For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled "Use of Personal Data in Direct Marketing".

The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by us, or process any other requests, enquiries, or complaints from you, or any of the purposes listed above.

2. Transfer: The Company may disclose your personal data to the following transferees in Hong Kong or overseas, including transferring into and out of the European Economic Area, for the above purposes:

- (a) third party agents, contractors and advisors who provide administrative, communications, computer, payment, security or other services which assist the Company to carry out the above purposes (including medical service providers, hospitals, emergency assistance service providers, mailing houses, IT service providers and data processors);
- (b) in the event of a claims, loss adjusters, claims investigators and medical advisors;

- (c) in the event of default, debt collectors and recovery agents;
- (d) insurance reference bureaus or credit reference bureaus;
- (e) reinsurers and reinsurance brokers;
- (f) financial services intermediaries that are authorized by the Company for the distribution of products and services provided by the Company including your insurance agents, intermediaries or brokers, if applicable;
- (g) legal and professional advisors of the Company;
- (h) The Group and any associated companies of the Company;
- (i) the policyholder, when none of the insured person(s) of that policy is the policyholder, for the purpose of policy application, administration, renewal and / or claims administration (if applicable);
- (j) relevant industry association and federation that exists or is formed from time to time;
- (k) the fraud prevention database or registers (and the operators) and any participating parties of the database including other insurance companies and service providers handling claims for them;
- (l) governments and authorities within or outside HKSAR as required or permitted by law. The Company may also use and disclose your personal data otherwise with your consent;
- (m) any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR.

3. Access: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer, Sompo Insurance (Hong Kong) Co., Ltd, 21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong. The Company reserves the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purpose, the Company may also use your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to contact you with direct marketing communications regarding financial and insurance products by mail, email, telephone, facsimile or SMS. The Company may also provide your name, contact details, demographic information, policy details, products and services portfolio information, transaction pattern and behavior, and financial background held by the Company to the following transferees: (I) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; (II) third party reward, loyalty, privileges programme providers or merchants; and (III) charitable or non-profit making organizations for gain who may send you direct marketing communications regarding (1) insurance, banking, credit card, financial, provident fund scheme and related products and services; (2) reward, loyalty or privileges programmes and related products and services; and (3) donations and contributions for charitable and / or non-profit making purposes by mail, email, telephone, facsimile or SMS.

Before using your personal data for contacting you with direct marketing communications, the Company must obtain your written consent, and only after having obtained written such consent, the Company may use your personal data for any direct marketing purpose.

You may in future withdraw your consent to the use of your personal data for direct marketing purposes by the Company or the transferees and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please inform the Company by writing to the Data Protection Officer, Sompo Insurance (Hong Kong) Co., Ltd, 21/F Berkshire House, Taikoo Place, 25 Westlands Road, Quarry Bay, Hong Kong.

Amendment to the PICS

The Company reserves the right at anytime, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

I acknowledge and confirm that I have read and understood the PICS. I confirm that I have been advised to read carefully the PICS, and I have read it carefully about its effect and impact in respect of my personal data collected or held by Sompo Insurance (Hong Kong) Co., Ltd. I hereby give my acknowledgement and agree to the use and transfer of my personal data by Sompo Insurance (Hong Kong) Co., Ltd in accordance with the PICS, including the use and provision of my personal data for the purpose of direct marketing.
[Important: If you do not agree to the use and provision of your personal data for direct marketing as set out in the PICS, please tick the box below and we will not use your personal data for the purpose of direct marketing.]

- ☐ Please tick if you do not consent to receive direct marketing communications from us.
- ☐ Please tick if you do not consent to receive direct marketing communications from any transferees specified in the PICS.

本書の記載内容が事実と相違ないことを確認し保険金を請求いたします。保険金請求にあたり下記項目について保険金請求者欄の署名をもって同意いたします。なお、本書の写真複写も本書と同じ効力があるものと認めます。
I hereby make a claim for insurance benefits, by confirming the accuracy of the contents hereof and also by agreeing to the matters mentioned below.
A photocopy of this form shall be considered as effective and valid as the original.

