

To speed up your claim reimbursement, please follow the instructions overleaf.  
 為加速索償申請，請依據背頁指示。

Employer Name: \_\_\_\_\_  
 僱主名稱

Policy No. \_\_\_\_\_  
 保單編號:

Account No. \_\_\_\_\_  
 分組編號:

Employee Name (in full): \_\_\_\_\_  
 僱員姓名 (全名)

Certificate No.: \_\_\_\_\_  
 保險証編號

Patient Name (in full):  
 If other than Employee: \_\_\_\_\_  
 病者姓名 (僱員毋須填寫)

Dependent No.: \_\_\_\_\_  
 家屬編號

Request to claim for Normal Routine Examination  
 要求索取例行檢查賠償

Yes   
 是

If original receipt(s) is required to be returned, please tick the box at the right hand side and attach the photo copies.  
 如需索回收據正本，請在右方格加上✓號，並請附上副本。

Please state out doctor's receipt(s) as follows:  
 請詳述醫生收據

Date of Visit 診症日期	Patient Card No. 覆診咭號碼	Amount Charged 銀碼
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Declaration & Authorization 聲明及授權書：**

I hereby declare that the above information given is true and correct.

I further authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to Manulife or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records. A photostat copy of this authorization shall be considered as effective and valid as the original.

本人現聲明上述所填報的資料正確無訛。

本人茲授權持有本人健康或任何資料之醫院、醫生、保險公司或機構，可以將部份或全部有關本人傷患之病歷、診斷報告及藥方等資料給與宏利或其代理人。此授權書之影印本與正本具同等效力。

1. I agree that the information required under this claim form may be transferred to any person/organization for the purpose of claim investigation or data verification within the insurance industry by way of matching procedures or otherwise.

本人同意將於本案索償表格內填報之資料提供予任何人士/機構，以便於保險業內以配對或其他方法進行理賠調查或核實資料。

2. I confirm that I have obtained all necessary authorizations from my dependents to supply their information to your company.

本人確認已向家屬取得一切所需授權，可向貴公司提供其個人資料。

Patient's Signature 病者簽名

D日 M月 Y年