

意外保險賠償申請書
Accident Claim Form



保單號碼
Policy Number

保險顧問姓名
Consultant Name

保險顧問編號
Consultant Code

電話
Telephone No.

- 意外每週入息賠償 Weekly Indemnity
 意外醫療費用賠償 Medical Reimbursement

提供此賠償申請書或進行有關此索償的調查並不表示富通保險有限公司會確認此項索償或同意豁免保單條款中的任何規定。倘若閣下因此次意外亦同時申請住院醫療保險賠償，只需填寫意外索償表格並附上醫院收據正本。

By providing this claim form and subsequently investigating the claim, FTLife Insurance Company Limited shall not be held to admit the validity of the claim nor to waive any requirement as provided under the provisions of the policy. If you also claim for hospital reimbursement due to the same incident, please complete this Accident Claim Form only and submit original hospital receipts.

填表之前請詳細閱讀背頁的“填表須知”。

Please read the Instructions overleaf carefully before you complete this claim form.

第一部份-由受保人或保單持有人或索償人填寫

Part I - To be completed by the Insured / Owner / Claimant

首次索償 New Claim

再次索償 Further Claim

A. 受保人個人資料 Personal Particulars of the Insured			
1. 受保人姓名 Name of Insured	2. 身份證 / 護照號碼 ID / Passport No.	3. 年齡 / 性別 Age / Sex	4. 電話號碼 Telephone No.
5. 現時職業及詳細職責 Current Occupation and Job Duties with details	6. 僱主名稱 (如僱主與投保時不同，請說明何時轉工) Name of Employer (If the Employer is different from the one stated in the application, please state when it was changed)		7. 僱主地址 Address of Employer
B. 意外發生情況 Occurrence of Accident			
1. a. 意外日期 (日/月/年) Date of accident (DD/MM/YY): b. 意外發生的確實時間 Time of accident: c. 意外發生的地點 Place of accident:		2. a. 意外如何發生? How did the accident happen? b. 有否報警? Was this case reported to police? 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> 如有: 請附口供紙或警察報告影印本 If yes, please attach a photocopy of witness statement or police report	
3. 受傷部位? Which parts of your body were injured?		4. 受傷程度? What was the extent of the injury?	
C. 治療情況 Medical Treatment			
1. 首次醫治日期 (日/月/年) Date of first treatment of the injury (DD/MM/YY):		2. 診治的醫生名稱和地址 Name and address of the doctor who first treated the injury:	
3. a. 曾否因是次受傷而入住醫院? Was the Insured admitted to hospital due to the above injury? 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> b. 如有，請說明入院及出院日期：由 (日/月/年) 至 (日/月/年) If yes, please state the exact confinement period: From (DD/MM/YY) to (DD/MM/YY) c. 醫院名稱及地址 Name & address of hospital: d. 有否於上述住院期間一天內請假外出超過6小時? Has the Insured taken any home leave for more than 6 hours a day during the above confinement? 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> 如有，請列出有關的確實日期 (日/月/年) If yes, please state the exact date (DD/MM/YY):			
D. 其它資料 Other Information			
1. 受保人是否仍須繼續接受治療? Any further treatment required? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes		2. 受保人是否經已康復? Has the Insured recovered yet? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes	
3. 受保人是否已恢復工作? Has the Insured returned to work? <input type="checkbox"/> 是，請提供復工日期 (日/月/年) Yes, please provide the exact date (DD/MM/YY) <input type="checkbox"/> 否，請提供期望可復工之日期 (日/月/年) No, please give the date on which the insured is expected to return to work (DD/MM/YY)		4. 會否 / 有否就是次意外申請勞工賠償? Does / Did the Insured file a claim for Employee's Compensation for this accident? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes 申請日期: (日/月/年) Date of submission: (DD/MM/YY)	



5. 有否就是次意外同時向本公司之團體保險部或其他保險公司提出索償？如有，請列明保單號碼及公司名稱。
Any concurrent claim about this accident with our Group Dept or other companies? If yes, please give the policy number & name of the company.

