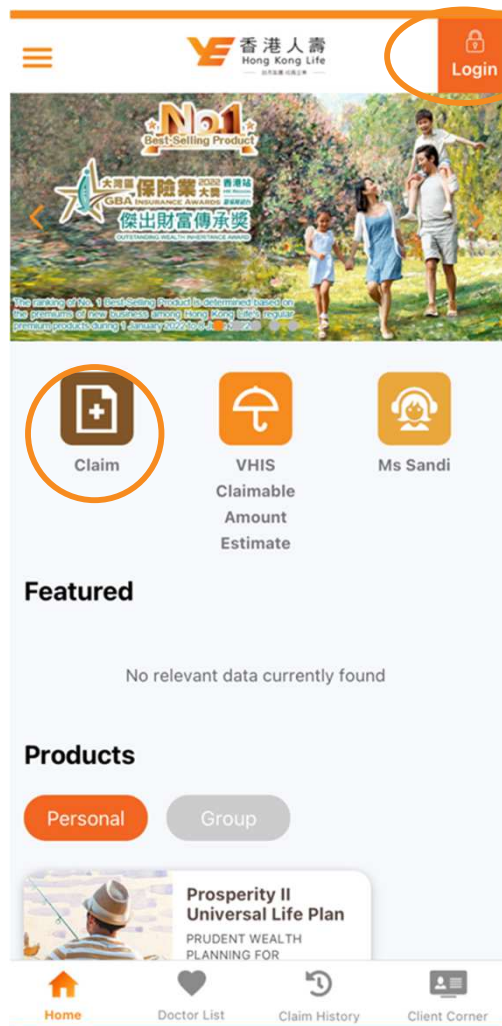


“eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

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

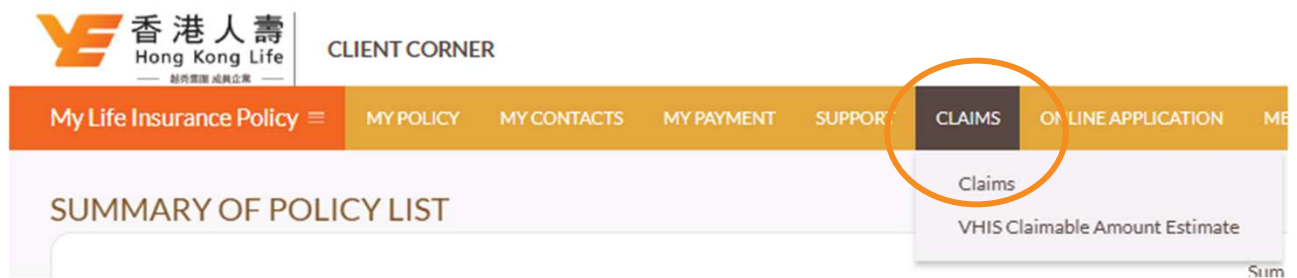
Step
1a



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

Step
1b

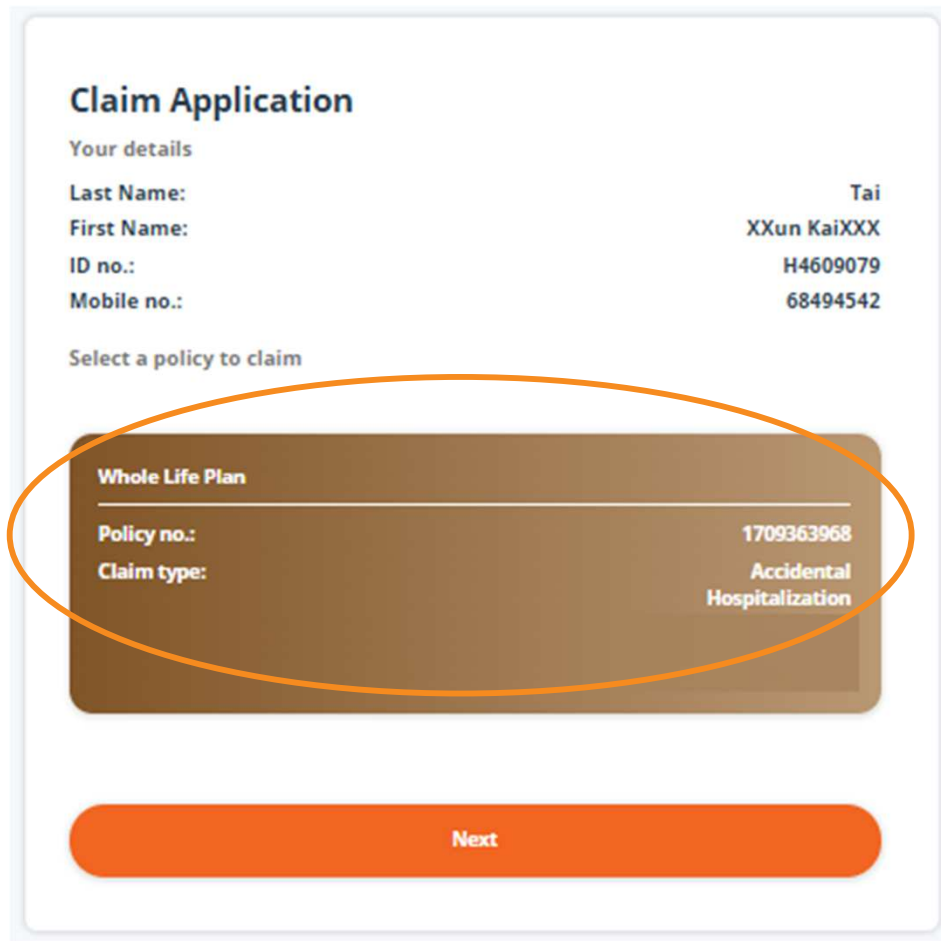
If you use “Client Corner” from Hong Kong Life corporate website, please log in and click “CLAIM”



