AIA International Limited
(Incorporated in Bermuda
with limited liability)

APPLICATION FORM FOR DEATH CLAIM (PHYSICIAN'S STATEMENT) 死亡賠償申請書（醫生報告）

To be completed by the Attending Physician at the claimant's expense 申請人自費由主診醫生填寫

(1) Name of the deceased in full 死者全名	(in English 英文)	(in Chinese 中文)	
(2) Policy Number 保單號碼		(3) I.D.Card/Passport No. 身份證/護照號碼	
(4) Deceased's Address at time of death 死時報稱住址			
(5) Occupation at the time of death 死時報稱職業		(6) Last date of working 最後工作日期	MM 月 / DD 日 / YYYY 年
(7) How long have you known the deceased? 閣下認識死者多久？		(8) Did you attend the deceased during his last illness? 閣下有否替死者診治末次之病患？	☐ Yes 有 ☐ No 否 If so, for what disease? 若有，是何種病患？
(9) Date of your first visit 首次診治日期	MM 月 / DD 日 / YYYY 年	(10) Date of your last visit 末次診治日期	MM 月 / DD 日 / YYYY 年
(11) Date of death 死亡日期	MM 月 / DD 日 / YYYY 年	(12) Time of death 死亡時間	☐ a.m. 上午 ☐ p.m. 下午 Hr 時 / Min 分
(13) Cause of death 死亡原因			
(14) Place of death 死亡地點		(15) Whether a post-mortem will be or has been done? 是否將會或經已進行驗屍？	☐ Yes 會 ☐ No 不會 ☐ Done 經已進行 ☐ Uncertain 不確定

Complete 16-21 only if the cause of death is due to an accident
第 16–21 項只適用於由意外導致之死亡

(16) Date of accident 意外日期	MM 月 / DD 日 / YYYY 年	(17) Time of accident 意外時間	Hr 時 / Min 分	☐ a.m. 上午 ☐ p.m. 下午
(18) Place of accident 意外地點		(19) Details of accident 意外詳情		
(20) When did the deceased first seek medical treatment of his last illness? 死者末次病患之首次求診日期？	MM 月 / DD 日 / YYYY 年	(21) How long did the deceased suffer from the last illness before seeking medical treatment? 死者末次病患於求診前已存在多久？		

Please turn over 請轉後頁

Policy Number 保單號碼 | | | | | | | | | | |

(22) Please give a summary of medical treatment given 治療摘要	
Date 日期	Treatment given 治療

(23) Names and addresses of other physicians who attended the deceased for his last illness and prior illnesses.
其他曾替死者末次病患或早前病患診治之醫生姓名及地址。

Name of physician/hospital 醫生/醫院名稱	Address 地址	Date of Attendance 診治日期 MM 月 / DD 日 / YYYY 年	Illness or condition treated 治療之病患

(24) Was the deceased a smoker? 死者有否吸煙習慣?	☐ Yes 有 ☐ No 沒有 If yes, please state daily smoking amount and no. of years smoked. 若有，請陳述每日之吸煙量及已維持多少年。	(25) Did the smoking habit contribute to the death of the deceased? 死者之死亡是否由此吸煙之習慣促成？	☐ Yes 是 ☐ No 否
(26) Did the deceased consume any alcohol or use of any drugs? 死者有否飲酒或使用藥物之習慣?	☐ Yes 有 ☐ No 沒有 If yes, please state daily consumption, amount and the type of drugs used, and also the no. of years of this habit. 若有，請陳述藥物之類別，每日用量及已維持多少年。	(27) Did the use of drugs or consumption of alcohol contribute to the death of the deceased? 死者之死亡是否由此飲酒或用藥物之習慣促成？	☐ Yes 是 ☐ No 否
(28) Please state any other special cause, direct or indirect, for the death in the habits or occupation of the deceased. 請陳述其他直接或間接導致死者死亡之特殊因素，包括死者之習慣及其職業。			
(29) Any further information which, in your opinion, will assist us in assessing this claim. 其他閣下認為可幫助我們審理此賠償之資料。			

I/We hereby declare that the information given on this form is true and complete to the best of my/our knowledge and belief.
本人/我們現聲明此申請書上所填資料皆為本人/我們所知及所信之事實及其全部。

PERSONAL DATA COLLECTION AND USE

PLEASE READ THE AIA PERSONAL INFORMATION COLLECTION STATEMENT ("AIA PIC") BEFORE YOU SIGN THIS CERTIFICATE. IF THE AIA PIC STATEMENT IS NOT ATTACHED, YOU CAN ASK FOR A COPY FROM US. Also, the updated version of AIA PIC is available for download from its website: www.aia.com.hk.

All the personal data and other information contained in this Confidential Medical Certificate will be used by us for the processing of the Insured's claim(s), and will also be utilized in accordance with AIA PIC. By asking you to fill in this Certificate, the Insured/ Owner has given you the express consent to release his/her personal data and other information to our Company.

個人資料收集及使用

簽署此醫生報告前，**請先閱讀 AIA 個人資料收集聲明。** 如 AIA 個人資料收集聲明未有隨附於本醫生報告，閣下可向我們索取複印本一份。 AIA 個人資料收集聲明的最新版本亦可於以下網址下載：www.aia.com.hk。
所有個人及其他於此醫生報告收集所得的任何資料將會被我們用作處理受保人之索償申請，我們亦可根據 AIA 個人資料收集聲明使用該些資料。 向閣下提出要求填寫此醫生報告即表示受保人/保單持有人已授權閣下可於此報告透露他/她的個人資料及其他資料給我們。

Name of Attending Physician 主診醫生姓名	Signature (with official chop) of the Attending Physician 主診醫生簽署（及印章）
Address 地址	Date 日期
Contact phone number 聯絡電話	Qualificiation 專業資歷