



## SMARTCARE OPTIMUM MEDICAL INSURANCE PLAN

### PRE-AUTHORISATION FORM I

卓越無憂保醫療保障

預先授權申請表I

#### Four Simple Steps 簡易四步驟

1	Call the AXA Customer Care Hotline at (852) 2523 3061 to enquire your benefit eligibility and coverage. 請致電 AXA 安盛客戶服務熱線 (852) 2523 3061 查詢您可享有的醫療保障資格及保障範圍。
2	<u>SmartCare Optimum Medical Insurance</u> : Please complete and send Pre-authorisation Form to AXA at least 2 working days prior to admission/treatment by email or fax. Upon our receipt of all required documents, AXA will notify you the result within 2 working days or prior to the admission/treatment (whichever is earlier). 卓越無憂保醫療計劃: 請填妥預先批核申請表, 並於入院/治療前至少兩個工作天電郵或傳真給 AXA 安盛。當收妥所需文件後, AXA 安盛會在兩個工作天內或在入院/治療前(以較先者為準)通知您有關結果。  Email 電郵地址: individual.preauth@axa.com.hk Fax no. 傳真號碼: (852) 3009 4548
3	<u>Direct Billing Service 直接結算服務</u> Upon admission/treatment, please present your Medical Card to the hospital/healthcare facility for registration. 入院/治療時, 請於醫院/醫療機構登記時, 出示您的醫療卡。  If you will be confined in the hospital, we will issue a "Letter of Guarantee" stating your pre-authorised limit to the hospital prior to your admission. 如果您於醫院接受住院治療, 我們會於您入院前發出「付款保證書」包括預先批核保證額給醫院。
4	Upon discharge/after treatment, AXA will settle the bill directly with the hospital/healthcare facility for eligible medical expenses within your pre-authorised limit. Once AXA completed the claims assessment, if there is any shortfall, a "Shortfall Advice" with details will be sent to you prior to the shortfall collection. 出院/治療後, AXA 安盛將直接向醫院/醫療機構支付預先批核保證額內的合資格醫療費用。AXA 安盛完成賠償評估後, 如有任何賠償差額欠款, 將於收取款項前向您發出「賠償差額欠款付款通知書」, 列明有關細節。

#### Please Note 請注意:

- Please take note that non-network doctor may charge to fill out this Pre-authorisation Form and AXA is not responsible for such charge being incurred.  
請注意非網路醫生或要求收取填寫預先批核申請表之費用, AXA 安盛將不會承擔此費用。
- Final decision of pre-authorisation application or direct billing approval is subject to the discretion of AXA.  
AXA 安盛保留預先批核申請或直接結算批核之最終決定權。
- If admission/treatment is due to illness/disability which is considered under exclusions of the policy, the pre-authorisation application and/or direct billing application will be rejected. After the claim assessment, the claim may be rejected, and the shortfall will be collected for any uncovered items.  
如入院/治療被考慮為保單不受保項目之疾病/病症, 預先批核申請及/或直接結算申請將會被拒。賠償評估後, 索賠可能會被拒絕, 對於任何不受保障的項目之有關費用我們將會收取差額。
- You will be required to provide treatment information to AXA.  
您將須提供治療資料予 AXA 安盛。
- The actual date of claims notification of direct billing depends on the submission of required documents by the designated network hospital/healthcare facility.  
直接結算賠償通知的實際日期需視乎指定網絡醫院/醫療機構遞交文件所需時間而有所不同。
- In case the actual medical expense exceeds the pre-authorised limit stated in the "Letter of Guarantee", you will need to settle the balance directly with hospital/healthcare facility and submit a claim with Claim Form and original receipt(s) for assessment to AXA afterwards. (Payment of charges for any items not listed in the policy schedule or not covered under the plan will have to be borne by you).  
如實際醫療費用超出「付款保證書」列明之預先批核保證額, 您須直接向醫院/醫療機構支付餘款, 並向 AXA 安盛提交索償表及正本收據申請賠償 (不列於保障項目表或不受醫療計劃保障的項目之有關費用須由您自行承擔)。

