





### 3 CASH BENEFIT

The hospital should complete this section if you have stayed in hospital overnight without charge, and your plan includes a Cash Benefit.

I confirm that .....  
 was in hospital from ..... to .....  
 and this hospital did not charge for accommodation.

The hospital needs to stamp this claim form here:

### 4 PAYMENT DETAILS

#### IMPORTANT INFORMATION

We can settle claims in over 80 currencies. This must be in one of the following: (i) the currency in which you pay your premium (ii) the currency of the invoices you send us or (iii) the currency of your bank account.

Who would you like us to pay? (tick one only)

Doctor <input type="radio"/>	Hospital/Clinic <input type="radio"/>	Patient/Member (enclose proof of payment) <input type="radio"/>	Group/Company (enclose proof of payment) <input type="radio"/>
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Please complete either Section A or Section B

#### Section A - Payment by Electronic Funds Transfer to a bank account

Bank name:	
SWIFT / BIC code*:	
Sort code (UK only):	<input type="text"/> - <input type="text"/> - <input type="text"/>
Account number:	
FULL IBAN NUMBER*:	
Account name / payee:	
Currency for the transfer:	
Bank address:	
Post / Zip code:	
Country:	

**\*To process your payment as quickly and securely as possible, we strongly recommend this option as a preferred payment method. Please provide both your IBAN and the SWIFT code of your bank branch. Your bank will be able to provide you with this information if necessary.**

We recommend that bank transfers are made in the currency of your bank account. If you submit a claim and have asked us to pay you, your benefit will be paid less the amount of deductible or co-insurance applicable to your plan. If you have asked us to pay the provider, and an annual deductible or co-insurance applies to your cover, the shortfall will be collected using your direct debit or credit card. If you are part of a company plan, we will send payment to the medical provider for the eligible claim. We will deduct from this payment the remaining annual deductible or co-insurance on your membership. You are responsible for paying any shortfall to the provider after your claim has been assessed and paid. To find out if you have a co-insurance or deductible on your plan, please refer to your membership certificate. To find out more about how co-insurances and deductibles work please refer to your membership guide

#### Section B - Payment by cheque

In which currency would you like us to pay the cheque (please tick one only)

Currency of your invoices
  Currency of your premiums
  Currency of your bank account

Other, please specify:

Cheques payable to members will be sent by post to the correspondence address provided on the front page



## 7 PRIVACY NOTICE

Bupa (Asia) Limited (the "Company")  
Personal Information Collection Statement ("Statement")  
relating to the Personal Data (Privacy) Ordinance (the "Ordinance")

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, or other members covered under your policy (each a "Member"), to supply the Company with certain personal information (including where relevant, credit information and claims history) relating to you, or the Member, when you apply for insurance or financial products and services from the Company, or when you apply to make changes to your policy, or when you renew a policy.

2. Failure to supply personal information requested by the Company may result in the Company being unable to process your Application and/or provide products, services and other related services to you, or the Member.

3. During the course of your relationship with the Company, further personal information relating to you, or the Member, may also be collected in the ordinary course of our business, for example, when you lodge insurance claims with the Company in relation to yourself or the Member.

4. The Company may collect, use or disclose personal information relating to you, or the Member, for the following purposes:

- a. processing, assessing and determining any Applications for insurance products and services;
- b. offering and providing products and services to you, or the Member, and processing requests made by you, or the Member, from time to time, including but not limited to requests for addition, alteration, deletion, maintenance, management and operation of insurance benefits or insured Members;
- c. any purposes in connection with any claims made by or against or otherwise involving you, or the Member, in respect of any products and/or services provided by the Company including, without limitation, making, defending, analysing, investigating, detecting and preventing fraud (whether or not relating to the policy issued in respect of any application or claim) processing, assessing, determining, settling or responding to such claims;
- d. performing any functions and activities related to the products and/or services provided by the Company including, without limitation, audit, reporting, market research, general servicing, maintenance of online and other services, identity verification, data matching, research and statistical analysis, and reinsurance arrangements;
- e. provision and design of products and services of the Company;
- f. exercising the Company's rights in connection with provision of insurance products and services to you, or the Member, from time to time, for example, to determine any amount of indebtedness from you, and collecting and recovering owing from you or any person who has provided any security or undertaking for your liabilities;
- g. communication with you or the Member (or with you on behalf of the Member) in relation to any of the purposes set out in this Statement;
- h. enabling an actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part 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
- i. making disclosure to satisfy the requirements of any laws, rules and regulations, codes of practice, guidance notes or guidelines binding on the Company.

