

CLAIM FORM FOR MAJOR DISEASE 重病保障索償表格

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	

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:

1. For document requirements of this claim, please refer to the Major Disease Claims Instructions or scan the QR code. 有關此索償的所需文件，請參考「重病索償指引」或掃描二維碼。



2. 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.: 保單編號:	1. <input style="width: 90%;" type="text"/>	2. <input style="width: 90%;" type="text"/>	3. <input style="width: 90%;" type="text"/>	4. <input style="width: 90%;" type="text"/>
Name of Policyowner: 保單持有人:	<input style="width: 95%;" type="text"/>			
Benefit(s) to Claim 索償類別				
<input type="checkbox"/> Major Disease 危疾 <input type="checkbox"/> Juvenile Disease 兒童疾病 <input type="checkbox"/> Continuous Care Benefit 持續守護保障 <input type="checkbox"/> Disability Care Booster 生活守護保障 <input type="checkbox"/> Cancer Treatment Booster 癌症治療加強保障 <input type="checkbox"/> Late Stage Cancer Treatment 末期癌症治療 <input type="checkbox"/> Late Stage Cancer Flexi Option 末期癌症靈活選 <input type="checkbox"/> Continuous Cancer Income Option 持續癌症現金保障選項 <input type="checkbox"/> Others, please specify 其他，請註明: _____				
Name of Insured: 受保人姓名:	<input style="width: 95%;" type="text"/>			
HKID / Passport No. 香港身份證 / 護照號碼: (Please attach copy 請附上副本)	<input style="width: 90%;" type="text"/>		Age: 年齡:	Sex 性別: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
1. a) Present Occupation (Please state all) 現時職業 (請列出所有從事的職業): <input style="width: 95%;" type="text"/>		1. b) Exact Nature of Occupational Duties 實際工作性質: <input style="width: 95%;" type="text"/>		
2. Describe the nature of your illness 請說明閣下的疾病性質: <input style="width: 95%;" type="text"/>				
3. a) When did the symptoms first occur? (DD日/MM月/YYYY年) 何時開始出現病徵? <input style="width: 40%;" type="text"/>		3. b) On what date did you first consult a doctor for the illness? (DD日/MM月/YYYY年) 首次因該疾病向醫生求診之日期? <input style="width: 40%;" type="text"/>		
4. Give details of hospitals confined and/or physicians consulted for the illness. 因該疾病入住醫院詳情及 / 或主診醫生資料				
Name of physician(s) and/or hospital(s) 醫生姓名及 / 或醫院名稱 <input style="width: 95%;" type="text"/>				
Address(es) 地址 <input style="width: 95%;" type="text"/>				
Date of Consultation(s) and/or Period of Confinement(s) 診治及 / 或留院日期 (DD日/MM月/YYYY年) (DD日/MM月/YYYY年)				
From: <input style="width: 20%;" type="text"/> To: <input style="width: 20%;" type="text"/>				
Name of physician(s) and/or hospital(s) 醫生姓名及 / 或醫院名稱 <input style="width: 95%;" type="text"/>				
Address(es) 地址 <input style="width: 95%;" type="text"/>				
Date of Consultation(s) and/or Period of Confinement(s) 診治及 / 或留院日期 (DD日/MM月/YYYY年) (DD日/MM月/YYYY年)				
From: <input style="width: 20%;" type="text"/> To: <input style="width: 20%;" type="text"/>				
5. What kinds of treatment have you received? 閣下曾接受甚麼治療? <input style="width: 95%;" type="text"/>				
6. Give the name and address of your usual physician if different from above. 若閣下之私人醫生並非上述之醫生，請填寫醫生之姓名及地址。				
Name of physician 醫生姓名 <input style="width: 95%;" type="text"/>				
Address 地址 <input style="width: 95%;" type="text"/>				

