

ALLIANZ CANCER PROTECT CLAIM PROCEDURE

安聯癌症保障索償程序



1.

Claim Submission 提交索償

Submit your claim within 30 days after the date of diagnosis.
於確診日期起計 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

- 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 discharge slip/ summary
出院紙 / 出院摘要副本
- Copy of completed Attending Physician Statement (Appendix C of the Claim Form)
已填妥之主診醫生報告副本(索償表格之附件 C)
- Copy of medical report(s)/ certificate(s)/ note(s)
醫療報告 / 證明 / 備忘副本
- Copy of referral letters for any specialist consultation
專科治療轉介信副本
- Copy of all surgical, histopathology (biopsy/ pathology) reports, blood test results, X-rays, CT scans, MRI and any other imaging studies, laboratory evidence, angiograms, echocardiogram, etc. and any relevant hospital reports that are available
所有手術、組織病理化驗 (活體組織切片檢驗 / 病理檢驗) 報告、驗血結果、X 光檢查、電腦掃描、磁力共振及其他影像報告、化驗報告、血管造影術報告、超聲心動圖等，或任何有關的醫院報告之副本

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申索人支付
- 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
- Please retain a copy of all your documents submitted to us for your own reference
請於提交索償文件前保留一套參考副本

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 CANCER PROTECT CLAIM FORM 安聯癌症保障索償表格

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	
Date of birth 出生日期	
Contact No. 聯絡電話	
Correspondence address 通訊地址	
Email address 電郵地址	

2. CLAIM INFORMATION 索償事項

Symptom(s) and complaint(s) 徵狀及疾病				
Name of Cancer to Claim 申請索償之癌症名稱				
Onset date of symptom(s) and complaint(s) 首次出現徵狀及疾病的日期			<input type="checkbox"/> New Claim 首次索償 <input type="checkbox"/> Further Claim 再度索償	
Details of consultation related to this symptom(s) and complaint(s) 有關是次徵狀及疾病之看診詳情				
Name of physician 醫生名稱	Date of consultation 看診日期	Address and Tel. No. 地址及電話號碼	Referred by 轉介人	Any hospitalisation 有否住院
				Yes 有 / No 沒有
				Yes 有 / No 沒有
				Yes 有 / No 沒有
Details of your Usual Physician 閣下慣常求診之醫生的資料				
Name of physician 醫生名稱	Patient No. 病人號碼	Address and Tel. No. 地址及電話號碼	Since 自從	

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Have you previously suffered from or received treatment for a similar or related illness? If yes, please fill in the below table.

閣下過往曾否患有相似或相關之疾病或因而接受治療? 如有, 請填寫下表。

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please complete the below table 有, 請填寫下表			
	Name of physician/ hospital 醫生 / 醫院名稱	Date of consultation 看診日期	Address and Tel. No. 地址及電話號碼	Diagnosis 臨床診斷

If you are claiming under a section of the policy not provided on this claim form, please provide details below

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

3. 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之戶口:

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)

4. OTHER INFORMATION 一般資料

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

<input type="checkbox"/> No 沒有	<input type="checkbox"/> 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)

5. DECLARATION AND AUTHORISATION 聲明及授權

1. 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。
2. I/ We hereby authorise 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. 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。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。
3. I/ We hereby 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 / 我們謹此確認本人 / 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	:

6. 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穩法律，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。

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

1. 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。
2. 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: Illness details 第一部份: 有關疾病詳情

Are you the patient's usual physician? 閣下是否病人慣常求診的醫生?

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify the details below 是，請提供以下資料
Medical records trace back to 醫療紀錄追溯至	: _____/_____/_____ (dd 日/mm 月/yyyy 年)
Period of Consultation 應診期間	: _____
Past health history 病人過往健康情況	: _____

Date on which the patient first consulted you related to this illness and the symptom(s)/ complaint(s) 首次為病人診治有關疾病之日期及其徵狀

_____/_____/_____ (dd 日/mm 月/yyyy 年) Symptom(s)/ complaint(s) 徵狀: _____

How long do you believe the symptom(s) had been present before your first consultation? 在首次看診前，閣下相信該病徵已經出現於病人身上多久?

Since 從 _____/_____/_____ (dd 日/mm 月/yyyy 年)	OR 或	for 已存在 _____day(s) 日/_____month(s) 月/_____year(s) 年
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According to your professional opinion, have the patient ever had any form of cancer (including Leukemia and Lymphoma), or growth of any kind (e.g. mass, nodule); Hepatitis B or C; cirrhosis of liver; HIV infection or AIDS/ AIDS related complex (HIV positive); or have the patient had any Lymph node enlargement within the last 6 months?

根據閣下的專業意見，病人是否曾經患有任何癌症(包括白血病及淋巴瘤)、或任何可能發展為癌癥的跡象(例如腫塊，結節)、乙型或丙型肝炎、肝硬化、愛滋病毒感染或愛滋病/愛滋病相關複合症；或曾在過去六個月出現任何淋巴結腫大?

