

危疾保障賠償申請表

Critical Illness Claim Form

第一部份 (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 Sex	
電話號碼 Contact phone no.	受保人現職 / 職責 Insured's present occupation/job nature	業務顧問 (姓名及號碼) Sales personnel (name and code)	賠償號碼 (公司專用) Claim no. (For office use only)

首次索償 New claim
 再次索償 Further claim
 重批 / 覆核 Review/Appeal

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

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, 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 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 General 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.

否 No 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 Payment Instruction

(如沒有註明付款方式或資料不清晰，將以港幣支票支付 If payment instruction is not specified or information is not clear, HKD cheque will be issued)

自動轉賬 By autopay

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

以下指定之港幣銀行戶口
Specified HKD bank account below

銀行號碼 Bank no.	分行號碼 Branch no.	戶口號碼 Account no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

注意事項：

- (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)。
- (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。
- (3) 自動轉賬只適用於香港銀行及款項將以港幣支付。
- (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。

Notes:

- (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).
- (2) Please provide account holder's bank account proof which shows account holder name and account number.
- (3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong dollar.
- (4) If the autopay is rejected by your bank, the respective claim payment will be paid by cheque.

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

港幣 Hong Kong dollar 保單貨幣 Policy currency

6. 所需文件指引 Document Checklist

所需文件 (請√您已提交的文件) Documents Required (Please √ in the box if you have submitted)

- 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份 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. 收取個人壽險保費徵費 Collection of Premium Levy on Individual Life Insurance Policy

由2018年1月1日起，香港保險業監管局（下稱「保監局」）透過保險公司按適用之徵費率於相關保單徵收徵費。泰禾人壽保險有限公司（下稱「泰禾人壽」），為一家獲授權的保險公司，按保監局的要求及授權向每位保單持有人所持的保單徵收徵費。有關徵費將按照訂明安排匯付予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。閣下保單所需支付的徵費由泰禾人壽支付至2019年3月31日止。自2019年4月1日起到期繳交之保費，保單持有人該就保費繳付徵費。有關徵費的詳情，請瀏覽https://www.tahoelife.com.hk/tl/doc/Levy_IC.pdf 或致電(852) 3767 8777。

Starting from 1 January 2018, the Insurance Authority of Hong Kong ("IA") starts to collect premium levy ("Levy") on relevant policy at the applicable rate through insurance companies. Tahoe Life Insurance Company Limited ("Tahoe Life"), as an authorised insurer, is statutorily required to collect such Levy from policyowner on behalf of the IA and would be remitted in accordance with prescribed arrangement to the IA. IA may take legal proceedings against policyowners in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. The Levy payable for your policy will be absorbed by Tahoe Life until 31 March 2019. Policyowner shall pay the Levy on insurance premium due from 1 April 2019. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

聲明及授權 Declaration and Authorisation

聲明 - 本人 / 我等謹聲明並同意：

- (1) 不論是否由本人 / 我等親手書寫，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實；
- (2) 下列「個人資料收集聲明」。
- (3) 上述「收取個人壽險保費徵費」項所載之內容。

授權

本人 / 我等謹此授權 (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 / 我等之紀錄者、及 / 或曾診驗或可能將會診驗本人 / 我等者，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) 泰禾人壽或任何其他其指定之醫生或化驗所，可就其賠償申請替本人 / 我等進行所需之醫療評估及測試，作為審核本人 / 我等之健康狀況。此授權對本人 / 我等之繼承人及受讓人具約束力；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 / 我等聲明本人 / 我等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 my/our own hand are to the best of my/our knowledge and belief complete and true;
- (2) Personal Information Collection Statement ("PICS") as below.
- (3) 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.

個人資料收集聲明 Personal Information Collection Statement ("PICS")

