

Disability Claim — Attending Physician's Statement



傷殘賠償 — 醫生報告

Please print in **BLOCK** letters/ 請以**正楷**填寫

Policy No. 保單號碼	Name of Patient 病人姓名		
Occupation 職業	I.D. No. 身份證號碼	Date of Birth 出生日期	
1. Medical History / 醫療紀錄			
(a) When did symptoms first appear or accident happen? 首次病徵出現或意外日期?	/	/	(DD/MM/YY) (日/月/年)
(b) Date patient ceased work because of disability? 病人何時開始因此傷殘而不能工作?	/	/	(DD/MM/YY) (日/月/年)
(c) Has the patient ever had same or similar condition? If "Yes", please state when and describe 病人過往有否患上同類或類似之情況? 若 "是", 請說明日期及詳情。			<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否
(d) Is condition due to injury or sickness arising out of patient's employment? 病人之傷殘是否因其工作而引起?			<input type="checkbox"/> Yes <input type="checkbox"/> No 是 否
(e) Name(s) and address(es) of other attending Physicians/ 其他主診醫生姓名及地址			
Date 日期	Physician's Name or Hospital's Name 醫生姓名或醫院名稱		Address 地址
2. Diagnosis / 診斷			
(a) Date of first examination / consultation? 首次檢驗/求診日期?	/	/	(DD/MM/YY) (日/月/年)
(b) Date of last examination / consultation? 最後檢驗/求診日期?	/	/	(DD/MM/YY) (日/月/年)
(c) Diagnosis (including any complications) 診斷(包括任何併發症)			
(d) Objective findings (including current X-rays, ECG's, Laboratory Data and any clinical findings) 客觀診斷(包括任何化驗或臨床診斷)			
3. Dates of Treatment 治療日期			
(a) Date of first visit / consultation 首次就診日期	/	/	(DD/MM/YY) (日/月/年)
(b) Date of last visit / consultation 最後就診日期	/	/	(DD/MM/YY) (日/月/年)
(c) Frequency 就診頻率	<input type="checkbox"/> Weekly 每週 <input type="checkbox"/> Monthly 每月 <input type="checkbox"/> Other(specify) 其它(請說明) _____		
4. Nature of Treatment (Including surgery and medications prescribed, if any) 治療性質(包括手術及藥物治療)			
5. Progress 治療進度			
a) Has patient 病人現在	<input type="checkbox"/> Recovered 完全康復?	<input type="checkbox"/> Improved 改善中?	<input type="checkbox"/> Stabilized 穩定? <input type="checkbox"/> Retrogressed 退化?
b) Is patient 病人是否	<input type="checkbox"/> Ambulatory 行動自如	<input type="checkbox"/> House confined 在家休養	<input type="checkbox"/> Bed confined 臥床住院 <input type="checkbox"/> Hospital confined 住院
c) If patient was confined to Hospital, please provide the confinement period. 若病人曾經住院, 請提供其住院時間			
		Confined from 住院由	/ / (DD/MM/YY) until / / (DD/MM/YY) (日/月/年) (日/月/年)
d) Has the patient taken "Home Leave" within the confinement? If yes, please state the periods and no. of days 病人是否曾於住院期間 "自行離院"? 如是, 請詳列其離院時請詳列其離院時間及日數。			
		<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
		Period 時間	Days 日數
6. Cardiac (If applicable) 心臟科(如適用)			
(a) Functional Capacity 工作能力	<input type="checkbox"/> No limitation 無限制	<input type="checkbox"/> Slight limitation 部份限制	<input type="checkbox"/> Marked limitation 顯著的限制 <input type="checkbox"/> Completed limitation 完全的限制
(b) Blood Pressure (Last Visit) 血壓(最後一次求診)	Systolic 上壓	/	Diastolic 下壓

