

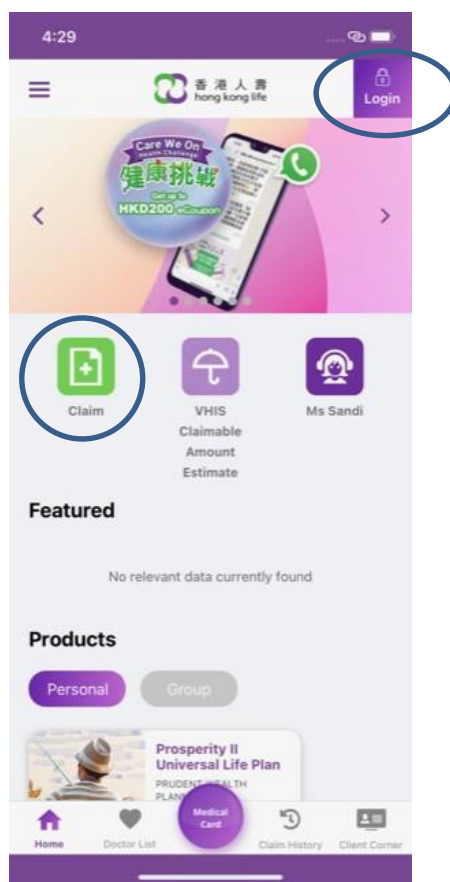


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“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
1a

Log in “HKLife” App with Individual Client account if you use
“HKLife” App. Click “Claim”.





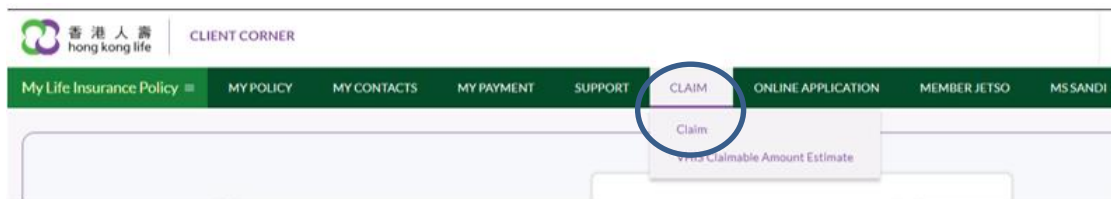
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Step

1b

If you use “Client Corner” from Hong Kong Life corporate website, please log in and click “CLAIM”





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Step

2

Select the policy for claim application. Only one policy can be selected for claim application each time.

Claim Application

Your details

Last Name:	Chan
First Name:	Tai Man
ID no.:	A1234566
Mobile no.:	99999999

Select a policy to claim

Whole Life Plan

Policy no.: 1709363968

Claim type: ☐ Accidental

☐ Hospitalization

Next



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Step

3

Select the claim type.

Claim type

Each claim type has a different claim procedure. Please select the claim type to view the respective procedure.





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Step

4

Select “Submit E-Claim Form”.

Choose submission method

Upload Paper
Claim Form

Submit E-Claim
Form

Paper Claim Form – Traditional paper claim form which can be downloaded for completion. Upload the completed form for submission.

E-Claim Form - Electronic claim form which can be filled in and submitted online.



“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step

5

Fill in Employment Details. If the employer is the same as the one stated in the policy application form, you can click “Next” to skip this part.

Employment Details

If the employer is the same as the one stated in the application, you can skip this part.

(If the employer is different from the one stated in the application, please state when it was changed.)

Your present occupation

Your job duties

Date of employment

DD ▼

MM ▼

YYYY ▼

If you have more than one employment, press “Add” to add more

Add

Next



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“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
6

Fill in Accidents Details. Click “Next”.

If you are applying for hospitalization benefit claim and the hospitalization was not due to accident, you can click “No” and “Next” to skip this part.

