



PICS 2017Feb (CRS)

**Major Illness/Critical Illness/Terminal Illness/Female Benefit/Dementia Protection Claim Form**  
**嚴重疾病／危疾／末期疾病／女性保障／認知障礙保障賠償申請書**

Policy No. 保單號碼: \_\_\_\_\_

Date 日期: \_\_\_\_\_

Please ✓ the appropriate box as below. 請在以下適當的方格內加上✓號。

- Claim Application for Major/Critical Illness Benefit 嚴重疾病保障賠償申請
- Claim Application for Terminal Illness Benefit 末期疾病保障賠償申請
- Claim Application for Female Benefit — Female Disease 女性保障 — 婦科疾病賠償申請
- Claim Application for Female Benefit — Congenital Anomalies 女性保障 — 先天性異常疾病賠償申請
- Claim Application for Female Benefit — Pregnancy Complications 女性保障 — 妊娠併發症賠償申請
- Claim Application For Dementia Protection Benefit — 認知障礙保障賠償申請

The following claim applications are only applicable to HSBC Health Goal Insurance Plan policyholders 以下賠償申請僅適用於滙康保險計劃之保單持有人：

- Claim Application for Cancer Benefit (Additional Payment) 癌症保障(額外賠償)賠償申請
- Claim Application for Heart Diseases Benefit (Additional Payment) 心臟疾病保障(額外賠償)賠償申請
- Claim Application for Stroke Benefit (Additional Payment) 中風保障(額外賠償)賠償申請

Note 注意：Please fill in Part III of the form if you would like to activate the Global Medical Care Services 若您想啟用環球醫療關顧服務，請填寫表格內的第三部分

**CLAIMS DOCUMENT CHECKLIST 索償文件清單**

- Part 1 is fully completed & signed by the Policyholder/Claimant/Life Insured and/or Dementia Protection Benefit Recipient 索償表第一部份經由保單持有人／索償人／受保人及／或認知障礙保障收益人並簽署
- Part II is fully completed & signed by the Attending Physician with chop (this report required to be applied by the claimant at his/her own cost) 索償表第二部份經由主診醫生填寫，簽署並蓋印(此報告需由申請人負責及自費索取)
- Copy of Pathological, Laboratory, Ultrasonogram, X-Ray, CT Scan, MRI and Diagnostic Written Report(s) (if applicable) 病理化驗、化驗、超聲波、X-光、電腦掃描、磁力共振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 Recipient of Dementia Protection who is not Policyholder 適用於認知障礙保障收益人並非保單持有人：

- Copy of Recipient's Identity Card 收益人之身份證明文件副本
- Copy of proof of present residential address of the Recipient of Dementia Protection which is issued not more than 3 months from now (eg water/electricity/gas/mobile phone bill or bank correspondence) 認知障礙收益人現時住址證明副本(例如水／電／煤氣／手提電話費單或銀行信件等)，而該住址證明需距今不超過三個月。
- Copy of Bank Account Proof (applicable for Recipient's sole or joint name bank account other than Policyholder's premium deduction account) 銀行戶口證明文件副本(適用於收益人之個人或聯名非保費轉賬戶口)

Notes 注意：

1. A claim must be made within 90 days of the Insured becoming aware that he is suffering from an illness or from the date of diagnosis and whilst this Policy is in force. If the claim is not made within that period, we will not be liable to pay unless it is shown that it was not reasonably possible to make such a claim, and that the claim was made as soon as was reasonably possible. 索償申請需必須於受保人已獲悉或被診斷證實患上疾病起90天內提出索償及在保單有效期內提出索償。除非受保人有合理原因證明無法在該段時間提出索償，及已在合理的情況下儘早申索，否則本公司將不負責支付有關賠償。
2. 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。
3. We will inform you as soon as possible 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閣下或其他人士(如醫生、醫院等)索取額外資料，我們會盡快通知閣下。因索取有關資料需時，賠償申請的審核時間會較長。

(Only applicable to claims initiated over the telephone) This claim form is prepared by our Tele-Consultant with your [ie. the claimant] instruction based on (i) information maintained in our record and (ii) additional information you [claimant] provided to us during the phone call dated \_\_\_\_\_ for the purpose of making a claim. Before signing and returning the completed form to us, please carefully read the information printed in the claim form and supplement any information to ensure that it is accurate, complete and up-to-date for our processing of the claim. You should also submit, together with this form, any documents that the Tele-Consultant advised you to, where appropriate. (只適用於透過電話申請索償)此表格是透過我們的電話服務顧問依照您〔索償人〕的指示，並根據(i)本公司的所有資料／記錄及(ii)於\_\_\_\_\_的電話通話中您〔索償人〕提供的附加索償資料所預先填寫以作申索用途。請您在簽署並交回已填妥的表格前，務必細閱表格上的所有資料，更正及／或提供補充資料，以確保資料正確、完整和準確。你亦應連同此表格，提交所有電話服務顧問建議您一併遞交的文件(如適用)。

