

危疾保障賠償申請表

Critical Illness Claim Form

第一部分 (由受保人 / 保單持有人填寫) Part I (To be completed by insured/policyowner)

保單編號 Policy no.	受保人姓名 Name of insured 身份證明文件號碼 Identity document no.	年齡 Age 性別 Gender
受保人現職 / 職責 Insured's present occupation/job nature	保單持有人姓名 Name of policyowner	保單持有人聯絡電話 Contact phone no. of policyowner
持牌保險中介人姓名及號碼 Name & code of licensed insurance intermediary	<input type="checkbox"/> 首次索償 New Claim <input type="checkbox"/> 再度索償 Further Claim <input type="checkbox"/> 重批 / 覆核 Review / Appeal	賠償號碼 (公司專用) Claim no. (For office use only)

申請索償之危疾 / 嚴重疾病 / 特別利益 / 額外疾病保障 Name of critical/major illness/ special benefit/additional illness benefit to claim	
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**1. 若危疾 / 嚴重疾病因意外導致 · 請回答問題 1a. 至 1d.
 If critical/major illness was due to an ACCIDENT, please complete questions 1a. to 1d.**

a. 意外發生日期、時間及地點 Date, time & location of accident 意外日期 Date of accident _____ (DD日/MM月/YYYY年) 時間 Time _____ 上午AM/下午PM 地點 Location _____	b. 意外經過 How did the accident happen?
c. 受傷部位及傷勢 Part(s) of body injured and type of injury	d. 有否報警? Did you report to the police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 · 警署名稱 Yes, name of police station : 檔案編號 Case reference. no.

**2. 若危疾 / 嚴重疾病因疾病導致 · 請回答問題 2 a. 至 2 b.
 If critical/major illness was due to ILLNESS, please complete questions 2 a. & 2 b.**

a. 病徵及病狀 Signs and symptoms	b. 何時出現首次徵狀? Since when have these symptoms first appeared? (日DD/月MM/年YYYY)
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3. 診治及住院詳情 Consultation / Hospitalization details

a. 首次就此病 / 傷求診詳情 Details of FIRST consultations for this or related illness/injury			
求診日期 Consultation date (日DD/月MM/年YYYY)	醫生 / 醫院 Physician/Hospital	診斷 Diagnosis	轉介醫生 / 醫院名稱及地址 Name & address of referral physician/hospital
b. 請提供曾診治此病 / 傷的其他醫生資料 Please provide details of any physician(s) who have been consulted in connection with this illness/injury			
求診日期 Consultation date (日DD/月MM/年YYYY)	醫生 / 醫院 Physician/Hospital	診斷 Diagnosis	轉介醫生 / 醫院名稱及地址 Name & address of referral physician/hospital

c. 請提供與此病 / 傷有關之住院記錄 Please provide details of hospitalizations in connection with this illness/ injury.			
醫院名稱 Name of hospital	入院日期 Date of admission (日DD/月MM/年YYYY)	出院日期 Date of discharge (日DD/月MM/年YYYY)	診斷 Diagnosis

4. 其他資料 Other Information

a. 閣下慣常求診之醫生資料 Details of your USUAL physician			
醫生姓名 Name of physician	地址及電話號碼 Address & tel no.	自從 Since (日 DD/月 MM/年 YYYY)	
b. 閣下在患有是次申請賠償之嚴重 / 危疾前是否患有其他疾病？如是，請提供詳細資料。 Are there any other illnesses/complaints treated for or suffered by you prior to this major/critical illness you are claiming for? If yes, please provide details. <input type="checkbox"/> 否 No <input type="checkbox"/> 有，詳情如下 Yes, details as follows:			
疾病名稱 Illness	診斷日期 Date of diagnosis (日 DD/月 MM/年 YYYY)	診治醫生 / 醫院名稱及地址 Treated by (name & address of physician/hospital)	所作的檢驗或治療 Treatment/Test received
c. 閣下是否在其他公司投保類似危疾保障？如有，請提供詳情。 Are you insured for similar benefits with any other company? If yes, please provide details.			
投保公司名稱 Name of insurer	投保類別 Type of benefit	投保金額 Amount of benefit	保單號碼 Policy number

5. 付款指示 (只需選擇自動轉賬或支票其中一項) Payment Instruction (select either autopay or cheque only)

(如沒有註明付款方式或資料不清晰，將以港幣支票支付 If no payment instruction is specified or information is not clear, HKD cheque will be issued)

