



ace insurance

Please submit your claim to Marsh (Hong Kong) Limited Suite 1001 - 1004, 10th Floor, 625 King's Road North Point, Hong Kong. Tel : 852 2301 7680 Fax : 852 2539 5368

Marsh Study Abroad Protection Sickness Medical Expenses Claim Form (Outpatient Only)

Name of Policyholder: _____

Certificate No: SAP _____ Insured Student's HKID No: _____

Name of Claimant: _____

Claimant's Address: _____

Claimant's Phone No: _____ Claimant's Email address: _____

All Payments will be credited to the Policyholder's designated Bank Account by auto-pay in Hong Kong

Policyholder's Name in the Bank Book: _____ (Please use BLOCK LETTER)

Name of Bank: _____

Bank Account No: _____

Date: _____ Signature of claimant / policyholder: _____ Name: _____

Instructions:

** You may download the claim form from our website www.aceinsurance.com.hk or Marsh (Hong Kong) Ltd website www.marsh.com.hk

- 1. Claim notification must be submitted within 45 days of incurring such expenses
2. Original medical bills must be attached showing the date of treatment, patient's name, diagnosis and the physician's chop & signature.
3. Claim for expenses incurred in buying drugs and or undergoing X-ray examination &/or laboratory tests must be supported by the physician's prescription and the original bills from the pharmacy &/or laboratory.

Note Any persons from whom the Company has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by the Company. A request for such access may be made to the Personal Data Privacy Officer of ACE Insurance Ltd at 25/F Shui On Centre, No. 6-8 Harbour Road, Wanchai, Hong Kong.

Declaration and authorization I declare that to the best of my knowledge and belief the above statement and particulars contained are in all respects true and complete and are made without reservation of any kind. I hereby authorize any physician, medical practitioner, hospital or clinic by whom or where I have been observed or treated to give full particulars about my health to ACE Insurance Limited. A photocopy of this authorization shall be considered as effective and valid as the original. I/We further hereby declare and agree that the personal information collected or held by ACE Insurance Ltd, whether contained in this accident report form or otherwise obtained, may be used by ACE Insurance Ltd or disclosed to any individual or organization within or outside Hong Kong for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis.