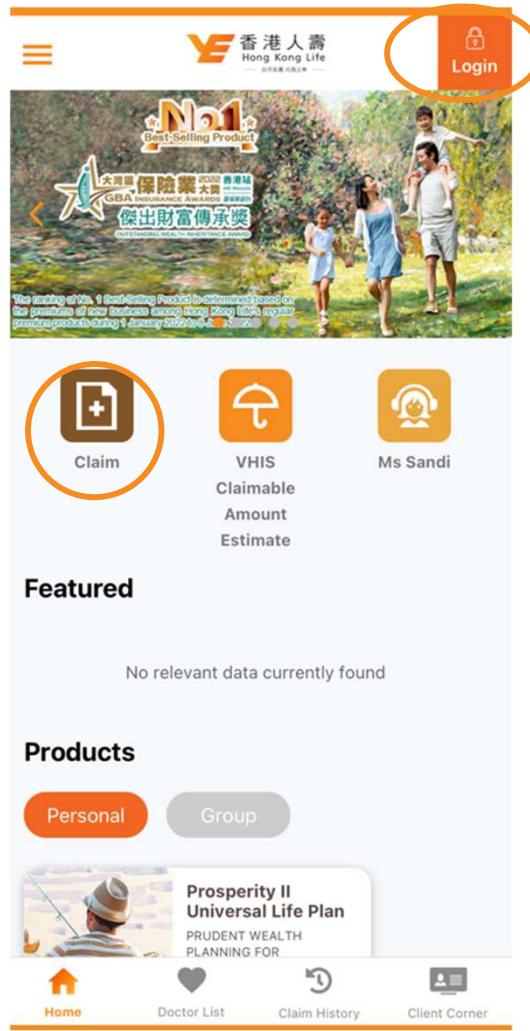


## “eClaims service – Submit E-Claim Form” user guide (Applicable for Individual Customers – Accidental Benefit Claim and Hospitalization Benefit Claim only)

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

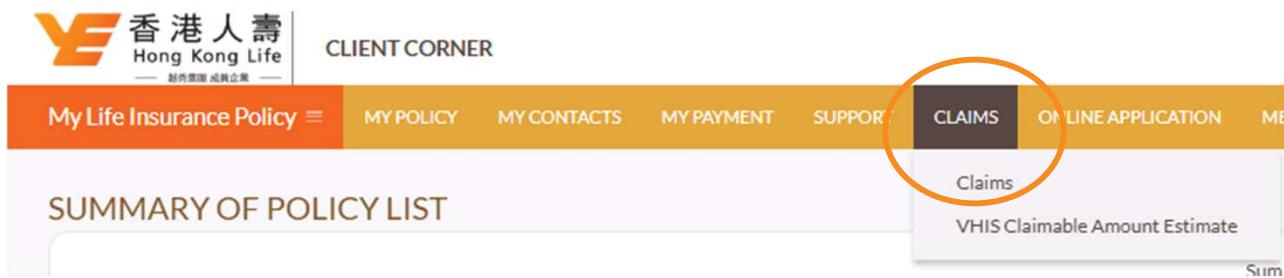
Step  
1a



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

Step  
1b

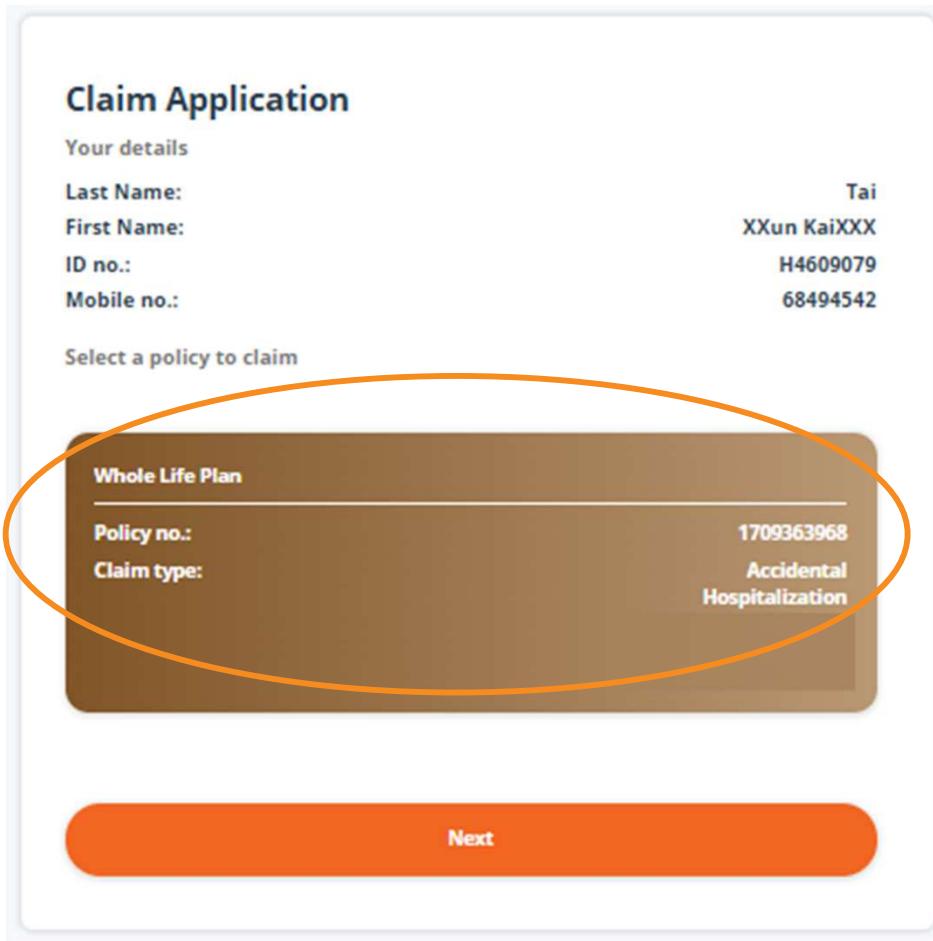
If you use “Client Corner” from Hong Kong Life corporate website,  
please log in and click “CLAIM”



## “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	1709363968
Policy no.:	Accidental
Claim type:	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.



Accidental



Hospitalization

## “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

DD  MM  YYYY

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

Add

Next



## “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\* DD MM YYYY

Time of accident\* Time

Where did the accident happen?\* ADDRESS CITY COUNTRY

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 DD DD  
MM MM MM  
YYYY YYYY YYYY

**Back** **Next**



## “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\* LAST NAME FIRST NAME

Address of Doctor

Consultation date\* DD MM YYYY

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

Back Next



## “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 DD DD

Date of discharge\* MM MM MM

Reason/Diagnosis\* YYYY YYYY YYYY

Name of hospital\*

Address of hospital

Have you taken any home leave during confinement?

Yes  No

**Back** **Next**



## “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.**

**Extent of Injury** \* mandatory field

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

Yes  No

Please describe the current condition of the injury\*

Did you become unable to engage in employment or business?

Yes  No

Did you return or expect to return to work?

Yes  No

Please provide the date\* DD DD DD YYYY

Back  Next

## “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

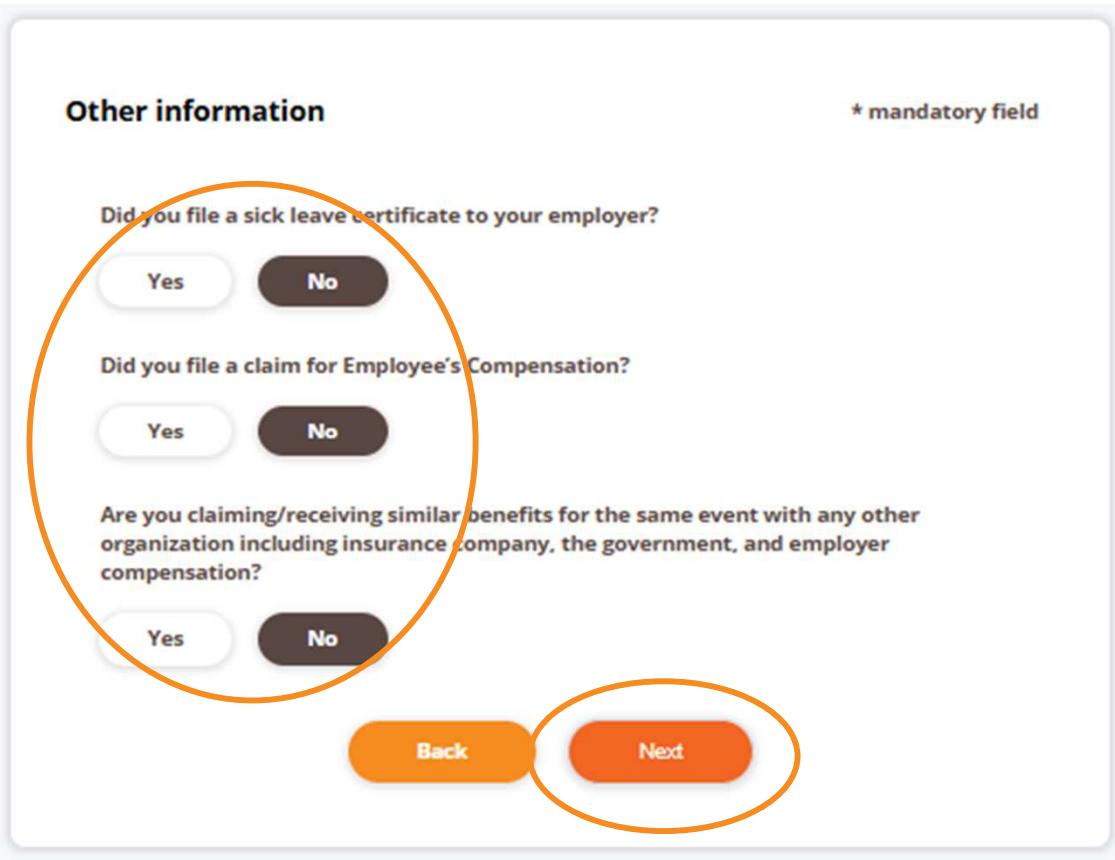
Did you file a claim for Employee's Compensation?

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

**Back** **Next**



## “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

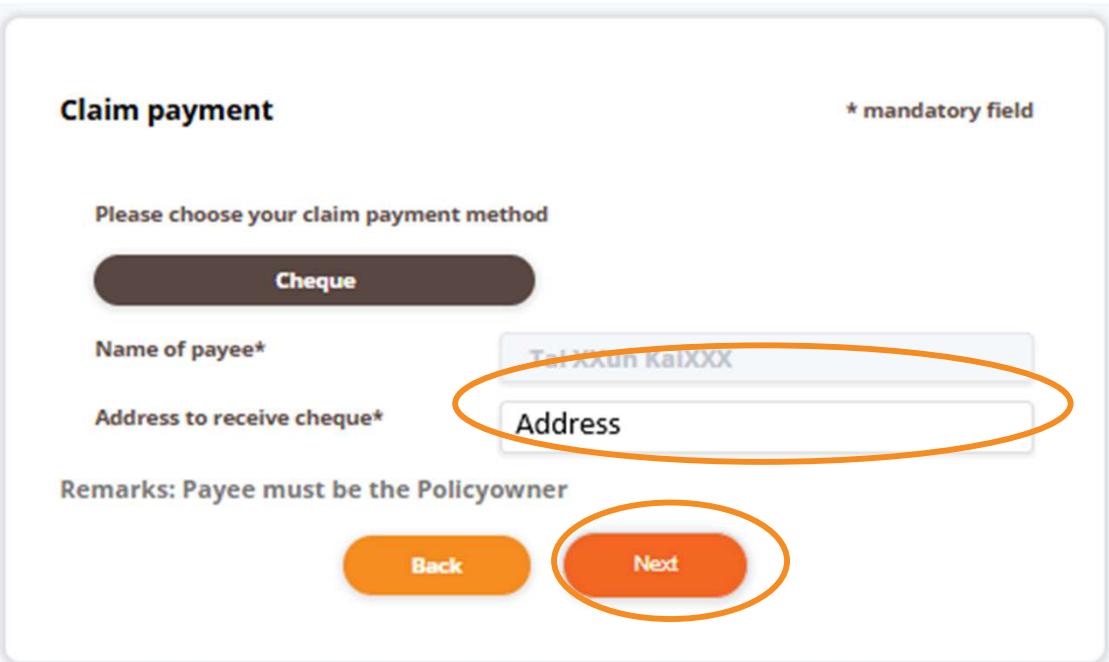
**Cheque**

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

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

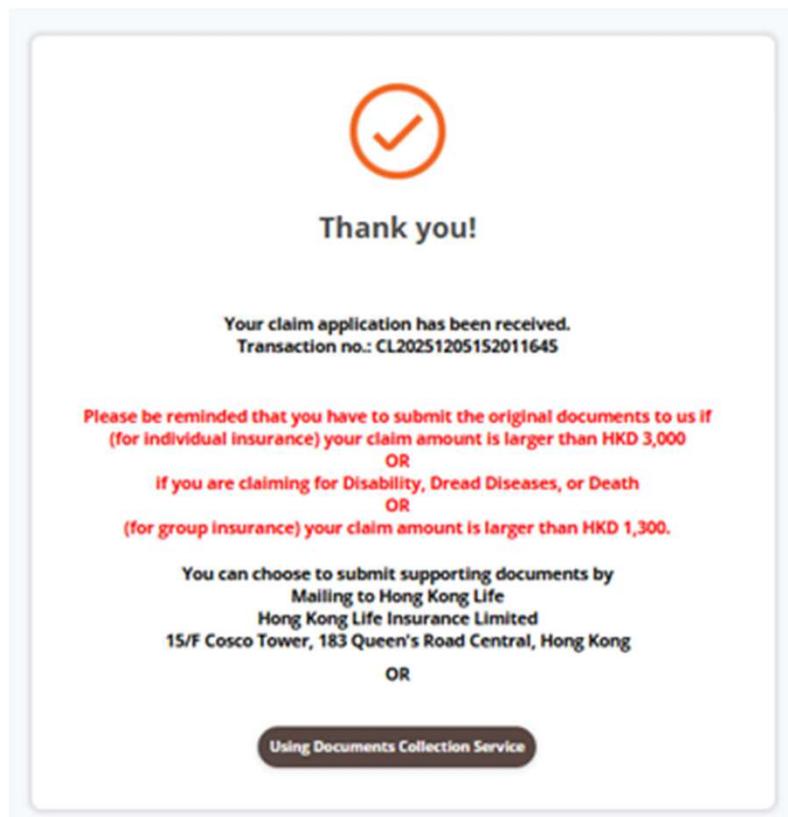
Save draft

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



## “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