5. Personal information collected or held by the Company relating to you, or the Member, will be kept confidential but the Company may transfer such personal information inside or outside the Hong Kong Special Administrative Region, for the purposes specified in paragraph (4) and (6) to the following classes of transferees:

- a. the Company's group companies ("Group Company");
- b. any insurance adjusters, agents and brokers;
- c. any re-insurance companies authorised by the Company;
- d. employers (for members of corporate policy only);
- e. healthcare professionals and hospitals;
- f. any agent, contractor or third party service providers who provide administrative, telecommunications, computer, payment, data processing or storage, printing, research or other services to the Company in connection with the operation of business, (including without limitation

insurers; banks; lawyers; accountants; claims investigators; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph); organisations that consolidate claims and underwriting information for the insurance industry; the police and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; debt collection agencies; data processing companies; research agencies and professional advisors);

g. any actual or proposed assignee, transferee, participant or sub-participant of all or a substantial part of the Company's rights or business; and

h. any person to whom the Company is under an obligation to make disclosure under the requirements of any law, rules, regulations, codes of practice or guidelines binding on the Company including, without limitation, any applicable regulators, governmental bodies, industry recognised bodies, credit reference agencies, the Courts, and where otherwise required by law.

6. Only with your consent or with your indication of no objection, the Company may use your personal information collected from time to time, including name, contact details, gender, health and family status, to provide you with marketing communications (including by email, SMS or instant messenger) relating to the following products and services:

- a. Insurance, medical, healthcare, wellness, personal development, beauty, lifestyle, entertainment, financial, and related services and products;
- b. rewards, benefits, discounts, member activities, loyalty or privileges programmes and related services and products; and
- c. donations and contributions for charitable and/or non-profit making purposes.

The Company will not disclose personal information relating to you, to third parties for them to use for their own direct marketing purposes without your consent.

For the avoidance of doubt, whether or not you consent to receive marketing communications of the type described in this paragraph 6, the Company may still communicate with you regarding the administration, features and renewal of your insurance policy.

7. Under and in accordance with the terms of the Ordinance, you have the following rights:

- a. to check whether the Company holds personal information relating to you or the Member and to access such personal information;
- b. to require the Company to correct any personal information relating to you or the Member which is inaccurate;
- c. to ascertain our policies and practices in relation to personal data and to be informed of the kind of personal data held by the Company, and
- d. to request the Company to cease using your personal information for direct marketing purposes.

Requests can be made in writing to the Company's Data Protection Officer at the following address:

Data Protection Officer  
18/F, Berkshire House  
25 Westlands Road, Quarry Bay, Hong Kong

8. In accordance with the terms of the Ordinance, the Company has the right to charge a reasonable fee for the processing of any personal information access or correction request.

9. For any enquiries about this Statement, please do not hesitate to contact our Customer Service Team at +852 2531 8503.

10. Nothing in this Statement shall limit the rights of customers under the Ordinance.

11. In case of discrepancies between the English and Chinese versions of this Statement, the English version shall prevail.

## 8 DECLARATION

### IMPORTANT INFORMATION - TO BE COMPLETED BY THE PATIENT

I confirm that the information I have given on this form is accurate and correct, to the best of my knowledge.

I confirm that I have read and understood the content of the Full Privacy Notice.

I confirm that I have brought the Full Privacy Notice to the attention of any additional people mentioned in this claim form.

- Marketing and preferences: I confirm that I want to receive marketing materials and communications from Bupa (Asia) Limited and Bupa Global keeping me updated about Bupa's products and services.

Patient's signature (Parent or guardian if patient is under 16)

Date

If you have any queries regarding your claim, log onto our website [www.bupaglobal.com/membersworld](http://www.bupaglobal.com/membersworld) or contact our customer services team on:

Telephone: +852 2531 8503

Fax: +852 2529 2725

Email: [service.hk@bupaglobal.com](mailto:service.hk@bupaglobal.com)

Email is used for your convenience and speed, but we cannot always guarantee the security of this method of communication. You need to be aware that some companies and countries do monitor email traffic. You need to take this into account when choosing to use this method of communication.

Please refer to your membership certificate for details of your insurer.

### CLAIM CHECKLIST

Please review the following checklist and ensure that the information and supporting documents are provided, where applicable:

- Clear, readable and unobscured documents (photocopied receipts should not obscure any details, clear handwriting, etc)
- Symptoms and/or diagnosis
- Prescription for pharmacy and optical claims
- Final itemised invoice to include treatment dates, description and cost of each service provided (please note we cannot accept interim or estimate invoices)
- Complete payment instructions including payment currency
- Proof of payment for member/group/company paid claims
- Signature, name and date provided for Medical declaration (Section 8)

Please, note that we may need to request additional information to complete the assessment of your claim.

Members: You will be able to track the progress of your claim on our MembersWorld website (<https://membersworld.bupaglobal.com>)

# NOTES