“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:	Tai
First Name:	XXun KaiXXX
ID no.:	H4609079
Mobile no.:	68494542

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

Upload Paper
Claim Form

Submit E-Claim
Form

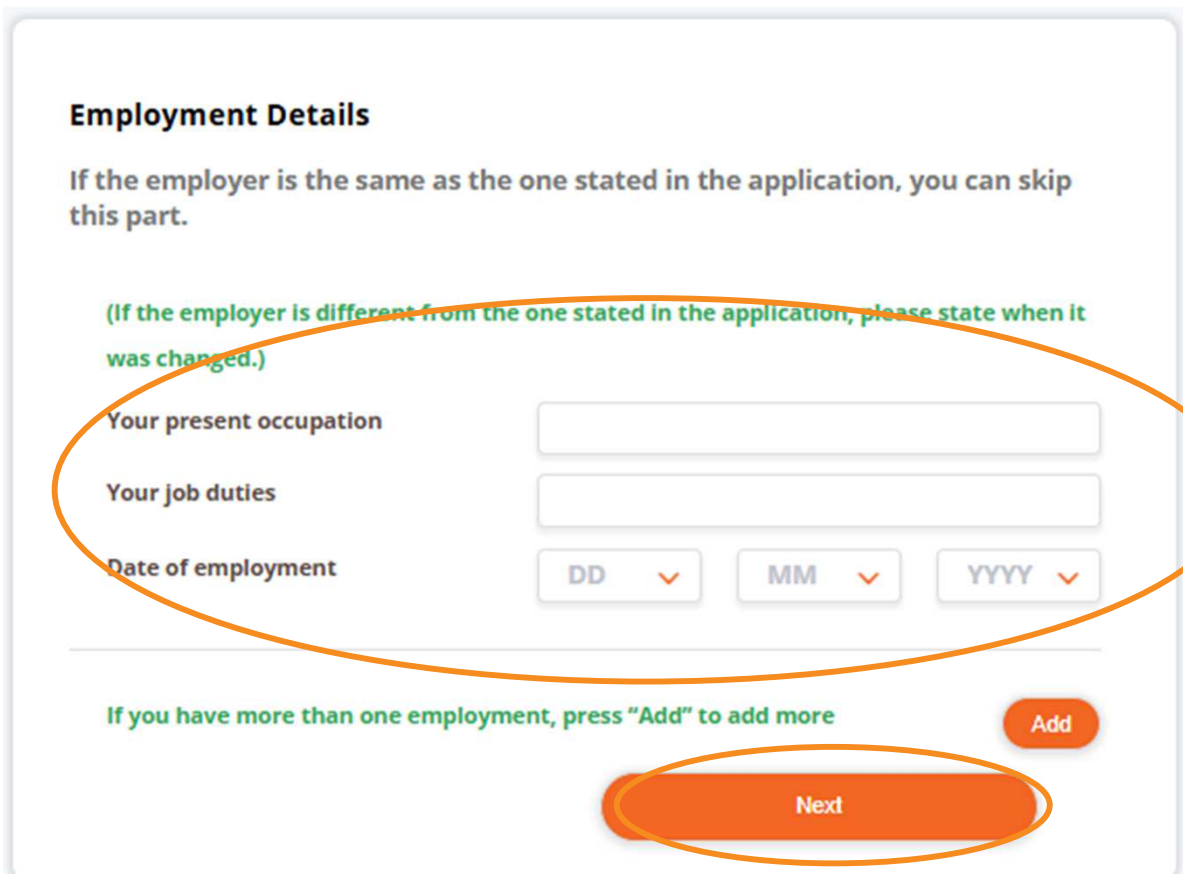
Paper Claim Form – Traditional paper claim form which can be downloaded for completion. Upload the completed form for submission.

