

To avoid return of claim due to incomplete information, please answer all questions. 為免因資料不全而被退回索償申請，請回答所有問題

TO BE COMPLETED BY INSURED MEMBER 此部份由受保成員填寫

* If the Insured Member is a child under 18 years of age, this form is to be filled in and signed by the Employee concerned.
若受保成員是僱員子女而少於十八歲，此表格須由僱員代為填寫及簽署。

NAME OF EMPLOYER 僱主名稱		NAME OF EMPLOYEE 僱員姓名	
POLICY NUMBER 保單號碼	NAME OF PATIENT 病者姓名		ID CARD/CERT NO. 身份證/證書號碼
RESIDENTIAL ADDRESS 地址			
TO BE COMPLETED BY ATTENDING DENTIST 此部份由應診牙醫填寫			
PLEASE ANSWER AS COMPLETELY AS POSSIBLE If prosthesis, is this initial placement? If yes, please give brief description and dates			
Is treatment for orthodontics?		Is treatment a result of accident?	
Please fill in the particulars for oral treatment (including X-rays, prophylaxis, material used, etc):			
Tooth No.	Particulars		Charges
1. _____	_____		_____
2. _____	_____		_____
3. _____	_____		_____
4. _____	_____		_____
Please mark teeth treated or area of oral treatment on following chart.			
☐ PERMANENT TEETH ☐ DECIDUOUS TEETH			
I hereby certify that the services listed above have been performed on the above-named patient on the date indicated.			
Dentist's Name : _____		Dentist's Signature & Stamp : _____ Date : _____	

Declaration and Authorization 聲明及授權

I declare that I am the insured member of the above mentioned policy and all the information supplied by me on this form is complete and true to the best of my knowledge and belief. I also declare that I have read and understood the Personal Information Collection Statement stated below. I authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who has any records or knowledge of me or my health to divulge to YF Life Insurance International Ltd. ("YF Life") any information required for the purpose of evaluating the claims application. A photocopy of this authorization shall be as valid as the original. I also confirm that the claims information regarding myself may be released to my Employer or related parties from YF Life. I also declare that there is no change to my record provided by the Employer upon my enrollment, and if there are any changes to my record, I shall forthwith provide documentary proofs of such changes satisfactory to YF Life, and I authorize YF Life to obtain from and verify my personal information with my Employer for the purpose of conducting due diligence under the relevant laws and regulations.

現聲明本人乃上述保單之受保成員，就本人所知及所信以上所填報之資料均正確無訛。本人亦聲明已閱讀及明白下列個人資料收集聲明。本人茲授權持有本人健康或任何資料之註冊西醫、醫院、診所、保險公司、機構、協會或人仕，可以將有關資料提供予萬通保險國際有限公司（「萬通保險」），作為索償申請之參考。此授權書之副本與正本有同等效力。本人亦同意萬通保險可向本人之僱主或相關人士提供有關本人之索償資料。本人亦聲明由僱主於登記時所提供有關本人的資料並沒有任何更改，如有有關的資料有任何更改，本人會立刻向萬通保險提供與更改有關的及符合萬通保險要求之證明文件。本人亦授權萬通保險向本人之僱主索取及核實本人的個人資料，作為於有關法例及規例下進行盡職審查之用。

Personal Information Collection Statement 個人資料收集聲明

Your personal information (including a record of your image or voice by whatever means and your health information) collected by or held by YF Life Insurance International Ltd. ("YF Life") may be used for the purposes of: (1) approving, evaluating or processing your insurance application / policy service request; (2) administering, maintaining or reinsuring your policies; (3) adjudicating your claims, or conducting any investigation or analysis of your claims; (4) data matching; (5) investigation or prevention of crime; or (6) fulfilling legal or regulatory requirements. Please note that failure to provide any information requested by YF Life may result in YF Life not being able to process your insurance application / policy service request. Your personal information collected by or held by YF Life may be transferred or disclosed by YF Life 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 YF Life. You have the right to access to, and to correct, any of your personal information held by YF Life by writing to our Employee Benefits Personal Data Protection Officer. (Address: 27/F, YF Life Tower, 33 Lockhart Road, Wanchai, Hong Kong). YF Life may charge a reasonable fee for the processing of such request. 萬通保險國際有限公司（下稱「萬通保險」）所收集或持有的閣下的個人資料（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、評審及處理閣下之投保計劃申請 / 保單服務要求；(2) 就閣下之保單提供行政、持續或再保險的服務；(3) 評核閣下索償，或就閣下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。請注意，閣下必須提供萬通保險所需的個人資料，否則，萬通保險將不能處理閣下之投保申請或就閣下之保單提供服務。萬通保險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）轉移或透露由萬通保險收集或持有屬於閣下的個人資料：(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) 與萬通保險有保密協議的服務提供者及其他人士。閣下有權查閱和更改任何由萬通保險持有屬於閣下的個人資料。如有需要，閣下可與萬通保險的僱員福利資料保護主任提出有關要求，並以書面方式呈交至香港灣仔駱克道33號萬通保險大廈27樓。處理上述要求時，萬通保險可能會收取合理費用。

Signature of Patient (18 years of age or over)

病者簽署 (如超過十八歲)

YF Life Insurance International Ltd. 萬通保險國際有限公司

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Signature of Employee

僱員簽署

Date: (MM / DD / YY)

日期 (月 / 日 / 年)

香港總公司 香港灣仔駱克道33號萬通保險大廈27樓

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www.yflife.com/EBweb/