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在索取、列印或填寫表格前，請閣下先詳閱下文。

## Disclaimer

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## 免責聲明

閣下凡透過富通保險有限公司 [富通保險] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。富通保險概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，富通保險有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

富通保險有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

# 住院和手術賠償申請書 Hospital and Surgical Claim Form



保單號碼  
Policy Number

保險顧問姓名  
Consultant Name

保險顧問編號  
Consultant Code

電話  
Telephone No.

- ☐ 住院醫療賠償 Hospital Reimbursement  
☐ 住院現金賠償 Hospital Cash

提供此賠償申請書或進行有關此索償的調查並不表示富通保險有限公司會確認此項索償或同意豁免保單條款中的任何規定。倘若閣下因意外入院並同時申請每週入息賠償，只需填寫意外索償表格並附上醫院收據正本。

By providing this claim form and subsequently investigating the claim, FTLife Insurance Company Limited shall not be held to admit the validity of the claim nor to waive any requirement as provided under the provisions of the policy. If you also claim for weekly indemnity benefit due to the same incident, please complete Accident Claim Form only and submit original hospital receipts.

填表之前請詳細閱讀背頁的“填表須知”。

Please read the Instructions overleaf carefully before you complete this claim form.

第一部份-由受保人或保單持有人或索償人填寫

Part I - To be completed by the Insured / Owner / Claimant

☐ 首次索償 New Claim

☐ 再次索償 Further Claim

<b>A. 受保人個人資料 Personal Particulars of the Insured</b>			
1. 受保人姓名 Name of Insured	2. 身份證 / 護照號碼 ID / Passport No.	3. 年齡 / 性別 Age / Sex	4. 電話號碼 Telephone No.
5. 現時職業及詳細職責 Current Occupation and Job Duties with details	6. 僱主名稱 (如僱主與投保時不同，請說明何時轉工) Name of Employer (If the Employer is different from the one stated in the application, please state when it was changed)		7. 僱主地址 Address of Employer
<b>B. 住院詳情 Information of Hospitalization</b>			
1. 醫院名稱及地址： Name and address of Hospital:		2. a. 門診手術日期 (日/月/年) Outpatient Surgery Date (DD/MM/YY): b. 入院日期 (日/月/年) Admission Date (DD/MM/YY): c. 出院日期 (日/月/年) Discharge Date (DD/MM/YY):	
3. 有否於上述住院期間一天內請假外出超過6小時？ Has the Insured taken any home leave for more than 6 hours a day during the confinement? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes 如有，請列出有關的確實日期 (日/月/年) If yes, please state the exact date (DD/MM/YY):			
<b>C. 如住院是疾病引致 If Hospitalization was due to Illness</b>			
1. 請敘述入住醫院前之徵狀？ What were the symptoms presented before admission?		2. 首次就診之前，受保人患此等徵狀的時間有多久？ How long has the Insured been having these symptoms before first consultation?	
3. 何時因此徵狀而首次求診 (日/月/年)？ When was the first consultation for these symptoms (DD/MM/YY)?		4. 出院時之診斷？ What was the diagnosis?	
<b>D. 如住院是意外引致 If Hospitalization was due to Accident</b>			
1. a. 意外日期 (日/月/年)： Date of accident (DD/MM/YY): b. 意外發生的確實時間： Time of accident: c. 意外發生的地點： Place of accident:		2. a. 意外如何發生？ How did the accident happen? b. 有否報警？ Did you report this case to police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes 如有，請附上口供紙或警察報告影印本 If yes, please attach a photocopy of witness statement or police report	
3. 受傷部位？ Which parts of the body were injured?		4. 受傷程度？ What was the extent of the injury?	
<b>E. 就診詳細情況及其它資料 Details of Consultation and Other Information</b>			
1. 首次就診醫生的名稱和地址。 Name and address of doctor who first treated you for the injury or the illness.	2. 建議入院的醫生名稱和地址。 Name and address of doctor who referred you to hospital.	3. 過往就同樣病症曾求診的醫生名稱和地址。 Name and address of doctors consulted in the past for similar condition.	
4. 有否就此住院同時向本公司之團體保險部或其他保險公司提出索償？如有，請列明保單號碼及公司名稱。 Any concurrent claim about this hospitalization with our Group Dept or other companies? If yes, please give the policy number and the name of the company.			