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

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.

The screenshot shows the 'Illness Details' section of the eClaims service. It includes a title 'Illness Details' with a '* mandatory field' note. A sub-header states: 'If you are applying accidental claim, you can choose “No” and skip this part.' The form contains the following fields and controls:

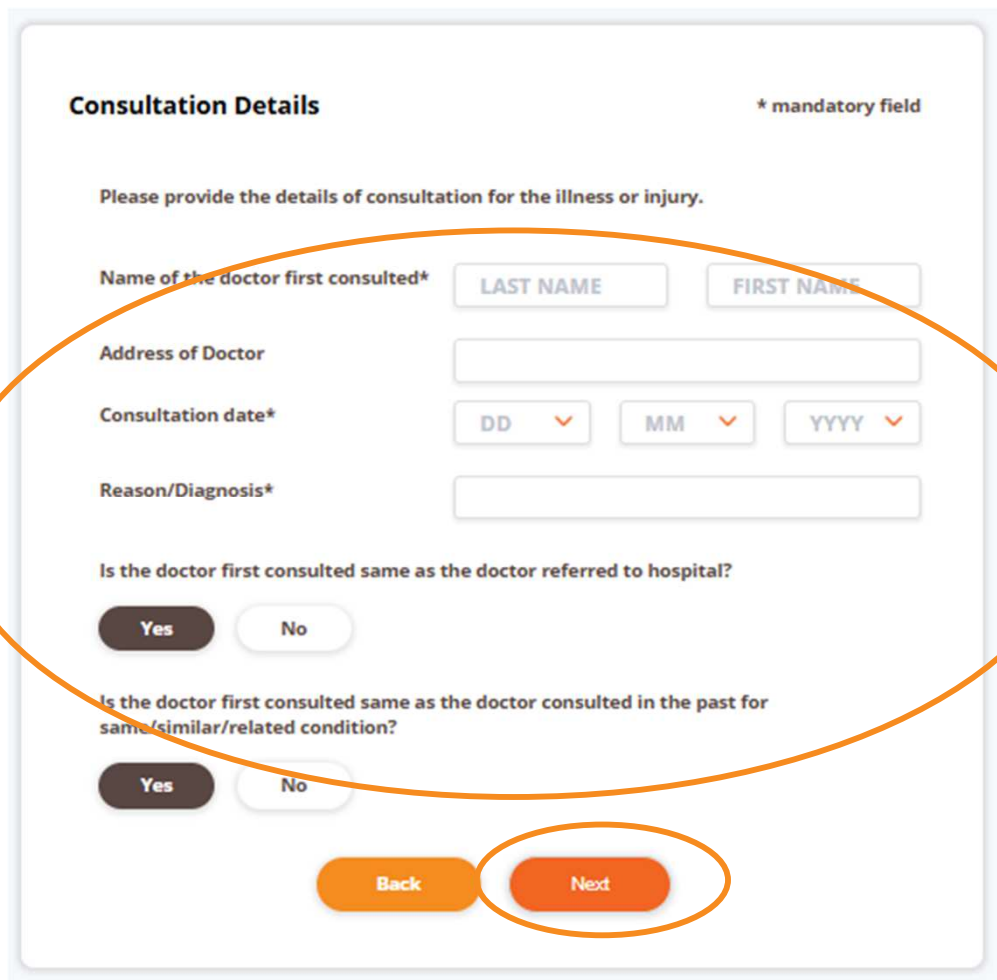
- Was the hospitalization due to illness?***: Two radio buttons, 'Yes' and 'No'. The 'Yes' button is circled in orange.
- Nature of illness and the symptoms before hospitalization***: A text input field.
- When did you first consult the doctor for the related illness?***: Three dropdown menus for DD, MM, and YYYY.
- Since when did you have these symptoms before the first consultation?***: Three dropdown menus for DD, MM, and YYYY.
- Navigation buttons**: 'Back' and 'Next' buttons at the bottom. The 'Next' button is circled in orange.

