

生活保障賠償申請書
Living Protector Benefit Claim Form



保單號碼
Policy Number

保險顧問姓名
Consultant Name

保險顧問編號
Consultant Code

電話
Telephone No.

提供此賠償申請書或進行有關此索償的調查並不表示富通保險有限公司（以下簡稱“富通保險”）會確認此項索償或同意豁免保單條款中的任何規定。
By providing this claim form and subsequently investigating the claim, FTLife Insurance Company Limited (“FTLife”) shall not be held to admit the validity of the claim nor to waive any requirement as provided under the provisions of the policy.

填表之前請詳細閱讀後頁的“填表須知”。
Please read the Instructions overleaf carefully before you complete this claim form.

第一部份 一 由受保人填寫（如受保人未滿18歲，則由保單持有人代填）
Part I – To be completed by the Insured (or Policy owner of Insured is under age 18)

A. 受保人個人資料 Personal Particulars of the Insured			
1. 受保人姓名 Name of Insured	2. 身份證 / 護照號碼 ID / Passport No.	3. 年齡 / 性別 Age / Sex	4. 電話號碼 Telephone No.
5. 現時職業及詳細職責 Current occupation and job duties (Please give details)	6. 僱主名稱 (如僱主與投保時不同，請說明何時轉工) Name of Employer (If the employer is different from the one stated in the application, please state when it was changed.)	7. 僱主地址 Address of Employer	

B. 索償資料 Information of Claim	
1. 申請索償之危疾名稱 Type of Major Illness to claim for	2. 最後診斷 Final diagnosis
3. 請敘述疾病之徵狀 Please describe the symptoms	4. 首次就診之前，受保人患此等徵狀的時間有多久？ How long have the Insured been having these symptoms before the first consultation with the doctor?
5. 首次主診醫生的名稱和地址 Name and address of doctor who first treated the Insured for the injury or illness. 醫生 / 醫院名稱 Name of doctor/hospital 地址 Address 首次就診日期 (日/月/年) Date of first consultation (DD/MM/YY)	6. 過往曾診治此病的醫生 / 醫院名稱、地址及就診日期 Name and address of doctors, hospitals or institutions from which the Insured had received medical treatment on this illness with dates. 醫生 / 醫院名稱 Name of doctor/hospital 地址 Address 就診日期 (日/月/年) Date of first consultation (DD/MM/YY)
7. 倘若危疾為意外導致，請提供以下資料 If the Major Illness was caused by an accident, please provide the following details.	
a. 意外發生日期 (日/月/年) Date of accident (DD/MM/YY)	d. 意外如何發生？ How did it happen?
b. 意外發生的確實時間： Time of accident:	e. 你有否報警？ <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes Was this case reported to police?
c. 意外發生的地點： Place of accident:	如有，請附口供紙或警察報告影印本。 If yes, please attach a photocopy of witness statement/police report.

C. 其他資料 Other Information
1. 受保人有否因是次危疾而入院治療？ Has the Insured been admitted into a hospital for this illness? <input type="checkbox"/> 否 No <input type="checkbox"/> 有，請詳述 Yes, please state
a. 醫院名稱： Name of the hospital:
b. 住院日期 由 (日/月/年) 至 (日/月/年) Exact confinement period: From (DD/MM/YY) to (DD/MM/YY)



2. 受保人因過往其他疾病而求診之醫生姓名及地址
Name & address of all physicians who attended the Insured for any other illness.

姓名 Name	地址 Address	求診日期 Attending date	疾病名稱 Disease or condition
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3. 有否就此危疾向本公司之團體保險部或其他公司索償？
Any concurrent claim about this critical illness with Our Group Dept or any other company?

