HEALTHIER, LONGER, BETTER LIVES

理賠資訊

Claims Sharing

2023



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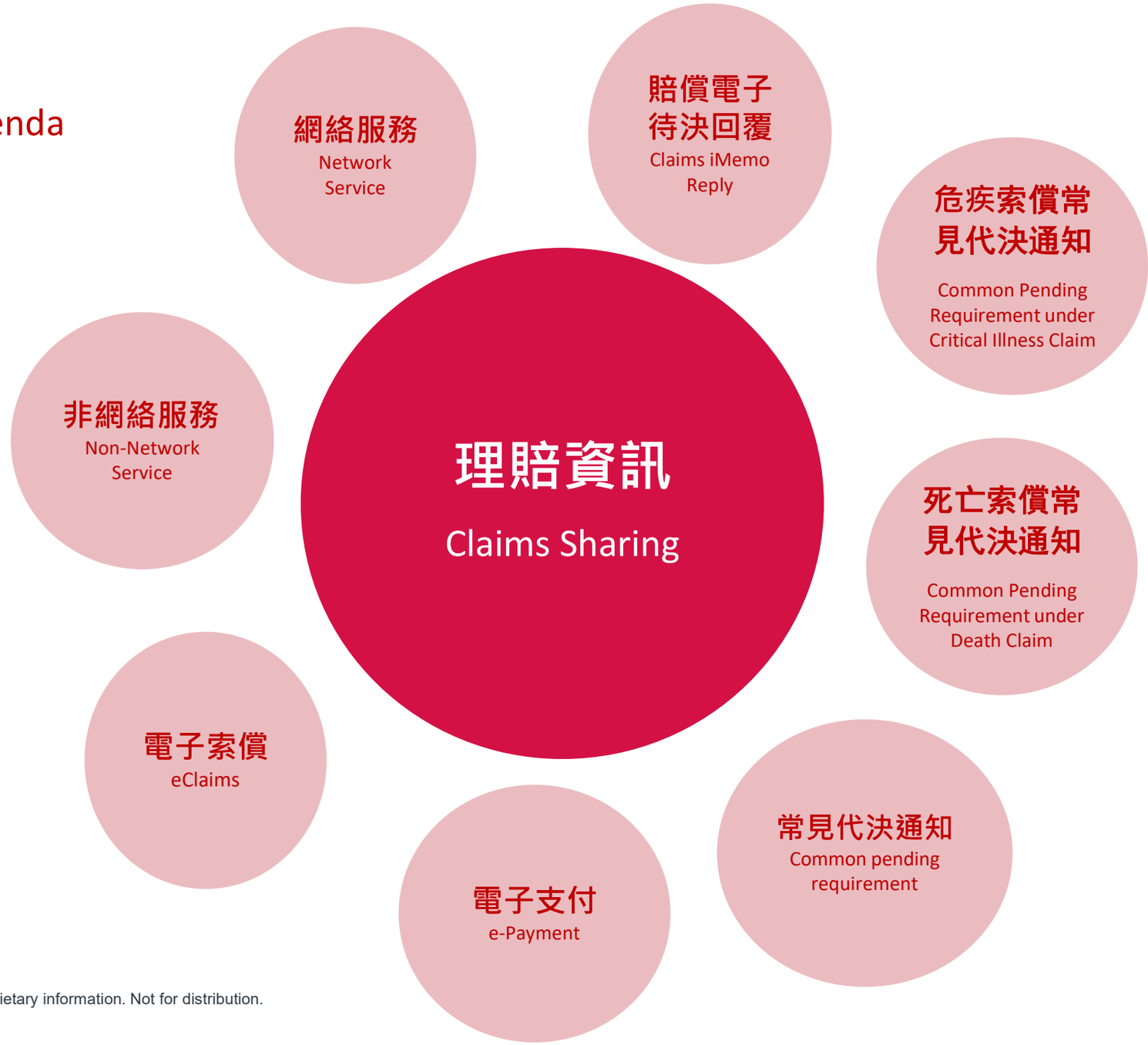
議程 Agenda



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[AIA – INTERNAL]

HEALTHIER, LONGER, BETTER LIVES

網絡服務

Network Service

網絡醫療服務流程 Network Medical Service Process

通告 Memo: A220673

1. 預約 Booking
2. 診症 Consultation
3. 預先批核申請 Pre-approval Request
4. 治療 Treatment
5. 索償 Claim

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[AIA – INTERNAL]

1 預約 Booking

通告 Memo: A210944

熱線 Hotline

至尊醫療熱線 CEO HOTLINE：(852) 2232-8870 ▸ 選擇語言 SELECT LANGUAGE ▸ 1 1

其他醫療計劃熱線 OTHER MEDICAL PLANS：(852) 2232-8888 / *1299 ▸ 選擇語言 SELECT LANGUAGE ▸ # 2



「友聯繫」 AIA Connect

iEngage

24

隨時隨地 Anytime anywhere

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[AIA – INTERNAL]

網絡醫生電子預約安排 Network Doctor Digital Appointment Booking

iEngage



營業員可經由 iEngage 進入，透過 Chatbot主目錄進入網上預約醫生

Financial planner can login to iEngage application, to access Doctor's Appointment Booking through main menu of iChat

❶ 按下「關於個人保險索償服務」。
Select "About Individual Life Insurance Claims".

❷ 選擇「網上預約醫生」。
Select "Doctor's Appointment Booking".

❸ 選擇「即時網上預約醫生」。
Select "Instant Appointment Booking Request".

❹ 閱讀使用守則並輸入保單號碼，按「是」後，轉到電子表格頁面。
Read the instructions and input the policy number.
Select "Yes", then proceed to the e-Form.

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[AIA – INTERNAL]

網絡醫生電子預約安排 Network Doctor Digital Appointment Booking

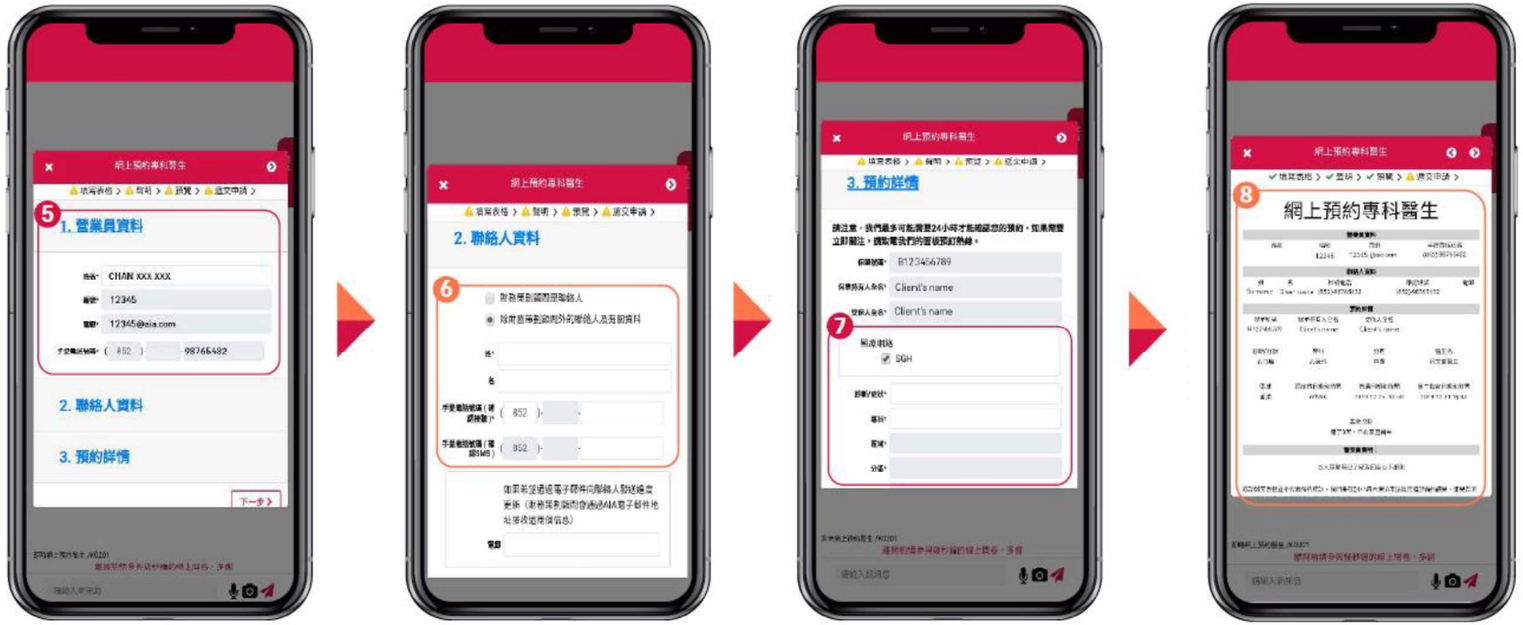
iEngage

❺ 成功登入後，畫面將自動顯示**營業員資料**。
Upon successful login, **Agent Details** will automatically appear.

❻ 按指示**填寫聯絡人資料**。
Follow the instructions and **input the Contact Person Details.**

❼ 按指示輸入**預約醫生的要求**。
Follow the instructions and input the **appointment booking request.**

❽ **閱讀聲明**並**確認資料**後，即可**遞交申請**。
Submit the application after **reading the declaration** and **confirming the details.**



申請結果會於一個工作天內回覆; 非辦公時間的申請則會於下一個工作天處理。The results will be available within one business day; applications submitted during non-office hours will be handled on the next business day.

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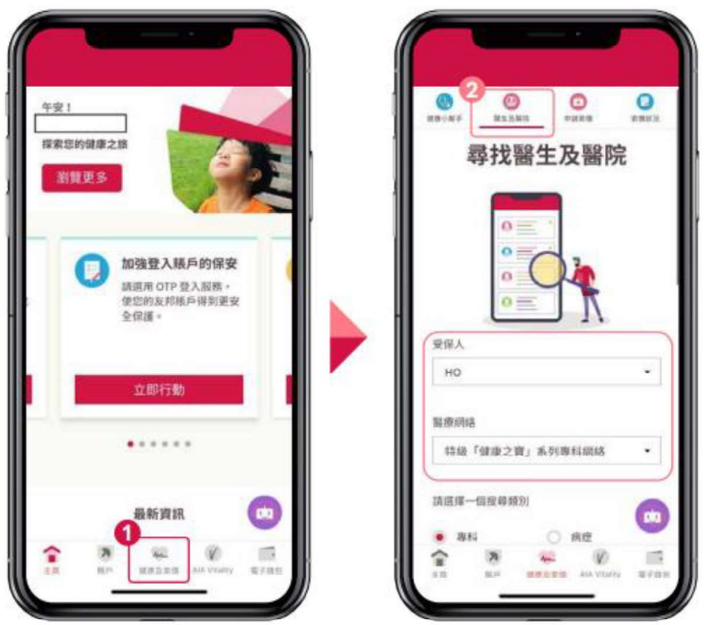
[AIA – INTERNAL]

網絡醫生電子預約安排 Network Doctor Digital Appointment Booking

AIA Connect

客戶可經由「友聯繫」流動應用程式進入網上預約醫生 Customers

can login to the AIA Connect mobile application to access Doctor's Appointment Booking



❶ 於主頁面選擇「健康及索償」。
Select "Health" on the home page.

❷ 選擇「醫生及醫院」並輸入所需預約醫生的要求後，按「搜尋」。
Select "Doctor & Hospital", then input the appointment booking request and select "Search".

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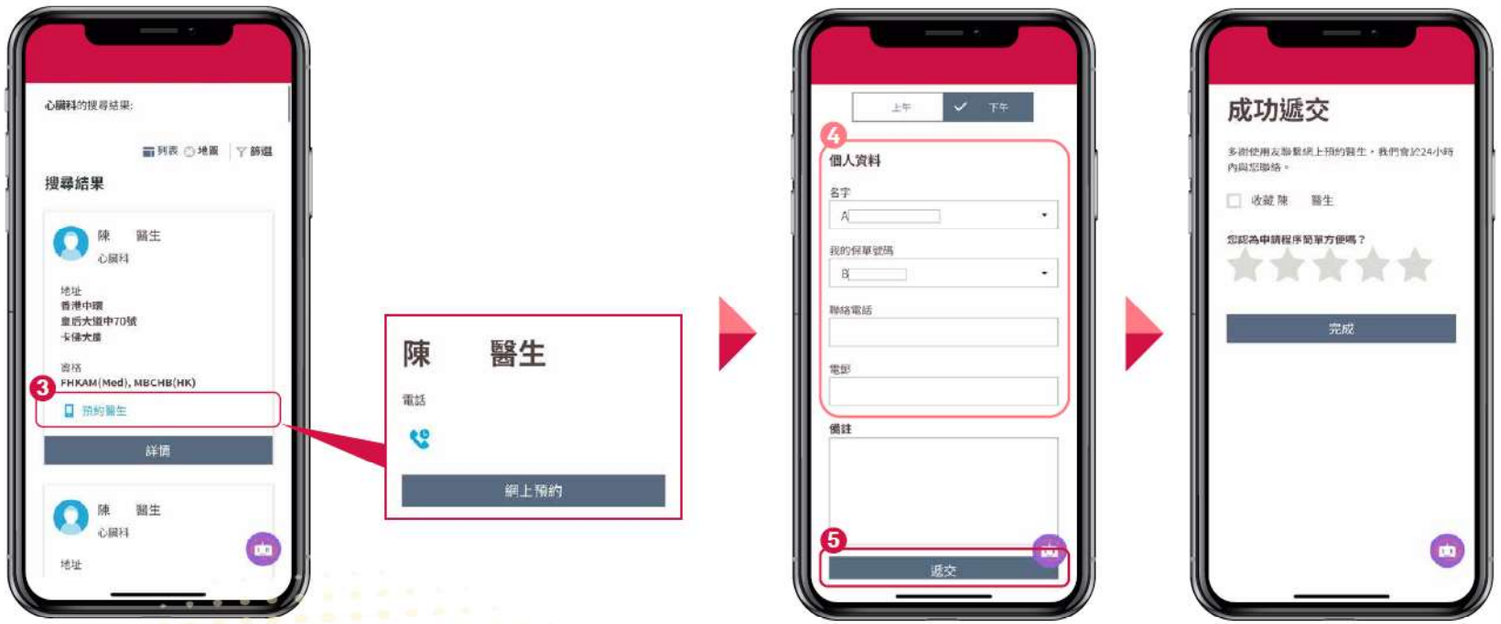
[AIA – INTERNAL]

網絡醫生電子預約安排 Network Doctor Digital Appointment Booking

AIA Connect



❸ 在列表中，選擇所需預約的醫生，並按「**預約醫生**」>「**網上預約**」。

❹ 依指示輸入資料。

❺ 按「**遞交**」完成申請。

申請結果會於一個工作天內回覆；非辦公時間的申請則會於下一個工作天處理。The results will be available within one business day; applications submitted during non-office hours will be handled on the next business day.

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[AIA – INTERNAL]

2 診症 Consultation

- **客戶出示醫療卡及身份證明文件於醫院/診所進行登記**
  Client presents medical card and identity card for registration at hospital or clinic

- **電子醫療卡可於PES 或「友聯繫」內下載**
  Medical card can be downloaded at PES or AIA Connect

緊記通知醫院/診所病人是AIA 客人
Inform hospital or clinic that patient is AIA client

下期保費之保障 (美元)

基本計劃 / 附加契約	計劃代號	狀況	保單日期^	保費到期日	付清日期	期滿日 / 滿期日	金額或利益	下期保費
易達終身保	18LPNPD [組別 2]	生效	2017年11月13日	2023年3月13日	2035年11月13日	終身	$16,000.00	$17.60
免付保費附加契約 (免費)	WP-FREE	生效	2017年11月13日	2023年3月13日	2035年11月13日	2035年11月13日	$16,000.00	$0.00
特級「健康之寶」2住院及手術賠償連額外醫療保障附加契約(普通房) (醫療網絡查詢) (普通科醫生名單網絡查詢) (下載電子網絡卡)	HS1MNA [組別 5]	生效	2017年11月13日	2023年3月13日	2101年11月13日			
自選人身意外保險2 - 意外死亡及斷肢 (下載AIAS (P)卡)	CPAADDND [組別 6]	生效	2017年11月13日	2023年3月13日	2077年11月13日	2077		



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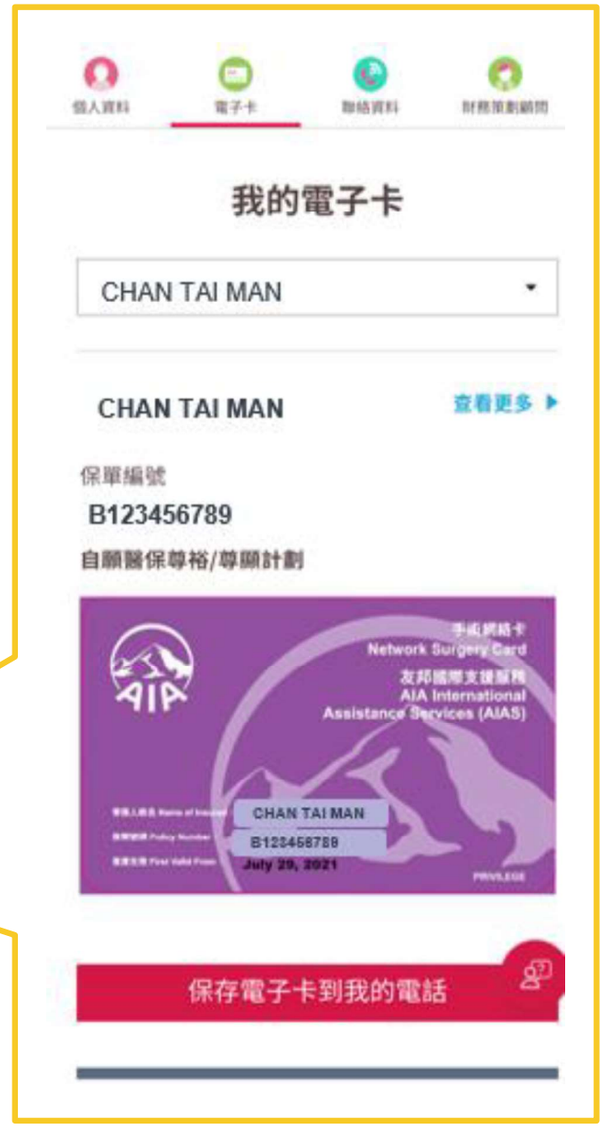
[AIA – INTERNAL]

下載電子「網絡卡」 Download Medical Card

客戶可經由「友聯繫」流動應用程式下載電子「網絡卡」及進入網上預約醫生 Customers can login to the AIA Connect mobile application to download Medical Card and access Doctor's Appointment Booking





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[AIA – INTERNAL]

3 預先批核申請 Pre-approval Request



細心服務 **Attentive Service**	**專科醫生向AIA遞交「醫療費用預先批核^」申請，客人無須自行申請** Network Doctor submits pre-approval request to AIA. No submission is required from client.
醫療費用 更有預算 **Budget Certainty**	**AIA 通知網絡診所相關之批核結果，並通知客戶「免找數服務」之安排及預計差額 (如有)** We will notify network clinic for pre-approval result and follow up with client for Letter of Guarantee (LOG) Service and anticipated shortfall, if any.
專業應診 **Professional Medical Advice**	**如醫生建議客戶無須進行手術; 客戶需繳付相關之診金及藥費(如有)** If no further surgery is suggested by Network Doctor, client needs to bear the consultation & medication (if any) fee.



預先批核申請將於兩個工作天內完成，緊急個案我們會優先處理。
Pre-approval applications will be completed within two working days. Priority will be given to urgent cases.

^ 醫療費用預先批核服務或免找數服務需由AIA審批 Approval is required for medical expense pre-approval service or Letter of Guarantee (LOG) service

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[AIA – INTERNAL]

3 預先批核申請 Pre-approval Request

➢ 於PES 可瀏覽預先批核記錄

Pre-approval record is available at PES





如醫療費用衍生預計自付差額、涉及不保事項或未能成功安排門診代支或「出院免找數服務」，我們會致電客戶或財務策劃顧問解釋詳情。

If there is an estimated out-of-pocket shortfall in medical expenses, excluded items are involved or Credit Facility for outpatient or Letter of Guaranteed service for hospitalization cannot be successfully arranged, we will contact the client or financial planner to explain the details.

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[AIA – INTERNAL]

4 治療 Treatment

- **客戶可安心進行治療及出院休養，無須擔心清繳所需之醫療費用**
  Client can concentrate entirely on treatment and enjoy a hassle-free treatment

- **如客戶因身體狀況或併發症而需入住超過預算的留院日數，醫院會通知 AIA 申請提高是次住院之免找數限額**
  If the length of stay is longer than expected due to change of health condition, hospital will notify AIA to uplift the amount of Letter of Guarantee



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[AIA – INTERNAL]

5 索償 Claim

醫療費結單



- 醫院 / 診所會向AIA發出醫療費用結單 Hospital / clinic will send the medical bills to AIA



賠償



- 賠償部按保單保障範圍計算最終之差額Claims Department will work out the benefit payable and final shortfall amount

差額



- 如有差額，AIA 向客戶發出差額通知書，並從已授權的信用卡 (如有) 中扣除 If there is any shortfall, we will issue notification and deduct from credit card (if any)

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[AIA – INTERNAL]

5 索償 Claim

➢ 如有差額，有關個案會於跟進事項之賠償紀錄顯示

If there is shortfall, the case is shown under Claims pending at PES



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[AIA – INTERNAL]

5 索償 Claim

➢ 按跟進事項指示之賠償紀錄日期搜尋信件

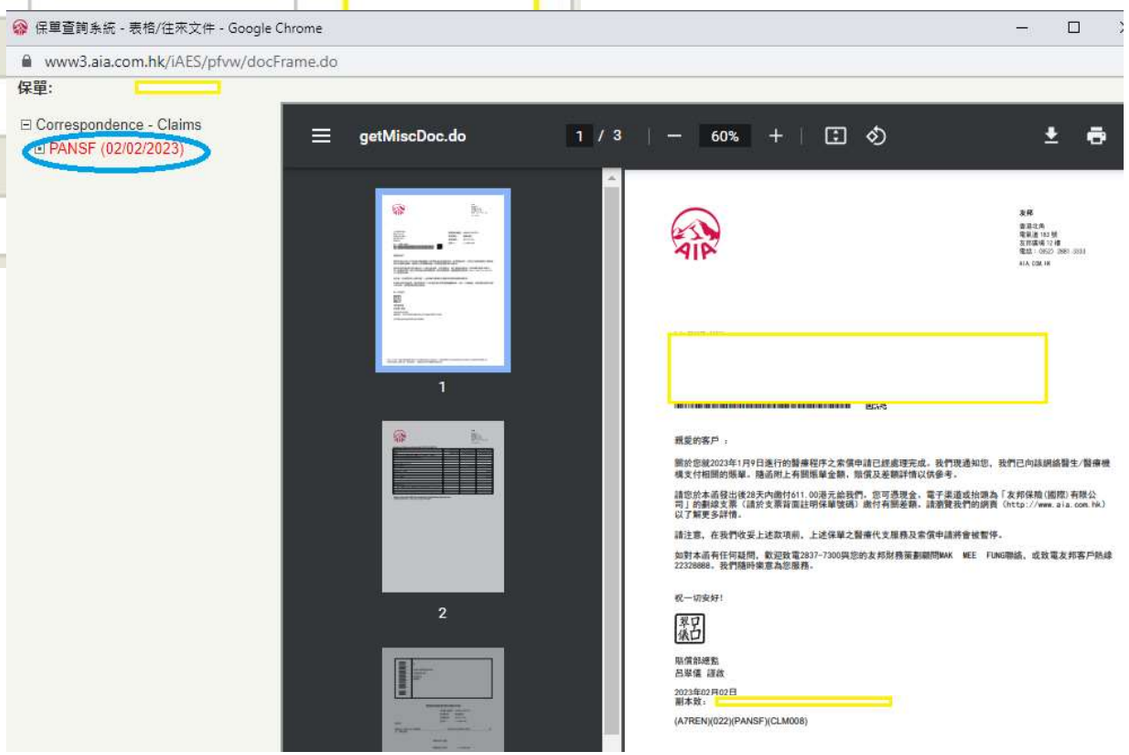
Search by Request Received Date marked on Claims pending

賠償紀錄:

收到申請日期		賠償類別	賠償狀況	受保人
2023年2月8日		Minor Claims - HS	PENDING	
2023年1月31日		Minor Claims - HS		
2023年1月18日		Minor Claims - HS		
2022年8月6日		Minor Claims - HS		
2022年7月25日		Minor Claims - HS		

差額信件

Shortfall Letter at PES



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[AIA – INTERNAL]

5 索償 Claim

繳交差額 Settle Shortfall

已安排「出院免找數服務」 Letter of guaranteed is arranged	其他代支服務 Other Credit Facility Service
✓ 於差額通知書發出後14天直接從授權的信用卡戶口收取有關差額 The designated credit card will be automatically charged with the shortfall amount 14 days from the date of the Shortfall Notification issued.	✓ 可選擇憑現金、支票或電子渠道繳費 The shortfall may be settled by cash, cheque or electronic payments. 詳情可參閱友邦網站 Please refer AIA Corporate website for details: https://www.aia.com.hk/zh-hk/help-and-support/policy-pension-and-payment-services/payment-options

如客戶需向其他保險公司索償餘額，客戶繳付差額後可向我們要求發出確認信件及退回賬單之認証真本。Upon the shortfall is settled, client can request for a confirmation letter and a set of verified true copy of receipts to proceed the balance of claim at other insurance companies.

