



redefining / standards

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In-hospital Credit Arrangement – Application Form

UCMG 24 Hour Hotline 聯康醫療二十四小時熱線 : 2710 8105

UCMG is appointed as coordinator for 24-hour In-hospital Credit Arrangement services. 聯康醫療受委託為受保人提供二十四小時之住院代繳服務。

UCMG Hotline 聯康醫療熱線: 2710 8105 Fax No. 傳真: 2710 8289 / 3010 0210 (after office hours from 6:00 pm to 9:00 am)

Name of Insured Member 受保人姓名	Membership No. 受保人編號	Policyholder/Employer 保單持有人/僱主	Policy No. 保單號碼
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The following information should be completed by attending doctor 以下資料須由主診醫生填寫:

The above Insured Member is suffered from (diagnosis) _____ and is recommended to have the following medical treatment or investigation:

上述會員因患(症狀) _____ 而必須接受下列之治療或診斷檢驗:

Please tick the appropriate box. 請於適當位置填上 '✓' 號

☐ **SURGICAL PROCEDURE / DIAGNOSTIC TEST 外科手術診斷檢驗**

Surgical Procedure / Diagnostic Test : _____

外科手術診斷檢驗之名稱

Estimated cost : HK\$ _____

大約費用 港幣

Place of Treatment : _____

手術 / 檢查之診所或醫院名稱

Date of Treatment : _____ / _____ / _____

手術 / 診斷檢驗日期 (DD / MM / YYYY)

☐ **HOSPITAL ADMISSION FOR THE ABOVE CONDITION :**

(If admit for surgical procedure / diagnostic test, please also fill in the above information.)

住院 (如須進行外科手術或診斷檢驗, 請同時填寫上述資料)

Name of Hospital : _____

醫院名稱

Attending Doctor's Fee Per Day : HK\$ _____

主診醫生每日巡房費用 港幣

Estimated Days of Stay : _____

大約留院日數

Date of Admission : _____ / _____ / _____

入院日期 (DD / MM / YYYY)

☐ **REQUIRED TO BE REFERRED TO SPECIALIST 須轉介專科醫生治理**

Name of Specialist: _____

專科醫生姓名

who is a specialist for _____

專科類別

Name of Attending Doctor: _____

主診醫生姓名

Address: _____

地址

Doctor's signature & Date: _____

主診醫生簽署及日期

Telephone: _____

電話

Fax: _____

傳真

Information for Insured Member 受保人須知:

- This form should be completed by your attending doctor and fax to UCMG .
受保人及其主診醫生須填寫有關資料, 然後傳真至聯康醫療。
- Ensure you have read the "Authorization and Agreement" part and signing for the acceptance.
閣下必須細閱"授權及同意書"之內容, 並簽署回覆。
- You will receive an In-hospital Credit Arrangement Approval Form by fax from UCMG when this application is approved.
若此申請獲批核, 聯康醫療會將批核文件致受保人提供之聯絡傳真號碼。
- Present the In-hospital Credit Arrangement Approval Form together with Guarantee Letter when you admit to hospital.
入院時需帶同批核文件及保證信以便辦理入院手續。
- Ask your attending doctor to complete the Hospitalization Claim Form when you discharge from hospital.
出院時受保人及其主診醫生須填寫住院賠償申請表並交回醫院作申請賠償。

PERSONAL INFORMATION COLLECTION STATEMENT

AXA General Insurance Hong Kong Limited (referred to hereinafter as the "Company") recognises its responsibilities in relation to the collection, holding, processing, use and/or transfer of personal data under the Personal Data (Privacy) Ordinance (Cap. 486) ("PDPO").

Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorised or accidental access, erasure or other use.

Please note that if you do not provide us with your personal data, we may not be able to provide the information, products or services you need or process your request.

Purpose: From time to time it is necessary for the Company to collect your personal data which may be used, stored, processed, transferred, disclosed or shared by us for purposes ("Purposes"), including:

1. offering, providing and marketing to you the products/services of the Company, other companies of the AXA Group ("our affiliates") or our business partners, and administering, maintaining, managing and operating such products/services;
2. processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;
3. providing subsequent services to you, including but not limited to administering the policies issued;
4. any purposes in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims;
5. evaluating your financial needs;
6. designing products/services for customers;
7. conducting market research for statistical or other purposes;
8. matching any data held which relates to you from time to time for any of the purposes listed herein;
9. making disclosure as required by any applicable law, rules, regulations, codes of practice or guidelines or to assist in law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;
10. conducting identity and/or credit checks and/or debt collection;
11. complying with the laws of any applicable jurisdiction;
12. carrying out other services in connection with the operation of the Company's business; and
13. other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be provided to:

1. any of our affiliates, any person associated with the Company, any reinsurance company, claims investigation company, your broker, industry association or federation, fund management company or financial institution in Hong Kong or elsewhere and in this regard you consent to the transfer of your data outside of Hong Kong;
2. any person (including private investigators) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;
3. any agent, contractor or third party who provides administrative, technology or other services to the Company and/or our affiliates in Hong Kong or elsewhere and who has a duty of confidentiality to the same;
4. credit reference agencies or, in the event of default, debt collection agencies;
5. any actual or proposed assignee, transferee, participant or sub-participant of our rights or business; and
6. any government department or other appropriate governmental or regulatory authority in Hong Kong or elsewhere.