There is a large orange oval around the date selection fields (DD, MM, YYYY) for both consultation dates.

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

Fill in Consultation Details. Click “Next”.

Step
8



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*

DD
MM
YYYY

Date of discharge*

DD
MM
YYYY

Reason/Diagnosis*

Name of hospital*

Address of hospital

Have you taken any home leave during confinement?

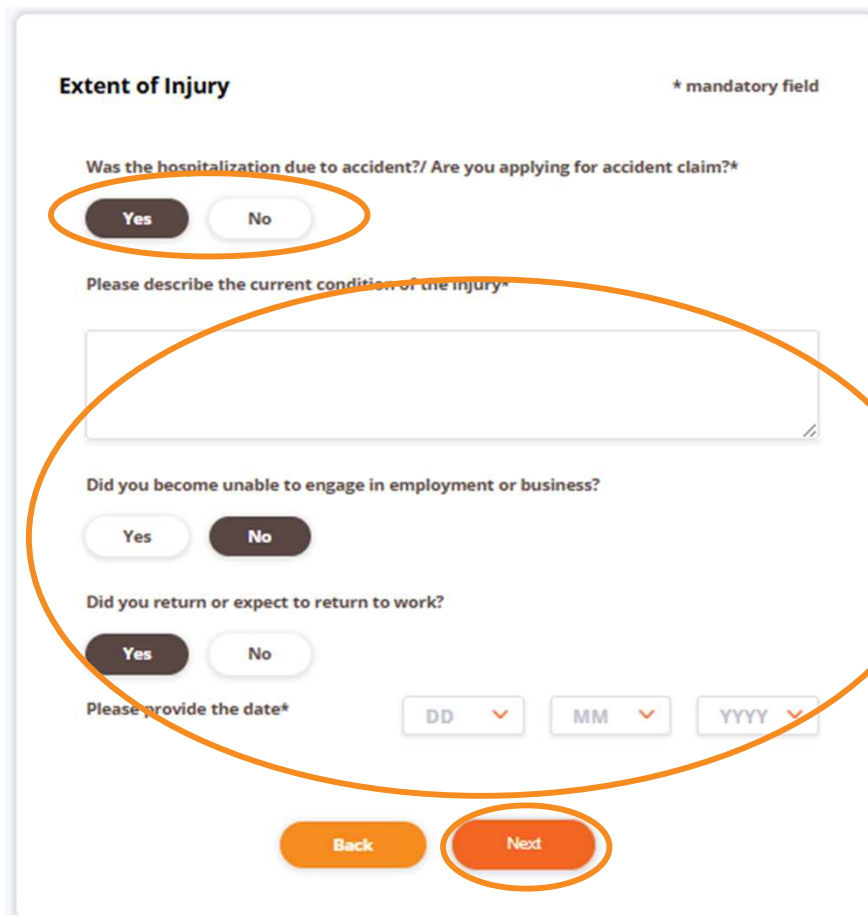
☐ Yes
 ☒ No

“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 1:** Was the hospitalization due to accident?/ Are you applying for accident claim?*
- Buttons:** 'Yes' and 'No' buttons. The 'No' button is circled in orange.
- Question 2:** Please describe the current condition of the injury* (with a text input area).