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[AIA – INTERNAL]

HEALTHIER, LONGER, BETTER LIVES

非網絡服務

Non-Network Service

自選醫生- 預先批核流程 Non-network Doctor – Pre-approval Flow

1

從AIA網站 aia.com.hk（客戶支援▸表格下載▸醫療）下載「入院前登記表格 / 醫療費用預先批核表格」 Pre-admission Form / Medical Expense Pre-approval Form is available at aia.com.hk (Help & Support ▶ Form Library ▶ Medical)



2

填妥表格，並於入院前最少兩個工作天遞交。海外地區住院需要最少七個工作天處理有關申請 Please complete the form and submit to us at least two working days before admission. Seven working days are required for hospitalization in overseas.

- ❑ 傳真 Fax: (852) 3118 9083
- ❑ 電郵 Email:
  - ❖ hk.pre-admission@aia.com (於香港/澳門/中國內地及台灣入院 For hospitalization in HK/Macau/Taiwan (China) and Mainland China)
  - ❖ regional.healthcare@aia.com (於海外入院 For hospitalization in Overseas)



3

我們會以電話方式通知您有關批核結果。如成功安排免找數服務，我們會從客戶授權的信用卡中保留港幣5,000元或以上的信用額(視乎預計差額之金額而定)作為入院按金，並透過手機短訊發送確認信息 We deliver the decision by phone. If Letter of Guarantee (LOG) is approved, credit limit of HKD5,000 or above will be hold from designated credit card (amount depends on the anticipated shortfall amount) and SMS confirmation will be sent.



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[AIA – INTERNAL]

自選醫生- 預先批核流程

Non-network Doctor – Pre-approval Flow



4 **入院時請向醫院出示受保人的身份證明文件以作核實**
Please present insured's ID for verification during admission



5 **受保人只需要在由醫院提供的醫療賠償申請書上簽名，醫院會直接向我們遞交住院單據。我們會替客人直接繳付有關住院開支予醫院，並同時計算可獲賠償金額。若有關住院開支高於可獲取賠償金額時，我們將發出「差額付款通知書」，並於發信日14天後直接從授權信用卡中扣除有關差額。**
When discharge, endorsement from patient on claim document is required by hospital. Hospitals send the bills to AIA for claim process. We will pay directly to hospital and calculate the final payable amount. If the guarantee amount exceed the benefit payable, we will issue Shortfall Notification to client and collect the shortfall from credit 14 days after the letter issued.



Remarks:
1. The "Credit Facility Service for Hospitalisation" is not a contractual service but an administrative arrangement offered in our absolute discretion in respect of covered expenses incurred during the Insured's Confinement in Hospital. It is subject to termination at any time without prior notice.
2. The "Credit Facility Service for Hospitalisation" in some regions are limited to specific individual medical plans and it is subject AIA approval.

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[AIA – INTERNAL]

「出院免找數服務」 Letter of Guarantee (LOG) Service

通告 Memo:
A201031
A210852



香港 Hong Kong

13間

私家醫院

Private Hospitals



澳門 Macau

1間



中國內地
Mainland China

747間



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[AIA – INTERNAL]



*「出院免找數服務」適用於指定醫療保障計劃，詳情可瀏覽www.aia.com.hk/overseashospitalisation或聯絡您的財務策劃顧問。

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海外「出院免找數服務」 Overseas Credit Facility Service

只適用於指定個人醫療保障保險計劃，詳情參閱 http://www.aia.com.hk

Only applicable to designated individual medical plans. For details, please refer to http://www.aia.com.hk

本地熱線 Local Hotline	身處海外地區時可以透過以下方法聯絡我們 Contact us from overseas
至尊醫療計劃 CEO HOTLINE: 請致電 (852) 2232-8870 選擇語言後，請按「1，2」 Please call (852) 2232-8870. Select language, then press "1", "2".	**新加坡、馬來西亞、泰國、台灣、英國、歐洲、美國及加拿大免費客戶服務熱線** **Toll free hotline for Singapore, Malaysia, Thailand, Taiwan, UK, European Countries, U.S. and Canada** 請致電 Please call 800-3000-8008 按「1」後, 選擇語言 Press one and select language
其他醫療計劃 OTHER MEDICAL PLANS: 請致電 Please call (852) 2232-8888 選擇語言後，請按「#2, 2」 Select language, then press "#2", "2".	**中國內地免費客戶服務熱線** **Toll free hotline for Mainland China** 請致電 Please call 4008-428-013 選擇語言後，請按「#2」 Select language, select 「#2」
	電郵 Email 於香港/澳門/中國內地及中國台灣入院 hk.pre-admission@aia.com 於海外入院 regional.healthcare@aia.com

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[AIA – INTERNAL]

了解更多「出院免找數服務」或醫療費用預先批核服務

Know more about Letter of Guarantee (LOG) or Medical Expense Pre-Approval Service

友邦網站： 健康管理 ▸ 保健醫療服務 ▸ 出院免找數服務

AIA Corporate website: Health & Wellness ▸ Healthcare services ▸ Cashless Hospitalisation



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[AIA – INTERNAL]

HEALTHIER, LONGER,
BETTER LIVES

電子索償申請 eClaims

電子索償申請 eClaims

適用於以下索償類別
Applicable to below claim types

- 意外 accident
- 醫療 medical
- 旅遊 travel

索償可經以下途徑遞交 claims can be submitted through the following channels

- 保單查詢系統 PES



友聯繫 AIA Connect



微信 WeChat



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[AIA – INTERNAL]

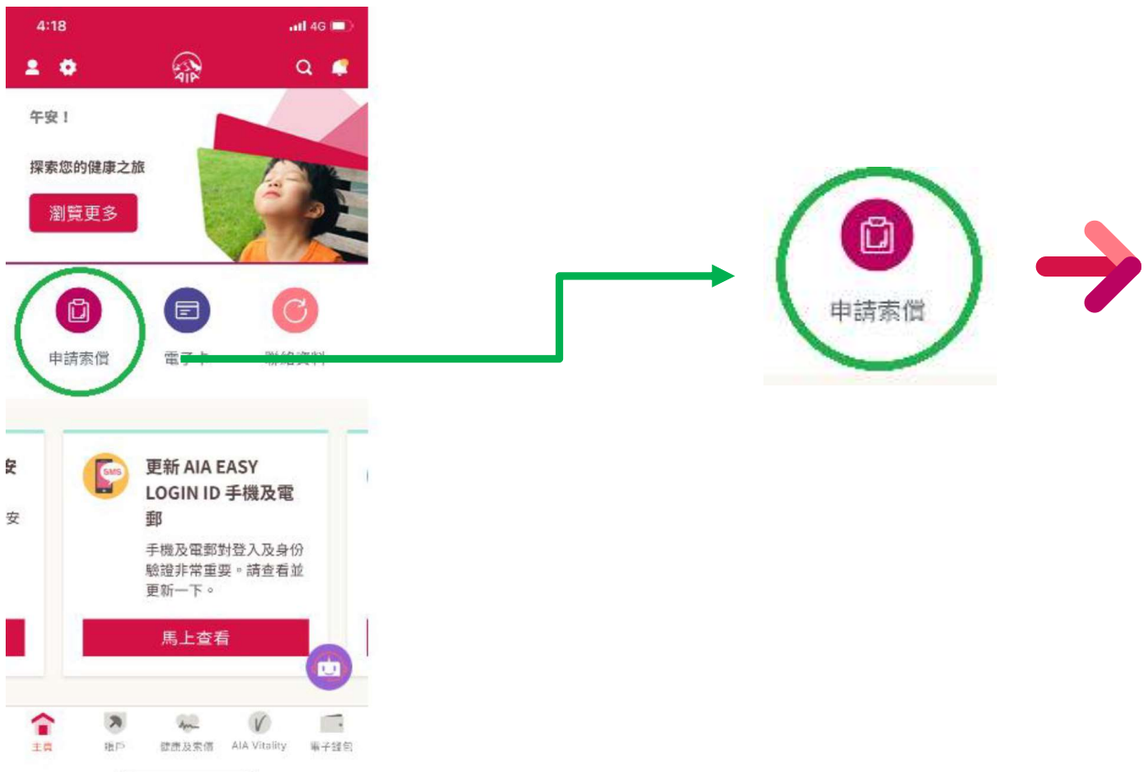
電子索償申請 eClaims

AIA Connect

友聯繫 AIA Connect

於主頁點擊「**申請索償**」，然後輸入索償資料

Click **"Claims"** and input information



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[AIA – INTERNAL]

電子索償申請 eClaims

AIA Connect

步驟二 Step 2

輸入詳細索償資料 (例如意外 / 疾病詳情) 及附加資料

Input Illness Details (e.g. accident/illness details) and Additional Information



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[AIA – INTERNAL]

電子索償申請 eClaims

AIA Connect

步驟三 Step 3

- 上載文件
  Upload document

- 意外索償需輸入治療類別、收據日期及金額等資料
  For accident case, input Treatment Type, Receipt Date and Receipt Amount etc.



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[AIA – INTERNAL]

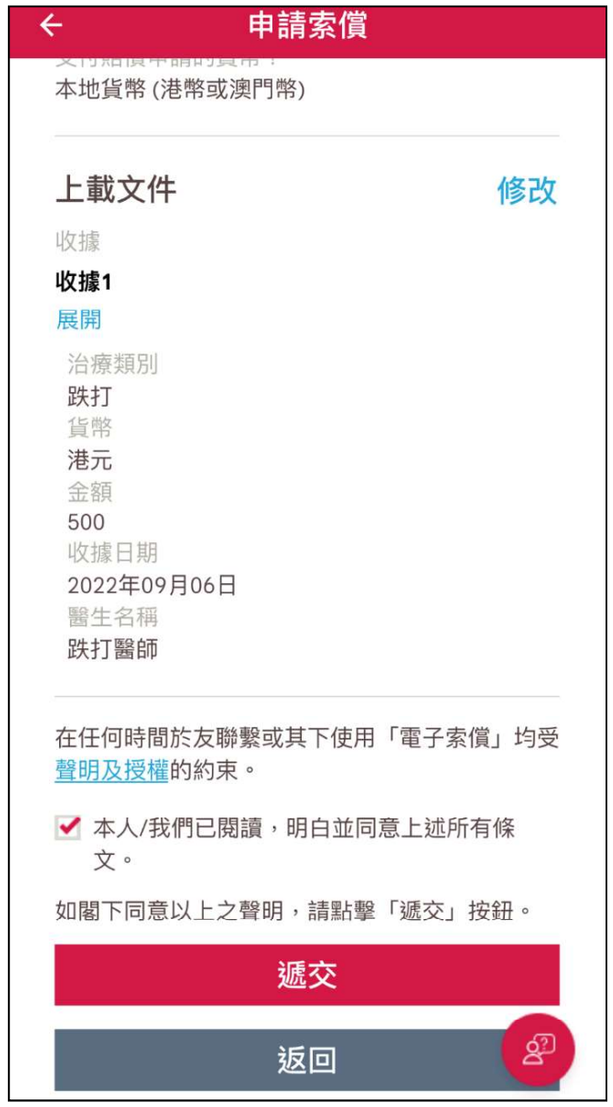
電子索償申請 eClaims

AIA Connect

步驟四 Step 4

4

遞交前請核對資料



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[AIA – INTERNAL]

PES

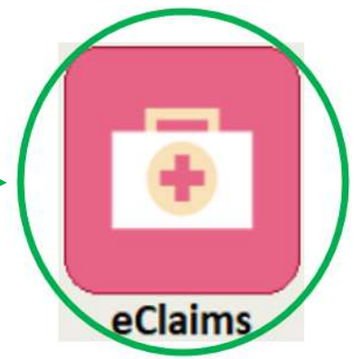
電子索償申請 eClaims

保單查詢系統 PES

於**快速搜尋**內搜尋保單後， 然後點擊**eClaims**

Search policy under **Quick Search** and click **eClaims**





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[AIA – INTERNAL]

電子索償申請 eClaims



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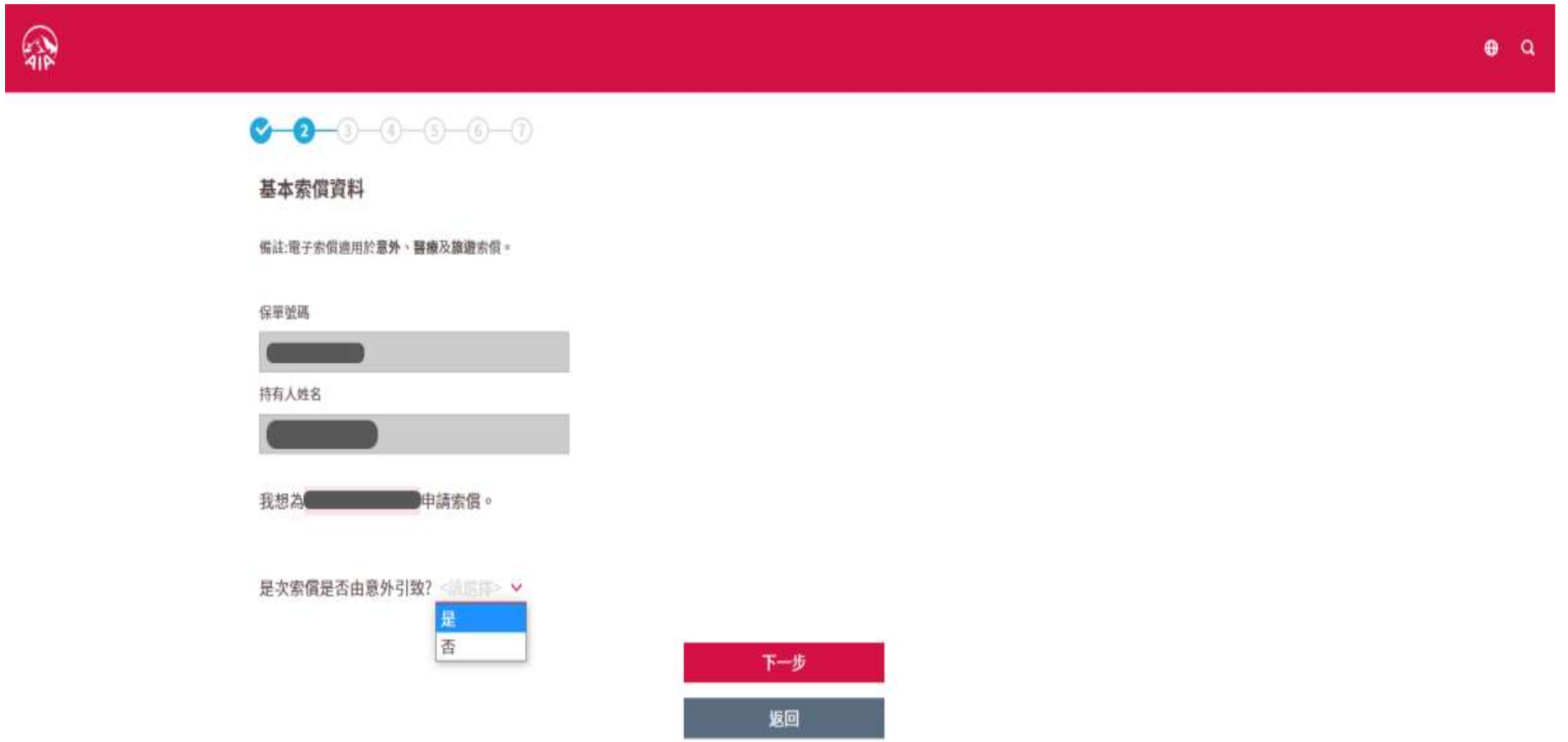
[AIA – INTERNAL]

電子索償申請 eClaims



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[AIA – INTERNAL]

電子索償申請 eClaims



詳細索償資料

意外詳情

意外日期

02/06/2023

意外地點

香港

意外詳情

交通意外

受傷部位

腹 / 背 / 臀

- [ ] 受保人因是次受傷導致骨折。
- [ ] 受保人曾因此而住院
- [ ] 受保人在是次受傷期間曾申請病假。

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[AIA – INTERNAL]

PES

電子索償申請 eClaims



如客戶想申請因意外導致未能上班的每週賠償請√及於後頁上載相關病假紙

If customer is unable to work resulted from the accident and would like to claim weekly indemnity, please √ and upload the sick leave certificate(s) in next step

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[AIA – INTERNAL]

PES

電子索償申請 eClaims



如客戶已收取其他保險公司的賠償請√及於後頁上載相關賠償結算表

If customer received claim payment from other insurer, please √ and upload the settlement details from other insurer in next step

按?可提供相關項目問題及/或範本

Click ? can view related information and/or examples

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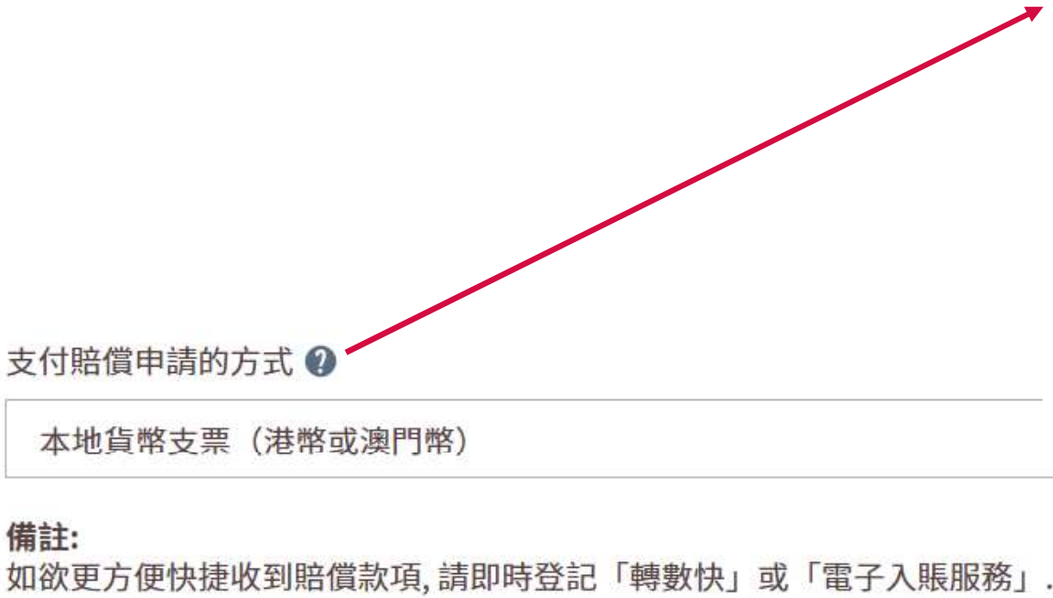
[AIA – INTERNAL]

電子索償申請 eClaims



支付賠償的方法

「轉數快」或「電子入賬服務」

- 本公司會透過最新登記的銀行戶口支付賠償款項。 如未有登記使用「轉數快」或「電子入賬服務」， 賠償款項將會以本地貨幣支票支付。

本地貨幣支票 /保單貨幣支票

- 僅適用於無登記使用任何電子付款之客戶

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[AIA – INTERNAL]

電子索償申請 eClaims



上載您的索償文件

請上載相關文件。

收據

上載

醫生轉介信

上載

病假証明書

上載

賠償申請書

上載

醫療報告/出院總結

上載

請按「上載」上載各類文件 Please press “Upload” for all types of document

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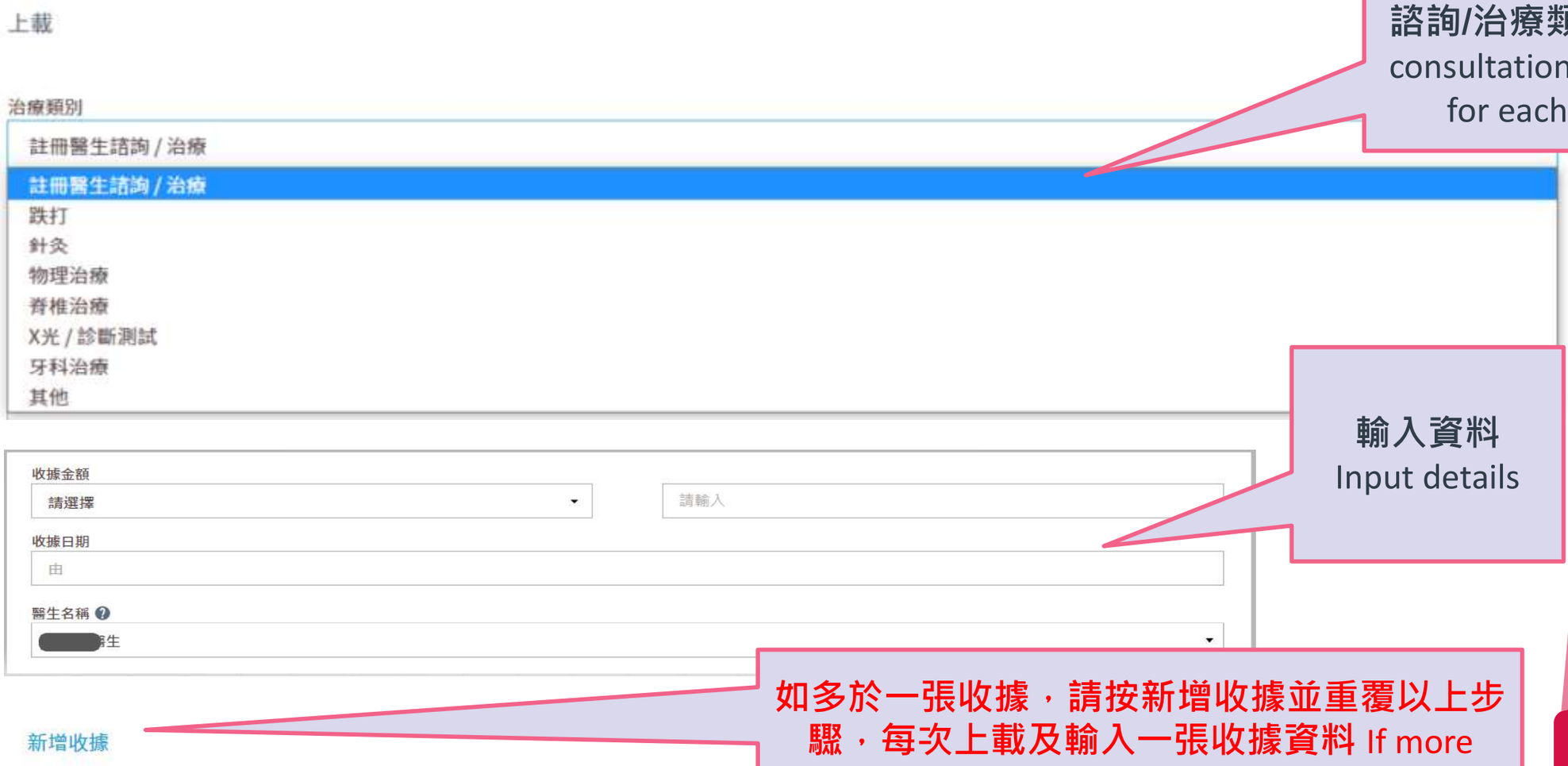
[AIA – INTERNAL]