**Part I: To be completed by the Recipient/Insured/Claimant/Policyholder**

第一部分：收益人／受保人／索償人／保單持有人填寫

A. Details of Life Insured 受保人資料		
1. Name of Insured 受保人姓名	2. I.D. Card/Passport No. 身份證／護照號碼	3. Age 年歲
4. Correspondence Address 通訊地址		
5. Telephone No. 聯絡電話 (Please provide at least one telephone no. with its country. Country code is not necessary 請最少提供一個聯絡電話及其所屬國家。唯無須提供國家號碼)		
Home 住宅		
<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> America 美國 1-	<input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Country Name 其他國家 _____
Telephone no. 聯絡電話 _____		
Work 工作		
<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> America 美國 1-	<input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Country Name 其他國家 _____
Telephone no. 聯絡電話 _____		
Mobile 手提電話		
<input type="checkbox"/> Hong Kong 香港	<input type="checkbox"/> America 美國 1-	<input type="checkbox"/> China 中國 86- <input type="checkbox"/> Other Country Name 其他國家 _____
Telephone no. 聯絡電話 _____		

Please ✓ the appropriate box. 請在適當的方格內加上✓號。

B. 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)			
6. Position 職位	7. Industry 行業	8. Job Activities 工作範圍	9. <input type="checkbox"/> Indoor 戶內 <input type="checkbox"/> Outdoor 戶外 <input type="checkbox"/> Indoor & Outdoor 戶內及戶外
10. Employer's Name, Address & Telephone No. 僱主名稱、地址及電話號碼			

C. Reason for Claim 賠償原因			
11. Due to accident 因意外			
(a) Date and time of accident 意外日期及時間 (DD 日 / MM 月 / YYYY 年 and am 上午 / pm 下午)			
_____			
(b) Where and how did it happen? 意外地點及經過			
_____			
(c) Part of body injured and type of injury 受傷部位及傷勢			
_____			
12. Due to illness 因患病			
(a) Describe the illness and give a brief description of the symptoms 所患病症及其病徵			
_____			
(b) How long had you been having these symptoms prior to visiting physician? 受保人在首次就診前該等病徵已存在多久?			
_____			
(c) Details of consultation 診治詳情			
(i) The first physician consulted for illness: 首次就診的醫生資料:			
Name of Physician/Hospital & Address 醫生／醫院名稱及地址 _____			
_____			
Consultation Date 求診日期 (DD 日 / MM 月 / YYYY 年) _____			
(ii) The physician who referred the Insured to hospital 建議入院的醫生資料:			
Name of Physician/Hospital & Address 醫生／醫院名稱及地址 _____			
_____			
Admission Date 求診日期 (DD 日 / MM 月 / YYYY 年) _____			
(iii) Please give details of all physician(s) consulted or hospital(s) to which Insured was admitted during this illness 曾診治此病的其他醫生資料:			
Physician/Hospital 醫生／醫院		Admission No.	Admission Date
Name 姓名	Address 地址	求診或住院號碼	求診或住院日期
(iv) Name, address and details of your family physician/usual physician 家庭醫生／慣常就診的醫生資料、名稱及地址:			
Physician/Hospital 醫生／醫院		Admission No.	Admission Date
Name 姓名	Address 地址	求診或住院號碼	求診或住院日期

**C. Reason for Claim (Cont'd) 賠償原因(續)**

**13. Other Details 其他資料**

- (a) Have any of your immediate family members suffered from a similar or related illness?  
閣下的直系親屬中曾否患有相同或類似的疾病?  Yes 是  No 否

If yes, state relationship to relative, name of illness and the date when the illness was first diagnosed.  
如有, 請列出與該親屬的關係, 並有關疾病的名稱及首次被診斷患有該病的日期。

- (b) Do you smoke cigarettes or take alcoholic drink(s)? 閣下是否有吸煙及飲酒習慣?  Yes 是  No 否  
If yes, state quantity, type and duration. 如有, 請列明數量、類別及持續多久。

- (c) Are you currently insured with any other insurance company as a result of this illness or accident?  
有關此次疾病或意外, 您是否有申請其他保障賠償?  Yes 是  No 否

Name of Insurance Company 保險公司名稱	Amount of Coverage 保障額	Type of Benefit 保障類別	Policy No. 保單號碼

**D. Payment Instruction 付款指示**

**1. By cheque 以支票支付予**

- policyholder 保單持有人

- In policy currency 請以保單貨幣付款  In HKD although the policy is in USD/GBP/CNY denomination  
雖然保單貨幣為美元/英鎊/人民幣, 請以港幣付款

- Mail the cheque to the correspondence address based on current records 寄往本人現存於貴公司的通訊地址

- Pass the cheque to me through your staff 交予貴行職員轉交本人:

Staff Name 職員姓名: \_\_\_\_\_ Staff Number 職員號碼: \_\_\_\_\_

Branch name 分行名稱: \_\_\_\_\_ Branch code 分行編號: \_\_\_\_\_

- Recipient (applicable for selected Dementia Benefit with recipient) 收益人 (適用於已選擇之認知障礙保障收益人)

- In policy currency 請以保單貨幣付款  In HKD although the policy is in USD/GBP/CNY denomination  
雖然保單貨幣為美元/英鎊/人民幣, 請以港幣付款

- Mail the cheque to the correspondence address based on current records 寄往本人現存於貴公司的通訊地址

- Pass the cheque to me through your staff 交予貴行職員轉交本人:

Staff Name 職員姓名: \_\_\_\_\_ Staff Number 職員號碼: \_\_\_\_\_

Branch name 分行名稱: \_\_\_\_\_ Branch code 分行編號: \_\_\_\_\_

**2. By bank transfer payable to policyholder and/or recipient 以轉賬支付予保單持有人及/或認知障礙保障受款人**

- Transfer to the policyholder's premium deduction account (policyholder's sole or joint name. If the said account is not held by the policyholder's sole or joint name, the payment will be made by cheque.) 轉賬至保單持有人之保費轉賬戶口 (保單持有人之個人或聯名銀行戶口。若該戶口並非保單持有人之個人或聯名銀行戶口, 付款將以支票形式支付。)

- Transfer to the policyholder's other bank account (i.e. bank account other than the policyholder's premium deduction account) and/or recipient's bank account. If no identity verification has been done by Bank staff on such bank account before, please submit adequate proof showing the bank account holder's full name and the bank account number (such as copy of bank book, ATM card, bank statement etc.) to us for verification. If we do not receive copies of the required document(s), payment will be made by cheque. 轉賬至保單持有人之其他銀行戶口 (即保單持有人之非保費轉賬戶口) 及/或受款人之銀行戶口。如此申請並沒經由銀行職員作出身份核實, 請同時提交印有戶口持有人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)。若閣下沒有提供上述所需文件, 付款將以支票形式支付。

1.     -     -

Account Holder Name 戶口持有人姓名 \_\_\_\_\_

2.     -     -

Account Holder Name 戶口持有人姓名 \_\_\_\_\_

**D. Payment Instruction (Cont'd) 付款指示(續)**

Special note 請注意：

1. If the benefit payments are settled in currencies other than the policy currency(ies), the benefit payments would be subject to change according to the prevailing exchange rate of policy currency(ies) to payment currency(ies) 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 local currency, you are subject to 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保單貨幣，該款項可能會受本公司不時釐定當時保單貨幣對支付貨幣的匯率而改變。匯率之波動會對利益支付款項構成影響。選擇非本地貨幣結算支付款項，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。
2. If the receiving bank is a non-HSBC or different currency bank account, bank charges or exchange rate difference may incur which will be deducted from the amount payable by the said receiving bank, if applicable. The Company will not be liable for any charges due to different bank or currency or rejection of transaction by the receiving bank as a result of inconsistent bank account details. 如收款戶口非滙豐銀行或不同貨幣戶口，該銀行可於款項中收取服務費用或兌換差價，如適用。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因銀行戶口資料不乎而被拒絕轉賬之責任。
3. 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)。

**For Bank Use Only**

- Client's identity copy attached
- Copy of Client's other bank account information checked (only applicable if customer choose to pay to non premium deduction account)

Branch Chop

Staff Name	Staff ID no.	Contact no.
Servicing Staff IA no.	Servicing Staff RI no.	Branch no.