- Question 3:** Did you become unable to engage in employment or business?
- Buttons:** 'Yes' and 'No' buttons. The 'No' button is circled in orange.
- Question 4:** Did you return or expect to return to work?
- Buttons:** 'Yes' and 'No' buttons. The 'Yes' button is circled in orange.
- Question 5:** Please provide the date* (with DD, MM, and YYYY dropdown menus).
- Navigation:** 'Back' and 'Next' buttons at the bottom. The 'Next' button is circled in orange.

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

Select the appropriate answer. Click “Next”.

**Step
11**

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

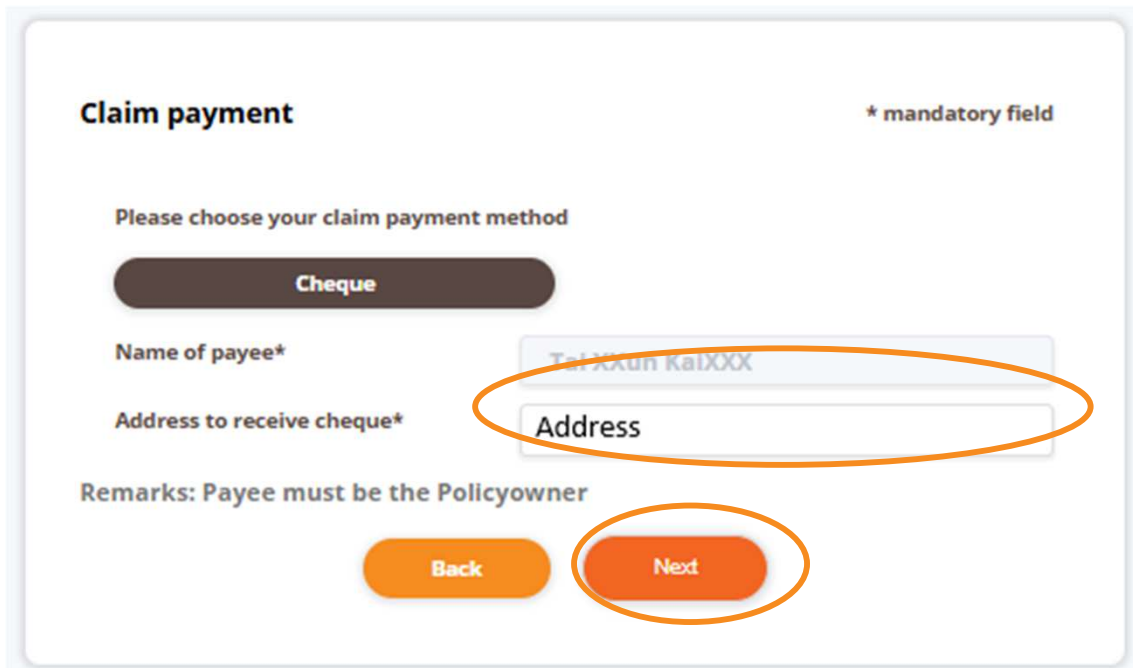
Are you claiming/receiving similar benefits for the same event with any other organization including insurance company, the government, and employer compensation?

