

ALLIANZ HOSPITAL INCOME PROTECT 安聯住院入息保障 /

ALLIANZ ACCIDENT PROTECT CLAIM PROCEDURE 安聯意外保障索償程序



1.

Claim Submission 提交索償

Submit your claim within 30 days from the date of accident/ sickness.
於意外 / 疾病起計 30 天內提交索償申請。



2.

Claim Assessment 索償評估

Your claim will be assessed in a timely manner to ensure smooth claim experience.
我們將盡快處理閣下提交的索償申請。



3.

Claim Result 索償結果

Claim result will be provided soonest we received all the required document(s).
索償審批的結果將於文件齊備後盡快通知閣下。

Submission Method 提交方式

By Post 郵寄至:

Allianz Global Corporate & Specialty SE
Hong Kong Branch
Suites 403-11, 4/F,
12 Taikoo Wan Road,
Taikoo Shing, Hong Kong

安聯環球企業及專項保險香港分公司
香港太古城太古灣道 12 號
4 樓 403-11 室

By Email 電郵至:

claimshk@allianz.com

General assistance and enquiries

一般協助及查詢

Allianz Customer Services Hotline
安聯客戶服務熱線
+852 8100 2402

Claims supporting document(s) 索償證明文件

Claim for medical expenses (Allianz Personal Accident Protect)

醫療費用索償 (安聯意外保障)

- Copy of completed and duly signed Claim Form
已填妥之索償表格副本
- Copy of medical receipt(s)/ bill with diagnosis
附有臨床診斷之醫療收費單據副本
- Copy of diagnosis Proof
診斷證明副本
- Copy of referral letters for any specialist consultation, if applicable
專科治療轉介信副本 · 如適用
- Copy of progress note for physiotherapy / Chiropractic or any other related therapy
物理治療或脊醫治療或其他相關治療進度記錄副本
- Copy of completed Attending Physician Statement (Appendix B of the Claim Form)
已填妥之主診醫生報告副本 (索償表格之附件 B) 副本

Claim for hospitalisation (Allianz Hospital Income Protect)

住院入息索償 (安聯住院入息保障)

- Copy of completed and duly signed Claim Form
已填妥之索償表格
- Copy of medical receipt(s)/ bill with diagnosis
附有臨床診斷之醫療收費單據副本
- Copy of discharge slip/ summary
出院紙 / 出院摘要副本
- Copy of diagnosis Proof
診斷證明副本
- Copy of proof of admission time and discharge time
入院時間及出院時間的證明文件副本
- Copy of completed Attending Physician Statement (Appendix B of the Claim Form)
已填妥之主診醫生報告副本 (索償表格之附件 B)
- Copy of medical report(s)/ certificate(s)/ note(s) related to the hospitalisation
有關該住院之醫療報告 / 證明 / 備忘副本
- Copy of sick leave certificate(s)
病假紙副本
- Copy of Employer's confirmation of sick leave (Appendix A of Claim Form)
僱主確認病假信副本 (索償表格之附件 A)

Important Notes 重要事項

- For any document(s) to substantiate your claim, you have to bear the charges on your own expense
有關索償證明文件之費用須由索索人支付
- Depending on the nature of your claim, we may require you to provide **original** document(s) or additional document(s)/ information
我們將根據索償情況要求閣下提供**正本**文件或其他索償證明文件

Allianz Global Corporate & Specialty SE
 (incorporated in the Federal Republic of Germany with limited liabilities)
Hong Kong Branch
安聯環球企業及專項保險
 (於德意志聯邦共和國註冊成立之有限公司)
香港分公司
 Suites 403-11, 4/F, 12 Taikoo Wan Road, Taikoo Shing, Hong Kong
 香港太古城太古灣道 12 號 4 樓 403-11 室
 Tel 電話: +852 8100 2402 Email 電郵: Claims@allianz.com
www.agcs.allianz.com

ALLIANZ HOSPITAL INCOME PROTECT 安聯住院入息保障 / ALLIANZ ACCIDENT PROTECT CLAIM FORM 安聯意外保障索償表格

