

# 04

## Claim Procedure

賠償手續及熱線

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# Group Medical Insurance 團體醫療保險

## Claim Procedure 申請賠償手續



### Hospitalization / Day Case Claim: 住院或日間手術索償

- Please complete “Hospitalization & Surgical Claim Form” (Part I – complete by patient; Part II – complete by attending physician). 填寫住院申請索償表，第一部分由病人填寫、第二部分由醫生填寫
- Please submit original receipts with completed claim form within 90 days after discharge of hospital. 於九十天內將單據正本連同已填妥之住院賠償申請表寄往賠償部
- For Hong Kong Government Ward hospital claim:
  1. The completion of Part II of the hospitalization claim form can be exempted if the Medical Practitioner’s diagnosis is stated on the receipt or payment slip or sick leave certificate or discharge summary. 如入住香港政府醫院大房，賬單、收據正本或病假證明書已附有醫生診斷的結果，便不需要主診醫生填寫住院賠償申請表的第二部分
  2. For Discharge Summary / Sick Leave Certificate (please make sure diagnosis, treatment and medication clearly stated) 出院紙/病假證明書/醫生證明書/應診證明書(病症、治療及藥物需要清楚列明)

# Group Medical Insurance 團體醫療保險 Hospitalization & Surgical Claim Form 住院索償表



亞洲保險  
ASIA INSURANCE

索償表格  
CLAIM FORM

Business Centre 7/F & 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong  
Macau Branch, Avenida do Povo Grande, No.762, Edificio Chio Plaza, 10 andar C-D, Macau  
asiainsurance.hk

醫療保險 - 住院及手術

## MEDICAL INSURANCE CLAIM FORM - HOSPITALIZATION & SURGICAL PROCEDURE

### Claims Document Checklist 索償文件參考表

#### Basic Requirements (must be completed)

- ☐ Part I completed by the patient with member card number and signature
- ☐ Part II completed by the Attending Physician / Surgeon with signature and chop
- ☐ Payment receipts with patient's name, treatment date, diagnosis and breakdown of charges:

First Claim: Original receipts

Second Claim: Certified true copy of receipts and claims statement advice by other insurer, if applicable

#### Additional Requirements (if applicable)

- ☐ Referral letter for Specialist consultation/Private nursing/Home nursing/Home healthcare/any kind of therapy treatment
- ☐ Copies of histopathology, endoscopic, diagnostic, laboratory tests reports, and surgical summary

No reimbursement or claims shall be made for:

- Claims submitted after 90 days from the date of discharge/treatment
- Insufficiency of required information

#### 基本要求 (必須填妥)

- 由病人填妥第一部份, 包括病人保單號碼及簽名
- 由主治/外科醫生填妥第二部份, 包括醫生簽名及蓋章
- 醫療單據收據, 顯示病人姓名, 診治日期, 病症及各項收費詳情

首次索償: 正本收據

第二次索償: 其他保險公司保單之核實副本收據及給與核實通知書(如適用)

#### 額外要求 (如適用)

- 附之專科醫生/私家看護/家庭看護或其他治療項目之醫生轉介信
- 附上病理學, 內視鏡, 診斷性化驗, 檢驗報告及手術摘要副本

根據以下情形, 賠償申請將不被受理:

- 賠償申請書於出院/治療後90天後提交
- 所需資料不足

### 甲部 - 由病人填寫

#### PART I - TO BE COMPLETED BY THE PATIENT

This form is applicable to both inpatient and day case procedure claim

保單持有人 / 僱主名稱 Name of Policyholder/Employer	
僱員 / 受保人姓名 (只限團體保險) Name of Employee/Insured Member (For group insurance policy only)	保單號碼 Policy No.
保戶號碼/職員號碼 (如適用) Certificate No./Staff No. (if applicable)	日間聯絡電話 Daytime Contact Tel No.

病人姓名 Name of Patient	身份證號碼 I.D. Card No.
職業 Occupation	出生日期 Date of Birth
	性別 Sex <input type="checkbox"/> 男 M <input type="checkbox"/> 女 F
與保單持有人關係 Relation with the Policyholder	<input type="checkbox"/> 本人 Self <input type="checkbox"/> 配偶 Spouse <input type="checkbox"/> 子女 Child <input type="checkbox"/> 僱員 / 成員 Employee <input type="checkbox"/> 僱員家屬 Dependent of Employee

- (1) 閣下是否曾因同一病況而接受治療?  
Have you ever received any prior treatment for this or related conditions? ☐ 沒有 NO ☐ 有 YES

醫生姓名 Doctor's Name
地址 Address
日期 Date(s)

- (2) 有關此次住院 / 手術, 閣下是否有申請其他保險賠償?  
Are you making any other insurance claim as a result of this hospitalization/surgery? ☐ 沒有 NO ☐ 有 YES

保險公司名稱 Name of Insurance Company	保單號碼 Policy No.
<input type="checkbox"/> 請退回單據以作申請其他保險賠償 Please return receipts for other insurance claims.	

- (3) 此次住院 / 手術是否由於一宗意外引致?  
Was the hospitalization/surgery resulting from related to any accident? ☐ 不是 NO ☐ 是 YES

日期 Date	時間 Time	地點 Place
描述 Brief Description		

### 重要事項 IMPORTANT NOTES

Any personal information collected by the Company may be used, stored or disclosed to any individual or organisation to evaluate this application, to provide our services and products to you, including administering, maintaining, managing and operating such services and products, or to provide subsequent services. Requests for personal data access or correction may be addressed to Data Protection Officer of the Company.

It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. Details of the Personal Information Collection Statement ("PICS") please kindly refer to our website [www.asiainsurance.hk](http://www.asiainsurance.hk). For any questions, please refer to our website [www.asiainsurance.hk](http://www.asiainsurance.hk). Details of the Personal Information Collection Statement ("PICS") please kindly refer to our website [www.asiainsurance.hk](http://www.asiainsurance.hk). For any questions, please refer to our website [www.asiainsurance.hk](http://www.asiainsurance.hk).

### 聲明及授權書 DECLARATION & AUTHORIZATION

I hereby authorise any hospital, physician, insurance company or organisation that has any records or knowledge of me or my health, to furnish to Asia Insurance Company Limited or its authorised representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for application and underwriting purpose. A probate of copy of this authorisation shall be considered as effective and valid as the original.

本人授權所有本人健康或任何資料之醫院、醫生、保險公司或機構, 可以將任何或全部有關本人之健康、醫療報告及藥方等資料給予亞洲保險有限公司或其代理人作申請及核保之用。此授權書之影印本與正本具有同等效力。

X	病人簽名/可受委託人簽名 (請在以下兩項中填妥其一) Signature of Patient/Person Legal Guardian (Applicable for age below 18)	X	日期 Date
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### 乙部 - 由主治/外科醫生填寫, 所需費用由索償人自行承擔

#### PART II - To Be Completed by Attending Physician / Surgeon at the Claimant's Own Expenses

Name of Patient (in full) 病人姓名(全名):

Date of Admission 入院日期: DD/MM/YY 年 Date of Discharge 出院日期: DD/MM/YY 年

Name of Hospital 醫院名稱:

Level of hospital ward 病房級別: ☐ Private 頭等房 ☐ Semi-private 二等房 ☐ Ward 三等房 ☐ Clinical Surgery 門診小手術

#### 1. Clinical History 求診紀錄:

a) Are you the patient's usual physician? 閣下是否病人的慣常醫生?

a) i. Yes 是 ☐ please fill in question b. 請填寫問題 b

ii. No 不是 ☐ Does the patient have any other usual / family doctor(s)? if Yes, please give us the name(s) and telephone no.

