HSBC Life 滙豐保險

HSBCCRI

PICS 2020Jun

Major Illness/Critical Illness/Cancer Benefit/ Terminal Illness/Female Benefit/ Dementia Protection Claim Form
嚴重疾病／危疾／癌症保障／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(DD日/MM月/YYYY年): _____

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

- ☐ Claim Application for Major Illness/Critical Illness/Cancer Benefit 嚴重疾病／危疾／癌症保障賠償申請
- ☐ 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 I 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、磁力共震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)

Applicable for Child Protection under HSBC Family Protector: 適用於滙家保兒童保障:
- ☐ Copy of Identity Card of Insured's Child 受保人子女之身份證副本
- ☐ Copy of Relationship Proof between Insured's Child & Insured 受保人子女與受保人之間關係證明文件副本
- ☐ Copy of Newborn Hospital Discharge Record or Medical Report and Child Birth Health Record of Insured's Child 受保人子女之初生嬰兒出院記錄或醫療紀錄及健康記錄。

Notes 注意：

1. A claim must be made as soon as possible after the insured/ insured's child becoming aware that he/ she is suffering from an illness or from the date of diagnosis and whilst this Policy is in force. 索償人需於受保人/受保人子女已獲悉或被診斷證實患上疾病時盡快在保單有效期內提出索償。
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 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您或其他人士(如醫生、醫院等)索取額外資料，我們會盡快通知您。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/Insured Child 受保人／受保人子女

1. Name of Insured/Insured's Child 受保人／受保人子女姓名	2. I.D. Card/Passport No. 身份證／護照號碼	3. Age 年歲

4. Correspondence Address 通訊地址

7. Telephone No. 聯絡電話 (Please provide telephone no. with its country/region. 請提供聯絡電話及其所屬國家／地區。)

☐ Hong Kong SAR 香港特別行政區 (852)
☐ Mainland China 中國內地 (86)
☐ Other Country/Region 其他國家／地區 _____

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. ☐ Indoor 戶內 ☐ Outdoor 戶外 ☐ 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 the Insured/Insured's Child been having these symptoms prior to visiting physician? 受保人／受保人子女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/Insured's Child was admitted during this illness 受保人／受保人子女曾診治此病的其他醫生資料：

Physician/Hospital 醫生／醫院		Admission No. 求診或住院號碼	Admission Date 求診或住院日期
Name 姓名	Address 地址		

(iv) Name, address and details of 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. 求診或住院號碼	Admission Date 求診或住院日期
Name 姓名	Address 地址		

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

13. Other Details 其他資料

(a) Have any of Insured/Insured's Child immediate family members suffered from a similar or related illness?
受保人／受保人子女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 Insured/Insured's smoke cigarettes or take alcoholic drink(s)? 受保人／受保人子女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) If the Insured's Child is below 18 years old, has the Insured's Child been diagnosed as Premature birth or Postmature birth? If yes, please provide related medical information. 如果受保人子女未滿18歲，受保人子女是否被診斷為早產或過期出生？如是，請提供有關醫療資料。

☐ No 否
☐ Yes, please provide related medical information. 是，請提供有關醫療資料。_____

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)。若您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 _____

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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兑換差價，如適用。本公司將不會承担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.	

Data Privacy Notice

Notice relating to the Personal Data (Privacy) Ordinance

We protect your privacy. Read this notice to find out how we collect, store, use and share your personal data.

1 HOW WE COLLECT AND STORE YOUR DATA

We collect your data

- when you interact with us, apply for and use our products and services
- visit our websites (please see the "Privacy and Security" section of www.hsbc.com.hk and refer to "Use of cookies policy" for details of how we use cookies)
- from other people and companies, including other HSBC group companies

We may store your data locally or overseas, including in the cloud. We apply our global data standards and policies wherever your data is stored.

We're responsible for keeping your data safe in compliance with Hong Kong law.

2 WHAT WE USE YOUR DATA FOR

We use your data

- to send you direct marketing if you've consented to it
- to consider applications for, offer, provide and manage products and services

  For example: (i) insurance, annuities, pensions and health and wellness products and services; (ii) educational materials; (iii) products and services relating to campaigns and promotions which you have signed up to
- to design and improve our products, services and marketing
- to help us and other HSBC group companies comply with laws, regulations and requirements, including our internal policies, in or outside Hong Kong
- to detect, investigate and prevent financial crimes
- for the other purposes set out in section B

3 WHO WE SHARE YOUR DATA WITH

We share your data with

- other HSBC group companies
- third parties who help us to provide services to you or who act for us
- third parties who you consent to us sharing your data with
- local or overseas law enforcement agencies, industry bodies, regulators or authorities
- the other third parties set out in section C

We may share your data locally or overseas.