Part I - TO BE COMPLETED BY THE CLAIMANT 甲部 - 由申索人填寫

1. CLAIMANT DETAILS 申索人資料

Name of Claimant 申索人姓名		Occupation of Claimant 申索人職業	
Policy No. 保單號碼		Contact No. 聯絡電話	
Date of birth 出生日期			
Email address 電郵地址			
Correspondence address 通訊地址			
Did you reside outside of Hong Kong for more than one hundred and eighty (180) consecutive days during the Policy Year? 閣下曾否在該保單年度內連續一百八十 (180) 日不在香港?	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please specify below 有, 請於下列註明	
		Country 國家	
		Date of departure 離港日期	Duration of stay 逗留時間

2. CLAIM INFORMATION 索償事項 (Please tick the appropriate box 請在合適的方格上填上“√”)

<input type="checkbox"/>	Personal Accident 人身意外			
	Date of accident (DD/MM/YYYY) 意外日期 (日/月/年)	Time 時間	Place 地點	
<input type="checkbox"/>	Hospitalisation Benefit 住院保障			
	Date of sickness (DD/MM/YYYY) 患病日期 (日/月/年)	Date of first consultation (DD/MM/YYYY) 首次看診日期(日/月/年)		

3. ACCIDENT/ SICKNESS INFORMATION 意外 / 疾病資料

Details of accident/ sickness 意外 / 疾病詳情		
Nature of injury/ diagnosis 受傷 / 疾病診斷結果		
History of similar accident/ injury/ sickness 類似意外 / 受傷 / 疾病之病歷		
Claim amount 索償金額		
Current status of your treatment 是次治療之現況	<input type="checkbox"/> Still under treatment 尚在治療中	<input type="checkbox"/> Fully recovered 已完全康復

Any hospitalisation for you related to this accident/ sickness? 有否因為是次意外 / 疾病而住院?	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please complete the table below and submit the Attending Physician Statement (Appendix B) duly signed and completed by your attending Physician/ Doctor 有, 請填寫下列列表及提交由主診醫生填寫之主診醫生報告 (附件B)
Please tick "✓" this box if you need us to return invoice(s) and receipt(s) after claim processing. 如欲索回發票和收據, 請在空格內填上「✓」號。		
<input type="checkbox"/> Yes, please return invoice(s) and receipt(s) by post to correspondence address written in this Claim Form 是, 請寄回發票和收據至表格上的通訊地址。		
Note 注意: The originals will not be returned and will only be retained for 3 months from the completion date of the claim process. 正本文件將不獲退還, 並將只從索償處理完成日期起計保留3個月。		

4. HOSPITALISATION INFORMATION (IF APPLICABLE) 住院資料 (如適用)

Name of hospital 醫院名稱			
Date of admission 入院日期		Date of discharge 出院日期	
Total days of confinement 總住院日數		Diagnosis 病症	
Name and address of doctor recommending admission to hospital 建議入院的醫生名稱及地址			
Any operation/ surgery performed during hospital confinement? If yes, please provide date and name of operation/ surgery 是次住院是否有接受手術? 如有, 請提供手術名稱及日期	<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please provide date and name of operation/ surgery 有, 請提供手術名稱及日期	
		Name of surgical procedures 手術名稱	
		Date of operation 手術日期	
Period of medical leave after discharged from hospital 出院後之病假期	From 由		To 至
	Total number of sick leave days 病假總日數	day(s)* 日*	
	*Remarks 備註: If the total number of sick leave days are more than seven days, please ask your employer to duly signed and completed the EMPLOYER'S CONFIRMATION OF SICK LEAVE (Appendix A) 如果病假期總日數超過七天, 請提交由僱主填寫之僱主確認病假信 (附件A)		
If you are claiming under a section of the policy not provided on this claim form, please provide details below (e.g. : Total Permanent Disability) 如果閣下的索償事項不包括在本申請表的項目中, 請註明於下列空白處 (例如: 完全永久傷殘)			

5. SETTLEMENT METHOD 賠款方式

For the claim payment (if applicable) direct credit to Policy Holder's bank account, Please complete all of the following:
 請填寫以下所需資料以便本公司將賠償款項(如適用)直接存入保單持有人的戶口:

Name of account holder 帳戶持有人姓名 :

Bank name 銀行名稱 :

Swift Code 銀行代碼 :

Bank account No. 銀行帳戶號碼 : - -

Bank code 銀行編號 Branch code 分行編號 Account No. 帳戶號碼

Please provide account proof (e.g. bank statement/ bank book copy showing the name of account holder and account number)

請提供帳戶資料證明 (如: 附有帳戶持有人姓名及帳戶號碼之銀行帳單 / 銀行存摺之影印本)

6. OTHER INFORMATION 其他資料

Have you submitted a claim for employee compensation for this sickness/ accident?