病人是否有其他的慣常 / 家庭醫生? 如是者, 請提供姓名及電話號碼:

b) Please provide a) the consultation date(s) and the brief summary of the related disorder/illness. 請填寫診治日期及與是次病症有關之摘要。

If you are referred by other doctor, please provide the doctor name, contact number and address. 如閣下乃其他醫生轉介, 請提供該醫生的姓名、聯絡電話及地址。

b) Date of the first consultation with the patient for this illness / injury 病人就此疾病/受傷後, 首次向閣下求診的日期(DD/MM/YY年)

c) Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation 病人就此次住院 / 治療 / 檢驗所出現的相關症狀及主訴

d) How long had the patient been experiencing these symptoms before the first consultation? 病人在首次求診前已患有此症狀多久?

2. Hospitalization Details 住院詳情:

a) Final Diagnosis 最後的診斷 Date of Operation 手術日期: DD/MM/YY年

b) Name of the operation performed 手術的名稱

c) Please give a brief discharge summary (including onset and duration of signs and symptoms / disease, etiology, types and results of major examinations, treatments, complications and follow up plan) 請提供出院摘要, 包括開始時及持續出現的徵兆 / 症狀、病因、主要檢查的種類及結果、治療、併發症及追蹤詳情

d) Please provide reason(s) for hospitalization if this type of cases can be managed on day care / out-patient basis. 若此類病症能在日間護理 / 診所內進行治療, 請提供住院原因。

e) Had the patient been previously treated or hospitalized for the same or in related disability? If so, please give a brief summary of the following: 病人過去是否曾接受過或曾住院接受診治或入院接受治療? 如是, 請說明摘要。

Dates 日期 Disease / Disorder / Complaint 疾病 / 失調 / 申訴 Type of treatment / hospitalisation 治療 / 住院詳情 Name of doctor / hospital 西醫姓名 / 醫院名稱

f) If the patient has consulted other physician(s) during this hospitalization period, please provide the following: 如於住院期間曾向其他醫生求診, 請提供以下資料:

Name of the physician(s) consulted 醫生姓名 Reason 原因

What kind of treatment did the physician provide to the patient? 醫生提供給病人之治療詳情?

g) Was the patient hospitalized as a result of recurrent episode or chronic illness or related to a previous complaint/ diagnosis. 病人是否因舊病復發或慢性病症所引起或與以往的主訴/診斷有關? 若答案為「是」, 請提供首次發病日期及詳情。

h) Was the Medical condition due to or associated with the following? (Please tick the appropriate boxes) 上述情況是否由於或與以下有關連? 請在適當空格填上 ☒ 或 ☐

Accidental bodily injury 意外身體受傷 Pregnancy 懷孕

Self-inflicted injury or sterilization 有意或無意自傷或絕育 Abuse of drugs or alcohol 濫用藥物或酒精

Mental disorder 精神疾患 Treatment for cosmetic purpose 美容性質的治療

Refractive error 屈光不正 Vaccination 疫苗接種

Venered disease, sexually transmitted disease or AIDS / HIV related illness 性病、性傳播疾病或愛滋病 / 愛滋病毒有關的疾病

Congenital condition 先天性疾病/異常 Developmental condition 發育問題

Hereditary condition 遺傳性問題 General check-up 一般身體檢查

Signature and chop of attending physician / Surgeon 主治醫生 / 外科醫生簽名及蓋章

Address and Telephone No. 地址及電話號碼

Name of attending physician / Surgeon & qualifications 主治醫生姓名及資歷 Date 日期: DD/MM/YY年

Part II of this claim form is endorsed by the Hong Kong Medical Association and Medical Insurance Association of The Hong Kong Federation of Insurers.

本索償表格之第二部份獲香港醫學會及香港保險業協會聯合簽署保證其可靠性。



# Group Medical Insurance 團體醫療保險

## Claim Procedure 申請賠償手續



### Outpatient Claim: 門診索償

1. Please complete “Outpatient Claim Form”. 填寫門診申請賠償表
2. Please submit original receipts with completed claim form within 90 days after consultation date.  
九十天內將申請賠償表及收據正本交回
3. The receipt should show the following information: 收據必須詳列以下資料
  - ① Name of patient 病人姓名
  - ② Date of treatment 診病日期
  - ③ Diagnosis 病症
  - ④ Doctor's signature & chop 醫生簽署及蓋章
  - ⑤ Charges 收費

Referral letter is required for Physiotherapy/Chiropractor, Prescribed Medicines and X-Ray & Lab Test.

註冊醫生介紹信(供物理治療或脊骨治療，處方藥物及X光檢查或化驗費)

Validity of referral letter is 6 months from last consultation date.

由推薦信的日期起計六個月內作第一次的求診，及接著每六個月內之覆診。但必須因同一病症及由同一科系醫生診治

Medicine prescription is required for Chinese Herbalist claims.

如需索償中醫賠償，另需交回藥方

# Group Medical Insurance 團體醫療保險

## Outpatient Claim Form 門診索償表



亞洲保險  
ASIA INSURANCE



亞洲保險  
ASIA INSURANCE

### 門診醫療保險索償表格 OUT-PATIENT MEDICAL INSURANCE CLAIM FORM

Business Centre: 7/F & 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong  
Macau Branch: Avenida da Praia Grande, No.762, Edifício China Plaza, 10 andar C-D, Macau  
**asiainsurance.hk**

T (852) 3606 9346 F (852) 2899 2426 E medical@afh.hk  
T (853) 2856 3166 F (853) 2857 0438 E asiame@macau.ctm.net

\*必須填寫 **Mandatory** 請用大楷及正楷填寫 **Please complete in CAPITAL and BLOCK LETTERS**

保單編號* Policy No.*	僱主名稱* Employer's Name*
僱員編號 Staff No.	僱員姓名 (先填姓氏)* Employee's Name (Surname first)*
証書編號* Certificate No.	病人姓名 (先填姓氏)* Patient's Name (Surname first)*
公司專用 OFFICIAL USE Claim No.	與上這僱主之關係: Relation with the above Employer: <input type="checkbox"/> 僱員 Employee <input type="checkbox"/> 家屬 Dependent
Date Processed & Initial	<input type="checkbox"/> 請退回單據以便申請其他保險賠償 Please return receipts for other insurance claims.

#### 重要事項 IMPORTANT NOTES:

- 申請門診醫療索償，門診收據需註明病症及醫生簽署。For the application of out-patient claims, Physician's Receipt(s) with Diagnosis and Physician's Signature is required.
- 中醫治療之索償，必須一併提交中醫所發出的正式收據及藥方。For Chinese Medicine Practitioner's Claims, both ORIGINAL receipt(s) and prescription must be submitted.
- 物理治療/脊骨治療/X光及化驗/藥物處方必須連同主診醫生介紹信一併寄回。Physician's Referral Letter is required for claim of Physiotherapist's Treatment/Chiropractor's Treatment/X-ray & Laboratory Test/Prescribed Medicine.

