AIA International Limited
(Incorporated in Bermuda with limited liability)

Letter of Consent / Authorization Form for Attending Physician's Statement (APS)
索取醫生報告之授權書

Policy Number 保單號碼	Name of Proposed Insured / Insured 準受保人 / 受保人姓名	ID Card Number / Passport Number 身份證號碼 / 護照號碼
B 6 3 2 2 8 9 8 7 5	KUNG HIU YUNG	K811272(A)
Area Code 區域編號	**Agency / Broker Name 營業員組別 / 經紀名稱**	**Agent / Broker Code 營業員號碼 / 經紀號碼**
8Y	CHAMP ARCTERYZ LL (8Y)	H1690
Operation 營運部	**Agent's / Broker's Name 營業員 / 經紀姓名**	**Agent's / Broker's Tel. No 營業員 / 經紀聯絡電話**
VIP ☐	HO KAR LEE	+852-63837307

O8032025

I, Kung Hiu Yung _____ of **ID number** K811272(A) _____ hereby authorize:
(Insured/Applicant for Insured below age 18)

1. *Any hospitals and affiliated clinics under Hospital Authority or Department of Health / *The Family Planning Association of Hong Kong to release all the medical information or records on *me /*my child Kung Hiu Yung _____ of **ID number** K811272(A) _____ to the company
(Name of Insured)
AIA International Limited for underwriting purposes.
2. A photocopy of this authorization shall be valid as the original.

本人 Kung Hiu Yung _____，**身份證號碼** K811272(A) _____ 現授權:
(受保人/申請人(如受保人小於18歲))

1. *任何醫院管理局或衛生署轄下醫院及附屬診所 / *香港家庭計劃指導會透露所有關於*本人 / *本人子女 Kung Hiu Yung _____，**身份證號碼** K811272(A) _____ 之醫療病歷
(受保人姓名)
記錄予**友邦保險(國際)有限公司**作核保用途。
2. 此授權書之正本與副本同屬有效。

*Please delete as appropriate 請刪除不適用者

_____
Signature of Insured / Applicant for Insured below age 18
受保人 / 申請人(如受保人小於18歲) 簽署

06/02/2024
Date 日期: (MM 月 / DD 日 / YYYY 年)