



## CLAIM FORM 索償表格

### Death Claim Form 身故賠償索償表

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。

- 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



#### WHAT HAPPENS NEXT 下一步

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

- 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

- Part I is Fully Completed & Signed By Beneficiary(ies)/Claimant(s) 索償表甲部經由受益人/索償人填寫並簽署
- Part II is Fully Completed & Signed By the Attending Physician With Chop, if needed 索償表乙部經由主診醫生填寫, 簽署並蓋印, 如需要
- Original Death Certificate of Life Insured or Certified True Copy Death Certificate of Life Insured Certified by Bank Staff or Solicitor 受保人死亡證書正本或由銀行職員或律師作出核實之受保人死亡證核實正本
- Copy of ID Card/Passport/Birth Certificate of Life Insured 受保人之身份證/護照/出生證明書副本
- Copy of ID Card/Passport/Birth Certificate copy of Beneficiary(ies)/Claimant(s) 受益人/索償人之身份證/護照/出生證明書副本
- Copy of Relationship Proof Between Life Insured and Beneficiary(ies)/Claimant(s) 受益人/索償人與受保人之關係證明文件副本
- Copy of Bank Account Proof of Beneficiary (applicable for sole or joint name bank account) 受益人之銀行戶口證明文件副本(適用於個人或聯名戶口)
- Original Policy Document; or 保單正本; 或
- I declare loss of the Original Policy Document 本人聲明保單正本已遺失

#### PART I - TO BE COMPLETED BY CLAIMANT IN ENGLISH OR CHINESE

甲部 - 由索償人以英文或中文填寫

##### DETAILS OF DECEASED 已身故受保人資料

Policy No. 保單號碼	Name of Insured Person 受保人姓名	I.D. Card/Passport No. 身份證/護照號碼
Date of Death 身故日期	Cause of Death 身故原因	

Please provide the information of all Physicians who attended the Deceased, as well as the hospitals or institutions where he/she received treatment during the past 5 years leading up to their death: 請提供過去5年內曾診治該已身故人士之醫生或醫院或醫療機構的資料:

Name of Physician/Hospital or institutions 醫生姓名/醫院或醫療機構名稱	Disease or Condition 病因

Please provide the information of any insurance with other Insurers: 請提供該已身故人士在其他保險公司所投保的資料:

Name of Insurer 保險公司名稱

##### PAYMENT INSTRUCTION 付款指示

- By Bank Account 經銀行戶口
- In policy currency 以保單貨幣付款  In HKD 以港幣付款
- Transfer to the Claimant/Beneficiary's sole or joint name bank account 轉賬至索償人/受益人之個人或聯名戶口

Bank Name and Branch 銀行及分行之名稱	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 Claimant/Beneficiary'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 and mailed to the your residential address. 請同時提交印有索償人/受益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您之住宅地址。

- By Cheque 以支票形式 (Mail to the Claimant's residential address 寄往索償人之住宅地址)

- In policy currency (Only applicable for HKD/USD/CNY) 以保單貨幣付款 (只適用於港幣/美元/人民幣)  In HKD 以港幣付款

For your attention 請注意:

- If policy has outstanding levy, the Company will deduct all of the outstanding levy from the claim payment. 如保單有逾期保費徵費, 本公司會從賠償金額中扣除有關保單的保費徵費。
- If the benefit payments are settled in currencies other than the policy currencies/currency of levy cap i.e. HKD as provided by the Insurance Authority, the benefit payments would be subject to the change according to the prevailing exchange rate of policy currencies/HKD to payment currencies 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 policy currency, you are subject to the 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以保單貨幣或保險業監管局訂定徵費上限的貨幣(即港幣)支付, 該利益支付款項將會受本公司不時釐定的保單貨幣對支付貨幣/港幣的匯率而改變。匯率之波動會對款項構成影響。選擇非保單貨幣結算支付款項, 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。
- 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價。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, \_\_\_\_\_ (Name of Claimant/Beneficiary/Authorised Officer of Corporate) of ID Card/Passport No. \_\_\_\_\_, do hereby authorise any physician, hospital, clinic, employer, banks, government authorities, insurance company or organisation that has any records or knowledge of the late, \_\_\_\_\_ of ID Card/Passport No. \_\_\_\_\_ (relationship to me \_\_\_\_\_) ("the Deceased") to disclose to HSBC Life (International) Limited, or its representatives any and all information with respect to the health, medical history, disease, hospitalisation, medical advice, treatment, investigatory result or employment record of the Deceased. 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.

I also agree HSBC Life (International) Limited to utilize the copy submitted with this form or this request. A photocopy of this authorisation shall be considered as effective and valid as the original.