7. Physical Impairment (If applicable) 身體狀況(如適用) <input type="checkbox"/> No Limitation of functional capacity; capable of heavy work. No restriction. 無任何功能之限制,可以作體力勞動。無限制。		<input type="checkbox"/> Capable of medium manual activity. 可作中量之勞動。				
<input type="checkbox"/> Slight limitation of functional capacity; capable of light work. 輕度之功能受限,可作輕度工作。		<input type="checkbox"/> Moderate limitation of functional capacity; capable of clerical /administrative (sedentary) activity. 中度功能受限,可作文書工作。				
<input type="checkbox"/> Severe limitation of functional capacity; incapable of minimal (sedentary) activity. 重度功能受限,不能作任何工作。		<input type="checkbox"/> Remarks: 其它				
8. Mental / Nervous Impairment (If applicable) 精神狀況(如適用) (a) Please define stress as it applies to the patient. 請指出病人所受之壓力為何。 <hr/> (b) What stress and problem in interpersonal relations has the patient had on job? 病人在工作上之人際關係遇到何種壓力和問題? <input type="checkbox"/> Patient is able to function under stress and engage in interpersonal relations (No limitation). 病人能夠在壓力下工作及融入人際關係(無限制)。 <input type="checkbox"/> Patient is able to function in most stress situations and engage in most interpersonal relations (slight limitations). 病人能夠在大部份的壓力下工作及融入大部份的人際關係(輕度限制)。 <input type="checkbox"/> Patient is able to engage in only limited stress situations and engage in only limited interpersonal relations (moderate limitations). 病人能夠在有限度的壓力下工作及融入有限度的人際關係(中度限制)。 <input type="checkbox"/> Patient is unable to engage in stress situations or engage in interpersonal relations (marked limitations) 病人不能夠在壓力下工作及融入人際關係(顯著的限制)。 <input type="checkbox"/> Patient has significant loss of psychological, physiological, personal and social adjustment (severe limitations). 病人明顯地喪失心理的,生理的,個人的及對社會的適應(重度限制)。 <input type="checkbox"/> Remarks: 其它						
9. Prognosis 預斷病情 (a) Is the patient now totally disabled <input type="checkbox"/> Yes <input type="checkbox"/> No 病人是否完傷殘? 是 否						
(b) What duties of the patient's job is he/she incapable of performing/ 在病人的工作中,他/她有何種職務不能執行?						
(c) When will the patient recover sufficiently to return to <u>USUAL</u> occupation? If 'Never' or 'Unknown', please comment. 病人將在何時康復並從事原來職業? 若答案是'永不'或'未知',請解釋。		<input type="checkbox"/> 1 Month 1 個月	<input type="checkbox"/> 1-3 Months 1-3 個月	<input type="checkbox"/> 3-6Months 3-6 個月	<input type="checkbox"/> Never 永不	<input type="checkbox"/> Unknown 未知
(d) When will the patient recover sufficiently to return to <u>ANY SUITABLE</u> occupation? If 'Never' or 'Unknown', please comment. 病人將在何時康復並從事任何適合的職業? 若答案是'永不'或'未知',請解釋。		<input type="checkbox"/> 1 Month 1 個月	<input type="checkbox"/> 1-3 Months 1-3 個月	<input type="checkbox"/> 3-6Months 3-6 個月	<input type="checkbox"/> Never 永不	<input type="checkbox"/> Unknown 未知
10. Do you believe the patient is competent to endorse cheque and direct the use of the proceeds thereof? 你認為該病人是否有能力確認簽收支票和指示其用途?					<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
11. According to your opinion, any information will be assisting us in processing this claim? Please specify. 根據閣下的意見, 是否有其他資料可以協助我們處理是次賠償? 請詳述。						
12. Do you consent the ING Medical Director to explain our claim decision? and/or claim assessor to release the information provided by you in this report to the patient when we are requested by the patient. 閣下是否同意當病人有需要時, 本公司之醫務人員或賠償批核員可透露閣下所提供之資料, 以作解釋有關之賠償決定。					<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
Signature and chop of Attending Doctor 主診醫生簽名及蓋章:			Date (DD/MM/YY) 日期 (日/月/年)			
Name of Attending Doctor 主診醫生姓名			Qualification 資歷			
Address 地址			Telephone No. 電話號碼:			

