豐隆保險(亞洲)有限公司
HongLeong Insurance (Asia) Ltd.

PET INSURANCE CLAIM FORM

Note: All claims must be reported to Hong Leong Insurance (Asia) Limited within 30 days after the occurrence that gives rise to the claim.

Name of Policyholder: ________________________ Policy / Certificate No.: ________________________

Contact Telephone No.: ________________________ Email Address: ________________________

Home Address: ____

Name of Pet: ________________________ Gender: ______ Type of Pet: ☐ Cat / ☐ Dog Age:______

Breed Type: ________________________ Microchip No.: ________________________

Claimed Items (Please tick ✓ as appropriate)

☐ **Medical Expenses** ☐ **Final Farewell Assistance** ☐ **Temporary Care Support** ☐ **Extended Overseas Protection**

Details of Claim

(1) Date, time and place of accident / Signs and symptoms first appeared date and the diagnosed date: ________________________

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(2) Full description of the accident / the nature of symptoms or sickness in details: ________________________

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(3) Diagnosis of injury/sickness: ____

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(4)

Name and address of attending Veterinarian	Date of consultation	Amount incurred

(5) Cause of Death (if applicable): ________________ Reason of Euthanasia (if applicable): ________________

(6) Amount of Medical Expenses claim: ____

Amount of Final Farewell Assistance claim: ____

Amount of Temporary Care Support claim: ____

(7) Do you have any other insurance policies covering the claimed medical or other expenses: ☐ Yes / ☐ No

If yes, please provide the name of insurance company and policy no.: ____

Note: Please submit all relevant documents such as medical report and medical bills in substantiation of the claim.
If other expenses is incurred, please also submit the relevant bills.

Declaration and Authorization

(1) I/We declare that the above information is in all respects true and correct to the best of my/our knowledge and belief.

(2) I/We acknowledge and agree that you may:

(a) collect, use and disclose my/our (and my/our dependent's, if applicable) and the claimant's personal information (including but not limited to credit information and claims history) for the purposes necessary to process my/our application, investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); and

(b) transfer my/our personal information to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: including, but not limited to insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph); self-regulatory or industry bodies or associations of insurance; claims investigation agencies; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information (collectively, "Such Persons").

(3) I/We further agree that your Policy on Personal Data ("Data Policy"), a copy of which is available upon request or from www.hl-insurance.com, shall apply and my/our personal information may be used, disclosed and/or transferred in accordance with the Data Policy.

(4) I/We hereby authorize any Such Person or any other person or organization that has any records or knowledge of me/us including without limitation my/our health, insurance or claim history to furnish to your company or your authorized representative, any personal data and other information with respect to any medical history (if applicable), insurance or claim history concerning me/us or to any loss, damage, theft or other events connected with my/our insurance or claim history and copies of all relevant records. A photostat copy of this authorization shall be considered as effective and valid as the original. The issue of this claim form does not signify your acceptance of any claim.

(5) I/We declare and confirm that I am / we are duly authorized by the claimant(s) to submit this claim application to you, all information (including personal data) provided to you in this claim application relating to the claimant(s) is collected by lawful means and with the consent of the claimant(s). I/We further confirm that the claimant(s) agree to be bound by the Data Policy and consent to the use and disclosure of their personal data by you for any of the above-mentioned purposes and in accordance with the Data Policy.

Date: ____________________ Signature of Policyholder: ____________________

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PART 2 – TO BE COMPLETED BY THE ATTENDING VETERINARIAN 乙部 – 由主診獸醫填寫

(1) Name of Pet 寵物姓名:

Microchip No. 晶片號碼 ：

(2) Name of Clinic / Hospital 獸醫診所 / 醫院名稱 ：

Date of Admission 入院日期：____________________ Date of Discharge 出院日期：____________________

(3) Nature of injury / sickness relating to this hospitalization / surgery 此次住院 / 手術的主要病因 ：