本人 \_\_\_\_\_ (索償人/受益人/機構之獲授權人員姓名) 身份證/護照號碼 \_\_\_\_\_ 現授權任何註冊西醫、醫院、診所、任何僱主、銀行、政府機構、保險公司、或其他有關機構，凡知道或持有該已身故人士 \_\_\_\_\_ 身份證/護照號碼 \_\_\_\_\_ (本人與該已身故人士之關係為 \_\_\_\_\_) 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、診治、檢驗結果或就業報告等資料提供給滙豐人壽保險(國際)有限公司或其代表。另本人在此聲明有權申請成為上述該已身故人士的遺產承辦代理人。

本人亦同意滙豐人壽保險(國際)有限公司使用本人連同此表格一併交回之副本或此要求。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 your 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。


**DETAILS OF CLAIMANT / BENEFICIARY (DETAILS OF BENEFICIARY'S LEGAL PARENT/GUARDIAN/TRUSTEE IF MINOR BENEFICIARY IS BELOW AGE 18)**  
**索償人/受益人資料(如受益人為18歲以下未成年受益人，則為其法定父母/監護人/受託人資料)**

Name of Claimant/Beneficiary 索償人/受益人姓名	I.D. Card/Passport No. 身份證/護照號碼
Nationality 國籍	Contact Number 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 Claimant/Beneficiary 索償人/受益人簽署	Date 日期

**PART II – TO BE COMPLETED BY THE ATTENDING PHYSICIAN AT THE CLAIMANT’S OWN EXPENSES IN ENGLISH OR CHINESE**  
 乙部 – 由主診醫生以英文或中文填寫，所需費用由索償人自行承擔

1. Name of Deceased (Surname first) 死者姓名	2. ID Card No. / Passport No. 身份證／護照號碼
3. Date of Death 身故日期	4. Place of Death 身故地點
5. (a) Date of the first consultation 首次求診日期	(b) Date of the last consultation 最後求診日期

6. Did you attend deceased during his/her last illness? If so, for what disease? 您是否在死者最後患病期間提供治療？如是，請提供疾病名稱？

7. How long had the deceased been experiencing these symptoms before the first consultation? 死者在首次求診前該病徵已存在多久？

8. (a) What was the immediate cause of death? 直接導致身故之原因？

(b) Was the death secondary to recurrent or chronic condition? If so, please provide details of that condition 身故原因是否由復發性疾病或慢性  
 疾病導致？請提供該情況的詳細資料

9. From what other important disease, if any, did the deceased suffer? If so, when were these diagnosed? 死者還患有其他重要疾病嗎？請提供該  
 疾病的確診日期

10. If the deceased is below 18 years old, has the deceased been diagnosed as premature birth or postmature birth? If yes, please provide  
 medical information. 如果死者未滿18歲，死者是否被診斷為早產或過期出生？如是，請提供醫療資料。

11. (a) Have the deceased ever consumed tobacco or taken alcohol, narcotics or any illegal substances? 死者是否有吸食煙草產品或 服用酒精，麻醉品或任何非法物質？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	(b) If Yes, please provide the average consumption per day? 若「是」，請提供每天的服用數量？
---	--

12. Please provide the information of all Physicians who attended the Deceased, as well as the hospitals or institutions where he/she received  
 treatment during the past 5 years leading up to their death: 請提供過去5年內曾診治死者之醫生及治療死者之醫院或醫療機構的資料：

Physician/Hospital 醫生/醫院		Diagnosis Date 診斷日期	Disease or Condition 疾病及狀況
Name 姓名	Address 地址	(DD日/MM月/YYYY年)	

13. Additional remarks: 附加說明

**DECLARATION 聲明**

I, the undersigned, hereby declare that I was the doctor in attendance during the last illness of, \_\_\_\_\_, who was  
 assured in HSBC Life (International) Limited under Policy No. \_\_\_\_\_ and that the foregoing answers are each and  
 all true to the best of my knowledge and belief. 本人(以下簽署人)特此聲明，我是 \_\_\_\_\_ 最後就診的醫生，他是受  
 保於滙豐人壽保險(國際)有限公司，保單號碼 \_\_\_\_\_，以上資料據我所知和所信，一切都是真實。

I hereby declare that no information has been withheld by me at the request of the patient’s family or the policy beneficiary.  
 我特此聲明，我未應患者家屬或保單受益人的要求保留任何信息。

Name of Physician 醫生姓名 \_\_\_\_\_ Qualifications 資格 \_\_\_\_\_ Telephone No. 電話號碼 \_\_\_\_\_

Address 地址 \_\_\_\_\_

Signature of Physician (with stamp) 醫生簽署 (連印章) \_\_\_\_\_ DD日 MM月 YYYY年

INHKO13R24 (1023) W

**Claimant's Country/Jurisdiction of Tax Residence**  
索償人的國家／稅務管轄區

**Country/Jurisdiction of Tax Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")**  
國家／稅務管轄區及稅務編號或具有等同功能的識別編號(以下簡稱「稅務編號」)

