

# 香港客戶在國內住院出院免找數服務

[適用於至尊醫療的獨立版本及附加契約版本]

## A) 出院免找數服務

友邦香港重視優質服務，為了回應客戶需求，我們特別廣展「出院免找數服務」到入住國內醫院，讓客戶在住院期間安心接受治療！

以下為出院免找數服務簡易五步驟：

步驟	化繁為簡，一站式簡易申請出院免找數服務，令客戶入住國內醫院期間安心又放心
1	請致電友邦香港預先入院登記查詢熱線 <b>2232 8870</b> ，或客戶身處國內時免費熱線 <b>4008-428-009</b> 查詢詳情及索取申請表格（客戶電話需有國際長途功能才能打通）
2	請填妥入院前登記表格並於入院前最少四個工作天交回給我們 傳真號碼： <b>(852) 3118 9083</b> ；電郵： <b>hk.pre-admission@aia.com</b>
3	友邦香港會向有關入住國內醫院發出「住院付款保證信」
4	入院時，請向醫院提交受保人之身份證明文件以作核實
5	出院後，醫院會將單據直接遞交給我們，理賠完成後，如有差額情況出現，公司將專函保單持有人，按入院前登記表格所註之條款及細則，於發信日十四天後直接從信用卡中扣除。

\*詳情請參考下列(C)部分有關國內出院免找數申請表格及其授權友邦香港從信用卡帳戶收取差額條款

## B) 適用醫院

入住醫院掛帳服務可以安排在中華人民共和國境內之指定 145 間醫院，醫院名單請參閱友邦保險網頁：

AIA.COM.HK -> 客戶支援 -> 國內醫院出院免找數服務 -> 國內出院免找數之指定醫院名冊

C) 國內出院免找數申請表格及注意事項

國內出院免找數服務是一項全新的服務，在向客戶推介此服務前，請務必全面細讀申請表內容和免責聲明。

第一部分 — 由受保人/保單持有人填寫

i) 個人資料

國內出院免找數申請表格 (只適用於香港客戶)  
LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)



AIA International Limited  
(Incorporated in Bermuda with limited liability)  
Pre-Admission Enquiry 預先入院登記查詢

Fax 傳真: Hong Kong 香港 (862) 3118 8083  
Hong Kong customer hotline 香港客戶熱線: (862) 2232 8870  
Toll Free Hotline for Hong Kong Customer to call in PRC: 香港客戶在國內免費熱線: 4008-428-008

INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登記表格  
PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保單持有人或受保人填寫  
Please complete this form and return it to us by fax or e-mail at least 4 working days prior to admission to hospital. Subject to the eligibility of the Insured (Patient) a "Letter of Guarantee" will be issued by AIA.  
請填妥此表格並於入院前最少四個工作天，以傳真或電郵方式遞交。于受保人(病人)符合資格情況下，友邦將為受保人發給「住院付款保證信」。

Policy Number 保單號碼:	Name of Policy Owner 保單持有人姓名:
Name of Insured (Patient) 受保人(病人) 姓名:	Date of Birth 受保人(病人) 出生日期: (Month 月) (Date 日) (Year 年)
Insured (Patient) I.D. Card/Passport Number 受保人(病人) 身份證/護照號碼 Please 帶 out the below information if the above-mentioned document will not be applied during admission. 如辦理入院手續時並未使用上列之身份證明，請填妥下列資料。	
<input type="checkbox"/> Identity Card 身份證 (number 證件號碼: )	
<input type="checkbox"/> Passport 護照 (number 證件號碼: )	
<input type="checkbox"/> Mainland Travel Permit for Hong Kong and Macao Residents 港澳居民來往內地通行證(回鄉證) (number 證件號碼: )	
<input type="checkbox"/> Others, please specify: 其他，請注明: (number 證件號碼: )	
Contact Telephone No. 聯絡電話號碼: Contact Telephone No. in US if any 美國聯絡電話如有:	E-mail Address/Fax No. 電郵地址和傳真號碼:

**第一部分：由受保人/保單持有人填寫**

- 保單持有人姓名及保單號碼
- 受保人(病人) 姓名及身份證 / 護照號碼 \*
- 聯絡電話號碼 / 電郵地址 / 傳真號碼

\* 請填報辦理入院手續時之身份證明

If you do not want AIA to inform your agent about this hospitalisation Letter of Guarantee application, please tick "No".  
如閣下不欲友邦就貴次住院付款保證信的申請，通知有關業務代表，請在“否”加上劃號。

Agent/Broker Name 營業員/經紀姓名:	Agent's/Broker Tel. No. 營業員/經紀聯絡電話:
Agent/Agency Code 營業員號碼/經紀號碼:	
Area/Agency/Broker Code 營業員/經紀區別編號:	

Are you making any AIA insurance or compensation claim as a result of this treatment?  
有關貴次治療，有無向友邦保險或賠償申請?

Yes 是  No 否

If "Yes", please provide the following information:  
If "Yes", please provide the following information:  
Name of AIA Insurance Company/Policy Name 保險公司/保單名稱:  
Group Policy No. 團體保單號碼:

**請注意：**  
基於申請/批核的過程中牽涉很多個人資料，故公司提供選擇予客戶，可以選擇不欲友邦香港就是次「住院付款保證信」的申請，通知有關業務代表

國內出院免找數申請表格 (只適用於香港客戶)  
LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)

PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 因意外受傷入院請填寫問題 1至 5			
1. Date and time of accident 意外日期及時間:	MM月/DD日/YYYY年	A.M. 上午	P.M. 下午: HR 時 MIN 分
2. Where and how did the accident happen 意外地點及經過:			
3. Part of body injured and type of injury 受傷部位及傷勢:			
4. Present occupation (if more than one, state all) and exact nature of occupational duties 現職 (如多於一項, 請全部列明) 及工作性質:			
5. Name and address of business or employer 公司或僱主名稱及地址:			
PLEASE COMPLETE QUESTIONS 6 TO 8 IF HOSPITALISATION WAS DUE TO ILLNESS 因病入院請填寫問題 6至 8			
6. Give a brief description of symptoms 描述病徵及病狀:			
7. How long have these symptoms existed prior to the first consultation? 該等病征在首次求診前已存在多久:			
8. Give details of consultations 診治詳情			
(a) The doctor first consulted for this illness 首次就診的醫生資料:		Date 求診日期:	MM月/DD日/YYYY年
(b) Name and address of clinic/hospital 醫生/醫院名稱及地址:			

由受保人(病人)提供有關資料:  
於申請時填寫, 可以減少出醫院延誤  
此部分是由現行住院賠償申請書第一部分摘要而成:  
- 因意外受傷入院請填寫 1 至 5 題  
- 因病入院請填寫 6 至 8 題

第二部分 — 收取差額費用之銀聯卡授權書

(i) 請細讀聲明，特別「c」及「d」項授權友邦香港可從入院前登記表格中指定信用卡帳戶扣除有關差額，如信用額不足或會從受保人/保單持有人有關保單所獲收取金額中抵銷扣除。

Red-bordered box containing items c and d regarding authorization for credit card charges and medical expenses.