☐ Yes ☒ No

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

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

Step
12



Claim payment * mandatory field

Please choose your claim payment method

Cheque

Name of payee*

Address to receive cheque*

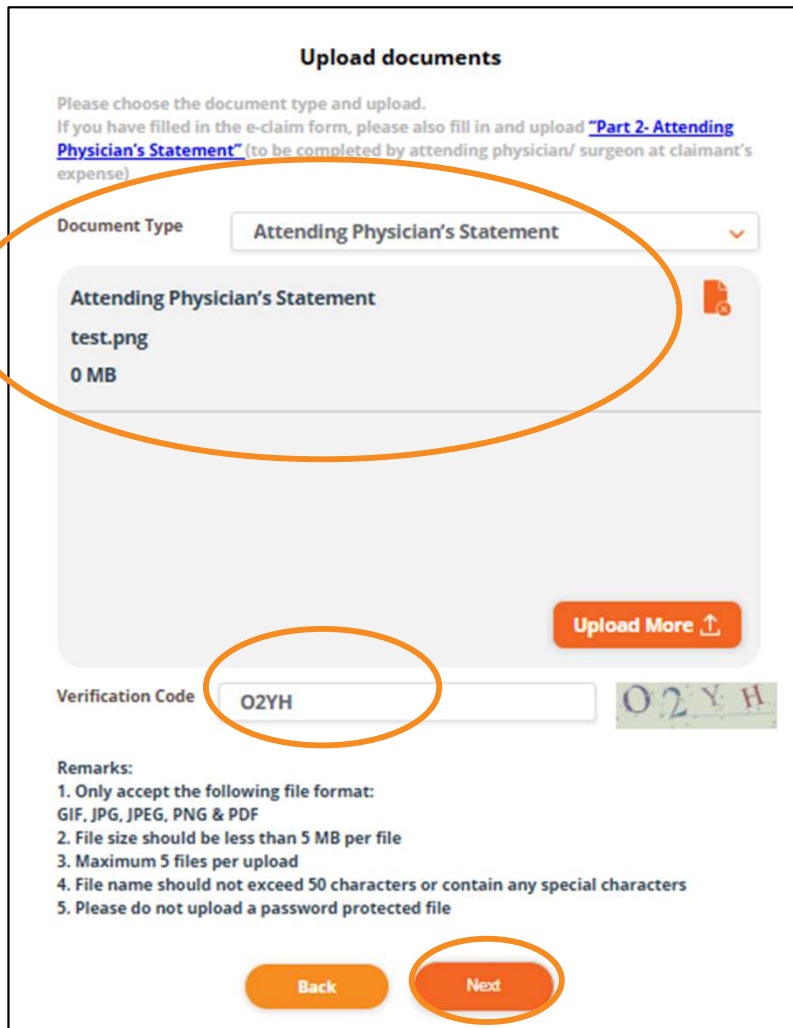
Remarks: Payee must be the Policyowner

Back **Next**

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

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

Step
13



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**

Attending Physician’s Statement
test.png
0 MB

Upload More

Verification Code: **02YH**

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)