Transfer of your personal data will only be made for one or more of the Purposes specified above.

Access and correction of personal data: Under the PDPO, you have the right to ascertain whether the Company holds your personal data, to obtain a copy of the data, and to correct any data that is inaccurate. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and kinds of data held by the Company should be addressed in writing to:

Data Privacy Officer
AXA General Insurance Hong Kong Limited
21/F Manhattan Place, 23 Wang Tai Road, Kowloon Bay, Kowloon, Hong Kong

A reasonable fee may be charged to offset the Company's administrative and actual costs incurred in complying with your data access requests.

收集個人資料的聲明

安盛保險有限公司（下稱“本公司”）明白其就《個人資料（私隱）條例》（香港法例第 486 章）（“條例”）收集、持有、處理、使用和／或轉移個人資料所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。

敬請注意，如果閣下不向本公司提供閣下的個人資料，我們可能無法提供閣下所需的資料、產品或服務，或無法處理閣下的要求。

目的：本公司不時有必要收集閣下的個人資料，並可能因下列各項目的（“有關目的”）而供本公司使用、存儲、處理、轉移、披露或共享該等個人資料：

1. 向閣下推介、提供和營銷本公司、安盛集團的其他公司（“安盛關聯方”）或本公司的商業合作夥伴之產品／服務，以及提供、維持、管理和操作該等產品／服務；
2. 處理和評估閣下就本公司及安盛關聯方所提供之產品／服務提出的任何申請或要求；
3. 向閣下提供後續服務，包括但不限於執行／管理已發出的保單；
4. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何目的，包括索賠調查；
5. 評估閣下的財務需求；
6. 為客戶設計產品／服務；
7. 為統計或其他目的進行市場研究；
8. 不時就本條款所列的任何目的核對所持有的與閣下有關的任何資料；
9. 作出任何適用法律、規則、規例、實務守則或指引所要求的披露或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；
10. 進行身份和／或信用核查和／或債務追收；
11. 遵守任何適用的司法管轄區的法律；
12. 開展與本公司業務經營有關的其他服務；及
13. 與上述任何目的直接有關的其他目的。

個人資料的轉移：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可提供給：

1. 位於香港或香港以外其他地方的任何安盛關聯方、本公司的任何相關聯人士、任何再保險公司、索賠調查公司、閣下之保險經紀、行業協會或聯會、基金管理公司或金融機構，以及就此方面而言，閣下同意將閣下的資料轉移至香港境外；
2. 與就本公司和／或安盛關聯方提供的任何產品／服務而由閣下或針對閣下提出的或者其他涉及閣下的任何索賠相關的任何人士（包括私家偵探）；

3. 在香港或香港以外其他地方向本公司和／或安盛關聯方提供行政、技術或其他服務並對個人資料負有保密義務的任何代理、承包商或第三方；
4. 信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；
5. 本公司權利或業務的任何實際或建議的承讓方、受讓方、參與者或次參與者；及
6. 在香港或香港以外其他地方的任何政府部門或其他適當的政府或監管機關。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被轉移。

個人資料的查閱和更正：根據條例，閣下有權查明本公司是否持有閣下的個人資料，獲取該資料的副本，以及更正任何不準確的資料。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及本公司所持的資料種類的資料，均應以書面形式發送至：

香港九龍灣宏泰道 23 號 21 樓
安盛保險有限公司
個人資料保護主任

本公司可能會向閣下收取合理的費用，以抵銷本公司為執行閣下的資料查閱要求而引致的行政和實際費用。

本人／我們確認本人／我們已閱讀並明白收集個人資料的聲明（“該聲明”）。本人／我們確認本人／我們已被通知本人／我們須詳細閱讀該聲明，而本人／我們已詳細閱讀該聲明對貴公司所收集或持有之本人／我們的個人資料的影響（不論是否此表格所載或從其他途徑所取得）。根據以上所述，本人／我們特此確認並同意安盛保險有限公司根據該聲明使用及轉移本人／我們的個人資料。

I/WE ACKNOWLEDGE AND CONFIRM that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We confirm that I/we have been advised to read carefully the PICS, and I/we have read it carefully its effect and impact in respect of my/our personal data collected or held by the Company (whether contained in this application or otherwise). Based on the foregoing, I/we hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by AXA General Insurance Hong Kong Limited in accordance with the PICS.

Authorization and Agreement 授權及同意書：

1. I hereby authorize my attending doctor to release any information regarding my health, medical history or any treatment that required for the purpose of applying In-hospital Credit Arrangement.

本人茲授權上述主診醫生可提供本人家屬之健康及治療狀況作為申請住院信貸服務。

2. I hereby agree to reimburse AXA General Insurance Hong Kong Limited for any charges incurred during my hospitalization which are in excess of my benefits entitlement or any ineligible benefits not provided under the Policy. I further undertake to make full payment for the shortfall or difference to AXA General Insurance Hong Kong Limited within 30 days after this hospitalization.

有關此次入院收費如在保單不受保障範圍或超過保單上之賠償額，本人同意於出院後 30 天內繳付予安盛保險有關此次入院收費及保險賠償之差額。

Insured Member's Signature & Date 受保人簽署及日期

Confirmation of approval will be faxed to your Fax number:

批核回覆須傳真至如下號碼：

Fax 傳真：_____

Telephone 電話：_____