



## CLAIM FORM 索償表格

### Group Life Scheme - Total Disability Extended Death Benefit 團體人壽計劃 - 完全傷殘延伸身故保障

Claim for a deceased employee. To be filled in by the beneficiary. 為已故僱員索償。由受益人填寫。

#### 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

#### What happens next 下一步

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

- 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 beneficiary 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。受益人亦有可能需要支付索償期間產生的相關費用。
- Certified True Copy must be done by the Policyholder with signature and company stamp. 有關的認證副本必需由保單持有人簽署及蓋上公司印章。
- 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。

#### 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：

- HSBC Death Claim Form completed by beneficiary and endorsed by the Policyholder 由受益人填妥之滙豐保險死亡索償表格，並由保單持有人確認
- Certified true copy of the death certificate, notarial certificate plus police report and/or hospital certificate if death took place in mainland China (if applicable)  
已故僱員死亡證明書認證副本：如在中國內地死亡，請提供中國公證處發出的公證書和中國公安/醫院發出的事件報告
- Certified true copy of beneficiary designation record, or letter of administration or probate issued by High Court of Hong Kong (if applicable)  
指定受益人記錄之認證副本或由香港高等法院發出之遺產管理書/遺囑認證之認證副本（如適用）
- Certified true copy of ID card of the beneficiary and deceased  
受益人和已故僱員之身分證認證副本
- Copy of Medical report with diagnosis and/or proof of total disability  
列有診斷證明之完全喪失工作能力的醫療報告
- Copy of sick leave certificate and attendance records of the deceased  
已故僱員的病假證明和出勤記錄副本
- Certified true copies of employment pay slips of the latest 3 months as proof for the sum assured  
最近三個月入息證明之認證副本以作保額計算用途
- Copy of relationship proof between the deceased and the beneficiary  
已故僱員與受益人之關係證明文件副本
- Copy of residential address proof for the most recent 3 months  
受益人最近三個月內發出之現時住宅地址證明副本
- Copy of document with the beneficiary's name and bank account details (if applicable)  
受益人本地銀行戶口證明文件副本（如適用）

#### CLAIM INFORMATION 索償資料

To be completed in BLOCK LETTERS by the beneficiary 由受益人以正楷填寫

#### 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. DECEASED PERSON'S DETAILS 已故僱員資料

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

Full name of deceased 已故僱員姓名	Relationship between deceased and beneficiary 受益人與已故僱員之關係	Membership no. (Refer to the medical card of the deceased) 成員編號 (請參閱已故僱員醫療卡上的成員編號)
HK/Macau ID card no. 香港/澳門身份證號碼	Date of birth 已故僱員出生日期 DD日 MM月 YYYY年	Date and time of death 死亡日期及時間 DD日 MM月 YYYY年 HR時 MIN分 <input type="checkbox"/> A.M 上午 <input type="checkbox"/> P.M 下午
Last date at work 最後工作日期 DD日 MM月 YYYY年	Location of death 死亡地點	Cause of death 死亡原因

**1C. DECEASED PERSON'S DISABILITY DETAILS 已故僱員喪失工作能力的詳情**

Was patient totally disabled and prevented from performing any work?  
患者是否完全喪失工作能力並無法從事任何工作？

- Yes, please provide details.  
是，請提供詳情。
- No 不是

Diagnosis  
診斷

First day of treatment  
首次治療日期

Last day of treatment  
最後治療日期

Date of total disability begin  
完全喪失工作能力開始日期

DD日 MM月 YYYY年

DD日 MM月 YYYY年

DD日 MM月 YYYY年

**2. PAYMENT INSTRUCTIONS 付款指示**

- Via cheque (Cheque made payable to the beneficiary and sent by mail to their address).  
經支票支付予受益人，支票將寄往受益人的通訊地址。
- Via transfer to bank account (The beneficiary must hold or jointly hold the bank account. Otherwise a cheque made payable to the beneficiary will be sent by mail to their address.) Please fill in the details below.  
轉賬至受益人之本地銀行戶口(不適用於非受益人之個人或聯名銀行戶口。若該戶口並非受益人之個人或聯名銀行戶口，付款將以支票形式寄予受益人通訊地址。)請提供下列資料。

