



Claimable Amount Estimate Request Form

可賠償金額估算申請表

Attention 注意：

Before the Insured Person receives Medical Services, the Insured Person / Policy Holder may request the Company to provide an estimate on the amount that may be claimed under relevant Terms and Benefits.

受保人在接受醫療服務前，受保人 / 保單持有人可要求本公司按相關條款及保障估算賠償金額。

The Insured Person / Policy Holder shall provide the following at least 5 working days before admission / surgery to cs@heyavo.com

受保人 / 保單持有人需於受保人入院 / 手術前不少於五個工作天將以下文件電郵至 cs@heyavo.com

1. Completed Claimable Amount Estimate Request Form (Part 1 by the Insured Person / Policy Holder and Part 2 by the attending Registered Medical Practitioner)
已填妥的可賠償金額估算申請表（第一部分由受保人 / 保單持有人填寫，第二部份由主診註冊醫生填寫）
2. The estimated fees to be incurred as furnished by the Hospital and / or attending Registered Medical Practitioner as required by the laws and regulations regulating the private healthcare facilities in Hong Kong
由醫院及 / 或主診註冊醫生所估算的金額（按當時香港適用的規管私營醫療機構相關法律及規例要求提供）

Upon receipt the submission of Claimable Amount Estimate Request Form, the Company shall reply with an assessed amount in written to Insured Person / Policy Holder. The assessed amount reviews only the budget information as provided by Insured Person / Policy Holder / attending Registered Medical Practitioner but not a comprehensive claim assessment and validation for Insured Person / Policy Holder reference only. The actual claimable amount will be based on the submitted claim documents and the relevant Terms and Benefits as final claim decision.

本公司會於收到遞交的可賠償金額估算申請表後，將估算後可賠償金額以書面形式通知受保人 / 保單持有人。估算後可賠償金額是根據受保人 / 保單持有人 / 主診註冊醫生所提供的預算資料作為估算，並非全面理賠評估及查證，只供受保人 / 保單持有人作參考。實際賠償金額將會根據遞交之理賠文件及相關條款及細則作最後理賠決定。

The reply of assessed amount does not constitute the Company liability for claim payment.

估算後可賠償金額通知並不構成本公司任何理賠責任。



Claimable Amount Estimate Request Form
Part 1 – to be completed by Insured Person / Policy Holder

可賠償金額估算申請表
第一部分 – 由受保人 / 保單持有人填寫

Personal Information of the Insured Person 受保人 (病人) 個人資料		
Policy Number 保單號碼 _____	Email Address 電郵地址 _____	
Name of Insured Person 受保人 (病人) 姓名	English 英文全名 _____	Chinese 中文全名 _____
HKID Number 香港身份證號碼 _____	Mobile Phone Number 流動電話號碼 _____	
Patient's Declaration 病人聲明		
1. Is this hospitalisation / surgery a result of an accident? 是次住院 / 手術是否由一宗意外引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If yes, please state date of accident 如是, 請提供意外日期 (DD/MM/YYYY 日 / 月 / 年) _____		
2. Is this hospitalisation / surgery due to illness? 是次住院 / 手術是否由疾病引致? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
a. Date of first consultation 首次求診日期 (DD/MM/YYYY 日 / 月 / 年) _____		
b. How long have you been having these symptoms from the date of your first consultation? 閣下在首次求診日起, 以上的病徵已存在多久? _____		
c. Details of Registered Medical Practitioner you first consulted for this illness 首次就此病而求診之註冊醫生姓名、電話號碼及地址		
Registered Medical Practitioner Name 註冊醫生姓名 _____	Telephone Number 電話號碼 _____	
Address 地址 _____		
DECLARATION 聲明		
I/We hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief. I/We have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request. I/We understand that the issuance or completion of this application does not constitute admission of liability or guarantee payment of the claim on behalf of the Company. I/We confirm having read and understand and agreed to all the Declarations, terms and conditions and the Company's Personal Information Collection Statement as accompanied with this form.		
本人 / 我們謹此聲明, 上述所有問題的答案包括所有資料及細節均是準確無誤、真實及為事實之全部, 並且是盡本人 / 我們所知及所信而作答的。 本人 / 我們並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此估算申請之重要資料, 將可能導致貴公司不能接受或處理此估算申請。本人 / 我們明白此估算申請表之發出及填妥並不代表貴公司確認責任或保證賠償。 本人 / 我們確認已閱讀及明白並同意所有聲明、條款及細則及隨本表格附上有關貴公司的收集個人資料聲明。		
Signature of Insured Person 受保人簽署 _____	Date (DD/MM/YYYY) 日期 (日 / 月 / 年) _____	
Name of Insured Person 受保人姓名 _____		

Personal Information Collection Statement 收集個人資料聲明

It is the policy of Avo Insurance Co., Ltd. ("Avo Insurance") to safeguard and keep confidential the personal data of all our customers. Avo Insurance shall at all times observe and ensure our staff strictly adhere to all the requirements under the Personal Data (Privacy) Ordinance ("the Ordinance").