**Notice relating to the Personal Data (Privacy) Ordinance (the "Ordinance") 關於個人資料(私隱)條例(「該條例」)的通知**

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

- (a) From time to time, it is necessary for individuals to supply HSBC with data in connection with the provision, continuation and administration of insurance contracts or other financial products and services by HSBC or compliance with any laws, guidelines or requests issued by regulatory or other authorities. 就滙豐的保險合同或其他金融產品及所提供的服務、延續及行政事宜，或因法例規定或監管或因其他監管或其他機關所發出的指引或要求，閣下有需要不時向滙豐提供有關的資料。
- (b) Failure to supply such data promptly may result in HSBC being unable to provide or continue to provide products and services. 若未能迅速向滙豐提供該等資料，可能會導致滙豐無法提供或繼續提供產品及服務。
- (c) It is also the case that data are collected from (i) individuals in the ordinary course of the continuation of the relationship, (ii) a person acting on behalf of the individual whose data are provided, and (iii) other sources available to HSBC. Data may also be generated or combined with other information available to HSBC or any member of the HSBC Group ("HSBC Group" means HSBC Holdings plc, its affiliates, subsidiaries, associated entities and any of their branches and offices (together or individually) and "member of the HSBC Group" has the same meaning). 滙豐亦會從以下各方收集資料：(i) 個人與滙豐的日常業務往來的過程中、(ii) 代表個別人士行事的人士提供該個別人士的資料，及 (iii) 從其他可供滙豐獲取資料的來源。有關資料亦可能與滙豐或任何滙豐集團成員(「滙豐集團」)(一併及分別地)指滙豐控股有限公司，其附屬公司、子公司、聯營單位及彼等的任何分行及辦事處，而「滙豐集團成員」具有相同涵義)所持有的其他資料一起產生或合併。
- (d) The purposes for which data may be used are as follows: 資料可被用作下列用途：
- (i) considering applications for products and services and offering, providing, maintaining and managing products and services to customers and the operation and administration of the products and services (including without limitation, insurance, provident fund or scheme, credit facilities or other financial products or services) provided to customers which may include, without limitation, underwriting, administration or evaluation of an insurance policy or product; 考慮產品及服務之申請及為客戶推薦、提供、維持及管理產品和服務，以及用於客戶獲提供的產品及服務(包括但不限於保險、公積金或公積金計劃、信貸融通或其他金融產品或服務)的運作及行政，包括但不限於保單或保險產品的承保、行政或評估；
  - (ii) conducting identity, medical or credit checks; 進行身份審查、身體檢查或信用審查；
  - (iii) creating and maintaining the credit and risk related models of HSBC and the HSBC Group; 設立及維持滙豐及滙豐集團的信貸及風險相關準則；
  - (iv) any purposes in connection with any claims made by or against or otherwise involving a customer in respect of any products and/or services provided by HSBC or a member of the HSBC Group including, without limitation, making, defending, analysing, investigating, processing, assessing, determining, responding to, resolving or settling such claims; 與任何由滙豐或滙豐集團成員提供的產品及/或服務相關，而由客戶提出或對客戶作出的索償，或以其他形式涉及客戶的索償有關的任何用途，包括但不限於作出、辯護、分析、調查、處理、評估、釐定、回應、解決該等索償或就該等索償達成和解；
  - (v) designing insurance and other financial products and/or services for customers' use; 設計提供客戶使用的保險及其他金融產品及/或服務；
  - (vi) marketing services, products and other subjects as described in paragraph (f) below; 推廣以下 (f) 段所述的服務、產品及其他標的；
  - (vii) determining the amount of indebtedness owed to or by a customer and collecting amounts outstanding from a customer and those providing security for customers' obligations; 釐定滙豐對客戶或客戶對滙豐的欠債金額，並向客戶及為客戶債務提供抵押的人士追討欠款；
  - (viii) meeting obligations, requirements or arrangements, whether compulsory or voluntary, of HSBC or any of its branches or any member of the HSBC Group to comply with, or in connection with: 遵守滙豐或其任何分行或任何滙豐集團成員就以下各項負責或有關的責任、要求或安排(不論強制或自願性質)：
    - (1) any law, regulation, judgment, court order, voluntary code, sanctions regime, within or outside the Hong Kong Special Administrative Region ("Hong Kong") existing currently and in the future ("Laws") (e.g. the Inland Revenue Ordinance and its provisions including those concerning automatic exchange of financial account information); 現在及將來於香港特別行政區(「香港」)境內或境外存在的任何法律、法規、判決、法院命令、自願守則、制裁制度(「法律」)(例如《稅務條例》及其條文，包括關於自動交換財務賬戶資料的條文)；
    - (2) any guidelines, guidance or requests given or issued by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations of financial services providers within or outside Hong Kong existing currently and in the future (e.g. guidelines, guidance or requests given or issued by the Inland Revenue Department including those concerning automatic exchange of financial account information) and any international guidance, internal policies or procedures; 現在及將來於香港境內或境外存在的任何法律、監管、政府、稅務、執法或其他機關，或財務服務供應商的自律監管或行業組織或協會所提供或發出的任何指引、指導或要求(例如稅務局所提供或發出的指引、指導或要求，包括關於自動交換財務賬戶資料的指引、指導或要求)，及任何國際指引、內部政策或程序；
    - (3) any present or future contractual or other commitment with local or foreign legal, regulatory, judicial, administrative, public or law enforcement body, or governmental, tax, revenue, monetary, securities or futures exchange, court, central bank or other authorities, or self-regulatory or industry bodies or associations of financial service providers or any of their agents with jurisdiction over all or any part of the HSBC Group (together the "Authorities" and each an "Authority") that is assumed by, imposed on or applicable to HSBC or any of its branches or any member of the HSBC Group; or 滙豐或其任何分行或任何滙豐集團成員承擔的或被施加的或適用於彼等的、與對滙豐集團整體或任何部分具有司法權限的本地或外地法律、監管、司法、行政、公營或執法機關，或政府、稅務、納稅、財政、證券或期貨交易所、法院、中央銀行或其他機關，或財務服務供應商的自律監管或行業組織或協會或彼等的任何代理(統稱及各稱「機關」)訂立的任何現在或將來的合約承諾或其他承諾；或
    - (4) any agreement or treaty between Authorities; 機關之間的任何協議或條約；
  - (ix) complying with any obligations, requirements, policies, procedures, measures or arrangements for sharing data and information within the HSBC Group and/or any other use of data and information in accordance with any programmes for compliance with sanctions or prevention or detection of money laundering, terrorist financing or other unlawful activities; 遵守就滙豐集團內共用資料及資訊的使用而指定的任何責任、要求、政策、程序、措施或安排及/或任何符合制裁或預防或偵測清洗黑錢、恐怖分子融資活動或其他非法活動的任何方案；
  - (x) conducting any action to meet obligations of HSBC or any member of the HSBC Group to comply with Laws or international guidance or regulatory requests relating to or in connection with the detection, investigation and prevention of money laundering, terrorist financing, bribery, corruption, tax evasion, fraud, evasion of economic or trade sanctions and/or any acts or attempts to circumvent or violate any Laws relating to these matters; 採取任何行動以遵守滙豐或任何滙豐集團成員的責任以符合有關偵測、調查及預防清洗黑錢、恐怖分子融資活動、賄賂、貪污、逃稅、欺詐、逃避經濟或貿易制裁及/或規避或違反有關此等事宜的任何法律的任何行為或企圖的法律或國際指引或監管要求；
  - (xi) meeting obligations of HSBC or any member of the HSBC Group to comply with any demand or request from Authorities; 遵守滙豐或任何滙豐集團成員的任何責任，以符合有關機關的任何指令或要求；
  - (xii) exercising any rights HSBC or a member of the HSBC Group may have in connection with the products or services provided to a customer; 行使滙豐或滙豐集團成員與客戶獲提供的產品或服務相關的任何權利；
  - (xiii) matching any data held by HSBC or a member of the HSBC Group relating to a data subject from time to time for any of the purposes listed in this paragraph (d); 不時與滙豐或滙豐集團成員持有與資料當事人相關的任何資料核對，以供作本 (d) 段列明的任何一項用途；
  - (xiv) enabling an actual or proposed assignee or transferee of HSBC or any member of the HSBC Group, or participant or sub-participant of HSBC's or any member of the HSBC Group companies' rights to evaluate and/or undertake due diligence in relation to the transaction intended to be the subject of the assignment, transfer, participation or sub-participation; and 讓滙豐或任何滙豐集團成員的實際或建議承讓人或受讓人，或滙豐或任何滙豐集團成員公司權利的參與人或附屬參與人對擬議作為轉讓、出讓、參與或附屬參與之交易項目進行評核及/或盡職查證；及
  - (xv) purposes relating thereto. 與上述有關的用途。