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 beneficiary'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 beneficiary and mailed to the beneficiary's correspondence address.  
請提供受益人本地銀行戶口證明文件副本並清楚顯示受益人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，我們將通過支票支付予受益人並郵寄到受益人的通訊地址。

**3. BENEFICIARY DECLARATION AND AUTHORISATION 受益人聲明及授權**

I, (Name of Claimant/Beneficiary/Authorised Officer of Corporate) \_\_\_\_\_ of HKID No. \_\_\_\_\_, do hereby authorise any physician, hospital, clinic, employer, banks, government authorities, insurance company or organisation that has any records or knowledge of late \_\_\_\_\_ of HKID No./Passport No. \_\_\_\_\_ (relationship to me \_\_\_\_\_) to disclose to HSBC Life (International) Limited, or its representatives any and all information with respect to his/her health, medical history, disease, hospitalisation, advice, treatment, investigatory result or employment record. I am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate. 本人 \_\_\_\_\_ (申請人/受益人/機構之獲授權人員姓名) \_\_\_\_\_ 香港身份證號碼/護照號碼 \_\_\_\_\_, 現授權任何註冊西醫、醫院、診所、任何僱主、銀行、保險公司、政府機構、或其他有關機構，凡知道或持有死者 \_\_\_\_\_ 香港身份證號碼/護照號碼 \_\_\_\_\_ (本人與該身故人士之關係為 \_\_\_\_\_) 之紀錄，均可將有關該已身故人士的健康、病歷、疾病、住院、藥物建議、治療、檢驗結果或就業報告等資料提供滙豐人壽(國際)有限公司或其代表。

I also agree HSBC Life (International) Limited to utilize the copy of myself or this request. A photocopy of this authorisation shall be considered as effective and valid as the original. 另本人在此聲明有權申請成為上述死者的遺產承辦代理人。此授權書之正本與副本均具同等效力。

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. 本人(等)在下方簽署即確認上述申請，並同意貴公司可根據本表格內有關個人資料(私隱)條例的通告書(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告書，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索取該通告書的副本。



Personal Information  
Collection Statement  
(English)



個人資料收集聲明(中文)

**4. BENEFICIARY DETAILS 受益人資料****4A. TO BE COMPLETED BY THE BENEFICIARY 由受益人填寫**

Beneficiary's name in English 受益人英文姓名	Nationality 國籍	Identity document type 身份證明文件類別	Identity document no. 身份證明文件號碼
Contact no. (Please provide at least one contact no. with its country code) 聯絡電話號碼(最少提供一個聯絡電話及其所屬國家號碼)	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)	

**4. BENEFICIARY DETAILS (CONTINUED) 受益人資料(續)****4B. TO BE COMPLETED BY THE LEGAL PARENT / GUARDIAN / TRUSTEE 法定父母/監護人/受託人填寫**

(If the Beneficiary is under 18 years) (如受益人為18歲以下)

The legal parent / Guardian / Trustee's name in English 法定父母/監護人/受託人英文姓名	Nationality 國籍	Identity document type 身份證明文件類別	Identity document no. 身份證明文件號碼
Contact no. (Please provide at least one contact no. with its country code) 聯絡電話號碼(最少提供一個聯絡電話及其所屬國家號碼)	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 簽署**

<p style="text-align: right;">____ - ____ - ____ DD日    MM月    YYYY年</p>		
Signature of Legal Parent / Guardian / Trustee 法定父母/監護人/受託人簽署	Full name (in BLOCK letters) 姓名(請以正階英文書寫)	Date signed 簽署日期

**4C. TO BE COMPLETED BY THE POLICYHOLDER 由保單持有人填寫**

Registered name of entity or corporation 機構或公司登記名稱			
Certificate of incorporation no. 公司註冊證書號碼	Country / Region of incorporation 註冊國家/地區		
Business registration no. 商業登記號碼	Country / Region of registration 登記國家/地區		
Contact no. (Please include country/region code) 聯絡電話號碼(請提供聯絡電話及其所屬國家/地區)	Registered address 登記地址	Business address (If different from registered address) 業務地址(如與登記地址不同)	

**SIGNATURE 簽署**

<p style="text-align: right;">____ - ____ - ____ DD日    MM月    YYYY年</p>		
Signature of Authorised person with company stamp 獲授權人員簽署及蓋上公司印章	Date signed 簽署日期	