滙豐保險 HSBC Life

CLAIM FORM 索償表格

Group Life Scheme - Critical Illness 團體人壽計劃 – 危疾

Claim for critical illness. To be filled in by the employee or patient and the consulting doctor, any expense incurred will be borne by the employee or patient.
危疾的索償。由僱員或病人和諮詢醫生填寫，所產生的費用由僱員或病人承擔。

HOW TO SUBMIT THIS FORM 如何提交此表格

After completing the form please send back to us:
填妥表格後，請寄給我們：

BY MAIL

Employee Benefits Claims, HSBC Life, 18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong

郵寄

滙豐保險僱員福利索償部 — 香港九龍深旺道1號滙豐中心1座18樓

IMPORTANT NOTES 重要事項

1. The claim application must be submitted as soon as possible after the patient becoming aware that he/she is suffering from an illness or from the date of diagnosis.
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申請。

3. If you have any questions about your claim, please call (852) 3128 0153.
如果您對索償有任何疑問，請致電(852) 3128 0153。

3. We'll contact you as soon as possible if we need more information, or if we need to have your claim assessed by a third party such as an impartial doctor or hospital. This could cause a delay to your claim. The employee or patient is responsible for any expenses incurred while the claim is being processed.
如果我們需要更多資料，或者需要讓第三方（例如公正的醫生或醫院）評估您的索償，我們會盡快與您聯絡。這可能會導致您的索償延遲。僱員或病人亦有可能需要支付索償期間產生的相關費用。

CLAIMS DOCUMENT CHECKLIST 索償文件清單

What you need to submit with this claim:
請連同此索償一併提交以下文件：

- ☐ Copy of receipt(s) of the medical expenses (including deposit receipt)
醫療費用收據副本 (包括按金收據)
- ☐ Copy of Hospitalisation surgical package charges breakdown (if applicable)
住院 / 手術套餐費細目副本（如適用）
- ☐ Copy of Laboratory test breakdown and amount
化驗詳情及金額副本
- ☐ Copy of Drug list (include drug name, dosage, quantity and amount)
藥物詳情副本（包括藥物名稱，劑量，數量及金額）
- ☐ Copy of Referral letter(s) from any medical specialists
任何專科轉介信副本
- ☐ Copy of Histopathology or Laboratory Test Report, Endoscopic, Ultrasonogram, X-Ray, CT Scan, MRI etc., Diagnostic Written Report(s) and Operating theatre summary (if applicable)
病理學或化驗報告，內窺鏡檢查，超聲檢查，X 射線，CT 掃描，磁力共振等診斷之書面報告及手術室摘要副本（如適用）
- ☐ Copy of Employee/Patient's Identity Proof such as ID Card, Passport or Birth Certificate etc.
僱員 / 病人之身份證明文件副本例如身分證、護照或出生證明書等
- ☐ Copy of document with the Insured Employee / Patient's name and bank account details (if applicable)
僱員 / 病人之個人本地銀行戶口證明文件副本 (如適用)

SECTION 1: CLAIM INFORMATION 甲部 – 索償資料

To be completed in BLOCK LETTERS by the employee or patient 由僱員或病人以正楷填寫

1. GROUP LIFE SCHEME INFORMATION 團體人壽保險資料

1A. EMPLOYER DETAILS 僱主資料

Group life policy no. 團體保單編號		Employer name 僱主名稱	

1B. EMPLOYEE DETAILS 僱員資料

Mandatory field, otherwise claim will not be processed 必須填寫，否則索償將不予處理

English Full Name 英文姓名	Contact Number 聯絡電話號碼	Email 電郵

1C. PATIENT DETAILS 病人資料

English Name of Patient (if different from above) 病人英文姓名(如與上述不同)	HK/Macau ID card no. 香港/澳門身份證號碼	Membership no. (Refer to E-medical card/Physical Medical Card) 成員編號（請參閱您的電子醫療卡 / 實體醫療卡）

