

**MEDICAL INSURANCE –
HOSPITALIZATION & SURGICAL CLAIM FORM**
医疗保险 – 住院及手术赔偿表

This form is applicable to both inpatient
and outpatient surgical claim
本表格适用于住院或门诊手术赔偿

Branch code 分行编号 _____ Location 地点 _____
Advisor code 保险顾问编号 _____
Advisor's name 保险顾问姓名 _____
Advisor's Contact no. 保险顾问联系电话 _____



PART I – TO BE COMPLETED BY THE INSURED / POLICYOWNER

第一部份 – 由投保人 / 保单持有人填写

Important Notes 重要事项:

- For document requirements of this claim, please refer to the Hospital Claims Instructions or scan the QR code.
有关此索偿的所需文件, 请参考「住院索偿指引」或扫描二维码。
- Please read the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice") before you complete this form. The Notice is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Notice.
当阁下填写此表格前, 请阅读《有关〈个人资料(私隐)条例〉的客户通知》(「通知」)。该通知可于宏利网址 (www.manulife.com.hk) 或向阁下的宏利顾问索取。透过填写及交回此表格, 即表示阁下同意该通知之内容。

Policy No./ Cert No. in Claim Sequence: 按索偿顺序填写保单编号/受保证书编号:	Type of products 产品类别:	Name of Policyowner / Employee / Member 保单持有人 / 雇员 / 成员姓名:
1. _____	Individual 个人 <input type="checkbox"/> Group 团体 <input type="checkbox"/>	_____
2. _____	Individual 个人 <input type="checkbox"/> Group 团体 <input type="checkbox"/>	_____
<p>Under ManuEnrich Medical Top-up Plan ("ManuEnrich"), all eligible medical expenses must first be claimed under any other available insurance coverage of the insured before claiming under ManuEnrich. If the insured is entitled to any benefits payable for such eligible medical expenses under another insurance policy issued by Manulife (either a group medical scheme or an individual medical scheme), this claim will automatically be processed & settled under such other insurance policy first and the balance will then be claimed under ManuEnrich.</p> <p>根据倍康医疗加保计划(「倍康」), 所有符合索偿资格的医疗费用必须先向投保人其他可用的保险保障索偿, 方可于倍康提出索偿。若投保人在宏利发行的其他保单(不论团体医疗计划或个人医疗计划) 有权就符合资格的医疗费用获得支付赔偿, 此索偿个案将先自动于该其他保单进行处理及索偿, 余额再于倍康进行索偿。</p>		
Benefits to Claim 索偿类别 <input type="checkbox"/> Medical Reimbursement 医疗费用 <input type="checkbox"/> Hospital Income/Special Bonus 住院现金/特别奖赏 <input type="checkbox"/> ICU Benefit 深切治疗保障		

Name of Insured 投保人姓名:	HKID / Passport No. 香港身份证 / 护照号码: (please attach copy 请附上副本)	
Occupation 职业:	Date of Birth 出生日期: (DD日/MM月/YY年)	Sex 性别: <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
(1) If the medical expenses are incurred outside Hong Kong or Macau, please provide the reason. 若医疗费用于香港或澳门以外地区产生, 请提供原因。 _____	(2) Please provide the reference no. of Preliminary Assessment (if applicable) 请提供初步评估之参考编号(如适用): IFP - PA _____	
<p>(3) Did you submit this insurance claims to other insurance company? 阁下有否于其他保险公司递交是次保险赔偿? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有 <input type="checkbox"/> Medical reimbursement 医疗费用 <input type="checkbox"/> Hospital income 住院现金 <input type="checkbox"/> Others 其他 Name of Insurance Company 保险公司名称: _____ Policy No. 保单编号: _____</p> <p>Is / Are the submitted claim application document(s) DIGITAL receipt(s)? 阁下提交的索偿申请文件是否为电子收据? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有 Please refer to Point 3 under Declaration and Authorization 请细阅声明及授权的第3点 <input type="checkbox"/> Original receipt will not be returned. Please "✓" this box for obtaining certified true copy of receipt. 正本收据恕不退还。 如需取得收据的核实副本, 请于方格内加上"✓"。</p>		
<p>(4) Have you had any prior treatment for this or related condition(s)? 阁下是否曾经因同一病况而接受治疗? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 有 Doctor's Name 医生姓名: _____ Address 地址: _____ Treatment Date 诊治日期: (DD日/MM月/YY年) _____</p>		
<p>(5) Was the hospitalization / surgery a result of an accident? 是次住院 / 手术是否由于一宗意外引致? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 Date 日期: _____ Time 时间: _____ Place 地点: _____ (DD日/MM月/YY年) Brief Description 经过: _____</p> <p><input type="checkbox"/> Claim emergency outpatient benefit 索偿紧急门诊保障 <input type="checkbox"/> Claim the outstanding balance under the accident coverage provided by Manulife, if applicable. (Please provide the relevant policy no. above. No completion of additional "Claim Form for Accident"(C12) is required.) 向宏利的意外保障索赔余额, 如适用。(请于上方提供相关保单编号, 并无需额外填写「意外索偿表格」(C12))</p>		