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply **FWD Life Insurance Company (Bermuda) Limited** (the "Company") or agents and representatives acting on its behalf with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
 2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
 3. "Your Personal Data" will also include personal data relating to your dependents, beneficiaries, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
 4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").
 5. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) developing insurance and other financial services and products;
 - (iv) developing and maintaining credit and risk related models;
 - (v) processing payment instructions;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
 6. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 5 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
 7. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.
 8. The Company is only allowed to (i) use Your Personal Data in direct marketing; or (ii) provide Your Personal Data to another person or company for its use in direct marketing, if you provide your consent or do not object in writing.
 9. In connection with direct marketing, the Company intends:
 - (i) to use your name, contact details, services and products portfolio information, financial background and demographic data held by the Company from time to time in direct marketing to market the following classes of services and products offered by the Company, other members of the Group and/or Our Business Partners (being providers of the product and services described below) from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. pensions, investments, brokering, financial advisory, credit and other financial services and products;
 - d. health-check and wellness services and products;
 - e. media, entertainment and telecommunications services;
 - f. reward, loyalty or privileges programmes and related services and products; and
 - g. donations and contributions for charitable and/or non-profit making purposes; and
 - (ii) to provide your name and contact details to any members of the Group and/or Our Business Partners for their use in direct marketing the classes of services and products described in paragraph 9(i) above (including, in the case of Our Business Partners, for money or other commercial benefit).
- The Company intends to send you marketing communications or materials and use Your Personal Data in accordance with paragraphs 8 & 9 above. If you do NOT agree to receive such marketing communications or the Company's intended use of Your Personal Data, you may write to the Corporate Data Protection Officer of the Company at the address below to opt out from direct marketing at any time:**
- Corporate Data Protection Officer
FWD Life Insurance Company (Bermuda) Limited
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong
10. To facilitate the purposes set out in paragraphs 5 and 9 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraphs 6 and 9(ii) and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.
 11. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
 12. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address above. Should you have any queries, please do not hesitate to call our Customer Service Hotline on 3123 3123.
 13. In case of discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
 14. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.