閣下有否就是次疾病 / 意外索償勞工保險?

No 沒有

Yes, please provide Name of Employer and complete the table below 有, 請提供僱主名稱及填寫下列列表

Name of Employer
僱主名稱

Any other insurance policy covering the claimed items? 上述項目是否受保於其它保險合約?

No 沒有

Yes, please specify below 如有, 請註明於下列列表

Name of Insurer 保險公司名稱

Policy No. 保單號碼

Claim Amount (HKD) 索償金額(港幣)

7. DECLARATION AND AUTHORISATION 聲明及授權

- I/ We declare and agree to the best of my/ our knowledge and belief that the above information and particulars are accurate, true and complete.
本人 / 我們就此作出聲明, 以上所述事項均根據本人 / 我們所知及所信的情況下提供, 並且為真實正確及完整。
- I/ We hereby authorise i) any party, including but not limited to police, insurance company, hospital, clinic, registered medical practitioner or other persons and/ or government institution that possesses any records or knowledge of me/ us, to furnish any and all my/ our information or copies of records to Allianz Global Corporate & Specialty SE Hong Kong Branch ("Allianz") or its authorised representative as Allianz may request; and ii) Allianz or any of its appointed medical examiners, paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate my/ our health status in relation to this application and any claim arising therefrom. This authorisation shall bind my/ our successors and remain valid notwithstanding death or incapacity. A photostat copy of this authorisation shall be as effective and valid as the original.
本人 / 我們授權 i) 任何一方, 包括但不限於警方、保險公司、醫院、診所、註冊西醫或有關人士及 / 或政府機構, 凡知道或持有任何有關本人 / 我們之記錄, 須按安聯環球企業及專項保險香港分公司(「安聯保險」)或其授權之代表的要求提供該資料或紀錄副本; 及 ii) 安聯保險或其委任之驗身醫生、醫療人員或化驗所可就此申請或任何與此賠償有關之申請替本人 / 我們進行所需之醫療評估及測試, 作為審核本人 / 我們之健康狀況。本授權對相關人士之繼承人及受讓人具有約束力; 即使相關人士死亡或無行為能力時, 本授權仍具效力。本授權書之影印本的法律效力等同正本。
- I/ We confirm I/ we have been advised to read carefully the Personal Information Collection Statement as accompanied with this form (the "PICS") and acknowledge and confirm that I have read and understood the PICS. Based on the foregoing, I/ we hereby give my/ our acknowledgment and agree to the use and transfer of my/ our personal data by Allianz in accordance with the PICS.
本人 / 我們確認本人 / 我們已被通知須詳細閱讀隨本表格附上之個人資料收集聲明(「該聲明」), 並確認本人 / 我們已閱讀並明白該聲明。根據以上所述, 本人 / 我們特此確認並同意安聯保險根據該聲明使用及轉移本人 / 我們的個人資料。

Signature of Claimant

申索人簽署

:

Signature of Policy Holder

保單持有人簽署

:

HKID No. 香港身份證號碼

:

HKID No. 香港身份證號碼

:

Date 日期

:

Date 日期

:

8. PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

Allianz Global Corporate & Specialty SE Hong Kong Branch ("we", "us" "Allianz" or "the Company") may use the personal data we collect about you, which may include your name, address, email address, telephone number and other contact details, date of birth, bank account or credit card details, HKID card and/ or passport number and in some cases, medical records and/ or other data, and which we may collect when, for example, you apply for, renew or make a claim under a policy and/ or you correspond with us, for the following purposes:

安聯環球企業及專項保險香港分公司 (「我們」, 「安聯保險」, 「本公司」) 所收集您的個人資料, 包括姓名、地址、電郵地址、電話號碼及其他聯絡資料、出生日期、銀行帳戶或信用卡資料、香港身分證及 / 或護照號碼、及部份情況下的醫療及 / 或其他資料, 以及日後您提出保單申請、續保、索賠等及 / 或與我們通訊時收集的資料, 本公司可能用作下列的用途:

- i) processing and evaluating your insurance application and any future insurance application you may make;
處理及評估您的保險申請及您日後提交的保險申請;
- ii) administering your insurance policy and providing services in relation to your insurance policy;
辦理您的保單及提供與該保單相關的服務;
- iii) undergoing any alternations, variations, cancellation or renewal of any insurance and related services;
進行任何保單更改、變更、取消或續保及有關服務;
- iv) investigating, analysing, processing and paying claims made under your insurance policy;
調查、分析、處理及支付您的保單相關索償;
- v) conducting identity, medical or credit checks;
進行身份、醫療或信用核實;
- vi) designing insurance and other financial products and/ or services for customers' use;
保險及其他金融產品及 / 或服務的設計以供客戶使用;
- vii) exercising any right under the insurance policy including right of subrogation, if applicable;
行使有關保單所賦予的任何權利包括代位權, 如適用;
- viii) invoicing and collecting premiums and outstanding amounts from you;
發出繳交保費通知及向您收取保費及欠款;
- ix) reinsurance purposes;
再保險用途;
- x) conducting research, surveys and analysis for the purpose of product design and/ or the development and improvement of our services to you;
進行用作產品設計及 / 或發展與改善公司向您提供之服務的研究、調查及分析;
- xi) conducting statistical or actuarial research, data matching and/ or verification purposes;
進行統計或精算研究、資料配對及 / 或核實之用;
- xii) the operation and administration of the Company's internal business including without limitation any corporate reorganisation;
公司內部業務的運作及管理, 包括但不限於公司改組;
- xiii) contacting you for any of the above purposes;
就以上任何用途與您聯絡;
- xiv) other ancillary purposes which are directly related to the above purposes; and
其他與上述用途直接有關之輔助用途; 及
- xv) complying with any applicable laws, regulations or any industry codes, guidelines, requests from regulators, industry bodies, government agencies, law enforcement agencies and court orders.
遵守任何適用的法律及規例, 及監管機構、業界團體、政府部門、執法機關所發出的業務守則、指引、要求, 並法庭頒令。

You may also provide us with certain personal data about other proposed insured person(s) or third parties such as your dependents, and if you do so you confirm that you have their consent to provide their personal data to us.

如您向我們提供關於其他受保人或第三者例如家屬的個人資料, 在提供當刻代表您確認您已獲取該等人士的同意以提供其個人資料予我們。

Such personal data may be disclosed, shared, divulged, supplied or otherwise transferred to the following persons for the purposes set out in the above paragraph or directly related purposes or as otherwise permitted by applicable law:

以上個人資料可能會被披露、分享、透露、提供或轉移到下列各方人士以作為上述或其直接有關之輔助用途, 或其他適用法律所容許的用途:

- a) any of our directors, officers, employees, representatives, agents or delegates;
任何本公司的董事、人員、僱員、代表、代理人、或受委託人士;
- b) any of our shareholders or related corporations, and any of their successors or assigns, and their directors, officers, employees, representatives, agents or delegates;
任何本公司的股東或連繫公司, 及其任何後繼或轉讓公司以及該公司董事、人員、僱員、代表、代理人、或受委託人士;
- c) any service providers, agents, contractors, delegates, suppliers or third parties (or subcontractors of the foregoing) which we may appoint from time to time to provide us with services in connection with the website and/ or the products and services that we offer to you, and their directors, officers, employees, representatives, agents or delegates;
任何我們不時委任有關於公司網站及 / 或我們向您提供產品及服務的供應者、代理、承辦商、受委託者、供應商或第三者(或其分包商), 及其董

- 事、人員、僱員、代表、代理人、或受委託人士；
- d) business partners (including reinsurers, brokers and bank partners), associates and third party service providers when reasonably necessary, and on a need-to-know basis;
商業伙伴(包括再保險公司、經紀及銀行伙伴)、及有合理必要和需要知情的伙伴及第三者服務供應商；
 - e) our professional advisers, consultants and auditors and any person who we believe in good faith to be your legal advisers or other professionals;
我們的專業顧問、專家與核數師及任何我們秉誠相信為您的法律或其他專業顧問；
 - f) anyone who takes over or may take over all or part of our rights or obligations under this Personal Information Collection Statement (“PICS”) or anyone this PICS (or any part of it) is transferred to or may be transferred to;
任何接管或可能接管我們於此《個人資料收集聲明》(「聲明」)下所有或部份權利或責任的人士，或任何此聲明(或其部分)正轉移或可能轉移其下之人士；
 - g) another entity in the event Allianz is intended to be acquired by or merged with, or is acquired by or is merged with, that another entity;
如安聯保險有意或正被其他公司收購或與其合併的該其他公司；
 - h) any relevant governmental or regulatory authority pursuant to a request by any relevant governmental or regulatory authority, or any person to whom we are, in our belief in good faith, under an obligation to make disclosure as required by any applicable laws;
如任何相關政府或監管機構要求，則該政府或監管機構、或任何我們秉誠相信按適用法律有責任向其作出披露的人士；
 - i) third parties for direct marketing purposes with your written consent and in accordance with our PICS (see further details in Direct Marketing section below); and/ or
如您已按此聲明(詳情請閱以下的直接促銷部份)給予書面同意，則促使直接促銷用途的第三者；及 / 或
 - j) parties whom assist us in carrying out the purposes laid out above in this PICS.
協助我們進行此聲明內上述用途的人士。