#### 申請人明白: The Applicant Understands this:

亞洲保險有限公司(「本公司」)可以運用、保存或透露以上之個人資料予任何人士或機構，用以審核此項索償，或提供有關服務。本公司會遵守香港特別行政區法例第486章《個人資料(私隱)條例》。本公司會不時就本公司的服務及產品向閣下收集個人資料及詳情。以下統稱為「閣下的個人資料」。閣下的個人資料亦包括由閣下提供有關閣下的受益人、受養人、獲授權代表及其他人士的資料。關於個人資料收集聲明，請瀏覽亞洲保險網頁 [www.asiainsurance.hk](http://www.asiainsurance.hk)。如有任何疑問，需查閱或更正以上之個人資料，可致電香港上環干諾道西一百一十八號八樓亞洲保險有限公司的個人資料保護主任提出。

Any personal information collected by Asia Insurance Co., Ltd. (the "Company") may be used, stored or disclosed to any individual or organization to evaluate this Claim, to provide subsequent services to you. It is our policy to comply with the requirement of the Personal Data (Privacy) Ordinance (Cap. 486) of the laws of the Hong Kong Special Administrative Region. Your personal information and particulars related to our services and products which collectively referred to in the PICS as "Your Personal Data". It also includes personal data relating to your beneficiaries, dependents, authorized representatives and other individuals in relation to which you have provided information. Details of the Personal Information Collection Statement ("PICS"), please kindly refer to our website [www.asiainsurance.hk](http://www.asiainsurance.hk). For any questions, requests for such access or correction can be made in writing to the Personal Data Protection Officer, Asia Insurance Company Limited, 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong SAR.

#### 申請人聲明及授權: The Applicant Declare and Authorize this:

本人現聲明上述所填報的資料正確無誤。本人授權持有本人健康或任何資料之醫院、醫生、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予亞洲保險或其代理人作理賠之用。此授權書之影印本與正本具同等效力。

I hereby declare that the above information given is true and correct. I hereby authorize any hospital, physician, insurance company or organization that has any records or knowledge of me or my health, to furnish to Asia Insurance or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation prescriptions or treatment and copies of all hospital or medical records for claims purpose. A photostat copy of this authorization shall be considered as effective and valid as the original.

病人簽署/父母或合法監護人簽署 Signature of Patient/Parent or Legal Guardian

日期 Date

F:\Info\Gmed\ClaimForm\CP 102019

# Group Medical Insurance 團體醫療保險

## Claim Procedure 申請賠償手續



1. 郵遞已填妥的索償申請表格及所有醫療收據正本和轉介信副本（如適用）至以下地址：

Submit completed claim form and all medical receipts with copy of referral letter, if applicable, to below address by **postal delivery**:

Business Centre: 8/F, 118 Connaught Road West, Sheung Wan, Hong Kong

Attn: Employee Benefits (Group Medical Claims)

2. 於門診及於公立醫院接受治療，索償金額少於港幣30,000的索償可透過以下方法提交：

Outpatient claims or Hospitalization claims at Public Hospitals with claim amount less than HK\$30,000 can be submitted by :

A. **Submit by iAsia platform** 通過網上平台iAsia提交;

Attach image of all Medical Receipt(s), Referral Letter (if applicable) and completed Claim Form (duly signed and completed claim form is required for Hospitalization claim). 以附件形式提供醫療收據，轉介信（如適用），以及已填妥之住院保障索償表格

或

B **Email to [ebclaims@afh.hk](mailto:ebclaims@afh.hk)** 通過電郵提交

Please indicate policy number, patient name and cert number. 請於電郵提供你的英文全名、保單號碼及會員編號  
Attach image of all Medical Receipt(s), Referral Letter (if applicable) and completed Claim Form (duly signed and completed claim form is required for all claim). 以附件形式提供醫療收據，轉介信（如適用），以及已填妥之門診福利或住院保障索償表格

- Retain all original medical receipts, referral letter, and completed claim form for 90 days or until claim is settled, whichever is later in case of audit by insurance provider. 保存醫療收據，轉介信（如適用），以及索償表格90日至索償完成以作保險公司核實用途。
- Reimbursement will be made within 14 working days upon receipt of completed claim documents. 十四個工作天內作出賠償。
- Payment Advice will be sent to employees. 發出一份通知書給僱員作為記錄。

## **Group Medical Insurance 團體醫療保險** **Claims Hotline 賠償部熱線**



**Hotline for Policy admin. : 3606 9308**

**Hotline for Claims : 3606 9346**

**Hotline for “iAsia” platform : 3606 9309**

**[ebclaims@afh.hk](mailto:ebclaims@afh.hk)**

**Monday – Friday 星期一至五**  
**(except Public holidays) 公眾假期除外**  
**9:00a.m. to 6:00p.m.**

- \* If the hotline is busy, please leave your voice message incl. Your Name, Phone No., Email Address, Policy no., etc to follow up.
- \* 如果線路繁忙，請留下口訊(你的名稱、電話號碼、電郵地址、保單號碼)，客戶服務主任將會跟進。



# 05

**iAsia**  
在線查詢系統

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## iAsia – Online Enquiry System 在線查詢系統



Our brand new online inquiry platform, iAsia, aims to cater your inquiry needs better 24/7 all round. Currently available functions including:

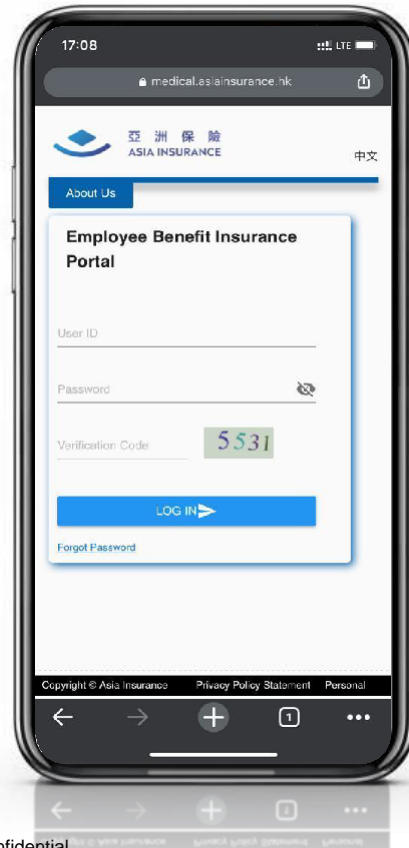
iAsia是我們的全新在線查詢平台，旨在全天候迎合您查詢的需要。透過iAsia，目前可用的功能包括：

- Policy enquiry 查閱保單
- Benefit enquiry 查閱保障內容
- E-Medical Card 電子醫療卡
- Claim Enquiry 查詢理賠流程
- Claim Submission 提交索償
- Doctor List 網絡醫生資料



## iAsia – Online Enquiry System 在線查詢系統

### First Time Login 首次登入



User ID refer to policy number (if policy no. only contain 5 digit, please add '0' in the front to become 0XXXXX), followed by symbol \_ , then followed by Cert. number. For initial password, it refer to Date of Birth in the format of DDMMYYYY

登入名稱前6位數字為0加上保單編號，加上\_符號，再輸入會員編號5位數字。初始密碼為出生日期DDMMYYYY形式輸入

Example 示例:

保單編號Policy Number: ALE/GHL/12345

會員編號Cert. Number: 00001

出生日期Birth Date: 31/12/1994

**登入名稱 User ID: 012345\_00001**  
**初始密碼 initial password: 31121994**

iAsia Portal is only available to employee, employee can view and submit the claim for their dependents  
iAsia 只限員工帳戶，員工帳戶亦可查閱家屬賠償記錄及為其提交索償

## iAsia – Online Enquiry System 在線查詢系統

### First Time Login 首次登入



Users must change their initial password at the first time of login.

