



# Claim form (Critical illness/Female products insurance) 索償申請表 (危疾/女性保障)

Private and confidential 私人及保密文件

## Important notes 重要事項

- Please fill the circle in full for appropriate place.  
請於適當的位置填滿圓圈。
- Please delete where inappropriate.  
請刪去不適用者。
- Please fill in correct policy number.  
請填上正確之保單號碼。
- Please fill in the full name as shown on HKID card/identification document.  
請填寫香港身份證/身分證明文件上的全名。
- Please make sure that the signature of the life insured/policyholder is consistent with that in the policy application form.  
請確保此表格上受保人/保單持有人之簽名與保單申請書之簽名一致。

Name of licensed  
insurance intermediary  
持牌保險中介人姓名

Contact no. of licensed  
insurance intermediary  
持牌保險中介人聯絡號碼

## Section A 部 : Personal information 個人資料

Policy no.  
保單號碼

Mr. 先生  Mrs. 太太  Ms. 女士 Name of policyholder 保單持有人姓名

HKID card no./Passport no.  
香港身份證號碼/護照號碼

Date of birth 出生日期  
Day日 Month月 Year年

Nationality  
國籍

Mr. 先生  Mrs. 太太  Ms. 女士 Name of life insured 受保人姓名

HKID card no./Passport no.  
香港身份證號碼/護照號碼

Date of birth 出生日期  
Day日 Month月 Year年

Nationality  
國籍

Mr. 先生  Mrs. 太太  Ms. 女士 Name of claimant 索償人姓名

HKID card no./Passport no.  
香港身份證號碼/護照號碼

Date of birth 出生日期  
Day日 Month月 Year年

Nationality  
國籍

Claimant's residential address  
索償人住址

Claimant's correspondence address (if different from residential address)  
索償人之通訊地址 (如與住址不同)

Claimant's relationship with the life insured  
索償人與受保人關係

Claimant's contact no.  
索償人聯絡號碼

Policyholder's email address  
保單持有人的電郵地址

This email address will be updated and recorded for future email communication in respect of ALL your policies. Please fill the circle in full if you agree.  
此電郵地址將被更新以作閣下所有保單的通訊電郵。如同意，請填滿圓圈。



2ZK-CLM-CLF-00027-ET-0123

1. Does the policyholder/life insured/claimant currently file tax return in the USA?  Yes 是  No 否  
If "Yes", please complete and submit "Form W9". Please specify the name of claimant(s) below.  
保單持有人/受保人/索償人現時有否於美國報稅? 若「是」, 請填妥及遞交「W9」表格並註明該索償人姓名如下。  
Name of claimant  
索償人姓名
2. a. Is the policyholder/life insured/claimant a Hong Kong tax resident? (If "Yes", the Taxpayer Identification No. ("TIN") is your HKID card no.)  Yes 是  No 否  
保單持有人/受保人/索償人是否香港稅務居民? (若「是」, 稅務號碼是閣下之香港身份證號碼)
- b. Is Hong Kong the only tax jurisdiction of residence the policyholder/life insured/claimant belong to?  Yes 是  No 否  
香港是否為保單持有人/受保人/索償人唯一所屬的稅務居留司法管轄區?
- c. If the answer to question 2b is "No", please complete a separate form of Automatic Exchange of Information.  Yes 是  No 否  
如2b之答案為「否」, 請提交一份自動交換資料表格。
3. Life insured's job nature, and the name and address of his/her last employer  
受保人現時之工作性質, 僱主及公司地址
4. Name(s) of other insurer(s) that the life insured had ever held any insurance policy(ies) during his/her lifetime  
受保人曾經或現有投保之其他保險公司名稱