(4) Diagnostic investigations / procedures performed 診斷性檢驗 / 程序名稱 ：

Final Diagnosis 診斷結果 ：

(5) Surgical operation performed 手術名稱 ：

Date of Operation 手術日期 ：

(6) Brief discharge summary including etiology, treatment, prognosis and any complications and / or follow up plan :
出院撮要包括病因、 治療法、 預後情況、 任何併發症與及跟進治療方案 ：

(7) Breakdown of treatment costs for each condition (HK$) 有關症狀的治療費用明細 (HK$) :

Consultation 診症 $	Medication 藥物 $
Room and Board 住房 $	Surgical Fee 手術費用 $
X-Ray, Ultrasound and Lab Tests Fee X 光、超聲波檢查及化驗費用 $	Anaesthesia 麻醉師費用 $
Euthanasia 安樂死費用 $	Operation Theatre Fee 手術室費用 $
Vaccination 接種疫苗 $	Prosthesis or Wheelchair Expenses 義肢及輪椅費用 $
Others / Miscellaneous Expenses 其他 / 雜項費用 $	**Total 總共 $**

(8) The date on which the signs and symptoms first appeared or the accident occurred 有關症狀首次出現或意外發生的日期 ：

Please state the signs and symptoms 請詳述有關症狀 ：

(9) How long has this pet been a patient of your clinic / hospital ?
該寵物在閣下的診所 / 醫院就診有多久? Less than 3 months 少於三個月 ☐ More than 3 months 多於三個月 ☐

The date on which you first attended to the Pet for this or similar condition 閣下首次替該寵物就此或同類病況診治的日期 ：

(10) The date on which the Pet first received consultation for this or similar condition 寵物首次就此或同類病況求診的日期 ：

(11) Was this condition a recurrent episode or in anyway associated with a similar condition that the Pet had before? If yes, please give details as below:
寵物之病況是否再次復發或是與其 過往曾患有的同類病況有關連? 如是，請列出有關資料如下: No 不是 ☐ Yes 是 ☐

Date of Onset 首次病發日期	Name of Attending Veterinarian 主診獸醫姓名	Symptoms and Diagnosis 症狀及診斷結果

(12) Was the Pet's condition caused by or in anyway associated with the conditions mentioned below? 寵物之病情是否由下列情況所導致或有關連?

(a) Heredotary and congenital conditions 遺傳性及先天性疾病 No 不是 ☐ Yes 是 ☐
(b) Pregnancy, birth or breeding 懷孕、分娩或配種或繁殖 No 不是 ☐ Yes 是 ☐
(c) Spaying and neutering 絕育及結紮 No 不是 ☐ Yes 是 ☐
(d) Medical conditions that can be prevented by vaccinations 可以透過疫苗預防的疾病 No 不是 ☐ Yes 是 ☐
(e) Vaccination, routine examinations, microchipping 接種疫苗、例行檢查或植入晶片 No 不是 ☐ Yes 是 ☐
(f) Routine removal of dew claws, killing and controlling fleas, treating round worms and tapeworms
例行拔除狼爪、滅蚤及防蚤、杜蟲 No 不是 ☐ Yes 是 ☐
(g) Grooming and nail clipping 美容及修甲 No 不是 ☐ Yes 是 ☐

If yes, please give details 如是，請詳述:

(13) Was the Pet referred by another veterinarian? If yes, please give details as below:
寵物是否經其他獸醫轉介? 如是，請列出有關資料如下: No 不是 ☐ Yes 是 ☐

Date of Referral 轉介日期	Name of Referral Veterinarian 轉介獸醫姓名	Address of Referral Veterinarian 轉介獸醫地址

(14) Was the treatment medically necessary? If yes, please give reasons as below :
是次治療是否醫療所需? 如是，請詳述原因如下 ： No 不是 ☐ Yes 是 ☐

____
Name of Attending Veterinarian (with qualifications)
主診獸醫的姓名 (資歷)

____
Signature of Attending Veterinarian
主診獸醫簽名

Address 地址

Telephone 電話

Date 日期