2. MEDICAL SERVICE DETAILS FOR YOUR CLAIM 醫療服務詳情

2A. CLAIMING FOR AN ILLNESS 因患病而索償

Description of illness & its symptoms 疾病症狀之描述	Duration of symptoms 症狀持續時間

Is this a chronic or recurring illness? 此疾病是否慢性 / 復發疾病？	☐ Chronic illness 慢性	☐ Recurring illness 復發	☐ Others 其他

Incorporated in Bermuda with limited liability 於百慕達註冊成立之有限公司 Hong Kong SAR Office Address：18/F, Tower 1, HSBC Centre, 1 Sham Mong Road, Kowloon, Hong Kong
香港特別行政區辦事處地址：香港九龍深旺道1號滙豐中心1座18樓 Tel 電話：(852) 2288 6622 Fax 圖文傳真：(852) 3418 4976 Customer Care Hotline 客戶服務熱線：(852) 3128 0153

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2. MEDICAL SERVICE DETAILS FOR YOUR CLAIM (CONTINUED) 醫療服務詳情（續）

2A. CLAIMING FOR AN ILLNESS (CONTINUED) 因患病而索償（續）

Consulting doctor's information 應診醫生資料

Have you had any previous treatment for this illness or a related condition? If 'yes', please provide more details. 您是否曾經接受任何此類或相關疾病的治療？如'是'，請提供詳情。	Name 醫生姓名	Address 醫生地址	Date of consultation 首次求診日期
☐ Yes 是　　　☐ No 不是			_____ – _____ – _____ DD日　　MM月　　YYYY年

2B. CLAIMING FOR AN ACCIDENT 因意外而索償

Date and time of accident 意外日期及時間	Location of accident 意外地點	Can you provide details of your injuries caused by the accident? 您能詳細説明你是如何在事故中受傷的嗎？
_____ – _____ – _____ DD日　　MM月　　YYYY年 _____ : _____　☐ A.M 上午 HR時　　MIN分　☐ P.M 下午		

3. CLAIMS SUBMITTED TO OTHER INSURER(S) 已向其他保險公司索償

Have you submitted a claim to another insurance company for medical services received? 您是否已就接受的醫療服務向另一家保險公司提交索償？	☐ Yes, please provide information below and attach all related settlement forms or documents. 是，請提供下列資料並附上所有相關賠償表或文件。 ☐ No 不是

Name of insurance company 保險公司名稱	Policy no. 保單號碼

4. PAYMENT INSTRUCTIONS 付款指示

☐ Via Cheque – made cheque payable to the employee and will be sent by mail to employee's address.
支票 – 以支票支付僱員並將支票寄往其通訊地址。

☐ Via transfer to bank account (The employee must hold or jointly hold the bank account. Otherwise a cheque made payable to the employee will be sent by mail to their address.) Please fill in the detail below
轉賬至銀行戶口（必須為僱員之個人或聯名銀行戶口，否則付款將以支票形式寄予受保僱員通訊地址。）請填寫以下戶口資料。

Account no. 戶口號碼	Account holder name 戶口持有人姓名
_____ – _____ – _____ Bank Code 銀行編號　Branch Code 分行編號　Account Number 戶口號碼	

We require a document that includes the employee's full name and bank account details to be attached to this claim as proof. If you do not provide the bank proof, payment will be made by cheque payable to the employee and mailed to the employee's correspondence address.
請提供僱員本地銀行戶口證明文件副本並清楚顯示僱員全名和銀行戶口詳細信息作為索償的證明。若您未能提供銀行證明，我們將以支票形式支付予僱員並郵寄到僱員的通訊地址。

