

First Policy No.:
第一份保單編號:

Second Policy No.:
第二份保單編號:

Claimable Amount Estimate – Only applicable to VHIS (C08) 可賠償金額估算 - 只適用於自願醫保計劃 (C08)

IMPORTANT NOTES 重要事項:

- The claimable amount is an estimation based on the insurance policy of the Insured, for reference only without constituting any liability.
可賠償金額估算乃根據投保人的保單作估算，只供參考及不構成賠償責任。
- The actual amount claimable shall be subject to the final expenses as evidenced by the actual bill amounts and breakdowns as stated in the invoices or receipts issued by healthcare services providers and the applicable policy terms and benefits.
最終賠償金額必須按由醫療服務提供者發出的帳單或收據上的實際費用證明及收費細明及適用的保單條款及保障。
- Please provide the completed PART II Budget Estimate (For Reference Only), or the relevant form by healthcare service provider for our handling.
請提供已填妥之第二部份服務費用預算 (只供參考)，或由醫療服務提供者之同類表格予我們處理。

PART I : CLAIMANT'S INFORMATION 第一部份: 索償人資料

Name of Insured / Patient 受保人/病人姓名:	Name of Policy Owner 保單持有人姓名:
ID Card No. of Insured / Patient 受保人/病人身份證號碼:	ID Card No. of Policy Owner 保單持有人身份證號碼:

PERSONAL INFORMATION COLLECTION STATEMENT

I/We understand and agree my/our personal information (including a record of my/our image or voice by whatever means and my/our health information) collected by or held by YF Life Insurance International Ltd ("the Company") may be used for the purposes of: (1) approving, evaluating or processing my/our insurance application/policy service request; (2) administering, maintaining or reinsuring my/our policies; (3) adjudicating my/our claims, or conducting any investigation or analysis of my/our claims; (4) data matching; 5) investigation or prevention of crime; or (6) fulfilling legal or regulatory requirements. I/We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my/our insurance application/policy service request.

I/We understand and agree my/our personal information collected by or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental/regulatory functions: (1) YF Life group companies and their associated/affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies/persons necessary for claims assessment/investigation; (4) industry associations/federations and their members; (5) governmental/regulatory bodies and law enforcement agencies; (6) crime prevention organisations and their members/participants; and (7) service providers and selected persons which are under a duty of confidentiality to the Company.

I/We understand that I/we have the right to access to, and to correct, any of my/our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

DECLARATION

I/We, the undersigned, hereby declare that all information deposited hereinabove, whether they are written by me/us or not, is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this estimation. I/We also have read and understood the Personal Information Collection Statement stated above. I/We provide the information herein on a voluntary basis. However, I/we understand that failure to provide information as per the Company request may result in the Company being unable to process with this estimation. This form and all other documents submitted to the Company for this estimation shall be the property of the Company, and will be non-returnable under all circumstances.

If there is any subsequent change to the information provided, I/we undertake to notify the Company as soon as possible.

個人資料收集聲明

本人/我們明白及同意萬通保險國際有限公司(“貴公司”)所收集或持有本人/我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的: (1) 批核、評審及處理本人/我們之投保計劃申請/保單服務要求; (2) 就本人/我們之保單提供行政、持續或再保險的服務; (3) 評核本人/我們索償, 或就本人/我們之索償進行調查或分析; (4) 資料核對; (5) 偵測或防止罪行; 或(6) 符合法律或法規要求。本人/我們明白及同意必須提供貴公司所需的個人資料, 否則, 貴公司將不能處理本人/我們之投保申請或就本人/我們之保單提供服務。

本人/我們明白及同意貴公司可能為達到上述目的或讓政府/監管機構(不論在香港或海外)執行其職務而向以下任何一方(不論在香港或海外)轉移或透露由貴公司收集或持有屬於本人/我們的個人資料: (1) 萬通保險集團成員公司及其關聯或相關公司; (2) 金融機構、保險公司、中介人或再保險公司; (3) 賠償調查公司及所需有關評核索償之公司及/或人士; (4) 行業組織/聯會及其成員; (5) 政府部門或監管機構和執法機構; (6) 防犯罪組織及其會員/參與者; 及 (7) 與貴公司有保密協議的服務提供者及其他人士。

