

Branch code 分行編號 _____ Location 地點 _____
 Advisor code 保險顧問編號 _____
 Advisor's name 保險顧問姓名 _____
 Advisor's Contact no. 保險顧問聯絡電話 _____

CLAIM FORM FOR ACCIDENT 意外索償表格

PART I — TO BE COMPLETED BY THE INSURED / POLICYOWNER

第一部份 — 由受保人 / 保單持有人填寫

Important Notes 重要事項:

- Please refer to the Accident Claims Instructions or select "Accident Claims Procedure" by scanning the QR code.
請參考「意外索償指引」或透過掃描二維碼選取「意外索償程序」。
- Please read the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice") before you complete this form. The Notice is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Notice.
當閣下填寫此表格前，請閱畢《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)。該通知可於宏利網址 (www.manulife.com.hk) 或向閣下的宏利顧問索取。透過填妥及交回此表格，即表示閣下同意該通知之內容。



Policy No./ Cert No. in Claim Sequence : 按索償次序的保單編號/受保證書編號:		Type of products 產品類別:	Name of Policyowner / Employee / Member 保單持有人 / 僱員 / 成員姓名:
1. _____	Individual 個人 <input type="checkbox"/>	Group 團體 <input type="checkbox"/>	_____
2. _____	Individual 個人 <input type="checkbox"/>	Group 團體 <input type="checkbox"/>	_____
Benefits to Claim 索償類別		<input type="checkbox"/> Medical Reimbursement 醫療費用	<input type="checkbox"/> Disablement / Dismemberment 身體殘障/傷殘
Name of Insured : 受保人姓名:		HKID / Passport No. 香港身份證 / 護照號碼: (please attach copy 請附上副本)	Age 年齡: Sex 性別: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
1. a) Residential Address 住宅地址:		b) Residential Tel. No. 住宅電話號碼:	
2. a) Present Occupation (state all) 現時職業 (請列出所有從事的職業)		b) Exact Nature of Occupational Duties 實際工作性質: c) Business Tel. No. 辦公電話號碼:	
3. Name and Address of Business or Employer 僱主姓名/公司名稱及地址:		4. Your Average Monthly Income 每月平均收入:	
5. Date and Time of Accident (DD/MM/YY, hh:mm) 意外發生日期及時間 (日/月/年, 時:分):		6. Did you file a medical leave certificate to your employer? 有否向僱主呈交病假證明?	
7. 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?		8. 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):	
9. Date on which you last worked prior to disability (DD/MM/YY) 傷殘前工作日期 (日/月/年):		10. Date you have returned to work or expect to return to work (DD/MM/YY) 重返工作或預計可重返工作之日期 (日/月/年):	
11. Are you making any other insurance claim as a result of this accident? 有關是次意外，閣下有否申請其他保險賠償? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有 <input type="checkbox"/> Medical reimbursement 醫療費用 <input type="checkbox"/> Weekly Indemnity/Disablement 每週賠償/身體殘障 <input type="checkbox"/> Others 其他 Name of Insurance Company 保險公司名稱: _____ Policy No. 保單編號: _____ <input type="checkbox"/> Original receipt will not be returned. Please "✓" this box for obtaining certified true copy of receipt. 正本收據將不獲發還。如需取得收據的核實副本，請於方格內加上“✓”。			
12. 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 (請附交出院通知) 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) (DD/MM/YY) 診治及/或留院日期 (日/月/年)			

Other Information / Special Request 其他資料 / 特別指示
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Payment Instructions (Only applicable to Individual Products) 付款指示 (只適用於個人產品):

(Defaulted e-Payout Method will be applied (if any) if no option is specified or the specified option is invalid 如未有指明或所選擇的付款方法無法使用, 預設電子提取付款方法(如有)將採用是次付款方法)

- By e-Payout (only applicable to policyowner's bank account) 電子支付 (只適用於保單持有人之銀行帳戶):
- a Default e-Payout Method (i.e. last channel for receiving claims payment or policy payment through FPS/Direct Credit)
預設電子提取付款方法 (即上一次經轉數快或直接存入銀行帳戶以收取理賠金額或保單款項之渠道)
- b Specified e-Payout Method (will be set as default arrangement):
指定電子提取付款方法 (將被設置為預設付款方式):
- (i) FPS to my default receiving account (in HKD only) 轉數快至本人預設的收款帳戶 (只限港元)
- Hong Kong Mobile Phone Number
香港手提電話號碼 : (852) _____
- Others: Country / Region Code & Mobile Phone Number
其他: 國家/區域號碼及手提電話號碼 : () _____
- (ii) 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之港元戶口)
- Current autopay bank account for payment of premium and levy 現時繳付保費及徵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:

1. Name of account holder 帳戶持有人姓名: _____	Bank No. 銀行編號	Branch No. 分行編號	Bank Account No. 銀行帳戶號碼
2. Bank Name 銀行名稱			

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 (如列有帳戶持有人之姓名及帳戶號碼之銀行帳單或銀行存摺影印本)

Remarks 備註:

- The above specified Faster Payment System (FPS) mobile phone number is for FPS payment only and will not be updated to your contact information in our record. 上述指定之手提電話號碼只用於轉數快轉帳, 並不會用作更新您於我們紀錄內的聯絡資料。
- For payout through FPS, only applicable to payment with maximum daily transaction limit not exceeding of HKD1,000,000 (or equivalent) per policy. If payment is exceeding HKD1,000,000 (or equivalent), or the instruction cannot be executed, it will be issued by cheque and collected through the Insurance Advisor. 經轉數快之付款, 每份保單每日最高存款交易不能超過港元1,000,000 (或等價)。如交易超過港元1,000,000 (或等價), 或無法執行有關付款指示, 總額將以支票形式支付, 並由保險顧問轉交。
- For payout through Direct Credit, only applicable to payment with maximum daily transaction limit not exceeding of HKD300,000 (or equivalent) per policy. If payment exceeds HKD300,000 (or equivalent) or the instruction cannot be executed, it will be issued by cheque and collected through the Insurance Advisor. 經直接存入銀行帳戶之付款, 每份保單每日最高存款交易不能超過港元300,000 (或等價)。如交易超過港元300,000 (或等價) 或無法執行有關付款指示, 總額將以支票形式支付, 並由保險顧問轉交。
- The above instruction will replace the existing default e-Payout method (if any). 以上指示將取代現有之電子預設付款指示(如有)。
- If there is no default e-Payout method set in our record, it will be issued by cheque and collected through the Insurance Advisor. 如未有設立電子預設付款方法, 總額將以支票形式支付, 並由保險顧問轉交。

 By Cheque 支票**Cheque Collection Method 支票交付方法**

- Through my Insurance Advisor 經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
- Pick up in Customer Service Centre 於客戶服務中心領取

Cheque Currency^{(a)(b)} (for USD policy(ies) only) 支票幣值^{(a)(b)} (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^(c) 港元支票^(c)

Remarks 備註:

- (a) Unless request to the contrary is specifically made, the claim reimbursement cheque will be drawn in HKD for Hong Kong policies and MOP for Macao 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。
- (b) 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由香港兌現外幣支票; 另銀行或會向客戶徵收兌現支票的相關手續費。
- (c) 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.
相等之港元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。

- By Other Payment Option available for claims payment - Please provide details in page 1 section of "Other Information / Special Request"
以其他適用於收取理賠款項之形式 - 請於第一頁「其他資料/特別指示」部分提供詳情

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。

✗
Signature of Insured (if Aged 18 or Above)*
受保人簽署 (如十八歲或以上)

Name (In BLOCK LETTERS) & I.D. No. of Insured
受保人姓名 (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 insured aged below 18, signature of the policyowner must be provided for the application for the claim 十八歲以下受保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 — TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES

第二部份 — 由主診醫生 / 外科醫生填寫，所需費用由索償人自行承擔

1. Name of Patient 病人姓名	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"/> No 否 <input type="checkbox"/> Yes 是
b) If yes, please 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, please 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 (DD日/MM月/YY年)	_____
b) Laboratory test/Investigation 化驗/檢查 (e.g. MRI, PET, CT, x-ray etc. 例如MRI, PET, CT, X光檢查等)	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	Date discharged 出院日期 (DD日/MM月/YY年)	_____
Details 詳情			
c) Surgery? 進行手術	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	_____	
d) Medical Treatment? 醫學治療 (e.g. stitches, physiotherapy, type of dressing etc. 例如縫針、物理治療、包紮類型等)	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	_____	
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? If yes, please state the reason(s) and any special treatment(s) given 康復過程是否複雜? 如「是」，請註明原因及曾採用之任何特別治療。			<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
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?	_____ (DD日/MM月/YY年)	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	_____
b) at your recent consultation 最近一次會診時?	_____ (DD日/MM月/YY年)	<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 _____ (DD/MM/YY) (日/月/年)		Address 地址 _____	
Qualification 資格 _____		Tel. No. 電話號碼 _____	

Please ensure all questions on Part I ^{Note (1)} 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^{註(1)}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。

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。

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。

Claims Document Checklist - Basic Requirements 索償文件清單：基本要求

- Fully completed** Claim Form for Accident (C12); and **完整填妥**「意外索償表格」(C12)；及
- Copy of **Sick Leave Certificate(s)** with Diagnosis (for disablement claims); and 列明診斷結果的**病假證書**副本(如申請身體殘障賠償)；及
- Original** Medical **receipt(s)** with diagnosis proof (for medical reimbursement claims); and 附有**診斷證明之收據正本**(如申請醫療賠償)；及
- 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)

Additional Requirements ^{Note(2)} (if applicable) 額外要求^{註(2)} (如適用)

<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"/> 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

Note 註：

- (1) For Question No. 2a 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2a題填寫「自僱」。
- (2) Manulife reserves the rights to request for original documents or other supplementary documents/information if deemed necessary. 如有需要，宏利保留要求提供正本文件或其他補充文件/資料的權利。