E. 收集個人資料聲明 Personal Information Collection Statement

在富通保險有限公司（以下簡稱“富通保險”），保護客戶的個人資料私隱是富通保險所持的其中一個核心價值。作為一個提供保險產品和服務的公司，客戶的個人資料收集和使用是富通保險業務的重要一環。我們尊重您的個人資料的私隱，並致力於完全遵守“個人資料（私隱）條例”（以下簡稱“條例”）。

At FTLife Insurance Company Limited (“FTLife”), we hold as one of our core values the protection of privacy of our customer's personal data. As a provider of insurance products and services, collection and use of personal data of our customers is at the heart of our business. We respect the privacy of your personal data and are committed to fully complying with the Personal Data (Privacy) Ordinance (“the Ordinance”).

1. 富通保險所收集及/或持有的個人資料 Personal Data collected and/or held by FTLife

我們所收集及/或持有的個人資料（不論是否從此表格或以其他方式獲得）包括您的個人資料，聯絡資料，保單資料，交易記錄，學歷及培訓資料，就業資料，財政資料，醫療及健康記錄和您的家庭、生活方式及社會環境資料。

The personal data that we collect and/or hold (whether contained in this form or otherwise obtained) includes your personal details, contact information, policy details, transaction records, education and training details, employment details, financial details, medical and health records and information on your family, lifestyle and social circumstances.

2. 收集個人資料的重要性 Importance of Personal Data Collection

富通保險會不時地要求您提供您的個人資料。您提供個人資料予富通保險是出於自願的。然而，如果您沒有按我們所要求而提供您的個人資料予富通保險，富通保險可能無法提供或繼續提供產品和服務給您。

From time to time, you will be requested to provide your personal data to FTLife. Provision of personal data to FTLife by you is voluntary. However, FTLife 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. 個人資料收集和使用的目的 Purposes of Personal Data Collection and Usage

富通保險所持有您的個人資料可能會用於以下目的：

Your personal data held by FTLife may be used for the following purposes:

- i 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，帳戶/債務追收，訴訟，通訊，製作統計，數據分析和研究，內部/外界審計，保持優質的服務，銷售和促銷，建設企業品牌和建設客戶忠誠度的活動；
administration of insurance or reinsurance related business, which includes underwriting, processing and evaluation of applications, identity and credit checking, suitability checking, policy servicing, claims processing, investigation, account/debt collection, litigation, communication, preparing statistics, data analysis and research, internal and external audit, maintaining quality services, sales and marketing, corporate brand building and customer loyalty building;
- ii 直接促銷，包括透過電子或其他的渠道推廣，促銷或銷售富通保險的保險或保險相關的產品或服務及/或由第三者金融機構所提供及/或促銷的任何金融相關的產品或服務；及
direct marketing, which includes promoting, marketing or selling, of FTLife insurance or insurance related products or services and /or any financial related products or services provided and/or marketed by third party financial institutions by electronic or other means; and
- iii 為遵守下列適用於富通保險或富通保險應該遵守的有關披露及使用資料的責任、規定或安排：
complying with the obligations, requirements or arrangements for disclosing and using data that apply to FTLife or with which it is expected to comply according to:
 - a) 在香港境內或境外，現行或將會存在的，並對其具約束力或適用於其的任何法律；
any law binding or applying to it within or outside Hong Kong existing currently and in the future;
 - b) 在香港境內或境外，現行或將會存在的，並由任何法定、監管、政府、稅務、執法或其他機構，或由金融服務提供者的自我監管或業界的團體或組織所發出或提供之任何指引或指導；
any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future;
 - c) 富通保險因其在本地或海外的司法管轄區或與該司法管轄區相關的金融、商業、營業或其他利益或活動而須承擔與該本地或海外的法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的現有或將來之任何合約承諾或其他承諾。
any present or future contractual or other commitment with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers that is assumed by or imposed on FTLife by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.

