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You can use the QR codes or search "Generali We Care" in Google Play / App Store to install our latest mobile app "We Care" for Generali Employee Benefits.
您可以使用 QR codes 或於 Google Play / App Store 裏搜尋「Generali We Care」，安裝最新的忠意保險僱員福利手機應用程式「We Care」。

Android iOS

Outpatient Claim Form 門診賠償申請表

☐ Please return original receipts/cheques to the following address. 請退回正本單據或支票到以下地址
Address 地址: _____

# Policy No.: 保單號碼: **GM-88000993** * Other Generali Medical Policy No.: 其他忠意醫療保單號碼:	# Policy Holder / Company Name: 保單持有人 / 公司名稱: **/ City University of Hong Kong**	
# Member No.: 會員編號:	Mobile No.: 手提電話:	# Patient Name : 病者姓名 :

\# Please provide the required information for member identification. Any incomplete information will delay the reimbursement process.
請提供所需會員資料以便核實會員身份。如因資料不足而無法確認會員，理賠程序可能因此延長。

* Specify the Policy No. if it is insured by Generali Hong Kong Branch. 如屬於忠意保險香港分公司的醫療保單，請提供保單號碼，我們將一併處理。

Treatment Date (DD/MM/YYYY) 診治日期(日/月/年)	Claim Type (Please refer to your own Benefit Schedule) 申請賠償類別 (請先參閱閣下的保障表)	Currency 貨幣	Receipt Amount 收據金額	2nd Claims 餘額索償	Diagnosis 診斷
	☐GP ☐ SP* ☐ Lab* ☐TCM ☐ Physio* / Chiro* ☐Dental ☐ Others:		$	☐	
	☐ GP ☐ SP* ☐ Lab* ☐TCM ☐ Physio* / Chiro* ☐Dental ☐ Others:		$	☐	
	☐ GP ☐ SP* ☐ Lab* ☐TCM ☐ Physio* / Chiro* ☐Dental ☐ Others:		$	☐	

GP – General Practitioner's Consultation 普通科醫生 **Dental** – Dental Services 牙科
SP* – Specialist 專科醫生 **Lab*** – Diagnostic Laboratory Tests 診斷化驗測試 **Physio / Chiro*** – Physiotherapist/Chiropractor 物理治療/脊醫* **Referral required** 須附醫生轉介推薦書
TCM – Chinese Herbalist/Bonesetter (both Herbalist Prescription and Official Receipt are required) 中醫治療/跌打 (中草藥中醫之索償需附有中藥處方正本及正式收據)
Others – other benefit type, e.g. check-up, prescribed medication, or: 其他類別如：身體檢查、醫生處方藥物等，或:
• Clinical surgery at clinic /Day Surgery Center (diagnosis and the surgery name are printed on the official receipt) 於門診 / 日間手術中心進行之小型手術 (收據上必須顯示診斷名稱及手術名稱)
• Admission to General Ward of Hospital Authority Hospitals (Receipt and a copy of Discharge Summary are required) 入住醫院管理局轄下之公立醫院的普通病房 (請提供收據及出院証明)

Declaration & Authorization / 聲明及授權書

I / We acknowledge that I/ we have been provided with a copy of the Personal Information Collection Statement (the "Statement") issued by Assicurazioni Generali S.p.A., Hong Kong Branch ("Generali"). I/ We confirm that I/ we have read and understood the Statement. I/ We agree that Generali may collect, use, store, disclose, transfer and otherwise process my/ our personal data in accordance with the terms of the Statement. I/ We further confirm that I/ we have obtained the express consent of the life insureds and any other relevant individuals (where applicable) for providing their personal data to Generali for the purposes stated in the Statement and for allowing Generali to collect, use, store, disclose, transfer and otherwise process such personal data in accordance with the terms of the Statement.

I / We hereby declare and agree that all statements and information provided herein together with any subsequent alternations or supplementary information are to the best of my / our knowledge and belief complete and true, and all such statement information shall form the basis and become a part of the policy, and understand that if any such statement or information is incomplete or untrue, the coverage provided under the policy may be void. I / We hereby declare that no information which may influence Generali's assessment and acceptance of this application has been withheld and understand that if I / We am / are uncertain as to whether or not a particular information is material, the information should be disclosed. If I / We fail to provide any information requested in this Form, it may result in Generali's inability to process this application. I understand use of false, fraudulent or any forged document, or deceiving means to apply for a claim is an offence, and will be held liable for subsequent legal consequence.

I / We also hereby authorize any medical attendant, hospital, clinic, insurance company or other organization, institution or person, who / which has any records or knowledge of me / us or my / our health, to divulge to Generali or its authorized representatives or any reinsurers or any tribunal any information he or she or it may have with regards to me / us for the purpose of evaluating this application and any claims arising from the policy. A faxed or photographic copy of this authorization shall be as valid as the original.

The customer is the owner and designated user of the email account ("the Designated Email") provided to Assicurazioni Generali S.p.A, Hong Kong Branch ("the Branch") for submission of claims purpose. It is the customer who has sole responsibility in taking all necessary security measures and precaution to ensure that the Designated Email is not accessed by any unauthorized party. The customer agrees and confirms that the Branch does not warrant the timeliness, security, confidentiality, availability or completeness in the transmission of any document via the Designated Email. Nor, is the Branch responsible or liable in any manner for any loss, damages, costs, expenses, compensation or indemnity of whatsoever nature howsoever incurred or suffered by the customer due to any failure, delay, error of whatever kind or incomplete transmission of any document.

如須索取【聲明及授權書】的中文譯本，請 電郵至 medicalcs@generali.com.hk 或致電客戶服務熱線(852) 3187-6831 與忠意保險公司賠償部聯絡。

Member's CityUHK Email Address: _____

Signature of Member
會員簽署

Signature of Patient (Age 18 or above)
病者 (18 歲或以上) 簽署

Date signed
簽署日期