



# CLAIM FORM 索償表格

## Overseas Accidental Hospital Cash Benefit Claim Form

### 海外意外住院現金保障索償表

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。

**WHAT HAPPENS NEXT 下一步**

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

- Scan the QR code on your right hand side to upload documents to "Document Upload Service" on HSBC website 您可以掃描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



- 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

- Claim Form fully completed & signed by the Commercial Credit Card Cardholder/Claimant/Insured 索償表甲部經由商業信用卡持有人/索償人/受保人填寫並簽署
- Copy of receipt(s) of the medical expenses (including but not limited to deposit receipt) 醫療費用收據副本(包括但不限於按金收據)
- Accident Document Proof, such as copy of Histopathology, Laboratory Test Report, Endoscopic, Ultrasonogram, X-Ray, CT Scan, MRI, Diagnostic Written Report(s) and Operating theatre summary (if applicable) 意外證明文件, 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)
- Copy of Commercial Credit Card Cardholder/Claimant/Insured's Identity Document 商業信用卡持有人/索償人/受保人之身份證明文件副本
- Copy of Bank Account Proof (applicable for Commercial Credit Card Cardholder's sole or joint name bank account) 銀行戶口證明文件副本(適用於商業信用卡持有之個人或聯名戶口)

#### TO BE COMPLETED BY THE COMMERCIAL CREDIT CARD CARDHOLDER, INSURED PERSON OR CLAIMANT IN ENGLISH OR CHINESE

商業信用卡持有人, 受保人或索償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		

#### REASON FOR CLAIM 賠償原因

Details of Accident 意外詳情	Place of Accident (Country/City & Address) 意外地點(國家/城市及地址)	Date when accident happened 意外發生日期

#### PAYMENT INSTRUCTION 付款指示

By Bank Account 經銀行戶口 (In HKD 以港幣付款)

Transfer to the Commercial Credit Card Cardholder's sole or joint name bank account below 轉賬至以下商業信用卡持有人之個人或聯名銀行戶口

Bank Name and Branch 銀行及分行名稱	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 Commercial Credit Card Cardholder'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 Commercial Credit Card Cardholder and mailed to the Commercial Credit Card Cardholder's correspondence address. 請同時提交印商業信用卡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商業信用卡持有人之通訊地址。

For your attention 請注意:

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。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。

#### 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 the 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)條例的告知書(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。



Personal Information  
 Collection Statement  
 (English)



個人資料收集聲明(中文)

#### SIGNATURE 簽署

Signature of Commercial Credit Card Cardholder / Claimant / Insured 商業信用卡持有人/索償人/受保人簽署

Name 姓名	I.D. Card/Passport No. 身份證/護照號碼	Date 日期