



請掃二條碼登入
客戶專頁，隨時
提交索償申請及
查閱進度。

<https://cs.chinalife.com.hk>

個人門診賠償申請表 INDIVIDUAL OUT-PATIENT CLAIM FORM

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單編號 Policy No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
受保人身份證/護照號碼 I.D. / Passport No. of Insured		
<input type="text"/>		

保險中介人資料 INSURANCE INTERMEDIARY INFORMATION

保險中介人姓名 Name of Insurance Intermediary	
<input type="text"/>	
保險中介人編號 Insurance Intermediary Code	聯絡電話 Contact No.
<input type="text"/>	<input type="text"/>

重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表。任何資料如有更改，受保人/保單持有人/索償人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured / Policyholder / Claimant in full signature.
- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 如受保人為十八歲或以上，受保人及保單持有人必須親自填寫及簽署本申請表。如受保人為十八歲以下，本申請表應由保單持有人及受保人之家長或合法監護人填寫及簽署。如受保人/保單持有人因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供關係證明及醫生證明。If the insured is at or above age 18, the Insured and policyholder must complete and sign this form by his or her good self. If the insured is under age 18, this form should be completed and signed by policyholder and the insured's parent/ legal guardian. In the event that the Insured/ policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 若受保人/保單持有人/索償人以圖章蓋印簽署，必須由一位見證人予以見證。見證人之個人資料只會用於處理本案索償申請及核實和確認本申請表簽署人的身份之用。If the Insured/Policyholder/Claimant uses a signature stamp, it must be witnessed by a witness. The personal particulars of the witness will only be used for the purpose of processing this claim and verifying and confirming the identity of the signatory of this form.
- 受保人/保單持有人/索償人之簽署必須與本公司之紀錄相同。The signature of the Insured / Policyholder / Claimant must be the same as the Company's record.
- 保險中介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需文件請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 字樓。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.
- 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處，概以中文本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

第一部份 – 索償資料 (由受保人填寫，如受保人未滿 18 歲，則由保單持有人填寫)

PART I – PARTICULARS OF CLAIM (To be completed by Insured/Policyholder if insured is below 18 years old)

A. 一般資料 GENERAL INFORMATION

1 受保人年齡及性別 Age and Sex of Insured	<input type="text"/>	聯絡電話 Contact Phone No:	<input type="text"/>
2 索償申請類別 Type of claim	<input type="checkbox"/> 首次索償 New Claim	<input type="checkbox"/> 再度索償 Further Claim	
	<input type="checkbox"/> 待決賠案 Pending Claim	<input type="checkbox"/> 重批/覆核 Review / Appeal	
3 通訊地址 Mailing Address	<input type="text"/>		
	<input type="text"/>		



B. 門診資料 OUT-PATIENT INFORMATION

序號 No.	診症日期 Consultation Date			醫生姓名 Doctor's Name	診斷 Diagnosis	金額 Amount (HK\$)
	年 Year	月 Month	日 Day			
1						
2						
3						
4						
5						
總金額 Total						

請遞交由主診西醫開具之醫療收據正本(收據上必須清楚註明病人姓名、診症日期、醫生簽署/蓋章、診斷及醫療開支金額)Please submit original receipt issued by doctor(Name of patient, consultation date, doctor's signature & chop, diagnosis & amount must be clearly stated on receipt)

C. 領款方式 PAYMENT METHOD

請就每宗理賠申請選擇一項理賠支付方式。如未有註明指示，理賠之港元劃線支票將交由保險中介人轉遞。Please select one settlement options for each claim submission. For any unspecified instruction, the payment will be issued by crossed cheque in HKD and delivered via Insurance Intermediary.

1 自動入賬 DIRECT CREDIT

 轉數快 FPS*

至保單持有人於香港登記的轉數快戶口 To a registered Faster Payment System (FPS) account set up in Hong Kong held by the Policyholder

銀行名稱 Name of bank 銀行編號 Bank No 分行編號 Branch No. 銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單持有人)

Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名(英文) (必須為保單持有人)

Name of bank account holder (English) (Policyholder Only)

 轉賬至本地銀行之港元戶口 TRANSFER TO HKD ACCOUNT IN LOCAL BANK*

至保單持有人於香港開立的港元戶口 To a HKD account set up in Hong Kong held by the Policyholder

銀行名稱 Name of bank 銀行編號 Bank No 分行編號 Branch No. 銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (必須為保單持有人)

Name of bank account holder (Chinese) (Policyholder Only)

賬戶持有人姓名(英文) (必須為保單持有人)

Name of bank account holder (English) (Policyholder Only)

 電匯 TELEGRAPHIC TRANSFER* 可於 <https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim> 下載相關表格