#### Authorization and Agreement 授權和同意

- I hereby authorize my attending doctor to release any information regarding my health, medical history or any treatment that required for the purpose of applying Direct Billing Service.  
本人茲授權上述主診醫生可提供本人家屬之健康及治療狀況作為申請直接結算批核。
- I hereby agree to reimburse AXA General Insurance Hong Kong Limited for any charges incurred during my hospitalization which are in excess of my benefits entitlement or any ineligible benefits not provided under the Policy to AXA General Insurance Hong Kong Limited within 30 days after this hospitalization.  
有關此次入院收費如在保單不受保障範圍或超過保單上之賠償額, 本人同意於出院後30天內繳付予安盛保險有關此次入院收費及保險賠償之差額。

Signature of Insured Person (Patient) or Policyholder (if Insured Person is under 18 years old) 受保人 (病人) 或 保單持有人簽署 (如受保人未滿十八歲)	Date (dd / mm / yyyy) 日期 (日 / 月 / 年)

## PERSONAL INFORMATION COLLECTION STATEMENT

AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited / AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO"). Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

**Purpose:** From time to time it is necessary for the Company to collect your personal data (including credit information and claims history) which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners (see "Use and provision of personal data in direct marketing" below), and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. detecting and preventing fraud (whether or not relating to the products/services provided by the Company and/or our affiliates);
6. evaluating your financial needs;
7. designing products/services for customers;
8. conducting market research for statistical or other purposes;
9. matching any data held which relates to you from time to time for any of the purposes listed herein;
10. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
11. conducting identity and/or credit checks and/or debt collection;
12. complying with the laws of any applicable jurisdiction;
13. carrying out other services in connection with the operation of the Company's business; and
14. other purposes directly relating to any of the above.

**Transfer of personal data:** Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services (including direct marketing services) to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere; and
7. the following persons who may collect and use the data only as reasonably necessary to carry out any of the purposes described in paragraphs nos. 2, 3, 4 and 5 of the Purposes specified above: insurance adjusters, agents and brokers, employers, health care professionals, hospitals, accountants, financial advisors, solicitors, organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check data provided against existing data.

For our policy on using your personal data for marketing purposes, please see the section below "Use and provision of personal data in direct marketing".

Transfer of your personal data will only be made for one or more of the Purposes specified above.

**Use and provision of personal data in direct marketing:** The Company intends to:

1. use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;
2. conduct direct marketing (including but not limited to providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates, our co-branding partners and our business partners may offer:
  - a) insurance, banking, provident fund or scheme, financial services, securities and related products and services;
  - b) products and services on health, wellness and medical, food and beverage, sporting activities and membership, entertainment, spa and similar relaxation activities, travel and transportation, household, apparel, education, social networking, media and high-end consumer products;
3. the above products and services may be provided by the Company and/or:
  - a) any of our affiliates;
  - b) third party financial institutions;
  - c) the business partners or co-branding partners of the Company and/or affiliates providing the products and services set out in (2) above;
  - d) third party reward, loyalty or privileges programme providers supporting the Company or any of the above listed entities;
4. in addition to marketing the above products and services, the Company also intends to provide the data described in (1) above to all or any of the persons described in (3) above for use by them in marketing those products and services, and the Company requires your written consent (which includes an indication of no objection) for that purpose.

Before using your personal data for the purposes and providing to the transferees set out above, the Company must obtain your written consent, and only after having obtained such written consent, may use and provide your personal data for any promotional or marketing purpose.

You may in future withdraw your consent to the use and provision of your personal data for direct marketing.

If you wish to withdraw your consent, please inform us in writing to the address in the section on "Access and correction of personal data". The Company shall, without charge to you, ensure that you are not included in future direct marketing activities.

**Access and correction of personal data:** Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Life Insurance	Data Privacy Officer AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) / AXA China Region Insurance Company Limited Customer Service Centre Suite 2001, 20/F, Tower Two, Times Square, 1 Matheson Street, Causeway Bay, Hong Kong
Health & Employee Benefits	Data Privacy Officer AXA China Region Insurance Company Limited / AXA General Insurance Hong Kong Limited 10 - 11/F, Vertical Square, 28 Heung Yip Road, Wong Chuk Hang, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

收集個人資料的聲明

安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）／安盛金融有限公司／安盛保險有限公司（下稱“本公司”）明白其就《個人資料（私隱）條例》（香港法例第 486 章）（“條例”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

