



# 時代女性/聰慧女性保障賠償申請表 TIME LADY / SAVVY LIFE LADY INSURANCE CLAIM FORM

保單持有人姓名 Name of Policyholder	受保人姓名 Name of Insured	保單號碼 Policy No.
受保人身份證/ 護照號碼 I.D. / Passport No. c	of Insured	
保險仲介人資料 INSURANCE INTERN	MEDIARY INFORMATION	
保險仲介人姓名 Name of Insurance Intermedian	у	
保險仲介人編號 Insurance Intermediary Code	聯絡電話 Contact No.	

## 重要須知 IMPORTANT NOTE

- 此表格適用於申請「婦女疾病保障」及「新生嬰兒獎賞」。This form is applicable for "Female Disease Benefit" and "New Born Baby Bonus".
- 請以正楷填寫本申請表。任何資料如有更改、受保人及保單持有人/索償人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured & Policyholder / Claimant in full signature.
- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 本申請表第一部分必須由受保人及保單持有人/索償人填寫·並需於受保人確診受保疾病及接受首次治療起計九十日內連同有關之證明文件呈交本公司。Part I of this form must be completed by Insured and Policyholder/Claimant and returned to the Company within 90 days (both days inclusive) from the date when the Insured is diagnosed with the covered illnesses and has received the initial treatment along with the relevant supporting document(s).
- 如受保人為十八歲或以上,受保人及保單持有人必須親自填寫及簽署本申請表,如受保人為十八歲以下,本申請表應由保單持有人及受保人之合法監護人填寫及簽署。如受保人/保單持有人因傷殘不能書寫,其直系親屬可代為填寫本申請表及簽字,並提供關係證明及醫生證明。 If the Insured is at or above age 18, the Insured and Policyholder must complete and sign this form by his or her good self. If the Insured is under age 18, this form should be completed and signed by Policyholder and the insured's legal guardian. In the event that the Insured/ Policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 保單持有人之簽署必須與本公司之紀錄相同。The signature of the Policyholder must be the same as the Company's record.
- 保險仲介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 如有任何查詢·請與閣下的保險仲介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需檔請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 字樓 / 中國深圳市福田區福田路 24 號海岸環慶大廈 35 樓。If you have any queries, please feel free to contact your Insurance Intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Co. Ltd., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong or 35/F, Hai An Huan Qing Building, 24 Futian Road, Futian District, Shenzhen, China.
- 本公司有權隨時更新此申請表,並拒絕未符合本公司要求的申請表。請登入本公司網站 <u>www.chinalife.com.hk</u> 瀏覽及下載最新版本。
  The Company has the right to update this form from time to time and reject the form if the Company's requirements are not fulfilled. Please visit our website <u>www.chinalife.com.hk</u> to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處,一概以中文版本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version, the Chinese version shall prevail.



