

Bupa Hospital & Day Surgery Claim Form 保柏住院及日症手術賠償申請表

For hospitalisation and day case surgeries 住院治療、醫院及日症中心手術

Excluding Bupa Safe Critical Illness Insurance Scheme 保柏危疾全禦保計劃除外



47113977

Please complete in BLOCK letters and preferably in English. Patient's membership number is MANDATORY and MUST be provided. 請以英文正

Part I - To be Completed by Patient or Parent / Legal Guardian if Patient is below 18 years of age 第一部分 - 由病人填寫。如病人未滿18歲，須由家長/合法監護人填寫

Membership No. of Patient 病人會員編號 (16 digits 位 MANDATORY 必須提供)

Name of Employer (for group contract only) 僱主名稱 (只適用於團體合約)

[0123181900] 90842116 W.O.D.L.V.E.T MERCHANDISING ASIA LTD

Name of Subscriber / Employee (Surname followed by Given name, please leave a space between words) 投保人/僱員姓名 (先填姓氏, 再有名, 每組字後請留一空格)

[Wong Ting] Wong Ting

Name of Patient (if other than Subscriber / Employee) (Surname followed by Given name, please leave a space between words) 病人姓名 (如非投保人或僱員)(先填姓氏, 再有名, 每組字後請留一空格)

[Wong Ting] Wong Ting

Occupation (For Bupa Hospital cash scheme only) 職業 (只適用於保柏住院現金保障計劃)

Mobile Number 流動電話號碼 [92200300]

Date of Hospitalisation / Day Case Surgery: From 住院/日症手術日期 由 DD 日 MM 月 YY 年 to 20 09 25 to 22 09 25

If hospitalisation was due to illness 若因疾病而住院

1. Describe symptoms leading to hospitalisation 請列出因何不適導致次入院

Date when symptoms appeared 症狀出現日期

2. Past medical consultation history - Name & address of 過往就診紀錄 - 有關醫生的姓名及地址:

a. Doctor who recommended this hospitalisation 這裏是次入院的醫生

First consultation date 初診日期

b. Other attending doctor 其他主診醫生

First consultation date 初診日期

c. Usual medical doctor 慣常就診醫生

First consultation date 初診日期

3 a. Have you filed this claim with another Bupa contract or any other insurer / organisation? (If yes, please specify below) 您是否已透過保柏其他合約或其他保險公司/組織提出索償? (如是, 請列明如下)

Yes 是 No 否

Name of Insurer 保險公司名稱:

Axa

Policy / Membership No. 保單/會員編號:

b. Will you be filing this claim with another Bupa contract or any other insurer / organisation? (If yes, please specify below) 您是否將會透過保柏其他合約或其他保險公司/組織提出索償? (如是, 請列明如下)

Yes 是 No 否

Name of Insurer 保險公司名稱:

Policy / Membership No. 保單/會員編號:

Declaration and Authorisation 聲明及授權書

I hereby declare that the above information given is true and correct. I also authorise any medical practitioner, hospital, clinic, by whom or where I / the Member have / has been observed or treated or any insurance company or organisation that has any records or health information concerning me and / or the Member for any reason, to give full particulars thereof including prior medical history to Bupa (Asia) Limited. A copy of this authorisation shall be considered as effective and valid as the original. I understand that if I and / or the Member fail to provide any information requested in this claim form, it may result in the inability of Bupa (Asia) Limited to accept or process the claim. 本人謹此聲明, 上述所填寫之切實資料, 均屬真確無誤。本人並且授權任何為本人/會員擬真或治療的醫生、醫院、診所, 或持有人本及/或會員證書或任何資料之保險公司或機構將本人及/或會員之全部資料(包括病歷)呈交保柏(亞洲)有限公司。本授權書之副本與正本具有同等效力。本人明白, 如本人及/或會員未能就本申請表所載提供足夠資料, 可能會導致保柏(亞洲)有限公司不能接受或處理本申請。

Personal Information Collection Statement 個人資料收集聲明

I have read and understood the Personal Information Collection Statement on the last page of this form. I understand that I have the right to request Bupa (Asia) Limited to cease using my / the member's Personal Information for direct marketing purposes by writing to Bupa (Asia) Limited's Data Protection Officer or calling the Customer Care helpdesk. 本人已細閱並明白本表格最後一頁的個人資料收集聲明, 並明白本人有權致函保柏(亞洲)有限公司的保障資料主任或致電客戶服務專線, 以要求保柏(亞洲)有限公司停止將本人/會員的個人資料作直接市場推廣用途。

(MANDATORY 必須簽署)

X

Wong Ting

X Signed on

01/10/25

Signature of Patient / Parent or Legal Guardian (if Patient below 18 years of age) 病人簽署/家長或法定監護人簽署(適用於十八歲以下之人)

Name (in BLOCK letters) 姓名(請以正體中文寫)

Held Card No. / Passport No. 香港身分證/機場登機

Y500872(0)

Remarks: before sending in this form, please read below Claims Submission Guidelines to expedite the process of your claim reimbursement. 請註: 在提交此表格之前, 請閱讀下方之提交賠償申請指引, 以便盡快完成您的索償申請。

Claims Submission Guidelines 提交賠償申請指引

Please tick against the below items submitted with this claim form. Please note that no reimbursement of claims shall be made for (1) Claims submitted after 90 days from the date of discharge / treatment, (2) Claims with missing / insufficient information.

請於提交賠償申請時於下列項目加上勾號。請注意根據以下情況, 賠償申請將不獲受理 - (1)賠償申請表於治療日90天後遞交, (2)所需資料不足。

Document List 文件清單

- Claim form Part I (completed by patient) 申請表第一部分 (由病人填寫)
- Claim form Part II (completed by doctor) 申請表第二部分 (由主診醫生填寫)
- Original receipts 正本收據
- Certified true copy of receipts (if original kept by other insurer) and/or claims statement advice 核實副本收據 (如正本收據已交與其他保險公司) 及/或賠償結算通知書
- Hospital Authority discharge summary / discharge slip with diagnosis, if any 醫院管理局發出的出院摘要/診斷結果出院紙 (如有)
- Copies of all lab test / medical reports (for Cancer case, please provide all cancer related investigation reports, e.g. blood test reports, histopathological reports or molecular test reports, etc.) 化驗/檢驗報告副本 (對於癌症疾病, 請提供所有與癌症相關的化驗報告, 例如: 血液檢查, 組織病理學或分子檢查報告等)
- Pre-authorisation confirmation letter (if any) No. 初步保障核批認信 (如有) 編號:

Reminder on common missing information 通常遺漏的資料

- Membership number 會員編號
- Patient signature on Claim form Part I 病人於申請表第一部分簽署
- Doctor has filled in Claim form Part II 醫生已填妥的申請表第二部分
- Doctor signature and chop on Claim form Part II 醫生簽署及蓋印於申請表第二部分

Request return of certified true copy of receipt(s). Originals will be retained by Bupa and not be returned. 請求退回核實副本。保柏將保留收據正本。 Yes 是 No 否

ST. TERESA'S HOSPITAL

HN20250426083



Ward N3W / 385C

Part II - To be Completed by Surgeon / Attending Physician 第

Name of Patient
病人姓名

Admission Date 入院日期

20 - 22. 09. 2025

A. Clinical History 門診病歷

1. Patient's main symptoms / complaints during the first consultation

left breast lumps & pain

2. Date of first consultation for this main symptoms / complaints
-
- 病人首次就此主要病徵或申訴的首次求診日期

19 9 25
DD 日 MM 月 YY 年

3. Patient suffered from the above symptoms / complaints for
-
- 病人於首次求診前上述的主要病徵或申訴已存在

days / weeks / months / years prior to the first consultation
日 / 週 / 月 / 年

B. Hospitalisation History 住院病歷

1. Date of medical procedure / treatment / diagnostic tests
-
- 接受手術 / 治療 / 診斷掃描日期

20 9 25
DD 日 MM 月 YY 年

2. Operation / procedure(s) performed 手術名稱

CPT code 目前使用醫療服務術語代碼

left breast mastectomy + sentinel lymph node biopsy under GA.

3. Final diagnosis 最終診斷

ICD code 國際疾病分類代碼

left breast cancer

Was the condition due to or associated with the following 上述情況是否因以下問題所致？

<input type="checkbox"/> Accidental bodily injury 身體意外受傷	<input type="checkbox"/> Abuse of drugs or alcohol 滥用藥物或酒精	<input type="checkbox"/> AIDS / HIV related illness, Venereal disease or Sexually Transmitted Disease 後天免疫力缺乏症(愛滋病) / 與人類免疫力缺損病毒(HIV)、性病或因性接觸感染之疾病
<input type="checkbox"/> Pregnancy, infertility or sterilisation 妊娠、不育或絕育	<input type="checkbox"/> Eyesight / Eye refraction 視力矯正 / 不正常	
<input type="checkbox"/> Mental illness 精神病	<input type="checkbox"/> Treatment for cosmetic purpose 美容治療	
<input type="checkbox"/> Developmental Condition 發育異常 / <input type="checkbox"/> Congenital Condition 先天性症狀 / <input type="checkbox"/> Hereditary Condition 遺傳性疾病		<input type="checkbox"/> Self-inflicted injury 蓄意自傷身體
<input type="checkbox"/> General check-up or vaccination 一般身體檢查或防疫注射		<input checked="" type="checkbox"/> NONE OF THE ABOVE 以上全部不是

4. (a) Please provide details of the hospitalisation and treatment that the patient underwent. 請提供是次住院及相關治療詳情。

Treatment 治療

Investigation 檢驗

Diagnostic tests 診斷掃描

- (b) Please provide details of the period of hospitalisation including reasons for number of days as in-patient. 請提供是次持續留院的日數及其原因。

GA surgery.

5. (a) Were the treatment(s), the medical test(s) and the length of stay in hospital (if any) directly related to the current diagnosis, and were they medically necessary and recommended by you?

是次檢查、治療及住院日數(如有)是否和上述診斷有直接關係而且是醫療所需及由醫生建議？

If "No", please give details. 如否, 請詳述之。

 Yes 是 No 否

- (b) Could the surgery only be performed under general anaesthesia? 手術是否必須在全身麻醉下進行？

For surgery under Monitored Anaesthesia Care, please specify the reason for hospital stay. 如手術在監察麻醉下進行, 請註明住院原因。

 Yes 是 No 否

- (c) Please indicate the clinical risk(s) and medical reason(s) for hospitalisation. 請註明臨床風險及須留院的醫療原因：

Current health status (Co-morbidity) 現時健康狀況(合併症)

Please specify 請明確說明

Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫

B. 5. (c) Expected higher risk at operation 預期較高手術風險

Please specify 請明確說明 :

Expected higher post-operative risk 預期較高手術後風險

Please specify 請明確說明 :

6. If the patient has consulted another physician during this hospitalisation, please provide the following 如病人於住院期間曾向另一位醫生求診，請提供以下資料

Name of Physician 醫生姓名

Reason 原因

Treatment performed 治療詳情

7. Any other relevant clinical information in this case? 如是次住院尚有其他臨床治療資料，請提供。

Others 其他	If it is related to Cardiac Stent or Chemotherapy Regimen, please provide the following details. 如關於心臟支架或化療方案，請提供下列詳情。
	(a) Please provide the brand and model of the stent(s) that was/were used in the operation. 請提供手術所用支架的品種名稱及型號。
Cardiac Stent 心臟支架	(b) What are the clinical benefits for using this specific type(s) of stent for this patient? 請問述使用此種支架對這病人的臨床效益。
	(c) Any other factors that indicate the use of this stent type(s) over others in this case? 於是次病例中，有否其他原因顯示必須使用此種支架而不考慮用其他支架？
Chemotherapy Regimen 化療方案	(a) Please provide the TNM (tumor-node-metastasis) staging of the current episode and any metastasis site(s) / relevant recurrent disease, if applicable. 請提供現階段腫瘤、淋巴結及轉移分期 (TNM Staging) 期數，以及轉移部位或相關復發性疾病，如適用。
	(b) Is this curative or palliative? 目的是屬於治療性質還是緩解性質？ <input type="checkbox"/> Curative 治療性質 <input type="checkbox"/> Palliative 緩解性質
	(c) Is this the first course/cycle of treatment? 這是首首次治療 / 首個療程 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
	If No, any previous treatment course and reason for change? 如否，以前曾有過何種治療？為何需要改變療法？
	(d) Any special considerations for using this treatment regimen in this patient? i.e. specific genetic markers, rare cancer, failed first line therapy, etc ? 為這病人使用此治療方案，有何特別考慮因素？即如特定遺傳標記、罕見癌症、首選治療方案失敗等。

8. Has the patient taken any home leave during this hospitalisation? 於住院期間，病人有否請假外出？

If "Yes", please state the date, time and reason 如有，請列明外出之日期、時間及原因：

Yes 有

No 沒有

9. Is it an emergency case? 這是否緊急個案？

If "Yes", please specify 如是，請明確說明：

Yes 是

No 否

10. Brief discharge summary 出院摘要

Follow up for wound care. In clinic.

