

Please read the following carefully before you retrieve, print or complete this form.  
在索取、列印或填寫表格前，請閣下先詳閱下文。

## Disclaimer

Any form downloaded/printed via any electronic media provided by Chow Tai Fook Life Insurance Company Limited (“CTF Life”) (e.g. corporate website, interactive voice response system) is done at your own discretion and risk. CTF Life is not responsible for any printing error that results from the form download/printing and any loss or damage howsoever caused as a result of such printing error. In the event that there is any printing error in the downloaded/printed form, CTF Life may require you to fill in a correct form before starting to process your application.

For forms downloaded from the Internet (the “Internet Printed Form”), upon completing and signing the Internet Printed Form, you shall be deemed to have read and understood the contents of the form displayed on computer screen (the “Displayed Form”) which shall prevail in case there is any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form and have agreed to all provisions contained therein and to have agreed and undertaken not to raise any objection whatsoever in connection with any inconsistency, contradiction or difference of whatever kind between the Displayed Form and the Internet Printed Form.

CTF Life reserves the right to update the forms from time to time as it sees fit and also reserves the right to accept or reject the form submitted by you.

## 免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。





周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

## Claimable Amount Estimate Form

### 可賠償金額估算表格

Claimable Amount Estimate provides an estimate for how much you can claim under your policy, with an aim to provide information on the medical expenditure budget before surgery / hospital admission.

可賠償金額估算服務為您估算從保單可獲得的賠償金額，幫助您於手術/住院前掌握醫療開支的預算。

	<p>Complete by the attending physician/surgeon</p> <p>由主診醫生/外科醫生填妥表格</p>
	<p>Submit the completed form by e-mail to <b>CTFLife.PA@ump.com.hk</b> before surgery / admission.</p> <p>於入院 / 手術前填妥的表格電郵 <b>CTFLife.PA@ump.com.hk</b></p>
	<p>You/ you and your handling agent will receive email message on the Estimated Claimable Amount from CTF Life in <b>5 working days</b></p> <p>您/您及您的理財顧問將在 <b>5 個工作日</b>內收到周大福人壽的電子郵件通知有關可賠償金額*之估算。</p>
	<p>After the treatment or on discharge, please submit the bill and “Hospitalization and Surgical Claim Form”, please quote the reference no. under the Estimated Claimable Amount to facilitate the claim settlement.</p> <p>治療後或出院後，遞交單據及「住院和手術賠償申請書」，請在賠償申請書內填上可賠償金額估算之參考編號，以便加快理賠進度。</p>

\* Please note that the Estimated Claimable Amount is for reference only, the final Claimable Amount might be varies based on the final medical bill and claim assessment. 請注意：此金額及結果只供參考，最終可賠償金額因應實際醫療單據及賠償批核情況而定



保單號碼  
Policy Number  
電郵地址  
Email address  
電話  
Telephone No.


保險代理 / 經紀姓名  
Name of Agent / Broker  
保險代理 / 經紀編號  
Code of Agent / Broker  
電話  
Telephone No.


**Details of Treatment and Estimated Expenses 治療詳情及預算費用**

Submit the completed form by e-mail to CTFLife.PA@ump.com.hk 將填妥的表格電郵 CTFLife.PA@ump.com.hk 提交

**(To be completed by the Insured's attending Physician/Surgeon at the Policyowner/Insured's expenses if any)**

(由受保人之主診醫生或外科醫生填寫，如有需要保單持有人或受保人需自行承擔填寫表格費用)