5. EMPLOYEE'S / PATIENT'S DECLARATION AND AUTHORISATION 僱員/病人聲明和授權

I/We hereby certify that the answers and statement given above are true and complete to the best of my/our knowledge and that I/We have withheld no material fact. I/We authorise any physician, hospital, clinic, insurance company or other individual organisation or government office that has any records or knowledge of 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. 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, or else I can request a copy by visiting my local HSBC Branch or by calling the Life Insurance Service Hotline: (852) 2583 8000. The Company will collect, use, disclose and transfer my/our and/or beneficiary's personal information, for the purposes necessary to detect and prevent fraud (whether or not relating to the policy mentioned in this form) to the following persons who may collect and use this information only as reasonably necessary to carry out the purposes described above: organisations that consolidate claims and underwriting information for the insurance industry; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing 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。本人謹此聲明，本人已細閱並完全明白以上內容及本表格後頁的個人資料收集聲明。本人（等）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（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。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。本人（等）及／或受益人的個人資料給以下人士，以用作偵測和防止欺詐行為（無論是否與就本表格而發出的保單有關）所需的目的，而他們只能在有合理需要履行上述目的之情況下才可收集和使用這些資料：整合的保險業申索和承保資料的組織；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

Personal Information Collection Statement (English)

個人資料收集聲明(中文)

6. PATIENT'S SIGNATURE 病人簽署

	Date signed _____ – _____ – _____ DD日　　MM月　　YYYY年

Signature of Patient/Parent or Legal Guardian (if Patient below 18 years of age) 病人簽署/家長或合法監護人簽署 (適用於十八歲以下之病人)	Full name (in BLOCK letters) 姓名（請以正階英文書寫）	HK/Macau ID card no. 香港/澳門身份證號碼	Date signed 簽署日期

SECTION 2: DOCTOR SECTION 乙部 – 由醫生填寫
To be completed in BLOCK LETTERS and signed by the consulting doctor 以正楷填寫並由主診醫生簽署

1. PATIENT DETAILS 病人資料

English Full Name 英文姓名	Date of birth 出生日期	HK/Macau ID card no. 香港/澳門身份證號碼	Patient's membership no. (required for the claim to be processed) 病人成員編號（此欄必須填寫否則索償申請將不獲辦理）
	_____ – _____ – _____ DD日　　MM月　　YYYY年		

2. MEDICAL HISTORY 病歷紀錄

Date of first consultation 首次求診日期	Date of most recent consultation 最近求診日期	How long has the patient shown these symptoms before the first consultation? 病人在首次求診前患有該病徵有多久?
_____ – _____ – _____ DD日　　MM月　　YYYY年		

Are you the patient's regular doctor? 您是否該病人的慣常醫生?	☐ Yes 是 ☐ No, please provide patient's regular doctor's information below. 不是，請提供病人的慣常醫生的資料。	

Full name 姓名	Address 地址	Contact no. 電話號碼

Is the patient referred by another doctor? 病人是否由其他醫生轉介?	☐ Yes, please provide the referring doctor's information below. 是，請提供轉介醫生的資料。 ☐ No 不是	

Full name 姓名	Address 地址	Contact no. 電話號碼

Date of diagnosis 診斷日期	What is the diagnosis of the condition? 病情的診斷是什麼?
_____ – _____ – _____ DD日　　MM月　　YYYY年	

How is the conclusion supported? Please provide the date and result of any tests performed.
如何得出上述結論？請提供任何相關測試的日期和結果以支持您的診斷。

Date of test 測試日期	Test name 測試名稱	Test result 測試結果
_____ – _____ – _____ DD日　　MM月　　YYYY年		
_____ – _____ – _____ DD日　　MM月　　YYYY年		
_____ – _____ – _____ DD日　　MM月　　YYYY年		
_____ – _____ – _____ DD日　　MM月　　YYYY年		
_____ – _____ – _____ DD日　　MM月　　YYYY年		
_____ – _____ – _____ DD日　　MM月　　YYYY年		

Please provide a detailed description of the type of prescribed treatment, including medication, surgical treatments, chemotherapy or radiotherapy, duration, quantity and frequency. Please use a separate piece of paper and attach it if you need more space. 請詳細描述您處方的治療類型，包括藥物治療、手術治療、化療或電療、週期、數量和持續時間。如果空間不足，您可附上額外紙張。	

3A. CRITICAL ILLNESS SPECIFIC INFORMATION 危疾具體資料 (Please skip this section if not applicable 如不適用，請跳過這部分)

Definition of Cancer 癌症的定義

Cancer is the presence of uncontrolled growth and spread of malignant cells and invasion of tissue. Incontrovertible evidence of the invasion of tissue definite histology of malignant growth must be produced. The term cancer also includes leukaemia, lymphomas and hodgkin's disease. Excluded are non-invasive carcinomas in situ, any skin cancer except malignant melanomas, locaslised non-invasive tumors showing only early malignant change and tumors in the presence of any human-immunodeficiency virus.