Part II - To be Completed by Surgeon / Attending Physician 第二部分 - 由主診醫生填寫

B. 11. Has the patient ever had the same or similar symptoms(s) before? 病人曾否患有同類病況?

Yes 有

No 無

If "Yes", what is the date of onset if known? 如有，何時為病發日期?

DD 日 MM 月 YY 年

12. Had the patient been previously treated or hospitalised for this or any other disorders? 病人過去曾否就此疾病或其他病症而需接受治療或入院接受治療?

Please provide details if known. 如知悉，請提供詳情。

Dates 日期	Disease/Disorder/Complaint 疾病/失調/申訴	Details of treatment/hospitalisation 治療/住院的詳情	Name of doctor/hospital 西醫姓名/醫院名稱

(Please use any separate paper with the doctor's signature on it if more space is needed 若需另頁填寫，每張紙都須有醫生的簽署作實)

C. Others 其他

1. Are you the patient's treating doctor? 閣下是否病人的主診醫生?

Yes 是

No 否

If "No" please provide the referring doctor's contact details. 如否，請提供轉介醫生資料。

Name of Doctor 醫生姓名	Telephone No. 聯絡電話	Address 地址

Dr. Ma Kwok Kuen 馬國權醫生

Treating doctor's particulars 主診醫生資料

Name of Doctor 醫生姓名	Telephone No. 聯絡電話
W Ma Kwok Kuen.	

Specialist in General Surgery

Honorary Clinical Assistant Professor Department of Surgery, HKU
MBBS, MRCS (Edin), FRCS (Edin), FCSHK, FHKAM (Surgery)
Room 1705, 17/F, Office Tower One, Grand Plaza
639 Nathan Road, Kowloon
TEL 27711896 FAX: 27710398

Signature and Chop of treating doctor 主診醫生簽署及蓋章

X

Date 日期: DD 日 MM 月 YY 年

Y9.9.25

Authorised Signature and Chop of Hospital 醫院授權簽署及蓋章

X

Date 日期:

DD 日 MM 月 YY 年



Send the completed form & supporting documents to
填妥之賠償申請表及相關文件請交回：

Bupa (Asia) Limited - Claims Dept.
保柏(亞洲)有限公司 - 理賠部收

6/F, Tower 2, The Quayside, 77 Hoi Bun Road,
Kwun Tong, Kowloon, Hong Kong
香港九龍觀塘海濱道77號海濱匯第2座6樓

Submit and track your claim status through myBupa
透過 myBupa 應用上遞交你的索償及查詢賠償進度

Visit 登入 <https://mybupa.bupa.com.hk>
or scan the QR code for free download or掃描上述QR碼免費下載

Customer Care helpdesk
客戶服務專線：

Bupa Members 保柏會員
Individual Scheme 個人計劃 (852) 2517 5333
Group Scheme 團體計劃 (852) 2517 5386
Bupa Gold 保柏尊貴賓 (852) 2517 5383

Hang Seng Bupa Members 恒生保柏會員

Group Scheme 團體計劃 (852) 2517 5988

Essential/MyBasic VHIS

盈逸/保柏自願醫保

(852) 2517 5588

Excel/Excel Plus/Global Supreme/Global Prestige VHIS

盈尚/盈悅/盈卓/環球優越自願醫保計劃 (852) 2517 5688



Personal Information Collection Statement 個人資料收集聲明

Bupa (Asia) Limited (the "Company")

Personal Information Collection Statement ("Statement") relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

In compliance with the Ordinance, the Company would like to inform you of the following:

1. From time to time, it is necessary for you, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy;
2. Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member;
3. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.
4. The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:
 - a. processing, assessing and determining any Applications for insurance products and services;
 - b. offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
 - c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
 - d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
 - e. provision and design of products and services of the Company;
 - f. exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
 - g. communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
 - h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
 - i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.
5. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:
 - a. the Company's group companies ("Group Company");
 - b. any insurance, adjusters, agents and brokers;
 - c. any re-insurance companies authorised by the Company;
 - d. employers (for members of corporate policy only);
 - e. healthcare professionals and hospitals;
 - f. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation insurers; banks; lawyers, accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);
 - g. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and
 - h. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

- a. Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
- b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
- c. donations and contributions for charitable and/or non-profit making purposes.

The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

- a. to check whether the Company holds personal information relating to you or the Member and to access such personal information;
- b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;
- c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
- d. to request the Company to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer

6/F, Tower 2, The Quayside, 77 Hoi Bun Road, Kwun Tong, Kowloon, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact our Customer Care helpdesk at 2517 5333.

10. Nothing in this Statement shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

保怡(亞洲)有限公司(「本公司」)

有關個人資料(私隱)條例(「條例」)之個人資料收集聲明(「本聲明」)