自動轉賬 By autopay																							
<input type="checkbox"/> 現時本公司紀錄之自動轉賬戶口；或 Current direct debit authorisation bank account in the company record; or <input type="checkbox"/> 以下指定之港幣銀行戶口 (附上銀行戶口證明) Specified HKD bank account below (Bank account proof is attached). <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">銀行號碼 Bank no.</td> <td style="text-align: center;">分行號碼 Branch no.</td> <td style="text-align: center;">戶口號碼 Account no.</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> </td> </tr> </table>		銀行號碼 Bank no.	分行號碼 Branch no.	戶口號碼 Account no.	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>										
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<p>注意事項：</p> <p>(1) 銀行賬戶持有人姓名必須與保單持有人姓名相同 (但若根據保單條款，有關賠償應付予受保人的話，銀行賬戶持有人姓名必須與受保人姓名一致)。</p> <p>(2) 請提供賬戶持有人的銀行賬戶證明，而該證明須列有銀行賬戶持有人姓名及銀行賬號。</p> <p>(3) 自動轉賬只適用於香港銀行及款項將以港幣支付。</p> <p>(4) 若自動轉賬不成功，本公司將以港幣支票支付相關之賠償款項。</p>	<p>Notes:</p> <p>(1) Bank account holder name must be the same as policyowner's name (however, if according to the policy provision, the benefit is payable to the insured, the bank account holder name must then be consistent with the name of the insured).</p> <p>(2) Please provide account holder's bank account proof which shows account holder name and account number.</p> <p>(3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong dollar.</p> <p>(4) If the autopay is failed, the respective claim payment will be paid by HKD cheque.</p>																						
支票 By cheque (若沒有選擇支票貨幣，將以港幣支票支付 if no cheque currency is selected, HKD cheque will be issued)																							
支票貨幣 Cheque currency																							
<input type="checkbox"/> 港幣 Hong Kong dollar <input type="checkbox"/> 保單貨幣 Policy currency																							

6. 所需文件指引 請於下方格內加上“√”號表示連同以賠償申請表遞交的文件：**DOCUMENT CHECKLIST Please put a “√” in the box below to indicate the documents submitted with this claim form :**

- 危疾保障賠償申請表 (此申請表) Critical Illness Claim Form Part I (this application form)
- 閣下所索償的危疾或有關手術的危疾保障申請表第二部分
Critical Illness Claim Form Part II for your claimed critical illness or performed surgery
- 保單持有人及受保人之身份證明文件副本 Copy of identification proof of the policyowner and insured
- 病理檢驗報告 Histopathological report
- 化驗、超聲波、X-光、電腦掃描及磁力共振報告 Laboratory, ultrasonogram, x-Ray and/or MRI report(s)
- 出院總結 / 列有診斷證明之病假證明書 Hospital discharge summary/Sick leave certificate with diagnosis
- 醫生覆診卡副本 Copy of patient card of consulted physician(s)
- 保單持有人之銀行賬戶證明副本 (銀行存摺或銀行結單等) · 而該證明須列有銀行賬戶持有人姓名及銀行賬號 (如選用自動轉賬為付款指示)
Copy of the policyowner's bank account proof (such as bankbook, bank statement, etc.) which shows name of the account holder and account number (if autopay is selected as payment instruction)

*本公司可能會按個別個案情況要求遞交額外資料 / 文件

*The Company may request for the submission of extra information/ documents on case by case basis

7. 保險業監管局 (「保監局」) 收取的徵費 Collection of Levy by the Insurance Authority (“IA”)

由2018年1月1日起，保險業監管局 (「保監局」) 按照《保險業條例》(第41章) 下的《保險業 (徵費) 規例》及《保險業 (徵費) 令》，透過保險公司向保單持有人收取保費徵費。保監局的徵費會按適用徵費率向保單持有人於保單內徵收，而保單持有人必需將規定的保費徵費連同保費一同繳付給泰禾人壽保險有限公司 (「泰禾人壽」)。如欲知悉更多關於此徵費安排的資料，可登入保監局之網頁“<http://www.ia.org.hk/tc/levy>”或瀏覽本公司網站“https://www.tahoelife.com.hk/tl/doc/Levy_TC.pdf”。如保單持有人沒有按法例繳付徵費，保監局可向其施加最高港幣5,000元的罰款，亦可循民事程序追討欠付的徵費。