- (ii) 授權從指定信用卡收取差額費用，只接VISA, MASTER或建設(亞洲)銀聯雙幣信用卡
(iii) 信用卡持卡人必須為有關保單之保單持有人或受保人，或與保單持有人及受保人有直接關係，如配偶及父母
(iv) 友邦香港將於指定信用卡保留5,000港元的信用額作為入院按金，直至整個理賠程序完結為止。

Form titled 'LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)' containing personal data collection and use terms, and signature fields for policy owner and insured.

Red-bordered box with title '第二部分 — 由受保人或保單持有人填寫 收取差額費用之信用卡授權書' and a list of required information: cardholder name, ID/passport number, card number, expiry date, cardholder signature, and contact number.

Form titled 'Part II - TO BE COMPLETED BY INSURED/CLAIMANT' containing a 'Credit Card Authorization Form for Shortfall Collection' and a table for cardholder details.

**第三部分 — 由受保人/受保人之主診醫生/外科醫生填寫(如有需要, 保單持有人/受保人需自行承擔填寫表格費用)**

國內出院免找數申請表格(只適用於香港客戶)  
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Part III — TO BE COMPLETED BY THE INSURED/INSURED ATTENDING PHYSICIANS/SURGEON AT THE POLICY OWNER/INSURED'S EXPENSES  
IF ANY  
第三部分—由受保人/受保人之主診醫生/外科醫生填寫(如有需要, 保單持有人/受保人需自行承擔填寫表格費用)

Name of Patient 病人姓名:	Date of Birth 病人出生日期:
Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Room Class: <input type="checkbox"/> Ward <input type="checkbox"/> Semi-private <input type="checkbox"/> Private 住 房 類 別: <input type="checkbox"/> 普通病房 <input type="checkbox"/> 半私家 <input type="checkbox"/> 私家
Name of Hospital 醫院名稱:	Hospital Telephone 醫院電話:
Name of Treating Doctor 主治醫生的姓名:	Department 科室:
Expected Length of Confinement (number of days) 預計住院日數:	
Medical Condition 醫療詳情	
1. Diagnosis and associated signs and symptoms 診斷和相關病徵:	
2. Onset date of the symptoms/condition 發病日期: ____/____/____ (MM/DD/YY 月/日/年)	
3. Is the condition recurrent/chronic? 此情況是否為復發性/慢性? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	4. Is the hospitalization/treatment medically necessary? 是次入院是否醫療所需? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please give details. 如是, 請詳述之。
If "Yes", onset date of the first episode: 如 "是", 首次發病日期 ____/____/____ (MM/DD/YY) (月/日/年)	5. Given the condition of the patient, is it possible to provide this treatment on an outpatient basis? 根據你的評估及意見, 病人是此情況, 是否可以單從門診較簡中接受適當的治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "No", please explain 如不可以, 請提供原因:
6. Is illness/injury related to the following condition 此疾病 / 受傷是否由以下情況引起:	
a) Congenital anomaly 先天性異常 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
b) Psychiatric condition 精神病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
c) Influence of alcohol, drug or intoxicant 酒精藥物或麻醉劑影響 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
d) Obesity, weight control 肥胖, 體重控制 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
e) Pregnancy, childbirth, abortion 懷孕, 分娩, 流產 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Treatment Details 治療詳情	
7. Surgery/treatment required 建議之手術/治療:	
Estimated Surgeon fee charges 預計外科手術費:	
<input type="checkbox"/> Anaesthesia 麻醉: <input type="checkbox"/> General 全身麻醉 <input type="checkbox"/> Local 局部麻醉	