遵照條例，本公司特此通知閣下以下事項：

1. 在閣下或受保於閣下保單的其他會員(「各該會員」)向本公司申請保險或金融產品及服務，或當閣下更改保單或續保時，必須不時向本公司提供閣下或會員的個人資料(包括信用資料和以往申請紀錄，如適用)；
2. 如閣下未能提供本公司所要求的個人資料，本公司可能無法處理閣下之申請及/或向閣下或會員提供保險產品、服務或其他相關服務；
3. 本公司亦可能會在日常營運過程中的任何時候向閣下或會員收集更多個人資料，例如閣下為本人或代會員向本公司提出個別索償。
4. 本公司可能會收集、使用或披露閣下或會員的個人資料下列用處：
 - a. 處理、評估、決定任何保險產品及服務之申請；
 - b. 為閣下或會員提供保險產品及服務或處理閣下或會員不用提出的請求，包括但不限於要求增加、更改、刪除、維持及管理保險項目或受保會員；
 - c. 任何有關閣下或會員向本公司所提供之保險產品及服務提出之索償，包括但不限於賠償、索賠、分析、調查、偵測及防止欺詐行為(無論是涉及就此事項而發之保單及相關的任何申請或索償)；
 - d. 計算與本公司所提供的保險產品及/或服務相關的功能及活動，包括但不限於審批、報告、市場調查、一般服務和維持網上及其他服務、核實身份、資料配對、研究及統計分析及再保險之安排；
 - e. 提供及改善本公司之產品及服務；
 - f. 行使本公司向閣下或會員提供保險和服務時有關之權利，例如釐定閣下拖欠的任何款項的金額，為向閣下或任何向已為閣下的債務提供任何擔保或承諾的人士，追收和收回拖欠的任何款項；
 - g. 就任何非聲明中所述的用途與閣下或會員(或與代表會員的閣下)聯絡；
 - h. 允許本公司全部或部份的保單或服務的實際或遠程承保人、受保人、參與人或次參與人，就涉及的轉讓、出售、參與或次要的交易進行評估；及
 - i. 為遵守任何司法之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則、須知或指引，而作出披露。
5. 有閣下或會員被本公司收集或持有的個人資料將會保密，但本公司可能會向以下不論在香港特別行政區內或境外之資料承讓人轉移該等個人資料作第(4)及第(6)段列出的用途：
 - a. 本公司的集團公司(「集團公司」)；
 - b. 任何由本公司授權的理賠代理人、代理及經理；
 - c. 任何由本公司授權的諮詢顧問公司；
 - d. 產生(只適用於至隸屬會員)；
 - e. 隸屬專業人員及醫務院；
 - f. 向任何代理人、承包商，或向本公司提供行政、資訊、電腦、付款、資料處理或儲存、印制、研究或其他向本公司提供服務的第三方服務供應商(包括但不限於保險公司、銀行、理賠顧問、律師、會議、會議、裝置、裝修、辦公室組成、其他保險公司(是否直接地，或是通過防欺詐組織或過程中指名的其他人士)、為保險業界垂手可得及承保資料之組織、警察、供應鏈業界用作分析及核對所提供的資料與與有資格的資料及歷史(及其運營者)、收銀公司、資訊處理公司、研究服務機構及輿情顧問)；
 - g. 本公司向任何全部或部份的保單或服務的實質或遠程承保人、受保人、參與人或次參與人；
 - h. 為遵守任何法律之要求，或根據監管或其他機關所發出對本公司具有約束力或要求其遵守的規則、規例、實務守則或指引，而作出披露，包括但不限於透過監管機構、政府機構、相關行業諮詢機構、信貸資料諮詢機構或法院，及在其他情況下，法律規定本公司必須向其披露的人士或機構。
6. 本公司只會在獲得閣下同意或表示不反對的情況下，使用閣下的個人資料姓名、聯絡方法、性別、健康及家庭狀況，向閣下提供有關以下產品和服務的市場推廣資訊(包括以電郵、手機短訊或郵件遞送)：
 - a. 保全、陳述、肩背、健腹、個人健身、美容、生活潮流、旅遊、財務及其相關的服務及產品；
 - b. 運動、樂趣、旅行、食肆活動、會員忠誠或優惠計劃及其相關的服務及產品；及
 - c. 消息告白、或非牟利用途的消息和推廣。
7. 本公司不會在沒有閣下的同意及許可下向閣下之個人資料向第三方透露，用作他們的市場推廣用途。為避免有疑慮，不論閣下是否同意接收以上第六點所述的市場推廣資訊，本公司仍然可能就閣下與其相關的行政、保險及續保事宜與閣下聯絡。
8. 根據有關條例中的解釋，閣下有權：
 - a. 查核本公司是否持有閣下或會員的個人資料及查詢該等個人資料；
 - b. 要求本公司改正任何有關閣下或會員的不準確的個人資料；
 - c. 查明本公司對於資料的政策及處理方法和廣告和本公司持有的個人資料；及
 - d. 要求本公司停止就閣下的個人資料作直接市場推廣用途。
9. 有關閣下對本聲明有任何查詢，請隨時致電本公司的客戶服務熱線 2517 5333。
10. 本聲明不會限制客戶在適用法例所享有的權利。
11. 中英文本如有歧義，概以英文為準。

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聖德肋撒醫院
ST. TERESA'S HOSPITAL
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
日期: 22-Sep-2025 11:22:45 TEL: 2200 3434
NAME: 王庭 Website: www.sth.org.hk
病人號碼: HN20250426083
PATIENT NO.

PAGE 1 of 2
NO. AC2025081356
性別: Female
SEX: 女
房號: N385C
ROOM / BED:
出院日期: 22-Sep-2025
DISCHARGE DATE:

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HKS)	總金額 SUB-TOTAL (HKS)
20-09-25	HISTOPATHOLOGICAL EXAMINATION MEAL/BEVERAGE MEDICINE AND DISPENSING / INJECTION Nuclear Medicine OPERATING THEATRE CHARGE OPERATING THEATRE MATERIALS ADMISSION SERVICE BED/ROOM CHARGE	\$13,480 \$170 \$459 \$5,300 \$9,380 \$21,626 \$230 \$730	\$51,375
21-09-25	MEAL/BEVERAGE MEDICINE AND DISPENSING / INJECTION BED/ROOM CHARGE	\$390 \$1,108 \$730	\$2,228
22-09-25	MEAL/BEVERAGE TOTAL HOSPITAL CHARGES	\$105 \$105	\$53,708
20-09-25	4433 DR. LEE CHIN LAP (a) 李前立 Anaesthetic 麻醉費	\$20,000	\$20,000
22-09-25	S231 DR. MA KWOK KUEN (a) 馬國權 Ward Round Fee Operation 手術費	\$5,400 \$110,000	\$115,400
	TOTAL DOCTOR FEE (\$) 醫生費合共		\$135,400
	GRAND TOTAL 總額		\$189,108