4. 直接促銷 Direct Marketing

在獲得您的同意下，富通保險可能會使用您的姓名，電話號碼，電郵地址和通訊地址作如第3(ii)段所載的直接促銷。請您在以下第8段確認您的同意。如果在您提交此表格後，您不希望收到我們的推廣性要約或信息，請通知我們，我們將立即停止使用您的個人資料，並不收取任何費用。請把您的有關要求以書面通知我們的保障資料主任，其聯絡地址載於第7.3段。

FTLife may use your name, telephone number, email address and correspondence address for direct marketing as set out in section 3(ii) only with your consent. Please confirm if you consent in section 8 below. If subsequent to your submission of this form you do not wish to receive our promotional offers or information, please let us know and we will cease to use your personal data immediately, without any charge. Please send your written request to our Data Protection Officer at the address provided in section 7.3.

5. 個人資料保密 Personal Data Confidentiality

富通保險會對您提供的個人資料加以保密，除了可能會與下列各方共享：

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

- i 代表你的任何保險經紀，獨立財務顧問作在第3(i)段中所列出的任何用途；
any insurance broker, independent financial advisor acting on your behalf for any of the purposes set out in section 3(i);
- ii 任何富通保險的附屬公司，控股公司，聯營公司或聯屬公司作在第3(i)-(iii)段中所列出的任何用途；
any subsidiary, holding company, associated company or affiliates of FTLife for any of the purposes set out in section 3(i)-(iii);
- iii 任何富通保險的代理人，承包商或會向富通保險提供行政，電訊，電腦，網際網路，付款或其他服務的第三方服務供應商（包括但不限於風險分析顧問，損失公估人，私人調查員，信函裝封服務機構及債務追收員）作在第3(i)和3(ii)段中所列出的任何用途；
any agent, contractor or third party service provider, including but not limited to providers of risk intelligence, loss adjustors, private investigators, letter shopping service providers and debt collectors who provides administrative, telecommunications, computer, Internet, payment or other services to FTLife for any of the purposes set out in section 3(i) and (ii);
- iv 任何富通保險的實際或建議再保險公司作在第3(i)段中所列出的任何用途；及
any actual or proposed reinsurers of FTLife for any of the purposes set out in section 3(i); and
- v 富通保險在根據對其本身或其任何集團公司具約束力或適用的任何法律規定下的責任或其他原因，或按照及為實施其應該遵守的由任何法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織所提供或發出的指引或指導，或根據與本地或海外之法定、監管、政府、稅務、執法或其他機構或金融服務提供者的自我監管或業界的團體或組織之間的任何合約承諾或其他承諾，而必須對其作出披露的任何人士，而該等人士可能處於香港境內或境外及可能是已存在、現有或將來出現的人士。
any person to whom FTLife is under an obligation or otherwise required to make disclosure under the requirement of any law binding on or applying to FTLife or any of its group companies, or any disclosure under and for the purposes of any guidelines or guidance given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers with which FTLife is expected to comply or any disclosure pursuant to any contractual or other commitment of FTLife with local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers, all of which may be within or outside Hong Kong and may be existing currently and in the future.

6. 移轉個人資料至香港以外的地方 Transfer of Personal Data Outside Hong Kong
 富通保險可能會不時地將您的個人資料移轉至香港以外的地方作在第3(i)和3(iii)段中所列出的任何用途，包括資料處理或貯存。
 FTLife may from time to time transfer your personal data outside Hong Kong for any of the purposes set out in section 3(i) and (iii) including data processing or storage.

7. 個人資料的查閱/改正要求 Personal Data Access / Correction Request
 7.1 根據條例的規定，您有下列權利：
 In accordance with the Ordinance, you have the right to:
 i 查詢富通保險是否持有您的個人資料，如有，您有權獲得這些資料的副本；
 check whether FTLife holds personal data about you and, if so, obtain a copy of such data;
 ii 要求富通保險糾正任何有關您的不準確的個人資料；及
 require FTLife to correct any personal data relating to you which is inaccurate; and
 iii 確定富通保險對個人資料處理的有關政策和做法，並獲告知由富通保險持有您個人資料的種類。
 ascertain FTLife policies and practices in relation to personal data and to be informed of the kind of personal data held by FTLife.