**F. 收集個人資料聲明 Personal Information Collection Statement**

在富通保險有限公司（以下簡稱“富通保險”），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公可，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守“個人資料（私隱）條例”（以下簡稱“條例”）。

At FTLife Insurance Company Limited (“FTLife”), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

**1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by FTLife**

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料，聯絡資料，保單資料，交易記錄，學歷及培訓資料，就業資料，財政資料，醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

**2. 收集個人資料的重要性 Importance of Personal Data Collection**

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to FTLife. Provision of personal data to FTLife by you is voluntary. However, FTLife may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

**3. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage**

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by FTLife may be used for the following purposes:

- i 保險管理或再保險業務有關的用途，其中包括承保，處理和評估申請，身份和信用檢查，適用性檢查，保單服務，理賠處理，調查，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；  
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;
- ii 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及  
direct marketing, which includes promoting, marketing or selling, of FTLife insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and
- iii 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：  
complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:
  - a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；  
any law binding or applying to it within or outside Hong Kong existing currently and in the future;
  - b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；  
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
  - c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。  
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

**4. 直接促銷 Direct Marketing**

在獲得您的同意下，富通保險可能會使用您的姓名，電話號碼，電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

FTLife may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

**5. 個人資料保密 Personal Data Confidentiality**

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

The personal data you provide to FTLife will be kept confidential, except that it may be shared with the following parties:

- i 代表您的任何保險經紀，獨立財務顧問作在第3(i)段中所列出的任何用途；  
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- ii 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途；  
any subsidiary, holding company, associated company or affiliates of FTLife for any of the purposes set out in section 3(i)-(iii);
- iii 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；  
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to FTLife for any of the purposes set out in section 3(i) and (ii);
- iv 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及  
any actual or proposed reinsurers of FTLife for any of the purposes set out in section 3(i); and
- v 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。  
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

**6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong**

富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(iii)段中所列出的任何用途，包括資料處理或貯存。

FTLife may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

**7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request**

7.1 根據條例的規定，您有下列權利：

In accordance with the Ordinance, you have the right to:

- i 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；  
check whether FTLife holds personal data about you and, if so, obtain a copy of such data;
- ii 要求富通保險糾正任何有關您的不準確的個人資料；及  
require FTLife to correct any personal data relating to you which is inaccurate; and
- iii 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。  
ascertain FTLife policies and practices in relation to personal data and to be informed of the kind of personal data held by FTLife.

7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。

FTLife has the right to charge a reasonable fee for the processing of any personal data access request.

7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。

Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

**8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing**

- ☐ 富通保險只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。  
FTLife Insurance Company Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。  
This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。

In case of discrepancies between the English and Chinese version, the English version shall prevail.

**G. 聲明及授權書 (由受保人簽署，如受保人未滿18歲，則由其家長或合法監護人簽署)****Declaration and Authorization (To be signed by the insured OR to be signed by the insured's parent / legal guardian if the insured is under age 18)**

本人/我們聲明上述一切陳述及對問題的所有答案，就本人/我們所知所信均為事實之全部，並確實無訛。

I/We declare that the above statements and answers made by me/us are true and complete to the best of my knowledge.

本人/我們茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給富通保險有限公司。即使本人或受保人死亡或喪失能力，此授權書仍然有效，所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。

I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Insured(s) named to give such information to FTLife Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

本人/我們明白若此住院和手術賠償申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。

I/We understand that if there is any inconsistency or ambiguity between the English versions and the Chinese versions of this Hospital and Surgical Claim Form, the English versions should prevail.