You can access your data

You can request access to the data we store about you. We may charge a fee for this.

You can also ask us to

- correct or update your data
- explain our data policies and practices

You control your marketing preferences

You control whether you receive marketing from us.

You can change this at any time by contacting us.

You can contact us

dfv.enquiry@hsbc.com.hk

The Data Protection Officer

HSBC, PO Box 72677,

Kowloon Central Post Office,

Hong Kong

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A
Collect and store

We may collect

- biometric, medical and health/lifestyle data such as your heart rate, BMI and steps count
- your geographic data and location data based on your mobile or other electronic device
- data from people who act for you or who you deal with through our services
- data from public sources, aggregators and other sources available to us
- data from policyholders or members of our insurance policies of which you benefit from or are insured by

If you don't give us data then we may be unable to provide products or services.

We may also generate data about you

- by combining information that we and other HSBC group companies have collected about you
- based on the analysis of your interactions with us and information which we have collected about you
- through the use of cookies and similar technology when you access our website or apps

B
Use

We use your data to

- handle and take care of claims
- help us to comply with requirements or requests that we or the HSBC group have or receive such as legal or regulatory in or outside Hong Kong. Sometimes we may have to comply and other times we may choose to voluntarily comply
- conduct identity, medical or credit checks
- create and maintain the credit and risk related models of the HSBC group (such as underwriting models, health and wellness models and models/algorithms for data analytics and artificial intelligence)
- manage our business, including exercising our legal rights
- determine, pay or collect money owed to you or to us
- match data held by HSBC group companies for purposes listed in this notice
- provide personalised advertising to you on third party websites (this may involve us aggregating your data with data of others)
- other uses relating to the above or to which you have consented

If you provide data about others

If you provide data to us about another person, you should tell that person how we will collect, use and share their data as explained in this notice.

C
Share

We share your data with

- local or overseas bodies or authorities such as legal, regulatory, law enforcement, government and tax and any partnerships between law enforcement and the financial sector
- any person who is a party to a transaction (or a potential transaction) buying interest or assuming risk in an insurance policy, such as reinsurers
- payment recipients, beneficiaries or any person who act for our customer or you, or anyone whose data is provided for receiving benefits under an insurance policy or otherwise
- hospitals, clinics, medical practitioners, laboratories, technicians, loss adjustors, risk intelligence providers, legal advisers or private investigators who act for us
- any third party who we may transfer our business, policies or assets to so it can evaluate our business and use your data after any transfer
- partners and providers of reward, co-branding or loyalty programs, charities or non-profit organisations
- social media advertising partners (who can check if you have or use our products and services and send our adverts to you and advertise to people who have a similar profile to you)

We may share your anonymised data with other parties not listed above. If we do this you won't be identifiable from this data.

D
Direct Marketing

This is when we use your data to send you details about financial, insurance, pensions, annuities or related products, services and offers (such as health and wellness) and promotional campaigns provided or hosted by us or our co-branding, rewards or loyalty programme partners, charities or other third party financial institutions and service providers.

We may use data such as your demographics, the products and services that you're interested in, transaction behaviour, portfolio information, location data, social media data, analytics, health and wellness data and information from third parties when we market to you.

We don't give your data to others for them to market their products and services to you. If we ever wanted to do this, we'd get your separate consent.

This notice will apply for as long as we store your data. We'll send you the latest version at least once a year. If we use your data for a new purpose, we'll get your consent.

Note: In case of any discrepancies between the English and Chinese versions, the English version shall apply and prevail.

資料私隱通知

關於個人資料(私隱)條例的通知

我們致力保護您的私隱。請閱讀此通知，了解我們如何收集、儲存、使用及披露您的個人資料。

1

我們如何收集及儲存您的資料

我們收集您資料的途徑包括

- 您與我們互動，向我們申請及使用我們的產品和服務
- 您瀏覽我們網站(有關我們如何使用「cookies」的詳情，請參閱我們網站 www.hsbc.com.hk 進入「私隱與保安」閱覽「Use of cookies 政策」)
- 其他人士及公司(包括其他滙豐集團旗下公司)

我們可能將您的資料儲存於本地或海外，包括雲端。無論您的資料儲存於何處，均受我們的環球資料標準及政策約束。

我們有責任根據香港法律保護您的資料安全。

2

我們如何使用您的資料

我們將您的資料用於

- 經您同意後向您發送直接促銷資料
- 考慮申請、為您推薦、提供及管理產品與服務

  例如：(i)保險、年金、退休金、健康與保健產品及服務；(ii)教育材料；(iii)關於您已報名參與之活動及推廣的產品與服務
- 設計及改進我們的產品、服務及市場推廣活動
- 幫助我們及其他滙豐集團旗下公司遵守香港或其以外的國家或地區的法律、法規和要求，包括我們的內部政策
- 偵測、調查及預防金融罪案
- B 部分所列的其他目的