The screenshot shows the 'Accidents Details' form with the following fields and annotations:

- Accidents Details** (Title)
- * mandatory field** (Note)
- Was the hospitalization due to accident? / Are you applying for accidental claim?*** (Question)
 - Yes** (Radio button, circled in blue)
 - No** (Radio button)
- Date of accident*** (Field)
 - DD** (Dropdown menu)
 - MM** (Dropdown menu)
 - YYYY** (Dropdown menu)
- Time of accident*** (Field)
 - Time** (Text input field)
- Where did the accident happen?*** (Field)
 - ADDRESS** (Text input field)
 - CITY** (Text input field)
 - COUNTRY** (Text input field)
- How did the accident happen?*** (Field)
 - (Text input field)
- Attach newspaper clipping, if any** (Field)
 - Upload** (Button)
- Which part(s) of the body injured?*** (Field)
 - (Text input field)
- What is the extent of the injury?*** (Field)
 - (Text input field)
- Had you reported to police?*** (Field)
 - Yes** (Radio button)
 - No** (Radio button)
- If yes, name of police station*** (Field)
 - (Text input field)
- Police ref. no.*** (Field)
 - (Text input field)
- Back** (Button)
- Next** (Button, circled in blue)



“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
7

Fill in Illness Details. Click “Next”.

If you are applying accidental claim or the hospitalization which was not due to illness, you can click “No” and “Next” to skip this part.

The screenshot shows the 'Illness Details' section of the eClaims service. The title 'Illness Details' is at the top left, and '* mandatory field' is at the top right. Below the title, a note states: 'If you are applying accidental claim, you can choose “No” and skip this part.' The first question is 'Was the hospitalization due to illness?*', with 'Yes' and 'No' buttons. The 'Yes' button is circled in blue. Below this is a text input field for 'Nature of illness and the symptoms before hospitalization*'. The second question is 'When did you first consult the doctor for the related illness?*', followed by date pickers for DD, MM, and YYYY. The third question is 'Since when did you have these symptoms before the first consultation?*', also followed by date pickers for DD, MM, and YYYY. A large blue circle highlights the date pickers and the text input field. At the bottom, there are 'Back' and 'Next' buttons. The 'Next' button is circled in blue.



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Step
8

Fill in Consultation Details. Click "Next".

Consultation Details * mandatory field

Please provide the details of consultation for the illness or injury.

Name of the doctor first consulted*

Address of Doctor

Consultation date*

Reason/Diagnosis*

Is the doctor first consulted same as the doctor referred to hospital?

Is the doctor first consulted same as the doctor consulted in the past for same/similar/related condition?



"eClaims service – Submit E-Claim Form" user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
9

Fill in Hospitalization Details. Click "Next".
If you were not hospitalized, click "No" and "Next" to skip this part.

Hospitalization Details * mandatory field

Any hospitalization due to accident or illness? If "No", you can skip this part.*

☒ Yes ☐ No

Please provide the details of hospital confinement for the illness or injury.

Date of admission*

Date of discharge*

Reason/Diagnosis*

Name of hospital*

Address of hospital

Have you taken any home leave during confinement?

☐ Yes ☒ No



"eClaims service – Submit E-Claim Form" user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
10

Fill in Extent of Injury. Click "Next".

If the hospitalization was not due to accident or you are not applying for accidental claim, click "No" and "Next" to skip this part.

The screenshot shows the 'Extent of Injury' form with the following elements:

- Title:** Extent of Injury
- Label:** * mandatory field
- Question 1:** Was the hospitalization due to accident?/ Are you applying for accidental claim?*
- Buttons:** Yes (highlighted with a red circle), No
- Text:** Please describe the current condition of the injury*
- Text Area:** A large text area for describing the injury (circled in blue).
- Question 2:** Did you become unable to engage in employment or business?
- Buttons:** Yes, No (No is highlighted with a red circle)
- Question 3:** Did you return or expect to return to work?
- Buttons:** Yes (highlighted with a red circle), No
- Text:** Please provide the date*
- Fields:** DD (dropdown), MM (dropdown), YYYY (text input)
- Buttons:** Back, Next (highlighted with a red circle)



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Step

11

Select the appropriate answer. Click "Next".

Other information * mandatory field

Did you file a sick leave certificate to your employer?

☐ Yes ☒ No

Did you file a claim for Employee's Compensation?

☐ Yes ☒ No

Are you claiming/receiving similar benefits for the same event with any other organization including insurance company, the government, and employer compensation?