成功登入後必須即時更改密碼為常用密碼

密碼要求:

Password requirements:

(i) 密碼長度必須包含至少6 個字元，當中必需要包括至少一個大寫字母、一個小寫字母及一個數字字符。密碼不可以包含特殊符號及空格字元。

A valid password must consist of at least 6 characters, containing at least 1 upper case alphabet, 1 lower case alphabet, and 1 number; no special characters or spaces are allowed.

(ii) 用戶須要每180 天更改密碼一次。Users are required to change their login password every 180 days.

(iii) 新密碼必須與前4 個舊密碼不同。The new password must be different from the previous 4 passwords used.

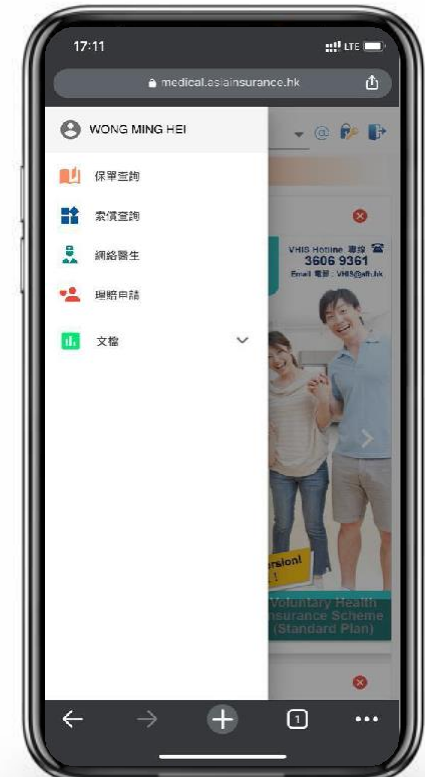
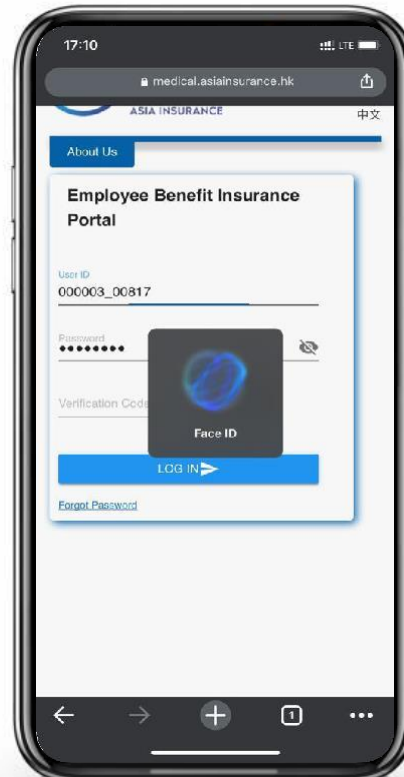
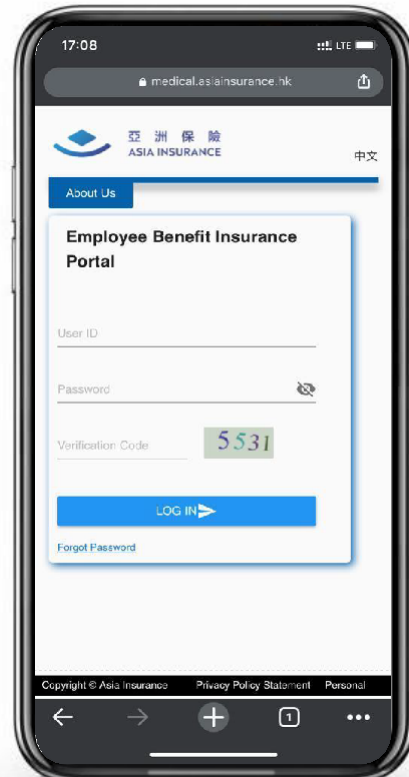
iAsia Portal is only available to employee, employee can view and submit the claim for their dependents  
iAsia 只限員工帳戶，員工帳戶亦可查閱家屬賠償記錄及為其提交索償



## iAsia – Online Enquiry System 在線查詢系統

### Login 登入

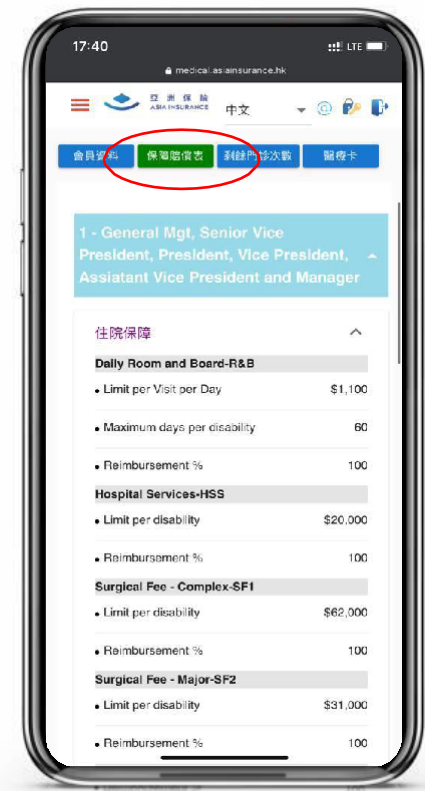
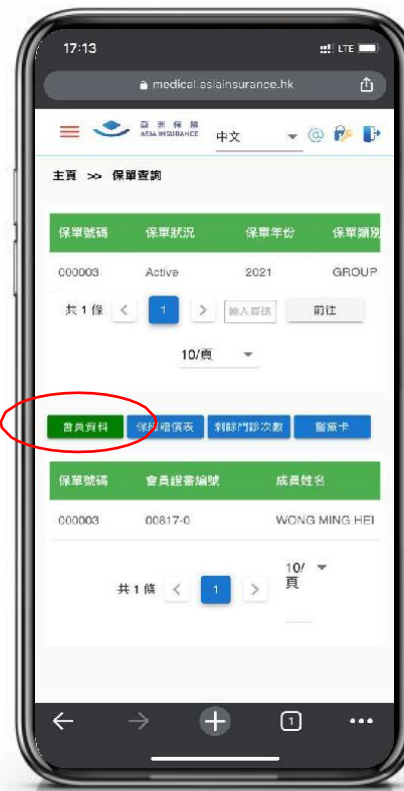
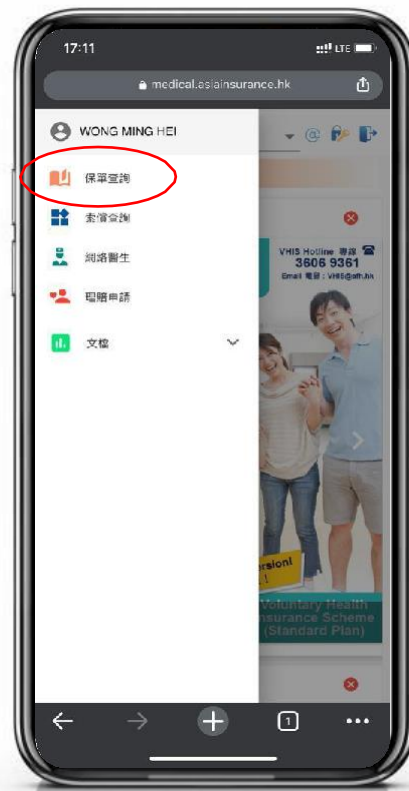
Using Face ID / Fingerprint to autofill password (applicable to Android / iOS.)  
可善用自動填寫密碼功能