電子索償申請 eClaims



就每張收據選擇諮詢/治療類別 Choose consultation/treatment for each receipt

輸入資料 Input details

如多於一張收據，請按新增收據並重覆以上步驟，每次上載及輸入一張收據資料 If more than one receipt, please upload and repeat the above step for each receipts

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[AIA – INTERNAL]

電子索償申請 eClaims

PES

注意事項

醫療賠償申請「醫生診斷結果」選項列表 List of “Final Diagnosis by Doctor” in medical claim application

1. 提供最常見選項供客戶揀選 Provide common diagnosis for customers to choose



2. 客戶亦可於自行輸入診斷結果 (支援中英文輸入) Customers may self input the diagnosis (supports bilingual)



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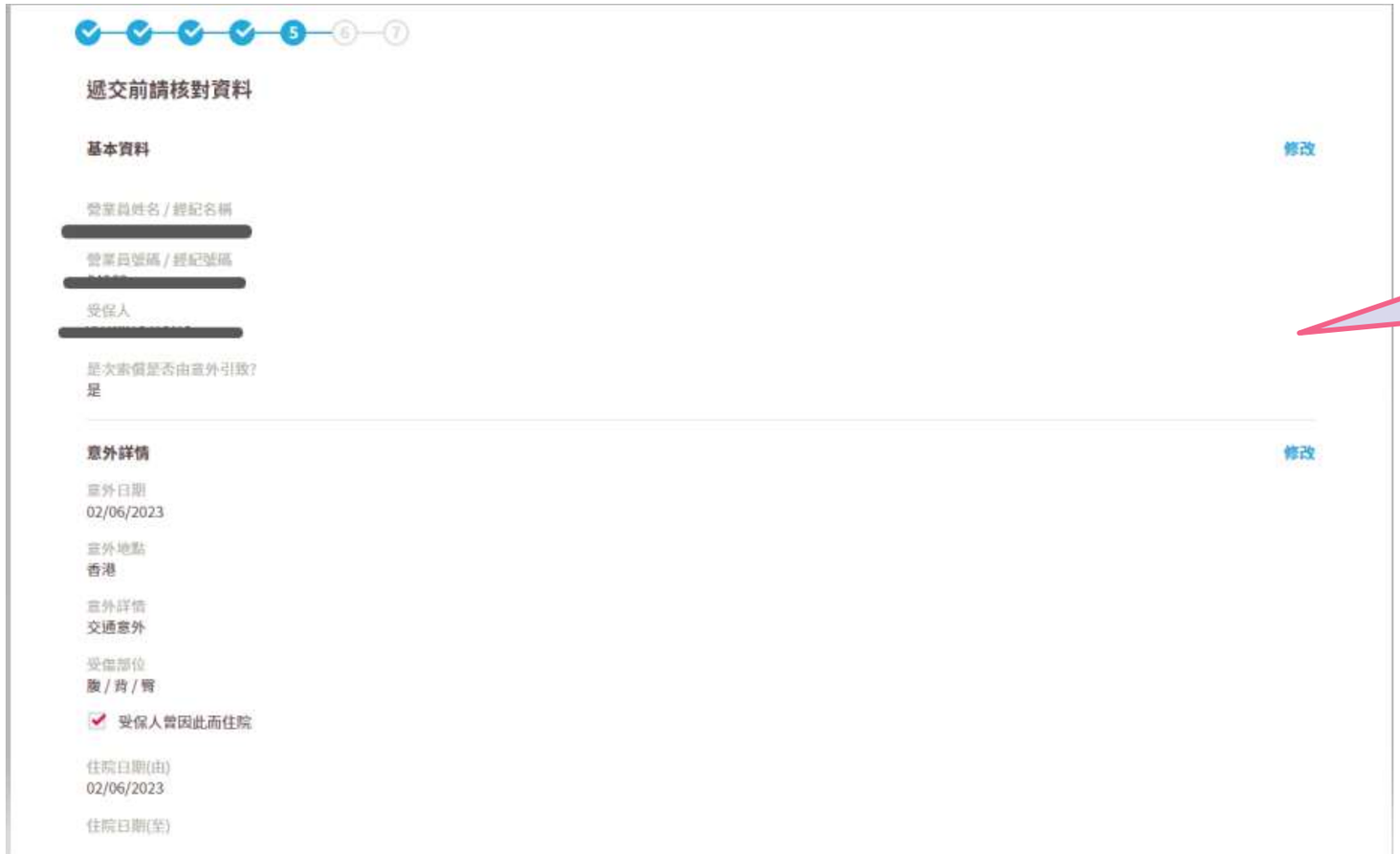
[AIA – INTERNAL]

電子索償申請 eClaims



核對資料及確認
Details verification and confirmation

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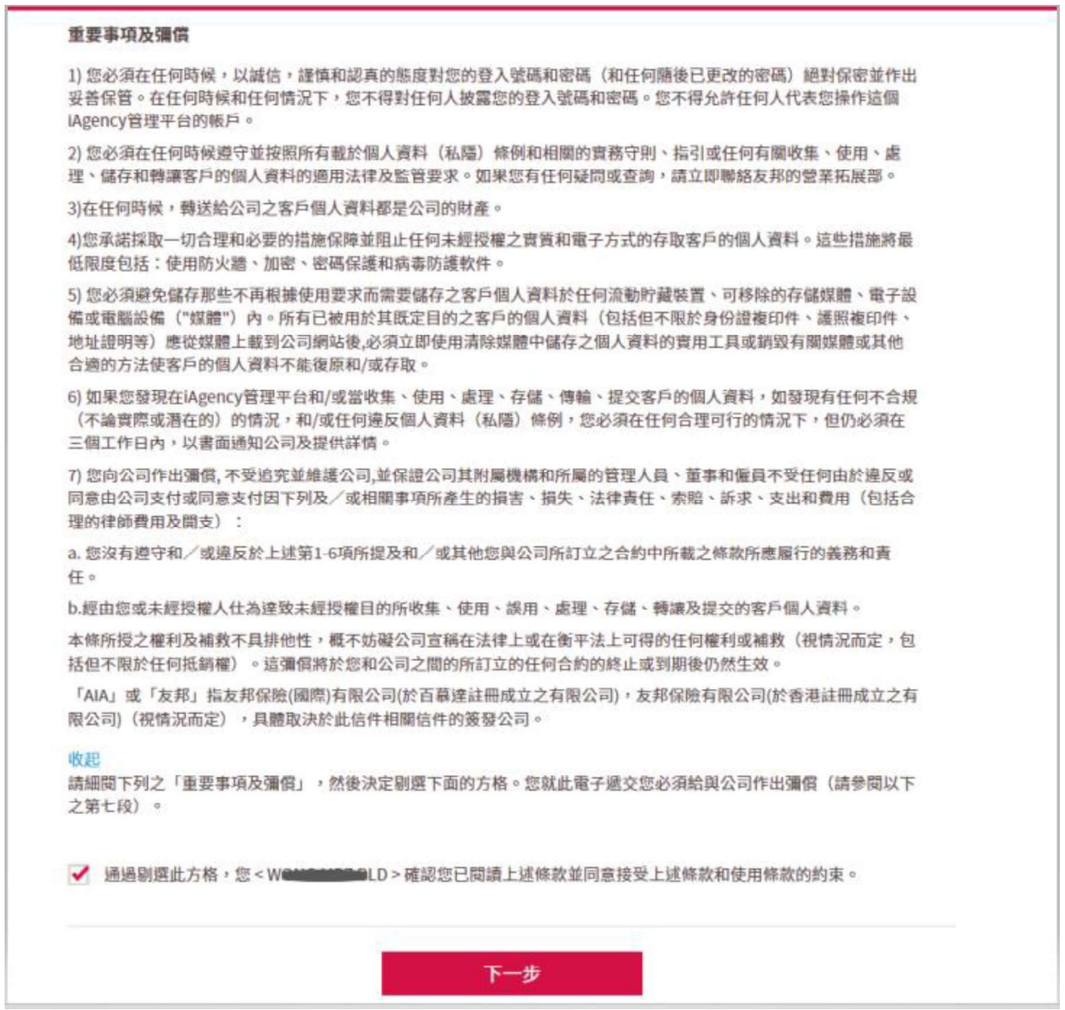
[AIA – INTERNAL]

電子索償申請 eClaims



重要事項及彌償

1) 您必須在任何時候，以誠信，謹慎和認真的態度對您的登入號碼和密碼（和任何隨後已更改的密碼）絕對保密並作出妥善保管。在任何時候和任何情況下，您不得對任何人披露您的登入號碼和密碼。您不得允許任何人代表您操作這個iAgency管理平台的帳戶。

2) 您必須在任何時候遵守並按照所有載於個人資料（私隱）條例和相關的實務守則、指引或任何有關收集、使用、處理、儲存和轉讓客戶的個人資料的適用法律及監管要求。如果您有任何疑問或查詢，請立即聯絡友邦的營業拓展部。

3)在任何時候，轉送給公司之客戶個人資料都是公司的財產。

4)您承諾採取一切合理和必要的措施保障並阻止任何未經授權之實質和電子方式的存取客戶的個人資料。這些措施將最低限度包括：使用防火牆、加密、密碼保護和病毒防護軟件。

5) 您必須避免儲存那些不再根據使用要求而需要儲存之客戶個人資料於任何流動貯藏裝置、可移除的存儲媒體、電子設備或電腦設備（"媒體"）內。所有已被用於其既定目的之客戶的個人資料（包括但不限於身份證複印件、護照複印件、地址證明等）應從媒體上載到公司網站後,必須立即使用清除媒體中儲存之個人資料的實用工具或銷毀有關媒體或其他合適的方法使客戶的個人資料不能復原和/或存取。

6) 如果您發現在iAgency管理平台和/或當收集、使用、處理、存儲、傳輸、提交客戶的個人資料，如發現有任何不合規（不論實際或潛在的）的情況，和/或任何違反個人資料（私隱）條例，您必須在任何合理可行的情況下，但仍必須在三個工作日內，以書面通知公司及提供詳情。

7) 您向公司作出彌償, 不受追究並維護公司,並保證公司其附屬機構和所屬的管理人員、董事和僱員不受任何由於違反或同意由公司支付或同意支付因下列及／或相關事項所產生的損害、損失、法律責任、索賠、訴求、支出和費用（包括合理的律師費用及開支）：

a. 您沒有遵守和／或違反於上述第1-6項所提及和／或其他您與公司所訂立之合約中所載之條款所應履行的義務和責任。

b.經由您或未經授權人仕為達致未經授權目的所收集、使用、誤用、處理、存儲、轉讓及提交的客戶個人資料。

本條所授之權利及補救不具排他性，概不妨礙公司宣稱在法律上或在衡平法上可得的任何權利或補救（視情況而定，包括但不限於任何抵銷權）。這彌償將於您和公司之間的所訂立的任何合約的終止或到期後仍然生效。

「AIA」或「友邦」指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)，友邦保險有限公司(於香港註冊成立之有限公司)（視情況而定），具體取決於此信件相關信件的簽發公司。

收起

請細閱下列之「重要事項及彌償」，然後決定剔選下面的方格。您就此電子遞交您必須給與公司作出彌償（請參閱以下之第七段）。

☑ 通過剔選此方格，您 < W[redacted]LD > 確認您已閱讀上述條款並同意接受上述條款和使用條款的約束。

下一步

細閱重要事項及確認已閱讀條款
Read and agree the term & condition

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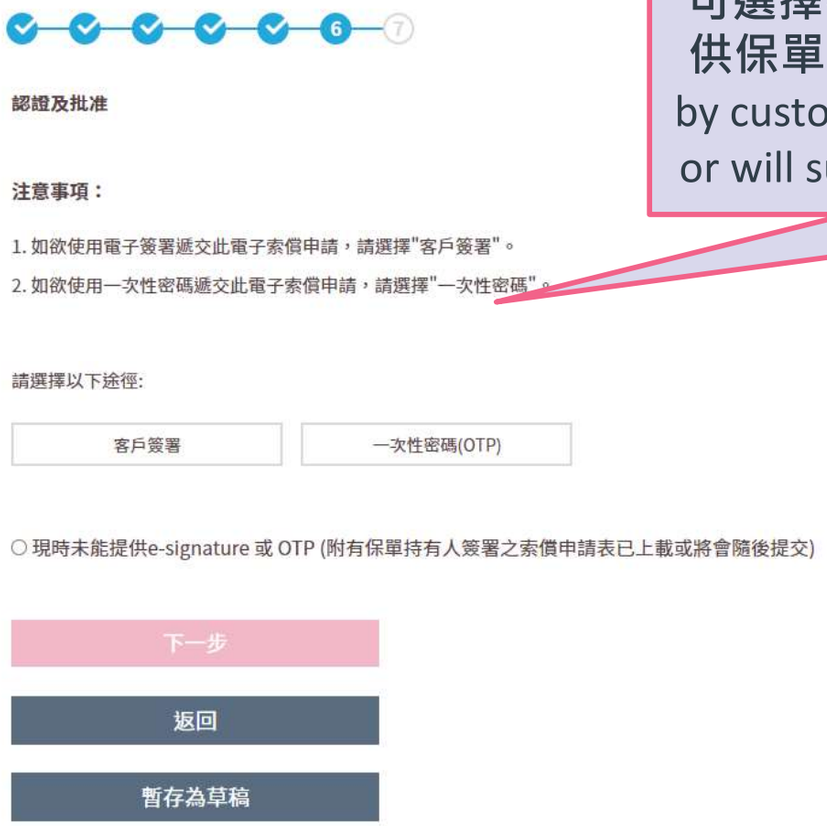
[AIA – INTERNAL]

電子索償申請 eClaims



可選擇客戶即時簽署、一次性密碼或選擇已提供/稍後提供保單人持有人簽署之索償申請表 May choose signature by customers, OTP, signature signed on claim form submitted or will submit claim form completed by policyholder later on

注意事項 Notes

一次性密碼 OTP

1. 不適用於客戶並非營業員的客戶 Not applicable to non-servicing financial planner
2. 不適用未有向公司登記手提號碼之客戶 Not applicable to customers who yet to register mobile number
3. 客戶需於14天內輸入一次性密碼以確認有關申請 Customers need to input OTP within 14 days for claim submission

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[AIA – INTERNAL]

電子索償申請 eClaims



提示客戶需保留正本收據**120**天 customers need to keep original receipts for 120 days

如客戶未有登記電子支付，可即時為客戶申請電子支付
Customers may apply E-payment service immediately if customers not yet register

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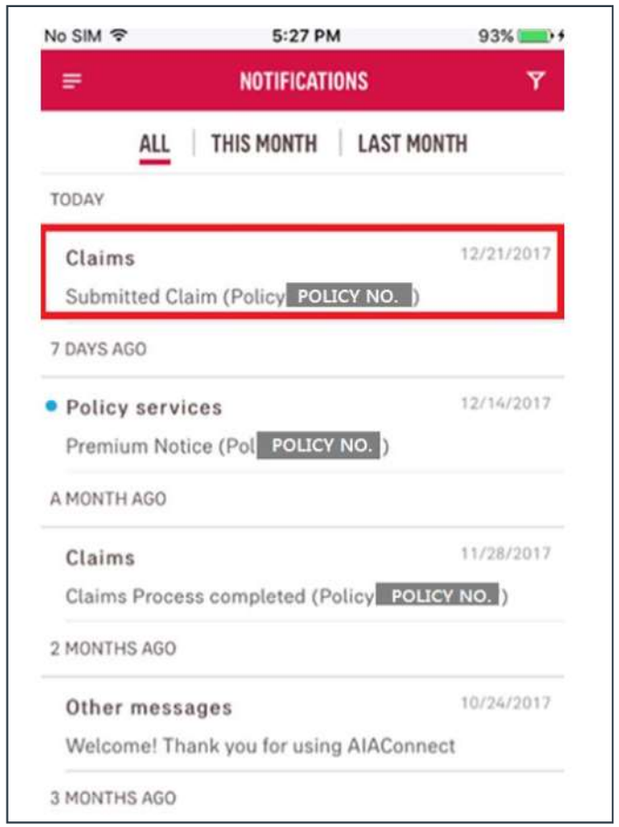
[AIA – INTERNAL]

電子索償申請 eClaims

Push notification / 確認通知

客戶

在 AIA CONNECT 收到確認通知



財務策劃顧問

- 於 IENGAGE 得悉客戶已透過 AIA CONNECT 遞交索償申請



- 亦可透過保單查詢系統 (PES) 查詢及了解賠償詳情

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[AIA – INTERNAL]

電子索償申請 eClaims

已於2021年7月19日推出

Launched on 19 July 2021

豁免正本收據 Waiving of original receipts

- **索償類別** Claim types
  - ✓ **意外** Accident
  - ✓ **醫療** Medical
- **收據金額少於或相等於港幣5,000元**
  Receipt amount equal to or smaller than HKD5,000
- **我們將抽樣核實正本收據(客戶需由遞交索償起120 天內保留正本收據)**
  We may do sampling on verifying original receipts (customers need to keep original receipts for 120 days since claim submission)

詳情請參閱通告A210768
Please refer to memo A210768 for details

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[AIA – INTERNAL]

HEALTHIER, LONGER, BETTER LIVES

電子支付 e-Payment



電子支付 e-Payment

客戶可經以下電子途徑收取賠償款項 customers can receive claim payment through the following gateways:

- 「電子入賬服務」e-Bankin
- **轉數快** FPS
  (詳情請參閱通告 A190646 refer to memo A190646 for details)
- **通聯支付** Allinpay
  (詳情請參閱通告 A200959 及 A220876 refer to memo A200959 and A220876 for details)



倘支付保單款項之設定為轉數快，客戶可於索償獲批核當日* 於已綁定之收款銀行戶口收取賠償款項 (*於指定時間後獲批核之索償，則收款時間為下一個工作天)

If FPS is set as the gateway through which policy benefits are paid, customers can receive the claim payment on the same day * through the bank account bundled with FPS (* for claims approved after designated time, it is the following working day)
(詳情請參閱通告 A220551 refer to memo A220551 for details)

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電子支付 e-Payment

只需要**索償完成前**成功登記，賠償款項亦可即時轉賬到客戶所登記之銀行戶口，省卻支票傳遞及入賬繁複的程序。

If the e-Payment registered is completed successfully before the claim settle, the claim payment can be transferred to customers' registered account directly. We do not need to mail cheque and bank in cheque anymore.

注意事項 (如遞交紙本賠償申請書，請注意以下事項)

Matters needing attention (for paper claims only)

1. 必須填寫**持有人流動電話號碼** Owner's mobile number must be filled in



CLAIMS PAYMENT OPTION 支付賠償方法：

IMPORTANT NOTE 重要事項：
For customers who have registered FPS / e-BankIn, the payment will be remitted to the designated bank account.
如客戶已登記使用「轉數快」或「電子入賬服務」，賠償款項將會自動入賬至指定銀行戶口
To receive claims payment easily and conveniently, please register FPS / e-BankIn by completing the following:
為更方便快捷收到賠償款項，請填妥以下資料以即時登記「轉數快」或「電子入賬服務」：
Remarks 註：
To allow successful claims payment through FPS / e-BankIn, all policies belonged to same owner must be registered for FPS / e-BankIn. We will notify you by SMS upon completion of the registration. 保單持有人的所有保單須登記「轉數快」或「電子入賬服務」以允許我們以「轉數快」或「電子入賬服務」支付賠償款項。我們將於完成登記當日發送短訊通知您。

Owner's Mobile Number
持有人流動電話號碼： _____

We will update the telephone number to the above policy(ies) accordingly if it is different from the Company record. We will notify you by SMS upon completion of the registration. 如此號碼跟公司紀錄不同，我們會更新有關號碼至以上保單。我們將於完成登記當日發送短訊通知您。
Identity proof must be provided for registration of FPS / e-BankIn if you have not submitted a **valid Identity Card / Passport** before.如未曾提供**有效的身份證 / 護照**，需遞交身份證明文件作登記「轉數快」或「電子入賬服務」之用。

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電子支付 e-Payment

2. 請選擇「轉數快」或「電子入賬服務」**其中一項**

Please either “FPS” or “e-Bankin”



Please select transferring policy benefits paid to either FPS OR e-BankIn. 請選擇「轉數快」或「電子入賬服務」其中一項以轉入以上保單號碼所支付之保單利益。

☐ **a. FPS* 轉數快***

Please select either ONE of the "Proxy ID"* below by putting a tick on appropriate box and provide relevant information. More than one selection will be treated as invalid application. Your FPS account must also be registered under the policy owner. 請以剔號選擇下列其中一種「識別代號」*及提供以下相關資料。若多過一個選項將被視為申請無效。「轉數快」的用戶註冊名稱必須同樣為保單持有人。

☐ Email 電郵地址：

☐ FPS Identifier 「轉數快」識別號碼：

☐ Mobile Number 手機號碼：

( ) —

Country Code 國際電話區號 Telephone No 手機號碼

* **"FPS Service"** means the services provided by us to you from time to time to facilitate payments and funds transfer using the Faster Payment System and related systems and services from time to time provided by Hong Kong Interbank Clearing Limited, together with its successors and assigns.
「**快速支付系統服務（轉數快）**」指我們不時向您提供的服務，以讓我們使用由香港銀行同業結算有限公司及其繼承人及受讓人不時提供的快速支付系統及相關系統及服務。

* **"Proxy ID"** means an identifier which may be accepted by HKICL for the registration of an account in the HKICL Addressing Service, including your mobile phone number, email address or FPS Identifier.
「**識別代號**」指結算公司接納用作結算公司賬戶綁定服務賬戶登記的識別資料，包括您的手機號碼、電郵地址或「轉數快」識別號碼。

☐ **b. e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。
2) Joint account is not allowed. 不接受聯名戶口。
3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No. 銀行編號 | Branch No. 分行編號 | My Account No. 本人之賬戶號碼

Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy)
銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名（必須與上述保單持有人相同）

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[AIA – INTERNAL]

電子支付 e-Payment

3. 「轉數快」請以√ 剔號選擇**其中一種「識別代號」**
For "FPS", please √ **one of the "Proxy ID"**

i. 電郵地址；**或** Email; **or**
ii. 「轉數快」識別號碼；**或** FPS Identifier; **or**
iii. 手機號碼 Mobile Number



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[AIA – INTERNAL]

電子支付 e-Payment

4. 如申請「電子入賬服務」需填寫以下各項及遞交銀行戶口資料 (匯豐銀行、恒生銀行及中國銀行可獲豁免) If apply “e-Bankin”, please complete the information below and submit the bank document showing bank account information (The Hongkong and Shanghai Banking Corporation Limited, Hang Seng Bank Limited and Bank of China (Hong Kong) Limited can be exempted)



☐ **b. e-BankIn 電子入賬服務**

Please provide bank account information below and submit together with the following documents 請提供以下銀行戶口資料及提交下列之文件：

1) Copy of any recent bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number. 任何列有戶口持有人及銀行賬戶號碼最近期的銀行存摺 / 信件 / 月結單（包括電子結單）/ 有效銀行卡副本。

2) Joint account is not allowed. 不接受聯名戶口。

3) e-BankIn account must also be registered under the policy owner. 電子入賬服務的戶口必須同樣為保單持有人。

Bank Name and Branch in Hong Kong 香港銀行及分行之名稱

Bank No. 銀行編號 | Branch No. 分行編號 | My Account No. 本人之賬戶號碼

Name as recorded on Bank Passbook / Correspondence / Statement / Bank card (must be same as the Owner of the above Policy)
銀行存摺 / 信件 / 月結單 / 銀行卡上所記錄之戶口持有人姓名（必須與上述保單持有人相同）

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[AIA – INTERNAL]

HEALTHIER, LONGER, BETTER LIVES

常見代決通知

Common pending requirement

常見的代決通知主要原因 Common pending reasons

收據正本 Original receipt

其他保險公司之賠償細算表 Compensation Breakdown from other insurer

保單持有人之身份證副本 Owner's ID card copy

賠償申請表 (第二部份)/醫生報告 Part II of Claim Form / Physician's Statement

收據上診斷證明 Diagnosis proof for receipts

出院總結 Hospital Discharge Summary

物理治療之醫生轉介信副本 Referral Letter for physiotherapy treatment

意外/治療發生於寬限期內 Incident happened in grace period

費用明細 Breakdown of charges

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[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺收據正本 Missing original receipts

