



## CLAIM FORM 索償表格

### Major Illness/Cancer Benefit/Terminal Illness/Female Benefit/Dementia Protection Claim Form

#### 嚴重疾病／癌症保障／末期疾病／女性保障／認知障礙保障賠償索償表

HSBC Life (International) Limited, incorporated in Bermuda with limited liability (the "Company" or "HSBC Life")  
 滙豐人壽保險(國際)有限公司(註冊成立於百慕達之有限公司)(「本公司」或「滙豐保險」)

**PLEASE SUBMIT THE FORM AND RELEVANT DOCUMENTS TO ONE OF THE AVAILABLE CHANNELS BELOW.** 請將表格和相關文件用以下其中一種方式遞交。

- Scan the QR code on your right hand side to upload documents to "Document Upload Service" on HSBC website. 您可以掃瞄右方的二維碼上載相關文件到滙豐網站上的「文件上載服務」；OR 或
- Mail to 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 郵寄至香港九龍深旺道1號滙豐中心1座18樓；OR 或
- Submit to any HSBC Branch 可於任何滙豐分行遞交



#### WHAT HAPPENS NEXT 下一步

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

- We'll let you know the outcome of this claim within 7 business days. 我們將在7個工作日內通知您此索償的結果。
- If you have any questions about your claim, please call (852) 3128 0122. 如果您對索償有任何疑問，請致電(852) 3128 0122。

#### CLAIMS DOCUMENT CHECKLIST 索償文件清單

- Part I is fully completed & signed by the Policyholder/Claimant/Life Insured 索償表甲部經由保單持有人／索償人／受保人填寫並簽署
  - Part II is fully completed & signed by the Attending Physician with chop 索償表乙部經由主診醫生填寫，簽署並蓋印
  - Part III is fully completed & signed by the Policyholder/Claimant/Life Insured (if applicable) 索償表丙部經由保單持有人／索償人／受保人填寫並簽署(如適用)
  - Copy of Histopathology, Laboratory Test Report, Endoscopic, Ultrasonogram, X-Ray, CT Scan, MRI, Diagnostic Written Report(s) and Operating theatre summary (if applicable) 病理學、化驗報告、內窺鏡、超聲波、X光、電腦掃描、磁力共振、手術室摘要及診斷之書面報告副本(如適用)
  - Copy of Policyholder & Insured's Identity Card 保單持有人及受保人之身份證明文件副本
  - Copy of Bank Account Proof (applicable for Policyholder's sole or joint name bank account other than Policyholder's premium deduction account) 銀行戶口證明文件副本(適用於保單持有人之個人或聯名非保費轉賬戶口)
- Applicable for Child Protection under HSBC Family Protector: 適用於滙家保兒童保障:
- Copy of Identity Card of Insured's Child 受保人子女之身份證副本
  - Copy of Relationship Proof between Insured's Child & Insured 受保人子女與受保人之間關係證明文件副本
  - Copy of Newborn Hospital Discharge Record or Medical Report and Child Birth Health Record of Insured's Child 受保人子女之初生嬰兒出院記錄或醫療紀錄及健康記錄

#### Notes 注意:

- A claim must be made as soon as possible after the insured becoming aware that he/she is suffering from an illness or from the date of diagnosis and whilst this Policy is in force. 索償人需於受保人已獲悉或被診斷證實患上疾病時盡快在保單有效期內提出索償。
- Please ensure completion of the above procedures to avoid unnecessary delay in claim process. 請確保完成以上各項，以免延緩索償進程。
- We will inform you if we require additional information from you or we consider that your claim has to be assessed from third parties (such as doctor, hospital, etc.). As the time required for obtaining the information is variable, the processing time of your claim will likely be lengthened. 若我們有需要就審核是次賠償申請而向您或其他人士(如醫生、醫院等)索取額外資料，我們會盡快通知您。因索取有關資料需時，賠償申請的審核時間會較長。

#### PART I - TO BE COMPLETED BY THE INSURED PERSON OR CLAIMANT IN ENGLISH OR CHINESE

甲部 - 由受保人或索償人以英文或中文填寫

#### DETAILS OF INSURED/INSURED'S CHILD 受保人／受保人子女資料

Policy No. 保單號碼	Name of Insured/Insured's Child 受保人／受保人子女姓名	I.D. Card/Passport No. 身份證／護照號碼
Contact Number 聯絡電話	Email Address 電郵地址	
Correspondence Address 通訊地址		

#### REASON FOR CLAIM 賠償原因

Describe the illness and give a brief description of the symptoms 所患病症及其病徵

How long had the Insured/Insured's Child been having these symptoms prior to visiting physician? 受保人／受保人子女在首次就診前該等病徵已存在多久?