# [medical.asiainsurance.hk](http://medical.asiainsurance.hk)

## iAsia – Online Enquiry System 在線查詢系統

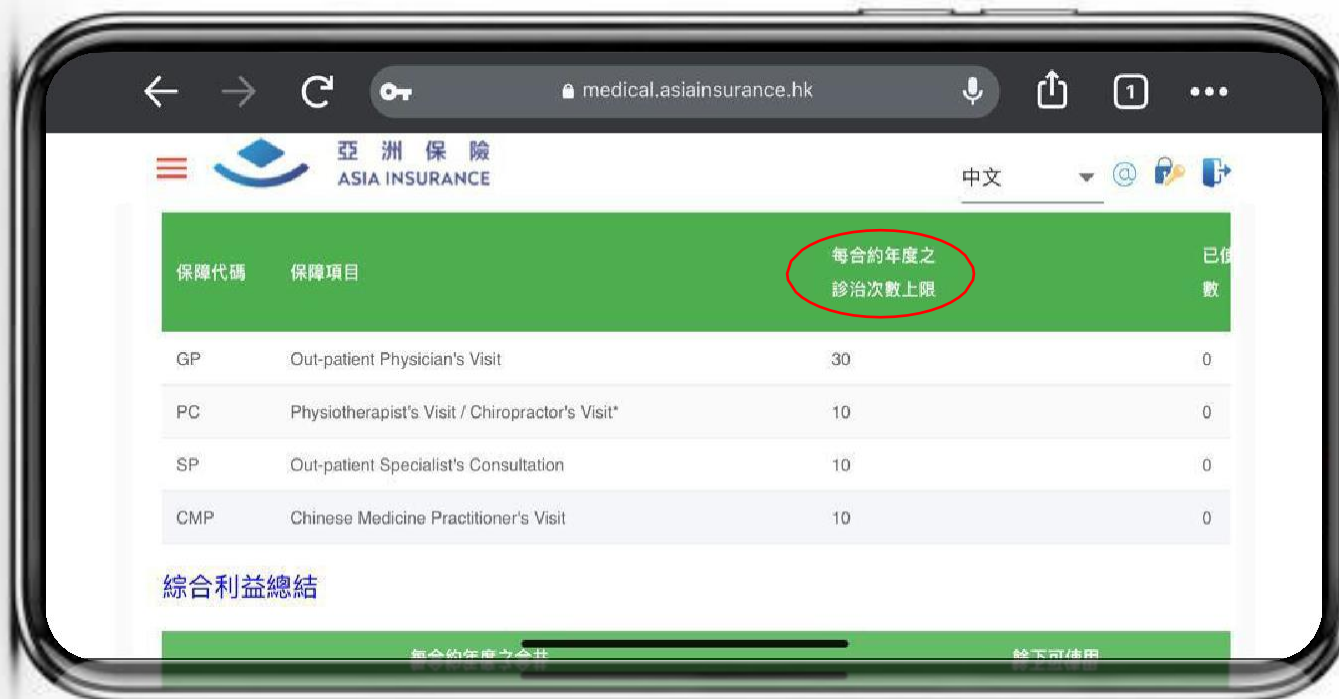
### Policy Enquiry 查閱保單



[medical.asiainsurance.hk](http://medical.asiainsurance.hk)

iAsia – Online Enquiry System 在線查詢系統

Policy Enquiry 查閱保單





[medical.asiainsurance.hk](http://medical.asiainsurance.hk)

iAsia – Online Enquiry System 在線查詢系統

Policy Enquiry 查閱保單

A smartphone screen showing the medical.asiainsurance.hk website. The browser address bar shows the URL. The website header includes the Asia Insurance logo and a language dropdown set to "中文". A table lists medical services with columns for "每合約年度之診治次數上限" (Maximum number of treatments per contract year) and "已使用次數" (Number of times used). The "已使用次數" column is circled in red. Below the table is a section titled "綜合利益總結" (Summary of Benefits).

	每合約年度之診治次數上限	已使用次數	餘下可使用次數
ient Physician's Visit	30	0	30
herapist's Visit / Chiropractor's Visit*	10	0	10
ient Specialist's Consultation	10	0	10
» Medicine Practitioner's Visit	10	0	10

綜合利益總結

## iAsia – Online Enquiry System 在線查詢系統

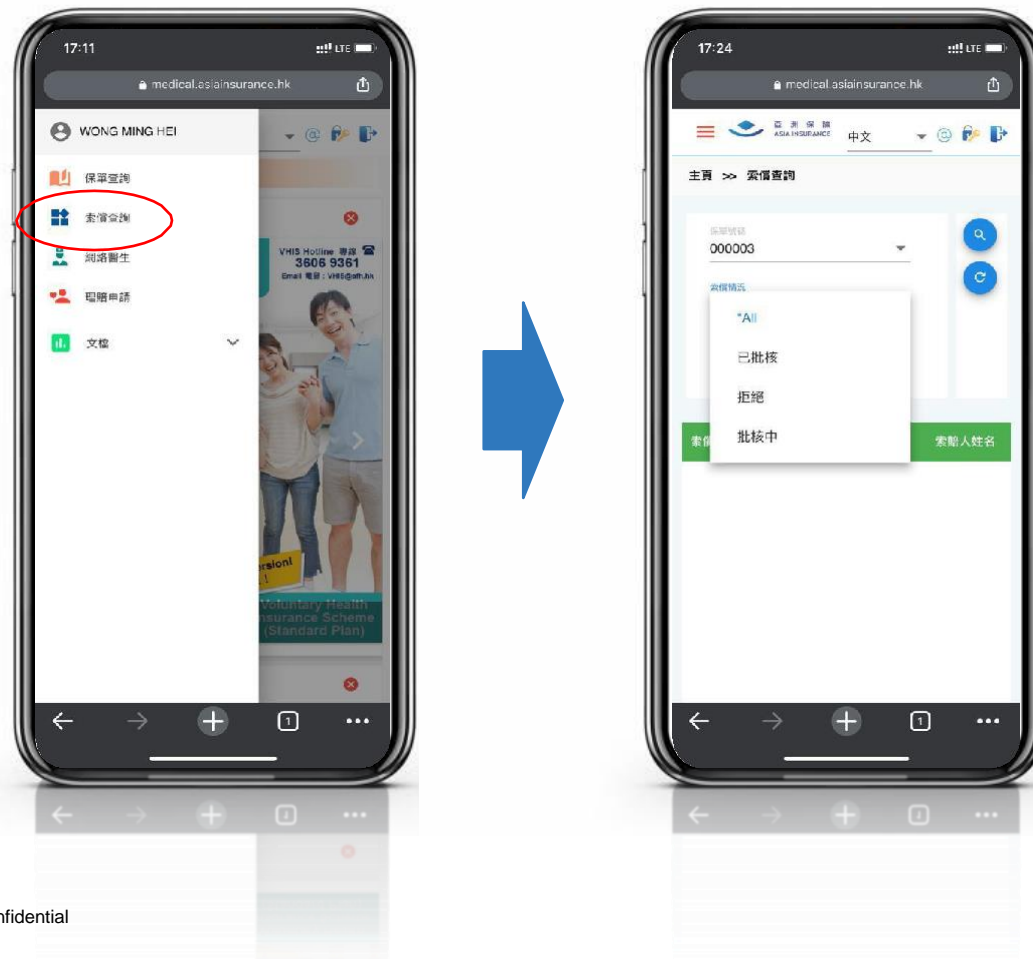
### Policy Enquiry 查閱保單 E-Medical Card 電子醫療卡