7.2 富通保險有權就處理任何個人資料查閱要求收取合理的費用。
 FTLife has the right to charge a reasonable fee for the processing of any personal data access request.

7.3 有關要求可向位於香港特別行政區上環干諾道中111號永安中心27樓富通保險有限公司客戶服務中心的「保障資料主任」以書面形式提出。
 Requests shall be made in writing to our Data Protection Officer, FTLife Customer Service Centre, FTLife Insurance Company Limited, 27/F, Wing On Centre, 111 Connaught Road Central, Hong Kong SAR.

8. 同意使用個人資料作直接促銷 Consent for Use of Personal Data for Direct Marketing
 富通保險只可在您的同意下使用從您收集的個人資料作直接促銷用途。如果您不希望收到我們的推廣性要約或信息，請在左邊的框中打勾。
 FTLife Insurance Company Limited may use the data collected from you for direct marketing purpose only with your consent. If you do not wish to receive our promotional offers or information, please put a tick in the box on the left.

由此文件所示之日開始，此收集個人資料聲明將被視為您與富通保險之間已經簽署或準備簽署的所有合約，協定和其他具有約束力的安排的一個組成部分。
 This Personal Information Collection Statement shall from the date hereinafter appearing be deemed to form an integral part of all contracts, agreements and other binding arrangements which you have entered into or intend to enter into with FTLife.

在英文和中文版本之間出現差異的情況下，應以英文版本為準。
 In case of discrepancies between the English and Chinese version, the English version shall prevail.

F. 聲明及授權書 (由受保人簽署，如受保人未滿18歲，則由其家長或合法監護人簽署)
Declaration and Authorization (To be signed by the insured OR to be signed by the insured's parent / legal guardian if the insured is under age 18)

本人/我們聲明上述一切陳述及對問題的所有答案，就本人/我們所知所信均為事實之全部，並確實無訛。
 I/We declare that the above statements and answers made by me/us are true and complete to the best of my knowledge.

本人/我們茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給富通保險有限公司。即使本人或受保人死亡或喪失能力，此授權書仍然有效，所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。
 I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Insured(s) named to give such information to FTLife Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

本人 / 我們明白若此意外保險賠償申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
 I/We understand that if there is any inconsistency or ambiguity between the English versions and the Chinese versions of this Accident Claim Form, the English versions should prevail.

受保人 / 索償人簽署 Signature of Insured / Claimant	: x _____	見証人簽署 Signature of Witness	: x _____
受保人 / 索償人姓名 (大寫) Name of Insured / Claimant (in block letters)	: _____	見証人姓名 (大寫) Name of Witness (in block letters)	: _____
身份證 / 護照號碼 ID / Passport No.	: _____	身份證 / 護照號碼 ID / Passport No.	: _____
日期 (日/月/年) Date (DD/MM/YY)	: _____	日期 (日/月/年) Date (DD/MM/YY)	: _____

若受保人未滿18歲，請填寫下列資料。
 If the insured is under age 18, please complete the following information.

受保人姓名及身份證號碼 Name and ID/Passport No of Insured	: _____	索償人與受保人關係 Claimant's relationship with the Insured	: _____
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填表須知 INSTRUCTIONS