**第三部分 - 由受保人/受保人之主診醫生/外科醫生填寫(如有需要, 保單持有人/受保人需自行承擔填寫表格費用)**

- 醫療詳情
- 治療詳情
- 醫生資料和簽名

**請注意:**

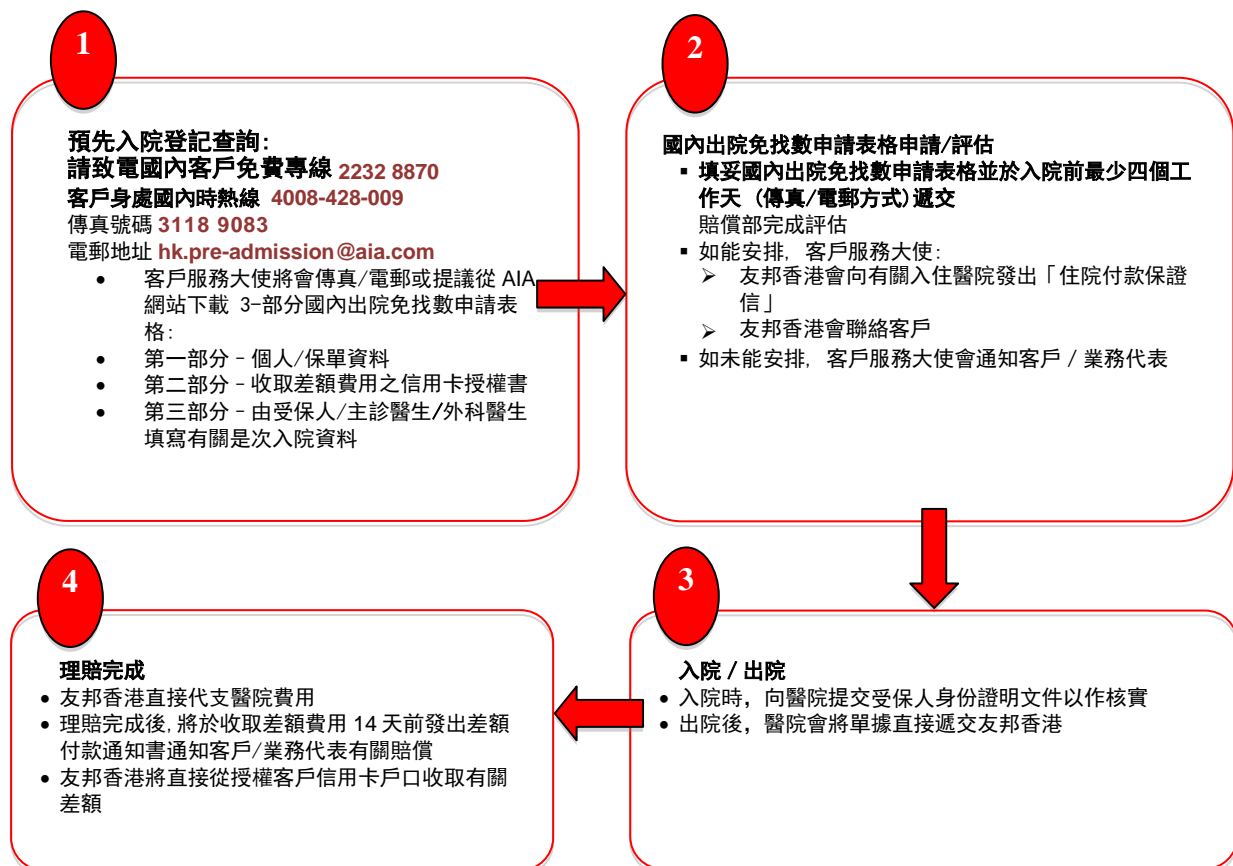
- 1) 資料不足或資料不正確可能會延誤入住醫院掛帳服務申請
- 2) 因填寫國內出院免找數申請表格和住院賠償表格第二部分, 如由主診醫生/外科醫生收費的費用, 需由客戶承擔
- 3) 賠償部完成評估後, 友邦香港會致電或透過電話短訊通知客戶有關參考號碼, 同時, 友邦香港會向有關入住醫院發出「住院付款保證信」
- 4) 友邦香港將於指定信用卡保留5,000港元的信用額作為入院按金, 直至整個理賠程序完結為止
- 5) 友邦香港會根據客戶於國內出院免找數申請表格上的指示, 致電通知有關業務代表就是次「住院付款保證信」的申請結果



## D) 繳付差額

- 1) 保單持有人或受保人於入院前登記表格之信用卡授權書部分授權友邦香港收取差額
- 2) 友邦香港會向客戶入住之醫院發出「住院付款保證信」，隨即從指定信用卡保留5,000港元的信用額作為入院按金，直至整個理賠程序完結為止
- 3) 理賠完成後，如有任何差額，友邦香港將發出差額付款通知書予保單持有人，通知有關差額詳情
- 4) 於差額付款通知書發出十四天後，友邦香港將按入院前登記表格所註之條款及細則，直接從指定信用卡中扣除有關差額，如未能成功扣取有關差額，友邦香港會發出逾期繳款通知書，並會暫停有關保單持有人及受保人之出院免找數服務及其他索償申請
- 5) 倘若有關未結算差額費長達三個月，友邦香港將有權從保單持有人及受保人獲支付的金額中抵銷扣除，包括但不限於任何身故賠償（於法律允許的範圍內）、紅利或保費退還等

## E) 流程一覽表



## 常見問題

### 1. 為何推出「國內住院出院免找數服務」？

友邦香港重視優質服務，為了回應客戶需求，我們特別推出「國內住院出院免找數服務」，讓客戶在住院期間安心接受治療！公司會向客戶入住之醫院發出「住院付款保證信」，客戶出院後，醫院會將單據直接遞交公司，理賠完成後，如有差額會發出差額付款通知書通知有關賠償詳情。

### 2. 可否提供查詢熱線及簡易步驟作參考？

可以，請參考附件 I 簡易五步驟及歡迎於辦公時間致電預先入院登記查詢或登入公司網頁：

香港客戶預先入院登記 查詢熱線	(852) 2232 8870
辦公時間	星期一至五上午 8 時 45 分至晚上 7 時正 (星期六、日及公眾假期休息)
非港澳居民投保 資料專頁	EAgency Corner -> Manuals -> PRC Manuals -> 非港澳居民投保資料 專頁 -> 最常用工具 -> 國內出院免找數服務 -> 國內出院免找數申請 表格 (只適用於香港客戶)
公司網頁	AIA.COM.HK -> 客戶支援 -> 國內醫院出院免找數服務 -> 國內出院 免找數申請表格 (只適用於香港客戶)
iAMP	Agency Corner -> iAgency management Platform -> Sales Tools-> E- Forms -> Claims -> 國內出院免找數申請表格 (只適用於香港客戶)
營業員專頁	部門資訊 -> 營運部 -> Claims -> Forms -> Form_Claims_Hospital Claims 國內出院免找數申請表格 (只適用於香港客戶)

### 3. 可否提供適用醫院名單作參考？

國內出院免找數服務之指定醫院國內醫院 (AIA.COM.HK -> 客個人戶支援 -> 國內醫院出院免找數服務 -> 國內出院免找數之指定醫院名冊)。

### 4. 為何要遞交入院前登記表格？

為了提供一站式的服務及免卻客戶重覆多次填寫表格，國內出院免找數申請表格上填寫的資料已包括安排出院免找數服務及處理賠償時所需的資料，詳情如下：

客戶須先填寫國內出院免找數申請表格，公司賠償部評估後才可發出有關「住院付款保證信」。

國內出院免找數申請表格分為三部分，請參考下表。

由於這是一項為尊貴客戶而設的全新服務，在向客戶推介此服務或填寫入院前登記表格前，請務必全面細讀申請表內容和免責聲明：

<b>第一部分</b>	由保單持有人 / 受保人（病人）填寫個人及保單資料
<b>第二部分</b>	由保單持有人 / 受保人（病人）填寫授權： i) 請細讀免責聲明 a - d 項 ii) 特別 'c' 及 'd' 項授權可從客戶信用卡帳戶保留 5,000 港元的信用額作為入院按金，直至整個理賠程序完結為止 iii) 如有差額時，亦授權公司從客戶信用卡收取有關差額費用；如信用額不足或會從保單所獲收取金額中抵銷扣除
<b>第三部分</b>	由受保人/受保人主診醫生/外科醫生填寫有關受保人的傷病情況及治療計劃（如有需要，客戶需自行承擔填寫表格費用）