We may transfer, store, process and/ or deal with such personal data outside Hong Kong. The personal data will only be transferred to locations where we are satisfied that adequate or comparable levels of protection are in place to protect personal data held in that jurisdiction, and (where we are required to do so) with your consent. In doing so, we will comply with all applicable data protection and privacy laws, including the Hong Kong Personal Data (Privacy) Ordinance.

我們或於香港境外地區轉移，保存，處理及 / 或處置該個人資料。但我們僅會在確保這些地區擁有令我們滿意的充足或具有足夠保護機制以保護該司法管轄區內的個人資料時，方會將該個人資料轉移往該地區，且我們會先獲取您的同意（如屬於必須）。在這過程中，我們會遵守所有適用資料保障及私隱法律，包括香港個人資料（私隱）條例。

In the unlikely event that our or substantially all of any of our assets are acquired by an unrelated third party, such personal data may be one of the transferred assets. We may disclose the personal data, on a confidential basis, to any prospective transferee and its professional advisors (in each case whether within Hong Kong or overseas) for the purposes of their due diligence investigations, the completion of any such transaction and the continued operation of the acquired business.

在鮮有情況下當我們的全部或大部份資產被非關連第三者收購時，該個人資料或屬於其中一項的被轉移資產。在保密的情況下，我們或向任何潛在收購者或其專業顧問透露該個人資料（此情況下不論香港或海外）以供其盡職審查或完成任何收購業務下的交易及繼續營運的用途。

If you do not agree to the provision of the personal data requested or the use of such data for the above purposes, we may not be able to process your application and render the services or to otherwise correspond with you.

如果您不同意為上述用途按要求的提供個人資料，我們或無法處理您的申請及為您提供服務。

Allianz Global Corporate & Specialty SE Hong Kong Branch is a company incorporated in the Federal of Republic of Germany with limited liabilities. 安聯環球企業及專項保險香港分公司屬於德意志聯邦共和國註冊成立之有限公司。

We are committed to ensuring your personal data is kept secure and confidential and not kept for longer than is necessary.

我們承諾確保您個人資料安全及保密，並且不會存留超過所需時間。

Note: In case of discrepancies between the English and Chinese version of this PICS, the English version shall apply and prevail.

註：中文本與英文本如有歧義，概以英文本為準。

Appendix A - Employer's Confirmation of Sick Leave

附件 A - 僱主確認病假信

(This letter must be completed by claimant's employer)
(此確認信必須由申索人僱主填寫)

Date of Sickness/ Accident 疾病 / 意外日期	:
Sickness/ Accident Description 疾病 / 意外描述	:

Dear Sirs and Madams

親愛的先生們和女士們,

This Letter is to clarify that _____ (Claimant Name) (HKID. No: _____) being the
茲證明 _____ (申索人姓名) (香港身份證號碼: _____) 為
employee of our company _____ (Current Position) with basis of employment of
本公司 _____ (現職位) 受聘形式為
Permanent / Part-time / Casual / Contract / Seasonal / Others (please specified: _____).
全職 / 兼職 / 散工 / 合約 / 季工 / 其他 (請註
明: _____)。

The above sickness/ accident caused him/ her to have sick leave period from _____ (dd/mm/yyyy)
上述疾病 / 意外引致他 / 她由 _____ (日/月/年)

to _____ (dd/mm/yyyy).
至 _____ (日/月/年) 休假。

Signed & Stamped by Authorised Person
受權人簽署及公司蓋印

Name of Authorised Person
受權人姓名

Position of Authorised Person
受權人職銜

Company Name
公司名稱

Signature of Claimant
申索人簽署

(I CERTIFY that to the best of my knowledge the
foregoing statements are correct.
茲證明就本人所知，以上陳述均屬正確)

