



CLAIM FORM 索償表格

Unemployment Benefit Claim Form

失業延繳保費保障索償表

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

- Letter of Redundancy of Employment 解僱信
- Last payroll with breakdown on Severance Payment 及列明遣散補償之最後工資單
- For self-employed professional only: A letter from accountant stating that there are no further funds coming into the business and you could not find enough work to meet all your reasonable business and living expenses. 只適用於自僱專業工作人士: 會計師發出之函件, 內容須註明您的業務並無注入新資金, 而且您的營業額不足以應付合理的業務及生活開支

PART I – TO BE COMPLETED BY THE INSURED PERSON IN ENGLISH OR CHINESE

甲部 – 由受保人以英文或中文填寫

DETAILS OF INSURED* 受保人資料*

Policy No. 保單號碼	Name of Insured* 受保人姓名*	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		

DETAILS OF EMPLOYMENT 就業資料 (IF MORE THAN ONE OCCUPATION, PLEASE STATE ALL 倘若有其他職業, 請詳細列出)

Position 職位	Industry 行業	Job Activities 工作範圍
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Employer's name, address and telephone number 僱主名稱、地址及電話

Was your employment full time, part-time or self-employed? 您是全職、兼職還是自僱人士?

- Full time 全職 Part-time 兼職 Self-employed 自僱

If you were an employee: 如屬受僱人士:

Please state if the nature of the contract you were employed under was permanent, fixed term, short term or temporary. Please provide details of the contract (including number of working hours per month) or copy of the contract. 請註明您是按長期合約、定期合約、短期合約或臨時合約受僱, 及提供有關合約的詳情(包括每月工作時數)或合約副本。

Please give the date when you first became aware that unemployment was imminent. 請註明您首次知悉即將不獲僱用的日期。(DD 日/MM 月/YYYY 年)

Have you been given any prior written notice of impending termination of employment? 您是否事先獲任何書面通知即將終止受僱?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If YES, please give date of notice. 如答「是」, 請註明有關通知的日期。(DD 日/MM 月/YYYY 年)
Have you been offered payment in lieu of notice? 您是否獲發代通知金?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 If YES, please state period of notice involved. 如答「是」, 請註明所涉及的通知期間。 _____ to 至 _____
How long were you employed by the above employer? 您受僱於上述僱主的時間有多久?	Years 年 Months 月 _____
Was your unemployment 您失業是	(a) Voluntary? 出於自願? (b) Caused by redundancy? 由於被裁員? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

* If a claim is made on the Policyholder's unemployment benefit, please complete this form with respect to the Policyholder instead of the Insured.
 若此為保單持有人失業延繳保費之賠償申請書, 請以保單持有人資料回答。

Please state the date employment actually ceased. 請註明終止受僱的確實日期。(DD 日/MM 月/YYYY 年)

Was your employment terminated due to misconduct? 您是否由於行為不當而終止受僱?

Yes 是

No 否

Have you been given any prior verbal or written warnings? 您曾否事先被口頭或書面警告?

Yes 是

No 否

Are you a relative of your previous employer? 您與前僱主是否具有親屬關係?

Yes 是

No 否

If YES, please state the relationship. 如答「是」, 請註明有關親屬關係。

If you were a self-employed professional: 如屬自僱專業工作人士:

a) Please give the date you first became aware that your business was no longer viable.

請註明您首次知悉業務不能繼續經營的日期。

b) How long were you continuously working before becoming unemployed?

在失業前, 您已持續工作的時間有多久?

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)條例的通告書(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。



Personal Information
Collection Statement
(English)



個人資料收集聲明(中文)

SIGNATURE 簽署

Signature of 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