**請注意：**資料不足或資料不正確可能會延誤入住醫院掛帳服務申請

### 5. 如何遞交入院前登記表格？

請填妥入院前登記表格，並於入院前最少四個工作天，傳真致(852) 3118 9083 或以電郵方式 [hk.pre-admission@aia.com](mailto:hk.pre-admission@aia.com) 遞交。

### 6. 申請出院免找數服務需時多久？

由公司收到入院前登記表格起，需四個工作天完成登記手續。

### 7. 完成入院前登記評估後會怎樣？

賠償部完成評估後：

- **如能安排：**
    - 公司會聯絡受保人（病人）並透過手提電話短信發送參考號碼
    - 向有關入住醫院發出「住院付款保證信」
    - 公司將客戶授權信用卡中保留 5,000 港元的信用額作為入院按金
  - **如未能安排：**
    - 公司會通知受保人（病人）並解釋未能安排之原因，客戶仍可跟據現行做法，出院時先支付有關費用，然後填寫住院賠償表格向公司索償
- ❖ 公司會根據客戶於入院前登記表格上的指示，致電通知有關業務代表就是次「住院付款保證信」的申請結果

### 8. 客戶出院後有什麼手續？

由於保單持有人及受保人在入院前已將詳細資料於登記表格內填寫，出院時並不需要填任何表格。



出院後，醫院會直接將單據及住院賠償表格第二部分遞交公司。當理賠完成後，如有任何差額，公司會發出差額付款通知書通知保單持有人。有關詳情，並於差額付款通知書發出十四天後從客戶指定的信用卡扣除有關差額

## 9. 客戶如何處理差額費用？

- i) 出院後，醫院會直接將單據及住院賠償表格第二部分遞交公司。
- ii) 當理賠完成後，如有任何差額，公司會在收取差額費用十四天前發出差額付款通知書通知保單持有人
- iii) 公司將直接從客戶授權信用卡戶口收取有關費用
- iv) 如未能扣取有關差額，公司會再度郵寄逾期繳款通知書，及會暫停保單持有人及受保人任何其他出院免找數服務及索償申請
- v) 倘若有關差額費用高於客戶信用額，客戶可選擇直接以支票繳付費用

倘若有關未結算差額費長達三個月，公司將有權從保單持有人及受保人獲支付的金額中抵銷扣除，包括但不限於任何身故賠償(法律允許的範圍內)、紅利或保費退還等

# Hong Kong Customers Credit Facility Service for Hospitalisation in China

[Applicable to both standalone version and rider version of CEO Medical and Regal Health]

## A) Credit Facility Service for Hospitalisation

To boost service enhancement as well as meet with the increasing demand for a 'Hospitalisation cashless arrangement', we are introducing the 'credit facility arrangement' which would let customers to enjoy peace of mind during Hospitalisation in China.

### Five simple steps for Hospitalisation:

Step	Your Client's One-stop Hassle-free Service for Complete Peace of Mind During Hospital Stay in China
1	Hong Kong policy owner please contact AIA Hong Kong Pre-Admission Customer Hotline at <b>2232 8870</b> or Hong Kong policy owner to call PRC Toll Free Hotline when in PRC at <b>4008-428-009</b> (Needs to have IDD function in phone in order to get through)
2	Fill out and return the Pre-Admission Form to us at least 4 working days prior to admission Fax no.: <b>3118 9083</b> ; E-mail: <b>hk.pre-admission@aia.com</b>
3	We will issue a "Letter of Guarantee" (LOG) to the concerned hospital for admission
4	Upon admission, present the Insured's identification document to the hospital for verification
5	On discharge, the hospital will send the invoice directly to us. Once our Claims Department completes the case assessment, if there is any shortfall, as per the Terms and Condition stated from the Pre-Admission Form, a shortfall notification will be sent to the Policy Owner 14 days prior to the direct debit from the designated Union Card

**\*For details on the LOG China Hospital Form, Credit Card Authorisation and shortfall collection, please refer to below section 'C' below!**

## B) List of Available Hospitals

Cashless arrangement will be available at the Letter of Guarantee Service for China Hospital in:  
AIA.COM.HK -> Customer Support -> Letter of Guarantee Service for China Hospital -> List of designated Hospitals for Letter of Guarantee Service in China

### C) LOG China Hospital Form and Points to Take

Since this is a brand new service being provided to our customers, it is important for you to gain a better understanding by reading through the contents including the Declaration and Authorisation before advising customers or filling the LOG China Hospital Form:

#### Part I: Personal Information

##### i) Identity Information: Personal Information

國內出險免核數申請表格 (只適用於香港客戶)  
LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)



AIA International Limited  
(Incorporated in Bermuda with limited liability)  
Pre-Admission Enquiry 預先入院登記查詢

Fax 傳真:

Hong Kong customer hotline 香港客戶熱線:  
Toll Free Hotline for Hong Kong Customer to call in PRC:  
香港客戶在國內免費熱線:

Hong Kong 香港  
(862) 3118 8083  
(862) 2232 8870  
4008-428-008

INDIVIDUAL HOSPITALISATION PRE-ADMISSION FORM 入院前登記表格  
PART I — TO BE COMPLETED BY POLICY OWNER/INSURED 第一部分 — 由保單持有人或受保人填寫  
Please complete this form and return it to us by fax or e-mail at least 4 working days prior to admission to hospital. Subject to the eligibility of the Insured (Patient) a "Letter of Guarantee" will be issued by AIA.  
請填妥此表格並於入院前最少四個工作天，以傳真或電郵方式遞交。于受保人(病人)符合資格情況下，友邦將為受保人發給「住院付款保證書」。

Policy Number 保單號碼:	Name of Policy Owner 保單持有人姓名:
Name of Insured (Patient) 受保人(病人)姓名:	Date of Birth 受保人(病人)出生日期: (Month) / (Date) / (Year)
Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份證/護照號碼 Please fill out the below information if the above-mentioned document will not be applied during admission. 如辦理入院手續時並未使用上列之身份證明文件，請填妥下列資料。	
<input type="checkbox"/> Identity Card 身份證	(number 證件號碼):
<input type="checkbox"/> Passport 護照	(number 證件號碼):
<input type="checkbox"/> Mainland Travel Permit for Hong Kong and Macao Residents 港澳居民來往內地通行證(回鄉證)	(number 證件號碼):
<input type="checkbox"/> Others, please specify: 其他，請註明:	(number 證件號碼):
Contact Telephone No. 聯絡電話號碼: Contact Telephone No. in US if any 美國聯絡電話加碼:	E-mail Address/Fax No. 電郵位址和傳真號碼:

Part I — To be completed by the Policy Owner/Insured:  
- Name of Policy Owner and the Policy No.  
- Name of Insured (Patient) & ID No./Passport No. \*  
- Contact Telephone No./e-mail address/fax no.  
\* Please provide identity proof when for hospital admission

No. If you do not want AIA to inform your agent about this hospitalisation Letter of Guarantee application, please tick "No".  
如閣下不希望友邦就屬次住院付款保證書的申請，通知有關業務代表，請在“否”加上劃號。

Agent/Broker Name 代理人/經紀姓名:	Agent's/Broker Tel. No. 營業員/經紀聯絡電話:
Agent/Agency/ Broker Code 營業員/經紀代碼:	
Area/Agency/Broker Code 區域/營業員/經紀代碼:	

Are you making any AIA Group Policy 閣下是否向友邦團體保險  
If "Yes", please provide the following 若“是”，請提供以下資料  
Name of AIA Group Policy Employer 友邦團體保險僱主名稱  
Group Policy No./Certificate No./Policy No. 團體保險號碼/證書號碼/保單號碼

**Important Note:**  
In view of the "private & confidential" nature of information in the Pre-Admission Form and Letter of Guarantee process, company would like to allow the Policy Owner/Insured to tick "NO" if they do not want AIA Hong Kong to inform agent about this hospitalisation Letter of Guarantee arrangement.

國內出院免找數申請表格 (只適用於香港客戶)  
 LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)

PLEASE COMPLETE QUESTIONS 1 TO 5 IF HOSPITALISATION WAS DUE TO ACCIDENT 因意外受傷入院請填寫問題 1至 5			
1. Date and time of accident 意外日期及時間:	MM月/DD日/YYYY年	A.M. 上午	P.M. 下午: HR 時 MIN 分
2. Where and how did the accident happen 意外地點及經過:			
3. Part of body injured and type of injury 受傷部位及傷勢:			
4. Present occupation (if more than one, state all) and exact nature of occupational duties 現時職業及工作性質:			
5. Name and address of business or employer 公司或業主名稱及地址:			
PLEASE COMPLETE QUESTIONS 6 TO 8 IF HOSPITALISATION WAS DUE TO ILLNESS 因病入院			
6. Give a brief description of symptoms 描述病徵及病狀:			
7. How long have these symptoms existed prior to the first consultation? 該等病征在首次求診前存在了多久:			
8. Give details of consultations 診治詳情			
(a) The doctor first consulted for this illness 首次就診的醫生資料: Date 求診日期:			
(b) Name and address of clinic/hospital 醫生/醫院名稱及地址:			

Insured self-completes the basic medical information:

- Fill in now to avoid any inconvenience/ delays (caused from filling) at the time of discharge from hospital
- This part is extracted from the existing Claim Form Part I
  - Q1 to Q5 if hospitalisation is due to an accident
  - Q6 to Q8 if hospitalisation is due to an illness

## Part II: Credit Card Authorisation

i) It is important to read the Declaration and Authorisation, especially points 'c' and 'd' which authorise AIA Hong Kong to debit the shortfall from the designated Credit Card or Policy Owner/Insured's other policies in the event of insufficient credit

- c. Neither submission of this hospitalisation Pre-admission Form nor the issuance of Letter of Guarantee by AIA Hong Kong shall be construed as admission of liability on the part of AIA Hong Kong.
- d. In the event that AIA Hong Kong has settled any charges not covered in the policy or exceeds my/our/the Insured's eligible benefit limit, AIA Hong Kong shall have the right to deduct any of such charges from the credit card as specified below. However, if AIA Hong Kong cannot collect such shortfall due to insufficient credit available in the credit card account or for any other reason whatsoever, AIA Hong Kong shall have the right to setoff the shortfall amounts against the amount due or payable to me/us/the Insured from this Policy and/or any policy issued by AIA Hong Kong of which I/we/the Insured am/are/is the owner(s) or trustee(s) including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason).

- ii) Credit Card Authorisation Form for Shortfall Collection (only accept Visa, Master and CCB (Asia) UnionPay Dual Currency Credit Card)
- iii) The Credit Card holder must be the Policy Owner or the Insured or with direct relationship between the Policy Owner and the Insured e.g. spouse and parent
- iv) AIA Hong Kong will hold HK\$5,000 from the designated credit card account as hospital deposit until the completion of claim assessment

國內出院免稅款申請表格 (只適用於香港客戶)  
LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)

**PERSONAL DATA COLLECTION AND USE**  
I/We confirm that I/we have read and understood the AIA Personal Information Collection Statement ("AIA PIC"). I/We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investment(s) contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be collected and utilized in accordance with the AIA PIC. I/We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC. The updated version of AIA PIC is available for download from our website: [www.aia.com.hk](http://www.aia.com.hk), and is made available upon request.

**個人資料收集及用途**  
本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明(「AIA個人資料收集聲明」)。本人/我們聲明及同意在本申請或投資文件內或任何方法收集、獲得、編制或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料,可轉傳AIA個人資料收集聲明所規定之地區外,包括香港(如保單在該處發出)或澳門(如保單在該處發出)的AIA個人資料收集聲明所規定的資料轉傳人,我們的個人資料至香港(如保單在該處發出)或澳門(如保單在該處發出)的AIA個人資料收集明目的轉傳人。我們的個人資料可轉傳至以下網址下載: [www.aia.com.hk](http://www.aia.com.hk), 及可向貴公司索取。

I/We hereby irrevocably authorize:  
a. Any organization, institution, or individual that has any record or knowledge of my/our/the Insured's employment, sick leave records, accident or loss details (of any sort), health, medical history or any treatment or advice, that when requested by an authorized representative of the Company may disclose any such information. This authorization shall be valid as the original.  
b. This Company may use the necessary medical examinations or laboratories to perform the necessary medical assessment and tests to undertake and evaluate my/our/the Insured's health status in relation to this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney diseases, acquired immune deficiency (AIDS), infection by any human immunodeficiency virus (HIV), meningitis, diphtheria or the presence of medications, drugs, alcohol or their metabolites.