7. Have any of your blood relatives suffered from a similar or related illness? 閣下之血緣親屬曾否患有相似或有關之疾病?
 No 否 Yes 有 If "Yes", give details 若「有」, 請填寫有關資料。

Relationship 關係	Nature of Illness 疾病性質	Date when First Diagnosed 首次被斷定患有該疾病之日期 (DD日/MM月/YYYY年)

8. Are you insured for similar benefits with any other company(ies)? 閣下是否受保於其他保險公司並獲類似之保障?
 No 否 Yes 有 If "Yes", give details 若「有」, 請填寫有關資料。

Name of Insurance Company 保險公司名稱	Policy No. 保單編號	Issue Date 保單簽發日期 (DD日/MM月/YYYY年)	Amount of Benefits 保障額
Name of Insurance Company 保險公司名稱	Policy No. 保單編號	Issue Date 保單簽發日期 (DD日/MM月/YYYY年)	Amount of Benefits 保障額

9. Continuation of Supplementary Benefit(s) Upon Plan Termination by Claim Payment 因賠付計劃終止後延續附加保障
Please put a "✓" in the box if applicable. 請於適當方格內填上 "✓" 號。

I would like to apply for continuation of eligible supplementary benefit(s) upon plan termination by claim payment.
本人欲申請因賠付致計劃終止後延續合資格的附加保障

Remarks: Please contact your Insurance Advisor to obtain the relevant application form(s) and submit together with this Claim
備註: 請聯絡閣下的保險顧問索取所需申請表格並連同此索償申請一併遞交

I do not need this option
本人並不需此選項

Other Information / Special Request 其他資料/ 特別指示

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之港元戶口):

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 (如列有帳戶持有人之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 HKD300,000 per policy. If payment exceeds HKD300,000 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元300,000。如交易超逾港元300,000或無法執行有關付款指示, 總額將以支票形式支付。
- Direct Credit is only applicable to policyowner's bank account, except joint account. 電子支付只適用於保單持有人之銀行帳戶, 不包括聯名戶口。
- 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 stated in this form 經由本表格所述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

Collect at Customer Service Centre 於客戶服務中心領取

Cheque Currency ^(a) (for USD policy only) 支票幣值 ^(a) (只適用於美元保單)

HKD Cheque ^(b) 港元支票 ^(b)

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)

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。

(c) 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 through your Insurance Advisor 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, 支票將連同通知書經閣下之保險顧問一併送交保單持有人。

Declaration and Authorization 聲明及授權

(1) 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。

(2) Information (including but not limited to personal data and health information and claims history) collected from me/us/my dependent, the policyowner/policyholder and the proposed insured, can enable Manulife to carry on its insurance/financial business and may be:

從本人/吾等/本人的家屬、保單持有人及擬受保人所收集的資料(包括但不限於個人資料、健康資料及索償記錄),可供宏利用於經營保險/金融業務之用,並可供:

i) used by Manulife, its associated companies, employees, third-party vendors/service providers, reinsurers and/or distributors for the purpose of (a) processing my application, including, but not limited to, determining eligibility and approval; (b) underwriting; (c) handling claim(s) including, but not limited to, administering, assessing, adjudicating, investigating, seeking external professional advice, disbursing payment, shortfall management, subrogation, analysis and reporting; (d) requests for payment and/or credit services; (e) administering the policy or any alterations, cancellation or renewal of it; (f) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application); (g) providing customer service, including but not limited to, any follow up on related enquiry and/or communication with you and/or your representative(s); (h) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance/financial industry; (i) automated/ artificial intelligence decision making or profiling; (j) complying with applicable laws, regulations and other related purposes;

