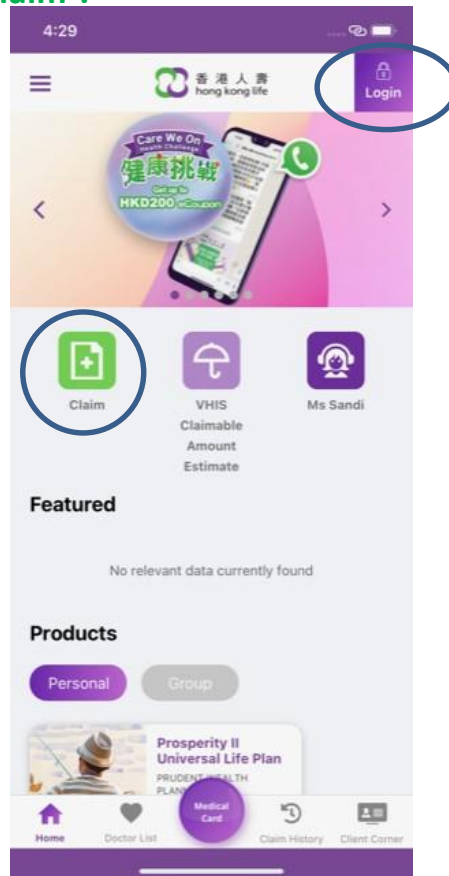


“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
1a

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





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

Step
1b

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





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

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



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

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.



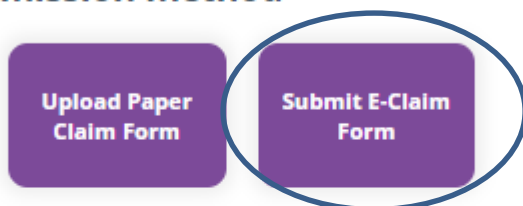


“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

Step
4

Select “Submit E-Claim Form”.

Choose submission method



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

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

“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.

Accidents Details * mandatory field

Was the hospitalization due to accident? / Are you applying for accidental claim?*

Yes No

Date of accident*

Time of accident*

Where did the accident happen?*

How did the accident happen?*

Attach newspaper clipping, if any

Which part(s) of the body injured?*

What is the extent of the injury?*

Had you reported to police?*

Yes No

If yes, name of police station*

Police ref. no.*



“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 was not due to illness, you can click “No” and “Next” to skip this part.

Illness Details * mandatory field

If you are applying accidental claim, you can choose “No” and skip this part.

Was the hospitalization due to illness?*

Yes No

Nature of illness and the symptoms before hospitalization*

When did you first consult the doctor for the related illness?*

Since when did you have these symptoms before the first consultation?*

DD MM YYYY

DD MM YYYY



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

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?
 Yes No

Is the doctor first consulted same as the doctor consulted in the past for same/similar/related condition?
 Yes No



“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** (marked as a mandatory field).
- Question: **Was the hospitalization due to accident?/ Are you applying for accidental claim?***
- Buttons: **Yes** (highlighted with a blue circle) and **No**.
- Text: **Please describe the current condition of the injury***
- Text area: A large empty text box for describing the injury, highlighted with a blue circle.
- Question: **Did you become unable to engage in employment or business?**
- Buttons: **Yes** and **No** (highlighted with a blue circle).
- Question: **Did you return or expect to return to work?**
- Buttons: **Yes** (highlighted with a blue circle) and **No**.
- Text: **Please provide the date***
- Fields: **DD**, **MM**, and **YYYY** dropdown menus.
- Buttons: **Back** and **Next** (highlighted with a blue circle).



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

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



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

Step
12

Address to receive cheque will be filled in as the correspondence address automatically. You may edit if necessary.

Claim payment * mandatory field

Please choose your claim payment method

Cheque

Name of payee*

Address to receive cheque*

Remarks: Payee must be the Policyowner



“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

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



“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



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

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.