否 No

有，請填寫下欄 Yes, please state below

公司名稱 Company Name	保單號碼 Policy No.	簽發日期(日/月/年) Issue Date (DD/MM/YY)	賠償詳情 Claim details
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D. 特別指示 Special Instruction

若保單基本計劃之保額於此索償後被扣減，以至未能維持附加計劃繼續生效時，有否需要特別保留此保單下的附加計劃？
If the Sum Insured of the basic plan of this policy is reduced after this claim approval and it has triggered the policy termination. Any request to keep the rider / supplementary benefit?

否 No 有，請列出保留的附加計劃名稱或其編號 Yes, please state the name / code of the rider / supplementary benefit

E. 個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白富通保險有限公司（以下簡稱“富通保險”）之個人資料收集聲明（“該聲明”）。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及 / 或披露 / 分享任何個人資料（不論是否從此表格或以其他方式獲得）。本人 / 我們明白本人 / 我們必須於此表格提供所須資料，否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露 / 共享給該聲明所指明的第三方；執法機構；保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人 / 我們明白該聲明的最新版本可於富通保險的網址下載：www.ftlife.com.hk，及可向貴公司索取。

I / We confirm that I/we have read and understood FTLife Insurance Company Limited (“FTLife”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data FTLife may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, FTLife may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from FTLife’s website: www.ftlife.com.hk, and will be made available upon request.

F. 聲明及授權書 Declaration and Authorization

本人 / 我們聲明上述一切陳述及對問題的所有答案，就本人 / 我們所知所信均為事實之全部，並確實無訛。
I/We declare that the above statements and answers made by me/us are true and complete to the best of my knowledge.

本人 / 我們茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人士，均可將該等資料提供給富通保險有限公司。即使授權或受保人死亡或喪失能力，此授權書仍然有效，所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書的影印本與正本具有同等效力。

I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Insured(s) named to give such information to FTLife Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

本人 / 我們明白若此生活保障賠償申請書的中、英文兩個版本有任何抵觸或不相符之處，應以英文版本為準。
I/We understand that if there is any inconsistency or ambiguity between the English versions and the Chinese versions of this Living Protector Benefit Claim Form, the English versions should prevail.

保單持有人姓名 (大寫)
Name of Policy owner (in block letters) :

身份證 / 護照號碼
ID / Passport No. :

保單持有人簽署
Signature of Policy owner : x _____

日期 (日/月/年)
Date (DD/MM/YY) :

受保人姓名 (大寫)
Name of Insured (in block letters) :

身份證 / 護照號碼
ID / Passport No. :

受保人簽署 (如與保單持有人不同及年滿18歲)
Signature of Insured : x _____
(If different with Policy owner & attained age 18)

日期 (日/月/年)
Date (DD/MM/YY) :

見證人姓名 (大寫)
Name of Witness (in block letters) :

身份證 / 護照號碼
ID / Passport No. :

見證人簽署
Signature of Witness : x _____

日期 (日/月/年)
Date (DD/MM/YY) :

填表須知 Instructions

1. 請回答申請書的所有問題及簽署。
Please answer ALL the questions of Part 1 and sign.
2. 作為本申請書的一部份，本公司將另外發出一份危疾問卷給您，請將問卷交予您的主診醫生填寫並須由您支付有關費用。
Additional questionnaire about different diseases, being part of this claim form, will be sent to you for completion by the attending doctor at your own expenses.
3. 本公司可要求您提供其它有關文件，例如化驗報告，病理報告等。
Any other papers or documents, such as laboratory test report, pathological report etc. must be submitted upon request.
4. 請將填妥的索償申請書連同其他所需文件一併交予本公司理賠部辦理。地址：九龍觀塘海濱道123號綠景NEO大廈7樓。電話: 2866 8898
Please send the completed claim forms and other supporting documents to our Claims Dept. Address: 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon. Tel.: 2866 8898
5. 請注意，閣下於此索償申請表頁一上填寫的保險顧問將會是閣下授權唯一能跟進及處理是次索償的人士。
Please note that the consultant that stated on page 1 would be regarded as the only authorized agent to follow up and handle the claim.

保險顧問備註 Consultant's remarks