## E. Personal Information Collection Statement (Cont'd) 收集個人資料聲明(續)

- (e) Data held by HSBC or a member of the HSBC Group relating to an individual will be kept confidential but HSBC or a member of the HSBC Group may provide such information to the following parties (whether within or outside Hong Kong) for the purposes set out in paragraph (d) : 滙豐或滙豐集團成員持有的個人資料將予以保密，但滙豐或任何滙豐集團成員可就第(d)段列明的用途把該等資料提供予下列各方(不論在香港境內或境外)：
- (i) any agents, contractors, sub-contractors, service providers, reinsurers or associates of the HSBC Group (including their employees, directors, officers, agents, contractors, service providers and professional advisers); 滙豐集團的任何代理人、承包商、次承包商、服務供應商、再保人或聯營人士(包括彼等的僱員、董事、職員、代理人、承包商、服務供應商及專業顧問)；
  - (ii) any third party service provider who provides administrative, telecommunications, computer, payment or securities clearing or other services to HSBC in connection with the operation of its businesses (including their employees, directors and officers); 就滙豐的業務運作向滙豐提供行政、電訊、電腦、付款或證券結算或其他服務的任何第三方服務供應商(包括彼等的僱員、董事及職員)；
  - (iii) any Authorities; 任何機關；
  - (iv) any person under a duty of confidentiality to HSBC including a member of the HSBC Group which has undertaken to keep such information confidential; 任何對滙豐有保密責任的人，包括已承諾對該等資料保密的滙豐集團成員；
  - (v) any person in the context of the sale or transfer by HSBC or any member of the HSBC Group of all or part of its business or portfolio of products, policies or other assets or any proposed or confirmed transaction relating to such a sale or transfer; 由滙豐或任何滙豐集團成員出售或轉讓其全部或部分業務或產品組合、保單或其他資產或任何擬訂或確定的有關該出售或轉讓的交易的人士；
  - (vi) credit reference agencies and, in the event of default, any debt collection agencies; 信貸資料服務機構，並且在客戶欠帳時，可將該等資料提供給任何追討欠款的代理公司；
  - (vii) any person to whom HSBC or any of its branches or any member of the HSBC Group is under an obligation or required or expected to make disclosure for the purposes set out in paragraph (d)(viii), (d)(ix), (d)(x) or (d)(xi); 滙豐或其任何分行或任何滙豐集團成員就第(d)(viii)、(d)(ix)、(d)(x)或(d)(xi)段所載目的而有責任或必須或被預期向其作出披露的任何人士；
  - (viii) any actual or proposed assignee or transferee of HSBC or any member of the HSBC Group or participant or sub-participant of HSBC's or any member of the HSBC Group's rights in respect of the data subject; 滙豐或任何滙豐集團成員的任何實際或建議承讓人或受讓人，或就滙豐或任何滙豐集團成員對資料當事人享有的權利的參與人或附屬參與人；
  - (ix) (1) any member of the HSBC Group; 任何滙豐集團成員；  
(2) third party financial institutions, insurers, credit card companies, securities and investment services providers; 第三方金融機構、保險公司、信用卡公司、證券及投資服務供應商；  
(3) third party reward, loyalty, co-branding and privileges programme providers; 第三方獎賞、忠誠、合作品牌及優惠計劃供應商；  
(4) co-branding partners of HSBC or any member of the HSBC Group (the names of such co-branding partners will be provided during the application process for the relevant products as the case may be); 滙豐或任何滙豐集團成員的合作品牌夥伴(該等合作品牌夥伴的名稱將會於申請有關產品(視情況而定)時提供)；  
(5) charitable or non-profit making organisations; and 慈善或非牟利機構；及  
(6) external service providers (including but not limited to mailing houses, telecommunication companies, telemarketing and direct sales agents, call centres, data processing companies and information technology companies) that HSBC engages for the purposes set out in paragraph (d)(vi); 為達至第(d)(vi)段之目的而被滙豐僱用的外部服務供應商(包括但不限於代客寄件公司、電訊公司、電話行銷及直接促銷代理人、電話中心、數據處理公司及資訊科技公司)；
  - (x) hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators that may be engaged by HSBC or on behalf of HSBC; 可能被滙豐任用或代表滙豐之醫院、診所、醫生、化驗所、技術員、理賠師、風險情報供應商、法律顧問或私家偵探；
  - (xi) any persons acting on behalf of an individual whose data are provided, payment recipients, beneficiaries, account nominees, intermediary, correspondent and agent banks, clearing houses, clearing or settlement systems, market counterparties, upstream withholding agents, swap or trade repositories, stock exchanges, companies in which the customer has an interest in securities (where such securities are held by HSBC) or persons acting on behalf of the customer or the individual whose data is provided for the purposes of receiving benefits under an insurance policy; and 代表其資料被提供的個人行事的任何人士；收款人、受益人、戶口代名人、中介人、往來及代理銀行、結算公司、結算或交收系統、市場交易對手、上游預扣稅代理、掉期或交易儲存庫、證券交易所、客戶擁有證券權益的公司(如果該等證券由滙豐持有)，或代表客戶或其資料被提供以領取保單利益的個人行事的任何人士；及