3

我們與誰披露您的資料

我們與下列人士披露您的資料

- 其他滙豐集團旗下公司
- 幫助我們向您提供服務或代表我們行事的第三方
- 您同意我們與之披露您資料的第三方
- 本地或海外執法機構、行業組織、監管機構或權力機關
- C 部分所列的其他第三方

我們可能在本地或海外披露您的資料。

您可查閱自己的資料

您可要求查閱我們所儲存有關您的資料。我們可能就此向您收取費用。

您可要求我們

- 改正或更新您的資料
- 說明我們的資料政策及慣例

您可控制自己的市場推廣偏好

您可控制您會否從我們收取市場推廣資料。

您可隨時聯絡我們對此作出更改。

您可聯絡我們

dfv.enquiry@hsbc.com.hk

資料保護主任

香港上海滙豐銀行有限公司
香港九龍中央郵政局
郵政信箱 72677 號

A
收集及儲存

我們或會

- 收集生物辨識、醫療及健康/生活模式資料，例如您的心跳率、身高體重指數及步數統計
- 基於您的流動或其他電子裝置收集您的地域及位置資料
- 從代表您的人士或您透過我們服務與之往來的人士收集資料
- 從公開渠道、資料整合機構及其他我們接觸得到的渠道收集資料
- 從您受益或受保於我們的保險下的保單持有人或保單成員收集資料

若您不向我們提供資料，我們可能無法提供產品或服務。

我們亦可能透過以下途徑衍生有關您的資料

- 整合我們及其他滙豐集團旗下公司收集的有關您的資料
- 分析您與我們的互動及我們已收集得來有關您的資料
- 於您瀏覽我們網站或應用程式時使用cookies或類似技術

B
使用

我們將您的資料用於

- 處理及安排索償
- 幫助我們遵守包括香港或其以外的地區或國家的法律或監管機構對我們或滙豐集團現有或所收到的相關監管規定或要求。這些監管規定或要求可能是我們必須遵從或選擇自願遵從的
- 進行身份審查、身體檢查或信用審查
- 設立及維持滙豐集團的信貸及風險相關準則(例如承保準則、健康及保健準則，以及用於資料分析及人工智能的準則/算法)
- 管理我們業務，包括行使我們的法律權利
- 釐定、支付或收取欠您或欠我們的款項
- 與滙豐集團旗下公司所持有的資料核對，以供作本通知所列明的用途
- 於第三方網站上為您提供個人化廣告(這可能涉及我們將您與他人的資料進行整合)
- 與上述用途相關或經您同意的其他用途

若您提供他人的資料

若您向我們提供有關其他人士的資料，您應按本通知所述，告知該人士我們將如何收集、使用和披露其資料。

C
披露

我們與下列人士披露您的資料

- 本地或海外的法律、監管、執法、政府和稅務等機構或權力機關，以及執法機構與金融業界之間的任何合作夥伴
- 交易(或潛在交易)下收購保單權益或承擔保單風險的一方，例如再承保人
- 收款人、受益人或任何為我們的客戶或您行事的人；或任何為收取保單賠償或為其他目的而資料被提供的人
- 代表或為我們提供服務的醫院、診所、醫生、化驗所、技術員、理賠員、風險情報提供機構、法律顧問或私家偵探
- 我們可能轉讓業務、保單或資產的任何第三方，以便其評估我們的業務及在轉讓後使用您的資料
- 獎賞、合作品牌或忠誠計劃的合作夥伴及供應商，以及慈善或非牟利機構
- 社交媒體廣告合作夥伴(可查看您是否擁有或使用我們的產品及服務，並向您及與您個人資料相似的人士發送我們的廣告)

我們可能與上文並未列出的其他人士披露您的匿名資料。在此情況下，有關資料將無法識別出您的身分。

D
直接促銷

指我們使用您的資料向您發送由我們或我們的合作品牌、獎賞或忠誠計劃合作夥伴、慈善機構或其他第三方金融機構及服務供應商所提供或舉辦的金融、保險、退休金、年金或相關產品、服務和優惠詳情(例如健康與保健)及推廣活動的詳細資料。

向您進行市場推廣時，我們或會使用您的資料，例如人口統計資料、您感興趣的產品及服務、交易行為、投資組合資料、位置資料、社交媒體資料、分析、健康及保健資料和來自第三方的資料。