Please download related application form from <https://www.chinalife.com.hk/customer-service/forms-download/individual-claim>

(*) 註 Remark:

- 銀行賬戶持有人必須為保單持有人。Bank Account Holder must be the Policyholder.
- 需提供賬戶證明文件，如印有賬戶持有人姓名/名稱及賬戶號碼的銀行卡/月結單/存摺。Bank account document(s), such as bank card/monthly statement/ passbook with account holder name and account no. is required.
- 倘未有足夠資料顯示銀行賬戶持有人為保單持有人/索償人或因故未能成功自動入賬，有關款項將以劃線港元支票形式發出。If there is insufficient information to identify the ownership of bank account belongs to the Policyholder or direct credit is failed for any reason, the payment will be issued by crossed cheque in HKD.
- 如選擇以「轉數快」方式領款，請留意以下事項：If you choose to receive the payment by "FPS", please note the following:
 - 「轉數快」只適用於實付貨幣為港元或人民幣的申請，每筆交易金額上限為港元或人民幣 1,000,000。「FPS」是只適用於以港元或人民幣的申請。The maximum payment amount of "FPS" is HKD/CNY 1,000,000.
 - 請注意人民幣幣種僅適用於人民幣保單。Please note that CNY currency is only applicable for CNY policy.
 - 只適用於本地開立，並已成功辦理登記「轉數快」綁定服務的銀行賬戶。申請詳情請向有關銀行查詢。Only applicable to the local bank account which registration is completed successfully for "FPS" binding service. Please enquire to the relevant bank for application details.
 - 實際到賬時間會因應個別銀行而有差異，申請前請先向有關銀行查詢。The actual time to receive the payment may vary among banks. Please enquire relevant bank before application.
- 如選擇以「轉賬至本地銀行之港元戶口」方式領款，只適用於本地開立的港元戶口。If you choose to receive the payment by "Transfer to HKD Account in Local Bank", only applicable to the HKD bank account registered in local bank.
- 本公司對理賠支付方式擁有最終的決定權。Our company reserves the right for final decision of the claims settlement option.

C. 領款方式 (續) PAYMENT METHOD (Continued)

2 本地銀行劃線支票 HK LOCAL CROSSED CHEQUE

賠款貨幣選擇 Preferred Settlement Currency

- 保單貨幣 Policy Currency 港幣(按中國人壽保險(海外)股份有限公司每月之固定兌換率計算)
Hong Kong Dollar (at monthly fixed rate of China Life Insurance (Overseas) Company)
- 親自到客戶服務中心提取 Collect Cheque at Customer Service Centre in person
(如保單是透過網上或電話銷售方式購買, 而保單持有人尚未完成身份認證, 則賠款須以支票形式支付, 並請保單持有人帶同身份證明文件親臨本公司的香港客戶服務中心收取支票。)(If the Policyholder purchased the policy online or via direct marketing, and has not completed the identity verification, the claim payment will be made by cheque. The Policyholder should collect the cheque at our Hong Kong Customer Service Centre by presenting the identity document.)
- 授權第三者(代領人)領取 Pick up cheque in person by authorized person
- | | | |
|------------------------------------|---|--|
| 代領人姓名
Name of authorized person | 代領人聯絡電話
Contact no. of authorized person | 代領人身份證明文件號碼
I.D. no. of authorized person |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
- 灣仔 Wan Chai *其他地點*Other Location:
- *請於 www.chinalife.com.hk 的「聯絡我們」>「聯絡中心」查閱香港境內其他地點的客戶中心(如有)。*Please visit our website www.chinalife.com.hk "Contact Us" > "Our Customer Service Centre" to obtain information of other Customer Service Centre location(s) in HK (if any).
- 郵寄至保單登記的通訊地址 Mail to correspondence address registered in our Company
- 經保險中介人轉遞 Deliver via Insurance Intermediary
- 經銀行營業員轉送 (請指定銀行分行及經辦人員) Deliver by bank officer (Please state the branch and bank officer)
- 銀行分行 Branch 經辦人員 Bank Officer

3 其他領款方式 OTHER PAYMENT METHODS

- 抵付保費及徵費 (僅適用於同一保單持有人名下生效之保單, 請指定保單號碼。抵付保費時已包括保費徵費。) Offset the premium and Levy (only applicable to inforce policy under same Policyholder, please specify the policy no.. The Premium Levy has been included into the Premium Payment.)
保單號碼 Policy No.
- 其他, 請說明 Others, please specify
- *申請非劃線支票或匯票, 可於 <https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/payment-collection> 下載「特別領取方式申請表」。Please download "Special Payment Arrangement Request Form" from <https://www.chinalife.com.hk/customer-service/forms-download/payment-collection> if apply for Uncrossed Cheque or Demand Draft.

D. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

個人資料收集聲明 Personal Information Collection Statement

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明, 可於 <https://www.chinalife.com.hk/zh-hk/privacy-policy> 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from <https://www.chinalife.com.hk/zh-hk/privacy-policy> or is made available upon request.

E. 電子票據索償聲明 DECLARATION FOR ELECTRONIC RECEIPT

- 本人/我們, 受保人/保單持有人/索償人謹此確認是次遞交之電子票據為唯一收據, 相關診所醫院並沒有就是次求診收據曾經或重覆發出書面正本收據。I/We, the Employee/Patient/Claimant, confirm that the electronic receipt(s) submitted for this claim application is/ are the sole receipt(s). The clinic / hospital of this visit has not ever or repeatedly issued the original paper receipt(s) for the same visit.
- 本人/我們, 受保人/保單持有人/索償人亦聲明及保證除貴公司外, 就該住院或有關求診將獲賠付部份, 並沒有向其他保險公司或機構進行重覆索償。I/We, the Employee/Patient/Claimant, declared and guarantee that apart from our company, I/we have not filed/ will not file the duplicate claims against other insurance companies or institutions concerning the amount to be claimed in your company for the said electronic receipt(s).
- 本人/我們, 受保人/保單持有人/索償人承諾如上述聲明不正確, 本人願意退還貴公司就該住院或有關求診之全部賠償, 並承擔有關之一切法律責任。I/We, the Employee/Patient/Claimant, undertake that if the above statement is incorrect, I/we are willing to refund the full claim payment for the said receipt(s) to our company and bear all related legal liabilities.

F. 收取個人壽險保費徵費 COLLECTION OF PREMIUM LEVY ON INDIVIDUAL LIFE INSURANCE POLICIES

本人/我們謹已收悉: 貴公司就保險業監管局要求並授權向每位保單持有人所持有的有效保單徵收「保費徵費」(下稱「徵費」), 及將收取的徵費將會全數轉交予該局。保險業監管局亦可以根據相關條例, 將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。有關收取徵費的詳情, 請瀏覽中國人壽(海外)股份有限公司的網頁 <https://www.chinalife.com.hk/zh-hk/customer-service/useful-information/premium-levy>。I/We hereby notified that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at <https://www.chinalife.com.hk/customer-service/useful-information/premium-levy>.

保單編號 Policy No.

G. 聲明及授權 DECLARATION AND AUTHORIZATION

授權 Authorization

本人/我們·受保人/保單持有人/索償人·代表本人/我們及尚未成年之受保人(如有)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、政府部門·或其他機構、組織或人士·凡知道或具有任何有關本人/我們/尚未成年之受保人之紀錄、認識或資料者·均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」); (2) 貴公司或任何其指定之醫療/輔助醫療檢查員或化驗所·可就本索償申請替本人/我們/尚未成年之受保人進行所需之醫療評估及測試·作為審核本人/我們/尚未成年之受保人之健康狀況。此授權對本人/我們之繼承人及授讓人具有約束力;即使本人/我們死亡或無行為能力時·此授權書仍具效力。此授權書的影印本與正本均有同等效力。I/We, the Insured/Policyholder/Claimant, represent me/us/ the Insured under 18 years old (if any) HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, government department, or other organization, institution or person, that is aware of or has any records, knowledge or information of me/us/the insured under 18 years old to disclose, release and transfer such information to China Life Insurance (Overseas) Co. Ltd ("the Company"); (2) the Company or any of its appointed medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves/ the insured under 18 years old in relation to this claim. This authorization shall bind the successors and assignees of me/us and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

聲明 Declaration

本人/我們·受保人/保單持有人/索償人·謹此聲明及同意(1)上述一切陳述及問題的所有答案·不論是否本人/我們親手所寫·就本人/我們所知所信·均為事實之全部並確實無訛; 本人/我們明白倘未知任何一項是否重要·本人/我們均須將其事實在本申請表上說明; (2)本人/我們對任何人所作出之任何聲明·除在本申請表上填寫或印出及經 貴公司發表和批准外·貴公司不須受其約束。若相關人士不能提供任何本申請表所需的資料·貴公司可能因此不能審核及處理本索償申請。I/ We, the Insured/Policyholder/Claimant HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I/ we may have made to any person unless it is written or printed here and is presented and approved by the Company. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim.

H. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	受保人(年齡 18 歲或以上) Insured(whose age is 18 or above)			保單持有人 / 索償人* Policyholder / Claimant*			見證人 Witness		
簽署 Signature									
姓名 Name									
身份證/護照號碼 I.D. Card / Passport No.									
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day
*索償人與受保人/保單持有人關係 *Relationship with Insured/Policyholder									