病人姓名 Name of patient	身份證/護照號碼 ID / Passport No.
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<b>A. Medical Condition 醫療詳情</b>	
1. Diagnosis and associated signs and symptoms 診斷和相關病狀及病徵：	
2. Accident date (if applicable) 意外日期 (如適用) (DD 日 / MM 月 / YYYY 年)：	
3. Onset date of first symptoms 首次發病日期 (DD 日 / MM 月 / YYYY 年)：	
4. First consultation date 首次求診日期 (DD 日 / MM 月 / YYYY 年)：	
5. Date on which symptoms/complaints first appeared (DD/MM/YY) 病徵或不適首次出現之日期 (日/月/年)：	
6. Has the patient ever had the same or similar symptoms/medical conditions before or is this a chronic/recurrent illness? 病人是否曾經患有同一或相似病徵 / 病況或此情況為慢性 / 復發性？	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
If yes, please provide the date of the first episode and details 如是，請提供首次病發日期及詳情：	
7. Name of referring physician (if any) 轉介醫生的姓名 (如有)：	
8. Name of the physician that the patient first consulted for this illness (if any) 病人就此疾病首次求診的醫生姓名及電話 (如有)：	
Physician name 醫生姓名：	Telephone Number 電話號碼：

<b>B. Treatment Details 治療詳情</b>			
1. Name of Surgical Procedure/Treatment (If more than one surgery, please provide the name for each surgery.) 手術 / 治療名稱 (如多於一項手術，請提供每項手術的名稱)：			
1.	2.	3.	
2. 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
3. Name of Hospital/Medical Centre 醫院 / 診所名稱：			
4. Intended Level of Room Class 預計入住病房級別：			
<input type="checkbox"/> Day Centre/Clinic 日間中心 / 診所		<input type="checkbox"/> Ward 普通病房	
<input type="checkbox"/> Semi-private 半私家房		<input type="checkbox"/> Private 私家房	
5. Date of Admission/Surgery 入院 / 手術日期 (DD 日 / MM 月 / YYYY 年)：			
6. Expected length of stay 預計住院日數：			
7. Can the treatment and the medical test(s) be managed under an out-patient setting instead? 是次檢查及治療可否在門診處理，而無須在醫院進行？		If "Yes", why was the patient admitted to hospital? 若可以在門診處理，請說明病人入院的原因	
<input type="checkbox"/> Yes 可以 <input type="checkbox"/> No 不可以			
8. Estimated Total Fee for this confinement/surgery (HKD) 預計住院 / 手術所需總費用 (港幣)：			
# If more than one surgery, please provide the estimated cost for each surgery 如多於一項手術，請提供每項手術的預算費用。			
Surgeon's Fee # 外科醫生費用#	1.	2.	3.
Daily Physician's Hospital Visit (if any) 每日醫生巡房費用 (如有)			
Daily Hospital Room Rate (if any) 每日住院病房收費 (如有)			
Anaesthetist's Fee (if any) 麻醉醫生費用 (如有)			
Operation Theatre Fee (if any) 手術室費用 (如有)			
Miscellaneous Hospital Charges (if any). Please provide the details. 醫院雜項費用 (如有)，請提供細項資料			
Prescribed Diagnostic Imaging Tests (if any). Please provide the details. 訂明診斷成像檢測 (如有)，請提供細項資料			

<b>C. Doctor's information 醫生資料</b>		
1. 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		
2. Are you related to the patient in anyway other than your professional capacity? 除專業身份，閣下與病人是否有其他關係？ <input type="checkbox"/> No 否		
<input type="checkbox"/> Yes please specify the relationship with patient 是，請提供與病人之關係：		
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	Fax Number 傳真號碼
Doctor's Signature and Chop 醫生簽署及蓋章	Doctor's Name 醫生姓名	Date 日期 (DD 日 / MM 月 / YYYY 年)：

**中華人民共和國附錄（“本附錄”）**  
**The People's Republic of China Addendum (this “Addendum”)**

本聲明可能會不時更新，以反映我們因應個人資料保護和/或個人資料/數據私隱法律和法規變化而產生的政策變更。如有重大變更，我們將通知您並徵得您對變更、同意和/或選擇（必要或適用時）的許可。如果您不接受變更和/或提供您的許可，那麼我們可能無法執行目的和/或向您提供商品與服務。我們建議您定期查看應用程式和/或網站（視情況而定）以獲取本聲明的更新版本。

This Statement may be updated from time to time to reflect changes to our policy with respect to personal data protection and/or changes to personal data/data privacy laws and regulations. Where there are significant changes, we will notify you and obtain your acceptance of the changes, consents, and/or opt in (as necessary or applicable). If you do not accept the changes and/or provide your consent, then we may not be able to perform the Purposes and/or provide goods or services to you. You are advised to check the Application and/or the Website (as the case may be) for updates to this Statement on a regular basis.

