

Application Form for Claimable Amount Estimate – Only applicable to VHIS

Name of Insurance Intermediary		Code of Insurance Intermediary		Contact Tel. No.	
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Important Notes

- Hospitals offer various accommodation options with different facilities, and the categorisation used by the Hospitals may be different from the definition as stated on Terms and Benefits of the policy as follows:
Specified Ward Class:
 - Ward (shall mean a room with more than two (2) patient beds in a Hospital).
 - Semi-Private Room (shall mean a single-bedded or two-bedded room, or a room with maximum double occupancy with a shared bath/shower room).
 - Private Room (shall mean a standard single occupancy room with adjoining bathroom, but excluding any room of upper class with its own kitchen, dining or sitting room(s) or otherwise).
 If Policy Holder / Insured Person is unsure of whether a particular accommodation option meets the above definitions, please contact Hong Kong Life Insurance Limited before confinement.
- This medical expense claimable amount remains an estimate without legally binding and do not constitute a liability.
- Claim decision will depend on the submission of all supporting documents as required for claim assessment in accordance with the policy terms and conditions and benefit entitlement in the Policy Year.
- The final claimable amounts and out-of-pocket expenses will be subject to the actual bill amounts and breakdowns as stated in the invoices or receipts issued by healthcare services provider.
- The claimable amount estimate is subject to benefit reduction or limitation in relation to the regions where the eligible medical services are incurred, the choice of healthcare services provider or the choice of higher ward class.
- The claimable amount estimate is provided with reference to the surgical procedure schedule and the benefit limit of the relevant policy only. Any exclusion and any claims yet to be approved will not be taken into account for this estimation.

PART I – PERSONAL INFORMATION (to be completed by Policy Holder/Insured Person)

Policy No.		Name of Insured Person		ID no. of Insured Person	
Name of Policy Holder		ID no. of Policy Holder		Policy Holder's Contact Tel. No.	

PERSONAL INFORMATION COLLECTION STATEMENT

I/ We hereby declare, understand and agree that: (1) Hong Kong Life Insurance Limited (hereinafter referred to as “Hong Kong Life”) only collects necessary personal information for the purpose of processing your application or any other applications for insurance or financial related products/ services and providing all on-going services relating to such applications, claim processing or any analysis of it, assignment processing, statistical or actuarial research, litigation, communication, internal/ external audit, providing customer services (including but not limited to, processing enquiries and complaints) and related activities, direct marketing for insurance products and data matching, communication with any relevant organization/ person in respect of any services and/ or products provided by Hong Kong Life and comply with any local or foreign law, any guidelines or guidance, contractual or other commitment and applicable tax laws given or issued by any local or foreign legal, regulatory, governmental, tax, law enforcement or other authorities, or industry bodies or associations of financial services providers that apply to Hong Kong Life . Any personal information collected or held by Hong Kong Life is to enable it to carry on insurance business and may be stored, used, disclosed, released and/ or transferred (whether within or outside Hong Kong) by Hong Kong Life to any other companies carrying on insurance or reinsurance related businesses or any intermediaries, third party administrators, third party service providers (including but not limited to insurers, bankers, lawyers, accountants, and other third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to Hong Kong Life), claims investigators, medical bill review companies, other service providers providing services relevant to insurance business, professional advisors, researchers, government authorities, any associations or federation of insurance companies, credit reference agencies, debt collection agencies, partnering financial institutions, any organizations which meet disclosure requirements imposed by law or court orders or pursuant to guidelines issued by regulators or other relevant authorities for any of the above purposes; (2) the provision of such personal data is voluntary, but failure to do so may result in Hong Kong Life being unable to process the insurance applications or to provide or continue to provide the insurance products and services and/ or the related products and/ or services to me/ us; (3) I/ We have the right to check whether Hong Kong Life holds data about me/ us and the right to access to such data and require Hong Kong Life to correct any data relating to me/ us which are inaccurate. Such request can be made in writing and addressed to the Data Protection Officer of Hong Kong Life at 15/ F, Cosco Tower, 183 Queen's Road Central, Hong Kong or by calling Hong Kong Life at 2290 2882. Hong Kong Life has the right to charge a reasonable fee for the processing of any data access request.

I/ We hereby understand that if I/ we do not want to receive any promotional information from Hong Kong Life, I/ we can make such request in writing to the Data Protection Officer of Hong Kong Life at any time.

☐ Please check the box on the left if you do not agree with the provision to provide, use and/or transfer your personal data for direct marketing purposes in accordance with the Personal Information Collection Statement.