Neither submission of this hospitalisation Pre-admission Form nor the issuance of Letter of Guarantee by the Company shall be construed as admission of liability on the part of the Company.  
In the event that the Company has settled any charges not covered in the policy or exceeds my/our/the Insured's eligible benefit limit, the Company has the right to deduct any of such charges from the credit card as specified below. However, if the Company cannot collect such shortfall due to insufficient credit available in the credit card account or for any other reason whatsoever, the Company shall have the right to setoff the shortfall amounts against the amount due or payable from this Policy and/or any policy issued by the Company of which I/we/the Insured am/are/is the owner(s) or trustee(s) including but not limited to any death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason).

**本人/我們特此聲明:**  
a. 任何組織、機構或個人,如擁有關於我/我們或我的保險人的工作紀錄、病假紀錄、意外或損失詳情(任何類別)、健康紀錄、或與任何保險或福利有關之記錄,如被本公司的獲授權代表人要求,則該組織、機構或個人應向本公司披露任何該等資料。此項授權應視為有效。  
b. 本公司可採用必要的醫療檢查或實驗室以進行必要的醫療評估及測試,以進行及評估我/我們或我的保險人的健康狀況,與本申請及任何由此產生的索賠有關。這些測試可能包括,但不限於,膽固醇及相關血脂、糖尿病、肝臟或腎臟疾病、愛滋病(HIV)、人類免疫缺陷病毒(HIV)、流行性腦膜炎、白喉、傷寒、酒精或其代謝物。

無論提交此項住院預先申請表格或本公司發出保證書,均不得被視為本公司承認任何責任。  
倘若本公司已結算任何保單內之未獲保款項或超過我的保險人可獲之利益限額,本公司有權從指定之信用卡扣除該等未獲保款項。然而,若本公司因信用卡內之可用信譽不足或其他任何原因,而無法收集該等未獲保款項,本公司有權從本保單或本公司所發出的任何其他保單(包括死亡賠償)中扣除該等未獲保款項,包括但不限於任何死亡賠償、股息或溢利(在法例許可範圍內)。

Signature of the Policy Owner 保單持有人簽名:	Signature of the Insured (parent/guardian if Insured is below 18 years old) 受保人簽名 (受保人年齡低於18歲時,由申請表格填妥的親人簽名):
Policy Owner I.D. Card/Passport Number 保單持有人身份證/護照號碼:	Insured (Patient) I.D. Card/Passport Number 受保人(病人)身份證/護照號碼:

**Part II — To be completed by Policy Owner/Insured**  
**Credit Card Authorisation Form for Shortfall Collection**

- Cardholder's Name
- Cardholder's HKID Card No.
- Credit Card Account No.
- Credit Card Expiry Date
- Cardholder Signature
- Contact No.

**Part II — TO BE COMPLETED BY INSURED/CLAIMANT 第二部分 — 由受保人或申請人填寫**  
**Credit Card Authorisation Form for Shortfall Collection 收取款項費用之信用卡授權書**  
If the amount paid by AIA to the hospital exceeds the eligible claims arising from the hospitalisation, this Form authorizes AIA to collect the shortfall from the following credit card account. The credit card holder must be the Policy Owner or the Insured or with direct relationship between the Policy Owner and the Insured e.g. spouse and parent. AIA will hold HK\$5,000 from the credit limit of this credit card account until the claim assessment is fully completed. The attached notification will be sent to Policy Owner 14 days prior to the credit card account being debited.  
(Please note that for Hong Kong Customers, Visa Card, Master Card and CCB (Asia) UnionPay Dual Currency Credit Card are accepted.)  
If the amount paid by AIA to the hospital exceeds the eligible claims arising from the hospitalisation, this Form authorizes AIA to collect the shortfall from the following credit card account. The credit card holder must be the Policy Owner or the Insured or with direct relationship between the Policy Owner and the Insured e.g. spouse and parent. AIA will hold HK\$5,000 from the credit limit of this credit card account until the claim assessment is fully completed. The attached notification will be sent to Policy Owner 14 days prior to the credit card account being debited.  
(Please note that for Hong Kong Customers, Visa Card, Master Card and CCB (Asia) UnionPay Dual Currency Credit Card are accepted.)  
If the amount paid by AIA to the hospital exceeds the eligible claims arising from the hospitalisation, this Form authorizes AIA to collect the shortfall from the following credit card account. The credit card holder must be the Policy Owner or the Insured or with direct relationship between the Policy Owner and the Insured e.g. spouse and parent. AIA will hold HK\$5,000 from the credit limit of this credit card account until the claim assessment is fully completed. The attached notification will be sent to Policy Owner 14 days prior to the credit card account being debited.  
(Please note that for Hong Kong Customers, Visa Card, Master Card and CCB (Asia) UnionPay Dual Currency Credit Card are accepted.)

**Credit Card Authorisation Form 信用卡授權書 (This section must be completed 此部分必須填寫)**

Cardholder's Name 持卡人姓名:	Cardholder I.D. Card/Passport Number 持卡人身份證/護照號碼:
Credit Card Account No. 信用卡號碼:	Credit Card Expiry Date 信用卡到期日: (MM/YY)
I hereby authorize and direct AIA to debit the outstanding shortfall due from my credit card account 本人授權及指示AIA從我的信用卡戶口扣除未結之款項	
Cardholder's Signature 持卡人簽名:	Contact no. 聯絡號碼:
Date (MM/DD/YYYY) 日期(月/日/年):	

### Part III: Patient Medical Information

To be filled by Insured's attending physician/surgeon at the Policy Owner/Insured's own expense if any

國內出院免核數申請表格 (只適用於香港客戶)  
LOG China Hospital Form for Hong Kong Customer (Traditional Chinese)

Part III — TO BE COMPLETED BY THE INSURED/INSURED ATTENDING PHYSICIAN/SURGEON AT THE POLICY OWNER/INSURED'S EXPENSES IF ANY  
第三部分—由受保人/受保人之主治醫生/外科醫生填寫(如有需要, 保單持有人/受保人需自行承擔填寫表格費用)

