# Disability Benefit Claim Form
# 傷殘保障賠償申請表

Sun Life Hong Kong Limited (Incorporated in Bermuda with limited liability)
香港永明金融有限公司(於百慕達註冊成立之有限責任公司)

Please submit your **original** claim application to our advisor or send it to us at the following address:
請將您的索償申請**正本**交予理財顧問，或郵寄至以下地址：

Client Service Centre客戶服務中心
Address: G/F, MU Tower B, 18 Hung Luen Road, Hung Hom, Kowloon
地址:九龍紅磡紅鸞道 18 號都大中心 B 座地下
Tel 電話 (852) 2103 8928 Fax 傳真 (852) 2103 8938

| **CONSULTANT'S INFORMATION 顧問資料** | | | |
|---|---|---|---|
| Name 姓名 | District/Branch 區域/分行 | Code 編號 | Contact Phone No. 聯絡電話 |
| Claimed Benefit(s): 索償保障類別 :<br>☐ WP/PB 豁免保費保障 ☐ DI 傷殘入息保障 ☐ Others, please specify 其他，請註明_____ | | | Case Type: 賠償個案類別 :<br>☐New Claim 首次索償<br>☐Further Claim 再次索償 |

## PART I 第一部份

### 1. INSURED'S INFORMATION 受保人資料

| Policy No.保單號碼 | Name of Insured 受保人姓名 | Age 年齡 / Sex 性別 | ID / Passport no 身份証/護照號碼 |
|---|---|---|---|
| | | | |

### 2. DETAILS OF OCCUPATION 工作詳情

a) Occupation and job duties prior to disability 傷殘前之職業及工作職責

b) Name of Employer, Address & Telephone No 僱主名稱、地址及電話

c) Job nature and special machines, tools or equipment used at work (if any) 工作性質及需要使用的特別機器、工具、裝備(如有)

d) Last working date before disability (DD/MM/YY) 傷殘前最後工作日期 (日/月/年)

### 3. DETAILS OF DISABILITY 傷殘詳情

(a) Please describe the signs and symptoms 請描述病徵及症狀

(b) Date of the above signs and symptoms first appeared (DD/MM/YY) 首次出現上述病徵及症狀之日期 (日/月/年)

(c) Date of first consultation (DD/MM/YY) 首次求診日期 (日/月/年)

(d) Final Diagnosis confirmed by the doctor 醫生確定的最後診斷

(e) Name of the doctor / hospital first consulted 首次求診的醫生/醫院名稱

(f) Name of the doctor who made the final diagnosis 作出最後診斷的醫生姓名

(g) Name of usual doctor 慣常求診的醫生姓名

(h) Name and address of hospital admitted for this disability 因此傷殘而入住之醫院名稱及地址

(i) Date of Admission and Discharge (DD/MM/YY) 入院及出院日期 (日/月/年)

(j) Any concurrent claim filed to our Group Department or other insurers? 有否同時向本公司之團體保險部或其他保險公司提出索償？
☐ No 否 ☐ Yes
If Yes, please provide the policy no. & name of the insurers 如有，請列明保單號碼及公司名稱: _____

(k) Does the Insured/ Policy Owner have any income benefit or compensation from the employer and/or government? If "yes", please provide the source of income and date of payment began. 受保人/保單主權人有否接受僱主及/或政府綜緩津貼? 如有，請提供入息來源及開始領取款項之日期。

(l) If the disability is related to an accident, please give the details below. 如傷殘索償與意外有關，請提供以下詳情
i) Date, time and place of incident 事故日期、時間及地點
ii) How did the incident happen? 事故發生的經過及詳情
iii) Which part of the body was injured and the extent of injury? 受傷的身體部位及傷勢?
iv) Was the incident reported to the police? 有否就是次事故報警?
☐ No 否 ☐ Yes, please submit copy of witness statement / police report 有，請遞交口供紙/ 警察報告副本

### 4. OTHERS 其他指示

☐ Please return Certified True Copy of Original Document after processing claim 請於理賠審結後退回正本文件的核實副本

## PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

I/We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and it's related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our licensed insurance broker (if any); (d) to Sun Life's licensed insurance agencies and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and it's related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Client Service Centre, Sun Life Hong Kong Limited, G/F, MU Tower B, 18 Hung Luen Road, Hunghom, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests.

"Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

☐ Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途：-(i) 處理及評估本人/吾等的此項申請及任何其他申請；(ii) 管理本人/吾等所持有的本項及其他產品，並提供相關服務；(iii) 處理及調查索償個案；(iv) 進行客戶調查；(v) 為客戶研究及設計金融、保險或退休金產品；(vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃；(vii) 因上述目的與本人/吾等聯絡；(viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)；及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料，基本個人資料及保單資料，就永明及第三方的退休金、金融及保險產品的推廣資訊，以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意 (包括表示不反對)，否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊，可於下列方格內填上剔號。

永明可為以上任何目的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途 (不論在香港或其他地方) 而提供服務的第三方，包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料)；(b)本人/吾等的銀行作繳款用途；(c) 本人/吾等的持牌保險經紀 (如有)；(d) 永明的持牌保險代理人及強積金中介人；(e) 永明的關連公司 (根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會 (或任何相似的保險公司協會) 及其會員；(g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局；及 (h) 按法例要求或准許的其他人仕。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願，然而倘若未能提供所需個人資料，可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料，有關要求可以書面形式郵寄至香港九龍紅磡紅鸞道 18 號都大中心 B 座地下香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

"永明集團"指永明及其不時之附屬公司、附屬企業和相聯公司（無論是直接的還是間接的）。

☐ 若不同意收取由永明發出的推廣資訊，請於方格內填上剔號。

## DECLARATION AND AUTHORIZATION 聲明及授權

I/WE HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document submitted by me/us in connection with this claim are full, complete and true. (b) **Sun Life Hong Kong Limited** (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim. I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, institution, insurance company, government, private office or person that has any record or knowledge or information of me/ the Insured to disclose, release or transfer to **Sun Life Hong Kong Limited** any such record, knowledge or information. (b) the Company or any of its appointed medical/paramedical examiner or laboratory to perform necessary medical assessment and tests to evaluate the health status of me/the Insured in relation to this application. (c) I specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome (A.I.D.S.) and A.I.D.S. related complex (A.R.C.). This authorization shall irrevocably bind the successors and assignees of me/the Insured and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等聲明及同意下列各點：（甲）本賠償申請表上所載的聲明及答案，以及經本人/吾等簽署之所需的醫療問卷或經本人遞其他文件，均屬真確無訛，詳細完整。 本人/吾等明白倘有任何未知是否於重要事項的資料均須透露。 (乙) 倘本人/吾等未能提供此申請所需資料，可導致**香港永明金融有限公司** (以下稱為「公司」)未能處理此賠償申請。本人/吾等同時授權以下各點：（甲）任何註冊醫生，醫院，診所，保險公司，政府部門或任何其他持有有關本人/受保人之個人資料之人士或機構, 向**香港永明金融有限公司**或其代表透露, 發放或轉交任何有關資料。(乙)公司或公司指定之醫護人員或化驗所，可就此申請，對本人/受保人進行所需之醫療評估及測試以審核本人/受保人之健康狀況。(丙) 本人/吾等特此授權上述人士或機構透露任何關於傳染性疾病及感染的所有資料，包括但不限於任何經接觸傳染之疾病、人類免疫力缺乏病毒(HIV) 感染、後天免疫力缺乏病 (愛滋病)及愛滋病有關發症。此授權對本人/受保人之繼承人或受讓人具有約束力。即使本人/受保人死亡或無行為能力，此授權書仍有效力。此授權書的影印本與正本具同等效力。

| | | |
|---|---|---|
| Signature of Policy Owner 保單主權人簽署 X<br>Name (in block letters) 姓名 (大寫) | ID / Passport No.<br>身份證 / 護照號碼 | Date (DD/MM/YY)<br>日期 (日/月/年) |
| Signature of Insured 受保人簽署 X<br>Name (in block letters) 姓名 (大寫) | ID / Passport No.<br>身份證 / 護照號碼 | Date (DD/MM/YY)<br>日期 (日/月/年) |

The information you provide will be treated as your latest contact details and applied to all policies under your name. 您所填寫的資料將被視作最新聯絡資訊，並套用至您名下的所有保單。

Email 電郵地址 _____ Mobile 手提 (  )

If no update is available, your existing contact number(s) and/or email address(es) (if provided) will be retained. 如此項並無更新，我們將沿用記錄中聯絡電話及/或電郵地址(如適用)。

Please provide at least 1 mobile number and include the country code for each number, else it will be defaulted to 852 (Hong Kong). 請提供最少一個手提號碼，所有電話號碼須包括國家代碼，如沒有，國家代碼將會設定為852(香港)。

