

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」, 請詳列患病日期及情況。 | <input type="checkbox"/> Yes 是 | <input type="checkbox"/> No 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 是 | <input type="checkbox"/> No 否 |
| (e) Name(s) and address(es) of other attending Physicians 其他主診醫生姓名及地址 | | |
| Date (DD/MM/YY) 日期 (日/月/年) | 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 | <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) (日/月/年) | until 至 | / / (DD/MM/YY) (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)

- 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。
- Capable of medium manual activity.
可作中量之勞動。
- Slight limitation of functional capacity; capable of light work.
輕度之功能受限，可作輕度工作。
- Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity.
中度功能受限，可作文書工作。
- Severe limitation of functional capacity; incapable of minimal (sedentary) activity.
重度功能受限，不能作任何工作。
- 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。

(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?

- 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)。
- 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)。
- 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)。
- 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)。
- 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)。
- Remarks:
其它

9. Prognosis 預斷病情

(a) Is the patient now totally disabled?
病人是否完全傷殘?

Yes
是

No
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 **USUAL** 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。

1 Month
1個月

1-3 Months
1-3個月

3-6 Months
3-6個月

Never
永不

Unknown
未知

(d) When will the patient recover sufficiently to return to **ANY SUITABLE** 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。

1 Month
1個月

1-3 Months
1-3個月

3-6 Months
3-6個月

Never
永不

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?

Yes
是

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 FWD 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。

Yes
是

No
否

Signature and chop
醫生簽名及蓋章

Date (DD/MM/YY)
日期(日/月/年)

Name of Attending Physician
主診醫生姓名

Qualification:
學歷及資格

Address
地址

Telephone No.
電話號碼

FWD Life Insurance Company (Bermuda) Limited

Personal Information Collection Statement

1. From time to time, it is necessary for you to supply FWD Life Insurance Company (Bermuda) Limited (the “Company”) with personal information and particulars in connection with the provision, continuation and administration of insurance or other financial services and products by the Company. 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 information about you. Personal information and particulars provided by you and all information generated and compiled by the Company about you from time to time is collectively referred to as “Your Personal Data”.
3. The purposes for which Your Personal Data may be used are as follows:
 - (i) offering and providing services and products to you, and administering, implementing, maintaining, managing and operating such services and products which may include, without limitation, insurance, financial and wealth management services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with the Company’s services or products, issuing or arranging insurance contracts and maintaining your account with the Company;
 - (iii) designing insurance and other financial services and products for customers;
 - (iv) marketing services and products to you (please see further details in paragraphs 5 to 8 below);
 - (v) operating, maintaining and providing subsequent services in relation to the applications for services and/or products;
 - (vi) creating and maintaining the credit and risk related models of the Company;
 - (vii) processing and implementing payment instructions;
 - (viii) determining any amount of indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or undertaking for your liabilities;
 - (ix) exercising any rights that the Company may have in connection with the services and/or products provided to you;
 - (x) verifying and conducting any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with provision of services or products;
 - (xi) any purposes in connection with any claims made by or against or otherwise involving you in respect of any services and/or products provided by the Company, including, without limitation, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims;
 - (xii) performing policy review and needs analysis (whether or not on a regular basis);
 - (xiii) meeting disclosure obligations or requirements imposed by or for the purposes of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any of its subsidiaries, holding companies, associated or affiliated companies of, or companies controlled by, or under common control with the Company (collectively, “the Group”) including, without limitation, making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers;
 - (xiv) meeting any present or future contractual or other commitment with any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers in Hong Kong or any other jurisdictions that is assumed by or imposed on the Company or any member of the Group by reason of its financial, commercial, business or other interests or activities in or related to the relevant jurisdiction;
 - (xv) complying with any obligations, requirements, policies, procedures, measures or arrangement for sharing data and information within the Group and/or other use of data and information 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; and
 - (xvi) fulfilling any other purposes directly related to (i) to (xv) above.
4. To facilitate the purposes set out in paragraph 3 above, the Company may transfer, disclose, grant access to or share Your Personal Data with the following parties (whether within or outside Hong Kong) and Your Personal Data may be transferred outside Hong Kong:
 - (i) members of the Group;
 - (ii) any person or company which is acting for or on behalf of the Company, or jointly with the Company, in respect of a purpose or a directly related purpose for which Your Personal Data was provided;
 - (iii) any person or company which is under a duty of confidentiality to the Company and has undertaken to keep such information confidential, provided that such person or company has a legitimate right to access such information (e.g. professional advisors of the Company);
 - (iv) 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;
 - (v) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claim investigation companies, administrators or other professional advisors which are engaged by the Company in connection with the Company’s business;
 - (vi) any business partners of the Company (“Our Partners”);
 - (vii) any agents, contractors or service providers which provide administrative, credit reference, debt collection, telecommunications, computer, payment, printing, redemption or other services in relation to the operation of businesses of the Company; and/or
 - (viii) any person or company to whom the Company or the Group is under an obligation or otherwise required or expected to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) including, without limitation, any legal, regulatory, governmental, tax, law enforcement or other authorities, self-regulatory or industry bodies such as federations or associations of insurers.
5. The Company is allowed to (i) use Your Personal Data in direct marketing only if you consent or do not object, or (ii) provide Your Personal Data to another person or company for its use in direct marketing only if you consent or do not object in writing.
6. 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;
 - (ii) to market the following classes of services and products offered by the Company, other members of the Group and/or Our Partners from time to time:
 - a. insurance services and products;
 - b. wealth management services and products;
 - c. financial services and products;
 - d. reward, loyalty or privileges programmes and related services and products; and
 - e. donations and contributions for charitable and/or non-profit making purposes.
 - (iii) to provide Your Personal Data described in paragraph 6(i) above to any members of the Group and/or Our Partners for their use in direct marketing the classes of services and products described in paragraph 6(ii) above.
7. **If you do NOT wish the Company to use Your Personal Data in direct marketing or provide Your Personal Data to other persons or companies for their use in direct marketing, you may write to the Company at the address below to opt out from direct marketing at any time.**
8. Under the Personal Data (Privacy) Ordinance:
 - (i) 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
 - (ii) the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
9. Requests for access to or correction of Your Personal Data should be made in writing to:

Corporate Data Protection Officer
FWD Life Insurance Company (Bermuda) Limited
1st Floor, FWD Financial Centre,
308 Des Voeux Road Central
Hong Kong

Should you have any queries, please do not hesitate to call our Customer Service Hotline 3123 3123.
10. In case of discrepancies between the English and Chinese versions, the English version shall apply and prevail.

富衛人壽保險(百慕達)有限公司

收集個人資料聲明

- 在富衛人壽保險(百慕達)有限公司(「本公司」)提供、延續及管理保險或其他金融服務及產品時，閣下需要不時向本公司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。
- 本公司亦可製作及匯編與閣下有關的資料。閣下提供的個人資料及詳情以及本公司不時製作及匯編與閣下有關的所有資料，以下統稱為「閣下的個人資料」。
- 閣下的個人資料可能用於以下用途：
 - 向閣下要約及提供服務及產品，管理、執行、維持、處理及運作有關服務及產品，包括但不限於保險、金融及財富管理服務及產品；
 - 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；發出或安排保險合約，以及維持閣下在本公司的賬戶；
 - 為客戶設計保險及其他金融服務及產品；
 - 向閣下提供服務及產品銷售(有關詳情，請參閱下文第5至8段)；
 - 運作、維持有關申請之服務及／或產品及提供相關之後續服務；
 - 建立及維持本公司的信貸及風險相關模型；
 - 處理及執行付款指示；
 - 釐訂任何欠付閣下或閣下所欠的負債金額，及向閣下或任何為閣下的債務提供擔保或承諾的人士收取及追討欠款；
 - 行使本公司就向閣下提供服務及／或產品而可能享有的任何權利；
 - 就提供之服務或產品作出及進行資格、信貸、身體、醫療、擔保、承保及／或身份核証；
 - 用於任何因本公司提供的產品及／或服務而由閣下提出或本公司對閣下提出的申索，包括但不限於作出、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)；
 - 本公司或其任何附屬公司、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」)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，包括但不限於向任何法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體(如保險業聯會或協會等)作出披露；
 - 履行任何本公司或本集團任何成員機構現有或將來之合約義務或與其他在香港或其他區域的法定機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體(如保險業聯會或協會等)，因其相關之金融、商業、業務或其他利益或活動而承擔之義務；
 - 遵守任何於本集團內進行的數據及資料共享及／或其他數據及資料用途的責任、要求、政策、程序、措施或安排以符合任何制裁、防止或偵查洗黑錢、恐怖分子資金籌集或其他非法活動；及
 - 履行與上文第(i)至(xv)段直接有關的其他用途。
- 為達成上文第3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(不論在香港境內或境外者)共同使用，而閣下的個人資料有可能被轉移往香港境外：
 - 本集團的成員機構；
 - 任何人士或公司受本公司指示或代表本公司或與本公司共同處理閣下提供的個人資料以達到提供有關資料之目的或直接相關之目的；
 - 對本公司負有保密責任並承諾將有關資料保密的任何人士或公司，而此人士或公司須有合法權利查閱有關資料(例如：本公司的專業顧問)；
 - 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、索賠調查公司、行政管理人士或其他專業顧問；
 - 任何本公司的業務夥伴(「本公司之夥伴」)；
 - 向本公司之經營業務提供行政、信貸資料庫、債務追討、電訊、電腦、付款、印刷、贖回或其他服務的任何代理人、承包商或服務供應商；及／或
 - 任何本公司或本集團負有責任或須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)作出披露的人士或公司，包括但不限於任何法律機構、監管機構、政府機構、稅務機構、執法機構或其他機構、獨立監管或行業團體(如保險業聯會或協會等)。
- 容許本公司 (i) 在閣下同意或不反對的情況下，使用閣下的個人資料作直接促銷用途，或 (ii) 在閣下以書面方式同意或不反對的情況下，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、本集團其他成員機構及／或本公司之夥伴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；
 - 金融服務及產品；
 - 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。
 - 將上文第6(i)段所載閣下的個人資料提供予本集團成員機構及／或本公司之夥伴，讓其用於直接促銷上文第6(ii)段所載的服務或產品。
- 若閣下不希望本公司使用閣下的個人資料，或將閣下的個人資料提供予其他人士或公司作直接促銷用途，閣下可於任何時間致函本公司以下地址，藉以拒絕直接促銷。
- 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，應以書面形式向下列人士提出：

資料保護主任
富衛人壽保險(百慕達)有限公司
香港中環德輔道中308號富衛金融中心1樓

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。