		保單號碼	Policy No.											
第-	一部份 - 索償資料 (由受保人/保單持有	百人/索償人填寫)												
	PART I – PARTICULARS OF CLAIM (To be completed by Insured/Policyholder/Claimant)													
	一般資料 GENERAL INFORMATION													
1	受保人年齡及性別 Age and Sex of Insured		聯絡電話 Conf	act Ph	one N	0:								
2	索償保障類別 Nature of Claimed Benefit(s)  ■ 新生嬰兒獎賞 New Born Baby Bonus													
	■ 第一名嬰兒 1st Born Baby		■ 第二名嬰	<b>兒 2</b> nd ▮	Rorn R	ahv								
	•	E日期(年/月/日) Da				性別 Se	ex 🗄	出生證	明書號	虎碼 Bir	rth Cer	tificate	No.	
	■ 嬰胎保障 Fetus & Infant Protection													
	■ 乳房及女性生殖系統之原位癌 Carcino	ma in citu of Breact	and Famala Canit	al Svet	am									
	■ 乳房及叉性 至短系統之 原位			ai Sysii	5111									
	□ 懷孕期併發症 Complications of Pregnancy	Liyarematosus with	Lupus Mophilius											
	□ 宮外孕 Ectopic Pregnancy		□ 萄葡萄	抬 Hvd	atidifor	m Mole								
	□ 血管內瀰漫性凝血 Disseminated In	travascular Coaqula		•		stpartu		chosis						
	■ 嬰兒先天性異常 Congenital Anomalies	Ů				•	,							
	■ 唐氏綜合症 Down's Syndrome		□ 腦脊	膜突出	Spina	a Bifida								
	□ 食道閉鎖及食道氣管漏 Oesophage	及食道氣管漏 Oesophageal Atresia & Oesophago Tracheal Fistula												
3	職業(必須填寫) Occupation (Compulsory)		行業(	必須切	真寫) E	Busines	ss (Co	mpulso	ory)					
B. }	病症性質及有關資料 NATURE OF ILLNES	S AND RELATED	INFORMATION	l										
1	請描述病徵 Please describe symptoms													
2	首次出現病徵日期 Date of symptoms first ap	peared É	₹ Year	ı	1	月 Mo	onth	1	日	Day	1			
3	首次求診之醫生姓名/醫院 Name of physicia	n / hospital first co	nsulted for the a	bove c	onditi	on								
	首次求診日期 Date of first consultation:	Í	<b>E</b> Year			月 Mo	onth		日	Day				
	醫生/醫院名稱及地址 Name & Address of Phys	sician/Hospital		ı		_		ı			I			
4	其他曾診治此症或過往類似病況的醫生/醫	 院資料 Other phy	sicians/hospital (	consul	ted for	this o	r simil	ar cond	ditions					
	求診日期 Date of consultation:	É	<b></b> Year			月Md	onth		日	Day				
	醫生/醫院名稱及地址 Name & Address of Physics	sician/Hospital		l			l	ı						
5	您的直系親屬中曾否患有相同或類似的疾 疾病的名稱及首次被診斷患有該疾病的							_	- V		_	7 -		
	suffered from a similar or related illness? If y and the date when the illness was first diagnos	es, please state re						ш	是 Ye	S	L	否	N0	
	請註明 Please Specify													
		- IM a 1	1/11 1/4/ /== 1:-1											
6	您有否因同一事故曾/將會向其他保險公司 claim from other insurance company for the sa					ned/ wi	ll you		是 Ye	s		否	No	
	保險公司名稱 Name of Insurance Company	,	保單號碼 Polic							保障金	額 Ty	pe & A	mount	
							0	f benef	it					

		保單號碼	Policy No.										
C. 賠	款方式 PAYMENT METHODS												
	專宗理賠申請選擇一項理賠支付方式。 nent option for each claim submission. For a ediary.												
	将種選擇 PAYMENT CURRENCY OPTION	Ⅰ (如無註明,賠款	~ 『將以港幣發放	• If n	ot spec	cified, p	aymen	t will be	issue	d in HK	D. )		
	保單貨幣 Policy Currency	答 Hong Kong Dollar											
1	自動入賬 DIRECT CREDIT												
	銀行名稱 Name of bank	行編號 Bank Code	分行編號 Bra	nch Co	de	戶口	號碼 A	ccount	No.				
	賬戶持有人姓名(中文) (必須為受保人 Name of bank account holder (Chinese) (Ins		賬戶持有人好 Name of bank a						nly)		1 1	ı	
П	轉數快 FPS												
	轉賬至本地銀行之賬戶 TRANSFER TO	ACCOUNT IN LOCAL	BANK										
	轉賬至本公司已登記之預設收款賬戶	TRANSFER TO DEFA	ULT PAYMENT A	CCOU	NT RE	GISTEI	RED IN	OUR	COMPA	ANY			
備記	<b>±</b> :												
2. info of a 3.	銀行賬戶持有人必須為受保人。Bankが 倘未有足夠資料顯示銀行賬戶持有人 mation to identify the ownership of bank acc is crossed cheque. 如選擇以「轉數快」方式領款 If you c 3.1. 「轉數快」只適用於實付貨幣為 for payment in HKD or CNY. The maximum 3.2. 請注意人民幣幣種僅適用於人民 如選擇以「轉賬至本地銀行之賬戶」 4.1. 需提供賬戶證明檔·如印有賬戶 card/monthly statement/ passbook with accc 4.2. 如賠款為港元或人民幣以外幣種 HKD or CNY, bank charge and losses cause 4.3. 如轉賬不成功·相關手續費用及 would be deducted from the payment amou	為受保人或因故未count belonging to the I hoose to receive the pa港元或人民幣的申請amount of each transac幣保單。 Please not方式領款 If you choos持有人姓名/名稱及即ount holder name and action 銀行所收取的代价ed by exchange rate ass	能成功自動入 nsured or direct or yment by "FPS", 青·每筆交易金 tion is HKD/CNY e that CNY current se to receive the particle. 最戶號碼的銀行 cocount no. is request 可手續費及匯率 sociated with the tat 次項中自動扣除	eadit ha 额上际 5,000,0 ncy is on paymen fr卡/月 nired. 類失知 ransaci (如遊	限為港 000. nly app it by "T 結單/i	d for ard standard for an ard standard for an ard standard for an ard standard for ard sta	人民幣 for CN to acco Proof c	S 5,000 Y policy ount in of bank 然擔(梦 by the r	payme 0,000。 y. local ba accour 知適用 ecipier	"FPS ank", at docur ) • If t at (if ap	be issues  S" is coment(s)  the payplicable	ed in the only appropriately, such a second in the content is second in the content in the conte	ne form plicable as bank s not in
	電匯 TELEGRAPHIC TRANSFER 可於 <a href="https://www.chinalife.com.hk/zh-hk/cus">https://www.chinalife.com.hk/zh-hk/cus</a> Please download "Claim Remittance Servic claim										vnload/i	ndividu	ıal-
	大灣區廣發銀行跨境匯款服務 GREAT 可於 https://www.chinalife.com.hk/zh-hk/cus 大灣區廣發銀行賬戶客戶)」Please di CGB's Account Holder)" from https://www.ch	stomer-service/forms-do ownload "Claim Cross E	ownload/individual Border Remittance	<u>-claim</u> Servic	下載 e Appl	「理則 ication	音跨境 Form (	Only A			•		
2	本地銀行劃線支票 HK LOCAL CROSS	ED CHEQUE											
	親自到灣仔客戶服務中心提取 Collect (如保單是透過網上銷售方式購買·而件親臨本公司客戶服務中心收取支票 payment will be made by cheque. The Policy 授權第三者(代領人)到灣仔客戶服務中	可保單持有人尚未完 。 If the Policyholder /holder should collect th	成身份認證.貝 purchased the po e cheque at our C	川賠款 blicy on Custome	須以豆 line, a er Serv	支票形 nd has vice Ce	not co	mplete presen	d the id	dentity e identi	verifica	ition, th	
	代領人姓名 Name of authorized person	. S at a strong	代領人聯絡電 Contact no. of at	話			14	領人	身份證	igen Bystand p		j	

