



ING General Insurance Company Limited

**MEDICAL INSURANCE - OUTPATIENT CLAIM FORM**  
**醫療保險 - 門診賠償表**

No. of original receipts attached :  
醫生發出收據正本數量( )張

|   |   |
|---|---|
| Name of Policyholder :<br>保單持有人名稱 :   | Policy No. :<br>保單編號 :                      |
| Name of Employee / Member 僱員/成員姓名 :<br>(For group insurance policy only 只適用於團體保險)   | Employee Code 僱員編號 :<br>(if applicable 如適用) |
| Name of Patient :<br>病人姓名 :   | HKID Card No. :<br>身份證號碼 :                  |
| <b>Declaration &amp; Authorisation 聲明及授權書 :</b><br>I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to ING General Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment. A Photostat copy of this authorisation shall be considered as effective and valid as the original.<br>本人現授權持有本人健康或任何資料之醫生、醫院、保險公司或機構，可以將部份或全部有關本人傷患之病歷，診斷報告及藥方等資料給與ING General Insurance Company Limited或其代理人。此授權書之影印本與正本具同等效力。 |   |
| Signature of Patient 病人簽署   | Date 日期                                     |
| Notes :<br>1. All original receipts must bear the clinic's chop and doctor's signature.<br>所有收據正本須蓋有診所印章及由醫生簽署。<br>2. Doctor's recommendation letter is required for Physiotherapist's & Chiropractor's Treatment Specialist's consultation, diagnostic X-ray and laboratory tests.<br>物理治療師及脊椎治療師之治療費，專科治療，X光檢驗及化驗等均須出示主診醫生的推薦書。   |   |

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