  - (xii) any party to a transaction or potential transaction acquiring interest in, or assuming or bearing risk in, or in connection with an insurance policy including, without limitation, reinsurers. 交易或潛在交易中收購保單權益或承擔或承受保單的或涉及保單的風險的任何一方，包括但不限於再保險人。
- Such information may be transferred to a place outside Hong Kong SAR. 有關資料或被轉移至香港境外。
- (f) **Use of Data in Direct Marketing 在直接促銷中使用資料**  
HSBC intends to use personal data in direct marketing and HSBC requires the data subject's consent (which includes an indication of no objection) for that purpose. In this connection, please note that: 滙豐擬把個人資料用於直接促銷，而滙豐為該用途須獲得資料當事人同意(包括表示不反對)。就此，請注意：
- (i) the name, contact details, products and other service portfolio information, transaction pattern and behaviour, financial background and demographic data of a data subject held by HSBC from time to time may be used by HSBC in direct marketing; 滙豐可能把滙豐不時持有資料當事人的姓名、聯絡資料、產品及其他服務組合資料、交易模式及行為、財務背景及人口統計數據用於直接促銷；
  - (ii) the following classes of services, products and subjects may be marketed: 可用作促銷下列類別的服務、產品及標的：
    - (1) financial, insurance, credit card, pensions, banking and related services and products; 財務、保險、信用卡、退休金、銀行及相關服務及產品；
    - (2) reward, loyalty, privilege or co-branding programmes and related services and products; 獎賞、忠誠、優惠或合作品牌計劃及相關服務及產品；
    - (3) services and products offered by HSBC's co-branding partners (the names of such co-branding partners will be provided during the application of the relevant services and products, as the case may be); and 滙豐合作品牌夥伴提供之服務及產品(該等合作品牌夥伴的名稱將會於申請有關服務及產品(視情況而定)時提供)；及
    - (4) donations and contributions for charitable and/or non-profit making purposes; 為慈善及／或非牟利用途的捐款及捐贈；
  - (iii) the above services, products and subjects may be provided by or (in the case of donations and contributions) solicited by HSBC and/or: 上述服務、產品及促銷標的可能由滙豐及／或下列各方提供或(就捐款及捐贈而言)徵求：
    - (1) members of the HSBC Group; 滙豐集團成員；
    - (2) third party financial institutions, insurers, banks, credit card companies, securities and investment services providers; 第三方金融機構、保險公司、銀行、信用卡公司、證券及投資服務供應商；
    - (3) third party reward, loyalty, privileges or co-branding programme providers; 第三方獎賞、忠誠、優惠或合作品牌計劃供應商；
    - (4) co-branding partners of HSBC and members of the HSBC Group (the names of such co-branding partners will be provided during the application process of the relevant services and products, as the case may be); and 滙豐及滙豐集團成員的合作品牌夥伴(該等合作品牌夥伴的名稱將會於申請有關服務及產品(視情況而定)時提供)；及
    - (5) charitable or non-profit making organizations; 慈善或非牟利機構；
  - (iv) in addition to marketing the above services, products and subjects itself, HSBC also intends that from time to time it may provide the data described in paragraph (f)(i) above to all or any of the persons described in paragraph (f)(iii) above for use by them in marketing those services, products and subjects, and HSBC requires the data subject's written consent (which includes an indication of no objection) for that purpose; 滙豐除促銷上述服務、產品及標的以外，滙豐亦擬不時將以上(f)(i)段所述的資料提供予以上(f)(iii)段所述的全部或任何人士，以供該等人士在促銷該等服務、產品及標的中使用，而滙豐為此用途須獲得資料當事人書面同意(包括表示不反對)；
  - (v) HSBC may receive money or other property in return for providing the data to the other persons described in paragraph (f)(iv) above and, when requesting the data subject's consent or no objection as described in paragraph (f)(iv) above, HSBC will inform the data subject if it will receive any money or other property in return for providing the data to the other persons. 滙豐可能因按以上第(f)(iv)段所述將資料提供予其他人士而獲得金錢或其他財物的回報，而當滙豐徵求資料當事人給予以上第(f)(iv)段所述的同意或不反對表示時，倘若滙豐會因提供資料予其他人士而獲得任何金錢或其他財物回報，其將會告知資料當事人。

