Zurich Assurance Ltd
Zurich Life Insurance (Hong Kong) Limited
蘇黎世人壽
蘇黎世人壽保險（香港）有限公司

Long term care claim form
「晚年生活保障」索償申請表

Private and confidential 私人及保密文件

Important notes 重要事項

1. Please fill the circle in full for appropriate place.
   請於適當的位置填滿圓圈。
2. Please delete where inappropriate.
   請刪去不適用者。
3. Please fill in correct policy number.
   請填上正確之保單號碼。
4. 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。
5. 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。
6. To be completed by the claimant. If the claimant is mentally or physically unable to complete this form, it should be completed by the family member or legal representative who has assumed responsibility for the claimant's affairs.
   此表格須由索償人填寫。如果索償人因精神或身體機能而不能填寫此表格，則可由已承擔索賠者所有事宜之委任的家庭成員或合法代表填妥。

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 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

◯ 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

Claimant's email address
索償人電郵地址

2ZK-CLM-CLF-00032-ET-0622

2ZK-CLM-CLF-00032-ET-0622

Section B部：Medical history 醫療紀錄

1. What illnesses are you currently (or have you been) suffering from? 閣下現在（或曾經）患有何種病症？

2. What symptoms do you currently have? 閣下現在患病之症狀如何？

3. Were these due to an accident? If "Yes", please give details. 此病症是否由意外引致？若「是」，請提供詳情。

4. When did you first consult your doctor in connection with the above symptoms? 閣下於何時因此病狀第一次就診？

5. When did you first receive the treatment? 閣下於何時首次需要接受治療？

6. What treatment are you receiving? 閣下正接受甚麼治療？

7. Has there been any improvement or deterioration in your condition? 閣下之病情有否改善或惡化？

8. Have you suffered from this, or any similar condition, before? 閣下以前有否患上相同或類似的病症？

9. If "Yes", please give details (including dates and whom you consulted) 若「有」，請提供詳情（包括日期及診治醫生）。

10. Do you require constant supervision? 閣下是否需要經常的監護？

Section C部：Claim details 索賠詳情

1. From what date are you claiming benefit? 閣下之索賠由何日開始？

2. What type of care is currently being claimed for (e.g. nursing facilities at home, home assistant, etc)?
閣下之索賠收益將用以支付何種護理（例如家庭私家看護，家居助理等等）？

3. If you are living in a residential/nursing care facility, please state the name and address, and the date of entry.
若　閣下現時居住於護理宿舍，請列出護理宿舍之名稱、地址及入住日期。

4. If you are living in your own home, please state the name and address of the carer who is supplying services and from what date.
若　閣下居於家中，請列出照顧者的名稱、地址及開始照顧之日期。

5. Please state the name and address of the general practitioner who holds your medical records (if you have consulted another doctor or specialist concerning your current condition, please also state his/her name and address).
請列出保存　閣下醫療紀錄的醫生姓名及地址。（若　閣下因現時之身體情況，曾就診於另一醫生或專科醫生，請列出其姓名及地址。）

Section D部：Details of disability 身體狀況資料

	Yes 是	No 否
1. Bathing 清洗身體 Are you able, without assistance, to do the following: 閣下是否能在沒有輔助下自行從事以下的活動：		
Bath? 浴缸內洗澡？	○	○
Shower? 淋浴？	○	○
If "No", please state why and to what extent of assistance you need? 若「否」，請列明原因及　閣下所需的協助。		
2. Dressing 更衣 Are you able, without assistance, to dress and undress yourself fully? 閣下是否能在沒有輔助下完全穿脫衣服？	○	○
If "No", please state why and to what extent of assistance you need? 若「否」，請說明　閣下所不能從事的活動及所需的協助。		
3. Toileting 如廁 Can you go to the toilet without assistance? 閣下是否能在沒有輔助下如廁？	○	○
If "No", what is the reason for your restriction and to what extent of assistance you need? 若「否」，請列明原因及所需的協助。		
4. Continence 大小便排泄自制能力 Do you have full control of bladder and bowel movements? 閣下是否有足夠能力控制排泄大、小便？	○	○
If "No", please give details of the problem and any underlying cause. 若「否」，請說明所遇困難的詳細資料及原因。		
5. Mobility 移動身體 Are you able to get in and out of a bed or chair unaided? 閣下是否有足夠能力在沒有協助下從床或椅子上落？	○	○
If "No", what is the reason and to what extent of assistance you need? 若「否」，請說明原因及所需的協助。		
6. Feeding 進食 Are you able to take nourishment without help? 閣下是否能在沒有輔助下進食？	○	○
If "No", please give details of the underlying problem and the extent of help needed. 若「否」，請列明遇到困難的詳細資料及所需的協助。		