真實個案

遞交索償時只提供收據副本

Real case

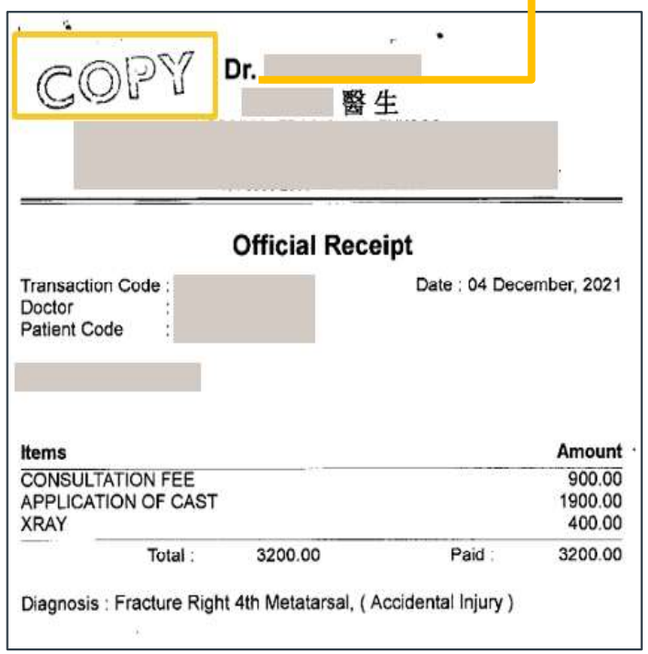
Only receipt copy / duplicate is provided when submitting a claim

代決通知 Pending

請遞交收據正本

Please submit original bills & receipts

代決回覆 Pending reply


COPY

Dr. [redacted] 醫生

[redacted]

Official Receipt

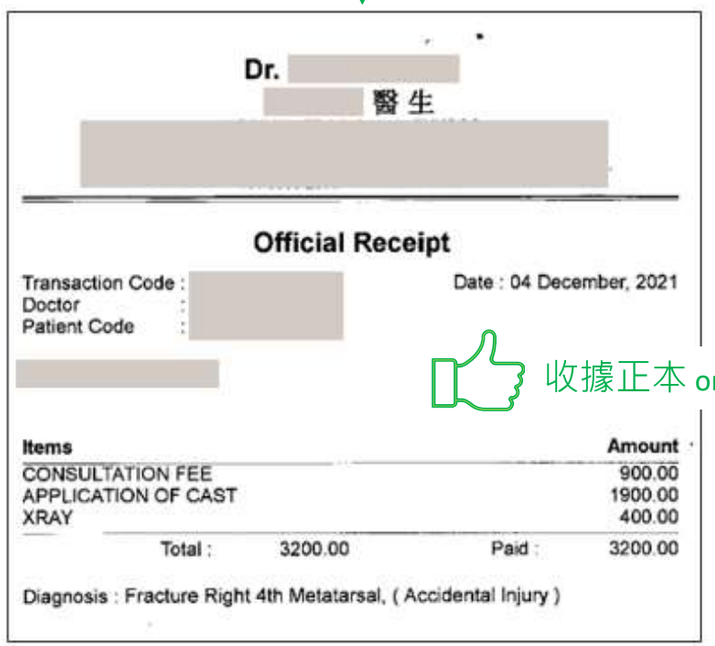
Transaction Code : [redacted]
Doctor :
Patient Code :

Date : 04 December, 2021

[redacted]

Items	Amount
CONSULTATION FEE	900.00
APPLICATION OF CAST	1900.00
XRAY	400.00
Total : 3200.00	Paid : 3200.00

Diagnosis : Fracture Right 4th Metatarsal, (Accidental Injury)


Dr. [redacted] 醫生

[redacted]

Official Receipt

Transaction Code : [redacted]
Doctor :
Patient Code :

Date : 04 December, 2021

[redacted]

收據正本 original receipt

Items	Amount
CONSULTATION FEE	900.00
APPLICATION OF CAST	1900.00
XRAY	400.00
Total : 3200.00	Paid : 3200.00

Diagnosis : Fracture Right 4th Metatarsal, (Accidental Injury)

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺收據正本 Missing original receipts

代決通知 Pending
請遞交收據正本
Please submit original bills & receipts

代決回覆 Pending reply　　收據正本 original receipt

香港浸信會醫院
Hong Kong Baptist Hospital
九龍窩打老道二百二十二號
222 Waterloo Road, Kowloon, HK
Tel: 2339 8888

ORIGINAL

收費單
Invoice

單號 Bill No.:
印單日期 Date:
醫院編號 Hospital No.:
入院編號 Episode No.:
入院日期/時間 Admission Date/Time: 30/12/2022 12:01
出院日期 Discharge Date: 30/12/2022

病人姓名:
Patient Name:

病房 Ward: NSA3　房間 Room: A304　床位 Bed: A304-6　性別 Sex: Female
主診醫生 Attending Doctor: YIP WAI CHUN 葉維晉 (2600)
已繳按金金額 Deposit Paid: 0.00　按金收據號碼 Deposit Rcpt. No.:

收費日期 DATE	代號 CODE		項目 PARTICULARS		金額(港幣) AMOUNT (HK$)
CURRENT CHARGES			本院專費用		
30/12/2022	HC	B5	Day Care Bed / Chair	日間護理床／椅	600.00
	HC	C6	Computed Tomography	電腦掃描	8,495.00
	HC	D4	Dietary	膳食	54.00
	HC	O3	Oxygen	氧氣	14.00
	HC	P1	Pharmacy	藥費	505.00
	HC	S3	Supplies and Materials	供應物品	68.00
	HC	T1	Treatment/Procedures	治療/程序	760.00
	HC	UR	OPERATION ROOM - U&E CENTRE	手術室費 - 泌尿科中心	2,560.00
	HC	UT	TREATMENT - U&E CENTRE	治療 - 泌尿科中心	80.00
	HC	UV	INVESTIGATION/PROCEDURE - U&E CENTRE	檢查 / 程序 - 泌尿科中心	250.00
					13,386.00

香港浸信會醫院
Hong Kong Baptist Hospital
九龍窩打老道二百二十二號
222 Waterloo Road, Kowloon, HK
Tel: 2339 8888

正本
ORIGINAL

正式收據
Official Receipt

收據號碼 Receipt No.:
醫院/入院編號 Hospital / Episode No.:
日期 Date: 30/12/2022 18:47

茲收到 Received from
繳交港幣 the sum of Hong Kong Dollars 32,086.00
(DOLLARS THIRTY TWO THOUSAND EIGHTY SIX ONLY)
支付 in payment of BILL DIIP-29279237
付款方式 Payment Method

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺收據正本 Missing original receipts

代決通知 Pending
請遞交收據正本
Please submit original bills & receipts

代決回覆 Pending reply

收據正本 original receipt

United Family Healthcare
和睦家医疗

广州和睦家医院
Guangzhou United Family Hospital

Patient Name 患者姓名	
Date of Birth 出生日期	MRN 病历号
Purchaser 付款方 SELF	Policy/Group 保险产品/投保团体 NA
Admission Date 入院日期 2023/04/14	Invoice Date 结算日期 2023/04/19

Service Date 日期	CPT CPT项目编码	Description 描述	Qty/UOM 数量/单位	Price 价格	Contractual Discount 合同折扣	*Payor Responsibility 付款方应付	*Patient Responsibility 病人应付
		治疗急性气道阻塞或痰诱导，以诊断为目的					
2023/04/14	NX0005	IV Infusion per hour 每小时静脉注射量	2	180.00			180.00
2023/04/15	NX0005	IV Infusion per hour 每小时静脉注射量	2	180.00			180.00
2023/04/14	NX0008	Venipuncture for intravenous infusion 静脉穿刺用于静脉输液	1	215.00			215.00
		Medical Consumables 医疗耗材费					352.79
2023/04/14	035556AW001	PARILCDNebulizerW/mouthpiece>6 PARI 简易喷雾器+口含+导气管>6岁	1	80.00			80.00
2023/04/14	Consum07	IV Infusion Consumable Package 静脉输液耗材包	1	272.79			272.79
		Imaging 影像检查费					970.00
2023/04/14	71010	X - ray，Chest，1 view X线摄片，胸部（正位），1个体位	1	970.00			970.00
		Facility Charges 房间设施及其他费					13,780.00
2023/04/14	PRIVT	Private Room Accommodation 单人间住宿	2	13,780.00			13,780.00
		COMP METABOLIC，random（Na，K，Cl					2,782.00
				30,099.79			30,099.79

Purchaser Total 付款方应付总计 **30,099.79**

ICD-10 DIAGNOSIS: ICD-10 诊断
● J20 Acute bronchitis 急性支气管炎

* The final coverage is subject to the final review from your insurance payer after we claim on behalf of you. 有可能变化，特定于保险公司的最后审核

CONTACT US 联系我们 MONDAY - FRIDAY: 8:30AM - 5:30PM (周一至周五)

Pay/Fapiao 付款/开发票

Invoice Summary 账单小结

Gross Total 总计	¥30,099.79
Discount 折扣金额	¥-11,138.80
Net Invoice (CNY) 最终人民币金额	¥18,960.99

Payment Summary 付款小结

Settled Amount 已付金额	¥18,960.99
Pending Payment 未付金额	¥0.00

Guangzhou United Family Hospital
广州和睦家医院
No. 31 Panyu Avenue, Tianhe District, Guangzhou, China
广州市海珠区琶洲大道31号
邮编：510220
Tel / 电话：+86 20 4008919191
Fax / 传真：+86 20 4008919191

Items followed by # indicate Over-The-Counter medications and may not be covered by your insurance plan. Please check with your insurance company for details. 药品后面有#标识的为OTC药品，有可能不在您保险涵盖的范围。具体事宜请联系您的保险公司。

广东增值税电子普通发票

国家税务总局 广东省税务局

发票代码：
发票号码：
开票日期：2023年05月08日
校验码：

机器编号：

购买方
名称：
纳税人识别号：
地址、电话：
开户行及账号：

密码区
-6926*002-574+495/79878434*
536<83/5*+7446484*67858>1+7
/0-092257+<1/85+4</>0>5/48-
409*/19<83/5*+7446484*611+*

货物或应税劳务、服务名称	规格型号	单位	数量	单价	金额	税率	税额
*医疗服务*医疗费(Medical Fee)		Unit	1	18960.99	18960.99	免税	***
合计					¥18960.99		***

价税合计（大写） ⊗ 壹万捌仟玖佰陆拾元玖角玖分 （小写）¥18960.99

销售方
名称：广州和睦家医院有限公司
纳税人识别号：91440101MA59F3JF84
地址、电话：广州市海珠区琶洲路厚德街 020-36102000
开户行及账号：上海浦东发展银行普陀支行 98140078801100001729

备注 Rcpt No:

收款人：miya.xie 复核：ceui.xie 开票人：ceui.xie 销售方：（章）

广州和睦家医院有限公司 91440101MA59F3JF84 发票专用章

AIA

常見的代決通知主要原因 Common reasons for pending requirements

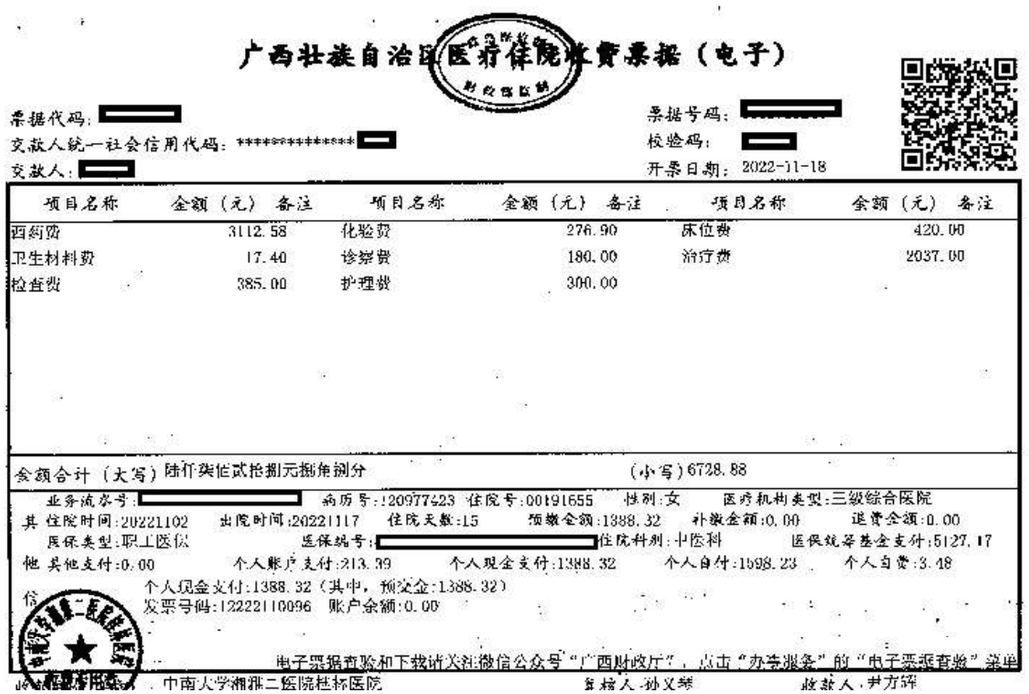
內地電子收據理賠 e-Receipt from hospital in China

真實個案

遞交索償時提供內地電子收據

Real case

E-receipt from hospital in China is provided when submitting a claim



广西壮族自治区医疗保险收费票据（电子）

票据代码：[redacted]　　票据号码：[redacted]

交款人统一社会信用代码：**********[redacted]　　校验码：[redacted]

交款人：[redacted]　　开票日期：2022-11-18

项目名称	金额（元）	备注	项目名称	金额（元）	备注	项目名称	金额（元）	备注
西药费	3112.58		化验费	276.90		床位费	420.00	
卫生材料费	17.40		诊察费	180.00		治疗费	2037.00	
检查费	385.00		护理费	300.00				

金额合计（大写）陆仟柒佰贰拾捌元捌角捌分　　（小写）6728.88

业务流水号：[redacted]　病历号：120977423　住院号：00191655　性别：女　医疗机构类型：三级综合医院

其　住院时间：20221102　出院时间：20221117　住院天数：15　预缴金额：1388.32　补缴金额：0.00　退费金额：0.00

医保类型：职工医保　医保编号：[redacted]　住院科别：中医科　医保统筹基金支付：5127.17

他　其他支付：0.00　个人账户支付：213.39　个人现金支付：1388.32　个人自付：1598.23　个人自费：3.48

信　个人现金支付：1388.32（其中，预交金：1388.32）

发票号码：12222110096　账户余额：0.00

电子票据查验和下载请关注微信公众号“广西财政厅”，点击“办事服务”的“电子票据查验”菜单

中南大学湘雅二医院杜标医院　　复核人：孙义琴　　收款人：尹方锌

代決通知 Pending

請保單持有人就沒有以電子票據向其他保險公司索償提交聲明 Please declare by Owner for no claim at other insurers with the e-receipts

代決回覆 Pending reply

客戶聲明 Client's declaration with countersign

沒有向其他保險就有關內地電子收據作出理賠

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

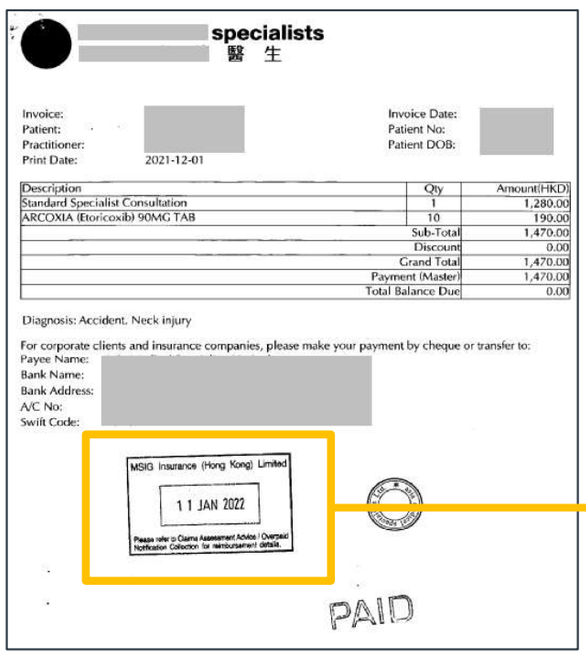
欠缺其他保險公司之賠償細算表 Missing compensation breakdown from other insurer

真實個案

賠償申請表註明或收據上得悉受保人曾就收據已作賠償

Real case

Stated on Claim Form or on receipt that Insured has made the claim by other party



[redacted] specialists
[redacted] 醫 生

Invoice:
Patient:
Practitioner:
Print Date: 2021-12-01

Invoice Date:
Patient No:
Patient DOB:

Description	Qty	Amount(HKD)
Standard Specialist Consultation	1	1,280.00
ARCOXIA (Etoricoxib) 90MG TAB	10	190.00
	Sub-Total	1,470.00
	Discount	0.00
	Grand Total	1,470.00
	Payment (Master)	1,470.00
	Total Balance Due	0.00

Diagnosis: Accident, Neck injury

For corporate clients and insurance companies, please make your payment by cheque or transfer to:
Payee Name:
Bank Name:
Bank Address:
A/C No:
Swift Code:

MSIG Insurance (Hong Kong) Limited
11 JAN 2022
Please refer to Claims Assessment Advice / Overseas Notification Collection for reimbursement details.

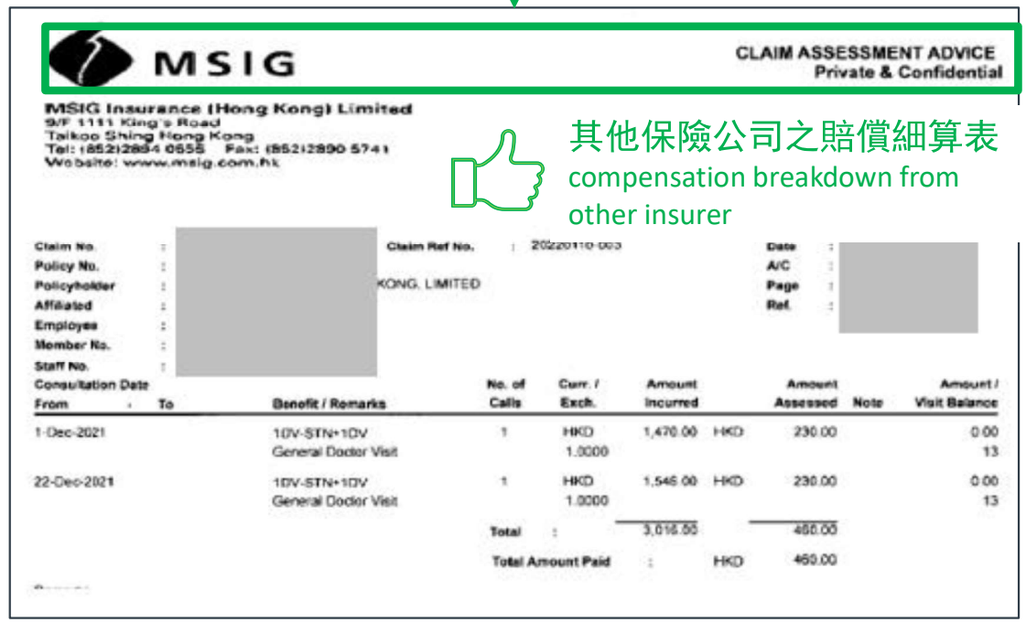
PAID

代決通知 Pending

請遞交其他保險公司/機構之賠償細算表

Please submit compensation breakdown from other insurer / party

代決回覆 Pending reply



MSIG

CLAIM ASSESSMENT ADVICE
Private & Confidential

MSIG Insurance (Hong Kong) Limited
9/F 1111 King's Road
Taikoo Shing Hong Kong
Tel: (852)2864 6555 Fax: (852)2890 5741
Website: www.msig.com.hk

其他保險公司之賠償細算表
compensation breakdown from other insurer

Claim No. :
Policy No. :
Policyholder : KONG, LIMITED
Affiliated :
Employee :
Member No. :
Staff No. :
Consultation Date From - To :
Claim Ref No. : 20220110-003
Date :
A/C :
Page :
Ref. :

Benefit / Remarks	No. of Calls	Curr. / Exch.	Amount Incurred		Amount Assessed	Note	Amount / Visit Balance
1-Dec-2021							
10V-STN+10V General Doctor Visit	1	HKD 1.0000	1,470.00	HKD	230.00		0.00 13
22-Dec-2021							
10V-STN+10V General Doctor Visit	1	HKD 1.0000	1,546.00	HKD	230.00		0.00 13
Total :			3,016.50		460.00		
Total Amount Paid :				HKD	460.00		

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[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺保單持有人之身份證副本 Missing Owner's ID card copy

真實個案

公司紀錄並沒有保單持有人之身份證副本或身份證已過期

Real case

Company records do not have Owner's ID card copy or the ID card has expired

代決通知 Pending

請遞交保單持有人之身份證副本

Please submit Owner's ID card copy



有效期限 2006.10.09 – 2011.10.09





有效期限 2011.06.09 – 2021.06.09

代決回覆 Pending reply

溫馨提示 Tips

- 清晰的姓名 clear name
- 清晰的出生日期 clear Date of Birth
- 清晰的身份證號碼 clear HKID no.
- 年期有效的身份證 Valid ID card

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺償申請表(第二部份)/醫生報告 Missing Part II of Claim Form / Physician's Statement

真實個案

遞交住院索償時只提供賠償申請表第一部分及收據正本

Real case

Only Claim Form Part 1 and original receipt copy are provided when submitting a medical claim

代決通知 Pending

請遞交賠償申請表 (第二部份)/醫生報告

Please submit Part II of Claim Form / Physician's Statement

代決回覆 Pending reply

無論住院或門診手術的索償申請，客戶需要遞交主診醫生填寫的賠償申請表第二部分

Regardless of inpatient or outpatient surgery claims, client needs to submit Claim Form Part 2 completed by the Attending Doctor

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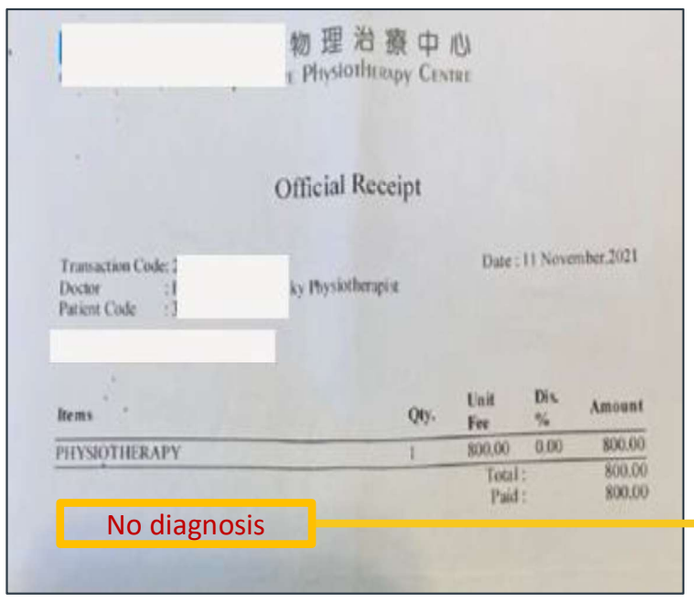
[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺收據上診斷證明 Missing diagnosis proof for receipts

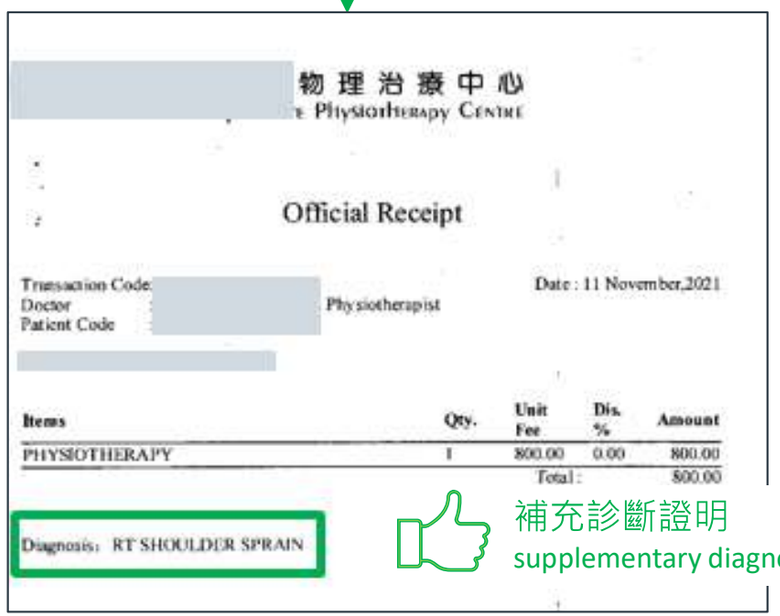
真實個案
收據上欠缺診斷證明

Real case
Missing diagnosis on receipts



代決通知 Pending
請就收據提供診斷證明
Please submit diagnosis proof for receipts

代決回覆 Pending reply



補充診斷證明
supplementary diagnosis proof

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[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺收據上診斷證明 (政府醫院) No diagnosis on receipts from Hospital Authorization's hospital

真實個案
政府醫院收據上欠缺診斷證明

Real case
No diagnosis on receipts

代決通知 Pending
請就收據提供診斷證明
Please submit diagnosis proof for receipts

代決回覆 Pending reply

補充診斷證明
supplementary diagnosis proof

溫馨提示:
請記得應診時要求醫院提供應診證明書



Attendance Certificate
應診證明書
(This is not a medical certificate 此並非醫生證明書)

醫院管理局 HOSPITAL AUTHORITY

病人姓名 Name of Patient
編號 Case No.