Name of Patient 病人姓名:	Date of Birth 病人出生日期: (Month/日) / (Date/日) / (Year/年)
Sex 性別: <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Room Class: <input type="checkbox"/> Ward <input type="checkbox"/> Semi-private <input type="checkbox"/> Private 住 房 級 別: <input type="checkbox"/> 普通病房 <input type="checkbox"/> 半私家 <input type="checkbox"/> 私家
Name of Hospital 醫院名稱:	Hospital Telephone 醫院電話:
Name of Treating Doctor 主治醫師姓名:	Department 科室:
Expected Length of Confinement (number of days) 預計住院日期:	
<b>Medical Condition 醫療詳情</b>	
1. Diagnosis and associated signs and symptoms 診斷和相關病徵:	
2. Onset date of the symptoms/condition 發病日期: ____/____/____ (MM/DD/YYYY 月/日/年)	
3. Is the condition recurrent/chronic? 此情況是否為復發性/慢性? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否  If "Yes", onset date of the first episode: 如 "是", 首次發病日期 ____/____/____ (MM/DD/YYYY) (月/日/年)	4. Is the hospitalization/treatment medically necessary? 此次入院是否醫療所需? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "Yes", please give details. 如是, 請詳述之.  5. Given the condition of the patient, is it possible to provide this treatment on an outpatient basis? 根據你的評估及意見, 病人就是次的病況, 是否可以單從門診程中接受適當的治療? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If "No", please explain 如不可以, 請提供原因:
6. Is illness/injury related to the following condition 此疾病 / 受傷是否由以下情況引起:	
a) Congenital anomaly 先天性異常 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
b) Psychiatric condition 精神病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
c) Influence of alcohol, drug or intoxicant 酒精藥物或麻醉劑影響 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
d) Obesity, weight control 肥胖, 體重控制 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
e) Pregnancy, childbirth, abortion 懷孕, 分娩, 流產 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
<b>Treatment Details 治療詳情</b>	
7. Surgery/treatment required 建議之手術/治療:	
Estimated Surgeon fee charges 預計外科手術費:	
<input type="checkbox"/> Anesthesia 麻醉: <input type="checkbox"/> General 全身麻醉 <input type="checkbox"/> Local 局部麻醉	

**Part III — To be completed by the Insured/Attending Physician/Surgeon at Policy Owner/Insured's expense if any**

- Medical Condition
- Treatment details
- Hospital details
- Doctor's information & signature

**Note:**

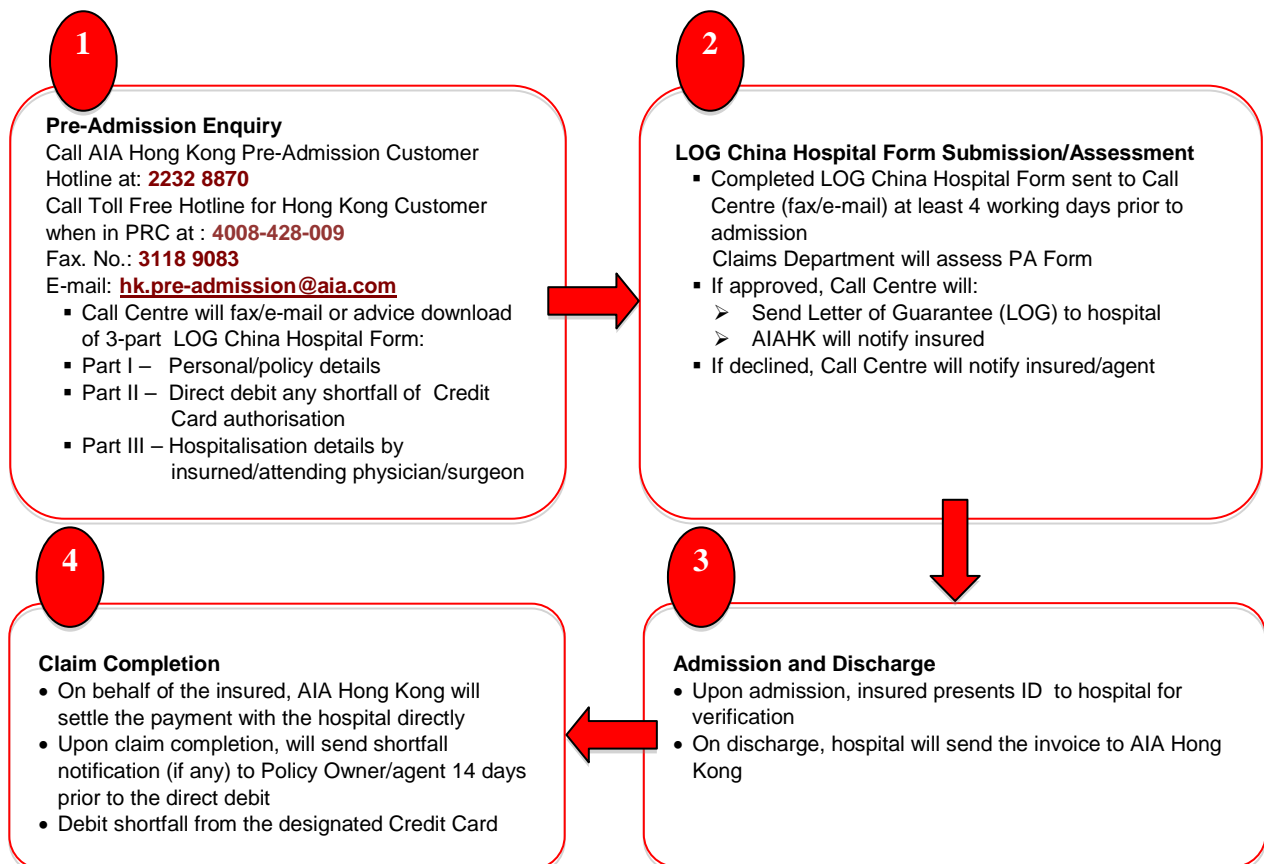
- 1) Please take note that insufficient or incorrect information in the LOG China Hospital Form may delay the Pre-Admission assessment
- 2) All expenses will be borne by Policy Owner/Insured if there are any charges to be paid to the attending physician/surgeon for filling-out the LOG China Hospital Form and/or the Claim Form Part II upon discharge from hospital
- 3) Once our Claims Department completes the assessment, we will inform the Insured via phone and SMS with a Case Reference No. The Letter of Guarantee will be sent to the respective hospital
- 4) AIA Hong Kong will hold HK\$5,000 from the designated Credit Card Account as hospital deposit
- 5) If permitted by the Policy Owner/Insured in the LOG China Hospital Form, we will also inform the agent by phone



## D) Shortfall Collection

- 1) Credit Card authorisation must be signed by the Policy Owner/Insured in LOG China Hospital Form to allow AIA Hong Kong to direct debit any shortfall
- 2) AIA Hong Kong will arrange the Letter of Guarantee to the hospital, and will hold HK\$5,000 from the designated Credit Card Account as hospital deposit until the completion of claim assessment
- 3) Once Claims Department completes the case assessment, if there is any shortfall, a shortfall notification with details will be sent to Policy Owner. 14 days after the issuance of the shortfall notification, AIA Hong Kong will debit the shortfall from the designated Credit Card as per the terms and conditions set out in the LOG China Hospital Form.
- 4) A follow-up shortfall reminder notification will be sent if the debit process fails. All further claim reimbursements and Letter of Guarantee arrangements for the Policy Owner/Insured will be temporarily suspended
- 5) Please take note that if the shortfall remains unsettled for more than 3 months, AIA Hong Kong has the right to setoff the shortfall amount against any amount due or payable to the Policy Owner/Insured e.g. death benefit, dividends or return of premium (for whatever reason) to the extent permitted by law.