C. J	語款方式(續) PAYMENT METHODS (Continued)	
2	本地銀行劃線支票(續) HK LOCAL CROSSED CHEQUE (Continued)	
	郵寄至保單登記的通訊地址 Mail to correspondence address registered in our Company	
	經保險仲介人轉遞 Deliver via Insurance Intermediary	
	親自到銀行分行領取 (請指定銀行分行) Collect cheque at branch in person (Please state the branch)	
	銀行分行 Branch	
3	其他 OTHERS	
	資金調配至保單 FUND TRANSFER TO POLICY 僅適用於同一領款人名下生效之保單,請指定保單號碼。抵付保費時已包括保費徵費。Only applicable to in payee, please specify the policy no The Premium Levy has been included into the Premium Payment.	nforce policy under the same
	非劃線支票 / 匯票 UNCROSSED CHEQUE / DEMAND DRAFT 可於 <a href="https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim">https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim</a> 下載「特別領取方式申請表」Payment Arrangement Request Form" from <a href="https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim">https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim</a>	·
D. §	索償所需文件清單 CLAIM DOCUMENT CHECKLIST	
- 🗸	Ź基本文件 Basic Documents;● 附加檔 Additional Documents;× 不適用 Not Applicable	
	索償所需文件(文件的核實正本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centres)	時代女性/聰慧女性 保障賠償 Time Lady /Savvy Life Lady Insurance Claim
	由閣下填妥並簽署之本申請表第一部份 Part I of this form completed and signed by your good self	✓
	由主診醫生填寫之賠償申請表第二部份應診醫生報告書 Claim Form Part II - Attending Physician's Statement to be completed by the attending physician	✓
	如申請新生嬰兒獎賞或嬰兒先天性異常·請同時遞交新生嬰兒之出生證明書副本 For application of New Born Baby Bonus or claims for Congenital Anomaly Benefits, a copy of the new born baby's Birth Certificate is required.	✓
	閣下應提供有關之病歷卡、各項化驗檢查及診斷結果報告等參考資料予本公司 References such as the Patient's Card, diagnostic or laboratory reports should be submitted.	•
	共同申報準則之自我證明表格(理賠適用) Self-Certification Form (For Claims) for Common Reporting Standard (CRS)	•
	受保人及保單持有人之身份證明文件(核實正本) ID of Insured and Policyholder (Certified True Copy)	•
E. (	固人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT	
https: that I the P	/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的地 ://www.chinalife.com.hk/zh-hk/privacy-policy/personal-information-collection-statement-clio_下載或向中國人壽保險(海外)股份列 /we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Li ICS, it can be downloaded from https://www.chinalife.com.hk/zh-hk/privacy-policy/personal-information-collection-statement-clio or is ma <b>收取個人壽險保費徵費 COLLECTION OF PREMIUM LEVY ON INDIVIDUAL LIFE INSURANCE POLICIES</b>	有限公司索取。I/We confirm mited. For the latest version of
	/我們謹己收悉:貴公司就保險業監管局要求並授權向每位保單持有人所持有的有效保單徵收「保費徵費」(下稱「	一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一一

保單號碼 Policy No.