#### Details of consultation 診治詳情

(i) Please give details of all physician(s) consulted or hospital(s) to which Insured/Insured's Child was admitted during this illness 受保人／受保人子女曾診治此病的醫生資料:

Physician/Hospital 醫生／醫院		Admission No. 求診或住院號碼	Admission Date 求診或住院日期
Name 姓名	Address 地址		

(ii) Please give details of family/usual physician(s) 家庭醫生／慣常就診的醫生資料:

Physician/Hospital 醫生／醫院		Admission No. 求診或住院號碼	Admission Date 求診或住院日期
Name 姓名	Address 地址		

**Claims with other insurance company(ies) 向其他保險公司索償**

Are you making claims to any other insurance company as a result of the treatment? 有關是次治療，您是否有向其他保險公司申請索償？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	If yes, please provide details below 如有，請提供以下資料 (a) Name of insurance company 保險公司名稱 _____ (b) Policy Number 保單號碼 _____
--	---

**PAYMENT INSTRUCTION 付款指示**

By Bank Account 經銀行戶口

Transfer to the policyholder's premium deduction account (not applicable if the bank account is held by someone other than the policyholder's sole or joint name) 轉賬至保單持有人之保費轉帳戶口 (不適用於非保單持有人之個人或聯名銀行戶口)

Transfer to the Policyholder's sole or joint name bank account below 轉賬至以下保單持有人之個人或聯名銀行戶口

Bank Name and Branch 銀行及分行之名稱	Bank No. 銀行編號	Branch No. 分行編號	Account No. 賬戶號碼

Notes 註:  
 Please also submit adequate proof showing the full name and the bank account number of Policyholder's sole or joint name bank account (such as copy of bank book, ATM card, bank statement, etc.) to the company. If we do not receive the copy of the required document(s), the payment will be made by cheque payable to the Policyholder and mailed to the Policyholder's correspondence address. 請同時提交印保單持有人之個人或聯名戶口全名及銀行戶口號碼之充足證明 (如銀行存摺或自動櫃員機卡或月結單副本等)。若您沒有提供上述所需文件，款項將以支票形式寄予保單持有人之通訊地址。

By Cheque 以支票形式 (Mail to the Policyholder's correspondence address 寄往保單持有人之通訊地址)

In policy currency (Only applicable for HKD/USD/CNY) 以保單貨幣付款 (只適用於港幣/美元/人民幣)                       In HKD 以港幣付款

For your attention 請注意:

- If policy has outstanding levy, The Company will deduct all of the outstanding levy from the claim payment. 如保單有逾期保費徵費，本公司會從賠償金額中扣除有關保單的保費徵費。
- If the benefit payments are settled in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the benefit payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies to be determined by the Company from time to time. The fluctuation in exchange rates may have impact on the amount of payments. By choosing the payment currency(ies) other than policy currency, you are subject to the exchange rate risks. Exchange rate fluctuates from time to time. You may suffer a loss of your benefit values as a result of the exchange rate fluctuations. 如利益支付款項的貨幣不是以保單貨幣或保險業監管局訂定徵費上限的貨幣 (即港幣) 支付，該利益支付款項將會受本公司不時釐定的保單貨幣對支付貨幣/港幣的匯率而改變。匯率之波動會對款額構成影響。選擇非保單貨幣結算支付款項，您須承受匯率風險。匯率會不時波動，您可能因匯率之波動而損失部分的利益價值。
- If the receiving bank account is a non-HSBC bank account, bank charges may incur which will be deducted from the amount payable by the said receiving bank and/or HSBC, if applicable. If you provide a bank account in currency different from the payment currency, the amount payable is subject to exchange rates difference. The Company will not be liable for any charges or loss due to payment settled via non-HSBC bank, currency exchange or rejection of transaction by the receiving bank as a result of incorrect bank account details. 如收款戶口非滙豐銀行之戶口，該銀行及/或滙豐銀行可於款項中收取服務費用，如適用。如您提供與利益支付款項的貨幣不同貨幣的戶口，請留意匯率的兌換差價。本公司將不會承擔任何因不同銀行或貨幣而導致被收取之費用或損失或因銀行戶口資料不乎而被拒絕轉賬之責任。
- Unless otherwise specified, claim payment will be made according to the current payment instruction (if any) registered with the Company. 如無明確指示，賠償會按本公司的現有記錄轉賬 (如有)。