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

Step
14

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

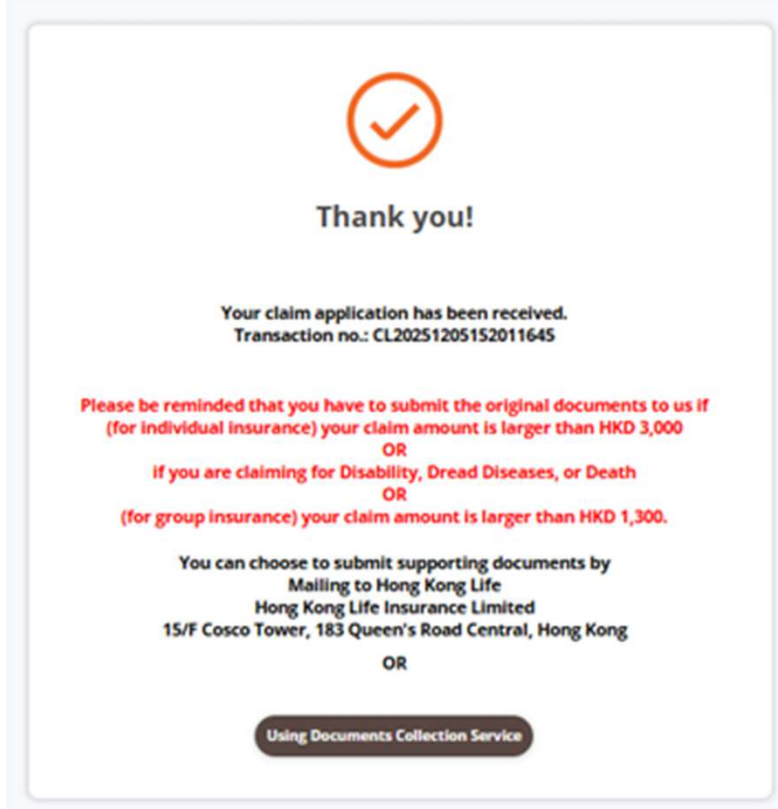
Save draft

Submit claim

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

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

Step
15



The screenshot shows a confirmation page with a large orange checkmark icon at the top. Below the icon, the text reads "Thank you!". Further down, it states "Your claim application has been received." followed by "Transaction no.: CL20251205152011645". A red warning message follows: "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." Below this, it provides instructions on how to submit supporting documents: "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". At the bottom, there is a button labeled "Using Documents Collection Service".

Thank you!

Your claim application has been received.
Transaction no.: CL20251205152011645

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.

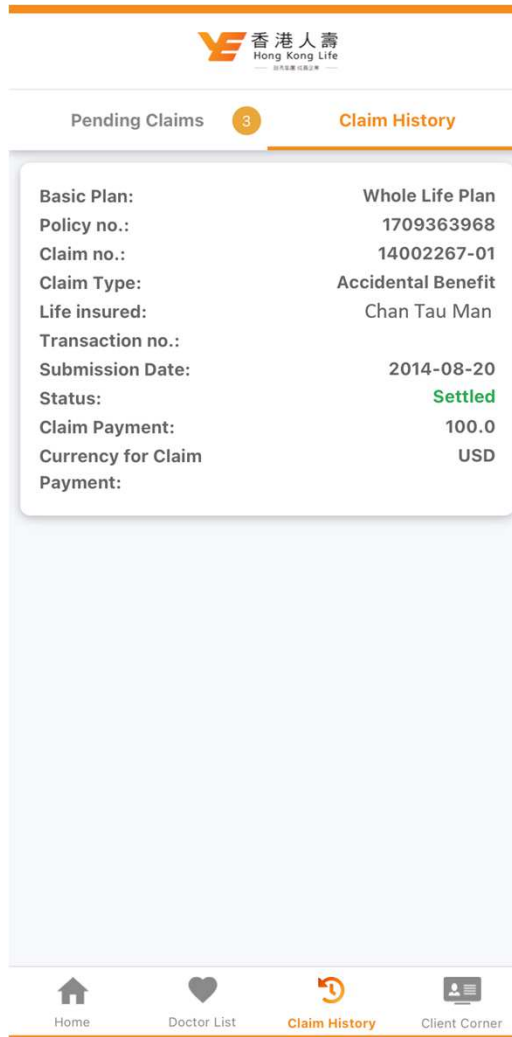
You can choose to submit supporting documents by
Mailing to Hong Kong Life
Hong Kong Life Insurance Limited
15/F Cosco Tower, 183 Queen's Road Central, Hong Kong
OR

Using Documents Collection Service

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

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

Step
16



The screenshot shows the 'Claim History' section of the HKLife app. At the top, there are two tabs: 'Pending Claims' (with a count of 3) and 'Claim History' (which is selected). Below the tabs is a table with the following details:

Basic Plan:	Whole Life Plan
Policy no.:	1709363968
Claim no.:	14002267-01
Claim Type:	Accidental Benefit
Life insured:	Chan Tau Man
Transaction no.:	
Submission Date:	2014-08-20
Status:	Settled
Claim Payment:	100.0
Currency for Claim Payment:	USD

At the bottom of the screen, there is a navigation bar with four icons: Home, Doctor List, Claim History (which is highlighted), and Client Corner.