DECLARATION AND AUTHORIZATION

I / We hereby understand and agree that all statements and answers in this application whether or not written by my / our own hand are complete and true to the best of my / our knowledge and belief. I / We further hereby authorize (1) any employer, doctor, hospital, clinic, insurance company, government office or any organization or person who has or may hereafter have any record, knowledge or information of me / us (whether medical or otherwise) to disclose, release or transfer to Hong Kong Life or its representative such record, knowledge or information pertinent to this application; (2) Hong Kong Life or any of its appointed medical/paramedical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of me / us in relation to this application. This authorization shall bind the successors and assignees of me / us and remain valid notwithstanding death or incapacity. A photocopy of this authorization shall be valid as the original.

I / We understand that the claimable amount estimate provided by Hong Kong Life shall not be regarded as admission of liability on the part of Hong Kong Life. The claimable amount estimate and any other communication(s) in relation to this application whether verbal or written, are provided based on the applicable benefits of my / our insurance policy and are solely for customers' reference. This claimable amount estimate is based on the estimations furnished by the healthcare services provider and/or attending registered medical practitioner. The actual claimable amount will be based on the final claim decision that is subject to life insured's eligibility and case based exclusion(s), claim documents/information to be received, benefit limits, remaining annual balance, general exclusions and other terms and conditions as stated in the policy provisions. Should there be any discrepancy between the claimable amount estimate provided and the actual claimable amount; the final claim decision shall prevail.

Signature of Policy Holder	Name of Policy Holder	Date (DD/MM/YY)
Signature of Insured Person (Aged 18 or above)	Name of Insured Person	Date (DD/MM/YY)

PART II – BUDGET ESTIMATE (to be completed by attending doctor and healthcare services provider)

Name of Patient		Age / Sex		ID Card No.	
Onset Date of First Symptoms		First Consultation Date			
Provisional Diagnosis					
Name of Referring Doctor (if any)					
Expected Length of Stay	Day(s)	Class of Ward			
Name of Services Provider					
Surgery/Treatment Required	1.	2.	3.		
Estimated Charges from Healthcare Services Provider					
Room Charges	\$	x	day(s)	(DD/MM/YY) To	(DD/MM/YY)
Operating Theatre Charges	\$				
Diagnostic Test/Investigation Charges	\$				
Miscellaneous Charges	\$				
Total	\$				
Estimated Doctor's Charge					
Attending Doctor's Visit Fee	\$	x	day(s)	(DD/MM/YY) To	(DD/MM/YY)
Surgeon's Fee	1.	2.	3.		
Anaesthetist's Fee	\$				
Other Specialist's Consultation Fee	\$	(Please specify)			
Other Items and Charges	\$	(Please specify)			
Total	\$				
Doctor's and Healthcare Services Provider's Declaration					
I have explained to the patient/next-of-kin/authorized person details of the above estimated charges and have sought his/her agreement.					
<div><div></div><div></div><div></div></div>					
This healthcare services provider has noted the above estimated charges.					
<div><div></div><div></div><div></div></div>					

The Application Procedures for Claimable Amount Estimate (Applicable to VHIS only)

Please download the Application Form for Claimable Amount Estimate at www.hklife.com.hk or call Hong Kong Life Customer Services Hotline at 2290 2882.



Complete the form: Part I by Policy Holder / Insured Person, Part II by attending doctor and healthcare services provider (or provide the relevant form completed by healthcare services provider).



Submit the completed form to us at least 5 working days before admission / surgery to Hong Kong Life by email / fax / mailing.

Fax no.: 2523 6720

Email: HongKongLifeCS@hklife.com.hk

Address: 15/F Cosco Tower, 183 Queen's Road Central, Hong Kong



Hong Kong Life will inform the Policy Holder for the claimable amount estimate in written in around 3 working days after received the application.

Remarks:

1. Hospitals offer various accommodation options with different facilities, and the categorisation used by the Hospitals may be different from the definition as stated on Terms and Benefits of the policy as follows:
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2. This medical expense claimable amount remains an estimate without legally binding and do not constitute a liability.
3. Claim decision will depend on the submission of all supporting documents as required for claim assessment in accordance with the policy terms and conditions and benefit entitlement in the Policy Year.
4. The final claimable amounts and out-of-pocket expenses will be subject to the actual bill amounts and breakdowns as stated in the invoices or receipts issued by healthcare services providers.
5. The claimable amount estimate is subject to benefit reduction or limitation in relation to the regions where the eligible medical services are incurred, the choice of healthcare services provider or the choice of higher ward class.
6. The claimable amount estimate is provided with reference to the surgical procedure schedule and the benefit limit of the relevant policy only. Any exclusion and any claims yet to be approved will not be taken into account for this estimation.