**If a data subject does not wish HSBC to use or provide to other persons his data for use in direct marketing as described above, the data subject may exercise his opt-out right by notifying HSBC. 資料當事人如不希望滙豐使用其資料或把其資料提供予其他人用於以上所述的直接促銷用途，可通知滙豐以行使其選擇權拒絕促銷。**

**E. Personal Information Collection Statement (Cont'd) 收集個人資料聲明(續)**

- (g) Under and in accordance with the terms of the Ordinance and the Code of Practice on Consumer Credit Data approved and issued under the Ordinance, any individual has the right: 根據該條例的條款及該條例核准及發出的個人信貸資料實務守則，任何個人有權：
- (i) to check whether HSBC holds data about him and of access to such data; 查核滙豐有否持有其資料及查閱該等資料；
  - (ii) to require HSBC to correct any data relating to him which is inaccurate; 要求滙豐改正任何有關其不準確的資料；
  - (iii) to ascertain HSBC's policies and practices in relation to data and to be informed of the kind of personal data held by HSBC; and 查明滙豐對於資料的政策及做法及獲告知滙豐持有的個人資料的種類；及
  - (iv) in relation to consumer credit, to be informed on request whether any or which items of data are routinely disclosed to credit reference agencies or debt collection agencies, and be provided with further information to enable the making of an access and correction request to the relevant credit reference agency or debt collection agency. 就個人信貸而言，要求獲告知是否有任何或哪些資料會被例行披露予信貸資料服務機構或追討欠款公司，並獲提供進一步資料，藉以向有關信貸資料服務機構或追討欠款公司提出查閱和改正資料的要求。
- (h) In accordance with the terms of the Ordinance, HSBC has the right to charge a reasonable fee for the processing of any data access request. 根據該條例的條款，滙豐有權就處理任何查閱資料的要求收取合理費用。
- (i) The person to whom requests for access to data or correction of data or for information regarding policies and practices and kinds of data held are to be addressed is as follows:
- The Data Protection Officer,  
The Hongkong and Shanghai Banking Corporation Limited,  
PO Box 72677,  
Kowloon Central Post Office,  
Hong Kong SAR  
Email: dfv.enquiry@hsbc.com.hk
- 任何關於查閱或改正資料，或索取關於資料政策及做法或所持有的資料種類的要求，應向下列人士提出：  
香港九龍中央郵政局郵政信箱 72677 號  
香港上海滙豐銀行有限公司  
資料保護主任  
電郵：dfv.enquiry@hsbc.com.hk
- (j) Nothing in this Notice shall limit the rights of data subjects under the Ordinance. 本通知中的任何條文均無限制資料當事人在該條例下所享有的權利。

**F. Declaration and Authorisation 聲明及授權**

I hereby certify that the answers and statement given above are true and complete to the best of my knowledge and that I have withheld no material fact. 本人在此聲明以上所提供的資料均屬正確無訛且並無缺漏。

I authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of me or my 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. 本人授權任何知道本人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之有關資料。此授權書於本人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 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 Personal Data (Privacy) Ordinance which accompanies this form. 本人(等)在下方簽署即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

Signature of Insured/Claimant 受保人/索償人簽署

Signature of Policyholder 保單持有人簽署

Name 姓名：

Name 姓名：

HKID No. 香港身份證號碼

HKID No. 香港身份證號碼

Date 日期

Date 日期

Details and Signature of Recipient (applicable for Dementia Protection Benefit claimant who is not Policyholder)  
收益人資料及簽署 (適用於認知障礙保障收益人而非保單持有人)

Name of Recipient  
收益人姓名

Identity Document Type & No.  
身份證明文件類別及號碼

Nationality  
國籍

**F. Declaration and Authorisation (Cont'd) 聲明及授權(續)**

Telephone No. 聯絡電話 (Please provide at least one telephone no. with its country. Country code is not necessary 請最少提供一個聯絡電話及其所屬國家。唯無須提供國家號碼)

Home 住宅 (Not applicable to Non-Personal Claimant/Beneficiary 不適用於非個人身份的申請人/受益人)

Hong Kong 香港       America 美國 1-       China 中國 86-       Other Country Name 其他國家 \_\_\_\_\_

Telephone no. 聯絡電話 \_\_\_\_\_

Work 工作

Hong Kong 香港       America 美國 1-       China 中國 86-       Other Country Name 其他國家 \_\_\_\_\_

Telephone no. 聯絡電話 \_\_\_\_\_

Mobile 手提電話

Hong Kong 香港       America 美國 1-       China 中國 86-       Other Country Name 其他國家 \_\_\_\_\_

Telephone no. 聯絡電話 \_\_\_\_\_

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 of Recipient 收益人簽署

Date 日期



Date 日期: \_\_\_\_\_

Policy No. 保單號碼: \_\_\_\_\_

**Part II : Attending Physician's Report – Dementia Protection Claim Form  
(To be Completed by Physician at Claimant's Expense)**

第二部分：醫療報告 — 認知障礙保障賠償申請書  
(由主診醫生填寫，費用由索償人支付)

1. Name of Patient (Surname first)	2. HKID/Passport No.	3. Date Admitted (DD/MM/YYYY)
4. Date Discharged (DD/MM/YYYY)	5. Admission No.	6. Ward No.
7. (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) Was the patient's presentation consistent with the symptoms and level of disability complained of? _____		
8. (a) According to the patient, how long had he/she experienced the symptoms before the first consultation? _____ (b) How long do you think the symptoms had existed before the first consultation? _____		
9. Had the patient previously seen any other doctors regarding these symptoms? If so, please give details. _____		
10. (a) What was the significant physical findings? _____ (b) What was the diagnosis? How was it diagnosed? _____ (c) Did you inform the patient of the diagnosis? If "yes", when did you do so? _____ (d) 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. _____		

11. Hospitalisation

Name of Hospital	Date of Admission	Date of Discharge

Surgical Procedure Done	Hospital Discharge Summary

12. Has the patient ever been treated for the same/related conditions or for any other serious disorder? If so, please provide dates and names of any other doctors/hospitals attended.