# [medical.asiainsurance.hk](http://medical.asiainsurance.hk)

## iAsia – Online Enquiry System 在線查詢系統

### Claim Enquiry 索償查詢





# [medical.asiainsurance.hk](http://medical.asiainsurance.hk)

## iAsia – Online Enquiry System 在線查詢系統

### Claim Enquiry 索償查詢

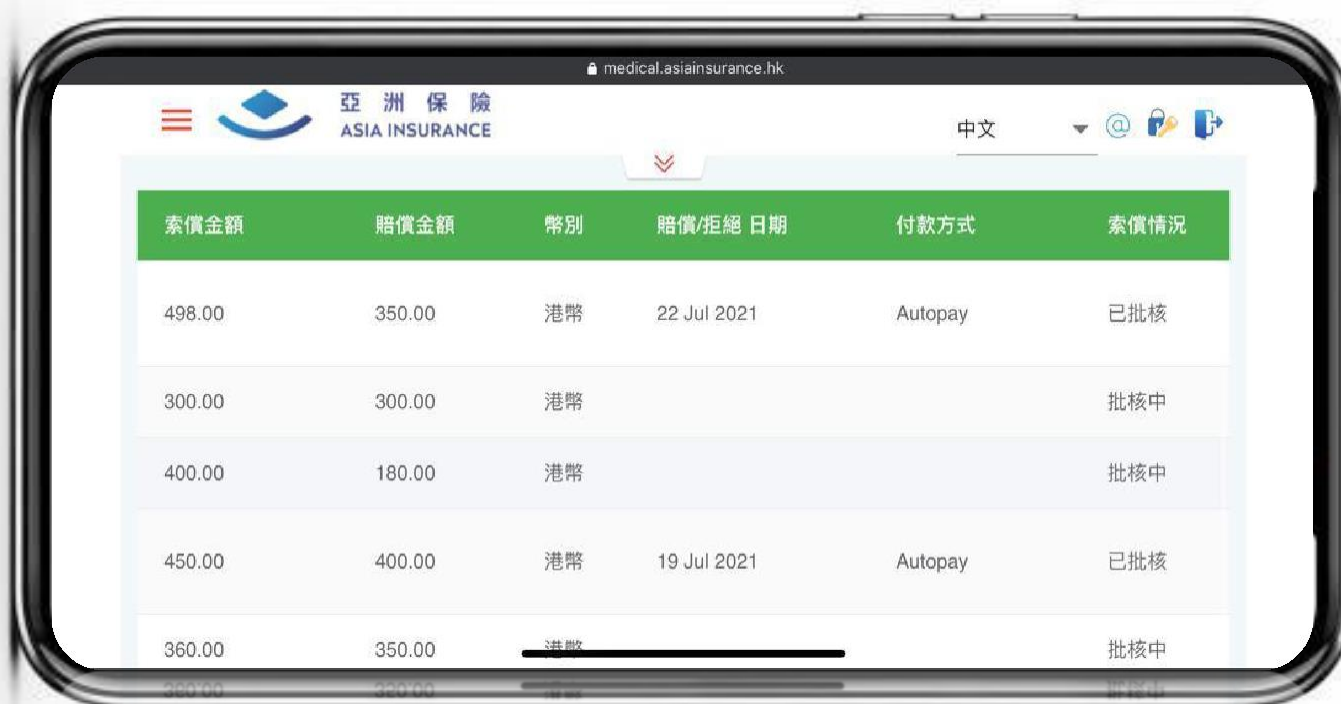
A smartphone screen showing the iAsia online enquiry system interface. The browser address bar displays "medical.asiainsurance.hk". The page header includes the Asia Insurance logo, the text "亞洲保險 ASIA INSURANCE", and a language selector set to "中文". Below the header is a table with columns for claim number, policy number, date of service, claimant name, and insurance type. The table lists five claims, with the first four having a "Download Claim Notice" link. The fifth claim is partially obscured by a black redaction bar.

索償號碼	保單證書編號	求診日期	索賠人姓名	保障類型	
A2000110971-1 <a href="#">索賠通知</a>	00130-0	17 Jul 2021	[REDACTED]	門診保障	<a href="#">詳情</a>
A2000110842-1	00103-0	13 Jul 2021	[REDACTED]	門診保障	<a href="#">詳情</a>
A2000109837-1	00004-0	10 Jul 2021	[REDACTED]	門診保障	<a href="#">詳情</a>
A2000109349-1 <a href="#">索賠通知</a>	00122-0	10 Jul 2021	[REDACTED]	牙科保障	<a href="#">詳情</a>
A2000111268-1	00042-0	09 Jul 2021	[REDACTED]	門診保障	<a href="#">詳情</a>