Please tick one **ONLY** 只選一項

- Hong Kong **ONLY** with no tax residence in any other jurisdictions or countries (You **do not** need to fill out the below table). 只有香港而不是其他國家或稅務管轄區的稅務居民(您**毋須**填寫以下列表)。
- Hong Kong and also some other jurisdictions or countries (Please fill out the below table, including Hong Kong jurisdiction and TIN information). 同時是香港及其他國家或稅務管轄區的稅務居民(請填寫以下列表,包括香港稅務管轄區和稅務編號)。
- NOT Hong Kong, but instead some other jurisdictions or countries (Please fill out the below table). 不是香港而是其他國家或稅務管轄區的稅務居民(請填寫以下列表)。

If the account holder is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (HKID). 如賬戶持有人是香港稅務居民,稅務編號是賬戶持有人的香港身份證號碼。

If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號,必須填寫合適的理由:

- # **Reason 理由 A** - The country/jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents. 賬戶持有人的國家／稅務管轄區並沒有向其居民發出稅務編號。
- Reason 理由 B** - The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason. 賬戶持有人不能取得稅務編號。如選取這一理由,解釋賬戶持有人不能取得稅務編號的原因。
- Reason 理由 C** - TIN is not required. Select this reason only if the authorities of the country/jurisdiction of residence do not require the TIN to be disclosed. 賬戶持有人毋須提供稅務編號。國家／稅務管轄區的主管機關不需要賬戶持有人披露稅務編號。

Country/Jurisdiction of Tax Residence 國家／稅務管轄區	TIN 稅務編號	#Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號,填寫理由 A、B 或 C	Explain why the account holder is unable to obtain a TIN if you have selected Reason B 如選取理由 B,解釋賬戶持有人不能取得稅務編號的原因
(1)			
(2)			
(3)			
(4)			
(5)			

I am holding US green card (I am a US permanent resident) 本人持有美國綠卡(本人為美國永久居民)

- Yes 是       No 否       Not applicable because I am a US citizen 不適用因本人為美國公民

**DECLARATIONS AND SIGNATURE 聲明及簽署**

I acknowledge and agree that (a) the information contained in this form is collected and may be kept by HSBC Life (International) Limited (the "Company") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the claimant and any reportable account(s)\* may be reported by the Company to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another country/jurisdiction or countries/jurisdictions in which the claimant may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112). 本人知悉及同意,滙豐人壽保險(國際)有限公司(「貴公司」)可根據《稅務條例》(第112章)有關交換財務賬戶資料的法律條文,(a)收集本表格所載資料並可備存作自動交換財務賬戶資料用途及(b)把該等資料和關於索償人及任何須申報賬戶\*的資料向香港特別行政區政府稅務局申報,從而把資料轉交到索償人的國家／稅務管轄區的稅務當局。

\* For the purpose of this form, a 'reportable account' refers to individual beneficiary (other than the policyholder) who receives death benefits under a cash value insurance contract and is a resident for tax purposes of a reportable jurisdiction (i.e. a country/region where HKSAR has activated exchange relationships under AEOI)「須申報賬戶」在此表格指的是根據現金價值保險合約收取身故賠償的個人受益人(保單持有人除外),而該個人受益人屬於需申報稅務管轄區的稅務居民(即香港特別行政區現已啟動自動交換財務賬戶資料關係的國家／地區)

I also agree that the information contained in this form may be shared to and used by any member of the HSBC Group (meaning HSBC Holdings plc, its affiliates, subsidiaries, associated entities and any of their branches and offices) for the purposes of automatic exchange of financial account information provided under the Inland Revenue Ordinance as set out above. 本人亦同意滙豐集團成員(指滙豐控股有限公司、其附屬公司、子公司、聯營單位及彼等的任何分行及辦事處)可分享和使用本表格所載資料,以作上述提及有關稅務條例中自動交換財務賬戶資料的用途。

I certify that I am the claimant or I am authorised to sign for the claimant of all the account(s) to which this form relates. 本人證明,本人是索償人或本人獲索償人授權代其簽署有關本表格所述資料。

During the claim process, I undertake to advise the Company of any change in circumstances which affects the tax residency status as stated in this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances. 本人承諾,如有關資料於索償程序期間有所改變,以致影響本表格所述的稅務居民身份,或引致本表格所載的資料不正確,本人會於30日內通知貴公司,向貴公司提交一份已適當更新的自我證明表格。

**I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.** 本人聲明就本人所知所信,本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Signature 簽署	Capacity 身份 <input style="width: 80%;" type="text"/>
<b>X</b>	
Date (dd/mm/yyyy) 日期(日/月/年):	
Name 姓名	(If signing under a power of attorney, attach a certified copy of the power of attorney. 如果您是以受權人身分簽署這份表格,須夾附該授權書的核證副本。)