i) 宏利、其關聯公司、僱員、第三方供應商/服務供應商、再保險公司及/或分銷商使用於以下目的:(a)處理本人申請,包括但不限於釐定資格及批核申請;(b)核保;(c)處理索償,包括但不限於管理、評估、裁決、調查、徵求外部專業意見、支付款項、差額管理、代位申索、分析及匯報事宜;(d)付款請求及/或信貸服務;(e)管理保單或有關保單的任何變更、取消或續期事宜;(f)偵查及防範欺詐(無論是否與本申請書所簽發的保單有關);(g)提供客戶服務,包括但不限於跟進相關查詢,以及/或與閣下及/或閣下代表之間的通訊事宜;(h)宏利、宏利的關聯公司或保險/金融行業所開展的統計或精算研究工作;(i)基於自動化/人工智能的決策或分析;(j)遵守適用法律、法規及其他相關目的。

ii) transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any regulatory/statutory bodies, association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise; and/or reinsurance of the policy; (c) health care professionals, hospitals, accountants, legal advisors, employers; (d) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), law enforcement agencies and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

ii) 轉移至(a)任何相關公司或其他從事保險或再保險相關業務的公司、中介人、提供保險相關服務的索償、調查或其他機構,或任何現存或不時成立的監管/法定機構、協會或保險公司聯會;(b)以實現上述任何一項目的及/或以核對程序或其他方式進行數據核實,以及/或進行保單再保險事宜的任何個人/組織;(c)醫護專業人員、醫院、會計師、法律顧問、僱主;(d)為保險業整合索償及核保資料的機構、防範欺詐機構、其他保險公司(無論是直接轉移至或透過防範欺詐機構或本段所述之其他人士作出轉移)、執法機構、可供保險業界根據現有資料進行資料分析和核實的數據庫或登記冊(及其營運者)。

(3) I/We understand and agree that Manulife has the right to reverse/claw back any incorrect payment caused by incorrect information provided by me/us.

本人/吾等明白並同意宏利有權要求本人/吾等退回因本人/吾等提供不確資料而導致的錯誤賠償。

(4) All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region/Macau Special Administrative Region

所有資料處理程序可能涉及將資料轉移至香港特別行政區或澳門特別行政區境內外的地方。

✕

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。

Please ensure all required claim documents are submitted. Otherwise, the claim may not be processed due to incomplete information. The claimant may be requested to provide additional information relating to this claim.

請確保提交所需索償文件，否則此索償申請可能因資料不足而未能被處理。索償人可能被要求就此項索償提供額外資料。

- ☒ Please submit aforesaid required documents to Claims Department of Individual Financial Products, Manulife (International) Limited, 22/F, Tower A, 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A座22樓宏利人壽保險（國際）有限公司個人理財產品理賠部。

Claims Document Checklist - Basic Requirements ^{NOTE(1)(2)} 索償文件清單：基本要求 ^{註(1)(2)}

- **Fully completed original** Claim Form for Major Disease Part I (Form CIP1); and **完整填妥**之重病保障索償表格第一部份 (表格CIP1) **正本**；及
- **Fully completed original** Claim Form for Major Disease Part II - Attending Physician's Statement^{tNOTE(1)} to be completed by the attending physician; and 由主診醫生填寫之重病保障索償表格第二部份應診醫生報告書^{註(1)} **正本**；及
- Copy of the latest ID or passport copy of both Policyowner and Insured (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); and 保單持有人及受保人最新的身份證或護照副本（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）；及
- Copy(ies) of all medical supporting document(s) including but not limited to surgical report, histopathology report, consultation note, therapeutic intervention treatment record, blood test result, imaging report, laboratory evidence, appointment slip, schedule of treatment, referral letter by registered physician / hospital, treatment receipt, hospice record 所有相關醫療文件副本，包括但不限於手術報告、病理化驗報告、求診記錄、干預治療記錄、驗血結果、影像報告、化驗報告、預約單、治療時間表、註冊醫生/醫院轉介信、醫療收據、寧養中心記錄

Note 註：

- (1) Please contact your insurance advisor for the relevant Claim Form for Major Disease Part II

請聯絡閣下之保險顧問以獲取相應的重病保障索償表格第二部份

- (2) Manulife reserves the right 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