



CLAIM FORM 索償表格

Group Life Scheme - Death Claim 團體人壽保險 – 死亡索償

Claim for a deceased employee. To be filled in by the beneficiary. 為已故僱員索償。由受益人填寫。

HOW TO SUBMIT THIS FORM 如何提交此表格

After completing the form, please send back to us:
填寫表格後，請發回給我們：

BY MAIL

Post the fully completed and signed claim form, plus all the items in the checklist, to Employee Benefits Claims, HSBC Life, P.O. Box 70451, Kowloon Central Post Office, Kowloon, Hong Kong

郵寄

將填妥並簽署的索償表格連同清單中的所有項目郵寄至滙豐保險僱員福利索償 – 香港九龍中央郵政信箱70451號

WHAT HAPPENS NEXT 下一步

The process after you send in the claim form
提交此表格後的流程

- We'll contact you as soon as possible if we need more information, or if we need to have your claim assessed by a third party such as an impartial doctor or hospital. This could cause a delay to your claim. The beneficiary is responsible for any expenses incurred while the claim is being processed.
如果我們需要更多資料，或者需要讓第三方（例如公正的醫生或醫院）評估您的索償，我們會盡快與您聯繫。這可能會導致您的索償延遲。受益人需要支付索償期間產生的任何費用。
- Certified True Copy must be done by the Policyholder with signature and company stamp.
有關的認證副本必需由保單持有人簽署及蓋上公司印章。
- If you have any questions about your claim, please call (852) 3128 0153.
如果您對索償有任何疑問，請致電 (852) 3128 0153。

CHECKLIST 索償文件清單:

What you need to submit with this claim
您需要與此索償一起提交的文件

- HSBC Death Claim Form completed by beneficiary and endorsed by the Policyholder
由受益人填妥之滙豐保險死亡索償表格，並由保單持有人確認
- Certified true copy of the death certificate, notarial certificate plus police report and/or hospital certificate if death took place in mainland China (if applicable)
已故僱員死亡證明書認證副本；如在中國內地死亡，請提供中國公証處發出的公證書和中國公安/醫院發出的事件報告
- Certified true copy of beneficiary designation record, or letter of administration or probate issued by High Court of Hong Kong (if applicable)
指定受益人記錄之認證副本或由香港高等法院發出之遺產管理書/遺囑認證之認證副本（如適用）
- Certified true copy of ID card of the beneficiary and deceased
受益人和已故僱員之身分證認證副本
- Copy of Police report and/or Physician report is needed for accidental death
警方/醫院發出的事件報告副本（意外傷亡適用）
- Copy of sick leave certificate and attendance records of the deceased
已故僱員的病假證明和出勤記錄副本
- Certified true copies of employment pay slips of the latest 3 months as proof for the sum assured
最近三個月入息證明之認證副本以作保額計算用途
- Copy of relationship proof between the deceased and the beneficiary
已故僱員與受益人之關係證明文件副本
- Copy of residential address proof for the most recent 3 months
受益人最近三個月內發出之現時住宅地址證明副本
- Copy of document with the beneficiary's name and bank account details (if applicable)
受益人本地銀行戶口證明文件副本（如適用）

CLAIM INFORMATION 索償資料

To be completed in BLOCK LETTERS and signed by the beneficiary 由受益人以正楷填寫

1. EMPLOYER / EMPLOYEE AND BENEFICIARY DETAILS 成員資料

1A. EMPLOYER DETAILS 僱主資料

Group medical policy no. 團體保單編號	Employer name 僱主/團體保單投保公司名稱
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Refer to the Medical Card of the deceased 請參閱已故僱員的醫療卡

1B. DECEASED PERSON'S DETAILS 已故僱員資料

Mandatory fields, otherwise, claim will not be processed 必須填寫，否則索償將不予處理

Full name of deceased 已故僱員姓名	Relationship between deceased and beneficiary 受益人與已故僱員之關係	Membership no. of the deceased 已故僱員成員編號																															
		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p style="font-size: small;">Refer to the medical card of the deceased 請參閱已故僱員的醫療卡</p>																															
HK/Macau ID card no. 香港/澳門身份證號碼	Date of birth 已故僱員出生日期	Date and time of death 死亡日期及時間																															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p style="font-size: small;">DD日 MM月 YYYY年</p>							<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p style="font-size: small;">DD日 MM月 YYYY年</p>									<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p style="font-size: small;">HR時 MIN分</p> <input type="checkbox"/> A.M 上午 <input type="checkbox"/> P.M 下午						
Last date at work 最後工作日期	Location of death 死亡地點	Cause of death 死亡原因																															
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table> <p style="font-size: small;">DD日 MM月 YYYY年</p>																																	