**目的：**本公司不時有必要收集閣下的個人資料(包括信用資料和以往申索紀錄)，並可能因下列各項目的（“有關目的”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司(“安盛關聯方”)或本公司的商業合作夥伴(參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份)之產品／服務，以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 偵測和防止欺詐行為(無論是否與就由本公司及／或安盛關聯方提供的產品／服務有關)；
6. 評估閣下的財務需求；
7. 為客戶設計產品／服務；
8. 為統計或其他目的進行市場研究；
9. 不時就本條款所列的任何目的核對所持有的與閣下有關係的任何資料；
10. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
11. 進行身份和／或信用核查和／或債務追收；
12. 遵守任何適用的司法管轄區的法律；
13. 開展與本公司業務經營有關的其他服務；及
14. 與上述任何目的直接有關的其他目的。

**個人資料的轉移：**個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人(包括私家偵探)；
3. 在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政、技術或其他服務(包括直接促銷服務)並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關；及
7. 在有合理需要履行任何上述有關目的段落 2, 3, 4 及 5 之情況下，以下人士：保險理算人、代理和經紀、僱主、醫護專業人士、醫院、會計師、財務顧問、律師、整合保險業申訴和承保資料的組織、防欺詐組織、其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）、警察、和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

如欲了解本公司為促銷目的使用閣下的個人資料的政策，請參閱下文“在直接促銷中使用及將其個人資料提供予其他人士”部份。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

**在直接促銷中使用及將其個人資料提供予其他人士：**本公司有意：

1. 使用本公司不時持有的閣下的姓名、聯絡資料、產品及服務的組合資料、交易模式及行為、財政背景及人口統計數據以進行直接促銷；
2. 就本公司，安盛關聯方，本公司合作品牌夥伴及商業合作夥伴可能提供關於下列類別的服務及產品而進行直接促銷(包括但不限於提供獎賞、客戶或會員或優惠計劃)：
  - a. 保險、銀行、公積金或公積金計劃、金融服務、證券和相關產品及服務；
  - b. 健康、保健及醫療、餐飲、體育運動及會員服務、娛樂、健身浴或類似的休閒活動、旅遊及交通、家居、服裝、教育、社交網絡、媒體的產品及服務及高級消費類產品；
3. 以上服務及產品將會由本公司及/或以下機構提供：
  - a. 任何安盛關聯方；
  - b. 第三方金融機構；
  - c. 提供上文 2. 所列之服務及產品之本公司及／或安盛關聯方的商業合作夥伴或合作品牌夥伴；
  - d. 向本公司或任何以上所列機構提供支援的第三方獎賞、客戶或會員或優惠計劃提供者；
4. 除由本公司促銷上述服務及產品外，本公司亦有意將上文 1. 段部份所述的資料提供予上文 3. 段部份所述的全部或任何人士，以供該等人士在促銷該等服務及產品中使用，而本公司為此目的須獲得客戶書面同意(包括表示不反對)。

在使用閣下的個人資料作上文所述的目的或提供予上文所述的人士之前，本公司須獲得閣下的書面同意，及只在獲得閣下的書面同意後方可使用閣下的個人資料及提供予其他人士作任何推廣及促銷用途。

閣下日後可撤回閣下給予本公司有關使用閣下的個人資料及提供予其他人士作任何促銷用途的同意。

閣下如欲撤回閣下給予本公司的同意，請發信至下文“個人資料的查閱和更正”部份所列的地址通知本公司。本公司會在收取任何費用的情況下確保不會將閣下納入日後的直接促銷活動中。

**個人資料的查閱和更正：**根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

人壽保險	客戶服務中心 安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）/ 安盛金融有限公司 個人資料保護主任
醫療及僱員福利保險	香港黃竹坑香葉道 28 號嘉尚匯 10-11 樓 安盛金融有限公司 / 安盛保險有限公司 個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

AXA China Region Insurance Company (Bermuda) Limited (Incorporated in Bermuda with limited liability) /  
AXA China Region Insurance Company Limited / AXA General Insurance Hong Kong Limited ("AXA" / the "Company")  
安盛保險（百慕達）有限公司（於百慕達註冊成立的有限公司）/ 安盛金融有限公司 / 安盛保險有限公司（“AXA 安盛”/ “本公司”）



# SMARTCARE OPTIMUM MEDICAL INSURANCE PLAN

## PRE-AUTHORISATION FORM II

### 卓越無憂保醫療保障

### 預先授權申請表 II

Email 電郵地址: individual.preauth@axa.com.hk Fax Number 傳真號碼 (852) 3009 4548

TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SURGEON 由主診醫生 / 外科醫生填寫

Policy Number 保單編號

Policy Number starting with ZE

保單編號以 ZE 為開端

- ☎ (852) 2523 3061

#### (1) Details of Insured Person (Patient) 受保人 (病人) 資料

Name of Insured Person (Patient) 受保人 (病人) 姓名	<input type="checkbox"/> Mr. 先生 <input type="checkbox"/> Mrs. 太太 <input type="checkbox"/> Miss 小姐 <input type="checkbox"/> Ms. 女士	Insured Person's (Patient's) Identity Card/Passport Number 受保人 (病人) 身份證/護照號碼
		Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年)
Surname 姓	Given Name 名	Contact Number 聯絡電話

#### (2) Particulars of Medical Information 臨床及入院資料

1. Symptom(s) / chief complaint(s) presented 病徵/主訴出現	2. Onset Date (DD/MM/YYYY) 病徵出現日期 (日/月/年)
3. Diagnosis 診斷	4. First Consultation Date (DD/MM/YYYY) 首次看診日期 (日/月/年)
5. Is it a chronic/recurrent illness 是否慢性/復發疾病 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If "YES", First Onset Date (DD/MM/YYYY) 如 "是" 首次病徵出現日期(日/月/年)
6. Name of Hospital/Day Centre/Clinic 醫院/日症中心/診所名稱	7. Date of Admission/Treatment (DD/MM/YYYY) 日期 (日/月/年)
<input type="checkbox"/> Inpatient 住院 <input type="checkbox"/> Hospital OPD 醫院門診 <input type="checkbox"/> Day Centre日間中心 <input type="checkbox"/> Clinic 診所	
8. Bed Class 住院級別 <input type="checkbox"/> Private 私家房 <input type="checkbox"/> Semi-private 半私家房 <input type="checkbox"/> Ward 大房 <input type="checkbox"/> Hospital Day Ward 醫院日間病房	9. Daily Doctor's Round Fee 每日醫生巡房費
10. Estimated Length of Stay 預計留院日數	11. Daily Room Charges 每日住宿費用
12. Name of Surgery/Treatment 手術名稱或治療	Surgery/Treatment Fee 手術/治療費用
13. Name of Medical Implant (if any) 醫療植入裝置名稱 (如有)	Medical Implant Charges (if any) 醫療植入裝置費用 (如有)
14. Operating Theatre and Materials Charges 手術室及物料費用	
15. Anaesthesia 麻醉 <input type="checkbox"/> G.A. 全身麻醉 <input type="checkbox"/> M.A.C 監察麻醉 <input type="checkbox"/> L.A. 局部麻醉	Anaesthesiologist's Fee 麻醉科醫生費
16. Referral to Specialist (if any), please provide name and reason. 轉介專科醫生 (如有) · 請提供醫生姓名及原因。	Specialist's Consultation Fee 專科醫生診療費用
17. Diagnostic test (e.g. Lab Test/X-ray/CT/MRI/PET scans) required during hospitalisation, please provide reason. 請提供原因為何診斷測試(例如化驗/X光檢查/電腦掃描/磁力共振/正電子掃描)需要在住院進行。	Diagnostic Test Charges 診斷測試費用
18. Therapeutic medication required during hospitalisation, please provide reason. 請提供原因為何藥物治療需要在住院進行。	Medication Charges 藥物費用
19. If hospitalisation is arranged for physiotherapy or a surgical procedure that is normally carried out in clinic or day centre or hospital daycase/OPD, please explain why hospital stay is necessary. 如是次住院之目的為物理治療或一般門診手術或一般日間手術或一般醫院日症/門診手術, 請說明留院之原因。	
20. Estimated Doctor's Fees (Total) 預算醫生費用 (總計)	21. Estimated Hospital Charges (Total) 預算醫院費用 (總計)

#### 3. DECLARATION AND AGREEMENT 聲明及同意

I HEREBY CERTIFY that I have personally examined and treated the Insured Person (Patient) in connection to the above condition and that the facts as given above present my opinion of his/her condition. I declare and agree to make the declaration on this claim form.

本人謹此聲明曾為受保人(病人)作出診治, 以上填報的各項資料乃本人基於以上的情況而提供意見。本人謹此聲明及同意上述一切陳述及問題的所有答案均為事實之全部並確實無訛。

Name of Attending Physician/Surgeon 主診醫生/外科醫生姓名	Signature and Chop of Attending Physician/Surgeon 主診醫生/外科醫生簽名及蓋章	
Date (dd/mm/yyyy) 日期 (日/月/年)	Contact Number 聯絡電話	Fax Number 傳真號碼