



**Blue Cross 藍十字**

Member of BEA Group 東亞銀行集團成員

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## PET CARE INSURANCE

「智得寵」保險

### Easy Procedure for Outpatient Claims

門診索償 – 簡易程序

**This procedure applies to claims for the following items as specified in “Medical Coverage” under Section 1 of your Pet Care Insurance Policy:**

此程序適用於以下就智得寵保單第一部份的「醫療保障」範圍內的索償

- a) **Veterinary Consultation Fee 獸醫診金**
- b) **Prescribed Medication 處方藥物**

**For claim of other benefits, please complete the Pet Care Insurance Claim Form and provide relevant claim documents.**

如屬其他保障項目的索償，請填妥智得寵保險賠償申請表及提供相關充足索償文件。

**Submit the original itemised receipt for outpatient expenses incurred by your insured pet**

提交詳列受保寵物所涉及的門診費用的收據正本

**-Please ensure the following information are contained in the receipt:**

收據必須包括以下資料：

**Microchip number of the insured pet (must be verified by the Vet)**

受保寵物晶片號碼 (必須由獸醫證明)

**Diagnosis of the insured pet**

受保寵物的診斷結果

**Signature of the Vet with Company Chop of the Veterinary Facility**

獸醫簽署及所屬獸醫診所的公司蓋印

**Veterinary Consultation Fee**

獸醫診金

**Itemised Prescribed Medication (including prescribed drugs, dressings and injection)**

每項處方藥物費用 (包括處方藥物、包紮及注射)

**-Please also write down the following policy information on the reverse side of the receipt**

於收據背面寫上以下保單資料

**Pet Care Insurance Policy number**

智得寵保單編號

**Name of Policyholder**

保單持有人姓名

**Policyholder's contact phone number**

保單持有人的聯絡電話

#### IMPORTANT NOTES 重要事項:

1. **All receipts must be submitted to Blue Cross (Asia-Pacific) Insurance Limited (“Blue Cross”) within 30 days of the outpatient visit.**

請於就診當日起 30 天內遞交收據予藍十字(亞太)保險有限公司「藍十字」。

2. **All receipts must be originals.**

只接受收據正本。

3. **Submission of the receipts by you shall not be construed as admission of liability on the part of Blue Cross. Benefit(s) (if any) will be payable to you by Blue Cross subject to all the terms, exclusions and conditions of the policy.**

閣下遞交收據並不表示藍十字承擔賠償責任。藍十字只會在保單所有條款、不保事項及細則的規限下，支付保障(如有)給予閣下。

4. **In the event that the receipt does not contain the above required information, or where Blue Cross considers appropriate, Blue Cross may reasonably further request you to provide supplementary information or evidence.**

如閣下提交的收據沒有詳列上述要求的資料或在藍十字認為適當的情況下，藍十字可能會在合理的情況下要求閣下提供補充資料及證明。



PET CARE INSURANCE CLAIM FORM

智得寵保險賠償申請表

Please fill in all details and return this Claim Form to Claims Department of Blue Cross (Asia-Pacific) Insurance Limited (the "Company") within 30 days after the happening of the incident.

請填妥此賠償申請表，並於意外發生後 30 日內將此表格交回藍十字 (亞太) 保險有限公司 (「本公司」) 的理賠部。

Completion and submission of this Claim Form shall not be construed as admission of liability on the part of the Company.

填寫及遞交此賠償申請表並不表示本公司承擔賠償責任。

Part One 第一部分

Claim No. (Office use)
賠償編號 (本公司專用)

I. Particulars of Policyholder 保單持有人資料

Form with fields: Policy No. 保單編號, Name of Policyholder 保單持有人姓名, Correspondence Address 通信地址, E-mail Address 電郵地址, Contact Phone No. 聯絡電話號碼

II. Particulars of Insured Pet 受保寵物資料 (Please tick the following boxes, if appropriate 請選擇適當項目)

Form with fields: Name of the Pet 受保寵物名稱, Microchip No. 晶片號碼, Species 種類: Dog 狗, Cat 貓, Age 年齡, Colour 顏色

