



APPLICATION FORM FOR DEATH CLAIM (PHYSICIAN'S STATEMENT) 死亡賠償申請書 (醫生報告)

To be completed by the Attending Physician at the claimant's expense 申請人自費由主診醫生填寫

(1) Name of the deceased in full 死者全名	(in English 英文) (in Chinese 中文)		
(2) Policy Number 保單號碼		(3) I.D. Card/Passport No. 身份證/護照號碼	
(4) Deceased's Address at time of death 死時報稱住址			
(5) Occupation at the time of death 死時報稱職業		(6) Last date of working 最後工作日期	MM 月 / DD 日 / YYYY 年
(7) How long have you known the deceased? 閣下認識死者多久?		(8) Did you attend the deceased during his last illness? 閣下有否替死者診治末次之病患?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否 If so, for what disease? 若有, 是何種病患?
(9) Date of your first visit 首次診治日期	MM 月 / DD 日 / YYYY 年	(10) Date of your last visit 末次診治日期	MM 月 / DD 日 / YYYY 年
(11) Date of death 死亡日期	MM 月 / DD 日 / YYYY 年	(12) Time of death 死亡時間	<input type="checkbox"/> a.m. 上午 <input type="checkbox"/> p.m. 下午 Hr 時 / Min 分
(13) Cause of death 死亡原因			
(14) Place of death 死亡地點		(15) Whether a post-mortem will be or has been done? 是否將會或經已進行驗屍?	<input type="checkbox"/> Yes 會 <input type="checkbox"/> No 不會 <input type="checkbox"/> Done 經已進行 <input type="checkbox"/> Uncertain 不確定

Complete 16-21 only if the cause of death is due to an accident

第 16-21 項只適用於由意外導致之死亡

(16) Date of accident 意外日期	MM 月 / DD 日 / YYYY 年	(17) Time of accident 意外時間	Hr 時 / Min 分 <input type="checkbox"/> a.m. 上午 <input type="checkbox"/> p.m. 下午
(18) Place of accident 意外地點		(19) Details of accident 意外詳情	
(20) When did the deceased first seek medical treatment of his last illness? 死者末次病患之首次求診日期?	MM 月 / DD 日 / YYYY 年	(21) How long did the deceased suffer from the last illness before seeking medical treatment? 死者末次病患於求診前已存在多久?	

Please turn over 請轉後頁