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify 有，請詳述
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According to your best knowledge, have the patient had or have ever been advised to undergo investigations (such as ultrasound, MRI or CT scan or other imaging test, biopsy or fine needle aspiration) to diagnose or exclude any malignant growth or cancer before in the past 10 years?

就閣下所知，在過去 10 年，病人是否曾經有過或曾被建議進行任何與惡性細胞增生或癌症相關的檢查(包括超聲波、磁力共振、電腦掃描或其他影像檢查、細胞組織化驗或細針抽檢)?

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify 有，請詳述
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According to your best knowledge, have the patient ever disclosed to you that any of patient's parents or siblings (brother or sister) ever had cancer diagnosed before age 55? 就閣下所知，病人的親生父母或兄弟姊妹是否於五十五歲前被診斷患有癌症?

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify 有，請詳述
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According to your best knowledge, is there any patient's family history which would increase the risk of this illness? 就閣下所知，病人是否因其任何的家族病史而增加患上此疾病的機會?

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify 有，請詳述
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According to your best knowledge, have the patient ever disclosed to you his/ her smoking habit? 就閣下所知，病人會否向閣下披露吸煙習慣?

<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, since 有，開始於 _____/_____/_____ (dd 日/mm 月/yyyy 年)	<input type="checkbox"/> Ex-smoker, start on _____/_____/_____, ceased on _____/_____/_____ 前吸煙者，開始於 (dd 日/mm 月/yyyy 年)，停止於 (dd 日/mm 月/yyyy 年)
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Part II: Final Diagnosis 第二部份: 最後診斷

Final diagnosis 最後診斷

Date of final diagnosis 最後診斷日期	When was the patient informed of the diagnosis? 閣下何時通知病人診斷結果?
_____/_____/_____ (dd 日/mm 月/yyyy 年)	_____/_____/_____ (dd 日/mm 月/yyyy 年)

Please provide full and exact details of the diagnosis and its clinical basis 請提供確實診斷資料及臨床診斷詳情

Was it evolved from other distant tissue or organ? 是否從其他的組織或器官引出?			
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify as follow: 是, 請提供以下詳情: Name of primary cancer 原發癌症名稱 : _____ Date of diagnosis of the primary cancer 原發癌症之診斷日期 : ____/____/____ By (name & address of physician 醫生姓名及地址) (dd 日/mm 月/yyyy 年) 由 When did symptoms first appear 病徵何時首次出現 : ____/____/____ (dd 日/mm 月/yyyy 年)		
Did the patient had any past history of the disease specified above or related illness? 病人過往曾否患有上述疾病或相關疾病?			
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify the Date of Consultation, Name and Address of attended physician(s), Final Diagnosis 是, 請提供診治日期、主診醫生名稱及地址 和最後診斷資料		
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閣下作進一步治療?			
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是		
Please provide details of physicians to whom the patient has been referred or attended for this disease. 請提供曾為病人診治是項病症之醫生資料。			
<u>Date of Consultation(s) (dd/mm/yyyy)</u> 就診日期 (日/月/年)	<u>Physician(s) /Hospital(s)</u> 醫生 / 醫院名稱	<u>Address(es)</u> 地址	<u>Diagnosis</u> 診斷

Part III: Details of Cancer 第三部份: 癌症詳情		
What was the site or organ involved, staging and the precise histology of the tumor? 請填寫腫瘤所處之位置或受影響之器官, 級別及詳列腫瘤之組織結構。		
Was the tumour completely localised? 腫瘤是否完全在原位生長?		
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify 是, 請詳述	
Was there invasion of tissues? 腫瘤有否擴散並浸潤到其他鄰近的細胞或器官組織?		
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, the invaded tissue is 有, 組織包括	
Was there distant metastasis to other organ(s)? 腫瘤有否轉移到其它身體器官?		
<input type="checkbox"/> No 否	<input type="checkbox"/> Yes, please specify 有, 請詳述	
Please provide test details that confirm the diagnosis (including investigation tests and results, procedures, treatments, follow up plans). 請提供讓閣下能確定此診斷之檢驗詳情(包括診斷測試及結果、診斷經過、治療、跟進計劃)。		
<u>Test Date (dd/mm/yyyy) 檢驗日期 (日/月/年)</u>	<u>Test item 檢驗項目</u>	<u>Test result 檢驗結果</u>
If the diagnosis is skin cancer, please provide the following details. 若診斷為皮膚癌, 請提供以下詳情。		
<input type="checkbox"/> There is evidence of metastases. 該情況出現轉移證據。		
<input type="checkbox"/> The tumour is a malign ant melanoma of greater than 1.5mm maximum thickness. 該腫瘤為大於 1.5mm 的最大厚度的惡性黑色素		
Historical examination method 組織學檢查方法: _____		
Other supplementary details 其他詳情: _____		
If the diagnosis is leukaemia, please provide details of the actual type. 若診斷結果為白血病, 請詳細填寫其實際種類之資料。		
Details of current treatment 現時接受的治療詳情		
Other additional information for the current diagnosis 其他有關此診斷結果之額外資料		

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)	