受保人 / 索償人簽署

Signature of Insured / Claimant

: x \_\_\_\_\_

見證人簽署

Signature of Witness

: x \_\_\_\_\_

受保人 / 索償人姓名 (大寫)

Name of Insured / Claimant (in block letters): \_\_\_\_\_

見證人姓名 (大寫)

Name of Witness (in block letters): \_\_\_\_\_

身份證 / 護照號碼

ID / Passport No.

: \_\_\_\_\_

身份證 / 護照號碼

ID / Passport No.

: \_\_\_\_\_

日期 (日/月/年)

Date (DD/MM/YY)

: \_\_\_\_\_

日期 (日/月/年)

Date (DD/MM/YY)

: \_\_\_\_\_

若受保人未滿18歲，請填寫下列資料。

If the insured is under age 18, please complete the following information.

受保人姓名及身份證號碼

Name and ID/Passport No of Insured

: \_\_\_\_\_

索償人與受保人關係

Claimant's relationship with the Insured: \_\_\_\_\_

**填表須知 INSTRUCTIONS**

1. 請回答申請書第一部份A，B，C或D及E的所有問題並簽署聲明及授權書。

Please answer ALL the questions in Section (A), Section (B), Section (C) or (D) and Section (E) of Part I of this claim form and sign the declaration and authorization.

2. 此申請書第二部份必須由主診醫生填寫並由您支付有關費用。

Part II of this claim form MUST be completed and signed by the doctor who attended the Insured for his injury or illness. The completion of this part is at the Insured's own expenses.

3. 請附上有關下列文件以便審核：

Please attach the following documents to enable us to consider the claim:

(i) 附有保單持有人簽署之身份證副本(如未曾於本公司存檔)

ID copy of the policy owner with signature on it (if not in our company's record);

(ii) 詳細列明每項費用的醫院收據正本。

Original Hospital Receipts with breakdown details of the expenses.

(iii) 由醫院發出，已列明確實病症的出院總結。

Discharge Summary issued by the hospital containing the exact diagnosis leading to the hospitalization.

(iv) 其它有助於審核的證明文件，例如病假紙、化驗報告。

Any other paper, such as sick leave certificate, laboratory report to substantiate the claim.

4. 如有必要，本公司將要求您提供其他文件

We may ask for other documents or information from you if deemed necessary.

5. 請將填妥的索償申請書連同其他所需文件一併交予本公司理賠部辦理。地址：香港干諾道中111號永安中心27樓。電話：2866 8898。

Please send the completed claim forms and other supporting documents to our Claims Dept. Address: 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong. Tel. 2866 8898.

**退件及郵遞安排 Return Documents & Postal Arrangement**

請於下列適當之方格內加上“✓”號 Please tick the appropriate box(es) below

☐ 退回正本收據 Return Original Receipt(s)☐ 支票直接寄給客戶 Mail Cheque(s) to Customer Directly**其他備註 Other Remarks**