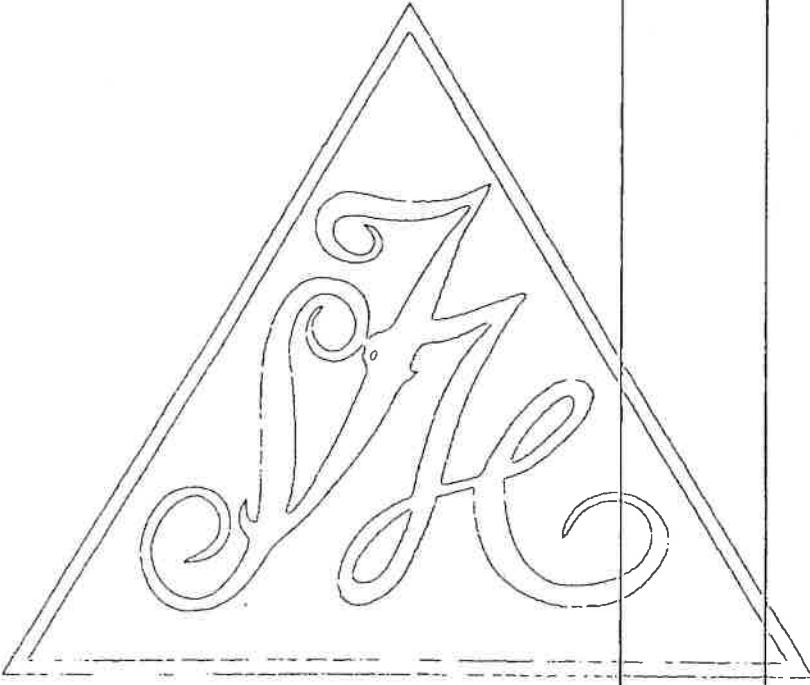
- 摘錄於此處之收據，只可作為臨時之收據。在病人出院時，將會發出正式之收據。
- 住院費單須於發出後二十四小時內清付，接會在出院時扣除。出院時須清付餘賬。
 - 門診費單須於診症後繳付。
 - 蓋上院印之收據，若其支票亦已過期，方可作有效收據。
 - 院方不再另發收據。
 - 本院保留向逾期取回並收取附加利息的權利。
 - 出院時若有漏算，醫院保留追討權利。
- N.B.
- Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account.
Final account must be settled upon patient's discharge.
 - Out-Patient account must be settled after consultation.
 - Receipt is only valid when cheque is cleared and hospital chop is imprinted.
 - No other official receipt will be issued.
 - The Hospital reserves the right to impose surcharge on the 'overdue' accounts.
 - The Hospital reserves the right to subsequently bill any undercharge.

AXA CHINA REGION
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Date: 14 OCT 2025

Please refer to the settlement Advice for payment details

聖德肋撒醫院
ST. TERESA'S HOSPITAL
327 PRINCE EDWARD ROAD, KOWLOON, HONG KONG
日期: 22-Sep-2025 11:22:45 TEL: 2200 3434
姓名: **王庭** Website: www.sth.org.hk
NAME: YOUNG, WONG (0001) ROOM NO.:
病人號碼: Wong Ying PATIENT NO.: HN20250426083
住院日期: ADMISSION DATE: 20-Sep-2025
出院日期: DISCHARGE DATE: 22-Sep-2025
PAGE: 2 of 2
NO. AC2025081356
性別: Female SEX: ROOM / BED: N385C
出陝日期: DISCHARGE DATE: 22-Sep-2025

日期 DATE	項目 PARTICULARS	金額 AMOUNT (HKS)	總金額 SUB-TOTAL (HKS)
	TOTAL BALANCE DUE 應繳金額總數		\$189,108
			
	<p>AXA CHINA REGION Certified True Copy</p> <p>Date: 14 OCT 2025</p> <p>Please refer to the settlement Advice for payment details</p>		

<p>1. 住院賬單須於發出後二十四小時內清付，押金會在出院時扣除；出院時抵消付餘賬。 2. 開診賬單須於診症後繳付。 3. 署上印之賬單，若其支票亦已過戶，方可作有效收據。 4. 院方不再另發收據。 5. 本院單獨向逾期賬目收取附加利息的權利。 6. 出院賬單如有誤算，醫院保留追討權利。 N.B. 1. Interim account, when presented, must be settled within 24 hours. Deposit will be offset in the final account. Final account must be settled upon patient's discharge. 2. Out-Patient account must be settled after consultation. 3. Receipt is only valid when cheque is cleared and hospital chop is imprinted. 4. No other official receipt will be issued. 5. The Hospital reserves the right to impose surcharge on the overdue accounts. 6. The Hospital reserves the right to subsequently bill any undercharge.</p>	<p>Payment Date: 22-Sep-2025 MasterC \$19,108 VISA \$170,000 Total \$189,108</p> <p></p>
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Hong Kong Breast Cancer And Disease Centre
香港乳癌及乳病治療中心

Tel 電話 :27711896 Fax 傳真 :27710398

Room 1705, 17/F, Office Tower One, Grand Plaza, 639 Nathan Road, Mong Kok,
Kowloon

地址：九龍旺角彌敦道639號雅蘭中心一期17樓1705室

Receipt 收據

Healthcare Professional 醫護專業人員：Dr Ma Kwok Kuen

Medical Record No 醫療記錄編號：25000727

Date 日期：15-Sep-2025

Wong Ting 王庭

Patient Name 病人姓名：(病人姓名)

Reference No. 參考號碼：BI2500005321

Bill Items 帳單項目/付款項目	Standard(\$) 標準收費	Discount/Premium 折讓/溢價	Charges 收費
Follow up consultation (覆診)	\$ 1300.00	0% Discount	\$ 1300.00
Preoperative checking - CBC, RFT, CXR, ECG (HKbreast) (手術前檢查 - 血常規, 腎功能, 肺部X光, 心電圖)	\$ 1500.00	0% Discount	\$ 1500.00

Total 收費總額: \$ 2800.00

Payment Method 付款方式	Paid At 付款日期	Amount 金額	Remarks 備註
MasterCard (信用咁)	15-Sep-2025	\$ 2800.00	Debbie

Total payment 總付款: \$ 2800.00

Diagnosis 診斷:

- Cancer of breast - female, left

Dr. Ma Kwok Kuen 馬國權醫生
Specialist in General Surgery
Honorary Clinical Assistant Professor, Department of Surgery, HKU
MScS, FRCS (Edin), FRCSEng, FCSHK, FHKAM (Surgery)
Room 1705, 17/F, Office Tower One, Grand Plaza
639 Nathan Road, Kowloon
TEL: 27711896 FAX: 27710398



Hong Kong Breast Cancer And Disease Centre
香港乳癌及乳病治療中心

Tel 電話 :27711896 Fax 傳真 :27710398

Room 1705, 17/F, Office Tower One, Grand Plaza, 639 Nathan Road, Mong Kok,
Kowloon

地址: 九龍旺角彌敦道639號雅蘭中心一期17樓1705室

Receipt 收據

Healthcare Professional 醫護專業人員: Dr Ma Kwok Kuen

Medical Record No 醫療記錄編號: 25000727

Date 日期: 29-Sep-2025

Wong Ting 王庭

Patient Name 病人姓名: YOUNG, TING (WONG)

Reference No. 參考號碼: BI2500005630

Bill Items 帳單項目/付款項目	Standard(\$) 標準收費	Discount/Premium 折讓/溢價	Charges 收費
Follow up consultation (覆診)	\$ 1300.00	0% Discount	\$ 1300.00
Wound care (aspiration of seroma) (傷口護理(抽積液))	\$ 600.00	0% Discount	\$ 600.00
Total 收費總額:			\$ 1900.00

Payment Method 付款方式	Paid At 付款日期	Amount 金額	Remarks 備註
VISA (信用咁)	29-Sep-2025	\$ 1900.00	Debbie
Total payment 總付款:			\$ 1900.00

Diagnosis 診斷:

- Cancer of breast - female, left

Dr. Ma Kwok Kuen 馬國權醫生
Specialist in General Surgery
Honorary Clinical Assistant Professor, Department of Surgery, HKU
MRCS (Lond), FRCS (Edin), FCSHK, FHKAM (Surgery)
Room 1705, 17/F, Office Tower One, Grand Plaza
639 Nathan Road, Kowloon
TEL: 27711896 FAX: 27710398

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Date: 14 OCT 2025

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HISTOPATHOLOGY REPORT
ST. TERESA'S HOSPITAL
聖德肋撒醫院
HISTOPATHOLOGY LABORATORY
組織病理化驗室

MR-HI-060-07/09
ST. TERESA'S HOSPITAL
327 Prince Edward Rd., Kowloon.
九龍太子道327號聖德肋撒醫院化驗室
Tel: 2711 2120 / 2200 3111
Fax: 2761 1798

Dr. Kan Chi Hang	簡志恒醫生	Dr. Fung Shing Hoi	馮成海醫生
Dr. Pang Chun Yin	彭俊賢醫生	Dr. Shum Ka Shing	岑家成醫生
Dr. Shea Ka Ho	余家浩醫生	Dr. Ng Kwan Shing	吳均誠醫生
Dr. Lo Chun Hai	盧晉熙醫生		



B25318692



HRS

HOKAS LTD

Path No. : B25/31869

Record status :

N

Date collected: 20/09/2025

Date received: 20/09/2025

Patient's Name :

~~Wong Ting~~ Wong Ting 王庭

ID# : ~~15008726~~ 15008726

Hospital / Lab no.:

HN20250426083

Room: N3W Bed: 385C Sex: F Age: 46Yr DOB: 17/10/1978

Under the service of : MA KWOK KUEN (a), DR. (5231)

Clinical History : Left breast cancer at 2 o'clock.

Surgical procedure : Left SLN biopsy for frozen section and left mastectomy for histology and hormonal study.

Nature of specimen : 1) Left sentinel lymph node. Follow-up specimen: 2) Left breast (short: 12 o'clock, long: 3 o'clock, loop: 6 o'clock).

DIAGNOSIS: 1&2) Left breast, Mastectomy and sentinel lymph node biopsies

主要病理診斷:

- Invasive ductal carcinoma, grade 1, in a background of extensive ductal carcinoma in-situ.
 - Size of invasive focus: 1.1 cm.
 - No skin invasion.
 - No lymphovascular invasion.
 - No perineural invasion.
 - Deep margin clear.
 - No sentinel lymph node metastasis (0/1).
- (see description)

左邊乳房，乳房切除術及前哨淋巴結活組織檢查

- 浸潤性導管癌
- 請參看下文

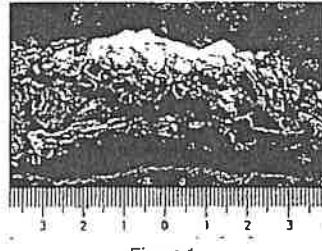


Figure 1

MACROSCOPIC EXAMINATION:

(LCH, ec)

1) Left SLN. Received is a piece of tan fibrofatty tissue measuring 3.5 cm x 0.7 cm x 0.5 cm. Sectioning shows 1 lymph node measuring 2.5 cm x 0.7 cm x 0.5 cm. It is trisected and embedded in 1 cassette, 3 tissue blocks.

(LCH, mw)

2) left mastectomy. Received is a simple mastectomy specimen measuring 14 cm from 3-9 o'clock, 16.6 cm from 12-6 o'clock and 4.4 cm from anterior to posterior. The ellipse of skin on the anterior surface measures 8 cm from 3-9 o'clock and 4.5 cm from 12-6 o'clock. Nipple measures 1.4 x 1.3 x 1.1 cm. No skin ulcer or skin nodule is identified. Deep margin consist of a piece of skeletal muscle, and is inked blue. Sectioning of the breast shows a tan irregular nodular area spanning from 2 o'clock to 6 o'clock 1-2 cm from nipple. This area measures 4.5 x 3.4 x 2.2 cm. It measures more than 1 cm from deep margin and overlying skin. (A) Nipple, multiple tissue blocks. (B) Skin and deep margin at 2 o'clock, 2 tissue blocks. (C) to (F), (H) to (K), (M) to (O) All embedded nodular area, multiple tissue blocks ((C) & (D) 1 slab, (E) & (F) 1 slab, (H) & (I) 1 slab and (J) & (K) 1 slab). (G) Deep margin and skin at 6 o'clock, 2 tissue blocks. (L) Sampling from inner upper quadrant, inner lower quadrant and outer lower quadrant, 3 tissue blocks. Figure 1 shows cut surface of nodular area.

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Date: 14 OCT 2025

Please refer to the settlement Advice for payment details

Path. No. : B25/31869

Patient's name : ~~Wong Ting~~ 王庭

STH - Histopathology

ID# : ~~150087210~~

Wong Ting 王庭

MICROSCOPIC EXAMINATION:

Frozen section diagnosis : Negative (0/1). (LCH, ec)

1) Paraffin sections confirm the frozen section diagnosis. 1 lymph node is found. It is negative for malignancy. Immunostaining for AE1/AE3 does not reveal any micrometastasis or isolated tumour cells.