我們不會向他人提供您的資料，以供其向您推廣產品及服務。如有此意，我們會另行徵求您的同意。

本通知於我們儲存您的資料期間適用。我們亦會每年向您提供此通知的最新版本。若我們將您的資料用於新用途，則會徵求您的同意。

注意：中英文本如有任何歧義，概以英文本為準。

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 (including but not limited to health records) and/ or information of myself/ my child _____ (the name of my child), 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／本人的子女 _____ （本人的子女姓名）之任何記錄（包括但不限於健康記錄）及／或資料之醫生、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／本人的子女之有關及／或資料。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

Name 姓名：

I.D. Card/Passport No. 身份證／護照號碼

Date 日期(DD 日/MM 月/YYYY 年)

Signature of Policyholder 保單持有人簽署

Name 姓名：

I.D. Card/Passport No. 身份證／護照號碼

Date 日期(DD 日/MM 月/YYYY 年)

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

Telephone No. 聯絡電話 (Please provide telephone no. with tits country/region. 請提供聯絡電話及其所屬國家／地區)

☐ Hong Kong SAR 香港特別行政區 (852)
☐ Mainland China 中國內地 (86)
☐ Other Country/Region 其他國家／地區 _____

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(DD 日/MM 月/YYYY 年)

INHK072R8 (0920) W

To HSBC Life (International) Limited
致：滙豐人壽保險(國際)有限公司

Date 日期: _____

Part II : Attending Physician's Report — Female Benefit Claim Form
(To be Completed by Physician at Claimant's Expense)
第二部分：醫療報告 — 女性保障賠償申請書
（由主診醫生填寫，費用由索償人支付）

Policy No. 保單號碼: _____

Name of Patient (Surname first)	HKID No./Passport No.	Date of Birth (DD/MM/YYYY)

Details of the illness giving rise to the claim:

1. When and where did the illness first happen or commence?

2. When did the patient first consult you?

3. Are you the patient's usual medical attendant? ☐ Yes ☐ No
   If not, who is her usual medical attendant? Please provide the name(s) and address(es).

4. When and how did the patient first become aware of the condition giving rise to the claim or experience any symptoms thereof?

5. Please describe fully the condition and causes of the condition for which the patient has been treated?

6. What was the clinical diagnosis?

7. (a) Summary of medical treatment given & tests performed _____
   (b) Surgery performed: _____
   Date performed (DD/MM/YYYY) _____ Name of Surgeon _____

8. What and when was the final diagnosis and the date patient was informed?

9. Are you aware of anything in the patient's previous history that is likely to have contributed to her present condition? If so, please describe the condition.

10. Is the condition for which the patient is claiming for, in any way connected to the following? (Please ✓ appropriate box)

Female diseases
- ☐ Carcinoma in situ of the breast
- ☐ Carcinoma in situ of the cervix uteri
- ☐ Carcinoma in situ of the vagina
- ☐ Carcinoma in situ of the ovary(ies)
- ☐ Carcinoma in situ of the Fallopian tube(s)
- ☐ Carcinoma in situ of the uterus
- ☐ SLE with lupus nephritis

Complications of pregnancy
- ☐ Disseminated intravascular Coagulation
- ☐ Choriocarcinoma and Hydatidiform mole
- ☐ Ectopic pregnancy

Congenital Anomalies
- ☐ Down's syndrome
- ☐ Spina bifida
- ☐ Tetralogy of Fallot
- ☐ Anorectal atresia
- ☐ Tracho-oesophageal fistula / Oesophageal atresia
- ☐ Patent ductus arteriosis
- ☐ Cleft palate, Cleft lip and palate
- ☐ Absence of two limbs
- ☐ Transposition of the great vessels
- ☐ Congenital hydrocephalus
- ☐ Muscular dystrophy
- ☐ Neonatal death of the child

Notes:

I. In the case of carcinoma in situ or systemic lupus erythematosus, please describe in full details and please include evidence which led to the diagnosis being made (e.g. histopathological reports, blood test reports, etc).

II. In the case of claims involve a complications of pregnancy, please attach supporting evidence which led to the diagnosis being made (e.g. histopathological reports, ultrasound reports, blood test report or any other relevant investigation reports).

III. Should the claim involve a congenital anomaly, please attach supporting evidence regarding diagnosis of such (e.g. X-rays, echocardiogram, CT scan, MRI, etc).

11. Has the patient previously suffered from this or a related disorder? ☐ Yes ☐ No
If 'yes', please indicate dates of consultation and diagnosis.

12. When did the patient first find out about her illness? What was the complaint(s)?

13. Name and address of hospital where the patient was treated.

14. Remarks and / or any additional information:

*** We would be grateful for the loan of any hospital reports which could assist us in our assessment of the claim. These will be returned promptly.**

Declaration

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

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

Signature of Physician (With Stamp)

Name of Physician

Qualification

Telephone No.

Address

Date

INHK016R13 *(0920)* W