本聲明中的任何內容均不限制您根據《私隱條例》所享有的權利。  
Nothing in this Statement shall limit your rights under the PDPO.

如果您是：

If you are:

- (i) 位於中國內地的個人，於中國內地訪問周大福人壽相關網站或使用周大福人壽相關流動應用程式或從中國內地通過手機或任何其他方式使用周大福人壽產品及/或服務；及/或  
an individual located in Mainland China who visits CTF Life's relevant website(s) or uses relevant mobile application(s) of CTF Life, or otherwise uses CTF Life's products and/or services by phone or any other means from Mainland China; and/or
- (ii) 持有中國內地護照及/或居民身份證的個人，到訪周大福人壽在香港的客服中心或其他實體場所或在香港通過手機或任何其他方式使用周大福人壽產品及/或服務，  
an individual holding a Mainland China passport and/or resident identity card who visits the service centres or other physical premises of CTF Life in Hong Kong or otherwise uses CTF Life's products and/or services by phone or any other means in Hong Kong,

除(i)周大福人壽私隱政策和(ii)本聲明以及中國內地適用的數據保護法律和法規外，周大福人壽將根據“中華人民共和國附錄”處理您的個人資料。就此處目的而言，中國內地是指除香港、中華人民共和國澳門特別行政區和台灣以外的地區。

your personal data will be processed by CTF Life in accordance with the “People's Republic of China Addendum” in addition to the (i) CTF Life Privacy Policy Statement and (ii) this Statement, as well as the applicable data protection laws and regulations in Mainland China which, for the current purposes, excludes Hong Kong, the Macau Special Administrative Region of the People's Republic of China and Taiwan.

中華人民共和國附錄：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum>

The People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum>

中華人民共和國附錄之附件1：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix1>

Index 1 to the People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix1>

中華人民共和國附錄之附件2：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix2>

Index 2 to the People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix2>

中華人民共和國附錄之附件3：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/appendix3>

Index 3 to the People's Republic of China Addendum: <https://www.ctflife.com.hk/en/disclaimer/prcaddendum/appendix3>

中華人民共和國附錄之附件A-關於處理未成年人個人資料的規則：<https://www.ctflife.com.hk/tc/disclaimer/prcaddendum/annexA>

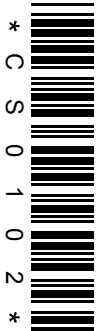
Annex A to the People's Republic of China Addendum – Rules on processing minors' personal data:

<https://www.ctflife.com.hk/en/disclaimer/prcaddendum/annexA>

我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用）已閱讀理解並同意周大福人壽的中華人民共和國附錄（“附錄”）及附錄之附件A（“附件A”）（如適用）全部內容。

I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), have read, understood and agreed to all content contained in the CTF Life's People's Republic of China Addendum (“Addendum”) and Annex A to the Addendum (“Annex A”) (where applicable).

保單持有人 Policy Owner	受保人 Insured	未成年人的父母 或法定監護人 Parent or legal guardian of the Minor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	本人同意根據“附錄”及“附件A”（如適用）目的對本人及/或未成年人的個人信息（包括敏感個人信息）的收集、使用及處理。 I consent to the collection, use and processing of my and/or the Minor's personal data (including sensitive personal data) in connection with the Purposes set out in the “Addendum” and “Annex A” (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	本人同意將本人及/或未成年人的個人信息（包括敏感個人信息）轉移至中國內地以外地區。 I consent to the transfer of my and/or the Minor's personal data (including sensitive personal data) to outside Mainland China.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	本人同意向第三方提供本人及/或未成年人的個人信息（包括敏感個人信息）。 I consent to providing my and/or the Minor's personal data (including sensitive personal data) to third parties.



