

To be submitted with original receipt(s) and/or reports.

Complete Section A, B, D and E if:

- You are claiming only for out-patient doctor visits, medications, and general laboratory tests, and
- The doctor has written the diagnosis on the bill or receipt, or on a separate note, and
- You have not been advised you may require surgery, hospitalisation, or specialised testing for this disability.

Complete Section A, B, D and E, and have your Physician fill out Section C if:

- You are claiming for in-patient, emergency, or surgical claims, or claims involving complex treatments/tests, accidental injury, or major illness.

Section A (to be completed by the Insured Person. All fields must be completed)

Name of Patient: _____

Policy Number: _____ Member Number: _____

ID/Passport No.: _____ Email: _____

Please attach a copy of Hong Kong ID card/Passport when submitting a claim for identity verification.

Explanation of Benefits and claims correspondence will be sent to this email address for the current claim application and future claims.

Section B (to be completed by the Insured Person or parent if a minor)

If this claim pertains to Illness:

1. When and how did this Illness first occur? When did you first consult a doctor about this problem or these symptoms?

2. Have you ever had a similar Illness or symptoms? If yes, please give full details below.

If this claim pertains to an Accident:

1. Date, time, and exact place of Accident.

2. Briefly describe how this Accident occurred.

3. Was a third party involved? If yes, please describe his/her part in this Accident, and state whether reimbursement or other compensation will be provided.

Section C (to be completed by the attending Physician)

1. State briefly nature of Illness or Injury.

3. On what date did the patient first consult you for this condition?

5. Has this patient ever had any similar condition or related symptoms before this incident? Yes (explain) No

7. Please provide full reports including but not limited to past medical history, referral letters, investigative procedures, and treatments.

2. When did the symptoms first arise?

4. Has the patient ever suffered from this condition before? Yes (explain) No

6. Is this related to any Accident or Injury, or in any way connected with the patient's employment or job duties? Yes (explain) No

8. (Claims for surgery) In addition to information in Q7, please provide name and date of surgical procedure(s), operation notes, pathology report, and discharge summary.

Name & Address of Attending Physician:

Physician's Signature

Date

Section D - Reimbursement Method

Bank Transfer: Please provide the following local bank information in Hong Kong.

Bank Code: _____ Branch Code: _____ Bank Account Number: _____

Name of Accountholder: _____

Bank Name: _____

Section E - Notice to Customers relating to the Personal Data (Privacy) Ordinance

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Life Insurance Company Ltd** and/or **Zurich Assurance Ltd** (as the insurer, and each a "**Company**") may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
 - (1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
 - (2) to process requests for payment, and for direct debit authorization;
 - (3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
 - (4) to compile statistics or use for accounting and actuarial purposes;
 - (5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group ("**Zurich Insurance Group**") and conduct matching procedures where necessary;
 - (6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
 - (7) to collect debts;
 - (8) to facilitate the Company's authorized service providers to provide services to the Company and/or the customers for the above purposes; and
 - (9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-
 - (1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
 - (2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
 - (3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
 - (4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
 - (5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
 - (6) any person pursuant to any order of a court of competent jurisdiction;
 - (7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
3. *Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:-*
 - (1) *to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;*
 - (2) *to perform customer analysis, profiling and segmentation; and*
 - (3) *to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.*

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.
4. *The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:-*
 - (1) *companies within the Zurich Insurance Group;*
 - (2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
 - (3) *third party marketing service providers and insurance intermediaries.*

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.
5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (in italics) to indicate their wish to opt-out altogether.
 Personal Data Privacy Officer — 24 – 27/F, One Island East, 18 Westlands Road, Island East, Hong Kong
6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

Declaration

I hereby declare that all information provided on this form and the documents submitted herewith is true and correct to the best of my knowledge and belief. The amounts claimed are the actual charges incurred by me, are legally due to me under the terms of this policy, and are not recoverable from any other source.

Authorisation for Release of Information

I authorise any doctor, hospital, or other health provider of facility, insuring or reinsuring company, or employer to release to the Insurer ("the Company") any information or records they may have regarding my health, tests or treatments I have received, and benefits or compensation therefore. If this claim relates to an accident, past or present, I also authorise any governmental body, agency, or other person or organisation who may have records pertaining to such accident to release such records or information.

I understand that this information will be used by the Company to determine eligibility for benefits, and that any information obtained will not be released by the Company to any person except to reinsuring companies or other persons or organisation(s) performing business or legal services in connection with my claim, save as may be required by law.

I agree that a photocopy or facsimile of this release shall be as effective as the original.

Insured Person's Signature

Date

Important

- Have you completed Section A, B, D, and E?
- Have you enclosed all original bills, statements, receipts, and other relevant documents?
- If required, has your Physician completed and signed Section C?

This form must be completed truthfully and accurately. The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim. The completed form should be returned together with all supporting documents as soon as possible to the following address:

GlobalHealth Asia Limited

Suite 1401-3, Chinachem Hollywood Centre, 1-13 Hollywood Road, Hong Kong

Claims Enquiries - Phone: (852) 2187 3664 **Fax:** (852) 2526 0769 **Email:** universalclaims@globalhealthasia.com

www.globalhealthuniversal.com