

Guidelines on General Documents Required for Accident & Health Claim 意外及危疾保險索償一般所需文件

- In the event of any occurrence which may give rise to a claim under this Policy, written notice of claim must be given to us within thirty (30) days, together with all relevant documents. If you are unsure, you should still notify us of the occurrence.
- The documents listed below are not exhaustive and may request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.
- 如發生任何可能引起保險索償的事件，必須在事件發生後三十(30)天內向我們遞交書面索償申請，並附上所有相關文件。如果您不確定相關意外事件會否引起保險索償，您仍然應該立即通知我們。
- 以下列出的文件未包括所有可能出現的情況，本公司可在有需要時要求您提供更多文件以處理有關的索償申請。如所遞交的索償申請表未填妥或有關資料或文件不足，您的索償申請有可能會受延誤或被拒絕。

General Documents Required for Accident & Health Claim 意外及危疾保險所需一般文件

Benefit 保障	Types of Documents 文件種類	Checklist 已提交
Applicable to all claims 適用於所有索償	<ol style="list-style-type: none"> 1. Certificate of insurance or premium receipt 保險憑證或保費收據 2. Letter issued by the policyholder confirming the duration of the activities, Claimant's position, job nature and Claimant is an active full-time employee/student (If claiming under a corporate accident & health policy) 由保單持有人發出的信件確認受保人的身份，事件發生於工作時間或參加任何由保單持有人舉辦或贊助的活動 (商務團體意外及危疾保單適用) 	<input type="checkbox"/> <input type="checkbox"/>
Accident Medical Expenses 意外醫療費用	<ol style="list-style-type: none"> 1. Original receipt(s) with diagnosis 由註冊醫生發出的醫療報告/收據正本，並註明診斷結果及受傷或疾病發生日期 2. Copy of claim settlement letter with detailed breakdown issued by other insurers (if applicable) 由其他保險公司發出的理賠細目結算信件副本 (如適用) 	<input type="checkbox"/> <input type="checkbox"/>
Hospital Income 住院現金	<ol style="list-style-type: none"> 1. Copy of hospital statement and invoice 醫院收費清單副本 2. Completion of Claim Form Section IV (Applicable to private hospital) 由醫生填妥的索償表格第四部份 (適用於私家醫院) 3. Discharge Slip / Discharge Summary (Applicable to HK government hospital) 出院摘要 / 出院總結 (適用於香港公立醫院) 4. Copy of claim settlement letter with detailed breakdown issued by other insurers (if applicable) 由其他保險公司發出的理賠細目結算信件副本 (如適用) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Hospital Expenses 住院醫療費用	<ol style="list-style-type: none"> 1. Original hospital statement and receipts 正本醫院收費清單及收據 2. Completion of Claim Form Section IV (Applicable to private hospital) 由醫生填妥的索償表格第四部份 (適用於私家醫院) 3. Discharge Slip / Discharge Summary (Applicable to HK government hospital) 出院摘要 / 出院總結 (適用於香港公立醫院) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Accidental Death & Disablement 意外死亡及傷殘	<ol style="list-style-type: none"> 1. Police report, if applicable 警方報告(如適用) 2. Documentary proof certifying the insured is suffering from permanent disability (applicable for permanent disability claim) 證明受保人永久傷殘的有關醫療報告 (適用於永久傷殘索償) 3. Copy of Death Certificate indicating the cause of death (applicable for death claim) 證明死因之死亡證副本 (適用於意外死亡索償) 4. Grant of Probate / Letters of Administration (if applicable) 5. 授予遺囑認證書 / 遺產管理書 (如適用) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Critical Illness 危疾	<ol style="list-style-type: none"> 1. Completion of Claim Form Section IV 由醫生填妥的索償表格第四部份 (適用於私家醫院) 2. All relevant medical and examination report regarding the claimed Critical Illness 有關危疾的所有醫療及檢查報告 	<input type="checkbox"/> <input type="checkbox"/>