## E) Workflow — Overview



## Frequently Asked Questions

### 1. Why is credit facility service for hospitalisation in China being introduced?

To let our customers enjoy peace of mind during hospitalisation, we are introducing the “hospitalisation cashless arrangement” wherein AIA Hong Kong provides the concerned hospital a Letter of Guarantee (LOG) prior to customer’s hospital admission in China. On behalf of the customer, we will settle the payment with the hospital directly. Upon completion of the Claim assessment, in the event of a shortfall, a shortfall notification with details will be sent to the Policy Owner.

### 2. Is there a Hotline /simple step-by-step guidelines for reference?

Yes, please refer to the five simple steps for hospitalisation provided in Appendix I, which will give you a brief idea. You are also welcome to contact us or visit corporate website for additional information.

<b>Pre-Admission Hong Kong Customer Hotline</b>	(852) 2232 8870
<b>Service Hours</b>	Monday – Friday 8:45 a.m. to 7:00 p.m. (No available on Saturdays, Sundays and Public Holidays)
<b>PRC Website</b>	Agency Cornor -> Manuals -> PRC Manuals -> 最常用工具 -> 國內出院免找數服務 -> 國內出院免找數申請表格 (只適用於香港客戶)
<b>Corporate Website</b>	AIA.COM.HK -> Customer Support -> Letter of Guarantee Service for China Hospital (LOG) -> 國內出院免找數申請表格 (只適用於香港客戶)
<b>iAMP</b>	Agency Corner -> iAgency management Platform -> Sales Tools -> E-Forms -> Claims -> 國內出院免找數申請表格 (只適用於香港客戶)
<b>Agency Corner</b>	Departments -> Claims -> Forms -> 國內出院免找數申請表格 (只適用於香港客戶)

### 3. Which hospitals will accept our LOG in China?

Cashless arrangement will be available at 145 selected hospitals in People Republic of China (please refer to AIA.COM.HK -> Customer Support -> Letter of Guarantee Service for China Hospital -> List of designated Hospitals for Letter of Guarantee Service in China)

### 4. Is there a need to submit the LOG China Hospital Form?

LOG China Hospital Form is required for making a LOG application. The LOG China Hospital Form which consists of 3 parts as shown in the Table below, needs to be completed and submitted to ensure a smooth hassle-free application process, facilitate the credit facility arrangement and claim assessment.

Since this is a brand new service being provided to our customers, it is important for you to gain a better understanding by reading through the contents including the Declaration and Authorisation before advising customers or filling the LOG China Hospital Form

<b>Form Part I</b>	Personal Information to be completed by Policy Owner/Insured (patient)
<b>Form Part II</b>	Declaration and Authorisation to be completed by Policy Owner/Insured (patient) i) It is important to read the entire Declaration and Authorisation ii) Points 'c' and 'd' which authorise AIA Hong Kong to hold HK\$5,000 from the designated Credit Card Account as hospital deposit until the completion of claim assessment iii) AIA Hong Kong will debit the shortfall if any from the designated Credit Card or other policies in the event of insufficient credit
<b>Form Part III</b>	Insured's Medical Information to be completed by Insured/attending physician/surgeon at the Policy Owner/Insured's own expense if any

**Note:** Please take note that insufficient or incorrect information in the LOG China Hospital Form may delay the Pre-Admission assessment

## 5. How to submit the LOG China Hospital Form?

Please fill out and return the LOG China Hospital Form to us at least 4 working days prior to admission.

Fax no.: (852) 3118 9083; E-mail: [hk.pre-admission@aia.com](mailto:hk.pre-admission@aia.com)

## 6. How long does it take to process the LOG application?

From the date of receipt of the completed LOG China Hospital Form, it takes 4 working days to process the LOG application

## 7. What happens after the LOG China Hospital Form assessment process?

Once our Claims Department completes the assessment:

- **If approved:**
  - We will inform the Insured via phone and send an SMS with a Case Reference No.
  - We will send the LOG to the respective hospital
  - We will hold HK\$5,000 from the designated Credit Card Account as hospital deposit
- **If declined:**
  - We will inform the Policy Owner/Insured and provide the reason(s) why the LOG application was declined. Policy Owner/Insured can still follow the existing simple procedure of paying the hospital bill and filing the claim using the Hospitalisation Claim Form

## **8. What happens upon Insured's discharge from hospital?**

Since Insured has provided the LOG China Hospital Form with detailed information prior to admission, no forms need to be filled at the time of discharge from hospital.

On discharge, hospital will send invoice directly to AIA Hong Kong together with Hospitalisation Claim Form Part II. Once Claims completes the claim case assessment, in the event of any shortfall, a shortfall notification will be sent to the Policy Owner 14 days prior to the collection!

## **9. How can a customer settle the shortfall?**

- i) On discharge, hospital will send invoice directly to AIA Hong Kong together with Hospitalisation Claim Form Part II.
- ii) Once Claims Department completes the case assessment, in the event of any shortfall, a shortfall notification with details will be sent to the Policy Owner.
- iii) 14 days after the issuance of the shortfall notification, AIA Hong Kong will debit the shortfall from the designated Credit Card as per the terms and conditions set out in the LOG China Hospital Form.
- iv) A follow-up shortfall reminder will be sent if the debit process fails. All further claim reimbursements and LOG arrangements for the Policy Owner/Insured will be temporarily suspended.
- v) If the shortfall debit amount is higher than the Credit Card credit limit, customer can send a cheque for direct settlement.

Please take note that if the shortfall remains unsettled for more than 3 months, AIA Hong Kong has the right to setoff the shortfall amount against any amount due or payable to the Policy Owner/Insured e.g. death benefit (to the extent it is permissible by law), dividends or return of premium (for whatever reason)