

**PART I — TO BE COMPLETED BY THE INSURED**
**第一部份 — 由受保人填寫**

For document requirements of this claim, please refer to the Accident Claims Instructions. 有關此索償的所需文件，請參考「意外索償指引」。

1. Policy No(s) 保單編號	2. Name of Insured 受保人姓名	3. HKID/ Passport No. 香港身份證/ 護照號碼 (please attach copy 請附上副本)	4. Age 年齡
5. Residential Address 住宅地址	6. a) Business Tel. No. 辦公電話號碼	b) Residential Tel. No. 住宅電話號碼	
7. Present Occupation (state all) 現時職業 (請列出所有從事的職業)	8. Exact Nature of Occupational Duties 實際工作性質		
9. Name and Address of Business or Employer 僱主姓名/ 公司名稱及地址	10. Your Average Monthly Income 每月平均收入		
11. Date and Time of Accident 意外發生日期及時間	12. Did you file a medical leave certificate to your employer? 有否向僱主呈交病假證明?		
13. Nature of Accident 意外性質 a) Where did it take place 意外發生地點  b) How did it happen 意外發生經過	14. Describe the injuries in details 詳述受傷情況 a) Part(s) of body injured 身體受傷部位  b) Type(s) of injury (e.g. fracture, cut, bruise etc.) 受傷類型 (例如骨折、割傷、挫傷等)		
15. Date on which you last worked prior to disability 傷殘前工作日期	16. Date you have returned to work or expect to return to work 重返工作或預計可重返工作之日期		
17. Details of Hospitals confined or Physicians consulted for the injury (Please attach discharge note) 受傷後留院治療或由醫生診治詳情 (請附出院通知)			
Name of Physician(s) and/or Hospital(s) 醫生姓名及/ 或醫院名稱		Address(es) 地址	Date of Consultation(s) and/or Period of Confinement(s) 診治及/ 或留院日期

**Payment Instructions 付款指示**

- By Direct Credit to one of my following bank accounts (only applicable to policyowner's bank account in HKD currency)  
直接存入本人下列其中一個銀行帳戶 (只適用於保單持有人的港幣戶口) :
- Current autopay bank account for premium payment 現時繳付保費之自動轉帳銀行帳戶
- Last bank account for receiving claims payment or policy payment (including dividend, loan payment, regular withdrawal, etc.)  
上一次收取理賠金額或保單款項 (包括紅利、貸款金額、定期提取金額等) 之銀行帳戶
- Bank account specified below 以下指定的銀行帳戶:

Name of account holder 帳戶持有人姓名: \_\_\_\_\_

Bank Name 銀行名稱	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行帳戶號碼

**Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)**  
**請提供帳戶資料證明 (如列有帳戶持有人的姓名及帳戶號碼之銀行帳單或銀行存摺影印本)**

**Remarks 備註:**

- Only applicable to payment with daily transaction limit of HKD100,000 per policy. If payment exceeds HKD100,000 or the instruction cannot be executed, it will be issued by cheque.  
每份保單每日存款交易上限為港幣100,000。如交易超過港幣100,000或無法執行有關付款指示，總額將以支票形式支付。
- The above instruction will **replace any existing bank account record/setup for receiving payment** including regular withdrawals (if any).  
此帳戶資料將取代現時紀錄內/設立收取款項的帳戶包括用作定期提取的帳戶 (如有)。

- By Cheque 以支票形式

**Cheque Collection Method 支票交付方法**

- Through my Insurance Advisor 由本人的保險顧問轉交
- By Mail to my latest correspondence address with Manulife  
寄往本人於宏利紀錄的最新通訊地址

**Cheque Currency <sup>(a)</sup> (for USD policy only) 支票幣值 <sup>(a)</sup> (只適用於美元保單)**

- USD Cheque (drawn in Hong Kong) 美元支票 (由香港的銀行付款)
- USD Cheque (drawn in United States) 美元支票 (由美國的銀行付款)
- HKD Cheque <sup>(b)</sup> 港幣支票 <sup>(b)</sup>

**Notes 註:**

- (a) In general, it takes a long settlement period to clear a foreign cheque in Hong Kong. Bank charges may be incurred by client for clearing the cheque.  
銀行通常需要較長的結算時間於香港兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。
- (b) The HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time.  
相等之港幣將會以支票發出時的貨幣兌換率計算，而宏利將不時提供有關的貨幣兌換率。

## Declaration and Authorization 聲明及授權

I/We hereby declare that the answers to the above questions are full and true to the best of my/our knowledge. I/We further authorize any physician, hospital, insurance company, claims investigation company, government authority or organization that has any record or knowledge of me/us, my/our health or my/our activities (including records relating to Social Welfare, Workers' Compensation, credit, financial, earnings and employment history) to furnish to Manulife (International) Limited ("Manulife") or its authorized representative such information including without limitation all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be as effective and valid as the original.