2) The all embedded nodular area shows extensive intermediate grade and high grade ductal carcinoma *in-situ* (DCIS), featuring expanded ducts filled with neoplastic epithelial cells forming solid, papillary or cribriform pattern. The neoplastic cells contain moderately to markedly enlarged pleomorphic hyperchromatic nuclei and prominent nucleoli. The layer of myoepithelial cells is preserved, as highlighted by p63 immunostaining. Comedo necrosis is present. A focus of invasion is noted, featuring irregular cords and nests of cohesive tumour cells with some tubules formation. The tumour cells contain moderately pleomorphic nuclei and prominent nucleoli with a mitotic count of 4 per 10 high power fields (22 mm eyepiece). The Modified Bloom and Richardson score is 5 (grade 1). The layer of myoepithelial cells is absent, as confirmed by p63 immunostaining. There is no skin invasion. There is no lymphovascular invasion. There is no perineural invasion. The size of invasive focus measures 1.1 cm, while the whole tumour (including DCIS) measures 2.3 cm. The tumour shows no invasion into the underlying skeletal muscle, and the deep margin is clear. The nipple shows no Paget's disease.

The surrounding breast tissue shows intraductal papillomas, columnar cell hyperplasia, apocrine metaplasia, usual ductal hyperplasia and fibroadenomatoid hyperplasia.

Breast cancer marker study will be performed. A supplementary report will follow.

Approved signatory:

Date of report : 23/09/2025



B25/318692

Dr. Lo Chun Hai 盧晉熙醫生

MBChB (CUHK), FRCPA, FHKCPath, FHKAM (Pathology)

Hong Kong Accreditation Service (HKAS) has accredited the St. Teresa's Hospital - Histopathology Laboratory (Reg. No. HOKLAS 811P) under Hong Kong Laboratory Accreditation Scheme (HOKLAS) for performing specific examinations and, in some cases, for providing clinical interpretation as listed in its scope of accreditation. The examinations are conducted in accordance with the terms of accreditation for St. Teresa's Hospital - Histopathology Laboratory. Report should not be reproduced except in full.

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Date: 14 OCT 2025

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Screening	Action
<input type="checkbox"/> Postop follow up as scheduled	<input checked="" type="checkbox"/> Scanned
<input checked="" type="checkbox"/> Benign, follow up as scheduled	<input type="checkbox"/> Phoned
<input type="checkbox"/> Probably benign imaging finding	<input type="checkbox"/> E-mail
FU <input type="checkbox"/> MMG <input type="checkbox"/> USG <input checked="" type="checkbox"/> MRI _____	<input type="checkbox"/> WhatsApp
<input type="checkbox"/> Suggest <input type="checkbox"/> Operation <input type="checkbox"/> VAB <input type="checkbox"/> Core biopsy	by 17
<input type="checkbox"/> Malignant <input type="checkbox"/> PET scan <input type="checkbox"/> Cancer marker	25 on SEP 2025
<input type="checkbox"/> Others _____	at 4:00 PM
Doctor sign. _____ Date: 25 SEP 2025	



HISTOPATHOLOGY REPORT
ST. TERESA'S HOSPITAL
聖德肋撒醫院
HISTOPATHOLOGY LABORATORY
組織病理化驗室

MR-HI-060-07/09
ST. TERESA'S HOSPITAL
327 Prince Edward Rd., Kowloon.
九龍太子道327號聖德肋撒醫院化驗室
Tel: 2711 2120 / 2200 3111
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Dr. Kan Chi Hang 簡志恒醫生 Dr. Fung Shing Hoi 馮成海醫生
Dr. Pang Chun Yin 彭俊賢醫生 Dr. Shum Ka Shing 岑家成醫生
Dr. Shea Ka Ho 余家浩醫生 Dr. Ng Kwan Shing 吳均誠醫生
Dr. Lo Chun Hai 麥晉熙醫生



*B25318693

Path No. : B25/31869

Record status : N

Date collected: 20/09/2025

2nd report

Date received: 20/09/2025

Patient's Name : Wong Ting 王庭

ID# : 1500872(0)

Hospital / Lab no.: HN20250426083

Room: N3W Bed: 385C Sex: F Age: 46Yr DOB: 17/10/1978

Under the service of : MA KWOK KUEN (a), DR. (5231)

Clinical History : Left breast cancer at 2 o'clock.

Surgical procedure : Left SLN biopsy for frozen section and left mastectomy for histology and hormonal study.

Nature of specimen : 1) Left sentinel lymph node. Follow-up specimen: 2) Left breast (short: 12 o'clock, long: 3 o'clock, loop: 6 o'clock).

DIAGNOSIS: 1&2) Left breast, Mastectomy and sentinel lymph node biopsies

- 主要病理診斷:
- Invasive ductal carcinoma, grade 1, in a background of extensive ductal carcinoma in-situ.
- Size of invasive focus: 1.1 cm.
- No skin invasion.
- No lymphovascular invasion.
- No perineural invasion.
- Deep margin clear.
- No sentinel lymph node metastasis (0/1).
- Oestrogen receptor: positive.
- Progesterone receptor: positive.
- HER2 immunohistochemistry: 1+ (IHC HER2 low).
- Ki-67 proliferative activity 30%.
左邊乳房，乳房切除術及前哨淋巴結活組織檢查
- 浸潤性導管癌

AXA CHINA REGION
Certified True Copy

Date: 14 OCT 2025

Please refer to the settlement Advice for payment details

Wong Ting 王婷

Y500872(0)

Patient's name : 

ID# : 

BREAST CANCER MARKER STUDY:

PARAFFIN BLOCK FOR TESTING: B25/31869-2C.

OESTROGEN RECEPTOR:

100% tumour cells with strong nuclear staining.

H score: 300/300

Allred score: 8/8

INTERPRETATION: **POSITIVE**.

PROGESTERONE RECEPTOR:

20% tumour cells with moderate nuclear staining.

H score: 40/300

Allred score: 5/8

INTERPRETATION: **POSITIVE**.

Ki-67 proliferative index: 30%. (Please see below remarks 2)

HER2 (c-erbB2) IMMUNOHISTOCHEMISTRY:

Antibody clone: VENTANA HER2/neu (4B5) CE

Staining pattern:

30% tumour cells with weak incomplete membrane staining.

Score: 1+

(IHC HER2 LOW)

In-situ hybridization for HER2 gene (Silver ISH): NOT INDICATED.

REMARKS:

1. The oestrogen and progesterone receptors and c-erbB2(HER2) oncoprotein status were evaluated by immunohistochemistry and interpreted in compliance with 2020 ASCO/CAP guidelines for hormonal receptors (J Clin Oncol 2020 Apr 20;38(12):1346-1366. doi: 10.1200/JCO.19.02309) and 2018 guidelines for HER2 (c-erbB2) testing (J Clin Oncol 36:2105-2122, 2018). Unless otherwise stated, assessment is done on the invasive component only.