**DECLARATION AND AUTHORISATION 聲明及授權**

I/we hereby certify that all the answers and statements given above are true and complete and that I/we have not withheld any information. 本人(等)在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I/we authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of me/us or my/our health, to disclose to HSBC Life (International) Limited or its representative any information relevant to this claim. This authority shall remain valid notwithstanding my death or incapacity and a copy of this authorisation shall be as effective and valid as the original. 本人(等)授權任何知道本人(等)健康情況及據知任何紀錄之醫生、醫院、診所、保險公司或其他私人、政府機構向滙豐人壽保險(國際)有限公司或其代表提供本人(等)之有關資料。此授權書於本人(等)死亡或喪失能力後依然生效。本授權書之影印本亦屬有效。

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'). I understand I can view such notice by scanning the QR code on your right hand side, or else I can request a copy by visiting my local HSBC Branch or by calling the Life Insurance Service Hotline: (852) 2583 8000. 本人(等)在下方簽署即確認上述申請，並同意貴公司可跟據本表格內有關個人資料(私隱)條例的通知書(也可稱為「個人資料收集聲明」)內列出的用途，使用及披露現時或其後持有有關本人(等)的所有個人資料。本人明白可以透過掃描右方的二維碼瀏覽該通知書，或可前往各滙豐分行或致電滙豐人壽保險服務熱線：(852) 2583 8000索取該通知書的副本。



**SIGNATURE 簽署**

Signature of Life Insured 受保人簽署	Signature of Policyholder 保單持有人簽署
Name 姓名	Name 姓名
I.D. Card/Passport No. 身份證/護照號碼	I.D. Card/Passport No. 身份證/護照號碼
Date 日期	Date 日期

INH072R11 (1/23) W

**PART II – ATTENDING PHYSICIAN’S REPORT – DEMENTIA CLAIM FORM**

乙部 – 醫療報告 – 認知障礙賠償索償表

(To be completed by Physician at Claimant’s expense) (由主診醫生填寫 · 費用由索償人支付)

**Definition of Severe Dementia**

**An unequivocal diagnosis by a Registered Medical Practitioner who is a specialist of Neurologist, Psychiatrist or Neuropsychiatrist of severe permanent cognitive impairment resulting in the permanent need for continuous supervision of the Life Insured, with a Mini Mental State Examination score of less than 10 out of 30-point questionnaire.**

1. Name of Patient (Surname first)	2. HKID Card No./Passport No.
------------------------------------	-------------------------------

3. (a) Date on which you first saw the patient for this illness or injury. (DD/MM/YYYY)

(b) Was the patient referred to you by another doctor? If so, please provide his/her name and address.

(c) What symptoms did the patient complain of at the first consultation?

(d) According to the patient, how long had he/she experienced the symptoms before the first consultation?

(e) How long do you think the symptoms had existed before the first consultation?

4. What was the diagnosis? How was it diagnosed?

If you are not the first doctor who diagnosed this illness, please provide the name and address of the doctor who informed the patient of the disease.