☐ Yes ☒ No



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Step
12a

Select the claim payment method. If "Direct Credit to bank account" is selected, please read and agree to the terms and conditions. Fill in the bank account information and click "Next".

Claim payment * mandatory field

Please choose your claim payment method

Direct Credit to bank account Cheque

Terms and Conditions

- If you have not submitted the bank account proof (e.g. copy of bank passbook or bank statement bearing the account number and name of Account-holder) for the following bank account before. You can upload the proof under the step of "Upload Documents".
- Account-holder must be same as the Policyowner. Joint account is not acceptable.
- All payments will be made in HK Dollar and applicable to banks in Hong Kong only.
- For policy in non-HKD currency, its HKD equivalent is based on the prevailing exchange rate as determined by Hong Kong Life Insurance Limited from time to time. Because of possible fluctuation in the exchange rate, Hong Kong Life will not be hold responsible for any loss caused by any diminution in the value of the Hong Kong currency.
- If the policy is subsequently assigned and/or if there is any change of policy ownership, no payment will be made to the designated bank account and any benefit payment credit authorization rendered to Hong Kong Life will immediately cease.
- The below named account will be used for benefit payment and claim payment of this policy. The transferred amount will not exceed the maximum limit set by Hong Kong Life.

☐ (1) I, the Policyowner, confirm that I am the Account-holder of the below bank account. I hereby authorize Hong Kong Life Insurance Limited ("Hong Kong Life") to transfer policy benefit and claim payment under this policy to the below designated bank account.

(2) I agree to abide by the terms and conditions of this policy and the other administrative rules as prescribed by Hong Kong Life.

Please fill in your bank account information*

CHAN TAT MAN

Bank Name and Branch Name

BANK NO.* BRANCH NO.* ACCOUNT NO.*

Back Next



“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
12b

If “Cheque” is selected as the claim payment method, your correspondence address will be filled in as the address to receive cheque automatically. You may edit and click “Next” if necessary.

Claim payment * mandatory field

Please choose your claim payment method

Direct Credit to bank account

Cheque

Name of payee*

Address to receive cheque*

Remarks: Payee must be the Policyowner

Back

Next



“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
13

Upload “Attending Physician’s Statement” and other supporting documents (if applicable). Fill in Verification Code. Click “Next”.

Upload documents

Please choose the document type and upload.
If you have filled in the e-claim form, please also fill in and upload [“Part 2- Attending Physician’s Statement”](#) (to be completed by attending physician/ surgeon at claimant’s expense)

Document type

Attending Physician’s Statement
case 5-3.png
0.01 MB

[Upload More](#)

Verification Code

Remarks:
1. Only accept the following file format:
GIF, JPG, JPEG, PNG & PDF
2. File size should be less than 5 MB per file
3. Maximum 5 files per upload
4. File name should not exceed 50 characters or contain any special characters
5. Please do not upload a password protected file

[Back](#) [Next](#)



"eClaims service – Submit E-Claim Form" user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
14

Read and agree to the Terms and Conditions. Confirm the information of this page is correct and click "Submit claim".

Terms and Conditions



(2) Any personal information relating to me or other persons named herein collected or held by HONG KONG LIFE INSURANCE LIMITED ("the Company") may be stored, used, disclosed, released and transferred (whether within or outside Hong Kong) by the Company to any individuals/organizations associated with the Company or any selected party as the Company may consider necessary for the purpose of processing



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.

Date of declaration:

12/01/2024

ID no. of claimant:

H4609079

Name of claimant:

Tai XXun KaiXXX

Save draft

Submit claim



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Step
15

After submitting the claim application, system will generate a transaction number for future enquiry.



Thank you!

Your claim application has been received.
Transaction no.: CL20240112172858687

Please be reminded that you have to submit the original documents to us if
(for individual insurance) your claim amount is larger than HKD 3,000

OR

if you are claiming for Disability, Dread Diseases, or Death

OR

(for group insurance) your claim amount is larger than HKD 1,300.

You can choose to submit supporting documents by
Mailing to Hong Kong Life
Hong Kong Life Insurance Limited
15/F Cosco Tower, 183 Queen's Road Central, Hong Kong
OR

Using Documents Collection Service

“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
16

You can check the latest status of the claim on “Claim History” in the “HKLife” app.