HK-CL-ICLA04/202511-01

將會全數轉交予該局。保險業監管局亦可以根據相關條例·將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。有關收取徵費的詳情·請瀏覽中國人壽(海外)股份有限公司的網頁 <a href="https://www.chinalife.com.hk/zh-hk/customer-service/useful-information/premium-levy">https://www.chinalife.com.hk/zh-hk/customer-service/useful-information/premium-levy</a>。 I/We hereby notified that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy ("Levy") from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at <a href="https://www.chinalife.com.hk/customer-service/useful-information/premium-levy">https://www.chinalife.com.hk/customer-service/useful-information/premium-levy</a>.

仴	R單號碼 Policy No.					

### G. 聲明及授權 DECLARATION AND AUTHORIZATION

#### 授權 Authorization

本人/我們,受保人/保單持有人/索償人,代表本人/我們/尚未成年之受保人(如有)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、政府部門,或凡可能知道或具有任何有關本人/我們/尚未成年之受保人之紀錄、認識或資料的其他機構、組織或人士,均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」); (2)貴公司或任何其指定之醫療/輔助醫療檢查員或化驗所,可就本索償申請替本人/我們/尚未成年之受保人進行所需之醫療評估及測試,作為審核本人/我們/尚未成年之受保人之健康狀況。此授權對本人/我們之繼承人及授讓人具有約束力。此授權書的影印本與正本均有同等效力。I/We, the Insured/Policyholder/Claimant, represent me/ us/ the Insured under 18 years old (if any) HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, government department, or other organization, institution or person that may be aware of or has any records, knowledge or information of me/us/ the Insured under 18 years old to disclose, release and transfer such information to China Life Insurance (Overseas) Co. Ltd ("the Company"); (2) the Company or any of its designated medical / para-medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ ourselves/ the Insured under 18 years old in relation to this claim application. This authorization shall bind the successors and assignees of me/us. A photocopy of this authorization shall be as valid as the original.

#### 聲明 Declaration

本人/我們,受保人/保單持有人/索償人,謹此聲明及同意(1)上述一切陳述及問題的所有答案,不論是否本人/我們親手所寫,就本人/我們所知所信,均為事實之全部並確實無訛;本人/我們明白倘未知任何一項是否重要,本人/我們均須將其事實在本申請表上說明;(2)本人/我們對任何人所作出之任何聲明,除在本申請表上填寫或印出及經貴公司發表和批准外,貴公司不須受其約束。若相關人士不能提供任何本申請表所需的資料,貴公司可能因此不能審核及處理本索償申請;(3) 如本人/我們提供的資料有任何不實及/或遺漏之處, 貴公司有權拒絕本索償申請及/或要求本人/我們退回任何已賠償之金額。(4) 本人/我們同意賠償貴公司任何因本人/我們提供之資料為虛報、誤導或不完整所導致的任何損失、索償或法律行動。I/ We, the Insured/Policyholder/Claimant HEREBY DECLARE and AGREE that (1) all the foregoing statements and answers to all questions whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true; I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I/ we may have made to any person unless it is written or printed here and is presented and approved by the Company. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim; (3) I/We understand that if any information given is untrue and/or has been withheld, the Company reserves the right to decline my claim application and/or request a refund of any claim amount paid. (4) I/We agree to indemnify the Company against any loss, claim and action resulting from any false, misleading or incomplete information provided by me/us.

# H. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

··· × × × ( 11.2 × × ) • • • · · · · · · · · · · · · · · · ·													
		、(年齢 18 歲豆			持有人/索		見證人						
	Insured(w	hose age is 18	3 or above)	Policy	yholder / Clai	mant*		Witness					
簽署 Signature													
姓名 Name													
身份證/護照號碼 I.D. Card / Passport No.													
	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day	年 Year	月 Month	⊟ Day				
日期 Date			-			-			-				
*索償人與受保人/保單持有人關係 *Relationship with Insured/Policyholder													