## POINTS TO NOTE 注意事項

1. Please do not sign on blank form 請勿在空白表格上簽署
2. This form has to be signed by both the Policy Owner and the Insured. If the Insured is under age 18, then by the Policy Owner only. This form must be returned to the Company within 180 days from the commencement date of disability 此表格需由保單主權人及受保人簽署，如受保人未滿 18 歲 ，則只需由保單主權人簽署，並需於傷殘後 180 天內交回公司
3. Please answer ALL the questions on Part I of this claim form 請回答申請書第一部份的所有問題
4. Please check if the following documents which are normally required have been enclosed 請核對以下所一般所需文件是否經已附上
   (i) ID card copy of the Policy Owner (if no record in our company before) 保單主權人之身份證副本(如從未曾於本公司存檔)
   (ii) Original Receipts if medical reimbursement required 正本醫療收據，如需索償醫療費用賠償
   (iii) Attending Physician's Statement (Part II) completed by the attending doctor 由主診醫生填妥的醫事報告(第二部份)
   (iv) Other supporting documents, such as discharge summary, referral letter, sick leave certificate, physiotherapy report, pathological report and laboratory reports etc. 其他証明文件，例如出院總結、轉介信、病假紙、物理治療報告、病理報告及化驗報告等
5. We reserve the right to ask other supporting documents if deemed necessary. 如有需要，本公司保留要求遞交其他証明文件之權利

**PART II – Attending Physician's Statement (To be completed by the registered medical practitioner at the Claimant's expense)**

**第二部份 – 醫事報告〔由註冊醫生填寫，所需費用由索償人支付〕**

**Policy No.** _____

| 1. Name of Patient 病人姓名 | 2. Sex/Age 性別 / 年齡 | 3. I.D. No. 身份証號碼 |
|---|---|---|
| | | |

4. (a) Are you the patient's usual doctor?
閣下是否病人的慣常醫生？

☐ No 否 ☐ Yes, since 是, 自 _____(MM/YY 月/年)

(b) Date of first consultation to you relating to this medical condition/injury (DD/MM/YY)
病人首次就是次之病症/傷勢向閣下求診日期 (日/月/年)

(c) Signs and Symptoms at the consultation
求診時之病徵及症狀

(d) Date of Signs and Symptoms first appeared according to the clinical records of the patient (DD/MM/YY)
根據病人之病歷，首次出現病徵及症狀之日期 (日/月/年)

(e) Final Diagnosis
最後診斷

(f) Date of Diagnosis (DD/MM/YY)
診斷日期 (日/月/年)

(g) Underlying causes leading to such medical condition/injury
潛在原因導致該病症/傷勢

(h) Was the patient referred to you by another doctor?
病人是否經其他醫生轉介到閣下？

☐ No 否 ☐ Yes, Name & Address of the referral doctor 是， 請提供轉介醫生姓名及地址

(i) Did you refer the patient to other doctor or hospital?
閣下是否轉介該病人往其他醫生或醫院？

☐ No 否 ☐ Yes, Name & Address of the doctor or hospital 是，請提供醫生或醫院名稱及地址

(j) If this disability was caused by an accident, please give the details below
若是次住院/治療因意外引致，請提供以下詳情

i) Date of accident (DD/MM/YY) 意外日期 (日/月/年)

ii) Cause of accident 意外原因

iii) Part of body injured and extent of Injury 身體受傷之部位及受傷程度

5. Type of diagnostic procedures, medication, treatment or operation required. (For example, x-ray, suturing, physiotherapy, etc.)
病人曾接受的診斷程序的類別、藥物、治療或手術 ( 如：X 光、縫針、物理治療等)

| **Date 日期** | **Investigation/ Result 檢查/ 結果** | **Medication/ Treatment/ Operation 藥物/治療/手術** |
|---|---|---|
| | | |

6. Was the patient admitted into hospital? If "yes" please give details.
病人曾否入院？ 如「是」，請提供詳情。

| **Name of Hospital 醫院名稱** | **Hospitalization Period 住院日期** | **Investigation / Surgery / Treatment 檢查/手術/治療** |
|---|---|---|
| | | |

7. Details of treatment 治療之詳情:

| | **Dates/Period (DD/MM/YY) 日期 / 時段(日/月/年)** | **Frequency 次數** | **Progress / Condition 康復情況** |
|---|---|---|---|
| ☐ Operation 手術 | | | |
| ☐ Physiotherapy 物理治療 | | | |
| ☐ Occupational Therapy 職業治療 | | | |
| ☐ Chemotherapy 化學治療 | | | |
| ☐ Radiotherapy 放射治療 | | | |
| ☐ Others, please give details 其他詳情 | | | |

8. Subsequent consultations date and conditions 覆診日期及康復情況

| **Date 日期** | **Conditions / Impairment 情況/身體缺陷** | **Treatment 治療** | **% of recovery 康復程度** |
|---|---|---|---|
| | | | |

9. (a) What is the occupation and job nature of the patient before disability? 病人傷殘前的職業及工作性質是什麼?