Section E部：Other insurances 其他保險

	Yes 是	No 否
Do you hold any other long term care insurances against disability? 閣下是否擁有其他「晚年生活保障」或類似的保障？	○	○

If "Yes", please provide the following details in respect of each policy.
若「是」，請列明每份保單的資料如下：

Name of insurer
保險公司名稱

Policy no.
保單號碼

Benefit per week
每周之保單收益

Effective date/Reinstatement date, if any
生效日期/續保日期，如有　Day日 ☐☐ Month月 ☐☐ Year年 ☐☐☐☐

2ZK-CLM-CLF-00032-ET-0622

Section F部：Payment details付款詳情

The claim payment shall be credited to the bank account in the name of the policyholder or life insured in accordance with the terms of your policy, please provide relevant bank account details. However this is subject to the bank's arrangement.
有關之賠款將按其保單條款存入該保單持有人或受保人名下之銀行賬戶，請提供相關銀行資料。然而，此服務必須得到銀行安排下進行。

Our request of any information or documents under this section shall not be construed as an admission of liability under your policy. We reserve all our rights for assessing your claim subject to terms and conditions of your policy.
上述要求並不代表　閣下之索賠已獲成功審批，我們保留根據　閣下之保單條款作審批的權利。

Bank name
銀行名稱

- ○ The Hongkong and Shanghai Banking Corporation Limited 滙豐銀行
- ○ Bank of China (Hong Kong) 中國銀行（香港）
- ○ Others, please specify 其它，請列明_____
- ○ Standard Chartered Bank 渣打銀行
- ○ Hang Seng Bank 恒生銀行

Name of account holder
賬戶持有人姓名_____

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								

Note 註

1. To prevent any unnecessary delay, please make sure the bank account number and account holder name are correct.
   請確保賬戶號碼及賬戶持有人姓名正確，以免不必要之延誤。
2. If the claim payment is remitted to a third party as a result of your provision of incorrect bank account number and/or account holder name, we shall not be liable to make any further payment regardless of whether the claim payment can be recovered.
   如索償人提供之銀行賬戶號碼及/或賬戶持有人姓名不正確，而導致我們錯誤將賠款轉賬至第三者之銀行賬戶，不論有關賠款是否能取回，我們無任何責任再支付該賠款。

Section G部：Required documents 所需文件

1. Completed original claim form
   填妥之索償申請表正本
2. Original or certified true copy of proof of identity (i.e. identity cards and/or passport) of the life insured and claimant(s) (If not provided previously) *
   受保人及索償人之身份證明正本或核實副本（即身份證或護照）（如從未提供）*
3. Original or certified true copy proof of residential address of policyholder/assignee/payee (if applicable) *
   保單持有人/受讓人/收款人之住址證明文件正本或核實副本（如適用）*

* Certified true copies must be certified by our Life Claims Department or by any authorized persons approved by Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("Company" or "we").
核實副本手續必須由蘇黎世人壽/蘇黎世人壽保險(香港)有限公司(「我們」)理賠部或我們認可之授權人士辦理。

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以處理索償。

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 H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、保單受讓人及索償人）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 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）。為免生疑問，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 I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 J 部：Levy on premium 保費徵費

1. 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.
   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。
2. 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 K部：Authorization 授權

1. 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。
2. 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、入院記錄、診治建議、治療方法、調查結果，在職記錄或其他保單資料及賠償記錄等。
3. 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。
4. 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 ☐☐☐☐

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。

2ZK-CLM-CLF-00032-ET-0622

Section L: Attending physician statement (Long term care claim)