Alice Ho Miu Ling Nethersole Hospital
Renal Unit (DAY)
11 Chuen On Road, Tai Po, N.T.
Tel. 電話: 2689-2000

This is to certify that the above-named patient has attended the Department /Clinic on
茲證明上列病人曾在本部門接受治療/檢查，日期及時間爲：

07-Dec-2022 Whole Day
整天

For : *APD (End Stage Renal Failure)*
接受 :

Remarks (if any): 備註(如有):

Signature of Doctor/Nurse/Therapist:
醫生/護士/治療師簽名

Name in Block Letters:
醫生/護士/治療師姓名

TAI, Shuk Yi
RN
Department of Medicine

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺出院總結 Missing hospital discharge summary

真實個案

受保人入住香港政府醫院，未能提供醫生報告

Real case

Insured is admitted to a Hong Kong government hospital and unable to provide the doctor's report

代決通知 Pending

請遞交出院總結

Please submit hospital discharge summary

代決回覆 Pending reply



HOSPITAL AUTHORITY

RECEIPT 收據

Receipt No. 收據編號 [redacted]

Date(dd/mm/yyyy) 日期(日/月/年) 29/03/2022

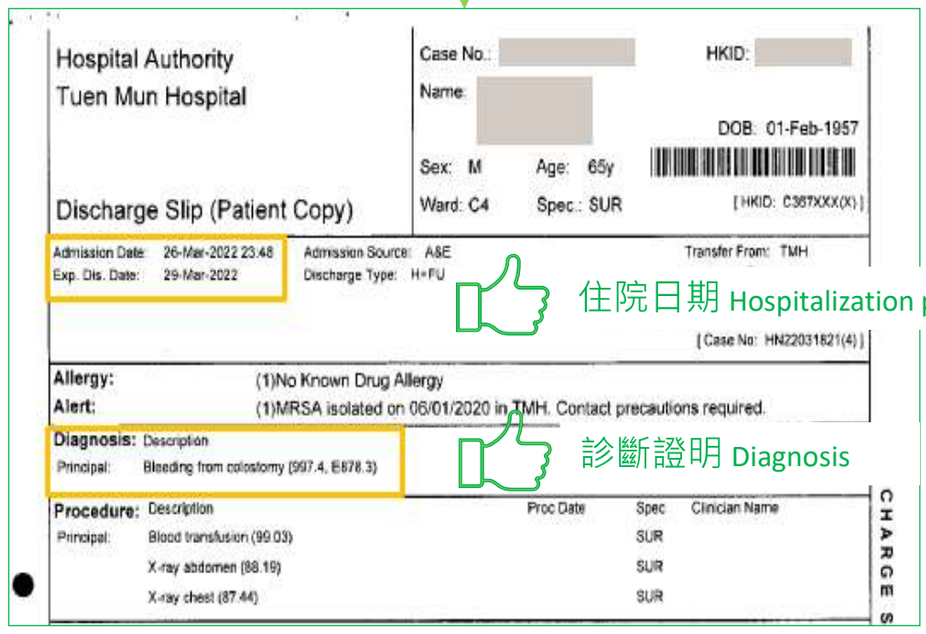
Page 頁數 1 of 1

Hosp. 醫院	Case No. 個案編號	Date 日期	Particulars 詳情	Amount (HK$) 金額 (港幣)
Bill No. 賬單號碼: [redacted]		Bill Date 賬單日期: 29/03/2022		
TMH 屯門醫院	HN220318214	26/03/2022 to 至 28/03/2022	Public Acute Ward Maintenance Fee ($120 per day)/ Day Procedure Fee 公眾急症病房 (每天$120)/ 日間程序費用	360.00

Total Amount Received 繳付金額 360.00

Remarks 備註 :

Payment method 付款方法: CASH 現金



Hospital Authority
Tuen Mun Hospital

Case No.: [redacted] HKID: [redacted]

Name: [redacted]

DOB: 01-Feb-1957

Sex: M Age: 65y

Ward: C4 Spec.: SUR [HKID: C387XXX(X)]

Discharge Slip (Patient Copy)

Admission Date: 26-Mar-2022 23:48 Admission Source: A&E Transfer From: TMH
Exp. Dis. Date: 29-Mar-2022 Discharge Type: H-FU

[Case No: HN22031821(4)]

Allergy: (1)No Known Drug Allergy
Alert: (1)MRSA isolated on 06/01/2020 in TMH. Contact precautions required.

Diagnosis: Description
Principal: Bleeding from colostomy (997.4, E878.3)

Procedure: Description Proc Date Spec Clinician Name
Principal: Blood transfusion (99.03) SUR
X-ray abdomen (88.19) SUR
X-ray chest (87.44) SUR

CHARGE S

住院日期 Hospitalization period

診斷證明 Diagnosis

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

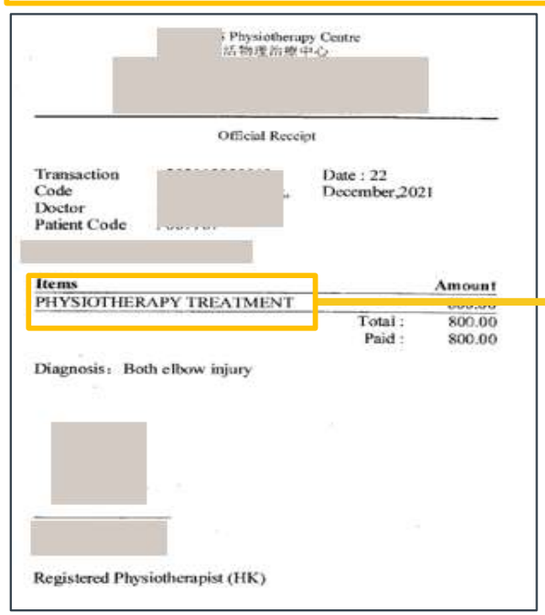
欠缺物理治療之醫生轉介信 Missing referral letter for physiotherapy treatment

真實個案

收據上得悉受保人接受物理治療，但欠缺物理治療之醫生轉介信

Real case

Receipt shown the insured is receiving physiotherapy, but there is no referral letter for physiotherapy



Physiotherapy Centre
活物理治療中心

Official Receipt

Transaction Code
Doctor
Patient Code

Date : 22 December,2021

Items	Amount
PHYSIOTHERAPY TREATMENT	
Total :	800.00
Paid :	800.00

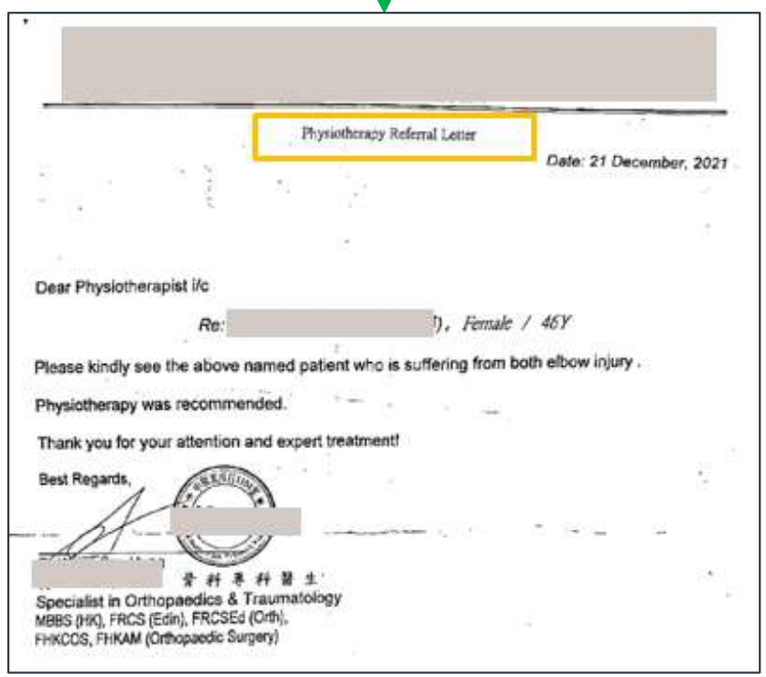
Diagnosis: Both elbow injury

Registered Physiotherapist (HK)

代決通知 Pending

請遞交物理治療之醫生轉介信副本 Please submit copy of referral letter for physiotherapy treatment

代決回覆 Pending reply



Physiotherapy Referral Letter

Date: 21 December, 2021

Dear Physiotherapist i/c

Re: , Female / 46Y

Please kindly see the above named patient who is suffering from both elbow injury .

Physiotherapy was recommended.

Thank you for your attention and expert treatment!

Best Regards,

Specialist in Orthopaedics & Traumatology
MBBS (HK), FRCS (Edin), FRCSEd (Orth),
FHKCOS, FHKAM (Orthopaedic Surgery)

註冊醫生提供物理治療轉介信

Registered doctor provides referral letter for physiotherapy

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

意外/治療發生於寬限期內 The incident happened in grace period

真實個案

保單到期日 = 2022年2月25日
意外發生日期 = 2022年3月19日

Real case

Premium Due Date = 2022/02/25
Date of Accident = 2022/03/19

代決通知 Pending

意外/治療發生於寬限期內,請繳交保費後通知我們
The incident happened in grace period - please inform us after paying overdue premium

代決回覆 Pending reply

客戶需要繳付逾期保費後並書面通知賠償部
Customer needs to pay the overdue premium and notify Claims Department in written

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[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺白內障晶片明細 Missing lens fee breakdown for surgery of Cataract

真實個案

受保人接受白內障及晶片植入手術，由於保障只賠付基本晶片費用，而客戶未有明細提交以顯示植入之晶片類別及費用

Real case

Insured received cataract surgery with lens implant but no lens fee breakdown was provided to confirm the amount of upgraded lens for assessment

代決通知 Pending

請醫生說明所用之人工晶體之類別(基本晶體或矯視功能晶體)，並加簽及蓋章

請醫生提供人工晶體之收費(基本晶體: 港幣_____, 矯視功能晶體: 港幣_____) 並加簽及蓋章

Please clarify by doctor (with chop and countersign) the type of intraocular lens (basic lens or upgraded lens) implanted

Please provide fees of intraocular lens by doctor with chop and countersign (basic lens: HKD_____, upgraded lens: HKD_____)

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[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺白內障晶片明細 Missing lens fee breakdown for surgery of Cataract

27-09-22	DAY SURGERY FEE - EYE CENTRE	日間外科手術費(眼科中心)	$2,400	
27-09-22	EYE OPERATING MATERIAL COST	眼科手術物料費	$6,230	
27-09-22	MEDICATION FEE (EYE/LASIK CTR)	藥費 (眼/激光矯視中心)	$205	
	TOTAL CHARGES 合共			$8,835
	Doctor Fee 醫生費			
27-09-22	DR. HO KAI KIT 何啟傑		$20,000	
	TOTAL DOCTOR FEE 醫生費合共			$20,000
				$28,835
	TOTAL BALANCE DUE	應繳金額總數		$28,835

代決回覆 Pending reply

			$20,000
EYE OPERATING MATERIAL COST			
MO Tecnis Toric ZCT IOL	1	$4,200	$4,200
taract (Phaco) Package (IOL excl.)	1	$2,000	$2,000
PE	1	$30	$30
			$6,230
IEDICATION FEE (EYE/LASIK CTR)			
obradex 5ml Eye Drops	1	$95	$95
igamox Eye Drops 5ml	1	$110	$110
			$205

Total Number of Records : 7
*** End of Report ***

cost of monofocal nontoric lens : 8 / 200

何啟傑醫生
Dr. HO KAI KIT
聖保祿醫院眼科中心
ST. PAUL'S EYE CENTRE

常見的代決通知主要原因 Common reasons for pending requirements

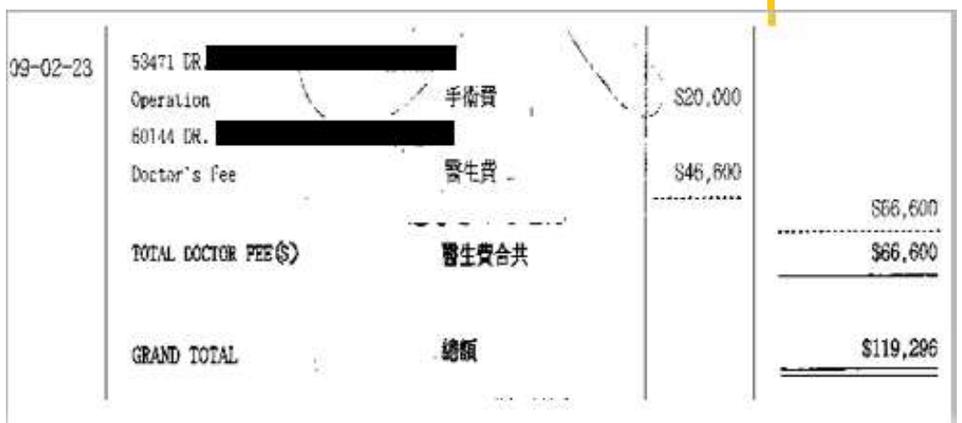
欠缺醫生費用明細 Missing doctor fees breakdown

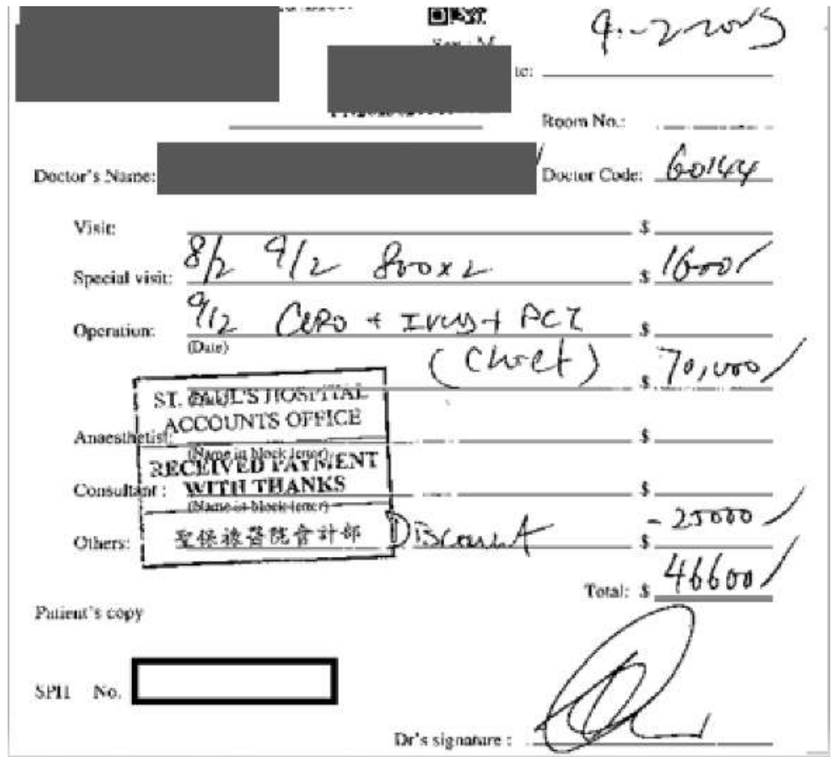
真實個案
客戶未有醫生費用明細提交
Real case
No doctor fees breakdown

代決通知 Pending
請由醫生提供醫生收費的分項詳情 (如:巡房,手術費等)

Please provide breakdown of doctor's fee (e.g. doctor visit, surgery fee, etc.) by doctor

代決回覆 Pending reply





AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

欠缺癌症藥物明細 Missing medication breakdown for cancer treatment

真實個案
客戶未有癌症藥物明細提交
Real case
No medication breakdown for cancer treatment

代決通知 Pending
請提供藥物/注射費之詳細分項收費 (包括劑量及數量)

Please provide breakdown of medicine/injection fee (with dosage and quantity)

代決回覆 Pending reply

Items	Qty.	Unit Fee	Dis. %	Amount
.LABORATORY TEST	1	920.00	0.00	920.00
.CONSULTATION	1	1500.00	0.00	1500.00
.INFUSION FEE	1	5000.00	0.00	5000.00
.MEDICATION	1	82300.00	0.00	82300.00
.INJECTION FEE	1	1000.00	0.00	1000.00
Total : 90720.00		Balance :		90720.00

Diagnosis : Breast Cancer

PAID

Drug Item	Qty.
KEYTRUDA 100MG	2
SODIUM CHLORIDE 0.9% 100ML	1
GRANISETRON INJ 1MG/ML	1
PIRITON 10MG IV	1
PANADOL 500MG	2
PEGFILGRASTIM 6MG	1

Lab. Item	Provider
RENAL FUNCTION TEST	MDL
LIVER FUNCTION TEST	MDL
CBP	MDL

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[AIA – INTERNAL]

常見的代決通知主要原因 Common reasons for pending requirements

遞交索償申請前需提供的文件清單

Checklist of documents to be provided before submitting a claim

文件類別	醫療賠償	意外賠償
保單持有人之身份證副本	✓	✓
賠償申請表第一部分 ✓ 正確意外日期 ✓ 正確住院或治療日期 ✓ 完整的聲明及授權 (包括完整的保單持有人及受保人姓名、身份證號碼及簽署)	✓	✓
賠償申請表第二部分 (醫生報告) 或出院總結 (香港政府醫院)	✓	
收據正本上註明 ✓ 受保人姓名 ✓ 診症日期 ✓ 收費金額 ✓ 診斷證明 (適用於門診收據) ✓ 醫療機構蓋章或醫生簽署	✓	✓
物理治療的醫生轉介書		✓
保單到期日	✓	✓
其他保險公司之賠償細算表	▲	▲

✓ 基本清單　▲ 附加文件

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[AIA – INTERNAL]

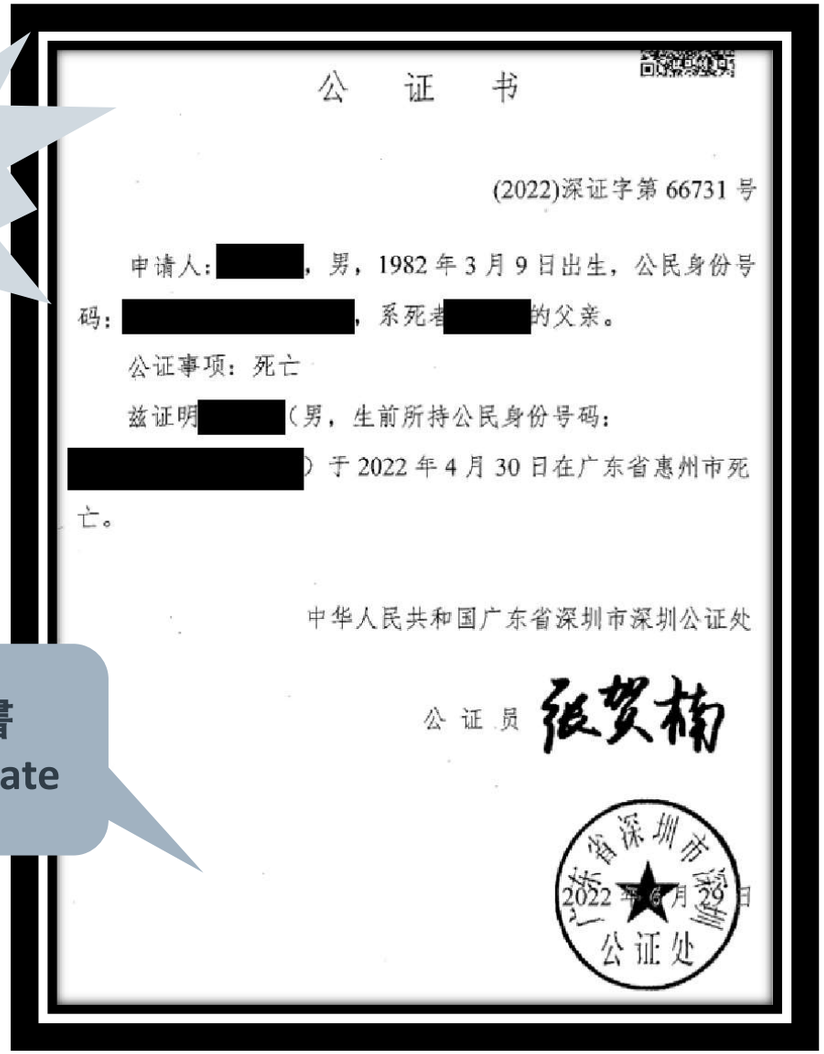
HEALTHIER, LONGER, BETTER LIVES

死亡索償常見代決通知

Common Pending Requirement under Death Claim

1. 死亡登記證明 Death Certificate

中國
China



公　证　书

(2022)深证字第 66731 号

申请人：[redacted]，男，1982 年 3 月 9 日出生，公民身份号码：[redacted]，系死者[redacted]的父亲。

公证事项：死亡

兹证明[redacted]（男，生前所持公民身份号码：[redacted]）于 2022 年 4 月 30 日在广东省惠州市死亡。

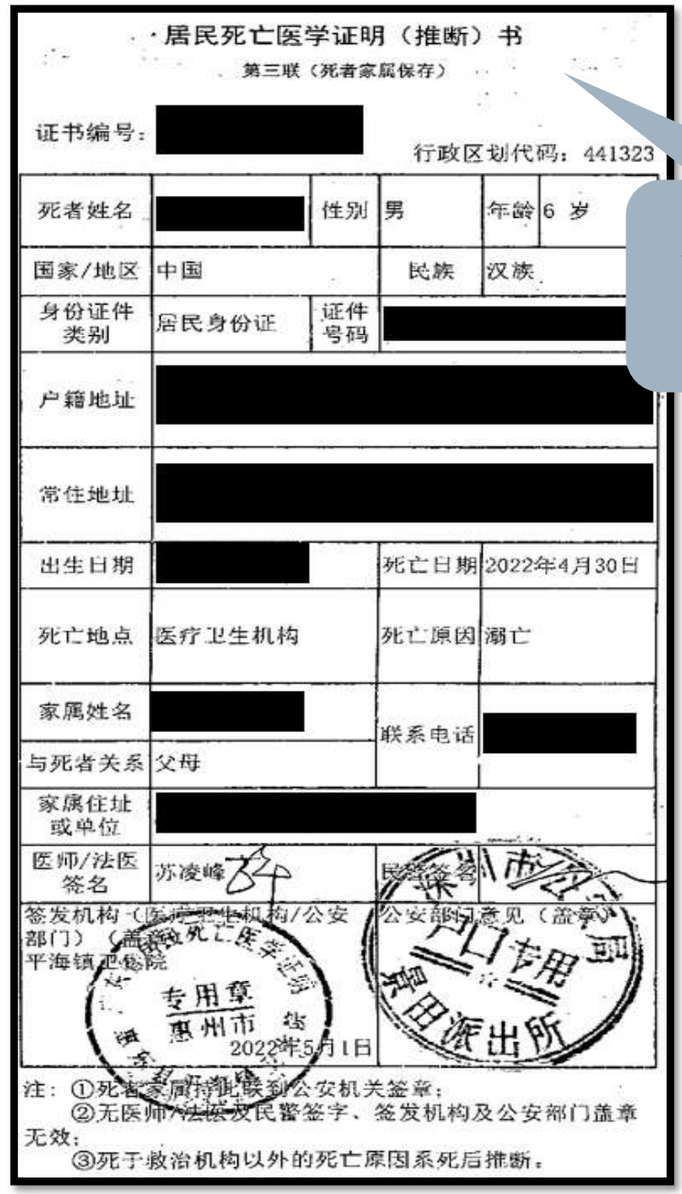
中华人民共和国广东省深圳市深圳公证处

公 证 员 张贺楠

广东省深圳市深圳公证处

2022 年 [illegible] 月 29 日

死亡公證書
Death Certificate



居民死亡医学证明（推断）书

第三联（死者家属保存）

证书编号：[redacted]　　行政区划代码：441323

死者姓名	[redacted]	性别	男	年龄	6 岁
国家/地区	中国		民族	汉族	
身份证件类别	居民身份证	证件号码	[redacted]		
户籍地址	[redacted]				
常住地址	[redacted]				
出生日期	[redacted]		死亡日期	2022年4月30日	
死亡地点	医疗卫生机构		死亡原因	溺亡	
家属姓名	[redacted]		联系电话	[redacted]	
与死者关系	父母				
家属住址或单位	[redacted]				
医师/法医签名	苏凌峰		民警签名		
签发机构（医疗卫生机构/公安部门）（盖章）平海镇卫生院			公安部门意见（盖章）		