## Section B 部 : Details of illness/injury and health history of the life insured 受保人的有關疾病或傷勢之詳情及過往健康紀錄

1. Date of diagnosis/accident  
診斷或意外日期
2. Nature of illness/injury  
診斷結果或受傷部位
3. If the incident was reported to the police, please provide the name of the police station and the case reference no.  
如事件已交由警方處理, 請提供警署名稱及檔案號碼
4. Name of hospital(s) in which the life insured has been confined or physician(s) consulted for such illness/injury  
請列出因此疾病或意外受傷而就診之醫生或醫院名稱
5. Name of life insured's family doctor and/or hospital whom/which most often provides consultation to the life insured  
請列出受保人過往經常就診之醫生或醫院名稱

## Section C 部 : Payment details 付款詳情

By signing this form and filling in the payment instruction below, I declare the following:

本人現簽署此表格及填寫以下付款方法, 並作以下聲明:

- a. I am aware of the potential tax obligations imposed by any jurisdiction, to which I may be subject, as applicable to me for any payment made or proposed to be made herein, in particular, in relation to tax obligations in Hong Kong and China;  
本人明白本人可能受到適用於本人的任何司法管轄區, 就此表格的任何付款或建議付款, 所施加的潛在稅項義務, 特別是有關香港和中國內地的稅項義務;
- b. I confirm that I have complied with my tax obligations;  
本人確認遵守了本人的稅項義務;
- c. I understand that I shall obtain independent tax advice in relation to the policy; and  
本人明白本人應就保單尋求獨立稅務建議; 及
- d. Where applicable, I confirm that any proceeds I may receive from this policy will at all times comply with all and any relevant laws pertaining to or relating to capital transfers and foreign exchange control.  
在適用的情況下, 本人確認從保單所收到的任何款項將於任何時候均遵守所有及任何有關資本轉移及外匯管制的法律。

- Credit to designated local bank account<sup>1</sup> (HK and Mainland China resident only) (and do not accept joint bank account for single claimant):  
轉賬至指定本地銀行賬戶<sup>1</sup> (只限香港和中國內地居民) (及單一索償人恕不接受聯名銀行賬戶):

The payment requested above shall be converted into 本人要求將上述款項折算為下列貨幣

HKD 港元  USD 美元  GBP 英鎊  AUD 澳元  EUR 歐元

Account holder name

賬戶持有人姓名

Name of bank

銀行名稱

Bank account no.

銀行賬戶號碼

Bank no. 銀行號碼	Branch no. 分行號碼	Account no. 戶口號碼

- Credit to overseas bank account<sup>2</sup> (located in the region where the life insured/assignee (if policy assigned) resides, no cross-border payments is allowed)

轉賬至海外銀行賬戶<sup>2</sup> ( 只可轉賬至受保人或受讓人 ( 如保單已轉讓 ) 所居住的地區 )

The payment requested above shall be converted into 本人要求將上述款項折算為下列貨幣

USD 美元       GBP 英鎊       AUD 澳元       EUR 歐元

Name of bank

銀行名稱 \_\_\_\_\_

Bank sort code

銀行類型編號 \_\_\_\_\_

Account no.

賬戶號碼 \_\_\_\_\_

Bank address

銀行地址 \_\_\_\_\_

IBAN no.

編號 \_\_\_\_\_

Swift BIC \_\_\_\_\_

If no specified, the payment will be issue in HKD cheque and mail to the life insured/assignee's correspondence address (HK and mainland China resident only).

如沒有提供收款方式，款項將會以港元支票寄出至受保人/受讓人的通訊地址 ( 只限香港及中國內地居民 ) 。

- <sup>1</sup> Please provide the bank account proof such as bank statement or bank passbook. If no proof is submitted or insufficient information, the amount may be paid by cheque.

請提供銀行賬戶證明，例如銀行結單或銀行存摺。倘若未能提供有關證明或資料不足，發放之金額將有可能以支票形式附上。

- <sup>2</sup> Please provide bank name, bank sort code, account no., bank address, IBAN no. and Swift BIC.

