

Medical expenses claim form (Hong Kong Baptist University)

醫療費用索償申請表 (香港浸會大學)

To be completed by Finance Office of HKBU
由香港浸會大學財務處填寫
Declaration date 申報日期 (MM/YY)

Medical Insurance: Applicable for Hong Kong Baptist University Incoming Visiting Scholars or Contract Staff or Incoming Students from Overseas to Hong Kong

醫療保險：適用於由海外到香港浸會大學的訪港短期／客席教職員及訪港學生

Please ✓ the appropriate box. 請✓ 適用方格。

Please use block letter if you fill in the form in English. 如用英文填寫資料，請使用正楷書寫。

Claims submission 申請索償：

Please complete this claim form and submit it together with original medical receipts and all required supporting documents to Finance Office, Hong Kong Baptist University within 30 days following the loss. Otherwise, it may prejudice your claims under the Policy.

請於蒙受損失後30天內填妥本表格連同醫療收據正本及一切有關文件交回香港浸會大學財務處，否則可能影響您的賠償處理。

1. Personal information 個人資料 All fields are mandatory. 所有項目必須填報。

Policy no. **TTT0002959ZC**
保單號碼

Policyholder **Hong Kong Baptist University**
保單持有人 **香港浸會大學**

Name of insured person (English)
受保人姓名(英文)

HKID card/Passport no. of insured (first four digits)
受保人香港身份證 / 護照號碼 (首四位號碼)

Date of birth Day日 Month月 Year年
出生日期

Daytime contact no.
日間聯絡電話

Email address
電郵地址

Plan of insurance Plan 1 Plan 2
投保計劃 計劃一 計劃二

Type of insured person Incoming visiting staff Incoming student
受保人類別 短期 / 訪問職員 訪港學生

Arrival (to Hong Kong) flight no. **From Where to Hong Kong**
抵達香港航班編號 由何處抵達香港

Staff/Student ID no. Faculty and year of study
職員 / 學生編號 學系及修讀年級

Date of arriving Hong Kong Day日 Month月 Year年
抵達香港日期

Position Department
職位 部門

First date insured this insurance Day日 Month月 Year年
首日投保此保險

Current Period of Insurance Commencement date Day日 Month月 Year年
現時保險期 生效日

Expiry date Day日 Month月 Year年
到期日

Incoming visiting staff max period of coverage is 365 days from the date arrival Hong Kong, renewal will not be offer.

訪港短期客席教職員必須按照服務合約日期投保，投保期最長365日。不提供續保。

Insured person if not continuous insure, his/her per-existing conditions or illness will not be covered.

受保人如非連續性投保，其已存在之疾病將不獲賠償。

Any person, if his Stationed Country is Hong Kong, or not travelling from Overseas to Hong Kong for performing job duties or for studying a course, shall not be covered by this Policy. 任何人士，如其原居地為香港，或並非由海外國家到香港履行合約或就讀課程者，均不受此保單保障。

Effective from July 2024

2024年7月起生效

2. Basic supporting documents 基本證明文件

Receipt date 收據日期	Sickness/Injury diagnosed 確診的疾病 / 傷患名稱	Claim amount (HKD) 索償金額 (港元)	Total amount of claim 總索償金額

You can add supplementary paper if the provided space is insufficient. 如提供的位置不足，可另行加紙填寫。

No policy excess. 本保單沒有保單自負額。

Sub-limit for Chinese Medicine Consultation HKD 300 per visit per day. 中醫分項限額為每日每次 300 港元。

3. Declaration and authorization 聲明及授權

- I/We declare that all information provided by me/us above is true and complete to the best of my/our knowledge and belief and such information is provided without reservation or withholding of any kind.
本人 / 我們謹此聲明，以上由本人 / 我們所提供之全部資料乃據本人 / 我們所知所信屬真確及完整無誤，而本人 / 我們在提供資料方面並沒有任何保留或隱瞞。
- I/We confirm that I/we have read, understood and agreed to **Zurich Insurance Company Ltd's ("the Company") privacy policy** as described below.
本人 / 我們確認本人 / 我們已閱讀、明白並同意以下所述**蘇黎世保險有限公司 (「貴公司」)** 之私隱政策。
- I/We hereby authorize any physician, medical practitioners, hospitals or clinics by whom or where I/we have been observed or treated to give full particulars about my/our health or provide the relevant report or document to the Company or its agents.
本人 / 我們授權於任何曾替本人 / 我們作診療之醫生、醫務人員、醫院或診所提供有關本人 / 我們病歷之資料或提供有關的報告或文件予 貴公司或其代理人。
- I/We hereby further authorize any parties, including but not limited to police and government authorities, airlines, travel agents, insurance companies etc. who are in possession of my/our insurance proposal information, claim information or any related information to release part or all of the information about me/us or related incidents of injury, loss or damage to the Company or its agents.
本人 / 我們授權持有本人 / 我們投保資料、索償紀錄或任何有關資料之一方，包括但不限於警方及政府機構、航空公司、旅遊公司、保險公司等任何有關人士或組織，可以將部份或全部有關本人 / 我們是次受傷、損失或損毀相關事件等資料提供予 貴公司或其代理人。
- A photocopy of this authorization shall be considered as effective and valid as the original.
此授權書之影印本與正本同屬有效。

4. Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** from time to time, which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“**Zurich Insurance Group**”) for the 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).

由蘇黎世保險有限公司（「本公司」）不時收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料（例如從第三方收到的索償資料和病歷），均可供本公司及／或其所屬集團（「蘇黎世保險集團」）內的公司使用作為向客戶提供服務而必須的用途（否則本公司將無法為未能提供所需資料的客戶提供服務）。

Please read carefully the details of the Company’s privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.



本公司之私隱政策詳載於www.zurich.com.hk/pics或可透過掃描QR碼細閱。您亦可致電2968 2288與我們的客戶服務中心聯絡又或向保險中介人查詢。

Name of insured person
受保人姓名

Signature of insured person
受保人簽署

Day日 Month月 Year年
Date
日期

Authorized signature and chop
Finance Office, Hong Kong Baptist University
香港浸會大學財務處簽署及蓋章

Day日 Month月 Year年
Date
日期

Claim submission is invalid without the signature and chop of HKBU. 沒有浸大簽署及蓋章之索賠提交將視為無效。

For any inquiries, please call Finance Office of Hong Kong Baptist University at 3411 7683.
有任何查詢，請致電3411 7683香港浸會大學財務處。

Effective from July 2024
2024年7月起生效

Zurich Insurance Company Ltd (a company incorporated in Switzerland with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong

蘇黎世保險有限公司（於瑞士註冊成立之有限公司）
香港港島東華蘭路18號港島東中心25-26樓