本人/我們特此聲明填報於本表格內之資料已是本人/我們所知之全部並為真實無訛。本人/我們茲授權任何醫生、醫院、保險公司、賠償調查公司、政府有關部門或其他持有本人/我們個人資料、健康狀況或記錄(包括有關本人/我們所獲之社會福利及勞工賠償、本人/我們之存款、財政狀況、入息及就業記錄)之組織可以將該等資料,包括但不限於所有有關本人/我們之疾病或受傷、傷患之病歷、診斷報告、藥方或治療及所有醫院或醫療記錄副本等資料予宏利人壽保險(國際)有限公司("宏利")或其代理人。此授權書之複製本與正本具同等效力。

## Personal Information Collection Statement 個人資料收集聲明

I/we acknowledge that the personal data provided in this Form will be used by Manulife for the purposes of processing, adjudicating and investigating claims application(s) and request(s) for credit service, approving and underwriting insurance applications, administering and reinsuring policies, complying with applicable laws and other related purposes and for such purposes, may be transferred to such persons or entities (whether within or outside Hong Kong) as: (a) any person in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services; (b) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, information technology, payment, data processing or storage, marketing, mailing, printing, telemarketing, customer satisfaction analysis, or other services to Manulife or any member of Manulife's group of companies in connection with the operation of business, including any custodian, administrator, investment manager, investment advisor or distributor; (c) any credit reference agencies or, in the event of default, any debt collection agencies; (d) any advisor (including his or her employees) or other intermediary (including their employees); (e) reinsurers and medical service providers; (f) employers of the customers; (g) any person which has undertaken to Manulife or any member of Manulife's group of companies to keep such data confidential; (h) any actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or any member of Manulife's group of companies; (i) any member of Manulife's group of companies; (j) any person to whom Manulife or any member of Manulife's group of companies is under an obligation or otherwise required to make disclosure under the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife's group of companies including but not limited to any local or foreign regulators, governmental bodies, or industry recognised bodies; (k) any person to whom Manulife or any member of Manulife's group of companies is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Hong Kong) that is assumed by or imposed on Manulife or any member of Manulife's group of companies by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, industry recognised bodies. I/we understand that I/we am/are not obliged to provide such personal data as requested but if I/we refuse to provide such data, Manulife may not be able to proceed further on my/our application(s) and/or request(s) in this Form. I/we may request access to and correction of my/our personal data held by Manulife, by writing to Privacy Officer at Manulife (International) Limited, 22/F., Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

本人/我們確認載於本表格內之個人資料將被宏利用以處理、判定及調查有關之索償及代繳費用服務申請、批核及承保保險申請、管理保單並安排分保、遵守適用法律及其他相關用途並就此等用途,該等個人資料可被轉送到下列人士或機構(無論在香港境內還是境外)(a)與客戶、針對客戶或涉及客戶就任何產品及/或服務提起的任何索賠相關的任何人士;(b)向宏利或宏利的公司集團任何成員提供與業務經營相關的行政管理、電信通訊、電腦、資訊技術、付款、資料處理或儲存、市場推廣、郵寄、列印、電話行銷、客戶滿意度分析或其他服務的任何代理、承辦商或第三方服務供應商,包括任何託管人、執行人、投資管理人、投資顧問或分銷商;(c)任何信貸資料服務機構或(如出現付款違約)任何債務托收機構;(d)任何顧問(包括其僱員)或其他中介人士/機構(包括其僱員);(e)再保險商和醫療服務供應商;(f)客戶的僱主;(g)已向宏利或宏利的公司集團任何成員承諾將對該等資料保密的任何人士;(h)宏利或宏利的公司集團任何成員的權利或業務的任何實際或擬議讓與人、承讓人、參與人或次級參與人;(i)宏利的公司集團任何成員;(j)宏利或宏利的公司集團任何成員根據對其有約束力或適用的任何法律、法規、規章、守則、指引或指南的規定有義務或必須向其披露的任何人士,其中包括但不限於任何當地或外國的監管機構、政府機構或公認行業組織;(k)根據由於宏利或宏利的公司集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織(無論在香港境內還是境外)所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利的公司集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、公認行業組織之間的任何合同、其他承諾或安排,有義務或必須向其披露的任何人士。本人/我們明白本人/我們並無責任提供該等個人資料。但如果本人/我們拒絕提供該等資料,宏利可未能繼續處理本人/我們的申請及/或本表格內之申請。本人/我們可去信個人資料主任於宏利人壽保險(國際)有限公司,香港九龍觀塘偉業街223-231號宏利金融中心A座22樓要求查閱及更改本人/我們在宏利之個人資料。

