

## CLAIM FORM 索償表格

### Group Life Scheme - Simplified Critical Illness 團體人壽計劃 - 簡易危疾

Claim for simplified critical illness including **a) Kidney failure; b) Paralysis and c) Coma**. To be filled in by the employee or patient and the consulting doctor, any expense incurred will be borne by the employee or patient.

精簡危疾的索償，包括：**a) 腎功能衰竭；b) 癱瘓 和 c) 昏迷**。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，請寄送給我們：

##### 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

- All claims must be submitted within 90 days of completion of treatment.  
所有索償必須在治療完成後90天內提交。
- 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。
- 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。

#### 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 Sick leave certificate with diagnosis and/or proof of consultation  
列有診斷證明之病假證明書及/或治療詳情副本
- Copy of Physiotherapy and/or occupational therapy reports (if applicable)  
物理治療/職業治療報告副本(如適用)
- Copy of Drug list (include drug name, dosage, quantity and amount)  
藥物詳情副本(包括藥物名稱、劑量及數量)
- 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 Police Report (if applicable)  
警察事故報告副本(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 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)
- Copy of the latest employment pay slip as proof for the sum assured issued by Policyholder  
由保單持有人發出之最近入息證明副本以作保額計算用途

#### SECTION 1: CLAIM INFORMATION 甲部 - 索償資料

To be completed in BLOCK LETTERS by the employee or patient 由受保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	
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###### 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 and 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?	<input type="checkbox"/> Chronic illness 慢性	<input type="checkbox"/> Recurring illness 復發	<input type="checkbox"/> Others 其他
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**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 首次看診日期	Description of patient's symptoms at the first consultation 病人首次看診時的病徵	How long has the patient shown these symptoms? 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，請提供慣常醫生資料

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	
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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		

**3. TREATMENT 治療**

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。

**4. SUPPORTING INFORMATION 補充資料**

Please provide any further information that will assist us in assessing this claim.  
請提供任何進一步的信息，以幫助我們評估這項索償。

**5. 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