癌症是指體內的惡性細胞不受控制地生長、擴散以及侵襲其他組織。
癌症一詞還包括白血病、淋巴瘤和霍奇金病。排除的是非浸潤性原位癌、除惡性黑色素瘤之外的任何皮膚癌、僅顯示早期惡性變化的局部非浸潤性腫瘤以及存在任何人類免疫缺陷病毒的腫瘤。

We understand that the patient has been diagnose to have tumor or malignant disease. Please describe the severity of the illness with respect to the following areas:
我們了解到該病人患有腫瘤或惡性疾病。請描述以下方面疾病的嚴重程度：

Is the disease completely localized? 是否局部疾病？	☐ Yes 是　　　　　☐ No 不是
Is there invasion of adjacent tissues? 是否有侵犯鄰近的組織？	☐ Yes 是　　　　　☐ No 不是
Are regional lymph nodes involved? 是否涉及區域淋巴結？	☐ Yes 是　　　　　☐ No 不是
Are there distant metastasis? 是否有長距離的癌細胞轉移？	☐ Yes 是　　　　　☐ No 不是
Is it Carcinoma-in-situ? 是否原位癌?	☐ Yes 是　　　　　☐ No 不是
If the diagnosis is leukaemia, is it chronic lymphocytic leukaemia? 如果診斷為白血病，是慢性淋巴細胞白血病嗎？	☐ Yes 是　　　　　☐ No 不是
If the diagnosis is skin cancer, is it malignant melanoma? 如果診斷為皮膚癌，是惡性黑色素瘤嗎？	☐ Yes 是　　　　　☐ No 不是
Does patient's condition fulfil above definition of cancer? 病人的病情是否符合上述癌症發作的定義？	☐ Yes 是　　　　　☐ No 不是 If 'no', According to your professional comment, would you still define patient's condition as Cancer? Please provide reason. 如果'不是'，根據您的專業意見，您還會將病人的病情定義為癌症嗎？ 請提供該結論的理由。

What is the site and/or organ involved?
癌症涉及什麼部位和/或器官？

What staging classification is used & what is the tumor staging in this patient?
診斷使用什麼期數分類? 病人的腫瘤期數是什麼？

Is there any information that you would like to add to the above?
您是否還有想要補充上述內容的任何其他資料？

4. DOCTOR'S DECLARATION AND AUTHORISATION 醫生聲明及授權書

I declare that all information provided is true and complete to the best of my knowledge.
本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

Name of attending doctor (Please add your qualifications) 主診醫生姓名（請提供您的專業資格）	Address 地址	Contact no. 電話號碼

DOCTOR'S SIGNATURE 醫生簽署

_____ – _____ – _____
DD日　　MM月　　YYYY年

_____
Signature and stamp of attending doctor
主診醫生簽名及蓋章

Date signed
簽署日期

3B. CRITICAL ILLNESS SPECIFIC INFORMATION 危疾具體資料 (Please skip this section if not applicable 如不適用，請跳過這部分)

Definition of Heart Attack 心臟病發作的定義

Heart attack is the death of a portion of the heart muscle as a result of abrupt interruption of adequate blood supply to the area. The diagnosis should be based upon all of the following criteria: a. A history of typical chest pain; b. New electrocardiographic changes and c. An elevation in cardiac enzyme levels
心臟病發作是指部分心肌因冠狀動脈內血凝塊形成，堵塞心臟供血而缺氧壞死。診斷應基於以下所有標準：a. 有典型胸痛病史；b. 心電圖變化；c. 心肌酶水平升高

We understand that the patient has suffered from heart attack. Please describe the severity of the illness with respect to the following areas:
我們了解到該病人患有心臟病發作。請描述以下方面疾病的嚴重程度：

