



DENTAL CLAIMS FORM 牙科賠償申請表

Please fill in all details and attach this slip to your claims with the following information and return to **Blue Cross (Asia-Pacific) Insurance Limited**
請填妥下列所需資料並附上索償文件寄回藍十字(亞太)保險有限公司

To be filled with original accounting statements and other relevant documents. 請附交賬項聲明及其他有關文件

To Be Completed by the Insured 由被保人填寫 (or Parent If Insured Is a Minor 若被保人為小童，可由家長填寫。)

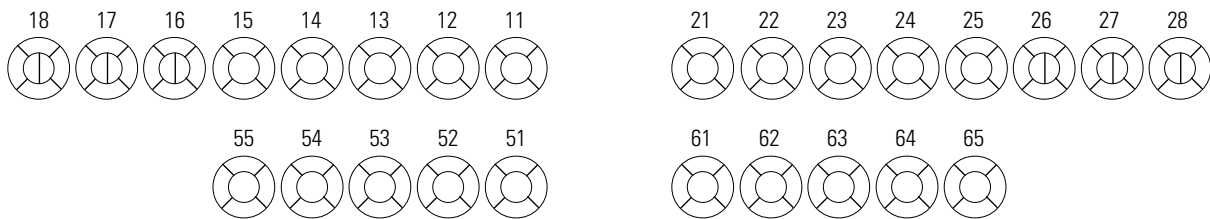
Employer/Policyhold 顧主/保單持有人	Policy No. 保單編號
Insured Name 被保人姓名	Insured's HKID No. or Insured No. 被保人身分證號碼或被保人號碼
Name and HKID No. of parent (If Insured is a minor) 若被保人為小童，請註明家長之姓名。	
Dentist's Name 牙科醫生姓名	Dentist's Address 牙科醫生地址

To Be Completed by the Dentist Providing Treatment 由負責治療之牙科醫生填寫

Date 日期	Particulars 詳情	Charges 收費
1.		
2.		
3.		
4.		
5.		
6.		

Please mark teeth treated or area of oral treatment on the following chart.
請在下圖顯示接受治療之牙齒或口腔治療範圍

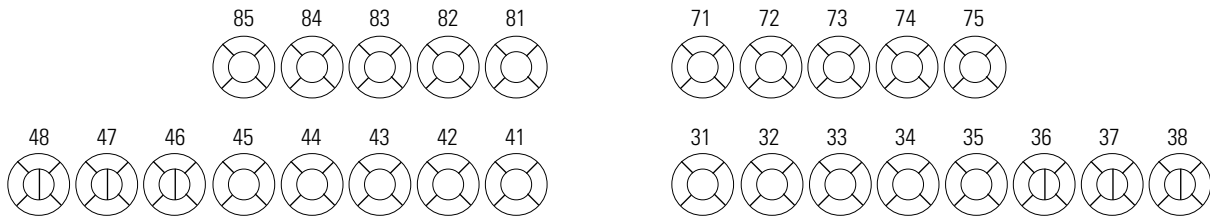
LABIAL 唇部



RIGHT 右

LINGUAL 舌部

LEFT 左



LABIAL 唇部

Remarks 備註	
Date 日期	Signature of Dentist 牙科醫生簽署

To Be Completed by the Insured 由被保人填寫 (or Parent If Insured Is a Minor 若被保人爲小童，可由家長填寫。)

If any of the dental treatments or services were necessitated as a result of an accident please give brief descriptions of the accident.
若任何牙醫治療或服務是因意外造成，請簡述意外經過。

Where did the accident take place?
意外發生地點?

When did the accident take place?
意外發生日期?

Was the accident of a nature requiring report to the police?
意外是否需要向警方報告?

Yes
是 No
否

If so, was the accident reported? (copy of documents to be enclosed)
若是，是否已向警方報告? (請附交有關文件)

Yes
是 No
否

Date reported and where? (copy of documents to be enclosed)
報警日期及地址? (請附交有關文件)

Declaration and Authorization 聲明及授權

I/We hereby declare that the answer to all the above questions are accurate, true and complete and given to the best of my/our knowledge and belief.

I/We hereby declare and agree that any personal data concerning myself/ourselves collected and held by Blue Cross (Asia-Pacific) Insurance Limited (the "Company") (whether contained in this application or otherwise obtained) may be used, stored, disclosed and transferred (whether within or outside Hong Kong) to such individuals/organizations associated with the Company as the Company may consider necessary or any selected third party including reinsurers, claims investigators, medical facilities and industry associations/federations for the purposes of processing this application and providing subsequent service, and to communicate with me/us for such purposes.

I/We understand that if I/We and/or the Insured(s) fail to provide any information requested in this application, it may result in the inability of the Company to accept or process this application.

I/We also hereby authorize any organization or individual that has any record or knowledge of my/the Insured(s)'s health and medical history or any treatment or advice that has been or may hereafter be consulted to disclose to the Company such information. A photocopy of this authorization shall be as valid as the original.

本人/我們謹此聲明上述所有問題的答案均是無誤，真實及爲事實的全部，並且是盡本人/我們所知及所信而作答的。

本人/我們謹此聲明並同意，藍十字（亞太）保險有限公司（“藍十字”）可保留、使用及透露藍十字所收集或保留之有關本人/我們的個人資料（在此申請書所載或從其他途徑取得），給予藍十字有關的人仕/機構或任何被選定的機構（在本港或海外），包括再保公司、賠償調查員、醫療機構、及保險業協會/聯盟，用作處理本申請及提供其稍後的服務，及資料核對等用途，及因此等用途與本人/我們聯絡。

本人/我們明白，如本人/我們及/或被保人未能就本申請所需提供足夠資料將或會導致藍十字不能接受或處理本申請。

本人/我們茲授權任何知悉或擁有本人/被保人之健康狀況及病歷或任何治療或諮詢記錄及會爲或將爲本人/被保人診治之機構、組織或人仕，向藍十字透露有關資料。此授權書之正本及副本同屬有效。

Personal Information Collection Statement 收集個人資料聲明

I / We understand and agree that any personal information collected or held by the Company may be used, stored, disclosed and transferred (within or outside of Hong Kong) to such individuals / organizations associated with the Company or any selected third party for the purposes of processing this application and providing subsequent services for this, and promotion of financial products or services by the Company and its affiliated companies, and communicating with me/us for such purpose. I / We have the right to obtain the Privacy Policy Statement, access to and to request correction of any personal information held by the Company. Such request could be made to Company's Corporate Data Protection Officer at 22/F, Cosco Tower, 183 Queen's Road Central, Hong Kong.

本人/我們明白並同意貴公司可使用及保存所收集或持有本人/我們之個人資料，並可將此等資料使用、儲存、透露及轉達（於本地或以外）予任何與貴公司有關之人士/機構或被選定之第三者，用以處理及審核此項申請及提供有關之服務，介紹貴公司及其聯營公司之財務產品或服務，及與本人/我們聯絡。本人/我們有權致函香港皇后大道中183號22樓向貴公司之個人資料保護主任索取「私隱政策聲明」，查詢及要求更正貴公司所持有之個人資料。

Date
日期

Signature of Insured (or Parent if Insured is a Minor)
被保人(或家長)簽署