キャッシュレスメディカルサービス利用に関する委任・同意 AUTHORIZATION FOR CASHLESS MEDICAL SERVICE
病院にてキャッシュレスメディカルサービスの提供を受けた場合には、その治療費用についての保険金請求を病院または医師に委任いたします。また、その治療費用が当該保険で支払対象外と判明した場合には、当該治療費用を遅滞なく病院・医師（または Sompo Insurance (Hong Kong) Co., Ltd.）に支払うことを誓約します。
When “CASHLESS MEDICAL SERVICE” is provided for me by the hospital or medical provider, I authorize the hospital or medical provider to make an insurance claim for the medical expenses for my treatment. In case the medical expenses turn out not to be payable under insurance policy, I pledge myself to pay such medical expenses as not covered under the insurance policy to the hospital or medical provider (or to Sompo Insurance (Hong Kong) Co., Ltd.) without delay.

医療情報の提供に関する同意 AUTHORIZATION FOR MEDICAL RECORDS.
被保険者を診療または治療したすべての病院、医師および関係者、または本件事故に関係する諸機関および関係者が、Sompo Insurance (Hong Kong) Co., Ltd またはその指名する者に、被保険者に関するすべての疾病、傷害または事故の記録を提供することを承認いたします。 I hereby authorize any hospital, physician or other person who has attended or examined me or any government authority or other person who related to the accident, furnish Sompo Insurance (Hong Kong) Co., Ltd. or its authorized representative with any and all information or document with respect to any sickness/injury or accident.

被保険者の署名: (Signature of Insured) * お子様の場合は親権者または後見人の方がご署名ください	記入日 (Date) 年 月 日
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診斷書 ※担当医に記入を依頼して下さい。（金額が HKD 2,000、または相当の金額を超える場合）

醫生診斷書 (Attending Physician's Statement)

Please complete the form (to be completed by the attending doctor) 請醫生填寫此表格

Patient's Name 患者姓名		<input type="checkbox"/> M (男) <input type="checkbox"/> F (女)	Patient's Date of Birth 患者之出生日期	
Date of Sickness (first symptoms) or Injury 症狀首次出現日期			Date of Patient first consulted you for this condition 症狀出現後首次求診日期	
Date(s) of Services 治療日期				
Home visit (家訪)	From(由)	(D/日)	(M/月)	(Y/年) To(至) (D/日) (M/月) (Y/年)
Outpatient (門診)	From(由)	(D/日)	(M/月)	(Y/年) To(至) (D/日) (M/月) (Y/年)
Inpatient (住院)	From(由)	(D/日)	(M/月)	(Y/年) To(至) (D/日) (M/月) (Y/年)
Chief complaints of the patient 患者求診之主要病因				
Diagnosis of conditions 醫生之診斷				
Any other disease affecting present condition 若有其他疾病導致影響現時之病況，請詳加說明				
• Has the patient had same or similar symptoms before? 患者有同類病史或病徵？ <div><input type="checkbox"/> Yes (是) { • approx. date and the condition : 請說明何時及當時情況 : _____ • Has the patient been fully recovered? <input type="checkbox"/> Yes (是) 患者是否已經完全痊癒? <input type="checkbox"/> No (否) <input type="checkbox"/> No(否)</div>				
• Is the condition due to congenital anomalies? <input type="checkbox"/> Yes (是) 疾病是否因先天性疾病導致? <input type="checkbox"/> No (否)				
• Is the condition due to pregnancy? <input type="checkbox"/> Yes (是) 疾病是否因懷孕導致? <input type="checkbox"/> No (否)				
Date of Service 治療日期	Please describe procedures and medical treatment. 請說明查診辦法，手術名稱及已接受之治療		Charge 所需費用	Total Charge 總費用
				HK\$ _____ other currencies 其他幣值 ()
Attending Physician 主診醫生姓名				
Contact Address 聯絡地址				
Contact Tel no. 聯絡電話				
Signature and chop of Attending Physician 主診醫生簽署及蓋章				
Date (日期): (D/日) (M/月) (Y/年)				