1C. IF THE CAUSE OF DEATH WAS DUE TO AN ACCIDENT 若死亡原因為意外導致

If yes, please provide details below, otherwise the claim will not be processed. 請在下方提供詳情，否則索償將不予處理。

Date and time of accident 意外日期及時間	Location of accident 意外地點	Details of the accident 意外詳情
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">DD</div> <div style="border: 1px solid black; padding: 2px;">MM</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div> <p style="text-align: center;">日 月 年</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px;">HR</div> <div style="border: 1px solid black; padding: 2px;">MIN</div> <div style="border: 1px solid black; padding: 2px;">A.M 上午</div> <div style="border: 1px solid black; padding: 2px;">P.M 下午</div> </div>		

2. PAYMENT INSTRUCTIONS 付款指示

- Via cheque (Cheque made payable to the beneficiary and sent by mail to their address).
經支票支付予受益人，支票將寄往受益人的通訊地址。
- Via transfer to bank account (The beneficiary must hold or jointly hold the bank account. Otherwise a cheque made payable to the beneficiary will be sent by mail to their address.) Please fill in the details.
轉賬至受益人之本地銀行戶口（不適用於非受益人之個人或聯名銀行戶口。若該戶口並非受益人之個人或聯名銀行戶口，付款將以支票形式寄予受益人通訊地址。）

Account no. 戶口號碼	Account holder name 戶口持有人姓名
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">Bank Code 銀行編號</div> <div style="border: 1px solid black; padding: 2px;">Branch Code 分行編號</div> <div style="border: 1px solid black; padding: 2px;">Account Number 戶口號碼</div> </div>	

We require a document including the beneficiary's full name and bank account details attached to this claim as proof, otherwise we will mail a cheque instead. If you do not provide the bank proof, payment will be made by cheque payable to the Beneficiary and mailed to the Beneficiary's correspondence address.

請提供受益人本地銀行戶口證明文件副本並清楚顯示受益人全名和銀行戶口詳細信息作為索償的證明。若您未能提供銀行證明，我們將通過支票支付予受益人並郵寄到受益人的通訊地址。

3. BENEFICIARY DECLARATION & AUTHORISATION 受益人聲明及授權

I, (Name of Claimant/Beneficiary/Authorised Officer of Corporate) _____ of HKID No. _____, do hereby authorise any physician, hospital, clinic, employer, banks, government authorities, insurance company or organisation that has any records or knowledge of late _____ of HKID No. _____ (relationship to me _____) to disclose to HSBC Life (International) Limited, or its representatives any and all information with respect to his/her health, medical history, disease, hospitalisation, advice, treatment, investigatory result or employment record. I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate. 本人 _____ 申請人/ 受益人/ 機構之獲授權人員姓名) _____ 香港身分證號碼 _____, 現授權任何註冊西醫、醫院、診所、任何僱主、銀行、保險公司、政府機構、或其他有關機構，凡知道或持有死者 _____ 香港身分證號碼 _____ (本人與死者之關係為 _____) 之紀錄，均可將有關資料提供給匯豐人壽保險（國際）有限公司。

I also agree HSBC Life (International) Limited to utilize the copy of myself or this request. A photocopy of this authorisation shall be considered as effective and valid as the original. 另本人在此聲明有權申請成為上述死者的遺產承辦代理人。此授權書之正本與副本均具同等效力。