第二部份-申請人自費由主診醫生填寫

**Part II - To be completed by the Attending Doctor at the claimant's own expenses**

Part II - To be completed by the Attending Doctor at the claimant's own expenses			
1. a. 病人姓名 Name of patient	b. 身份證/護照號碼 ID / Passport No.	c. 年齡/性別 Age / Sex	d. 職業 Occupation
2. a. 醫院名稱 : Name of Hospital:			
b. 入院日期 (日/月/年) : Admission date (DD/MM/YY):			
c. 出院日期 (日/月/年) : Discharge date (DD/MM/YY):			
d. 閣下自何時開始診治此病人 ? Since when did you first know the patient professionally? 由 Since (日 DD / 月 MM / 年 YY) 起			
3. 病人就此病症的首次求診日期 (日/月/年) : First consultation date for this illness or injury (DD/MM/YY):			
4. 病徵或病因首次出現之日期 (日/月/年) : Date of symptoms/complaints first appeared (DD/MM/YY):			
5. 首次求診時之病徵或病因 : The symptoms/complaints at the first consultation date:			
6. a. 最後診斷 : Final Diagnosis:		e. 該情況是否慢性疾病或再次病發 ? Is this a chronic illness or recurrent episode? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes, 請提供以下資料 please give details:	
b. 診斷日期 (日/月/年) : Diagnosis date (DD/MM/YY):		(i) 發病日期 (日/月/年) : Onset date (DD/MM/YY):	
c. 潛在原因導致該病症 : The underlying reasons leading to such illness or injury:		(ii) 曾求診之醫生姓名及地址 : Name and Address of Doctor consulted:	
d. 據你的意見, 病人的預後情況如何 ? In your opinion, what is the prognosis?		(iii) 首次診治日期 (日/月/年) : First consultation date (DD/MM/YY):	
		(iv) 最後覆診日期 (日/月/年) : Last follow up date (DD/MM/YY):	
7. 手術 Surgical Procedure			
a. 手術日期 (日/月/年) : Operation date (DD/MM/YY):			
b. 手術名稱 : Procedure name:			
c. 手術醫生之姓名 : Surgeon's name:			
8. 住院期間有關的治療及進展 : Details of medical treatment given with progress during hospitalization:			
治療種類 Type of medical treatment	時期 Period	進展 Progress	
9. 住院期間有關的化驗及結果 : Details of laboratory tests performed with result during hospitalization:			
化驗名稱 Name of laboratory tests	日期 Date	結果 Result	
10. 病人於住院期間有否離院外出? 如有, 請提供其離院的日期及時間。 Did the patient take any home leave during the confinement period? If yes, please give details of the date and time.			