1. Personal Data collected and/or held by Avo Insurance

Personal data such as first name, last name, HKID Card, date of birth, email address, telephone number, policy number, medical and health records, and question or comment will be collected by us when you make enquires or submit any forms for products or services provided by Avo Insurance.

2. Importance of Personal Data Collection

From time to time, you will be requested to provide your personal data to Avo Insurance. Provision of personal data to Avo Insurance by you is voluntary. However, Avo Insurance may not be able to provide or continue to provide products and services to you if you fail to provide your personal data as requested by us.

3. Purposes of Personal Data Collection and Usage

Your personal data held by Avo Insurance may be used for the following purposes:-

a. Administration of insurance or reinsurance related business, which include underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communications, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing;

b. Avo Insurance will collect, use and disclose my personal information (including claims history) for the purposes necessary to process my application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application);

c. Make disclosure to any applicable regulators, governmental bodies or industry recognised bodies as required by any law, rule, regulation, code of practice or guideline, binding on Avo Insurance or our affiliates including without limitation the laws and regulatory requirements of Hong Kong SAR.

4. Personal Data Confidentiality

The personal data you provide to Avo Insurance will be kept confidential, except that it may be shared with following parties:-

a. Avo Insurance will transfer personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information;

b. any subsidiary, holding company, associated company or affiliates of Avo Insurance for any of the purposes set out in section 3a and b;

c. Any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjusters, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, internet, payment or other services to Avo Insurance for any of the purposes set out in section 3a;

d. Any actual or proposed reinsurers of Avo Insurance for any of the purposes set out in section 3a;

e. Any co-branding partners and our business partners for any of the purposes set out in section 3a and b; and

f. Any person to whom Avo Insurance is under an obligation to make disclosure under the requirement of any law or regulation binding on or applicable to Avo Insurance or any of our group companies.

5. Personal Data Access / Correction Request

a. You have the right to check whether Avo Insurance holds personal data about you and of access to and correction of your personal data.

b. Avo Insurance has the right to charge a reasonable fee for the processing of any personal data access request.

c. Requests shall be made in writing to our Personal Data Protection Officer, Avo Insurance Company Limited, 5/F, 160 Des Voeux Road West, Sai Ying Pun, Hong Kong SAR.

6. We reserve the right to change this Statement.

維護和保密所有客戶的個人資料是安我保險有限公司(「本公司」)的政策。本公司會一直遵守和確保員工嚴格遵守《個人資料(私隱)條例》(「條例」)的所有規定。

1. 本公司所收集及/或持有的個人資料

在閣下查詢或提交由本公司提供的產品或服務的表格時,本公司將會收集個人資料如姓名、身份證、出生日期、電郵地址、電話號碼、保單號碼、醫療及健康紀錄、以及問題或意見。

2. 個人資料收集的重要性

本公司會不時地要求提供閣下的個人資料。向本公司提供閣下的個人資料是自願的。若閣下沒有按照本公司的要求提供該等資料,可能會令本公司無法向閣下提供或繼續提供保險產品及服務。

3. 個人資料收集和使用的目的

閣下的個人資料可能會用於以下目的:-

a. 保險管理或再保險業務有關的用途,其中包括承保、處理和評估申請、身份和信用檢查、適用性檢查、保單服務、理賠處理、調查、賬戶/債務追收、訴訟、通訊、編制統計、數據分析和研究、內部/外界審計、保持優質的服務、銷售和營銷;

b. 安我保險有限公司將收集、使用和披露我的個人資料(包括以往申索紀錄),以用作處理我的申請、調查和解決申索、以及偵測和防止欺詐行為(無論是否與就此申請而發出的保單有關)所需的目的。

c. 在對本公司或其附屬機構具有約束力的任何法律、法規、規例、實務守則或指引的要求下(包括但不限於香港法例及監管的要求),向任何適用的監管機構、政府機構或相關行業的認可機構進行披露。

4. 個人資料保密

本公司會對閣下的個人資料加以保密,但可能會與下列各方透露該等資料:-

a. 安我保險有限公司將把個人資料轉移給以下人士,而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料:保險理算人、代理和經紀;僱主;醫護專業人士;醫院;會計師;財務顧問;律師;整合保險業申索和承保資料的組織;防欺詐組織;其他保險公司(無論是直接地,或是通過防欺詐組織或本段中指定的其他人士);警察;和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊(及其運營者);

- b. 任何本公司的附屬公司、控股公司、聯營公司或聯屬公司作在第3a和b段中所列出的任何用途；
 - c. 任何本公司的代理人、承包商或會向本公司提供行政、電訊、電腦、網際網路、付款或其他服務的第三方服務供應商（包括但不限於风险分析顧問、公證行、私人調查員、信函裝封服務機構及財務公司）作在第3a段中所列出的任何用途；
 - d. 任何本公司的實際或建議再保險公司作在第3a段中所列出的任何用途；
 - e. 任何品牌合作伙伴及本公司生意伙伴作在第3a和b段中所列出的任何用途；及
 - f. 在對本公司或其任何集團公司具有約束力或適用性的任何法律或法規的要求下而使本公司有責任對其進行披露的任何人士。
5. 個人資料的查閱 / 改正要求
- a. 閣下有權查詢本公司是否持有關於閣下的個人資料及查閱這些資料及改正不準確的資料；
 - b. 本公司有權就處理任何個人資料查閱要求收取合理的費用；
 - c. 有關要求須以書面提交香港西營盤德輔道西160號5樓安我保險有限公司的個人資料保護主任。
6. 我們保留更改本聲明的權利。