No claims can be admitted unless the form below is completed, at the expense of the life insured, by a duly qualified and registered medical practitioner.
此表格必須由合資格及註冊西醫填妥，所需費用由受保人自付，否則不會受理。

Claim assessment is based on the claimant's ability to perform any 4 or more of the following activities of daily living (ADL):

Bathing – the ability to wash or shower unaided
Dressing – the ability to dress and undress unaided
Toileting – the ability to use the lavatory unaided
Continence – voluntary control of bowel and bladder
Mobility – the ability to move in and out of a bed or chair unaided
Feeding – the ability to consume food and drink unaided

1. How long have you been the claimant's medical attendant and for what period do you hold records?

2. Please give the date you last saw the patient and the reason for attendance.

3. a. Please provide details of any illnesses (physical or mental) or accidents as a result of which the life insured required treatment or advice in the last five years.

Date	Nature of illness/accident	Treatment	Duration of treatment

b. Have any of the above left any sequelae? If so, please provide details.

4. Given the ADL definitions stated above, please confirm which of the following the life insured is able/unable to undertake:

a. Bathing

Is the life insured able, without assistance, to do the following:	**Yes**	**No**
Wash?	○	○
Shower?	○	○

If not, please provide reason(s) and specify how much assistance is required.

b. Dressing

Is the life insured able, without assistance, to dress him/herself fully?	○	○

If not, please provide reason(s) and specify how much assistance is required.

c. Toileting

Is the life insured able to go to the toilet without assistance?	○	○

If not, what is the reason for the life insured's disability and specify how much assistance is required.

d. Continence

Does the life insured have full control of bladder and bowel movements?	○	○

If not, please provide details and cause(s).

e. Mobility

Yes ○ No ○

Is the life insured able to get in and out of a bed or chair without assistance?

If not, please provide reason and specify how much assistance is required.

f. Feeding

Is the life insured able to consume (but not prepare) food and drink without assistance? ○ ○

If not, please provide details of the problem and specify the amount of assistance require.

5. Medical information

For any of the above mentioned activities to which you have answered "No", please answer the following questions:

a. Please specify the underlying cause and commencement date of disability.

b. When was you first time you see the life insured in connection with his/her current symptoms or disability?

c. Are you aware of any previous medical history which is likely to be associated with the present disability?

d. In your opinion, will there be any deterioration or improvement in the life insured's disability?

6. a. Please provide details of the current treatment and any other treatment given in the past for the same or similar disabilities.

b. Please provide details of any hospitals, consultants, other doctors or carers whom the claimant has attended in respect of this disability.

c. Please provide details of any tests or investigations undertaken, including cognitive or similar tests, together with the results (including relevant dates in connection with this disability).

7. a. Please specify the date of commencement of medical treatment and the name of individual who recommended this.

b. Has there been any change in the level of medical treatment provided to the life insured during the claim period? If so, please provide details (including relevant medical treatment dates).

c. Please provide details of the level of medical treatment currently required and/the name of the individual who recommended this (including relevant medical treatment dates).

d. Is the required level of medical treatment being provided to the life insured?

If so, please provide details.

8. Are there any factors, or anything in the life insured's medical history, which may affect our assessment of the claim?
   If so, please provide details.

The personal information collected from the physician in this form will be used by the Company for administration, verification and record purposes in respect of the subject matter of this form. The Company will not be able to process the request in the form, if the physician fails to provide the personal information as requested. For personal data access or change requests, please write to our Personal Data Privacy Officer, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong.

Name of physician (with stamp)	Signed
Qualification	Date signed Day ☐☐ Month ☐☐ Year ☐☐☐☐
Address	Contact no.

PLEASE DO NOT SIGN ON BLANK FORM.

Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Tel: +852 2968 2383 Website: www.zurich.com.hk

蘇黎世人壽 (於英格蘭及威爾斯註冊成立之有限公司)
蘇黎世人壽保險 (香港) 有限公司 (於香港註冊成立之有限公司)
香港港島東華蘭路18號港島東中心25-26樓
電話 : +852 2968 2383 網址 : www.zurich.com.hk

ZURICH
蘇黎世