

To avoid return of claim due to incomplete information, please answer all questions. 為免因資料不全而被退回索償申請，請回答所有問題

**TO BE COMPLETED BY INSURED MEMBER** 此部份由受保成員填寫

NAME OF POLICY OWNER/EMPLOYER 保單持有人名稱 / 僱主名稱	NAME OF EMPLOYEE 受保僱員姓名	
POLICY NUMBER 保單號碼	NAME OF PATIENT 病者姓名	CERTIFICATE NUMBER 保險證號碼

**TO BE COMPLETED BY ATTENDING DENTIST** 此部份由應診牙醫填寫

DENTIST NAME :		DENTIST LICENSE NO. :
PLEASE ANSWER AS COMPLETELY AS POSSIBLE If prosthesis, is this initial placement?	If yes, please give brief description and dates	

Is treatment for orthodontics? \_\_\_\_\_

Is treatment a result of accident? \_\_\_\_\_

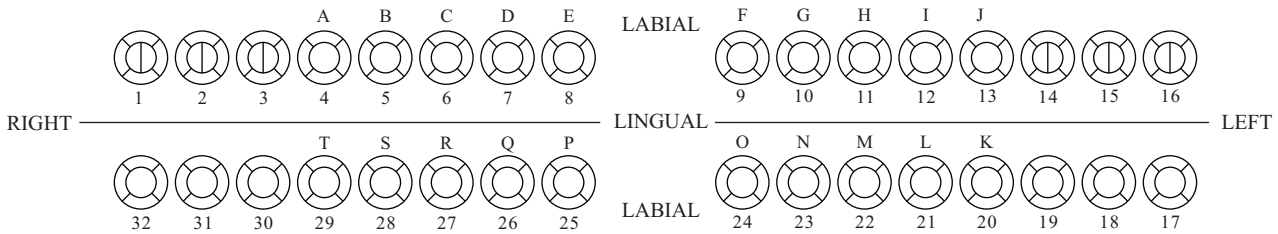
Please fill in the particulars for oral treatment (including X-rays, prophylaxis, material used, etc):

Tooth No.	Particulars	Charges
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Please mark teeth treated or area of oral treatment on following chart.

PERMANENT TEETH

DECIDUOUS TEETH



I hereby certify that the services listed above have been performed on the above-named patient on the date indicated.

Dentist's Signature : \_\_\_\_\_

Date : \_\_\_\_\_

**Personal Information Collection Statement 個人資料收集聲明**

The information provided by the Applicant or all Relevant Persons of the Policy on the application forms or other forms prescribed by MassMutual Asia Limited ("the Company") or its Consultants (whether or not the information was supplied by the Applicant or all Relevant Persons of the Policy in this application or otherwise) is collected to enable the Company to carry on its insurance business and may be used for the purposes of: (1) evaluating and processing policy service requests, administering and reinsuring your policy/policies with the Company; (2) adjudicating any insurance or related claims, or conducting any investigation or analysis of such claims; (3) promoting and providing any insurance or financial related product or service or any addition, alternation, variation, cancellation, renewal or reinstatement of such product or service; (4) exercising any right of subrogation; (5) calculating premiums or benefits; (6) data matching and direct marketing; (7) communicating with any person or organization relating to this and other insurance claims; (8) any other purpose relating to the settlement of the policy/policies with the Company; and may be used, held, transferred or disclosed to (1) any related individual or company associated with the Company or any other company carrying on insurance or reinsurance related business or any intermediary or a claims or investigation or other service provider providing services relevant to insurance business or professional advisers for any of the above or related purposes; (2) any association, governmental authority of federation of insurance companies ("Authority") that exists or is formed from time to time for any of the above or related purposes or to enable the Authority to carry out its regulatory functions or such functions that may be assigned to the Authority from time to time and are reasonably required in the interest of the insurance industry or any members of the Authority; and (3) any selected party as we may consider necessary whether within or outside Hong Kong. The Applicant or all Relevant Persons have the right under the Personal Data (Privacy) Ordinance to have access to, and to correct any of the respective personal data held by the Company. Request whereof shall be made in writing and addressed to the Manager of the Employee Benefit, and delivered to the Company's head office at 4/F, MassMutual Tower, 38 Gloucester Road, Wanchai, Hong Kong.

投保公司或保單有關人士在申請表或在美國萬通保險亞洲有限公司("本公司")所訂明的表格中提供的資料(不論是藉投保公司或保單有關人士於本申請中或透過其他途徑所提供)，為本公司或其顧問提供保險業務所需，並可能使用於下列目的：(1) 評審及處理保單服務要求，就投保公司或保單有關人士於本公司之保單提供行政及再保險服務；(2) 評核任何保險或相關索償，或就該等索償進行任何調查或分析；(3) 推銷及提供任何與保險或財務有關的產品或服務，或就該等產品或服務所作的任何增加、更改、變更、取消、續期或復效；(4) 行使任何代位權；(5) 計算保費或得益；(6) 資料核對及直接銷售；(7) 聯絡與此或其他保險索償有關的人士或機構；(8) 任何關於賠償投保公司或保單有關人士於本公司的保單的其他用途；及可能被使用、保存、轉移或披露予(1) 任何與本公司有聯系的有關個人或公司，或任何其他從事與保險或再保險業務有關的公司，或與任何保險業務有關的中介人或索償或調查或其他服務提供者，或專業顧問以達到任何上述或有關目的；(2) 任何團體、政府機構或現存或不時成立的任何保險公司協會或同類組織("該等機構")以達到任何上述或有關目的，或以便該等機構執行其監管職能，或其他基於保險業或任何該等機構會員的利益而不時在合理要求下賦予該等機構的職能；及(3) 任何本公司認為有需要之有關人等(不論在香港或以外)。根據個人資料(私隱)條例，投保公司或保單有關人士有權查閱和更正本公司持有有關人士的個人資料。投保公司或保單有關人士可以書面方式呈交本公司位於香港灣仔告士打道38號美國萬通大廈4樓的總公司，向僱員福利部經理提出有關要求。

Signature of Insured Member/Employee 受保成員 / 僱員簽署 : \_\_\_\_\_ Date 日期 : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 M月 D日 Y年

\* If the Insured Member is a child under 18 years of age, this form is to be filled in and signed by the Employee concerned.  
 若受保成員是僱員子女而少於十八歲，此表格須由僱員代為填寫及簽署。