Date
日期

Company Address
公司地址

Part II 乙部 : Appendix B - Attending Physician Statement 附件 B - 主診醫生報告

- To be completed by the Insured Person's attending doctor at the Insured Person's own Expenses. 由受保人之主診醫生填寫而費用由受保人負責。
- Please attach copies of any specialist or hospital reports, together with any tests, or similar evidences to support the validity of your patient's claim.
請附上任何有關專科診治、住院報告、測試檢查或其他證明文件，以協助病人的索償申請。

Full name of Patient 病人全名	HKID/ Passport Number 香港身份證 / 護照號碼	Gender 性別

Part I: General Information 第一部份: 一般資料	
Date of first consultation related to this sickness/ accident 有關是次疾病 / 意外之首次看診日期	Name of first consultation doctor and clinic address 首次診治的醫生名稱及診所地址
Symptom(s)/ complaint(s) of the patient relating to the first consultation/ hospitalisation 病人就有關首次看診 / 住院之徵狀 / 疾病	
How long had the patient been experiencing these symptoms before the first consultation? 在首次看診前該病徵已經出現於病人身上多久?	Diagnosis 診斷
Was the patient referred to you by another doctor for further management? 病人是否由另一位醫生轉介予您作進一步治療?	
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify the name and address of referral doctor 是，請提供該醫生之姓名及地址
<input type="checkbox"/> No, please complete the Part III & Part IV of this form 否，請填寫本表格之第三及第四部份	<input type="checkbox"/> Yes, please complete Part II to Part IV of this form 是，請填寫本表格之第二至第四部份

Part II: Details of Hospitalisation 第二部份: 住院詳情	
Name of Hospital 醫院名稱	
Date of admission (dd/mm/yyyy) 入院日期 (日/月/年)	Date of discharge (dd/mm/yyyy) 出院日期 (日/月/年)
Did the patient take any home leave during the hospital confinement? 病人會否於住院期間請假離院?	
<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please specify the reason and the period of home leave 有，請填寫離院時段及原因
Final diagnosis 最終診斷	
Please give a brief discharge summary (including investigation tests and results, procedures, treatments, operations, result of such treatments and/ or any complications and follow up plans) 請提供出院摘要 (包括診斷測試及結果、診斷經過、治療、手術、併發症及 / 或任何跟進計劃)	
If the patient has consulted other physician during this hospitalisation, please provide the following: 如病人於是次住院期間曾向其他醫生求診，請提供以下資料：	
<input type="checkbox"/> No 沒有	<input type="checkbox"/> Yes, please specify the following 有，請填寫詳情
Name of doctor and clinic address 醫生名稱及診所地址:	
Treatment performed 提供治療:	
Reason 原因:	
Please provide reason(s) for hospitalisation if this type of cases can be managed on day care/ out-patient basis. 假若這類個案可於日間 / 門診護理，請提供入住醫院原因。	

Part III: Profession Comment 第三部份: 專業意見	
Please tick the box if the medical condition and its subsequent treatment are associated with the followings. 如上述病況及其後的治療與下列情況有關，請於下列方格加上剔號。	
<input type="checkbox"/> Congenital condition, infertility or sterilisation 先天性疾病，不良或絕育情況	<input type="checkbox"/> Mental psychiatric problems 心理精神科
<input type="checkbox"/> Pregnancy conditions or any related complications 懷孕或由此引發之病況	<input type="checkbox"/> Cosmetic/ Plastic surgery 整形外科手術
<input type="checkbox"/> Patient's occupational activities 病人之職業活動	<input type="checkbox"/> Aerial/ Mountaineering/ Professional sports 空中 / 爬山 / 職業運動

Part IV: Declaration 第四部份: 聲明	
I hereby declare that all the above information are to the best of my knowledge, is true and complete. 本人證明上述的資料根據本人所知皆為正確無訛。	
Signature and chop of attending physician 主診醫生簽署及蓋章	Address and telephone no. 地址及聯絡電話
Data 日期: ____/____/____ (DD/MM/YYYY 日/月/年)	