Was there a history of typical chest pain? 是否有典型胸痛病史？	☐ Yes 是　　　　　☐ No 不是
Were there any new characteristic ECG changes indicating a recent acute myocardial infarction at the time of the relevant cardiac incident? 在發生心臟相關事件時，心電圖是否有任何新的徵兆及變化表明最近發生了急性心肌梗死？	☐ Yes 是　　　　　☐ No 不是
Was there elevation of cardiac enzymes or troponin? 心肌酶或肌鈣蛋白的水平是否有升高？	☐ Yes 是　　　　　☐ No 不是
Does patient's condition fulfil above definition of heart attack? 病人的病情是否符合上述心臟病發作的定義？	☐ Yes 是　　　　　☐ No 不是 If 'no', According to your professional comment, would you still define patient's condition as Heart Attack? Please provide reason. 如果'不是'，根據您的專業意見，您還會將病人的病情定義為心臟病發作嗎？ 請提供該結論的理由。

Is there any information that you would like to add to the above?
您是否還有想要補充上述內容的任何其他資料？

4. DOCTOR'S DECLARATION AND AUTHORISATION 醫生聲明及授權書

I declare that all information provided is true and complete to the best of my knowledge.
本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

Name of attending doctor (Please add your qualifications) 主診醫生姓名（請提供您的專業資格）	Address 地址	Contact no. 電話號碼

DOCTOR'S SIGNATURE 醫生簽署

_____ – _____ – _____
DD日　　MM月　　YYYY年

_____
Signature and stamp of attending doctor
主診醫生簽名及蓋章

_____
Date signed
簽署日期

3C. CRITICAL ILLNESS SPECIFIC INFORMATION 危疾具體資料 (Please skip this section if not applicable 如不適用，請跳過這部分)

Definition of Stroke 中風的定義

Any cerebrovascular incident (or accident) producing neurological sequelae lasting more than 24 hours, including:
a. Infarction of brain tissue; b. Haemorrhage from an intracranial vessel and c. Embolisation from an extracranial source.
任何腦血管事件（或事故）產生持續超過 **24** 小時的神經系統後遺症，包括：**a.** 腦組織梗塞；**b.** 顱內血管出血 **c** · 顱外的血管栓塞。

We understand that the patient has suffered from stroke. Please describe the severity of the illness with respect to the following areas:
我們了解到該病人患有中風。請描述以下方面疾病的嚴重程度：

Is there infarction of brain tissue? 是否有腦組織梗塞？	☐ Yes 是 ☐ No 不是
Is there haemorrhage from an intracranial vessel? 是否有顱內血管出血？	☐ Yes 是 ☐ No 不是
Is there embolisation from an extracranial source? 是否有顱外的血管栓塞？	☐ Yes 是 ☐ No 不是
Does patient's neurological sequelae lasting more than 24 hours? 病人的神經系統後遺症是否持續超過24小時？	☐ Yes 是 ☐ No 不是
Does patient's condition fulfil above definition of stroke? 病人的病情是否符合上述中風的定義？	☐ Yes 是 ☐ No 不是 If 'no', according to your professional comment, would you still define patient's condition as Stroke? Please provide reason. 如果'不是'，根據您的專業意見，您還會將病人的病情定義為中風嗎？ 請提供該結論的理由。

Are there any additional information that you would like to supplement the above?
您是否還有想要補充上述內容的任何其他資料？

4. DOCTOR'S DECLARATION AND AUTHORISATION 醫生聲明及授權書

I declare that all information provided is true and complete to the best of my knowledge.
本人謹此聲明及同意上述一切陳述及問題的所有答案，就本人所知所信，均為事實全部並確實無訛。

Name of attending doctor (Please add your qualifications) 主診醫生姓名（請提供您的專業資格）	Address 地址	Contact no. 電話號碼

DOCTOR'S SIGNATURE 醫生簽署

_____ – _____ – _____
DD日　　MM月　　YYYY年

_____
Signature and stamp of attending doctor
主診醫生簽名及蓋章

Date signed
簽署日期