本人/我們明白本人/我們有權查閱和更改任何由貴公司持有屬於本人/我們的個人資料。如有需要, 本人/我們可與貴公司的資料保護主任提出有關要求, 並以書面方式呈交(地址: 香港灣仔駱克道 33 號萬通保險大廈 27 樓(適用於香港簽發的保單)或澳門蘇亞利斯博士大馬路 320 號澳門財富中心 8 樓 A 座(適用於澳門簽發的保單))。處理上述要求時, 貴公司可能會收取合理費用。

聲明

本人/我們, 即下方簽署者, 謹此聲明上述披露之一切資料, 不論是否由本人/我們手寫, 就本人/我們等所深知及確信均屬完整並真確無訛。本人/我們就此估算申請並無隱瞞任何重要資料。本人/我們等亦已閱讀及明白上述的個人資料收集聲明。本人/我們在此提供的資料均屬自願。若未能依據貴公司要求提供資料, 本人/我們明白會導致貴公司不能處理此估算。此估算申請書及一切其他文件在遞交給貴公司後便會成為貴公司的財產。在任何情況下均不會獲得退回。

若本人/我們所提供的資料有任何更改時, 本人/我們確係盡快通知貴公司有關的更改。

Signature of Consultant 顧問簽署	Signature of Policy Owner 保單持有人簽署	Signature of Insured 受保人簽署 (only if age is over 18 若年齡超過 18 歲)
Name and Code of Consultant 顧問姓名及編號	Name of Policy Owner 保單持有人姓名	Name of Insured 受保人姓名
Date 日期	Policy Owner's ID No. 保單持有人身份證號碼	Insured's ID No. 受保人身份證號碼

* For definitions of words and expressions, please refer to the Glossary in www.yflife.com/VHIS/FlexiPlan for reference.

有關詞彙的釋義, 請參閱 www.yflife.com/VHIS/FlexiPlan 之詞彙表。



PART II : Budget Estimate (For Reference Only) 第二部份: 服務費用預算 (只供參考)

Statement: This page is to be completed by doctor and hospital, and to be signed by patient, doctor and the authorised person of the hospital with hospital stamp.
The estimated charges are for reference only. Final payments are subject to charges incurred from treatment, procedures and services performed.
 說明: 本頁由醫生及醫院填寫, 並由病人、醫生及獲醫院授權人士簽名及蓋章作實。**預算費用只作參考**, 最終收費視病人實際接受的治療、程序及服務而定。

Patient Name 病人姓名: Chinese (中文) _____ English (英文) _____	Hong Kong Identity Card / Passport Number 身份證號碼 / 護照號碼 _____
-------------------------------------------------------------	--------------------------------------------------------------------

Provisional Diagnosis 初步診斷: _____

Private Hospital (to be) Admitted 入住的私家醫院: _____

Estimated Length of Stay 預計住院時間: _____ Day(s)日 Class of Ward 病房級別: _____ / Day Surgery 日間手術

Treatment / Surgical Operation 治療 / 手術: _____

Attending Doctor 主診醫生: _____

Estimated Hospital's Charges 預算醫院費用 (To be completed by hospital / doctor 由醫院/醫生填寫)

Room Charge 住宿:	\$ _____ x _____ days(s) 日
Operating Theatre Charge 手術室費:	\$ _____
Other Items and Charges 其他項目及收費:	\$ _____

	Total 總額: \$
--	---------------------

Estimated Doctor's Charges 預算醫生費用 (To be completed by hospital 由醫生填寫)

Daily Doctor's Round Fee 每日醫生巡房費:	\$ _____ x _____ 日 days(s)
Surgical Fee 手術費:	\$ _____
Anaesthetist Fee 麻醉科醫生費:	\$ _____
Other Specialist's Consultation Fee 其他專科醫生費:	\$ _____
Other Items and Charges 其他項目及收費:	\$ _____

	Total 總額: \$
--	---------------------

Patient's Signature 病人簽署

I understand that the estimated charges above and the claimable amount from insurance company are for reference only. Additional charges incurred from complications are not covered. I agree that payment should be made in accordance with hospital invoice.
 本人知悉上述預算費用及保險賠償額僅為參考, 並不包括因併發症所產生的額外費用, 並同意最終收費以醫院賬單所列為準。

Name of Patient / Next-of-kin / Authorised Person 病人 / 親屬 / 獲授權人士姓名	Signature of Patient / Next-of-kin / Authorised Person 病人 / 親屬 / 獲授權人士簽	Date 日期
------------------------------------------------------------------------	----------------------------------------------------------------------------	------------

Doctor's and Hospital's Declaration 醫生及醫院聲明

I have explained to the patient the details of the above estimated charges and have sought his / her agreement.
 本人已向病人解釋上述預算費用, 並徵得其同意。