Starting from 1 January 2018, the Insurance Authority (“IA”) starts to collect a levy on insurance premium from policy owners through insurance companies in accordance with the Insurance (Levy) Regulation and the Insurance (Levy) Order under the Insurance Ordinance (Cap. 41). The levy collected by the IA will be calculated at the applicable rate on the policy level. The policy owner is required to pay to Tahoe Life Insurance Company Limited (“Tahoe Life”) the prescribed levy along with the premium. For further information on levy collection arrangement, please visit IA webpage “<http://www.ia.org.hk/en/levy>” or our company website “https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf”. As stated in the law, if a policy owner does not pay the levy as required, the IA may impose on the policy owner a penalty of up to HKD5,000, and may recover the outstanding levy as a civil debt due to the IA.

個人資料收集聲明及使用 Personal Data Collection And Use

本人 / 我們確認本人 / 我們已閱讀及明白泰禾人壽之個人資料收集聲明 (「泰禾人壽個人資料收集聲明」)。
本人 / 我們聲明及同意在本表格所載或泰禾人壽保險有限公司 (「泰禾人壽」) 不時以任何方法收集所得、編製或持有的任何個人資料及關於本人 / 我們或本人 / 我們的保單或投資的其他資料，可根據泰禾人壽個人資料收集聲明收集及使用。
本人 / 我們特此確認並同意泰禾人壽根據泰禾人壽個人資料收集聲明使用及轉移本人 / 我們的個人資料。泰禾人壽個人資料收集聲明的最新版本可於以下網址下載：www.tahoelife.com.hk，及可向泰禾人壽索取。

I / We confirm that I / we have read and understood the Tahoe Life Personal Information Collection Statement (the "Tahoe Life PICS").

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this form or collected, compiled or held by Tahoe Life Insurance Company Limited (the "Company") by any means from time to time may be collected and utilised in accordance with the Tahoe Life PICS.

I/We hereby give my / our acknowledgement and agree to the use and transfer of my / our personal data by the Company in accordance with the Tahoe Life PICS. The latest version of the Tahoe Life PICS is available for download from the website: www.tahoelife.com.hk, and is made available upon request.

本人 / 我們不同意根據泰禾人壽個人資料收集聲明 (參閱「為直接促銷目的而使用個人資料」部分) 為直接促銷之目的而使用和提供本人 / 我們的個人資料，亦不希望接收任何推廣及直接促銷材料。

I / We do not agree with the use and provision of my / our personal data for direct marketing purposes as set out in the Tahoe Life PICS (see "Use of Personal Data for Direct Marketing Purposes") and do not wish to receive any promotional and direct marketing materials.

聲明及授權 Declaration and Authorisation

聲明 - 本人 / 我們謹聲明並同意：

- (1) 不論是否由本人 / 我們親自書寫，所有與上列索償有關的陳述及所有問題的答案均按本人所知及所信均屬完整及真確；
 (2) 上述「收取個人壽險保費徵費」項所載之內容。

授權

本人 / 我們謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人 / 我們之紀錄者、及 / 或曾診驗或可能將會診驗本人 / 我們者，均可將該等資料提供給泰禾人壽保險有限公司（「泰禾人壽」）； (2) 泰禾人壽或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我們進行所需之醫療評估及測試，作為審核本人 / 我們之健康狀況。此授權對本人 / 我們之繼承人及受讓人員具約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人 / 我們聲明本人 / 我們有權及同意作出上述授權。

Declaration - I/WE HEREBY DECLARE AND AGREE that:

- (1) all statements and answers to all questions in relation to the above claims whether or not written by myself/ourselves are to the best of my/our knowledge and belief complete and true;
 (2) The contents under the above section of "Collection of Premium Levy on Individual Life Insurance Policy".

Authorisation

I/WE HEREBY AUTHORISE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution, or person, that has any records or knowledge of me/us and who has attended or may hereafter attend myself/ourselves to disclose such information to Tahoe Life; (2) Tahoe Life or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this claim. This authorisation shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorisation shall be as valid as the original. I/We declare and agree that I/we have the full authority from and consent to make the above authorisations.

保單持有人簽名
Signature of Policyowner

受保人簽名 (年滿18歲或以上)
Signature of insured (age 18 or above)

日期 Date(日DD/月MM/年YYYY)

姓名 Name _____

姓名 Name _____

身份證明文件號碼
Identity document no. _____

身份證明文件號碼
Identity document no. _____