专用章 惠州市 2022年5月1日

广东省深圳市公安局 户口专用 景田派出所

注：①死者家属持此联到公安机关签章；
②无医师/法医及民警签字、签发机构及公安部门盖章无效；
③死于救治机构以外的死亡原因系死后推断。

死亡醫學證明書
Medical Death Certificate

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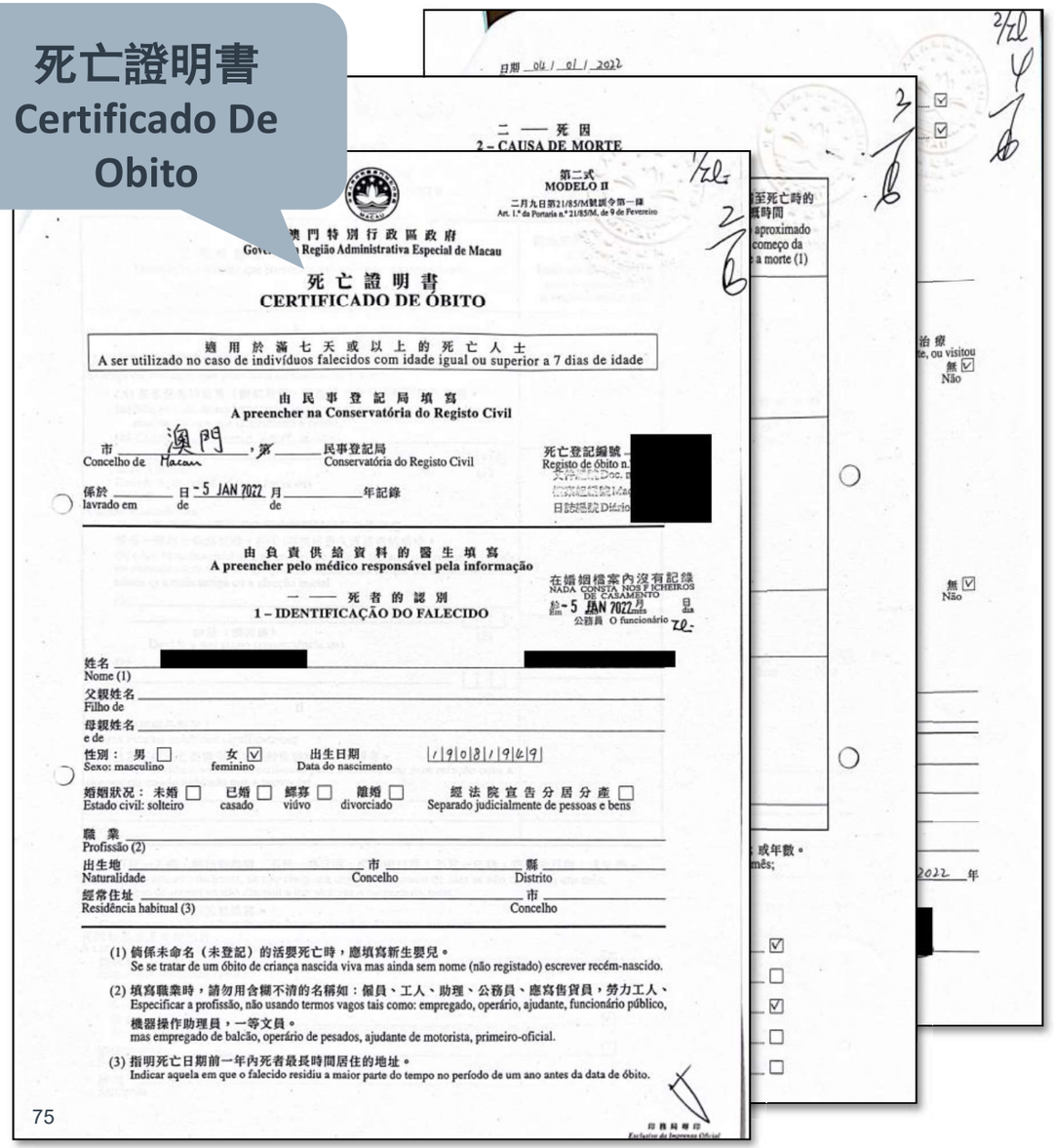
[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

死亡證明書
Certificado De Obito



澳門特別行政區政府
Governo da Região Administrativa Especial de Macau

死亡證明書
CERTIFICADO DE ÓBITO

適用於滿七天或以上的死亡人士
A ser utilizado no caso de indivíduos falecidos com idade igual ou superior a 7 dias de idade

由民事登記局填寫
A preencher na Conservatória do Registo Civil

市 Concelho de 澳門, 第 民事登記局 Conservatória do Registo Civil
死亡登記編號 Registo de óbito n. [redacted]
係於 lavrado em 日 de -5 JAN 2022 月 de 年記錄

由負責供給資料的醫生填寫
A preencher pelo médico responsável pela informação

一 —— 死者的認別
1 – IDENTIFICAÇÃO DO FALECIDO

在婚姻檔案內沒有記錄 NADA CONSTA NOS FICHEIROS DE CASAMENTO
於 Em -5 JAN 2022 月 mês 日 dia
公務員 O funcionário

姓名 Nome (1) [redacted]
父親姓名 Filho de
母親姓名 e de
性別：男 Sexo: masculino ☐ 女 feminino ☑ 出生日期 Data do nascimento 1/9/0/8/1/9/6/9
婚姻狀況：未婚 Estado civil: solteiro ☐ 已婚 casado ☐ 鰥寡 viúvo ☐ 離婚 divorciado ☐ 經法院宣告分居分產 Separado judicialmente de pessoas e bens ☐
職業 Profissão (2)
出生地 Naturalidade 市 Concelho 縣 Distrito
經常住址 Residência habitual (3) 市 Concelho

(1) 倘係未命名（未登記）的活嬰死亡時，應填寫新生嬰兒。
Se se tratar de um óbito de criança nascida viva mas ainda sem nome (não registado) escrever recém-nascido.

(2) 填寫職業時，請勿用含糊不清的名稱如：僱員、工人、助理、公務員、應寫售貨員，勞力工人、
Especificar a profissão, não usando termos vagos tais como: empregado, operário, ajudante, funcionário público,
機器操作助理員，一等文員。
mas empregado de balcão, operário de pesados, ajudante de motorista, primeiro-oficial.

(3) 指明死亡日期前一年內死者最長時間居住的地址。
Indicar aquela em que o falecido residiu a maior parte do tempo no período de um ano antes da data de óbito.

75

死亡登記之敘述證明
Certidao De Narrativa De Registo De Obito



澳門特別行政區政府
Governo da Região Administrativa Especial de Macau

民事登記局
Conservatória do Registo Civil

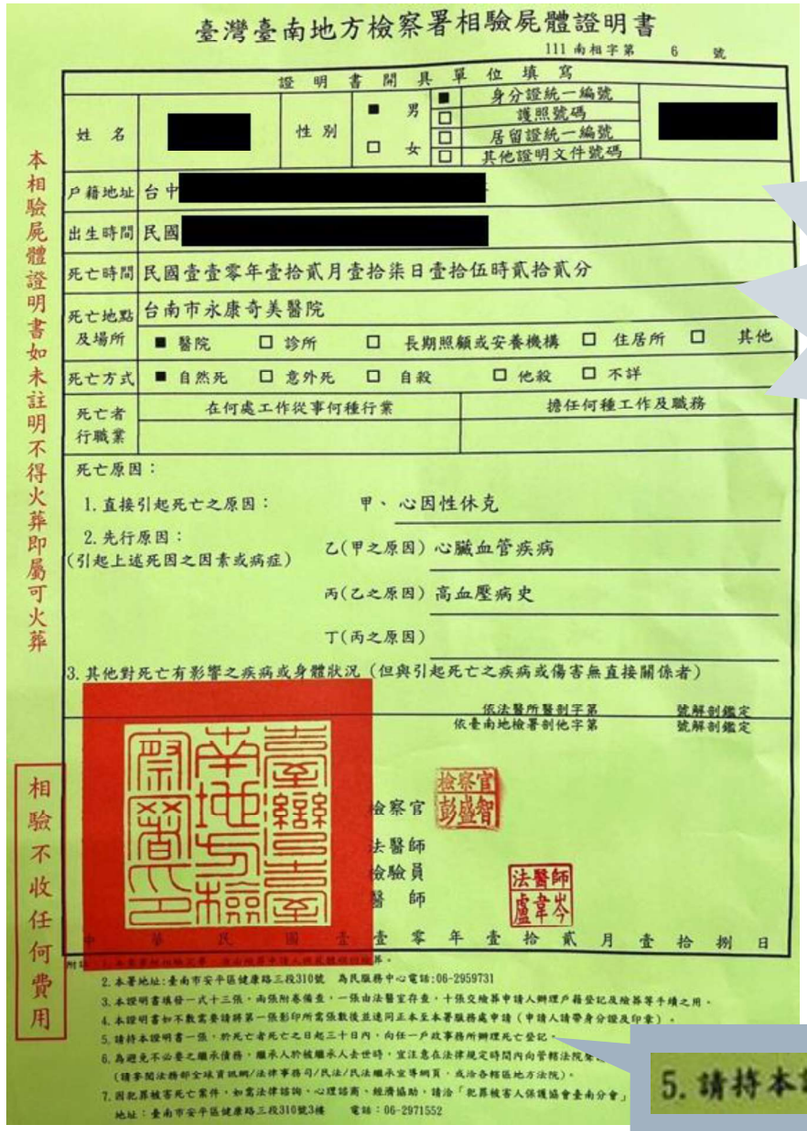
登記編號：[redacted]
REGISTO Nº

死亡登記之敘述證明
CERTIDÃO DE NARRATIVA DE REGISTO DE ÓBITO

姓名 NOME: [redacted]***
年齡 IDADE: 72 歲 anos***
性別 SEXO: 女 F***
婚姻狀況 ESTADO CIVIL:***
父親 PAI: ***
母親 MÃE: ***
出生地 LUGAR DO NASCIMENTO: 中國內地 Interior da China***
死亡日期及時間 DATA E HORA DO ÓBITO: 2022 年 ano 01 月 mês 03 日 dia, 04 時 horas 04 分 minutos***
死亡地 LUGAR DO ÓBITO: 澳門大堂區 Sé, Macau***
附註 AVERBAMENTOS: ***

澳門
Macau

1. 死亡登記證明 Death Certificate



臺灣臺南地方檢察署相驗屍體證明書

111 南相字第 6 號

本相驗屍體證明書如未註明不得火葬即屬可火葬

證明書開具單位填寫			
姓名	[redacted]	性別	■ 男 □ 女
		■ 身分證統一編號	[redacted]
		□ 護照號碼	
		□ 居留證統一編號	
		□ 其他證明文件號碼	
戶籍地址	台中[redacted]		
出生時間	民國[redacted]		
死亡時間	民國壹壹零年壹拾貳月壹拾柒日壹拾伍時貳拾貳分		
死亡地點及場所	台南市永康奇美醫院		
	■ 醫院 □ 診所 □ 長期照顧或安養機構 □ 住居所 □ 其他		
死亡方式	■ 自然死 □ 意外死 □ 自殺 □ 他殺 □ 不詳		
死亡者行職業	在何處工作從事何種行業	擔任何種工作及職務	

死亡原因：

1. 直接引起死亡之原因： 甲、心因性休克
2. 先行原因：（引起上述死因之因素或病症） 乙(甲之原因) 心臟血管疾病
   丙(乙之原因) 高血壓病史
   丁(丙之原因)
3. 其他對死亡有影響之疾病或身體狀況（但與引起死亡之疾病或傷害無直接關係者）

依法醫所醫剖字第 號解剖鑑定
依臺南地檢署剖他字第 號解剖鑑定

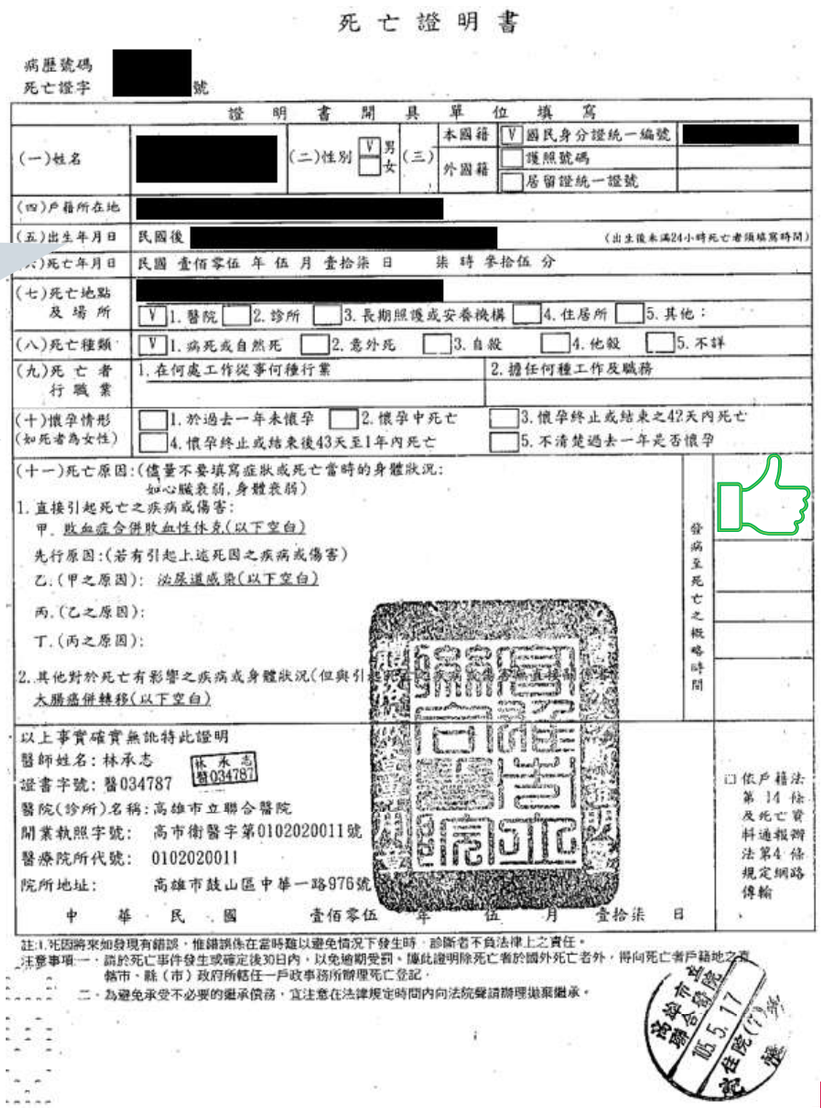
檢察官 彭盛智
法醫師 盧韋岑
檢驗員
醫師

中華民國 壹零年 壹拾貳月 壹拾捌日

相驗不收任何費用

2. 本署地址：臺南市安平區健康路三段310號 為民服務中心電話：06-2959731
3. 本證明書填發一式十三張，兩張附卷備查，一張由法醫室存查，十張交檢察官請人辦理戶籍登記及檢附等手續之用。
4. 本證明書如不敷需要請將第一張影印所需張數後並連同正本至本署服務處申請（申請人請帶身分證及印章）。
5. 請持本證明書一張，於死亡者死亡之日起三十日內，向任一戶政事務所辦理死亡登記。
6. 為避免不必要之繼承債務，繼承人於被繼承人去世時，宜注意在法律規定時間內向管轄法院聲
（請參閱法務部全球資訊網/法律事務司/民法/民法繼承宜等網頁，或洽各轄區地方法院）。
7. 因犯罪被害死亡案件，如需法律諮詢、心理諮商、經濟協助，請洽「犯罪被害人保護協會臺南分會」
地址：臺南市安平區健康路三段310號3樓 電話：06-2971552

台灣 Taiwan



死亡證明書

病歷號碼 [redacted]
死亡證字 [redacted] 號

證明書開具單位填寫			
(一)姓名	[redacted]	(二)性別	V 男 □ 女
(三)	本國籍	V 國民身分證統一編號	[redacted]
	外國籍	□ 護照號碼	
		□ 居留證統一證號	
(四)戶籍所在地	[redacted]		
(五)出生年月日	民國後[redacted]	(出生後未滿24小時死亡者須填寫時間)	
(六)死亡年月日	民國 壹佰零伍 年 伍 月 壹拾柒 日 柒 時 拾伍 分		
(七)死亡地點及場所	[redacted]		
	V 1. 醫院 □ 2. 診所 □ 3. 長期照護或安養機構 □ 4. 住居所 □ 5. 其他：		
(八)死亡種類	V 1. 病死或自然死 □ 2. 意外死 □ 3. 自殺 □ 4. 他殺 □ 5. 不詳		
(九)死亡者行職業	1. 在何處工作從事何種行業	2. 擔任何種工作及職務	
(十)懷孕情形(如死者為女性)	□ 1. 於過去一年未懷孕 □ 2. 懷孕中死亡 □ 3. 懷孕終止或結束之42天內死亡 □ 4. 懷孕終止或結束後43天至1年內死亡 □ 5. 不清楚過去一年是否懷孕		

(十一)死亡原因：(僅量不要填寫症狀或死亡當時的身體狀況：如心臟衰弱，身體衰弱)

1. 直接引起死亡之疾病或傷害：
   甲. 敗血症合併肽血性休克(以下空白)
   先行原因：(若有引起上述死因之疾病或傷害)
   乙.(甲之原因)：泌尿道感染(以下空白)
   丙.(乙之原因)：
   丁.(丙之原因)：
2. 其他對於死亡有影響之疾病或身體狀況(但與引起死亡之疾病或傷害無直接關係者)：
   大腸癌併轉移(以下空白)

發病至死亡之概略時間

以上事實確實無訛特此證明
醫師姓名：林承志 林承志 醫034787
證書字號：醫034787
醫院(診所)名稱：高雄市立聯合醫院
開業執照字號：高市衛醫字第0102020011號
醫療院所代號：0102020011
院所地址：高雄市鼓山區中華一路976號
中華民國 壹佰零伍 年 伍 月 壹拾柒 日

□ 依戶籍法第14條及死亡資料通報辦法第4條規定網路傳輸

註：1.死因將來如發現有錯誤，惟錯誤係在當時難以避免情況下發生時，診斷者不負法律上之責任。
注意事項一：請於死亡事件發生或確定後30日內，以免逾期受罰。據此證明除死亡者於國外死亡者外，得向死亡者戶籍地之直轄市、縣（市）政府所轄任一戶政事務所辦理死亡登記。
二、為避免承受不必要的繼承債務，宜注意在法律規定時間內向法院聲請辦理拋棄繼承。

死亡証
Death Certificate

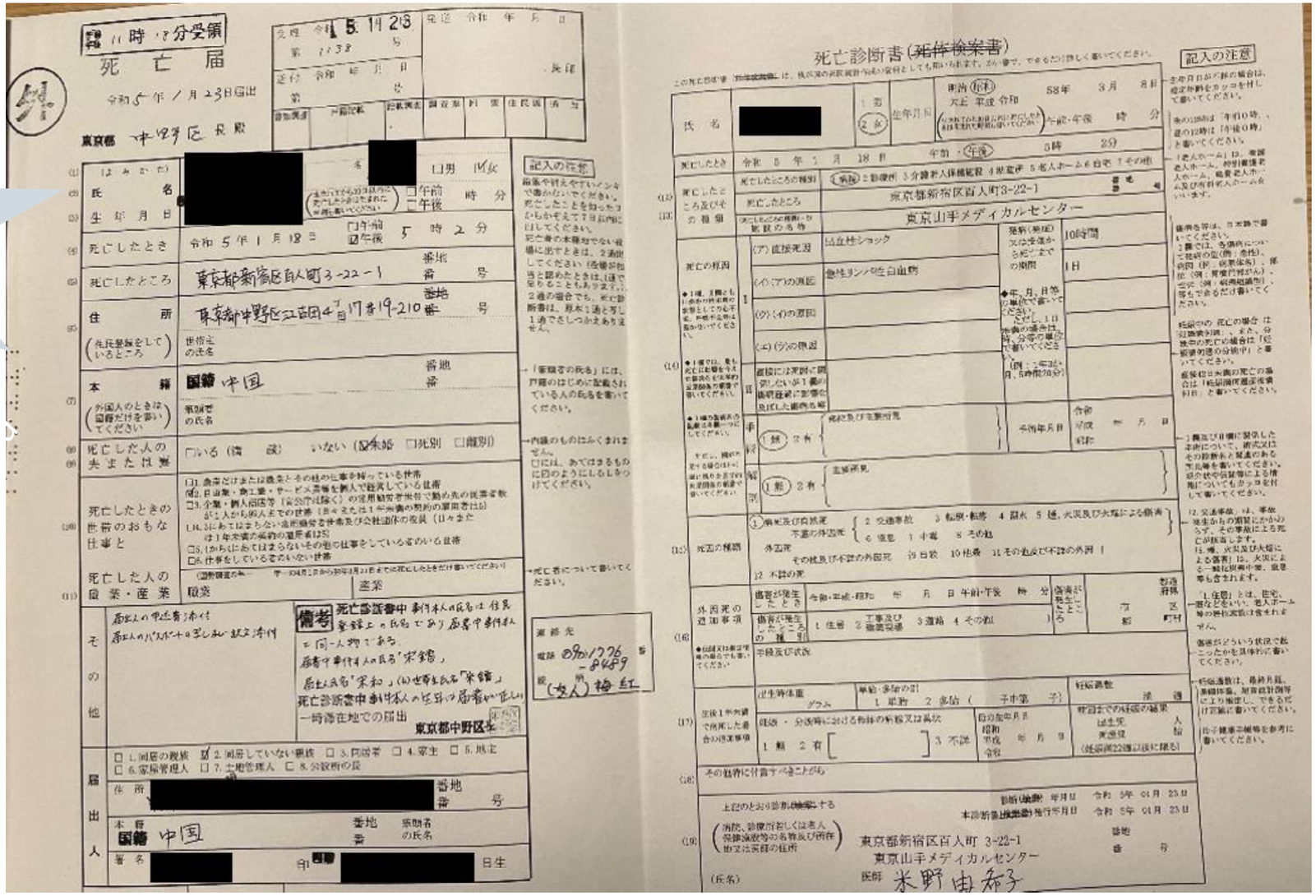
5. 請持本證明書一張，於死亡者死亡之日起三十日內，向任一戶政事務所辦理死亡登記。

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

日本
Japan



AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

加拿大
Canada



COLUMBIA
Vital Statistics Agency

IMPORTANT DOCUMENT

This certificate is a valuable legal document. Please keep it in a secure place.