Name of Doctor 病人 / 親屬 / 獲授權人士姓名	Signature of Doctor 醫生簽署	Date 日期
-------------------------------------	-----------------------------	------------

This hospital has noted the above estimated charges. The original of this form will be filed as hospital's medical records, and copies will be given to patient and doctor for reference.
 本院知悉上述預算費用。此表格正本會存放在本院的病人醫療記錄內, 副本供病人和醫生參考。

Name of Authorised Person of Hospital 獲醫院授權人士姓名	Signature of Authorised Person of Hospital and Stamp 獲醫院授權人士簽署及蓋章	Date 日期
----------------------------------------------------	----------------------------------------------------------------------	------------

備註 Remarks:

1. 病人如因已知疾病接受醫療檢查程序或選擇性的非緊急治療手術/程序，私家醫院應在他們入院時或之前，告知他們整個療程的預算費用總額。如因病情導致病人不能及早獲知預算，醫生須另紙說明詳細情況。
Patients having investigative procedures or elective, non-emergency therapeutic operations/ procedures for known diseases should be informed of the estimated total charges for the whole treatment course on or before admission to private hospitals. Doctors should provide details in separate sheets if patients' conditions do not allow them to be informed of the estimated total charges in advance.
2. 病人如在入院時或之前未獲提供預算住院費用的資料，他們入院後，在每次就確診病症接受選擇性的治療手術/程序時，醫院都應盡可能預先向他們提供預算費用的資料。
For patients who have not been given an estimation of their hospital bills on or before admission, whenever they receive a definite diagnosis where elective therapeutic operations/ procedures are required after admission, they should be given an estimate in advance as far as practicable.
3. 每間私家醫院都應公佈一份「常見手術/程序清單」，向病人提供有關手術/程序的報價。該份清單應備存於入院登記處、繳費處、醫院網頁或適當地方，供市民參考。
Private hospitals should publish a "List of Common Operations/ Procedures" for which quotation will be provided for prospective patients. The List should be available at the admission office, cashier and hospital webpage and where appropriate for public's reference.
4. 如手術期間出現併發症，或須專科醫生會診，令預算費用有任何重大變動，超逾原來預算的幅度，而病人神智清醒和病情穩定，則醫院應告知病人最新的預算費用，並取得其同意，方可進行任何手術/程序。如病人神智不清和病情反覆，醫院則應告知其近親或獲授權人士。最新的預算費用應記入本費用預算表格內，並由醫生/醫院及病人/近親/獲授權人士妥為簽署。如有關醫生或醫院認為變動幅度太大，則可採用新的表格記錄。
In case of any material change in estimates beyond the range of the original estimates due to complications during operation or those from necessary specialist visits, patients who are conscious and stable (or their next-of-kin or authorised persons if otherwise) should be informed of and consent to the latest estimate before any further operation/ procedure is conducted. The latest estimate should be documented in this consent form and duly signed by doctors, authorised persons of hospitals and patients/ next-of-kin/ authorised persons of patients. A new form may be used if the changes are considered substantial by the doctor or hospital concerned.
5. 若病人在 18 歲以下、失去知覺或有認知障礙，其親屬或獲授權人士可代病人簽署文件。
In case the patient is under 18, unconscious or has cognitive impairments, the next-of-kin or authorised person should act on the patient's behalf.
6. 病人如選用認可服務套餐，醫院可獲豁免遵從報價規定。如醫生的臨床判斷認為，正接受手術/程序或病情緊急或危及性命的病人須進行其他緊急治療，則醫院可獲豁免就有關病人已同意的服務以外的收費項目提供報價。
Patients subscribing to Recognised Service Packages are exempt from quotation. In case at doctors' clinical judgment that patients undergoing operations/ procedures, emergency or life threatening situations require further urgent treatment, price quotation for items beyond those the patients concerned have consented to would be exempted.
7. 在自願醫保計劃下個人住院保險須就訂明的非住院程序、訂明的先進診斷成像檢測及非手術癌症治療訂定一筆過套餐式保障限額。這些保障限額因不同程序、檢測或治療而異。醫生及/或醫院須就這些項目另行報價。
Under the Voluntary Health Insurance Scheme, individual Hospital Insurance should provide coverage for prescribed ambulatory procedures, prescribed advanced diagnostic imaging tests and non-surgical cancer treatments in the form of packaged benefit limits. These benefit limits vary by procedure, test or treatment. Doctors and/or hospitals should provide separate quotation for these items.