- 請回答申請書第一部份的所有問題並簽署聲明及授權書。
 Please answer ALL the questions in Part I of this claim form and sign the declaration and authorization.
- 此申請書第二部份必須由主診醫生填寫並由您支付有關費用。
 Part II of this claim form MUST be completed and signed by the doctor who attended the Insured for his injury or illness. The completion of this part is at the Insured's own expenses.
- 請附上有關文件以便審核：
 Please attach the following documents to enable us to consider the claim:
 (i) 附有保單持有人簽署之身份證副本 (如未曾於本公司存檔)。
 ID copy of the policy owner with signature on it (if not in our company's record).
 (ii) 有關報告或文件，例如病假紙、醫生報告、物理治療報告、x光報告等以便審核。
 Other reports or papers, such as Sick Leave Certificate, Medical Certificate, Physiotherapy Report, X-Ray Report.
- 如有必要，本公司將要求您提供其他文件。
 We may ask for other documents or information from you if deemed necessary.
- 請將填妥的索償申請書連同其他所需文件一併交予本公司理賠部辦理。地址：香港干諾道中111號永安中心27樓。電話：2866 8898。
 Please send the completed claim forms and other supporting documents to our Claims Dept. Address: 27/F, Wing On Centre, 111 Connaught Road Central, HK. Tel. 2866 8898.

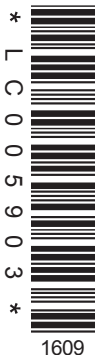
退件及郵遞安排 Return Documents & Postal Arrangement 請於下列適當之方格內加上“✓”號 Please tick the appropriate box(es) below	其他備註 Other Remarks
<input type="checkbox"/> 退回正本收據 Return Original Receipt(s) <input type="checkbox"/> 支票直接寄給客戶 Mail Cheque(s) to Customer Directly	

LC0059/1609

第二部份-申請人須交由主診醫生填寫並須自付費用

Part II - To be completed by the Attending Doctor at the claimant's own expense

A. 受保人個人資料 Personal Particulars of the Insured									
1. a. 病人姓名 Name of patient	b. 身份證/護照號碼 ID / Passport No.	c. 年齡/性別 Age / Sex	d. 職業 Occupation						
2. a. 意外日期 (日/月/年) : Date of accident (DD/MM/YY): b. 意外發生的地點及經過 ? Where and how did the accident happen? c. 閣下首次診治該傷患之日期 (日/月/年) : Your first Consultation Date for this injury(DD/MM/YY): d. 在向閣下求診之前, 病人曾否向其他醫師求診 ? Did the patient consult any other medical practitioner before consulting you? <input type="checkbox"/> 否 No <input type="checkbox"/> 有, 請提供其姓名及地址 Yes, please give the name and address of the medical practitioner		e. 表面及明顯證明 External and visible evidence of 否 No 有 Yes <input type="checkbox"/> <input type="checkbox"/> 瘀痕 Bruises <input type="checkbox"/> <input type="checkbox"/> 腫脹 Swelling <input type="checkbox"/> <input type="checkbox"/> 割傷 / 擦傷 / 傷口 Laceration / abrasion / wound <input type="checkbox"/> <input type="checkbox"/> 挫傷 Contusion <input type="checkbox"/> <input type="checkbox"/> 如有其他, 請說明 Others, please specify 若有, 請詳述受傷部位、範圍及其程度。 If yes, please describe the location, size and the severity.							
3. a. 病人有否作X光或其他診斷性檢查? Had the patient been X-rayed or undergone any diagnostic examination? 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> 若有, 請填下欄: If yes, please give details below: <table border="1"> <thead> <tr> <th>檢查日期 (日/月/年) Exam Date (DD/MM/YY)</th> <th>類別 Type</th> <th>結果 Result</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> b. 有沒有發現任何骨骼/韌帶受傷或退化性轉變? Was there any bony / ligament injury or degenerative change detected?				檢查日期 (日/月/年) Exam Date (DD/MM/YY)	類別 Type	結果 Result			
檢查日期 (日/月/年) Exam Date (DD/MM/YY)	類別 Type	結果 Result							
4. 治療及手術詳情: Details of medical and surgical management: 藥物 (種類及其服食時間) : Medication (type and duration period): 敷料 (次數及敷料時間) : Dressing (frequency and duration period): 縫針日期 (日/月/年) : Date of Suturing (DD/MM/YY): 拆線日期 (日/月/年) : Date of stitches removal (DD/MM/YY): 其他手術 Other operation 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> 若有, 請詳述: 包括日期、種類及痊癒情況。 If yes, please give details including date, type and healing condition.									
5. 其他求診日期及詳情: Subsequent consultation dates & details: 求診日期 (日/月/年) Consultation date (DD/MM/YY) 進展 Progress									
6. 病人是否經其他醫生或醫院轉介? Was the patient referred by other doctor or hospital? 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> 若有, 請提供轉介醫生姓名或醫院名稱及地址。 If yes, please provide name & address of referral doctor or hospital.									
7. 你曾否轉介該病人往其他醫生或醫院? Did you refer the patient to other doctor or hospital? 否 No <input type="checkbox"/> 有 Yes <input type="checkbox"/> 若有, 請提供醫生或醫院名稱及地址。 If yes, please give name & address of doctor or hospital.									
8. 若因是次意外而曾入院, 請提供住院之確實日期及醫院名稱。 Please state the confinement period after the accident and name of hospital, if any.									