✕

Signature of Patient (if Aged 18 or Above)\*  
病人簽署(如十八歲或以上)

Name (In BLOCK LETTERS) & I.D. No. of Patient  
病人姓名(請以正楷書寫)及身份証號碼

Date (DD/MM/YYYY)  
日期(日/月/年)

✕

Signature of Policyowner  
保單持有人簽署


Name (In BLOCK LETTERS) & I.D. No. of Policyowner  
保單持有人姓名(請以正楷書寫)及身份証號碼

Date (DD/MM/YYYY)  
日期(日/月/年)

\* For patient aged below 18, signature of the policyowner must be provided for the application for the claim  
十八歲以下病人之索償申請必須由保單持有人簽署。

The Chinese version of this claim form is for reference only. In the event of conflicts between the Chinese and English versions, the English version shall prevail. 此索償表格之中文譯本只供參考之用,若與英文有異,一概以英文為準。

**PART II — ATTENDING PHYSICIAN'S STATEMENT****(to be completed by a qualified and registered physician at the insured's expense)****第二部份 — 應診醫生報告 (由受保人自費聘請之合資格註冊醫生填寫)**

1. Name of Patient (the insured) 病人 (受保人) 姓名	2. Age 年齡	3. HKID/ Passport No. 香港身份證/ 護照號碼	4. Date of Accident 意外發生日期
5. a) Had the patient any external and visible evidence of injury at your first consultation. (e.g. bruise and swelling etc.) 病人於第一次會診時有否外傷及可見之受傷證明。(例如各類挫傷及瘀腫等情況) <input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否 b) If yes, state the type of injury 若「有」, 請註明受傷類型 c) Describe the cause and extent of injury 請註明受傷原因及受傷程度			
6. Present condition of injury 現時受傷情況			
7. Did injury require: (if yes, give details) 是否因受傷而需要接受下列各項治療或檢查? (若「是」, 請註明詳情) a) Hospitalization? 留院治療 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是      Date admitted 入院日期 _____ b) X-rays? X光檢查 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是      Date discharged 出院日期 _____ c) Surgery? 進行手術 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是      Details 詳情 _____ d) Medical Treatment? 醫學治療 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (e.g. stitches, physiotherapy, type of dressing etc. 例如縫針、物理治療、包紮類型等) e) Others? 其他      Please specify 請註明: _____			
8. Was such injury induced from or effected by any of the following which may contribute to the accident and/or lengthen the period of disability? 該受傷是否由下列任何一項引致或受其影響而導致發生意外及/ 或加長傷殘時間? a) Physical defects/congenital anomaly 身體缺陷/ 先天異常 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 b) Unfavourable past medical history 過往不良健康狀況記錄 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 c) By drugs or alcohol 藥物或酒精 <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If any of the above is yes, give details. 如上述任何一項為「是」, 請註明詳情。 _____			
9. Was healing complicated? 康復過程是否複雜? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If yes, state the reason(s) and any special treatment(s) given. 如「是」, 請註明原因及曾採用之任何特別治療。			
10. Name(s) and address(es) of other physician(s) who have treated the patient for the same injury. 其他曾就是次受傷為病人診治之醫生姓名及地址。			
11. Do you feel that the injury would have prevented the patient from working? (Patient's occupation is stated overleaf) 你認為是次受傷會否令病人不能工作? (病人的職業見背頁) a) at your first consultation 第一次會診時? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 b) at your recent consultation 最近一次會診時? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是			
12. If an absence from work of more than two weeks was necessary, please describe in details the reasons why you feel the patient could not return to work earlier. 如病人需暫停工作超過兩星期, 請詳細註明原因, 解釋為何病人不能提早恢復工作。			
13. I hereby certify that I have personally examined and treated the patient (the insured) for the above injury and that the facts as given above present my opinion of his/her condition. 謹此證明本人已親自為病人 (受保人) 就上述受傷進行檢查及治療, 並確認表格內之資料為本人對病人 (受保人) 之情況作出的意見。  Signature 簽署  _____ Name of Physician (with stamp) 醫生姓名 (連印章) _____ Date 日期 _____ Address 地址 _____ Qualification 資格 _____ Tel. No. 電話號碼 _____			