收集個人資料聲明

- 閣下需要不時向富衛人壽保險(百慕達)有限公司(「本公司」)或本公司的代理及代表就本公司的服務及產品提供個人資料及詳情。如未能提供所需資料及詳情,可能會導致本公司無法向閣下提供或繼續提供有關服務及產品。
- 本公司亦可以利用閣下提供的資料及詳情製作及匯編額外的個人資料。本公司不時收集、製作及匯編的所有個人資料,以下統稱為「閣下的個人資料」。
- 「閣下的個人資料」亦包括由閣下提供有關閣下的受養人、受益人、獲授權代表及其他人士的資料。如閣下代表他人提供個人資料,閣下確認閣下乃是他們的父母或監護人或閣下已取得有關人士之同意提供有關人士之個人資料予本公司作本聲明之用途。
- 如本聲明所述,閣下的個人資料亦可能被本公司的附屬公司、控股公司、聯營或聯屬公司或本公司控制的公司或與本公司受共同控制的公司(統稱「本集團」)處理。
- 閣下的個人資料可能用於以下用途:
 - 向閣下提供本公司的服務及產品包括管理、維持、處理及運作有關服務及產品;
 - 處理、評估及決定閣下就本公司的服務或產品而提出的任何申請或要求,以及維持閣下在本公司的賬戶;
 - 發展保險及其他金融服務及產品;
 - 發展及維持本公司信貸及風險之相關模型;
 - 處理付款指示;
 - 釐訂任何欠付閣下或閣下所欠的負債,及向閣下或任何為閣下的債務提供擔保或其他承諾的人士收取及追討欠款;
 - 行使與本公司的服務及/或產品有關的任何權利;
 - 就本公司之服務及產品作出資格、信貸、身體、醫療、擔保、承保及/或身份核証;
 - 用於任何因本公司的產品或服務而由閣下提出或本公司對閣下提出的申索,包括作出、抗辯、分析、調查、處理、評核、決定、回應、解決或和解有關申索;
 - 進行保單審閱及需求分析(不論是否定期進行);
 - 本公司或本集團的其他成員根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)要求而須作出披露,包括向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構(包括為遵守制裁法、避免或偵查洗錢、恐怖分子資金籌集或其他不法活動)或向任何獨立監管或行業團體(如保險業聯會或協會等)作出披露;
 - 作本公司或本集團的任何成員的統計或精算研究;及
 - 履行與上文第(i)至(xii)段直接有關的其他用途。
- 閣下的個人資料將被保密但為達成上文第5段列出的用途,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與以下各方共同使用:
 - 本集團的其他成員;
 - 任何因本公司業務而聘用之經營保險相關及/或再保險相關業務之人士或公司;
 - 任何因本公司業務而聘用的治療師、醫院、診所、醫生、化驗所、技師、損失理算人、風險情報供應商、索賠調查人、法律顧問及/或其他專業顧問;
 - 任何向本公司之業務提供行政、分銷、信貸資料庫、債務追討、電訊、電腦、熱線中心、資料處理、付款處理、印刷、贖回或其他服務的代理人、承包商或服務供應商;及/或
 - 任何本公司或本集團的其他成員負責任或需要或預期要根據任何法律、規則、規例、實務守則或指引(不論在香港境內或境外適用)作出披露的官員、規管者、部門、執法代理或其他人士(不論在香港境內或境外)。
- 閣下的個人資料可能被轉移或披露予任何承讓人、受讓人、本公司業務的任何實質部分的參與人或次參與人。
- 本公司只可在閣下作出書面同意或不反對的情況下(i)使用閣下的個人資料作直接促銷用途,或(ii)將閣下的個人資料提供予其他人士或公司作其直接促銷用途。
- 就直接促銷而言,本公司擬:
 - 使用本公司不時持有的閣下姓名、聯絡資料、服務及產品組合資料、財務背景及人口統計資料作直接促銷用途;銷售本公司、本集團其他成員及/或本公司之業務夥伴(即以下產品及服務的供應商)不時提供的下列服務及產品:
 - 保險服務及產品;
 - 財富管理服務及產品;
 - 退休金、投資、經紀、財務諮詢、信貸及其他金融服務及產品;
 - 健康檢查及健康服務及產品;
 - 媒體、娛樂及電信服務;
 - 獎賞、客戶忠誠或優惠計劃及相關服務及產品;及
 - 為慈善及/或非牟利用途的捐款及捐贈。
 - 將閣下的姓名及聯絡資料提供予本集團任何成員及/或本公司之業務夥伴,讓其用於直接促銷上文第9(i)段所載的服務或產品(如為業務夥伴,則包括作金錢或其他商業利益)。

本公司有意向閣下送交推廣訊息或資料及根據上述第8及第9段使用閣下的個人資料。如閣下不同意接收有關的推廣訊息或本公司擬對閣下的個人資料的使用,閣下可於任何時間致函本公司的資料保護主任並將函件郵寄至以下地址,藉以行使閣下不同意此項安排的權利:

富衛人壽保險(百慕達)有限公司
香港德輔道中308號
富衛金融中心1樓

- 為達成上文第5及第9段所列出的目的,本公司可能將閣下的個人資料轉移、披露、讓其查閱或與上文第6及第9(ii)段所列的各方共同使用及閣下知悉有關一方可能設在香港以外的地方及閣下的個人資料可能被轉往的地方未必設有與《個人資料(私隱)條例》大致相同或用作同一用途的資料保護法。
- 根據《個人資料(私隱)條例》,閣下有權要求查閱本公司所持有閣下的個人資料,並要求改正閣下的不正確個人資料及本公司有權就處理及遵行閣下的查閱資料要求而收取合理費用。
- 查閱或改正閣下的個人資料要求,應以書面形式向本公司的資料保護主任提出並將函件郵寄至上述地址。如閣下有任何疑問,敬請致電本公司之客戶服務熱線3123 3123。
- 中英文本如有歧異,概以英文本為準。
- 本公司保留隨時增補、更改、更新及修訂本聲明之權利,並任何更改將於發出通知時起生效。