9. a. 最後之診治日期為 (日/月/年) : Last consultation date (DD/MM/YY):

b. 請列出於最後求診時的身體缺陷或神經性缺陷。 Please state the physical impairment or neurological impairment (if any) at the last consultation?

c. 未來之治療計劃。 What is the future treatment plan?

d. 於最後求診時，估計康復程度為 Recovery at last consultation was estimated to be _____ %.

e. 病人是否已到達醫療上可復原的極限？ Has the patient reached maximum medical improvement? 否 No 有 Yes

10. 有否其他原因延長其傷殘時間？例如：傷口感染、糖尿病、再次受傷或其他原因？
Was there any contributory factor that lengthened the disability period, e.g. wound infection, diabetes, re-injury and other underlying disease?

否 No 有 Yes

若有，請詳述： If yes, please state the details as below:

病發日期 Onset date	診斷 Diagnosis	醫生/醫院名稱 Name of doctor/hospital
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11. 此受傷是否由以下因素導致？ Was such injury caused by the following factors?

否 No 有 Yes

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 自致傷害 (原因及經過) Self-inflicted injury (How it happened & underlying cause) |
| <input type="checkbox"/> | <input type="checkbox"/> | 酗酒 (酒類名稱、份量及維持多久) Alcoholic abuse (Name of alcohol, quantity & duration of consumption) |
| <input type="checkbox"/> | <input type="checkbox"/> | 濫用藥物 (藥物名稱、份量及服食多久) Drug abuse (Name & dosage of drug and duration of consumption) |
| <input type="checkbox"/> | <input type="checkbox"/> | 退化性轉變 (發病日期及求診詳情) Degenerative changes (Onset date & consultation details) |
| <input type="checkbox"/> | <input type="checkbox"/> | 先天性缺陷 (診斷、發病日期及求診詳情) Congenital anomalies (Diagnosis, onset date & consultation details) |
| <input type="checkbox"/> | <input type="checkbox"/> | 過往受傷 / 疾病 (原因及求診詳情) Past injury or illness (Cause and consultation details) |

若有，請詳述： If yes, please give details:

12. 病人有否接受任何物理/職業治療？ Did patient attend physiotherapy/occupational therapy? 否 No 有 Yes

若有，請提供資料包括 a) 醫院/診所名稱 b) 治療時段 c) 治療種類 d) 進展 e) 次數
If yes, please state details including a) Hospital/clinic name b) Period of therapy c) Type of therapy d) Progress e) Frequency.

13. 其他資料 Other remarks

本人謹此證明本人已親自為此病人就上述之病症或受傷進行檢查及治療，並確認上述病人現時及過去的情況乃本人所知的實情及其全部。
I hereby certify that I have personally examined & treated the patient and attended to his illness or injury, and that the information about his current and past condition as stated above is true to the best of my knowledge and belief.

主診醫生姓名 (專業資歷)
Name of Attending Doctor (with qualification)

簽署 (及印章)
Signature (with chop)

地址及電話號碼
Address & Phone No.

日期 (日/月/年)
Date (DD/MM/YY)