(b) Total sick leave period granted for this medical condition/injury 是次病症/受傷而獲發之病假

From 由_____(DD/MM/YY日/月/年) to 至 _____(DD/MM/YY日/月/年)

(c) When was the last consultation date of the patient (DD/MM/YY) 最後求診日期(日/月/年)

(d) What was the condition of the patient at the time of last consultation? 請描述最後求診時的傷殘情況

(e) Has the patient reached maximum medical improvement? 病人是否已到達醫療上可復原的極限? ☐ No 否 ☐ Yes 是

(f) What is the current degree of Physical Impairment of the patient?病人於最後求診時之傷殘情況為

☐ Class 1 第一級 No limitation of functional capacity & capable of heavy work 可從事任何體力勞動工作
☐ Class 2 第二級 Some limitation of functional capacity & capable of medium manual work 可從事中度體力勞動作
☐ Class 3 第三級 Slight limitation of functional capacity & capable of light manual work 只可從事輕度體力勞動工作
☐ Class 4 第四級 Moderate limitation of functional capacity & capable of clerical/administrative work 只能從事文職工作
☐ Class 5 第五級 Serious limitation of functional capacity & capable of minimal activity 不可從事任何勞動或文職工作

(g) What is the current degree of Mental / Nervous Impairment of the patient if applicable? 病人於最後求診時之心理/精神狀況為

☐ Class 1 第一級 No limitation, able to function under stress and engage in interpersonal relations
沒有任何限制，能正常處理壓力及人際關係
☐ Class 2 第二級 Slight limitations, able to function under most stress situations and engage in most interpersonal relations
輕微局限，能處理大部份的壓力及人際關係
☐ Class 3 第三級 Moderate limitations, able to engage in limited stress situations and limited interpersonal relations
中度限制，能處理有限的壓力及人際關係
☐ Class 4 第四級 Marked limitations, unable to engage in stress situations or engage in interpersonal activities
明顯局限，無法處理壓力及人際關係
☐ Class 5 第五級 Severe limitations, significant loss of psychological personal and social adjustment
嚴重局限，喪失處理個人和適應社會的能力

(h) What is the main problem that restricted the patient from resume work? 導致病人未能恢復工作之原因？

(i) The expected date to resume duty (DD/MM/YY) 預計復工日 (日/月/年):

10. Please circle the following factors which is associated with the illness / injury and provide details. 請圈出與是次病症 / 受傷有關的下列因素並詳述。

Accidental bodily injury / the abuse of drugs or alcohol / AIDS or HIV related illness, venereal or sexually transmitted disease / pregnancy, infertility or sterilization / refractive error / cosmetic or plastic surgery / mental or nervous disorder / congenital condition / hereditary condition / developmental condition / self-inflicted injury / general check-up or vaccination / none of the above.
意外身體損傷 / 濫用藥物或酒精 / 後天免疫力缺乏症(AIDS)或任何人體免疫力缺乏病毒(HIV)有關的疾病、性病或性接觸傳染病 / 懷孕、不育或絕育 / 視線折射誤差/ 整容或整形外科 / 精神或神經錯亂 / 先天性疾病 / 遺傳性疾病 / 發育性疾病 / 自招損傷 / 例行身體檢驗或注射 / 以上所列均不符合

Details 詳情：

I hereby certify that, having personally examined and treated the above-named patient for the above illness/injury, the facts as give above represent my opinion of his / her condition. 本人在此聲明， 本人檢查及治療此病人之傷病，以上之所陳述乃本人對病人健康狀況之意見

| | | | |
|---|---|---|---|
| Signed 簽名: | | Name of physician (with stamp)<br>主診醫生的姓名(蓋印): | |
| Qualifications 資歷: | | Address 地址: | |
| Date 日期: | | Telephone Number 電話號碼: | |