11. 病人是否經其他醫生或醫院轉介？ Did other doctor or hospital refer the patient to you?  若有，請提供轉介醫生姓名或醫院名稱及地址。 If yes, please provide name & address of referral doctor or hospital.	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>																								
12. 你曾否轉介該病人其他醫生或醫院？ Did you refer the patient to other doctor or hospital?  若有，請提供醫生或醫院名稱及地址。 If yes, please give the name & address of doctor or hospital.	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>																								
13. 你曾否於該病人住院期間轉介他/她往專科醫生？ Did you refer the patient to other medical specialist during the hospitalization period?  若有，請提供該專科醫生姓名、資歷及轉介原因。 If yes, please give the name & qualification of the specialist and explain the referral reason.	否 No <input type="checkbox"/>	是 Yes <input type="checkbox"/>																								
14. 若因意外入院，請提供以下資料： Please provide the details if the admission was due to Accident:  a. 意外日期 (日/月/年)： Date of accident (DD/MM/YY):  b. 意外地點及經過？ Where and how did it happen?	c. 受傷程度 Extent of injury  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">否 No</th> <th style="width: 10%;">有 Yes</th> <th style="width: 80%;"></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>瘀痕 Bruises</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>腫脹 Swelling</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>割傷 / 擦傷 / 傷口 Laceration / abrasion / wound</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>挫傷 Contusion</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>如有其他，請說明 Others, please specify</td> </tr> </table> <p><b>若有，請詳述。 If yes, please describe the details.</b></p> <p>d. 最後求診時的受傷情況。          Condition of the injury at last consultation.</p>		否 No	有 Yes		<input type="checkbox"/>	<input type="checkbox"/>	瘀痕 Bruises	<input type="checkbox"/>	<input type="checkbox"/>	腫脹 Swelling	<input type="checkbox"/>	<input type="checkbox"/>	割傷 / 擦傷 / 傷口 Laceration / abrasion / wound	<input type="checkbox"/>	<input type="checkbox"/>	挫傷 Contusion	<input type="checkbox"/>	<input type="checkbox"/>	如有其他，請說明 Others, please specify						
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15. 有關疾病或意外是否由以下因素導致？ Was such illness or injury caused by the following factors?  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">否 No</th> <th style="width: 10%;">是 Yes</th> <th style="width: 80%;"></th> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>自致傷害 (原因及經過) Self-inflicted injury (How it happened &amp; underlying cause)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>酗酒 (酒類名稱、份量及維持多久) Alcoholic abuse (Name of alcohol, quantity &amp; duration of consumption)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>濫用藥物 (藥物名稱、份量及服食多久) Drug abuse (Name &amp; dosage of drug and duration of consumption)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>退化性轉變 (發病日期及求診詳情) Degenerative changes (Onset date &amp; consultation details)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>先天性缺陷 (診斷、發病日期及求診詳情) Congenital anomalies (Diagnosis, onset date &amp; consultation details)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>過往受傷/疾病 (原因及求診詳情) Past injury or illness (Cause and consultation details)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>不育、絕育、懷孕、分娩或流產 (關係及詳情)            Infertility, Sterilization, Pregnancy, Childbirth or Miscarriage (How it related and details)</td> </tr> </table> <p><b>若有，請詳述。 If yes, please describe the details.</b></p>			否 No	是 Yes		<input type="checkbox"/>	<input type="checkbox"/>	自致傷害 (原因及經過) Self-inflicted injury (How it happened & underlying cause)	<input type="checkbox"/>	<input type="checkbox"/>	酗酒 (酒類名稱、份量及維持多久) Alcoholic abuse (Name of alcohol, quantity & duration of consumption)	<input type="checkbox"/>	<input type="checkbox"/>	濫用藥物 (藥物名稱、份量及服食多久) Drug abuse (Name & dosage of drug and duration of consumption)	<input type="checkbox"/>	<input type="checkbox"/>	退化性轉變 (發病日期及求診詳情) Degenerative changes (Onset date & consultation details)	<input type="checkbox"/>	<input type="checkbox"/>	先天性缺陷 (診斷、發病日期及求診詳情) Congenital anomalies (Diagnosis, onset date & consultation details)	<input type="checkbox"/>	<input type="checkbox"/>	過往受傷/疾病 (原因及求診詳情) Past injury or illness (Cause and consultation details)	<input type="checkbox"/>	<input type="checkbox"/>	不育、絕育、懷孕、分娩或流產 (關係及詳情) Infertility, Sterilization, Pregnancy, Childbirth or Miscarriage (How it related and details)
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16. 據閣下所知，病人以前有否患有相關的病況或其他嚴重疾病？若有，請提供診治日期及主治之醫生姓名及地址。 To the best of your knowledge, has the patient ever been treated for the related conditions, or any other serious disorder? If yes, please provide the treatment date & name of attending doctor.																										
17. 其他資料 Other remarks																										
<p>本人謹此證明本人已親自為此病人就上述之病症或受傷進行檢查及治療，並確認上述病人現時及過去的情況乃本人所知的實情及其全部。          I hereby certify that I have personally examined &amp; treated the patient and attended to his illness or injury, and that the information about his current and past condition as stated above is true to the best of my knowledge and belief.</p> <table style="width: 100%; border-collapse: collapse; margin-top: 20px;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">           主診醫生姓名 (專業資歷)            Name of Attending Doctor (with qualification)         </td> <td style="width: 50%; border-bottom: 1px solid black; padding-bottom: 5px;">           簽署 (及印章)            Signature (with chop)         </td> </tr> <tr> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">           地址及電話號碼            Address &amp; Phone No.         </td> <td style="border-bottom: 1px solid black; padding-bottom: 5px;">           日期 (日/月/年)            Date (DD/MM/YY)         </td> </tr> </table>			主診醫生姓名 (專業資歷) Name of Attending Doctor (with qualification)	簽署 (及印章) Signature (with chop)	地址及電話號碼 Address & Phone No.	日期 (日/月/年) Date (DD/MM/YY)																				
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