

## HomeCare 100 – Service Activation Form

### 居家護理100 – 服務啟動申請表

Need Help? Please Call HSBC Life Claims Hotline at (852) 3128 0122.  
 需要協助? 請致電滙豐保險賠償熱線 (852) 3128 0122。

#### Submission Channels: 提交方式:

- **By Email 電郵:** claims@hsbc.com.hk
- **By Mail 郵寄:** 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong 香港九龍深旺道1號滙豐中心1座18樓
- **In-Person 親身遞交:** Submit to any HSBC branch 遞交至任何滙豐分行

#### Document Checklist 文件清單

Copy of diagnosis proof. E.g. copy of Histopathology, Laboratory Test Report, Endoscopic, Ultrasonogram, X-Ray, CT Scan, MRI, Diagnostic Written Report(s) and Operating theatre summary (if applicable)  
 診斷證明, 如病理學、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)

Please fill out in **BLOCK LETTERS** and put a **✓** in boxes 請用英文大楷填寫, 並在合適方格內打✓。

#### Policyholder Information 保單持有人資料

Name (English) 英文姓名:	Mobile Number 手提電話號碼:	Policy Number 保單號碼:
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You will receive a service confirmation letter **within 7 business days upon approval**, via email and/or by post.  
 審核通過後**7個工作日內**, 您將經電郵及/或郵件收到服務確認信。

<input type="checkbox"/> By email 電郵 Email Address 電郵地址:	<input type="checkbox"/> By mail 郵寄 Correspondence Address 通訊地址:
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#### Insured Person Information 受保人資料

Name (English) 英文姓名:	Diagnosis of Critical Illness 疾病診斷: <input type="checkbox"/> Cancer 癌症 <input type="checkbox"/> Heart Attack 心臟病 <input type="checkbox"/> Stroke 中風
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#### Declaration and Authorisation 聲明及授權書

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 Data Privacy Notice that HSBC Life have most recently notified me of, and I/we understand I/we can scan the QR code on right hand side for review or else I/we can request a copy by visiting my local HSBC Branch or through 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按本表格隨附的資料私隱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(等)有關「資料私隱通知」, 本人(等)亦明白「資料私隱通知」可以掃描右方的二維碼瀏覽及可向滙豐各分行或致電(852) 2583 8000索取。

By signing below, I agree to (a) procure the Data Privacy Notice to be delivered to relevant data subjects, including but not limited to the Life insured; (b) obtain from the said relevant parties' consent for the Company to use their data in accordance with the Data Privacy Notice; and ensure that Policyholder data, including personal data of the said relevant parties provided to the Company is accurate and up-to-date and any authorization and consents provided by the Policyholder shall be deemed to be obtained from the said relevant data subjects accordingly.

下列簽署表明本人同意: (a)向相關資料當事人(包括但不限於受保人)提供資料私隱通知; (b)獲取上述相關人士同意貴公司根據資料私隱通知使用其資料; 並確保提供予公司的建議保單持有人資料(包括上述相關人士的個人資料)準確及最新, 而建議保單持有人提供的任何授權及同意被視為已相應地從上述相關資料當事人處獲得。



Signature of Insured Person 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

#### Disclaimer: 免責聲明:

- 上述服務(「服務」)由滙豐人壽保險(國際)有限公司(「滙豐人壽」)所指定的獨立第三方服務供應商提供(「服務供應商」), 並受其相關之條款及細則約束。  
 The above services ("Services") are provided by independent third-party service provider ("Service Provider") engaged by HSBC Life (International) Limited ("HSBC Life"), subject to the terms and conditions of the Service Provider.
- 滙豐人壽並非此服務供應商或其代理人。滙豐人壽就相關的服務的可用性及其質素不作陳述、保證或承諾, 並且不會就服務供應商所提供的服務承擔任何責任或義務。  
 HSBC Life is not the Service Provider, or its agent. HSBC Life makes no representation, warranty or undertaking as to the availability and quality of the Services, and shall not be responsible or liable for the Services provided by the Service Provider.  
 在任何情況下, 滙豐人壽均不會對服務供應商在提供服務時的作為, 不作為或疏忽承擔任何責任或義務。  
 Under no circumstances shall HSBC Life be responsible or liable for any act, omission or negligence in provision of the Services by the Service Provider.  
 本服務所提供的一般資料僅供參考, 並不應被視為醫療治療、診斷或建議。如有任何疑問或查詢, 請向註冊醫生尋求意見。  
 The general information provided for the Services is for reference only and shall not be considered as a medical treatment, diagnosis or recommendation. If you have any questions or enquiries, please seek advice from a registered medical practitioner.  
 滙豐人壽可隨時全權酌情更改本服務。滙豐人壽保留隨時修改、暫停或終止任何本服務(包括服務供應商及任何相關詳情或條款及細則)的權利, 且無須另行通知。如有任何爭議, 滙豐人壽將保留最終決定權。  
 The Services are subject to change from time to time at HSBC Life's sole discretion. HSBC Life reserves the right to amend, suspend or terminate any of the Services, including the Service Provider and any details or terms and conditions relating thereto, at any time without prior notice at its absolute discretion. In the event of dispute, HSBC Life reserves the right of final decision.  
 若您選擇以特惠費用升級至專業護理服務, 您需直接與服務供應商結算有關服務費用。如需詳情, 請聯絡服務供應商。  
 If you choose to upgrade to Professional Care Service, you will need to settle the preferential top-up fee directly with the Service Provider. For details, please contact the Service Provider.

**HSBC Life (International) Limited**  
**滙豐人壽保險(國際)有限公司**

Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司  
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