Please ensure all questions on Part I\* and Part II of the Claim Form for Accident are answered and check that all required claims documents are submitted. Otherwise, the claim may not be processed due to incomplete information. The policyowner may be requested to provide additional information relating to this claim.

請確保已回答「意外索償表格」第一\*及第二部份所有問題及提交所需索償文件，否則此索償申請可能因資料不足而未能被處理。保單持有人可能被要求就此項索償提供額外資料。

Below required documents must be received by Manulife within 30 days after the date of injury caused by an accident.

以下所需索償文件須在意外受傷後三十日內提交本公司。

<b>Claims Document Checklist - Basic Requirements 索償文件清單：基本要求</b>		
<input type="checkbox"/>	Claim Form for Accident (C12); and 「意外索償表格」(C12) ;及	
<input type="checkbox"/>	Copy of Sick Leave Certificate(s) with Diagnosis; and 列明診斷結果的病假證書副本；及	
<input type="checkbox"/>	HKID Card/ passport copy of both Policyowner and Patient (If you have not provided the relevant document(s) to us before or the document(s) in our records is/are no longer valid or do(es) not comply with the current regulatory requirements) 保單持有人及病人的香港身份證/ 護照副本 (如閣下從未提供予我們有關文件，或我們記錄內之有關文件已不再有效或未能遵守現行的監管要求)	
<b>Additional Requirements (if applicable) 額外要求 (如適用)</b>		
<input type="checkbox"/>	Diagnostic/ Laboratory Test done 接受診斷/ 化驗	Diagnostic/ laboratory reports 診斷/ 化驗報告
<input type="checkbox"/>	Attended by Specialist/ Physiotherapist/ Occupational Therapist 接受專科/ 物理治療師/ 職業治療師治療	Referral Letter from Attending Physician 主診醫生轉介信
<input type="checkbox"/>	Traffic Accident involved 涉及交通意外	Copy of Police Report/ Traffic Accident Report/ Police Statement 警察報告/ 交通意外報告/ 警察口供紙副本
<input type="checkbox"/>	Claim from other insurer(s) 已獲其他保險公司支付賠償	Copy of compensation breakdown from other insurer(s) 其他保險公司賠償結算明細表的副本
<input type="checkbox"/>	Claim for Medical Reimbursement 申請醫療賠償	Original Medical Receipt(s) 醫療收據正本
<input type="checkbox"/>	Physiotherapy/ Occupational Therapy done 接受物理/ 職業治療	Physiotherapy/ Occupational Therapy Report 物理/ 職業治療報告
<input type="checkbox"/>	Hospitalized 入住醫院	(i) Original Statement of Charges/ Account ; and 收費單正本；及 (ii) Original Hospital Receipt(s) 醫院收據正本

Unless request to the contrary is specifically made, the claim reimbursement cheque will be drawn in HKD for Hong Kong policies and MOP for Macau policies. The cheque will be forwarded to the Policyowner with the Payment Advice after approval of the claim.

除特別要求外，於香港簽發的保單的賠償支票將以港元支付，而於澳門簽發的保單的賠償支票則以澳門幣支付。當索償獲批准後，支票將連同通知書一併送交保單持有人。

☒ Please submit aforesaid required documents to Individual Financial Products, Manulife (International) Limited, 22/F., Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong. 請將上述所需文件寄回香港九龍觀塘偉業街223-231號宏利金融中心22樓宏利人壽保險(國際)有限公司個人理財產品業務部。

**Note 註**

\* For Question No. 7 in Part I of the form, please fill in "self-employed" if that is the case. 如屬自僱人士，請於表格第一部份第7題填寫「自僱」。