[medical.asiainsurance.hk](http://medical.asiainsurance.hk)

iAsia – Online Enquiry System 在線查詢系統

Claim Enquiry 索償查詢

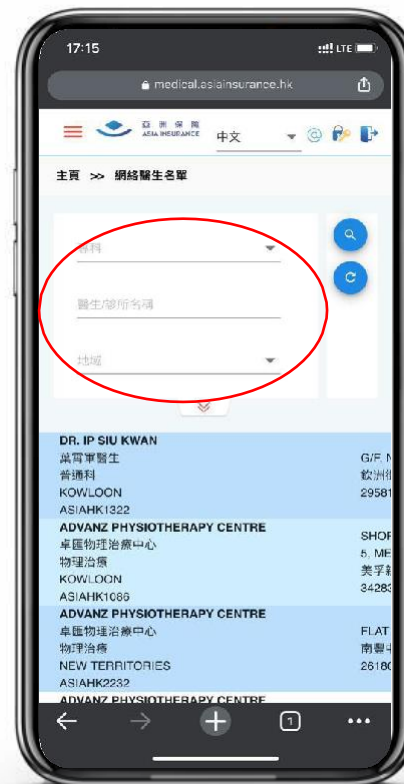
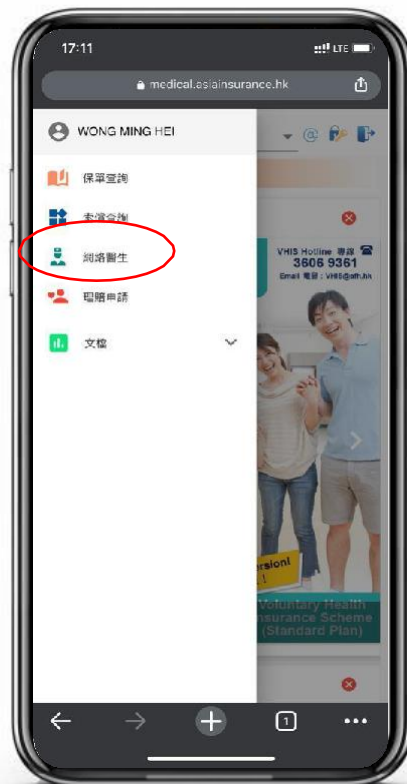
A smartphone screen showing the iAsia online enquiry system interface. The browser address bar displays "medical.asiainsurance.hk". The page header includes the Asia Insurance logo, the text "亞洲保險 ASIA INSURANCE", a language dropdown set to "中文", and social media icons. A table lists claim details with columns for Claim Amount, Compensation Amount, Currency, Claim/Rejection Date, Payment Method, and Claim Status.

索償金額	賠償金額	幣別	賠償/拒絕 日期	付款方式	索償情況
498.00	350.00	港幣	22 Jul 2021	Autopay	已批核
300.00	300.00	港幣			批核中
400.00	180.00	港幣			批核中
450.00	400.00	港幣	19 Jul 2021	Autopay	已批核
360.00	350.00	港幣			批核中

# [medical.asiainsurance.hk](http://medical.asiainsurance.hk)

## iAsia – Online Enquiry System 在線查詢系統

### Doctor List 網絡醫生





# [medical.asiainsurance.hk](http://medical.asiainsurance.hk)

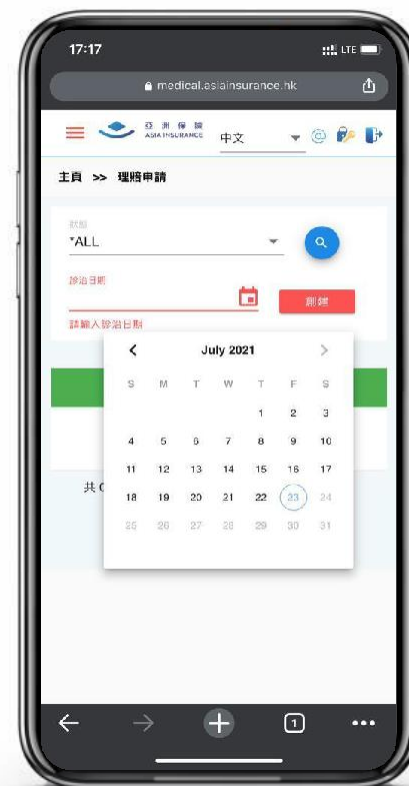
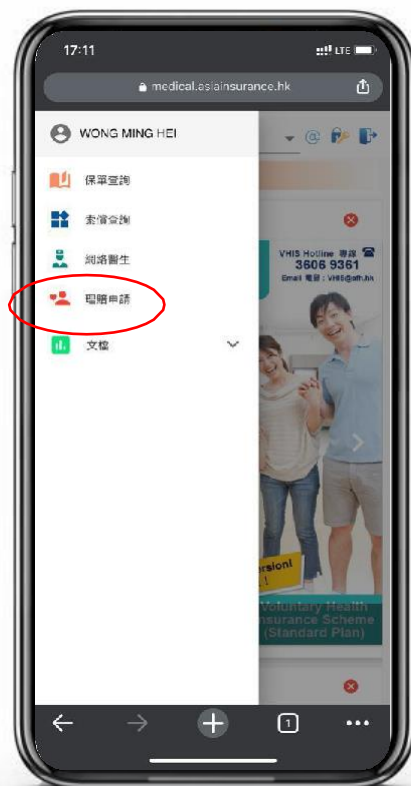
## iAsia – Online Enquiry System 在線查詢系統

### Doctor List 網絡醫生



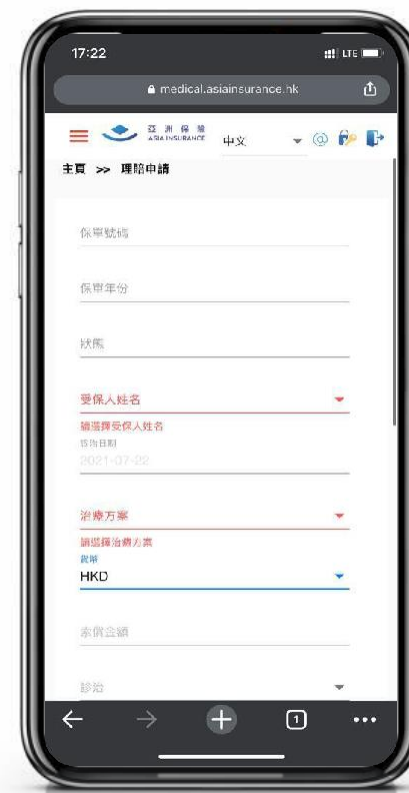
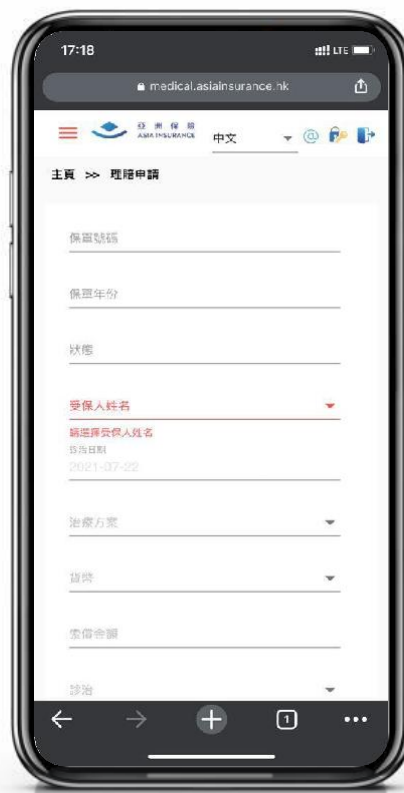
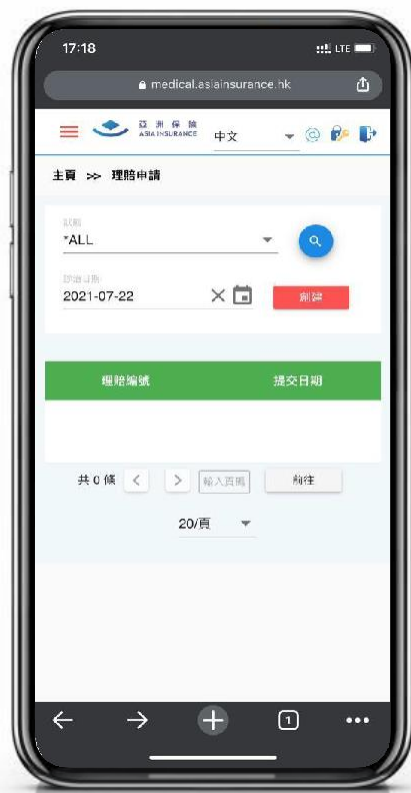
### Claim Submission 提交索償