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我，作為保單持有人及/或受保人（如適用）及/或未成年人的父母或法定監護人（如適用），**確認上述本人勾選“同意”** (i) 有關根據“附錄”及“附件A”目的對本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)的收集、使用及處理及/或 (ii) 轉移本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)至中國內地以外地區及/或 (iii) 向第三方提供本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）的個人信息(包括敏感個人信息)，**此等“同意”將適用於本人作為保單持有人及/或受保人（如適用）及/或未成年人（如適用）在周大福人壽作為保單持有人及/或受保人的所有現行生效及/或等候復效的保單（如適用）。**

I, as the Policy Owner and/or the Insured (if applicable) and/or the parent or legal guardian of the Minor (if applicable), **confirm my respective consent given above in relation to** (i) the collection, use and processing of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) in connection with the Purposes set out in the “Addendum” and “Annex A” and/or (ii) the transfer of personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to outside Mainland China and/or (iii) providing personal data (including sensitive personal data) of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) to third parties, **shall be applicable to all existing policies which are in-force and/or waiting for reinstatement of myself as the Policy Owner and/or the Insured (if applicable) and/or the Minor (if applicable) as the Policy Owner and/or the Insured at CTF Life (if applicable).**

本聲明受香港法律約束並據其進行解釋。

This Statement shall be governed by, and construed in accordance with, the laws of Hong Kong.

我已閱讀並理解以上周大福人壽的《個人資料收集聲明》。

I have read and understood the above Personal Information Collection Statement of CTF Life.

我同意接收來自周大福人壽的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。

I consent to receive direct marketing from CTF Life, details of which have been set out in the Personal Information Collection Statement mentioned above.

我同意接收來自周大福人壽的關聯公司和/或周大福人壽的營銷合作夥伴的直接促銷，詳情已載於上文所述的《個人資料收集聲明》。

I consent to receive direct marketing from CTF Life's Affiliates and/or from CTF Life's Marketing Partners, details of which have been set out in the Personal Information Collection Statement mentioned above.

\_\_\_\_\_  
申請人/保單持有人姓名 (如非準受保人/受保人)  
Name of the Applicant / Policy Owner  
(if other than the Proposed Insured / Insured)

X \_\_\_\_\_  
申請人/保單持有人簽署 (如非準受保人/受保人)  
Signature of the Applicant / Policy Owner  
(if other than the Proposed Insured / Insured)

\_\_\_\_\_  
簽署日期 (日 / 月 / 年)  
Signed on (DD / MM / YY)

\_\_\_\_\_  
準受保人/受保人姓名 (適用於18歲或以上)  
Name of the Proposed Insured / Insured  
(Applicable to age 18 or above)

X \_\_\_\_\_  
準受保人/受保人簽署 (適用於18歲或以上)  
Signature of the Proposed Insured / Insured  
(Applicable to age 18 or above)

\_\_\_\_\_  
簽署日期 (日 / 月 / 年)  
Signed on (DD / MM / YY)

\_\_\_\_\_  
準受保人/受保人父母姓名或法定監護人  
(如準受保人/受保人18歲以下)  
Name of Proposed Insured / Insured's parent  
or legal guardian (if proposed insured / Insured  
aged 18 below)

X \_\_\_\_\_  
準受保人/受保人父母或法定監護人簽署  
(如準受保人/受保人18歲以下)  
Signature of Proposed Insured / Insured's  
parent or legal guardian (if proposed insured /  
Insured aged 18 below)

\_\_\_\_\_  
簽署日期 (日 / 月 / 年)  
Signed on (DD / MM / YY)



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