ERRORS OR OMISSIONS MUST BE REPORTED DIRECTLY TO THE VITAL STATISTICS AGENCY WITHIN 90 DAYS OF ISSUE

THIS CERTIFICATE IS INVALID IF PLASTICIZED OR ALTERED

CANADA
BRITISH COLUMBIA

PROVINCE OF BRITISH COLUMBIA
Vital Statistics Agency

3190638L

This is to certify that the following is an extract from the registration on file with the Vital Statistics Agency, Victoria, British Columbia, concerning the death of

Name [redacted]
Date of Death NOV 18, 2020
Sex MALE
Place of Death RICHMOND
Age 39 YEAR(S)
Registration No. 2020[redacted]
Birthplace CHINA
Residence RICHMOND, BRITISH COLUMBIA, CANADA

BRITISH COLUMBIA

Given under my hand at Victoria, British Columbia

this 07 day of DEC 2020

Jack Shewchuk
Registrar General,
Vital Statistics Agency

VSA 435L (14/08)

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

澳洲 Australia

VICTORIA
AUSTRALIA
BIRTHS, DEATHS AND MARRIAGES REGISTRATION ACT 1996

REGISTRATION NUMBER [redacted]

DEATH CERTIFICATE

1 DECEASED		
Family name	[redacted]	I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE ORIGINAL
Given name		
Other given name(s)		
Also known as		
Date of death	09 November 2020	
Place of death	Ringwood Private Hospital, Ringwood	
Date of birth / Age	21 September 1946 / 74 Years	
Sex	Male	
Place of birth	[redacted]	[redacted]
Place of residence		
Usual occupation		
Relationship status at death	Married	
2 RELATIONSHIP(S)	1) Marriage	An Australian Legal Practitioner within the meaning under the Legal Profession Uniform Law (Victoria)
Full name	[redacted]	
Place		
Year / Age	1970	
3 CHILDREN		
In order of birth names and ages	[redacted]	
4 PARENTS		
Full name	Unknown UNKNOWN	
Family name at birth (if different)		
Occupation	Unknown	
Full name	Unknown UNKNOWN	
Family name at birth (if different)		
Occupation	Unknown	
5 MEDICAL		
Cause of death	Gastrointestinal haemorrhage 1 day	
Duration of last illness	Metastatic cholangiocarcinoma 5 Months	
Name of certifying Medical Practitioner or Coroner	[redacted]	
6 BURIAL or CREMATION		
Date	20 November 2020	
Place	Springvale Botanical Crematorium	
Funeral director	On Sum Funeral Services	
7 INFORMANT		
Name	Beverly IP	
8 REGISTRATION		
Date	24 November 2020	
9 ENDORSEMENT		
---	Not Any	

THE BACK OF THIS DOCUMENT CONTAINS A HISTORY OF CHANGES OF NAME AND CORRECTIONS.
Before accepting copies, sight unaltered original. The original has a coloured background

REGISTRY OF BIRTHS DEATHS AND MARRIAGES

I hereby certify that this is a true copy of particulars recorded in a Register in the State of Victoria, in the Commonwealth of Australia.

MELBOURNE 24 November 2020

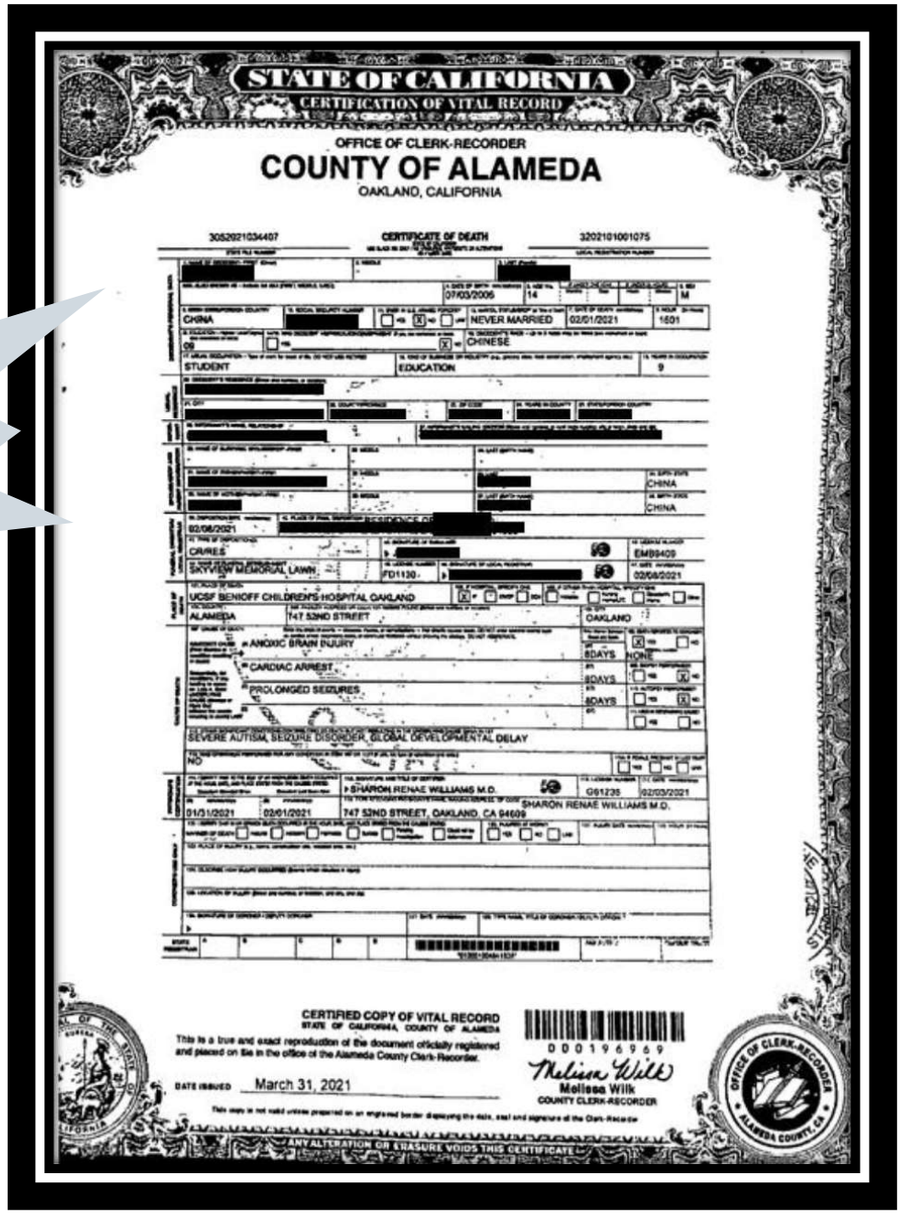
Registrar

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

美國
United State



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
OFFICE OF CLERK-RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

3052021034407 CERTIFICATE OF DEATH 3202101001075

07/03/2006 14 M
CHINA NEVER MARRIED 02/01/2021 1501
09 CHINESE
STUDENT EDUCATION 9
CHINA
CHINA
02/06/2021
CURELE EM89409
SKYVIEW MEMORIAL LAWN FD1130 02/08/2021
UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
ALAMEDA 747 52ND STREET OAKLAND
ANOXIC BRAIN INJURY 8DAYS NONE
CARDIAC ARREST 8DAYS
PROLONGED SEIZURES 8DAYS
SEVERE AUTISM, SEIZURE DISORDER, GLOBAL DEVELOPMENTAL DELAY
NO
SHARON RENAE WILLIAMS M.D. G61235 02/03/2021
01/31/2021 02/01/2021 747 52ND STREET, OAKLAND, CA 94609 SHARON RENAE WILLIAMS M.D.

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA
This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.
DATE ISSUED March 31, 2021
000196969
Melissa Wilk
COUNTY CLERK-RECORDER
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

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[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

英國
United Kingdom

BCN [redacted]

CERTIFIED COPY OF AN ENTRY
Pursuant to the Births and Deaths Registration Act 1953

DEATH Entry No. 197

Registration district [redacted] Administrative area

Sub-district [redacted] Borough of [redacted]

1. Date and place of death
Seventh November 2022
Willen Hospice Milton Road Willen Milton Keynes

2. Name and surname
[redacted]

3. Sex
Female

4. Maiden surname of woman who has married
HO

5. Date and place of birth
[redacted]
Hong Kong

6. Occupation and usual address
Housewife
[redacted]

(a) Name and surname of informant
[redacted]

(b) Qualification
Widower of deceased
Present at the death

(c) Usual address
[redacted]

8. I certify that the particulars given by me above are true to the best of my knowledge and belief
Signature of informant
Dennis

9. Cause of death
I (a) Metastatic Gastric Carcinoma

Certified by J Allsopp BM BS

10. Date of registration
Eleventh November 2022

11. Signature of registrar
P J Moynham
Deputy Registrar

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

印度尼西亞
Indonesia

PEMERINTAH PROVINSI DAERAH KHUSUS IBUKOTA JAKARTA
DINAS KESEHATAN

Form-A (Revisi)

RAHASIA

SERTIFIKAT MEDIS PENYEBAB KEMATIAN

Bulan/Tahun 11 / 21 Nama RS/Puskesmas : [redacted] Kode RS/Puskesmas : [redacted]

No. Urut Pencatatan Kematian : 013 No. Rekam Medis : 00[redacted]

I. Identitas Jenazah

1. Nama Lengkap : [redacted] (HURUF CETAK)
2. No. Induk Kependudukan (NIK) : [redacted] (PASSPORT) No. Kartu Keluarga : .....
3. Jenis Kelamin : (1) Laki-laki 2. Perempuan
4. Tempat/ Tanggal Lahir : MONGHUNG Tanggal [redacted] Bulan [redacted] Tahun [redacted]
5. Agama : KRISTEN
6. Alamat Tempat Tinggal : Jalan/ Gang ..... No ..... RT/RW .....
   Kelurahan/ Desa ..... Kecamatan .....
   Kota/ Kab ..... Kode Pos ..... Telp .....
7. Status Kependudukan : 1. Penduduk (2) Bukan Penduduk
8. Hubungan dengan Kepala Rumah Tangga : 1. Kepala Rumah Tangga 2. Suami/ Isteri 3. Anak 4. Menantu 5. Cucu 6. Orang Tua/ Mertua 7. Famili lain 8. Pembantu Rumah Tangga 9. Lainnya
9a. Waktu Meninggal : Tanggal 11 Bulan 11 Tahun 2021 Pukul 14.54 9b. Umur saat meninggal 39
10. Tempat Meninggal : (1) Rumah Sakit 4. Rumah Tempat Tinggal
    2. Puskesmas 5. Lainnya *(Termasuk meninggal di perjalanan/DoA)*
    3. Rumah Bersalin .....

II. Keterangan Khusus Kasus Kematian di Rumah atau Lainnya (termasuk *DoA*)

1. Status Jenazah : 1. Belum dimakamkan/ Belum dikremasi
   2. Telah dimakamkan/ Telah dikremasi: Tanggal ..... Bulan ..... Tahun .....
2. Nama Pemeriksa Jenazah : ..... Kualifikasi Pemeriksa : 1. Medis 2. Paramedis
3. Waktu Pemeriksaan Jenazah : Tanggal ..... Bulan ..... Tahun ..... Pukul .....

III. Penyebab Kematian

1. Dasar Diagnosis *(Dapat lebih dari satu)* : (1) Rekam Medis (2) Pemeriksaan Luar Jenazah 3. Autopsi Forensik 4. Autopsi Medis 5. Autopsi Verbal 6. Surat Keterangan Lainnya .....
2. Kelompok Penyebab Kematian *(Lingkari Salah Satu)*:

PENYAKIT/GANGGUAN		CEDERA **)
*1. Penyakit Khusus *)*	*4. Gangguan Maternal (kehamilan/persalinan/nifas)*	*7. Cedera Kecelakaan Lalu Lintas*
2. Penyakit Menular	*5. Gangguan Perinatal (0-6 hari)*	*8. Cedera Kecelakaan Kerja*
(3) Penyakit Tidak Menular	*6. Gejala, Tanda dan Kondisi Lainnya*	*9. Cedera Lainnya*

Jakarta, 11 / 11 / 2021

Pihak Yang Menerima
Nama Jelas
Hub. dg Almarhum/ah

MASZEYNG

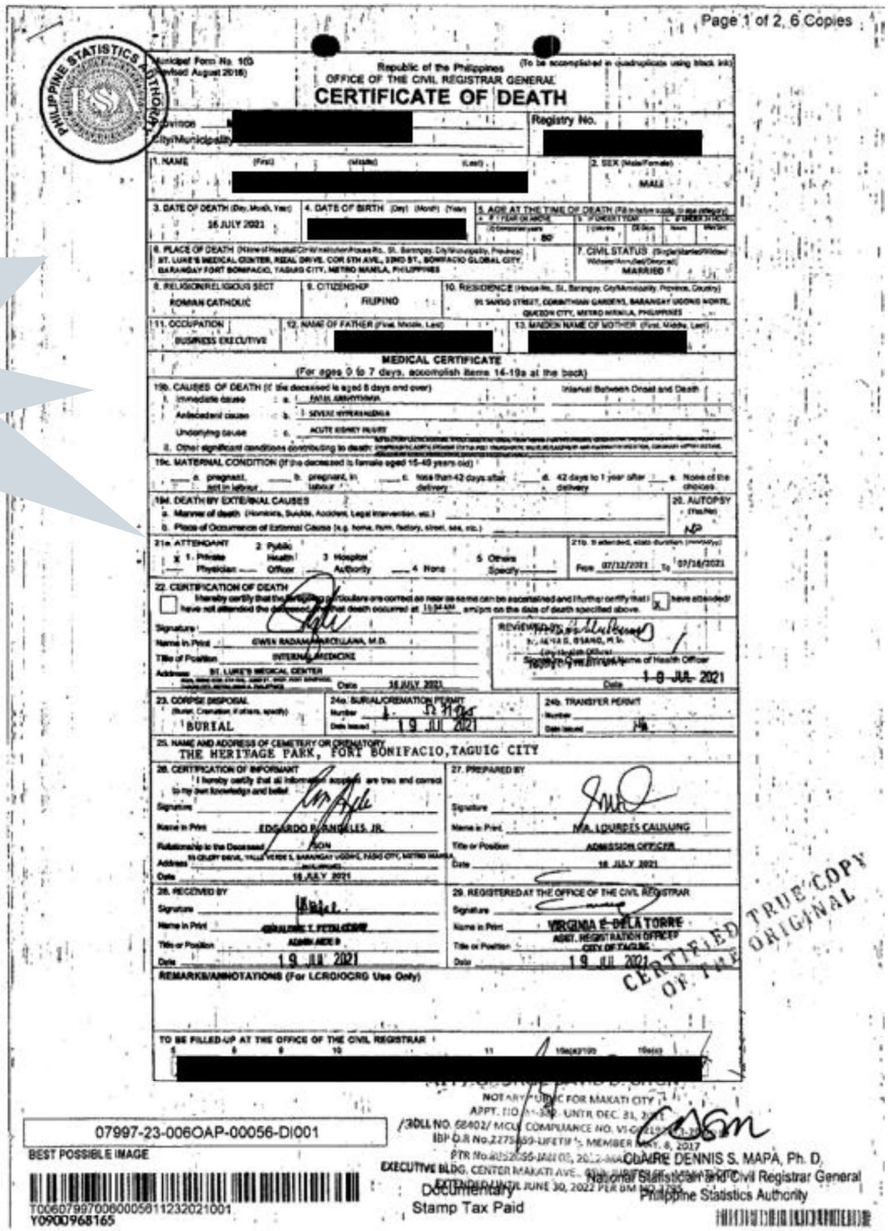
Pihak Yang Menerangkan
Nama Jelas L. MARCUS MUHAMMAD
Jabatan & Cap Instansi HOTEL GRAGWAYA

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

1. 死亡登記證明 Death Certificate

菲律賓
Philippines



Page 1 of 2, 6 Copies

Municipal Form No. 103 (Revised August 2016)

Republic of the Philippines
OFFICE OF THE CIVIL REGISTRAR GENERAL
CERTIFICATE OF DEATH

Province [redacted]
City/Municipality

Registry No. [redacted]

1. NAME (First) (Middle) (Last) [redacted]
2. SEX (Male/Female) MALE
3. DATE OF DEATH (Day, Month, Year) 16 JULY 2021
4. DATE OF BIRTH (Day) (Month) (Year) [redacted]
5. AGE AT THE TIME OF DEATH
6. PLACE OF DEATH ST. LUKE'S MEDICAL CENTER, REAL DRIVE, COR 5TH AVE., 32ND ST., BONIFACIO GLOBAL CITY, BARANGAY FORT BONIFACIO, TAGUIG CITY, METRO MANILA, PHILIPPINES
7. CIVIL STATUS MARRIED
8. RELIGION/RELIGIOUS SECT ROMAN CATHOLIC
9. CITIZENSHIP FILIPINO
10. RESIDENCE
11. OCCUPATION BUSINESS EXECUTIVE
12. NAME OF FATHER (First, Middle, Last) [redacted]
13. MAIDEN NAME OF MOTHER (First, Middle, Last) [redacted]

MEDICAL CERTIFICATE
(For ages 0 to 7 days, accomplish items 14-19a at the back)

19b. CAUSES OF DEATH
Immediate cause: a. FATAL ARRHYTHMIA
Antecedent cause: b. SEVERE HYPERKALEMIA
Underlying cause: c. ACUTE KIDNEY INJURY
Interval Between Onset and Death
19c. MATERNAL CONDITION
19d. DEATH BY EXTERNAL CAUSES
20. AUTOPSY NP
21a. ATTENDANT: 1. Private Physician; 2. Public Health Officer; 3. Hospital Authority; 4. None; 5. Others Specify
21b. If attended, state duration From 07/12/2021 To 07/16/2021
22. CERTIFICATION OF DEATH
Name in Print: GWEN RADAMAN ARCELLANA, M.D.
Title of Position: INTERNAL MEDICINE
Address: ST. LUKE'S MEDICAL CENTER
Date: 16 JULY 2021
Date: 19 JUL 2021
23. CORPSE DISPOSAL: BURIAL
24a. BURIAL/CREMATION PERMIT: 19 JUL 2021
24b. TRANSFER PERMIT
25. NAME AND ADDRESS OF CEMETERY OR CREMATORY: THE HERITAGE PARK, FORT BONIFACIO, TAGUIG CITY
26. CERTIFICATION OF INFORMANT
Name in Print: EDGARDO R. ANGELES, JR.
Date: 16 JULY 2021
27. PREPARED BY
Name in Print: MA. LOURDES CAULUNG
Title or Position: ADMISSION OFFICER
Date: 16 JULY 2021
28. RECEIVED BY
Name in Print: GUALUNE T. FETALCORP
Title or Position: ADMIN AIDE 9
Date: 19 JUL 2021
29. REGISTERED AT THE OFFICE OF THE CIVIL REGISTRAR
Name in Print: VIRGINIA E. DELA TORRE
Title or Position: ASST. REGISTRATION OFFICER, CITY OF TAGUIG
Date: 19 JUL 2021
REMARKS/ANNOTATIONS (For LCRO/OCRG Use Only)
TO BE FILLED-UP AT THE OFFICE OF THE CIVIL REGISTRAR
[redacted]

CERTIFIED TRUE COPY OF THE ORIGINAL

07997-23-006OAP-00056-DI001
BEST POSSIBLE IMAGE
T006079970060005611232021001
Y0900968165

NOTARY PUBLIC FOR MAKATI CITY
APPT. NO. ... UNTIL DEC. 31, 2021
IBP O.R No. 2275659-LIFETIME MEMBER MAY 8, 2017
PTR No. ... JAN 05, 2021
EXECUTIVE BLDG. CENTER MAKATI AVE., ...
EXTENDED UNTIL JUNE 30, 2022 PER BM NO. 1795

Documentary Stamp Tax Paid

CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

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[AIA – INTERNAL]

2. 香港高等法院授予之遺產管理書

Letters of Administration granted by the Hong Kong High Court

IN THE HIGH COURT OF THE

HONG KONG SPECIAL ADMINISTRATIVE REGION

COURT OF FIRST INSTANCE

Grant No. HCA [redacted]

LETTERS OF ADMINISTRATION

BE IT KNOWN that on the 5th day of October 2022 Letters of Administration of all and singular the real and personal estate and effects of [redacted] late of [redacted] New Territories, Hong Kong, deceased, who died on the 4th day of March 2022, domiciled in Hong Kong, intestate, were granted to [redacted] New Territories, Hong Kong, she having been first sworn well and faithfully to administer the same by paying the just debts of the said deceased and distributing the residue of his estate and effects according to law and to exhibit a true and perfect inventory of all and singular the said estate and effects and render a just and true account thereof whenever required by law so to do.

A duplicate of the Schedule of Assets and Liabilities of the deceased dated the 18th day of August 2022 is annexed hereto.

(K. H. HUI)
Deputy Registrar

HONG KONG THE SEAL OF THE HIGH COURT

8. LAND AND BUILDINGS
(Please copy the exact description of the property as per the Land Registry records)

[redacted]

9. INSURANCE POLICIES AND MPF ACCOUNTS
(Please specify name of insurance company or fund, policy and account number)

Insurance Policy No. [redacted] **held with AIA**

10. CHOSE IN ACTION
(Including debts due to the Deceased, accrued rentals, compensation, utility deposits, interest in other estates, claims and so on)

NIL

需要註明保單號碼
Need to indicate policy number

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[AIA – INTERNAL]

3. 遺囑檢定証明書 Grant of Probate

IN THE HIGH COURT OF THE

HONG KONG SPECIAL ADMINISTRATIVE REGION

COURT OF FIRST INSTANCE

Grant No. [redacted]

PROBATE

BE IT KNOWN that on the 28th day of November 2022 the last Will and Testament (a copy whereof is hereunto annexed) of [redacted] late of [redacted] Tseung Kwan O, New Territories, Hong Kong, deceased, who died on the 19th day of January 2022, domiciled in Hong Kong, was proved and registered in the High Court of Hong Kong, Probate Jurisdiction, and that administration of all and singular the estate and effects of the said deceased was granted by the aforesaid Court to [redacted] New Territories, Hong Kong, one of the executors named in the said Will, he having been first affirmed well and faithfully to administer the same by paying the just debts of the deceased and the legacies contained in the said Will and to exhibit a true and perfect inventory of all and singular the said estate and effects and render a just and true account thereof whenever required by law so to do. (Power being reserved to [redacted], the other executor named in the said Will, to apply for and obtain double probate of the Will.)

A duplicate of the Schedule of Assets and Liabilities of the deceased dated the 14th day of November 2022 is annexed hereto.

(J. WONG)
Deputy Registrar

8. LAND AND BUILDINGS
(Please copy the exact description of the property as per the Land Registry records)

NIL

9. INSURANCE POLICIES AND MPF ACCOUNTS
(Please specify name of insurance company or fund, policy and account number)

Bank	MPF Membership No.	Balance as at date of death
HSBC	[redacted]	

4

Insurance Co.	Policy No.
HSBC Insurance	[redacted]
Manulife	
AIA International Ltd.	
AIA International Ltd.	
AIA International Ltd.	
AIA Everest Life	
AIA Everest Life	
AIA Everest Life	
AIA Everest Life	
BOC Life	
Hexie Health Insurance	
Ping An	

需要註明保單號碼
Need to indicate policy number

AIA confidential and proprietary information. Not for distribution.

[AIA – INTERNAL]

4. 註銷死者身分證之文件 Confirmation Note of Surrender Deceased's ID



(掛號函件 Registered Mail)

電話 Tel 2829 3596　　傳真 Fax 2824 1662

香港特別行政區政府
入境事務處
Immigration Department
The Government of the Hong Kong Special Administrative Region
人事登記紀錄組
Registration of Persons Records Section

覆函請註明本處檔號
In reply please quote this ref. 93 in ImmD RPR/51-3/1/R/ Pt.6 Z380451(9)

紅磡黃埔花園總會街20號
黃埔海逸君綽酒店(房間2364號)

_____先生／太太／女士

_____先生／太太／女士：

本年____月____日有關_____先生／太太／女士的來信收悉。

- ☐ 信中內容已備悉。
- ☐ 本處已依據《人事登記規例》(第 177A 章)第 16 條的規定，把香港身份證號碼 _____ 予以取消。
- ☐ 本人現應你的要求，把他／她經已取消的香港身份證寄回給你，以供保存。

人事登記總處長
(代行)

年　月　日

*請於適當的方格內劃上「✓」號。

Mr./Mrs./Ms. [redacted]　　Date: 03 / 03 / 2022

Dear Sir/Madam,

Thank you for your letter of 19 / 01 / 2022 in respect of Mr. [redacted]

- ☑ The content of the letter is duly noted.
- ☑ The Hong Kong Identity Card No. [redacted] has been cancelled in compliance with the Regulation 16 of the Registration of Persons Regulations (Cap. 177A).
- ☑ As requested, I return herewith his/her cancelled Hong Kong Identity Card for your retention.