Date	Disease/Disorder	Details of Treatment(s)/Hospitalisation(s)	Name of Physician/Hospital

13. (a) Does the patient smoke? If "yes", please give details of type, quantity & duration.

\_\_\_\_\_

(b) Is the patient a carrier of any type of hepatitis virus? When was it diagnosed? What was the type?

\_\_\_\_\_

(c) Does the patient drink? If "yes", please give details of type, quantity & duration.

\_\_\_\_\_

This is not the end **(Please complete the "Major Illness Claim Form – Continuation of Part II")**

Guide for filing a Major Illness insurance claim form:

1. Claim Form Part I and II must be completed by the Insured/Claimant and the Attending Physician, respectively.
2. With regard to all types of major illness, the "Major Illness Claim Form – Continuation of Part II" must be completed and returned.
3. References, such as patient Cards, Diagnostic, Laboratory or Pathology Reports, should be submitted.
4. Proof of claim should be furnished within 90 days of the first diagnosis of any major illness. If no proof is received within 90 days, it must be shown that proof was received as soon as was reasonably possible, or no benefit will be paid.

INH092107191W

**Dementia Protection Claim Form**

Continuation of Part II

*To be completed by the Attending Doctor at the Insured's expense*

In order for a claim to be valid, the following definition must be fulfilled:

“**Severe Dementia**” means 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.

Name of Patient	HKID/Passport No.	Sex (M/F)	Age
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1. How would you comment on the patient's past medical history?

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2. Prior to your diagnosis, had the patient ever taken any standardised tests, mental state examination, cognitive test and/or questionnaires that are commonly used in diagnosing dementia disease? If yes, please provide the following details with copies of these reports / results if applicable

DATE	TYPE(S) OF TEST	RESULTS/DIAGNOSIS

3. Has the patient previously suffered from the related conditions of this illness? If yes, please give dates of consultation, details of conditions and diagnosis.

DATE	CONDITIONS	DIAGNOSIS

4. Had the patient taken any medical investigation? If yes, please provide the following details with copies of these reports/results if applicable

DATE	TYPE(S) OF TEST	RESULTS/DIAGNOSIS

5. We understand that the patient has been diagnosed to have severe dementia. Please describe the severity of the illness with respect to the following areas:

a. Details of Mini Mental State Examination

DATE	SCORE	NAME OF THE MEDICAL PRACTITIONER	QUALIFICATION OF THE MEDICAL PRACTITIONER

- b. Is there any evidence of the following:
- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| i. Deterioration or loss of intellectual capacity or abnormal behaviour? | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| ii. Irreversible organic brain disorder?                                 | <input type="checkbox"/>        | <input type="checkbox"/>       |
| iii. Permanent need for continuous supervision of the Life Insured       | <input type="checkbox"/>        | <input type="checkbox"/>       |
- c. In your professional opinion, what was the underlying cause(s) of the severe dementia?

- d. Did the severe dementia resulting directly or indirectly from, or caused by any of the following:
- |  |                                 |                                |
|--|---------------------------------|--------------------------------|
| i. Any Human Immunodeficiency Virus (HIV) or any HIV-related illness including Acquired Immune Deficiency Syndrome (AIDS). | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| ii. Psychiatric related causes.  | <input type="checkbox"/>        | <input type="checkbox"/>       |
| iii. Intoxication by alcohol or drugs not prescribed by a Registered Medical Practitioner.                                 | <input type="checkbox"/>        | <input type="checkbox"/>       |
| iv. Self-inflicted injury or attempted suicide.  | <input type="checkbox"/>        | <input type="checkbox"/>       |

6. According to your record, did the patient present with a history of other major illness/disorders that was related to his/her current injury/sufferings? If yes, please give details.

7. How would you describe the patient's current medical condition? Are there any **other** neurological deficits that would result directly from the incident? If so, how long do you think they will last?

8. With respect to the patient's occupation, how would it be affected by his/her illness?

9. Would you consider the patient to be disabled? Totally/partially disabled for original occupation or any occupation? Why?

10. Please list the type(s) of treatments and medications that you have prescribed to the patient for his/her illness.

11. When did you last see the patient? What was his/her condition at that time?

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

**Declaration**

I hereby certify that I have personally examined and treated the patient in connection with the above illness/dismemberment and that the facts given above present my opinion of his/her condition.

I hereby certify that I have not withheld any information at the request of the patient.

Signature of Physician

Name of Physician

Qualification

Telephone No.

Hospital's Stamp

Date

Name of Hospital

Address of Hospital