- 目的：**泰禾人壽保險有限公司/泰禾保險服務有限公司（「本公司」）就向閣下收集之個人資料（「個人資料」）乃為以下目的使用：**(i)** 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的任何其他文件中所表明的申請；**(ii)** 提供與本文件和本保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本次申請的服務或相關服務；**(iii)** 就行政目的與閣下聯絡；**(iv)** 調查、處理及繳付閣下保單的理賠申請；**(v)** 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關、或自律監管機構或行業組織的要求，配合調查及作出披露；**(vi)** 將閣下的個人資料發送給任何保險公司聯會或類似組織（「聯會」）以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；**(vii)** 統計或精算研究；**(viii)** 其他直接與以上目的相關的目的；就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「使用個人資料作直接促銷用途」一節。未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。
- 轉移：**閣下有權查明本公司將個人資料轉給以下各方：**(i)** 本公司的任何成員公司，包括附屬公司及聯屬公司；**(ii)** 任何其他從事保險、強制性公積金暫行受託人或再保險相關業務的非本公司成員公司；**(iii)** 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；**(iv)** 提供與閣下的保單有關的索償、調查或其他服務的提供者；**(v)** 現有或不時成立的相關行業協會及聯會；**(vi)** 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士（包括代理商、承包商或第三方服務提供者）；**(vii)** 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關、或自律監管機構或行業組織；**(viii)** 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；**(ix)** 閣下的保險代理人或中介人或介紹人。
- 查閱：**閣下有權查明本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港太古城英皇道1111號太古城中心一座15樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

使用個人資料作直接促銷用途

除了以上所述的用途，本公司擬把閣下的個人資料包括姓名、聯絡資料、產品及服務組合資料、交易模式及行爲、財務背景及人口統計數據透過郵寄、傳真、電郵、電話及短訊形式用於直接促銷，當中包括以下的服務、產品和類別：**(a)** 保險、財務及相關服務及產品；**(b)** 獎賞、年資獎勵或優惠計劃及相關服務和產品；**(c)** 本公司的聯名合作夥伴提供之服務和產品（有關服務和產品的申請表/宣傳單張/海報上會提供聯名合作夥伴的名稱，視屬何情況而定）；閣下的個人資料可提供予第三方金融機構、保險公司、醫療機構、電話服務公司、市場營銷或研究服務、獎賞、年資獎勵及優惠計劃服務及/或相關服務作直接促銷。

使用閣下的個人資料進行本公司或任何第三方直接促銷前，本公司必須得到閣下的同意及只有在本公司收到閣下的同意後，本公司才可使用或提供閣下的個人資料作直接促銷用途。閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，地址為香港太古城英皇道1111號太古城中心一座15樓。此後，本公司須停止使用閣下的個人資料作直接促銷之用。

個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明。本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

- Purpose:** Among the personal data collected from you to Tahoe Life Insurance Company Limited/ Tahoe Insurance Services Limited ("the Company"), it is collected for the purpose of: **(i)** processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time; **(ii)** providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates; **(iii)** communicating with you in relation to the administrative purposes; **(iv)** investigating, processing and paying claims made under your insurance policy; **(v)** co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region ("HKSAR"); **(vi)** transferring your Personal Data to any federation or similar organization of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members; **(vii)** statistical or actuarial research; **(viii)** other ancillary purposes which are directly related to the purposes set above.

For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled "Use of Personal Data in Direct Marketing". The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

- Transfer:** Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for purposes set above: **(i)** any related company(ies), including subsidiaries or affiliates of the Company; **(ii)** any other unrelated company carrying on insurance, provisional trustee of mandatory provident fund or reinsurance related business; **(iii)** financial services intermediaries that are authorised by the Company for the distribution of products and services provided by the Company; **(iv)** a claims, investigation or other services provider providing services relevant to your insurance policies; **(v)** relevant industry association and federation that exists or is formed from time to time; **(vi)** any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you; **(vii)** any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR; **(viii)** any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR; **(ix)** your insurance agents, intermediaries or referrers.

- Access:** You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purposes, the Company may use your personal data including name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data for direct marketing by mail, fax, email, telephone or SMS that may include the following classes of services, products and subjects: **(a)** insurance, financial and related services and products; **(b)** reward, loyalty or privileges programmes and related services and products; and **(c)** services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be). Your personal data may also be provided to third party providers of financial, insurance, medical/health, call centre, marketing or research services, rewards, loyalty or privileges program services and/or related services for their use in direct marketing.

Before using your personal data for the purposes of direct marketing conducted by the Company or any third parties indicated in this section, the Company must obtain your consent and only after your consent is received by the Company, the Company may use or provide your personal data for direct marketing purpose. You may, in future, withdraw your consent to the use of your personal data by the Company and any third parties on direct marketing purposes. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong and the Company shall cease to use your personal data for direct marketing purposes.

Amendment to the PICS

The Company reserves the right at any time, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

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.