







## 5 Third party insurers

Are some of the costs recoverable from someone else (for example, state insurer or a person / organisation involved in an accident?):  Y  N

Name:	
Address:	
Email:	
Telephone (Please include country code, area code and number):	

## 6 Your consent to obtain a medical report

### Important information

In order to process your claim, we may need to apply for a medical report from any doctor who has attended you. To apply, we need you to give your consent by signing the declaration below.

Please read this section carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

#### If you receive treatment in the UK, you can choose from three courses of action.

1. You can give your consent without asking to see the doctor's report before it is sent to us. The report will then be sent directly to us by the doctor.
2. You can give your consent, but ask to see any report before it is sent to us, in which case you will have 21 days, after we notify you that we have requested a report from the doctor, to contact your doctor to make arrangements to see the report. If you fail to contact the doctor within 21 days, they will be entitled to send the report direct to us. If however you contact your doctor with a view to seeing the report, you must give the doctor written consent before they can release it to us. You may ask your doctor to change the report if you think it is misleading. If your doctor refuses, you can insist on adding your own comment to the report before it is sent to us. Should you give your consent to us obtaining a report without indicating that you wish to see it, you can change your mind by contacting your doctor before the report is sent to us, in which case you will have the opportunity to see the report and ask the doctor to change the report or add your comments before it is sent to us, or withhold your consent for its release.
3. You can withhold your consent but, if you do, please bear in mind that we may be unable to accept your claim.

Whether or not you indicate that you wish to see the report before it is sent, you have the right to ask your doctor to let you see a copy, provided that you ask them within six months of the report having been supplied to us.

Your doctor is entitled to withhold some or all of the information contained in the report if (a) they feel that it may be harmful to you or (b) it would indicate their intentions in respect of you or (c) would reveal the identity of another person without their consent (other than that provided by a health professional in their professional capacity in relation to your care). Your doctor may also make a reasonable charge for their services.

The undersigned authorises and requests any hospital, specialist, physician or other health provider to furnish Bupa or its duly authorised agent acting on Bupa's behalf with such information as Bupa or that agent may seek from them in connection with any treatment or other services provided to me or my dependant for the purpose of Bupa considering this claim.

#### If you are receiving treatment in the UK, by signing this form you are confirming that:

I have been advised of my rights under the Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (NI) Order 1991.

#### If you receive treatment in the UK please indicate below if you wish to see a copy of the medical report before it is sent to Bupa:

I do wish to see a copy of any medical report before it is sent to Bupa.

I do NOT wish to see a copy of any medical report before it is sent to Bupa.

**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, correct and complete, to the best of my knowledge. I give explicit consent on behalf of myself or the patient (if acting on the patient's behalf) for the doctors and any other medical providers responsible for my treatment, care or other services provided to me, to provide Bupa Global or its service partners with any information requested in connection with this claim or any past claim, for the purpose of considering, processing, auditing or otherwise handling this claim.

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

Print Name:

Date:

D D M M Y Y Y Y

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