Yours faithfully,

(HK CHENG)
for Commissioner of Registration

*Please tick in the appropriate box

香港灣仔告士打道七號入境事務大樓 - Immigration Tower, 7 Gloucester Road, Wan Chai, Hong Kong
圖文傳真 Fax (852) 2824 1662 - 電郵地址 E-mail Address : enquiry@immd.gov
網址Website : http://www.immd.gov.hk

入境事務處
Immigration Department

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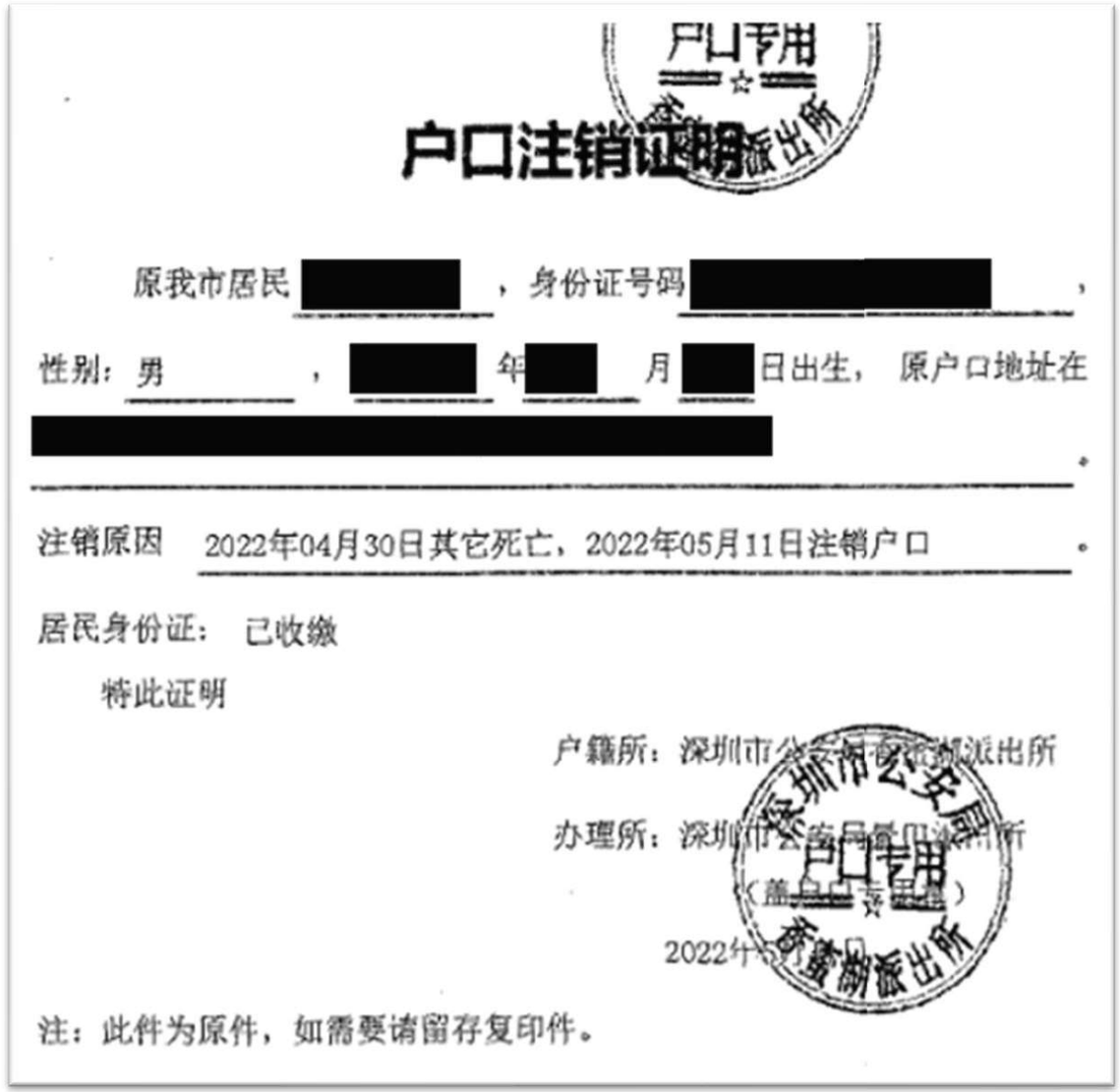
[AIA – INTERNAL]

5. 註銷戶籍證明 De-registration of Residence



户口注销证明

原我市居民 [redacted]，身份证号码 [redacted]，

性别：男，[redacted]年[redacted]月[redacted]日出生，原户口地址在

[redacted]。

注销原因 2022年04月30日其它死亡，2022年05月11日注销户口。

居民身份证： 已收缴

特此证明

户籍所：深圳市公安局[redacted]派出所

办理所：深圳市公安局[redacted]派出所

（盖户口专用章）

2022年[redacted]月[redacted]日

注：此件为原件，如需要请留存复印件。

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[AIA – INTERNAL]

了解更多死亡索償所需資料

Know more about required documents for death claim

友邦網站： 客戶支援 ▸ 醫療保健和索賠 ▸ 如何索償▸ 死亡

AIA Corporate website: Help & Support ▸ Health Care and Claims ▸ File a Claim ▸ Death



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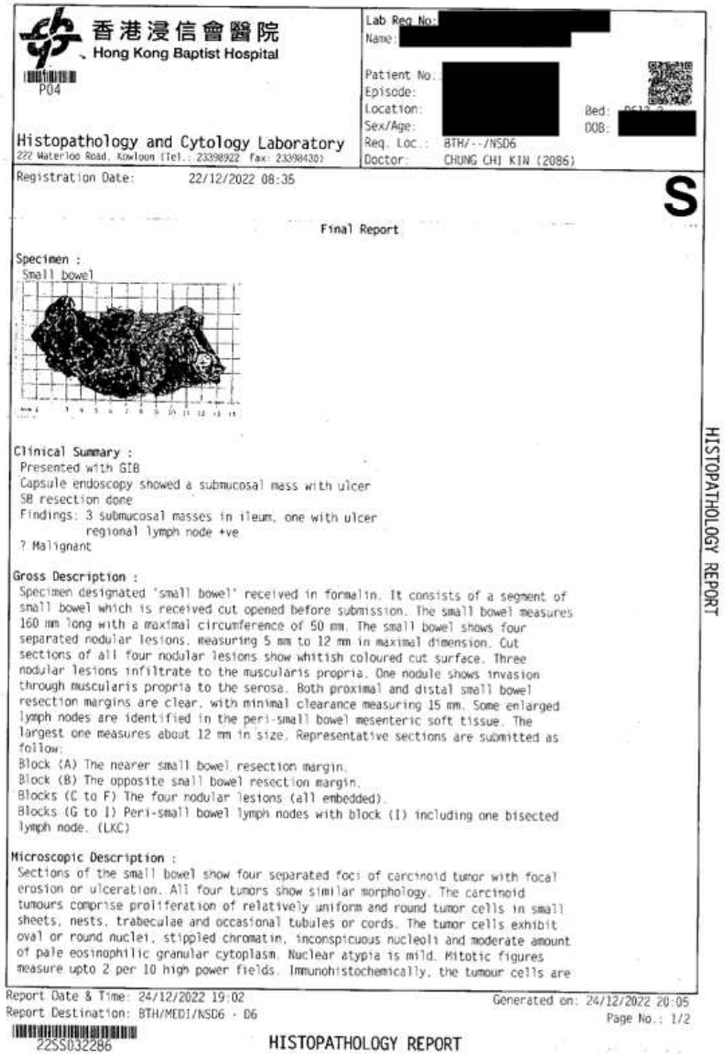
[AIA – INTERNAL]

HEALTHIER, LONGER, BETTER LIVES

危疾索償常見代決通知

Common Pending Requirement under Critical Illness Claim

1. 病理報告 Pathology Report



香港浸信會醫院
Hong Kong Baptist Hospital
P04

Lab Req No: [redacted]
Name: [redacted]
Patient No.: [redacted]
Episode:
Location:
Sex/Age:
Bed:
DOB:
Req. Loc.: BTH/--/NSD6
Doctor: CHUNG CHI KIN (2086)

Histopathology and Cytology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398922 Fax: 23398430)

Registration Date: 22/12/2022 08:35

S

Final Report

Specimen :
Small bowel

Clinical Summary :
Presented with GIB
Capsule endoscopy showed a submucosal mass with ulcer
SB resection done
Findings: 3 submucosal masses in ileum, one with ulcer
regional lymph node +ve
? Malignant

Gross Description :
Specimen designated "small bowel" received in formalin. It consists of a segment of small bowel which is received cut opened before submission. The small bowel measures 160 mm long with a maximal circumference of 50 mm. The small bowel shows four separated nodular lesions, measuring 5 mm to 12 mm in maximal dimension. Cut sections of all four nodular lesions show whitish coloured cut surface. Three nodular lesions infiltrate to the muscularis propria. One nodule shows invasion through muscularis propria to the serosa. Both proximal and distal small bowel resection margins are clear, with minimal clearance measuring 15 mm. Some enlarged lymph nodes are identified in the peri-small bowel mesenteric soft tissue. The largest one measures about 12 mm in size. Representative sections are submitted as follow:
Block (A) The nearer small bowel resection margin.
Block (B) The opposite small bowel resection margin.
Blocks (C to F) The four nodular lesions (all embedded).
Blocks (G to I) Peri-small bowel lymph nodes with block (I) including one bisected lymph node. (LKC)

Microscopic Description :
Sections of the small bowel show four separated foci of carcinoid tumor with focal erosion or ulceration. All four tumors show similar morphology. The carcinoid tumours comprise proliferation of relatively uniform and round tumor cells in small sheets, nests, trabeculae and occasional tubules or cords. The tumor cells exhibit oval or round nuclei, stippled chromatin, inconspicuous nucleoli and moderate amount of pale eosinophilic granular cytoplasm. Nuclear atypia is mild. Mitotic figures measure upto 2 per 10 high power fields. Immunohistochemically, the tumour cells are

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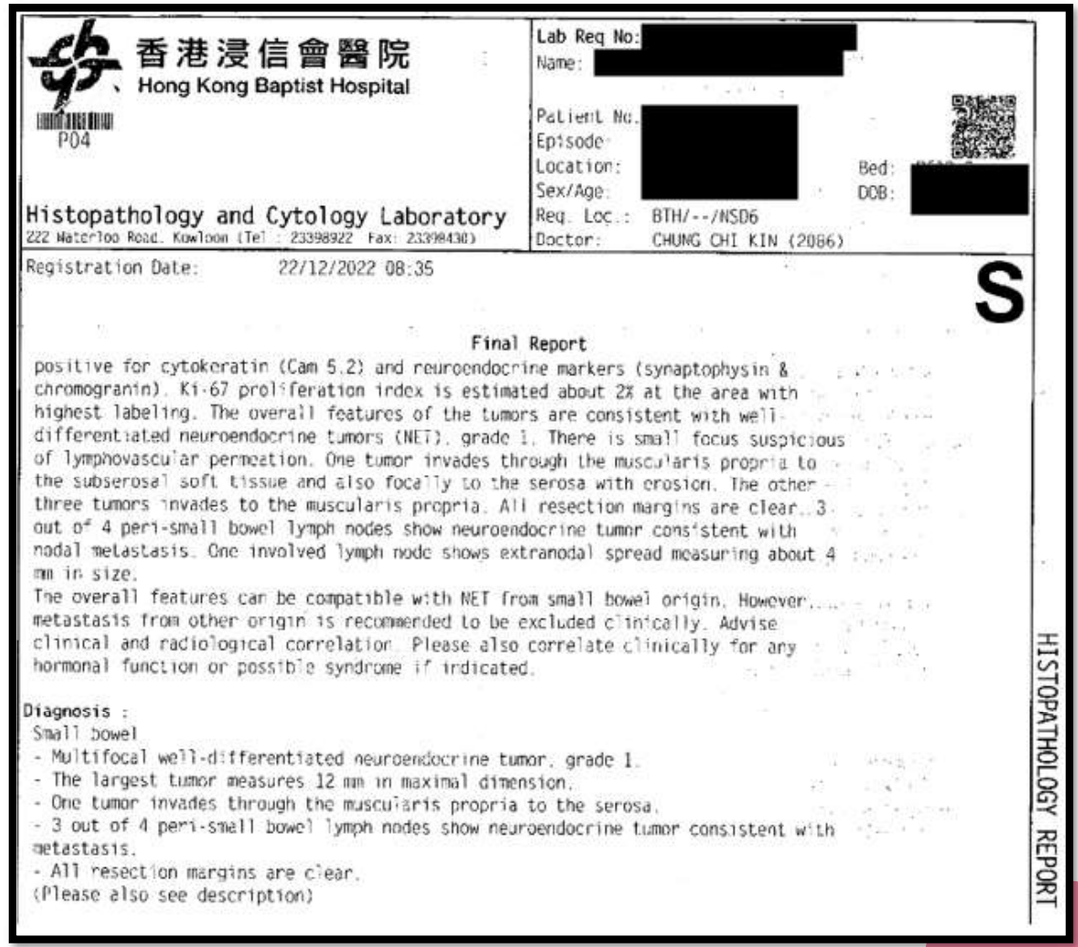
HISTOPATHOLOGY REPORT

HISTOPATHOLOGY REPORT



香港浸信會醫院
Hong Kong Baptist Hospital
P04

Lab Req No: [redacted]
Name: [redacted]
Patient No.: [redacted]
Episode:
Location:
Sex/Age:
Bed:
DOB:
Req. Loc.: BTH/--/NSD6
Doctor: CHUNG CHI KIN (2086)

Histopathology and Cytology Laboratory
222 Waterloo Road, Kowloon (Tel.: 23398922 Fax: 23398430)

Registration Date: 22/12/2022 08:35

S

Final Report

positive for cytokeratin (Cam 5.2) and neuroendocrine markers (synaptophysin & chromogranin). Ki-67 proliferation index is estimated about 2% at the area with highest labeling. The overall features of the tumors are consistent with well-differentiated neuroendocrine tumors (NET), grade 1. There is small focus suspicious of lymphovascular permeation. One tumor invades through the muscularis propria to the subserosal soft tissue and also focally to the serosa with erosion. The other three tumors invades to the muscularis propria. All resection margins are clear. 3 out of 4 peri-small bowel lymph nodes show neuroendocrine tumor consistent with nodal metastasis. One involved lymph node shows extranodal spread measuring about 4 mm in size.
The overall features can be compatible with NET from small bowel origin. However, metastasis from other origin is recommended to be excluded clinically. Advise clinical and radiological correlation. Please also correlate clinically for any hormonal function or possible syndrome if indicated.

Diagnosis :
Small bowel
- Multifocal well-differentiated neuroendocrine tumor, grade 1.
- The largest tumor measures 12 mm in maximal dimension.
- One tumor invades through the muscularis propria to the serosa.
- 3 out of 4 peri-small bowel lymph nodes show neuroendocrine tumor consistent with metastasis.
- All resection margins are clear.
(Please also see description)

HISTOPATHOLOGY REPORT

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2. 冠狀動脈介入治療術報告 Percutaneous Coronary Intervention Report

SIR RUN RUN SHAW HEART CENTRE
ST. TERESA'S HOSPITAL
HONG KONG

Cathlab Report Summary

Name: [redacted]
PatientID: [redacted]
Cine Number: [redacted]
Weight: 66.6 Kg Height: 165cm
Age:62y Sex:M
DOB: [redacted]
Examination Date: 08/06/2022 - 15:27
BSA: 1.73 m2

PCI

Lesion: Mid Circumflex segment 13
JL 3.5 6 Fr Hyperion engaged to LM
Sion blue to OM
mLCx dilated by Sapphire II NC 2.5/10
mLCx stented by DESyne 2.5/18 PSHP by same Sapphire II NC 2.5/10
Satisfactory angiographic result



Picture 2.1
Pre treatment



Picture 2.2
Post stenting

SIR RUN RUN SHAW HEART CENTRE
ST. TERESA'S HOSPITAL
HONG KONG

Cathlab Report Summary

Name: [redacted]
PatientID: [redacted]
Cine Number: [redacted]
Weight: 66.6 Kg Height: 165cm
Age:62y Sex:M
DOB: [redacted]
Examination Date: 08/06/2022 - 15:27
BSA: 1.73 m2

Lesion: LAD Mid segment 7
Same JL 3.5 GC
Sion blue to dLAD
mLAD stented by DESyne 3.0/14 with PSHP by NC Origin 3.0/10
Satisfactory angiographic result



Picture 3.1
Pre treatment



Picture 3.2
Post stenting

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代決通知處理 Handling of pending requirements

若收到代決通知，怎樣可以加快處理代決回覆?

If receive pending requirement, how to speed up the processing of pending reply



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HEALTHIER, LONGER, BETTER LIVES

賠償電子待決回覆

Claims iMemo Reply

賠償電子待決回覆 Claims iMemo Reply

限時限刻 Time limit
過程緩慢 Slow process
步驟繁複增加遺失文件風險 Complicated steps increasing the risk of document lost

遞交紙本補充文件：

將客戶電郵轉發的補充文件列印	補充文件放入區域的公文袋	Mailing 同事在指定時間接收公文袋	文件進行掃描及上傳到賠償系統	上傳文件予賠償部處理
Print out the supplementary documents from customer emails	Put the supplementary documents to district's document bag	Mailing staff receive document bag at specified times	Scan the document and upload to the claim system	Upload documents to Claims Department for processing

透過iMemo補充文件：

把客戶電郵轉發的補充文件透過iMemo即時上傳到賠償個案	賠償部進行處理
Instantly upload documents forwarded by customer emails to the claim case via iMemo	Claims Department to process

化繁為易 Easy
隨時隨地 Anytime anywhere
即時上載 Instant upload
直接上傳文件，免除遺失文件的風險 Upload document directly without risk of document lost

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[AIA – INTERNAL]

賠償電子待決回覆 Claims iMemo Reply

「賠償電子待決回覆」步驟 Steps to submit Claims iMemo Reply

登入保單查詢系統，於快速搜尋或申請跟進事項內點擊「電子待決回覆」
Login PES, then click iMemo Reply button on Quick Search or Pending section





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賠償電子待決回覆 Claims iMemo Reply

步驟一: 填寫資料
輸入「待決賠償回覆」，即可點擊“下一步”。

Step 1: Fill in Details
Input content of Memo Reply and press “Next”.



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賠償電子待決回覆 Claims iMemo Reply

步驟二: 上載文件
上載文件後，即可點擊 “下一步” 。
Step 2: Upload Document
Upload document and press “Next”.



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賠償電子待決回覆 Claims iMemo Reply

步驟三: 審閱
核對資料後點擊 “下一步” 。
Step 3: Review
Press “Next” after review.



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賠償電子待決回覆 Claims iMemo Reply

步驟四: 認證及批准
確認接受「聲明及授權」和「重要事項及彌償」，點擊 “遞交” 。若待決賠償通知書上要求客戶加簽，客戶請於指定的簽名範圍內簽署。

Step 4: Authenticate and Approve
Press “Submit” after confirm the acceptance of “Declaration and Authorization” and “Important Notes & Indemnity”. Customer should sign in the pre-defined Signature Box if owner's countersign is requested in pending memo.



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賠償電子待決回覆 Claims iMemo Reply

步驟五: 確認
遞交成功。

Step 5: Acknowledgement
Finished document submission



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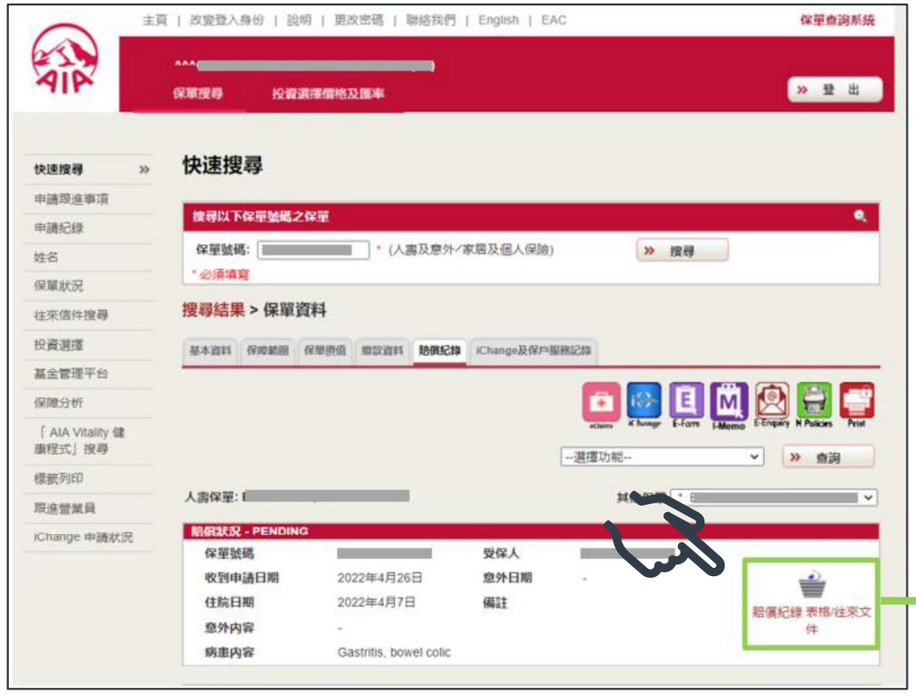
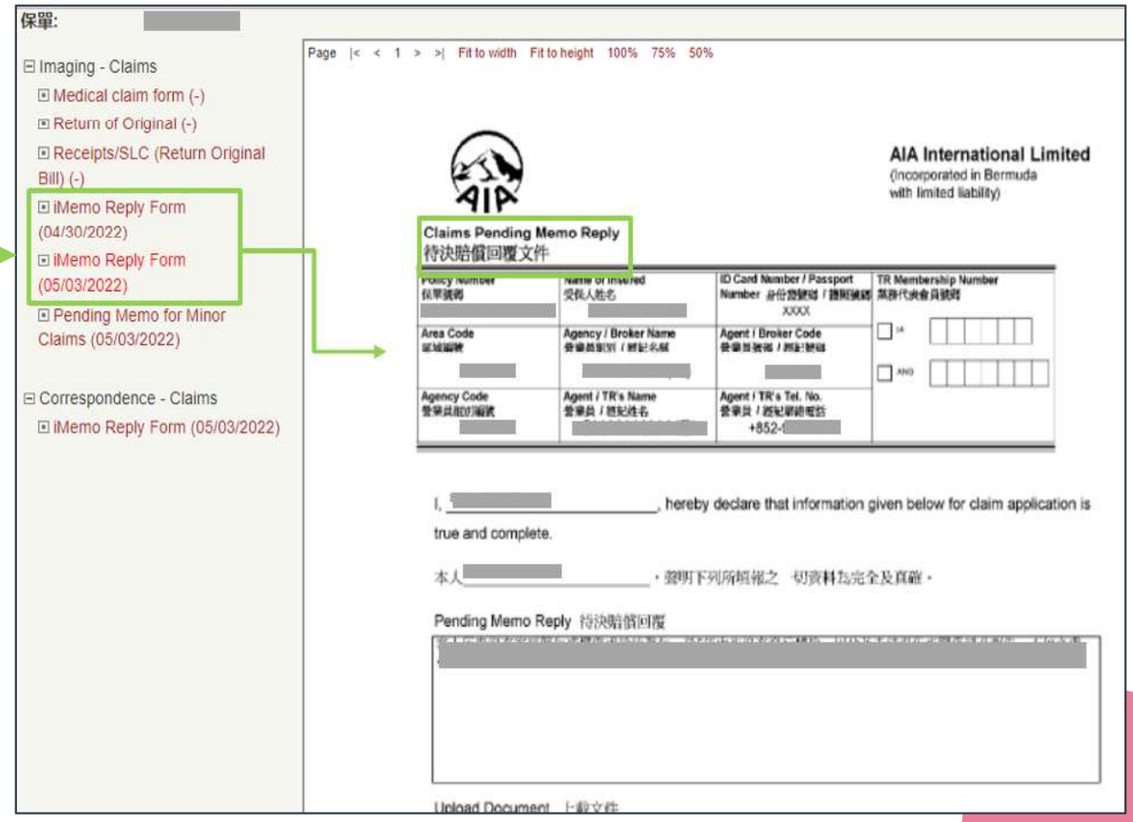
賠償電子待決回覆 Claims iMemo Reply

財務策劃顧問可在「賠償記錄」查閱已遞交的「待決賠償回覆文件」

Financial planners can view the submitted “Claims Pending Memo Reply” in “Claims Records”





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