III. Claimed Items 索償項目 (Please tick the appropriate item(s) 請選擇適當項目)

Form with checkboxes for: Medical Coverage Benefit, Holiday Cancellation Benefit, Third Party Liability Benefit, Advertising Expenses Benefit, Funeral Service Benefit, Overseas Cover Benefit

IV. Claim Information 索償資料

(Please complete where applicable and use a separate sheet if insufficient space 請填寫適當項目。若空位不足，請另頁詳加說明)

Large form with multiple sections: Date and time of Consultation / Incident, Full description of Illness / Injury / Incident, Who took care of the Pet, Relationship with Policyholder, Amount claimed, Third Party Liability, Police report, Other insurance details

## V. Claim Documents 索償文件

Claim documents to be submitted to the Company must include, but are not limited to the following documents. The Company may reasonably further request you to provide supplementary information or evidence. For details of the Claims Conditions, please refer to the Terms and Conditions of the Policy.

閣下須提交包括但不限於以下列明的索償文件致本公司。本公司可能會在合理的情況下要求閣下提供補充資料及證明。有關詳細索償條件，閣下可參閱保單條款及細則。

<b>Medical Coverage</b> (include Overseas Cover) 醫療保障 (包括海外保障)	<b>Original itemised invoice and receipt with diagnosis stated for medical expenses, medical report (if any)</b> 列明診斷結果及載有費用分項的醫療賬單及收據正本·醫療報告(如有)
<b>Third Party Liability</b> (include Overseas Cover) 第三者責任 (包括海外保障)	<b>Police report or copy of statement to police (if any), and letter of claim from third parties</b> 警方報告或警方口供記錄副本 (如有)·及第三者索償文件 <b>Please do not make any admission, offer or promise of payment or payment without the Company's prior written consent.</b> 在沒有獲得本公司書面同意的情况下·不得作出任何承認、提議、承諾付款或付款。 <b>Any third party correspondence, summons or writs should be forwarded to the Company immediately unanswered.</b> 對於任何第三者的通告、傳票及書面命令·請不要回覆·並立即提交本公司·以便處理
<b>Funeral Service</b> (include Overseas Cover) 身故服務 (包括海外保障)	<b>Original receipt for the expenses of cremation, funeral service and / or handling charges from the Veterinarian or funeral service provider</b> 火化·身故服務費用及 / 或獸醫或殮葬服務提供者的手續費收據正本
<b>Holiday Cancellation</b> 假日行程取消	<b>Veterinarian's confirmation to certify the insured pet required emergency life-saving surgery</b> 由獸醫發出受保寵物須接受緊急且與生死攸關手術的證明 <b>Original travel tickets, receipts, and agreements relevant to the claim and documentary proof of trip cancellation or curtailment with non-refundable amount</b> 交通票據·收據及協議書及列明不獲退回之款項的旅程取消或縮短旅程之證明文件正本
<b>Advertising Expenses</b> 廣告費用	<b>Original receipt for the cost of advertising for finding the stolen / lost insured pet in the local newspaper, magazine or mass media</b> 因受保寵物失竊 / 失蹤而涉及的本地報章·雜誌或大眾傳媒刊登尋找廣告的費用收據正本
<b>Overseas Cover</b> 海外保障	<b>In addition to the above, please provide travel record for you or your family and the insured pet</b> 除上述文件外·請同時提供閣下或閣下家屬及受保寵物的外遊記錄

## VI. Authorisation and Declaration 授權及聲明

I hereby authorise any veterinary facility, veterinarian, authority, or any third party to disclose to Blue Cross (Asia-Pacific) Insurance Limited ("the Company") or its authorised representative, any and all information with respect to the medical history of the insured pet, my loss or police statement made relevant to the insured pet and the like for the purpose of assessing my claim request(s). A photocopy of this authorisation shall have the same effect as the original.

本人謹此授權任何獸醫診所·獸醫·有關機構或任何第三方·向藍十字(亞太)保險有限公司(「貴公司」)或其授權代表提供任何或所有有關受保寵物的病歷·本人就有關受保寵物引起之損失·口供或任何相關資料作評估賠償申請之用途。此授權書之正本及副本皆具同等效力。

I hereby declare that all the above information and particulars given herein are accurate, true and complete and are given to the best of my knowledge and belief. I have not withheld any material information and acknowledge that failure to supply true and accurate answers to this request or inform the Company of all material information may render the Company unable to accept or process this request and all rights to recover under the Policy shall be forfeited.

本人謹此聲明·上述所有資料及細節均是準確無誤·真實及為事實之全部·並且是盡本人所知及所信而作答的。本人並沒有隱瞞任何重要資料及確認如未能提供真實及準確無誤之資料或通知貴公司任何有關此賠償申請之重要資料·將可能導致貴公司不能接受或處理此索償申請及喪失所有追討保單權益之權利。

I confirm having read and understood the Company's Personal Information Collection Statement as accompanied with this form.

本人確認已閱讀及明白隨本表格附上有關貴公司的收集個人資料聲明。

Signature of Policyholder : \_\_\_\_\_ Date 日期 : \_\_\_\_\_  
保單持有人簽署 (dd/mm/yy 日/月/年)  
Name 姓名 : \_\_\_\_\_

Part Two 第二部分

**Veterinarian Certificate 獸醫證明**

(To be completed by Veterinarian at the expenses of the Policyholder 由獸醫填寫，所需費用由保單持有人承擔。)

Particulars of the Insured Pet

Name of the Pet	Microchip No.
Pet Owner's Name	

Information about Illness / Injury / Death of the Insured Pet

Nature of injury/diagnosis	Treatment / Operation	Date of Service
Confinement (Brief discharge summary, including treatments, examinations and results)		Period of Confinement From (dd/mm/yy) : To (dd/mm/yy) :
Cause of Death (please state reason if euthanasia)		Date of Death

Breakdown of treatment costs for each condition (HK\$)

Consultation \$	Medication \$
Room and Board \$	Surgery \$
X-Ray & Laboratory \$	Anaesthesia \$
Euthanasia \$	Dentistry \$
Vaccination \$	Food \$
Others (please specify) \$	Total \$

Veterinarian's Notes (case summary)

1. With respect to the insured pet, how long has this pet owner been a client of your clinic?  
 Less than 6 months  More than 6 months

2. Have any conditions or symptoms occurred previously which are related to the above illness/ injury/ death of the insured pet?  No  Yes, please give dates (dd/mm/yy): \_\_\_\_\_

3. According to your record of the insured pet, how long were the symptoms present before the first consultation : \_\_\_\_\_

4. Is the treatment received by the insured pet likely to be ongoing?  No  Yes

5. Is any condition specified above of a congenital nature?  No  Yes

6. Was the treatment / operation rendered to the insured pet regarded as an emergency life saving measures?  
 No  Yes

Declaration of the Veterinarian

I hereby declare the information and particulars stated as above to be true, correct, accurate and to the best of my knowledge and belief.

Signature of Veterinarian \_\_\_\_\_ Date : \_\_\_\_\_  
 (with Company Chop of the Veterinary Facility) (dd/mm/yy)

Name of Veterinarian \_\_\_\_\_

## The Personal Data (Privacy) Ordinance (“the Ordinance”) – Personal Information Collection Statement

Blue Cross (Asia-Pacific) Insurance Limited (“the Company”) is a wholly owned subsidiary of The Bank of East Asia, Limited. The Bank of East Asia, Limited together with its subsidiaries and affiliates are collectively referred to in this statement as the “BEA Group”.

In compliance with the Ordinance, the Company would like to inform you of the following:

- (1) From time to time, it is necessary for you to supply the Company with personal data in connection with the application for and provision of insurance products and services as well as the carrying out by the Company of other services relating to these insurance products and services.
- (2) Failure to supply such data may result in the Company being unable to process your insurance applications or to provide or continue to provide the insurance products and services and/or the related services to you.
- (3) Data may also be collected by the Company from you in the ordinary course of the Company’s business, for example, when you lodge insurance claims with the Company.
- (4) Data relating to you may be used for the following purposes:
  - (i) processing applications for insurance products and services;
  - (ii) providing insurance products and services to you and processing requests made by you in relation to our insurance products and services, including but not limited to requests for addition, alteration or deletion of insurance benefits or insured members, establishment of direct debit facilities as well as cancellation, renewal, or reinstatement of insurance policies;
  - (iii) processing, adjudicating and defending insurance claims as well as conducting any incidental investigation;
  - (iv) performing functions and activities incidental to the provision of insurance products and services such as identity verification, data matching and reinsurance arrangement;
  - (v) exercising the Company’s rights in connection with the provision of insurance products and services to you from time to time, for example, to recover indebtedness from you;
  - (vi) designing insurance products and services with a view to improving the Company’s service;
  - (vii) preparing statistics and conducting research;
  - (viii) marketing the following services and products (in respect of which the Company may or may not be remunerated):
    - (1) insurance, financial, banking and related services and products;
    - (2) reward, loyalty or privileges programmes and related services and products; and these services or products may be provided and/or marketed by:
      - (1) the Company or members of the BEA Group;
      - (2) third party reward, loyalty or privileges programme providers; and
      - (3) third party marketing services providers;
  - (ix) making disclosure under the requirements of any law or rules, regulations, codes of practice or guidelines issued by regulatory or other authorities binding on the Company or the BEA Group or with which the Company or the BEA Group is expected to comply;
  - (x) enabling an actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business to evaluate the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and
  - (xi) any other purposes relating to the purposes listed above.
- (5) Data held by the Company relating to you will be kept confidential but the Company may provide such data to the following parties inside or outside Hong Kong for the purposes set out in paragraph (4):-
  - (i) any agent, contractor or third party service provider who provides services to the Company in connection with the operation of its business including administrative, telecommunications, computer, payment, data processing, storage, investigation and debt collection services as well as other services incidental to the provision of insurance products and services by the Company (such as loss adjusters, claim investigators, debt collection agencies, data processing companies and professional advisors);
  - (ii) any member of the BEA Group;
  - (iii) reinsurance companies with whom the Company has or proposes to have dealings;
  - (iv) third party service providers which the Company engages for any of the purposes set out in paragraph (4) (viii);
  - (v) any person or entity under a duty of confidentiality to the Company or the BEA Group which has undertaken to keep such data confidential;
  - (vi) any person or entity to whom the Company or the BEA Group is under an obligation to make disclosure under the requirements of any law or rules, regulations, codes of practice or guidelines issued by regulatory or other authorities binding on the Company or the BEA Group or with which the Company or the BEA Group is expected to comply; and
  - (vii) any actual or proposed assignee, transferee, participant or sub-participant of the Company’s rights or business.
- (6) In accordance with the Ordinance, you have the right:
  - (i) to check whether the Company holds data about you and to exercise a right of access to such data;
  - (ii) to require the Company to correct any data relating to you which is inaccurate;
  - (iii) to ascertain the Company’s policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company; and
  - (iv) to request the Company to cease using your data for direct marketing purposes. Requests for (i) access to or correction of data; (ii) information regarding policies and practices and kinds of personal data held; and (iii) cessation of use of data for direct marketing purposes can be made in writing to the Company’s Corporate Data Protection Officer at the following address:

The Corporate Data Protection Officer, Blue Cross (Asia-Pacific) Insurance Limited  
29th Floor, BEA Tower, Millennium City 5, 418 Kwun Tong Road,  
Kwun Tong, Kowloon, Hong Kong  
Fax : (852) 3608 2938
- (7) According to the Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request other than an opt-out request.
- (8) The Company keeps data only for as long as is reasonably necessary for any of the above purposes or as required by the applicable law or regulation.
- (9) Should you have any query with this statement, please do not hesitate to contact our Customer Service Hotline at 3608 2988.
- (10) Nothing in this statement shall limit the rights of customers under the Ordinance.

## 個人資料 (私隱) 條例 (「條例」) – 收集個人資料聲明

藍十字 (亞太) 保險有限公司 (「本公司」) 乃東亞銀行有限公司的全資附屬公司。在本聲明內, 東亞銀行有限公司連同其附屬公司及聯營公司將統稱為「東亞銀行集團」。

遵照條例, 本公司特此通知閣下以下事項:

- (1) 在申請及接受保險產品及服務時, 與及當本公司提供與保險產品及服務相關之其他服務時, 閣下有需要不時向本公司提供個人資料。
- (2) 若閣下未能提供該等資料, 可能會令本公司無法處理閣下的保險申請或向閣下提供或繼續提供保險產品及服務或其他相關服務。
- (3) 本公司亦可能會在日常業務運作的過程中向閣下收集資料, 例如當閣下向本公司提出保險索償。
- (4) 閣下的資料可能會用作下列用途:
  - (i) 處理保險產品及服務的申請;
  - (ii) 為閣下提供保險產品及服務及處理閣下就本公司的保險產品及服務提出的要求, 包括但不限於要求增加、更改或刪除保障項目或受保成員, 安排直接付款及保單取消、更新或復效申請;
  - (iii) 處理、判定保險索償及就索償抗辯, 包括進行任何附帶調查;
  - (iv) 執行與所提供的保險產品及服務相關的功能及活動, 如核實身份、資料配對及再保險之安排;
  - (v) 行使本公司向閣下提供保險產品及服務而享有的權利, 例如向閣下追討欠款;
  - (vi) 設計保險產品及服務以提升本公司的服務質素;
  - (vii) 製作數據及進行研究;
  - (viii) 營銷下列服務和產品 (本公司或會因此而得到報酬):
    - (1) 保險、金融、銀行和相關服務及產品;
    - (2) 獎賞、會員或優惠計劃和相關服務及產品; 及以上服務或產品可能會由下列機構提供及/或營銷:
    - (1) 本公司或東亞銀行集團成員;
    - (2) 第三方獎賞、會員或優惠計劃提供者; 及
    - (3) 第三方營銷服務提供者;
  - (ix) 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司或東亞銀行集團具有約束力或要求其遵守的規則、規例、實務守則或指引, 而作出披露;
  - (x) 允許本公司的權益或業務的實際或建議承讓人、受讓人、參與人或次參與人, 就涉及的轉讓、出讓、參與或次參與的交易進行評估; 及
  - (xi) 與上述有關的其他用途。
- (5) 存於本公司的資料將會保密, 但本公司可能會向以下各方 (不論在香港境內或境外) 透露該等資料作第(4)段列出的用途:
  - (i) 任何代理人、承包商或就本公司之業務運作, 包括行政、電訊、電腦、付款、資料處理、儲存、調查和收數服務, 或就與保險產品及服務相關之其他服務, 向本公司提供服務的第三方服務供應商 (如公證行、理賠調查員、收數公司、資料處理公司及專業顧問);
  - (ii) 任何東亞銀行集團成員;
  - (iii) 與本公司有或將有商業往來的再保險公司;
  - (iv) 本公司為第(4) (viii) 段所載用途而聘用的第三方服務供應商;
  - (v) 對本公司或東亞銀行集團有保密責任, 並已承諾將資料保密的任何人士或機構;
  - (vi) 為遵守任何法例之要求, 或根據監管或其他機關所發出對本公司或東亞銀行集團具有約束力或要求其遵守的規則、規例、實務守則或指引, 而有責任向其作出披露的任何人士或機構; 及
  - (vii) 本公司的權益或業務的任何實際或建議承讓人、受讓人、參與人或次參與人。
- (6) 根據條例規定, 閣下有權:
  - (i) 查詢本公司是否持有閣下的資料及查閱該等資料;
  - (ii) 要求本公司對任何有關閣下不準確的資料作出更改;
  - (iii) 查明本公司對於個人資料的政策及處理慣例並獲告知本公司持有的個人資料的種類; 及
  - (iv) 要求本公司停止將閣下的資料作直接促銷用途。關於(i)查閱或更改資料; (ii)查明個人資料的政策及處理慣例和所持有的個人資料的種類; 及(iii)停止將資料作直接促銷用途等要求, 請以書面向本公司的個人資料保障主任提出, 地址如下:

香港九龍觀塘道 418 號創紀之城 5 期東亞銀行中心 29 樓  
藍十字 (亞太) 保險有限公司  
個人資料保障主任  
傳真: (852) 3608 2938
- (7) 根據條例, 本公司有權就辦理任何資料查閱的要求而收取合理費用, 但拒絕服務要求則除外。
- (8) 本公司只會根據上述用途上合理需要或適用法例或規例規定的期間保存有關資料。
- (9) 如閣下對本聲明有任何疑問, 請隨時致電本公司的客戶服務熱線 3608 2988。
- (10) 本聲明不會限制客戶在條例下所享有的權利。