請提供銀行名稱、銀行類型編號、賬戶號碼、銀行地址、IBAN 編號及 Swift BIC。

## Section D 部 : Required documents 所需文件

1. Certified copy\* of Hong Kong permanent identity card  
已核實的香港永久性居民身份證副本\*
2. Certified copy\* of valid passport if the life insured/assignee holds foreign nationality  
已核實的有效護照副本\*，如受保人或受讓人持有外國國籍
3. For Zurich Assurance Ltd - Certified copy\*/Original of recent three months proof of permanent residential address such as utility bills, bank statements, tax returns, etc.  
Zurich Assurance Ltd - 已核實的最近三個月永久居民地址證明副本\*/正本，如公營業務單據、銀行結單、稅單等
4. Bank account proof such as bank statement or bank passbook copy (if claim payment to be made by autopay or telegraphic transfer)  
銀行賬戶證明，例如銀行結單或銀行存摺副本 ( 如賠款選擇以銀行轉賬或電匯支付 )
5. Policy document or lost of policy declaration (If claim for 100% of sum insured)  
保單正本或遺失保單聲明書 ( 倘若索償之保額為 100% )
6. Critical Illness/Female products attending physician statement (Please complete the relevant physician statement)  
由主診醫生填寫之危疾/女性保障聲明文件 ( 請填寫有關索償項目之醫療文件 )
7. Relevant medical test report(s) (e.g. Histopathological, X-ray, ECG, MRI, CT Scan etc.)  
有關之醫療報告 ( 例如：病理診斷報告、X光片、心電圖、磁力共振、電腦掃描等 )

\* Suitable certifier:

適合核實人：

- a. a registered insurance intermediary in Hong Kong  
香港註冊保險中介人
- b. a member of the judiciary in an equivalent jurisdiction  
在對等司法管轄區的司法人員
- c. an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity  
發出身分核實文件的國家的大使館、領事館或高級專員公署的人員
- d. a justice of the peace  
太平紳士
- e. a solicitor practicing in Hong Kong  
在香港執業的律師
- f. a certified public accountant practicing in Hong Kong  
在香港執業的執業會計師
- g. a trust company registered under Part VIII of the Trustee Ordinance carrying on trust business in Hong Kong  
根據《受託人條例》第VIII部註冊並在香港經營信託業務的信託公司
- h. overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business  
在對等司法管轄區經營業務或執業的律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者、經營信託業務的信託公司

### Note 註

We reserve the right to seek further documentation or information which we consider necessary for processing your claim.

如有需要，我們保留權利向閣下索取進一步文件或資料作審核。

Upon submission of the required documents, your claim will be processed by our Life Claims Department. Should you have any questions, please call our Life Claims Hotline at +852 2535 3502 or visit <https://www.zurich.com.hk/en/customer-services/contact-us/e-form/life-claims>.

閣下的索償申請表格將由理賠部 ( 人壽業務 ) 處理。若有任何查詢，請致電我們的理賠熱線+852 2535 3502或前往 <https://www.zurich.com.hk/zh-hk/customer-services/contact-us/e-form/life-claims>。

## Section E 部：Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

This Notice sets out the privacy policy of each of Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited (each a “Company”) in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

本通知列載蘇黎世人壽/蘇黎世人壽保險（香港）有限公司（以下個別稱「本公司」）有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time, which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“Zurich Insurance Group”) for the purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information). 由本公司不時收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓及索償人）個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料（例如從第三方收到的索償資料和病歷），均可供本公司及/或其所屬集團（「蘇黎世保險集團」）內的公司使用作為向客戶提供服務而必須的用途（否則本公司將無法為未能提供所需資料的客戶提供服務）。

**Please read carefully the details of the Company’s privacy policy which is made available on our website at [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Center at +852 2968 2383 or insurance intermediaries for enquires.**

本公司之私隱政策詳載於 [www.zurich.com.hk/pics](http://www.zurich.com.hk/pics) 或可透過掃描 QR 碼細閱。閣下亦可致電 +852 2968 2383 與我們的客戶服務部聯絡或向保險中介人查詢。



### Consent for marketing purposes - Voluntary:

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company’s business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders’ or insured persons’ consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company’s business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料（其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料），特別是姓名、聯絡資料、年齡、性別、身分證明文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務，及/或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。（例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及/或非牟利目的的捐贈或捐款）。為免疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder’s and insured person’s written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company’s marketing purposes set out above:

**於獲保單持有人及受保人書面同意後**，本公司方可就以下人士本身及/或就本公司的市場推廣用途，向以下於香港境內或境外的人士提供其某些個人資料（並可能收到金錢或其他財產作為回報），特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) companies within the Zurich Insurance Group;  
蘇黎世保險集團成員公司；
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;  
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織；
- (3) third party reward, loyalty, co-branding or privileges program providers;  
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) third party marketing service providers and insurance intermediaries.  
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人/我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

## Section F 部：Declaration for data protection 個人資料保障聲明

I/We confirm that I/we, agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

I/We declare that proper consent from the life insured or policyholder (if different from the claimant) has been obtained before the personal data is provided to Zurich Assurance Ltd and/or Zurich Life Insurance (Hong Kong) Limited.

本人/我們於提供受保人或保單持有人（如與索償人不同）的個人資料予蘇黎世人壽及/或蘇黎世人壽保險（香港）有限公司前已獲得受保人或保單持有人之正式同意。

## Section G 部：Levy on premium 保費徵費

- Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit [www.zurich.com.hk/ia-levy](http://www.zurich.com.hk/ia-levy).  
保險業監管局已向相關保單按照適用的徵費率收取保費徵費。因此，保單持有人於繳付保費/供款時，須同時繳付徵費。更多有關保費徵費資料，請瀏覽 [www.zurich.com.hk/ia-levy](http://www.zurich.com.hk/ia-levy)。
- For particular product(s) which require the deduction of unpaid premium(s) when benefit claims is applied, I/we hereby agree that the Company shall deduct all of the unpaid premium(s) and correspondence levy(ies) (if any) from the claim payment. I/We also understand and agree that the policyholders' information may be provided to the Insurance Authority if the levy is overdue.  
有關在申請保險賠償時須扣除所有逾期未繳付保費的個別產品，本人/我們在此同意，貴公司從保險賠償金額中扣除所有逾期未繳付的保費及相應之保費徵費（如適用）。本人/我們明白及同意若保單持有人有逾期的保費徵費，貴公司可能會向保險業監管局提供保單持有人的資料。

## Section H 部：Authorization 授權

- I/We hereby request payment of all benefits in accordance with the policy and I/we warrant that I am/we are legally and beneficially entitled to such sum.  
本人/我們現就上述保單作出賠償申請，及聲明本人/我們有合法資格受益於此保單之所有賠款。
- I/We hereby authorize any hospitals, physicians, medical practitioners, insurance companies, employers or organizations that have any records or knowledge of the life insured \_\_\_\_\_, the holder of HKID card/Passport no. \_\_\_\_\_ to disclose to the Company or its authorized representatives any and all the information with respect to his/her health, medical history, disease, hospitalization, advice, treatment, investigatory result, employment records or any other policies details and claim records, etc.  
本人/我們在此授權任何醫院、醫療專業人士、內外科醫生、保險公司、僱主或機構及凡持有受保人 \_\_\_\_\_，香港身份證/護照號碼 \_\_\_\_\_ 資料之人士。可向 貴公司或其授權代表披露有關他/她的資料，包括：健康狀況、過往之病歷、病狀、入院紀錄、診治建議、治療方法、調查結果、在職紀錄或其他保單資料及賠償紀錄等。
- I/We also agree that the Company may use the copy(ies) of my/our identification document(s) and the life insured's identification document for claim purposes.  
本人/我們亦同意 貴公司使用本人/我們之身分證明文件副本或受保人之身分證明文件副本以作上述查詢用途。
- A faxed or photographic copy of any section of this claim statement shall be as valid as the original.  
此申請表各項之影印本亦屬有效。

_____	
Full name 姓名	HKID card/Passport no. 香港身份證/護照號碼
_____	
Signature 簽署	Date signed 簽署日期
	Day日    Month月    Year年
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。**

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.  
如此表格之中英文版本有任何歧異或不一致，概以英文版為準。