2. Please note that there is no universal guidelines for categorization of Ki-67 proliferative index for breast cancer in the literature, in addition to the potential lack of reproducibility. A threshold of 14% or 15% has been proposed for helping to discriminate between cases likely to correlate with the more aggressive luminal B molecular subtype (Ki-67 proliferation index ≥ 14% or 15%) versus the less aggressive luminal A subtype (Ki-67 proliferation index < 14% or 15%), as mentioned in the WHO Classification of Breast Tumours (5th edition). However, this threshold has not been validated for the purpose of predicting response to chemotherapy. Panel-based gene expression assays that are largely proliferation-driven, such as the 21-gene recurrence score have been validated for this purpose in ER-positive cancers. The IHC4 immunohistochemistry-based assay of four markers (ER, PR, HER2, Ki-67) with the IHC4 score, had shown to predict residual risk of distant recurrence in patients on adjuvant endocrine therapy in the ATAC trial as robustly as the 21-gene RS (J Clin Oncol, 29:4273-4278, 2011).

3. Patients with breast cancers showing HER2 (c-erb2) score 1+ and 2+ (with negative in-situ hybridization for HER2 gene amplification), currently categorized as HER2 negative, are now known as "HER2-low cancers (IHC HER2 low)". Tumours with faint/barely visible incomplete membrane staining which is ≤10% of tumour cells, currently scored as score 0 (negative), are now categorized as "HER2 ultralow cancers (IHC HER2 ultralow)" (score 0+). Breast cancers with these staining patterns may be eligible for treatment with trastuzumab-deruxtecan in the metastatic setting (but those with no staining, IHC 0, are currently excluded). Please refer to the "Template for Reporting Results of Biomarker Testing of Specimens from Patients with Carcinoma of the Breast" from the College of American Pathologists, version 1.6.1.0 (June 2025) for details.



Approved signatory:

Date of report : 26/09/2025

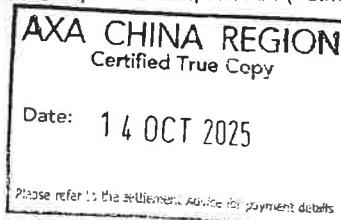


B25/31869

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Dr. Lo Chun Hai 盧晉熙醫生

MBChB (CUHK), FRCPA, FHKCPATH, FHKAM (Pathology)





安盛

PRIVATE & CONFIDENTIAL

~~REDACTED~~ Wong Ting
 UNIT A 8/F BLOCK 1
 SCENEWAY GARDEN Tower 2
 11-17 SCENEWAY ROAD
 LAM TIN KLN

Notice Date

2025/10/14

Policy No.
502-4528688

Insured Name

Policy Currency
USD

Your Financial Consultant
Name
WONG HOI YAN, KINKI

Code
72005-04-056695

Contact No.
21516123

Hospitalisation Settlement Advice

Dear Valued Customer,

Thank you for choosing AXA, a global leader in insurance and financial services, as your trusted partner.

We wish you well and are pleased to inform you that your application for hospitalization benefit has been approved with the following details:

Claim Details

Claim No.	: 3240773
Insured Person	: REDACTED Wong Ting
Payee's Name	: REDACTED Wong Ting
Date of Confinement	: 2025/09/20 - 2025/09/22
Settlement Amount	: HKD 62,433.00
Settlement Method	: Autopay - XXX807XXX833 The amount will be credited to your bank account within 4 working days.

If you disagree with the above claim decision, you may submit an appeal to us within 90 days from the date of this notice. Please refer to our website: <http://www.axa.com.hk/en/claims-appeal> for details. If we do not receive your appeal request by this date, we shall consider the claim decision as final.

Contact Us

We thank you for your continuous support. Being your trusted partner, we are always of service to support you and your family in reaching your goals at different stages of life. If you have any further questions or would like to review your financial protection and wealth management needs, please contact your Financial Consultant or call our Customer Service Hotline at 2802 2812.

Yours faithfully,

Customer Service
 AXA China Region Insurance Company (Bermuda) Limited
 (Incorporated in Bermuda with limited liability)

This is a computer-generated document. No signature is required.
 c.c. WONG HOI YAN 72005-04-056695

Settlement Details

Policy No. : 502-4528688

Notice Date : 2025/10/14

Benefit Items	No. of Days Claimed	No. of Days Paid	Amount Claimed	Other Insurance Covered Expense	Amount Paid	Annual Limit Balance	Remark
Room and Board	3	3	2,125.00	0.00	1,705.00	177 day(s)	108
Miscellaneous Charges			42,203.00	0.00	12,960.00	0.00	108
Attending Doctor's Visit Fee	3	3	5,400.00	0.00	2,352.00	177 day(s)	108
Surgeon's Fee (Major)			110,000.00	0.00	26,000.00		108
Anaesthetist's Fee (Major)			20,000.00	0.00	9,100.00		108
Operating Theatre Charges (Major)			9,380.00	0.00	9,100.00		108
Pre-Confinement/Day Case Procedure outpatient care (2025/09/15)	1	1	2,800.00	0.00	608.00	0 day(s)	108
Post-Confinement/Day Case Procedure outpatient care (2025/09/29)	1	1	1,900.00	0.00	608.00	2 day(s)	108
Total		HKD:	193,808.00	0.00	62,433.00		

Special Note

Remarks

108 - Exceed itemized benefit limit(s)

賠償資料

保單編號 : 502-4528688

通知書日期 : 2025/10/14

保障項目	索償日數	賠償日數	索償金額	其他保險公司已賠償金額	賠償金額	年度索賠餘額	備註
病房及膳食	3	3	2,125.00	0.00	1,705.00	177 日	108
雜項開支			42,203.00	0.00	12,960.00	0.00	108
主診醫生巡房費	3	3	5,400.00	0.00	2,352.00	177 日	108
手術費 (大型)			110,000.00	0.00	26,000.00		108
麻醉師費 (大型)			20,000.00	0.00	9,100.00		108
手術室費 (大型)			9,380.00	0.00	9,100.00		108
入院前 / 日間手術前後的門 診護理 (2025/09/15)	1	1	2,800.00	0.00	608.00	0 日	108
出院後 / 日間手術前後的門 診護理 (2025/09/29)	1	1	1,900.00	0.00	608.00	2 日	108
合共 :			港幣: 193,808.00	0.00	62,433.00		

特別事項

備註

108 - 超過保障項目逐項限額