I/We agree that HSBC Life (International) Limited may, in connection with this Application, obtain my/our Common Reporting Standard (CRS) related information retained by The Hongkong and Shanghai Banking Corporation Limited (if applicable). If any of the CRS information is not up-to-date, I/we will provide HSBC Life (International) Limited with the updated information and if required, complete a new self-certification form. I/We hereby give consent to HSBC Life (International) Limited and The Hongkong and Shanghai Banking Corporation Limited to share between themselves my/our CRS related information. 本人（等）同意滙豐人壽保險（國際）有限公司有權向香港上海滙豐銀行有限公司索取本人（等）之「共同匯報標準」有關資料為本申請用途（如適用）。表格上之「共同匯報標準」資料如有任何變更，本人（等）會提供已適當更新的資料予滙豐人壽保險（國際）有限公司，如有需要，本人（等）將填寫一份新自我證明表格。本人（等）同意滙豐人壽保險（國際）有限公司及香港上海滙豐銀行有限公司共同使用本人（等）之「共同匯報標準」有關資料。

By signing below, I/we confirm the above application and agree that the Company may use and disclose all personal data about me/us that the Company currently or subsequently hold for the purposes as set out in the Notice relating to the Personal Data (Privacy) Ordinance (which may otherwise be referred to as 'Personal Information Collection Statement') that the Company, HSBC Life (International) Limited, have most recently notified me of, and I understand I can scan the QR code on the right for review, or contact the Medical Services Hotline for details. 本人（等）在下方簽署即確認上述申請並同意貴公司可按本表格隨附的關於個人資料（私隱）條例的通知內列出的用途使用及披露貴公司現時或其後持有有關本人（等）的全部個人資料。該條例亦是貴公司最近通知本人有關「個人資料收集聲明」，本人亦明白「個人資料收集聲明」可以掃描右方的二維碼瀏覽，或可聯絡醫療服務熱線以取得詳情。



Personal Information Collection Statement (English)



個人資料收集聲明 (中文)

4. BENEFICIARY DETAILS 受益人資料

4A TO BE COMPLETED BY THE BENEFICIARY 由受益人填寫

Full name 受益人英文姓名	Nationality 國籍	Identity document type 身份證明文件類別	Identity document no. 身份證明文件號碼
Telephone no. (Please provide at least one telephone no. with its country code) 聯絡電話(最少提供一個聯絡電話及其所屬國家號碼)	Residential address 住宅地址	Permanent address (if different from residential address) 永久地址 (如與住宅地址不同)	

SIGNATURE 簽署

DD

MM

YYYY

日 月 年

Signature of Beneficiary
受益人簽署

Full name (in BLOCK letters)
姓名 (請以正楷英文書寫)

Date signed
簽署日期

4. BENEFICIARY DETAILS (CONTINUED) 受益人資料 (續)

4B TO BE COMPLETED BY THE LEGAL PARENT / GUARDIAN / TRUSTEE 法定父母/監護人/受託人填寫

(If the Beneficiary is under 18 years) (如受益人為18歲以下)

Full name 法定父母/監護人/受託人英文姓名	Nationality 國籍	Identity document type 身份證明文件類別	Identity document no. 身份證明文件號碼
Telephone no. (Please provide at least one telephone no. with its country code) 聯絡電話(最少提供一個聯絡電話及其所屬國家號碼)	Residential address 住宅地址	Permanent address (if different from residential address) 永久地址 (如與住宅地址不同)	
SIGNATURE 簽署			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD日		MM月		YYYY年	

Signature of Legal Parent / Guardian / Trustee
法定父母/監護人/受託人簽署Full name (in BLOCK letters)
姓名 (請以正階英文書寫)Date signed
簽署日期

4C TO BE COMPLETED BY THE POLICYHOLDER 由保單持有人填寫

Registered name of entity or corporation 機構或公司登記名稱			
Certificate of incorporation no. 公司註冊證書號碼	Country / Region of incorporation 註冊國家/地區		
Business registration no. 商業登記號碼	Country / Region of registration 登記國家/地區		
Telephone no. (Please include country/region code) 聯絡電話 (請提供聯絡電話及其所屬國家/地區)	Registered address 登記地址	Business address (If different from registered address) 業務地址 (如與登記地址不同)	
SIGNATURE 簽署			

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD日		MM月		YYYY年	

Signature of Authorised person with company stamp
獲授權人員簽署及蓋上公司印章Date signed
簽署日期