身故賠償 – 醫生表格
Death Benefit – Physician's Statement

1. 病人資料 Information of Patient

保單編號 Policy No.	病人姓名 Name of Patient	病人香港身份證 / 護照號碼 HKID / Passport No. of Patient	出生日期 Date of Birth	年齡 Age	性別 Gender

2. 有關疾病資料 About the Disease

如閣下是病人經常就診之醫生，請提供首次求診日期。
If you are the patient's usual physician, please provide the first consultation date for any illness / condition.

是次疾病的首求診日期
Date of First Consultation for this Illness / Condition

首次求診的病徵
Symptoms Presented during the First Consultation

病徵出現的日期及持續時間
Date and Duration of Symptoms

診斷日期
Date of Diagnosis

最終診斷
Final Diagnosis

該疾病的根本原因
Underlying Cause of Patient's Illness / Condition

其他重要發現
Other Significant Findings

轉介醫生之姓名及地址
Name and Address of the Referring Physician

疾病是否由下列原因引致？
Are any factors below contributing to the disease?

1. 以往的疾病或意外 Previous Illness or Injury	☐ 是 Yes ☐ 否 No	如是，請提供請提供詳情。 If yes, please provide the details.
2. 生活方式 Life Style	☐ 是 Yes ☐ 否 No	
3. 愛滋病毒 HIV Related	☐ 是 Yes ☐ 否 No	
4. 先天性疾病 Congenital Disease	☐ 是 Yes ☐ 否 No	
5. 受酒精藥物影響 Influence of Alcohol, Drug or Intoxicant	☐ 是 Yes ☐ 否 No	

在確診前，病人有否進行任何測試？如有，請提供詳情及有關報告。
Prior to the diagnosis of this illness / condition, was there any diagnostic test / histology / biopsy done for the patient? If yes, please provide the details and all available test reports.

日期 Date	測試 Type of Test	結果 Results

病人曾否患有相關疾病？如有，請提供就診日期、有關資料及診斷。
Has the patient previously suffered from related conditions of this illness? If yes, please provide the dates of consultation, details of condition and diagnosis.

3. 有關意外資料 About the Accident

如因意外導致身故，請提供下列資料。 If death was caused by Accident, please provide following information

意外發生日期 (日/月/年) Accident Date (dd/mm/yyyy)

意外地點 Place of Accident

意外詳情 Details of Accident

4. 有關診治記錄 About Health History

病人曾否患有其他疾病？如有，請提供下例詳情。
Has the patient ever suffered or is suffering from any other illnesses? If yes, please provide the details below.

求診或住院日期 Consultation Date or Hospital Admission Date	醫生姓名或醫院名稱 Name of Physician or Hospital	首次求診日期 Date of First Consultation	診斷 Diagnosis	所接受的治療（請提供手術名稱，如有） Treatments Given (please provide the name of surgical procedure if it had been or will be performed)

手術日期 Date of Surgery	診斷檢驗 Diagnostic Tool	病理化驗結果 Results of Histopathological Study

病人過往是否患有任何嚴重、慢性或先天性的疾病？如有，請提供詳情。
Had the patient suffered from any other major, chronic or congenital diseases? If yes, please provide the details.

病人過往是否患有其他疾病而並沒有於上述問題提及？如有，請提供詳情。
Is there any information about the past health of the patient not mentioned in the above questions? If yes, please provide the details.

病人是否有以下習慣？
Did the patient have any of the following habits?

1. 吸煙習慣 Smoking Habit	□ 是 Yes □ 否 No	如是，請提供年期及服用詳情。 If yes, please provide the details of duration and consumption.
2. 飲酒習慣 Drinking Habit	□ 是 Yes □ 否 No	
3. 服食藥物習慣 Drugs Taking Habit	□ 是 Yes □ 否 No	
4. 其他（請說明） Others (please specify)	□ 是 Yes □ 否 No	

5. 聲明及授權 Declaration & Authorisation

本人謹此聲明曾為病人作出診治，以上報的各項資料及本人基於以上的情況而提供意見。本人謹此聲明及同意上一切陳述及問題的所有答案均為事實之全部並實無訛。
I HEREBY CERTIFY that I have personally examined and treated the 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.

醫生姓名 Name of Physician : _____
醫生簽署 Signature of Physician : _____
醫學資格 Qualification : _____
專業資格 Specialty : _____
聯絡電話 Contact No. : _____
蓋章 Official Stamp : _____
聯絡地址 Mailing Address : _____
簽署日期 Signature Date : _____