(If any conflict or inconsistency between the English and Chinese versions, the English version shall prevail. 中文譯本內容如與英文本有歧異，一概以英文為準。)



Details of Treatment and Estimated Expenses
Part 2 – to be completed by attending Registered Medical Practitioner

治療詳情及預算費用
 第二部分 – 由主診註冊醫生填寫

Patient Basic Information 病人基本資料		
Name of Patient 病人姓名	HKID number 香港身份證號碼	
Consultation Details 診症詳情		
Symptom(s) or diagnosis(s) 病徵 / 診斷結果	Onset date of first symptoms 首次發病日期 (DD/MM/YYYY 日 / 月 / 年)	
Are you the patient's usual physician? 閣下是否該病人的慣常醫生? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
First consultation date 首次求診日期 (DD/MM/YYYY 日 / 月 / 年)	How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症多久?	
Name of referring Registered Medical Practitioner (if any) 轉介註冊醫生姓名 (如有)		
Has the patient ever had the same or similar symptoms / medical conditions before? If yes, please state 病人是否曾經患有同一或相似病徵? 如有, 請提供	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	
Date of first episode 首次病發日期 (DD/MM/YYYY 日 / 月 / 年)	Details 病發詳情	
Is this a chronic / recurrent illness? 此情況是慢性 / 復發性疾病? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否		
Details of Expected Treatment / Estimated Expenses 預計治療 / 費用詳情		
Name of treatment / surgical procedure 治療 / 手術名稱		
If more than 1 surgery, please provide the name for each surgery 如多於一項手術, 請提供每項手術的名稱		
1.		
2.		
3.		
Anaesthesia 麻醉 <input type="checkbox"/> GA 全身麻醉 <input type="checkbox"/> MAC 監測麻醉 <input type="checkbox"/> LA 局部麻醉	Expected length of stay 預計住院日數	Date of admission / surgery 入院 / 手術日期
Intended level of ward class 預計入住病房級別		
<input type="checkbox"/> Day Centre / Clinic 日間中心 / 診所		<input type="checkbox"/> Semi-private 半私家房
<input type="checkbox"/> Ward 普通病房		<input type="checkbox"/> Private 私家房
If hospitalisation is for scans, diagnostic tests, physiotherapy or any procedure that could be carried out in out-patient or day surgical centre, please provide details and explain why hospital stay is necessary 如果是次住院的目的是進行診斷掃描、臨床化驗、物理治療或任何程序可於門診或日間手術中心進行, 請提供詳情及說明留院之原因		

Surgeon's fee 外科醫生費	1.	2.	3.
Anaesthetist's fee (if any) 麻醉科醫生費 (如有)			
Operation theatre charges (if any) 手術室費 (如有)			
Attending doctor's visit fee (if any) 主診醫生巡房費 (如有)			
Miscellaneous charges (if any) Please provide the details 雜項開支 (如有) 請提供細項資料			
Room and board (if any) 病房及膳食 (如有)			
Are you related to the patient in any way other than your professional capacity? 除專業身份外，閣下與病人是否有其他關係？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
If yes, please specify the relationship with patient 如是，請提供與病人之關係 _____			
Declaration 聲明			
I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人特此聲明，就本人所知，上述所有資料均準確無誤。			
_____ Contact Telephone Number 聯絡電話號碼		_____ Email Address 電郵地址	
_____ Signature of the Registered Medical Practitioner with official chop 註冊醫生簽署及蓋章		_____ Name of Registered Medical Practitioner 註冊醫生姓名	
		_____ Fax Number 傳真號碼	
		_____ Signature Date 簽署日期	
Important Notes 重要告示			
Any personal information collected by Avo Insurance Company Limited may be used, stored or disclosed to any individual or organisation to evaluate this claim, or to provide subsequent services. A detailed version of the Personal Information Collection Statement (PICS) can be found on the Company website at: www.heyavo.com 安我保險有限公司所收集到之任何個人資料均有可能被使用、儲存或披露予任何個人或公司以審核索償，或用以提供相關及連帶服務。閣下可在 www.heyavo.com 瀏覽詳細的個人資料收集聲明。			
Requests for personal data access or correction may be addressed to the Data Protection Officer of Avo Insurance Company Limited to the address below: 有關查閱或改正閣下的個人資料要求，可以書面形式向本公司的資料保護主任提出並將函件郵寄至以下地址：			
Data Protection Officer Avo Insurance Company Limited 5/F, 160 Des Voeux Road West, Sai Ying Pun, Hong Kong 香港西營盤德輔道西一百六十號五樓 安我保險有限公司 資料保護主任			
For further queries, you may contact our customer hotline at: +852 3572-8222. 如有任何疑問，敬請致電本公司之客戶服務熱線：+852 3572-8222。			