5. Is there permanent need for continuous supervision of the patient?  Yes  No

6. Had the patient ever taken Mini Mental State Examination? If yes, please give the details below.  Yes  No

Date (DD/MM/YYYY)	Score

7. Apart from Mini Mental State Examination, had the patient ever taken any other standardised tests, mental state examination, cognitive test and/or questionnaires that are commonly used in diagnosing dementia disease? If yes, please give the details below.  Yes  No

Date (DD/MM/YYYY)	Type(s) of Test	Results/Diagnosis

8. Does patient’s condition fulfil above definition of Severe Dementia?  Yes  No

If the answer is “no”:  
According to your professional comment, would you still define patient’s condition as Severe Dementia?  
Please provide reason.

9. Are there any additional information that you would like to supplement the above?

**DECLARATION AND AUTHORISATION**

I hereby declare and agree that all statements and answers to all questions are complete and true to the best of my knowledge and belief.

Name of Attending Physician/ Surgeon (with qualifications)	Address	Contact Telephone No.

Signature and name chop of Attending Physician/Surgeon

Date

**PART III – ACTIVATION OF GLOBAL MEDICAL CARE SERVICES****丙部 – 啟用環球醫療關顧服務**

(Only applicable to HSBC Health Goal Insurance Plan or Dementia Protection of EarlyIncome Annuity Plan)

(僅適用於滙康保險計劃或盈達年金計劃之認知障礙保障)

(to be completed by the Insured Person or Claimant in English or Chinese)

(由受保人或索償人以英文或中文填寫)

Life Insured is entitled to the Global Medical Care Services (“the Services”) provided by the designated service provider, Preferred Global Health Limited (“PGH”), upon confirmation with a diagnosis of cancer, heart disease, stroke or dementia by a Registered Medical Practitioner. It is the Life Insured or Claimant and/or Policyholder’s responsibility to pay for all the treatment and medical costs and the related costs/expenses incurred by Life Insured, whether directly or indirectly in relation to the receiving of the Services. 若受保人經註冊醫生確診診斷為癌症、心臟病、中風或認知障礙，受保人將可享有指定服務供應商「Preferred Global Health Limited」(「PGH」)提供的環球醫療關顧服務(「此服務」)。此服務是由PGH於滙康保險計劃保單仍生效時所提供的一項附加增值服務，受保人或索償人及／或保單持有人有責任支付就享用此服務因而產生的所有治療、醫療及相關費用／支出(無論是直接或間接)。

The Life Insured or Claimant and/or Policyholder is subject to the relevant terms and conditions as determined by PGH for the use of their services. HSBC Life (International) Limited is not responsible for the quality of the medical advice/treatment recommendations and have no control over the scope of services provided by PGH to the Life Insured and we are not liable for any costs, losses or damages suffered by the Life Insured or Claimant and/or Policyholder for the use of such Services. We have the absolute discretion to revise and change the terms and conditions for the offering of the Services under the HSBC Health Goal Insurance Plan policy or Dementia Protection of EarlyIncome Annuity Plan policy at any time without giving prior notice. 受保人或索償人及／或保單持有人需受由PGH就享用此服務所訂立的條款及細則約束。滙豐人壽保險(國際)有限公司不會為PGH之醫療諮詢及治療建議的服務質素承擔任何責任，而就PGH所提供予受保人的服務範圍亦無任何管制之權利，我們對於受保人或索償人及／或保單持有人就享用此服務時所引致的任何費用、損失或損害概不負責。我們有絕對權利隨時更改就滙康保險計劃保單或盈達年金計劃之認知障礙保障保單內提供此服務之條款及細則而毋須提前通知。

To activate the Services, Life Insured or Claimant and/or Policyholder should fill in this part when Life Insured or Claimant and/or Policyholder submit the relevant claim form of Cancer Benefit (Additional Payment), Heart Disease Benefit (Additional Payment), Stroke Benefit (Additional Payment) or Dementia Protection Benefit to us. If Life Insured or Claimant and/or Policyholder would like us to process the claim request first and activate the Services later, Life Insured or Claimant and/or Policyholder have to submit a complete claim form to us again for the activation of the Services. 如受保人或索償人及／或保單持有人希望啟用此服務，受保人或索償人及／或保單持有人須在遞交癌症保障(額外賠償)、心臟病保障(額外賠償)、中風保障(額外賠償)或認知障礙保障之相關賠償申請表的時候填寫本部分。如受保人或索償人及／或保單持有人希望我們先處理相關賠償申請，並選擇在日後才啟用此服務，受保人或索償人及／或保單持有人須再次向我們提交完整的賠償申請表以啟用此服務。