(Under HKD 30,000 適用於港幣三萬元以下索償)



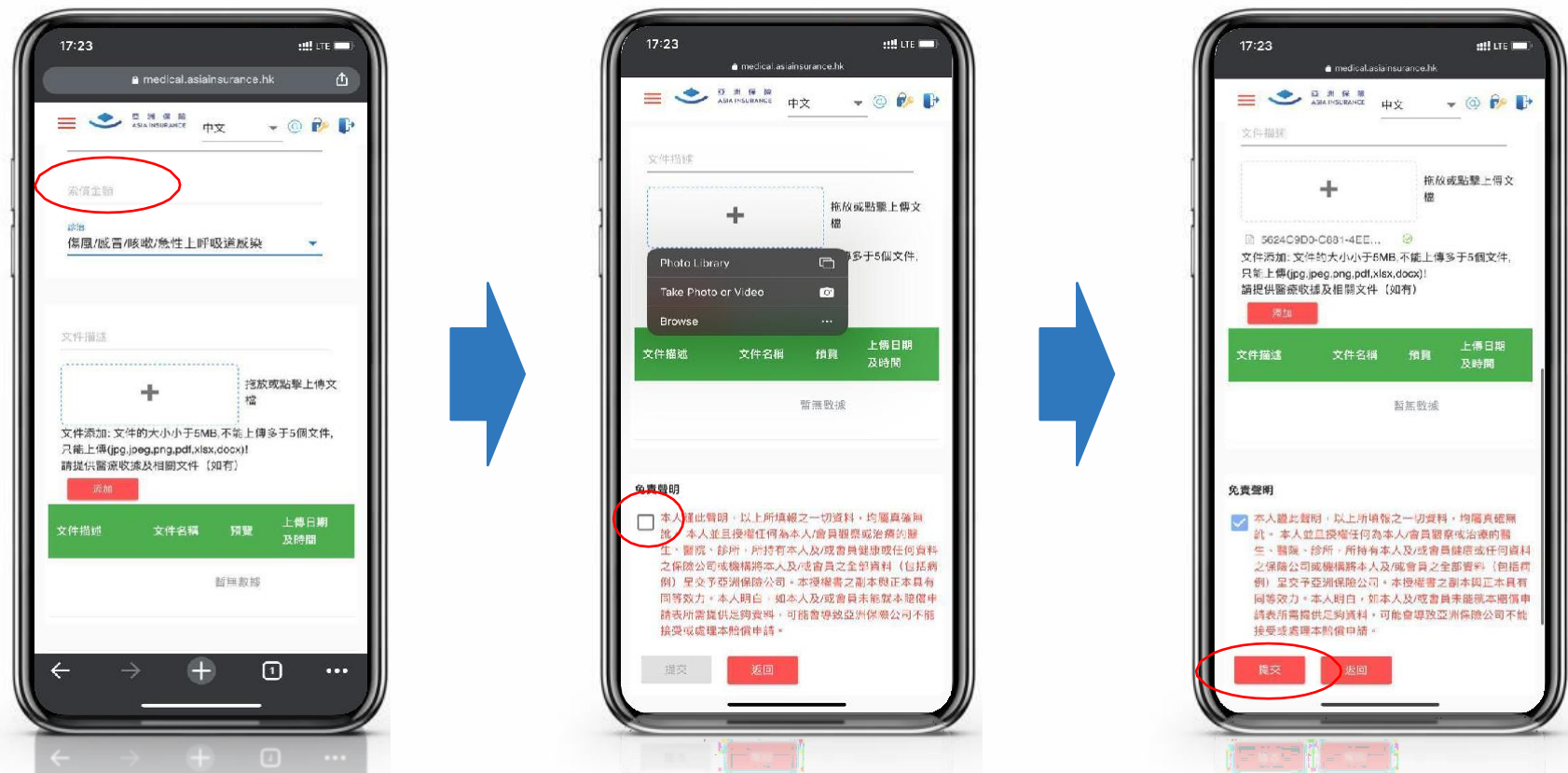
### Claim Submission 提交索償

(Under HKD 30,000 適用於港幣三萬元以下索償)



### Claim Submission 提交索償

(Under HKD 30,000 適用於港幣三萬元以下索償)



The image displays three sequential steps of the online claim submission process on a mobile device:

- Step 1:** The user is on the 'medical.asiainsurance.hk' website. The '索償金額' (Claim Amount) field is highlighted with a red circle. Below it, the '傷風/感冒/喉嚨/急性上呼吸道感染' (Cold/Flu/Sore Throat/Acute Upper Respiratory Infection) dropdown menu is visible. The '文件描述' (File Description) section shows a placeholder for uploading files, with a note: '文件添加: 文件的大小小于6MB, 不能上傳多于5個文件, 只能上傳(jpg, jpeg, png, pdf, xlsx, docx)! 請提供醫療收據及相關文件 (如有)' (File upload: File size less than 6MB, cannot upload more than 5 files, only upload (jpg, jpeg, png, pdf, xlsx, docx)! Please provide medical receipts and related files (if any)).
- Step 2:** The user is prompted to upload files. A 'Photo Library' overlay is shown, allowing the user to select files from their gallery. The '文件描述' (File Description) section is visible, with a note: '文件添加: 文件的大小小于6MB, 不能上傳多于5個文件, 只能上傳(jpg, jpeg, png, pdf, xlsx, docx)! 請提供醫療收據及相關文件 (如有)' (File upload: File size less than 6MB, cannot upload more than 5 files, only upload (jpg, jpeg, png, pdf, xlsx, docx)! Please provide medical receipts and related files (if any)).
- Step 3:** The user is prompted to provide a '免費聲明' (Waiver Declaration). A checkbox is circled in red, indicating the user's agreement to the terms. The '免費聲明' (Waiver Declaration) section contains the following text: '本人謹此聲明, 以上所填報之一切資料, 均屬真實無誤。本人並授權任何為本人/會員醫療或治療的醫生、醫院、診所, 所持有本人及/或會員健康或任何資料之保險公司或機構將本人及/或會員之全部資料 (包括病例) 呈交予亞洲保險公司。本授權書之副本與正本具有同等效力。本人明白, 如本人及/或會員未能就本賠償申請表所需提供足夠資料, 可能會導致亞洲保險公司不能接受或處理本賠償申請。' (I hereby declare that all the information provided above is true and correct. I authorize any doctor/hospital/clinic providing medical treatment for me/my member to provide my/my member's full information (including medical history) to Asia Insurance Company. This authorization form is valid as a copy or original. I understand that if I/my member cannot provide sufficient information required for this claim form, Asia Insurance Company may not accept or process my/my member's claim application.)