I (Life Insured or Claimant and/or Policyholder) hereby agree HSBC Life (International) Limited to share with PGH the information contained in this Part III of the form solely for the purpose of Services activation. I (Life Insured or Claimant and/or Policyholder) understand that Life Insured will be subject to the applicable personal information collection statements of PGH and/or other service providers upon using the Services. 我(受保人或索償人及／或保單持有人)同意滙豐人壽保險(國際)有限公司將此丙部之資料給予PGH以僅限於啟用此服務之用。我(受保人或索償人及／或保單持有人)明白受保人使用此服務時將受PGH及／或其他服務供應商所適用的個人資料收集聲明約束：

1. Name of the Life Insured’s 受保人姓名 \_\_\_\_\_

2. Policy number 保單號碼 \_\_\_\_\_

3. Category of disease for Life Insured’s Claim Application 受保人賠償申請之疾病類別

Cancer 癌症  Heart Disease 心臟病  Stroke 中風  Dementia 認知障礙

4. Claimant's email address 索償人電郵地址 \_\_\_\_\_

5. Mobile no. 手提電話號碼 (Please provide telephone no. with its country/region. 請提供手提電話號碼及其所屬國家／地區。)

Hong Kong SAR 香港特別行政區 (852)

Mainland China 中國內地 (86)

Other Country/Region 其他國家／地區 \_\_\_\_\_

Mobile no. 手提電話號碼 \_\_\_\_\_

(Note: If it is left blank or the mobile number as provided is invalid, we will share Life Insured’s mobile number according to our record with PGH for Service activation. 註：如此欄沒有填寫或所提供之手提電話號碼無效，我們將根據我們的紀錄給予PGH受保人的手提電話號碼以啟用此服務。)

6. Preferred contact time 首選聯絡時間： \_\_\_\_\_

Morning (9am to 12 noon) 上午(早上9時至中午12時)

Afternoon (12 noon to 8pm) 下午(中午12時至下午8時)

Full day 全日

(Note: PGH will try to make calls and send notification email upon receipt of the Service activation request. If it is left blank, PGH will make those calls spreading in the morning and afternoon. PGH 將會在收到受保人及／或保單持有人的啟用此服務申請後嘗試致電及向受保人發出電郵通知與受保人聯絡，如此欄沒有填寫，PGH將會分別在上午及下午致電給受保人。)

Life Insured or Claimant will receive an SMS notification sent by us upon receipt of the claim form and Services activation request. PGH will then contact Life Insured or Claimant based on the information contained in this form. If PGH cannot reach Life Insured or Claimant over the phone successfully within a month, Life Insured or Claimant will received an SMS reminder sent by us notifying the failure of such request. Life Insured or Claimant need to submit a complete claim form to us again for Services activation in this case. 在我們收到受保人或索償人賠償申請表及啟用此服務申請後，受保人或索償人將會收到由我們發出的短訊通知。PGH將按此部分所提供的資料與受保人或索償人聯絡，如PGH於一個月內未能成功與受保人或索償人聯繫，受保人或索償人將會收到由我們發出的短訊通知有關的申請失敗。在此情況下，受保人或索償人須再次向我們提交完整的賠償申請表以啟用此服務。

Note 註：

- Global Medical Care Services (the “Services”) are provided by a leading global patient care organization, Preferred Global Health (“PGH”) to the Life Insured (hereinafter called “the patient”) of HSBC Health Goal Insurance Plan policy or Dementia Protection of EarlyIncome Annuity Plan policy. The Services consist of Personal Care Manager, Diagnosis Verification and Treatment Plan, Doctor-to-Doctor Dialogue and US Care Management services. US Care Management service is only applicable to HSBC Health Goal Insurance Plan policy with Notional Amount of USD2 million or more. The Services provided by PGH or through their service providers are used as a resource for consultative medical advice and treatment recommendations for the patient who seek further opinions/suggestions on his/her medical conditions. **The Services are value-added services provided by PGH while the HSBC Health Goal Insurance Plan policy or Dementia Protection of EarlyIncome Annuity Plan policy is effective. It is your/the patient’s responsibility to pay for all the treatment and medical costs and the related costs/expenses incurred by you/the patient, whether directly or indirectly in relation to the receiving of the Services.** 環球醫療關顧服務(「此服務」)是由一間領先的環球患者護理組織 Preferred Global Health(「PGH」)提供予滙康保險計劃或盈達年金計劃之認知障礙保障保單之受保人(在此統稱為「患者」)的服務，此服務包括「個人護理專員」、「診斷核實及治療方案」、「醫生與醫生對話」及「美國醫護關顧服務」。「美國醫護關顧服務」僅適用於名義金額為200萬美元或以上的滙康保險計劃保單。此服務由PGH或PGH所安排之供應商向正在尋求關於個人醫療狀況的進一步意見／建議之患者，給予醫療諮詢及治療建議的資源。此服務是由PGH於滙康保險計劃保單或盈達年金計劃之認知障礙保障保單仍生效時所提供的一項附加增值服務，您／患者有責任支付就您／患者在享用此服務因而產生的所有治療、醫療及相關費用／支出(無論是直接或間接)。  
**You and the patient are subject to the relevant terms and conditions as determined by PGH for the use of their services. HSBC Life (International) Limited is not responsible for the quality of the medical advice/treatment recommendations and have no control over the scope of services provided by PGH to the patient and we are not liable for any costs, losses or damages suffered by the patient or you for the use of such Services. We have the absolute discretion to revise and change the terms and conditions for the offering of the Services under the HSBC Health Goal Insurance Plan policy or Dementia Protection of EarlyIncome Annuity Plan policy at any time without giving you prior notice.** 您／患者需受由PGH就享用此服務所訂立的條款及細則約束。滙豐人壽保險(國際)有限公司不會為PGH之醫療諮詢及治療建議的服務質素承擔任何責任，而就PGH所提供予患者的服務範圍亦無任何管制之權利，我們對於患者就享用此服務時所引致的任何費用、損失或損害概不負責。我們有絕對權利隨時更改就滙康保險計劃保單或盈達年金計劃之認知障礙保障保單內提供此服務之條款及細則而毋須提前通知。
- Apart from the information contained in this section, all your other personal information, any subsequent result of your claim application and medical information involved in the service will not be exchanged between HSBC Life (International) Limited and PGH. For Cancer Benefit (Additional Payment), Heart Disease Benefit (Additional Payment), Stroke Benefit (Additional Payment) of HSBC Health Goal Insurance Plan or Dementia Benefit of Dementia Protection, please refer to the relevant Policy Provisions for the definitions of these diseases and their exclusions from the above benefit payments. We reserve the right to revise and change the details, the terms and conditions of these services to be provided by PGH from time to time, as well as to cease and/or suspend the provision of such services at any time at our sole and absolute discretion without giving prior notice. 除於此部分所提供的資料外，您所有其他的個人資料、隨此服務所包括有關您的任何索償申請結果及醫療紀錄將不會於滙豐人壽保險(國際)有限公司及PGH之間分享。有關滙康保險計劃之癌症保障(額外賠償)、心臟病保障(額外賠償)、中風保障(額外賠償)或認知障礙保障之認知障礙之疾病定義及不保事項，請參閱相關的保單條款。我們保留不時更改PGH所提供服務之詳情、條款及細則之權利，並可決定於任何時間終止及／或暫停提供此服務而毋須提前通知。
- For the Services details, please refer to PGH’s official website 有關此服務的詳情，請參閱PGH官方網站 <https://www.pghworld.com>

Signature of Life Insured 受保人簽署

Signature of Policyholder 保單持有人簽署

Name 姓名

Name 姓名

I.D. Card/Passport No. 身份證／護照號碼

I.D. Card/Passport No. 身份證／護照號碼

Date 日期

Date 日期

Signature of Claimant (if applicable)  
索償人簽署(如適用)

Name 姓名

I.D. Card/Passport No. 身份證／護照號碼

Date 日期