Other Information / Special Request 其他资料 / 特别指示
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ePayout allows you to get money faster and have it transferred to your bank account directly without hassle.
电子支付将款项直接转入您的银行帐户,令您更快收取款项,化繁为简。

Payment Instructions (Only applicable to Individual Products) 付款指示 (只适用于个人产品):

Notes 注:

- **e-Payout is only applicable to policyowner's bank account, except joint account** 电子支付只适用于保单持有人的银行帐户,不包括联名账户。
- Default e-Payout Method will be applied (if any) if no option is specified or the specified option is invalid 如果没有指定选项或指定的选项无效,将采用预设的电子支付方式(如有)。

By e-Payout 电子支付:

- a. Default e-Payout Method (i.e. last channel for receiving claims payment or policy payment through FPS/Direct Credit. If this option is selected without prior default arrangement, we will pay according to option b(i) below (if applicable). Otherwise, cheque will be issued.) 预设电子提取付款方式(即上一次经转数快或存入银行帐户来收取理赔金额或保单款项的渠道。如选择此选项但未有预先设立提取安排,将根据下列 b(i) 选项处理付款(如适用),否则将以支票形式支付。

OR below specified e-Payout Method (will be set as default arrangement): 或以下指定电子提取付款方式(将被设置为预设付款方式):

- b. Direct Credit to one of my following bank accounts (up to HKD300,000/USD37,500) 直接存入本人下列其中一个银行帐户(限额300,000港元/37,500美元)
- (i) Current autopay bank account in HKD currency for payment of premium and levy 当前缴付保费及征费的港元自动转账银行账户
- (ii) Bank account specified below 以下指定的银行帐户:

1. Name of account holder
帐户持有人姓名 : _____

2. Currency and Bank Name 货币及银行名称

HKD Bank Account 港元银行账户

Bank Name

银行名称 : _____

USD Bank Account (only applicable for USD Policy) 美元银行账户(只适用于美元保单)

Bank Name

银行名称

: **THE HONGKONG AND SHANGHAI BANKING CORPORATION LTD 香港上海汇丰银行有限公司**

3. Bank No. Branch No. Bank Account No.
银行编号 分行编号 银行帐户号码

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Please provide account proof (e.g. bank statement or bank book copy showing the name of account holder and account number)
请提供帐户资料证明(如列有帐户持有人之姓名及帐户号码之银行帐单或银行存折影印本)

- c. FPS to my default receiving account (in HKD only, up to HKD1,000,000) 转数快至本人预设的收款帐户(只限港元,限额1,000,000港元)

Hong Kong Mobile Phone Number

香港手提电话号码

: (852) _____

Others, Country / Region Code & Mobile Phone Number

其他, 国家/区域号码及手提电话号码

: () _____

Remarks 备注:

- The above specified Faster Payment System (FPS) mobile phone number is for FPS payment only and will not be updated to your contact information in our record. 上述指定之手提电话号码只用于转数快转账,并不会用作更新您于我们纪录内的联络资料。
- For payout through FPS, only applicable to payment with maximum daily transaction limit not exceeding HKD1,000,000 (or equivalent) per policy. If payment is exceeding HKD1,000,000 (or equivalent) or above, or the instruction cannot be executed, it will be issued by cheque and collected by Insurance Advisor. 经转数快之付款,每份保单每日最高存款交易不能超逾1,000,000 港元(或等值)。如交易超逾1,000,000 港元(或等值)或以上,或无法执行有关付款指示,总额将以支票形式支付,并由保险顾问转交。
- For payout through Direct Credit, only applicable to payment with maximum daily transaction limit not exceeding HKD300,000/USD37,500 per policy. If payment is exceeding HKD300,000/USD37,500 or above, or the instruction cannot be executed, it will be issued by cheque and collected by Insurance Advisor. 经直接存入银行帐户之付款,每份保单每日最高存款交易不能超逾300,000港元/ 37,500美元。如交易超逾300,000港元/ 37,500美元或以上,或无法执行有关付款指示,总额将以支票形式支付,并由保险顾问转交。
- The above instruction will replace the existing default e-Payout method (if any). 以上指示将取代现有之电子预设付款方式(如有)。
- If there is no default e-Payout method set in our record, it will be issued by cheque^{(a) (b) (c)}. 如未有设立电子预设付款方式,总额将以支票形式^{(a) (b) (c)}支付。
 - Paid by Cheque in Hong Kong Dollar 以港币支票支付
 - For USD policy - Paid by Cheque in USD (drawn in Hong Kong) 适用于美元保单 - 以美元支票支付(由香港的银行付款)
 - For USD policy - Paid by Cheque in USD (drawn in United States) 适用于美元保单 - 以美元支票支付(由美国的银行付款)
- Cheque collection method 支票交付方式
 - Through my Insurance Advisor 经由本人的保险顾问转交
 - By mail to my latest correspondence address with Manulife 寄往本人于宏利登记的最新通讯地址
 - Pick up in Customer Service Centre 于客户服务中心领取
- By Other Payment Option available for claims payment - Please provide details in page 1 section of "Other Information / Special Request" 以其他适用于收取理赔款项之形式 - 请于第一页「其他资料/特别指示」部分提供详情。

Notes 注:

- (a) Unless request to the contrary is specifically made, the claim reimbursement cheque will be drawn in HKD for Hong Kong policies and MOP for Macao policies. The cheque will be forwarded to the Policyowner with the Payment Advice after approval of the claim. 除特别要求外,于香港签发的保单的赔偿支票将以港元支付,而于澳门签发的保单的赔偿支票则以澳门币支付。当索偿获批准后,支票将连同通知书一并送交保单持有人。
- (b) For policy in non-HKD currency, its HKD equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time. 非港元保单的港元等值将会以支票发出时的货币兑换率计算,而宏利将不时提供有关的货币兑换率。
- (c) In general, it takes a longer settlement period to clear a foreign cheque in Hong Kong. Bank charges may be incurred by client for clearing the cheque. 通常,在香港兑现外币支票需要较长的结算时间;另外,银行或会向客户征收兑现支票的相关手续费。

Declaration and Authorization 声明及授权

(1) I/We hereby declare that the answers to the above questions are full and true to the best of my/our knowledge. I/We further authorize any physician, hospital, insurance company, claims investigation company, government authority or organization that has any record or knowledge of me/us, my/our health or my/our activities (including records relating to Social Welfare, Workers' Compensation, credit, financial, earnings and employment history) to furnish to Manulife (International) Limited ("Manulife") or its authorized representative such information including without limitation all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be as effective and valid as the original.

本人/我们特此声明填报于本表格内之资料已是本人/我们所知之全部并为真实无讹。本人/我们兹授权任何医生、医院、保险公司、赔偿调查公司、政府有关部门或其他持有本人/我们个人资料、健康状况或记录(包括有关本人/我们所获之社会福利及劳工赔偿、本人/我们之存款、财政状况、入息及就业记录)之组织可以将该等资料,包括但不限于所有有关本人/我们之疾病或受伤、伤患之病历、诊断报告、药方或治疗及所有医院或医疗记录副本等资料予宏利人寿保险(国际)有限公司("宏利")或其代理人。此授权书之副本与正本具同等效力。

(2) Information (including but not limited to personal data and health information and claims history) collected from me/us/my dependent, the policyowner/policyholder and the proposed insured, can enable Manulife to carry on its insurance/financial business and may be:

从本人/吾等/本人的家属、保单持有人及拟受保人所收集的资料(包括但不限于个人资料、健康资料及索偿记录),可供宏利用于经营保险/金融业务之用,并可供:

i) used by Manulife, its associated companies, employees, third-party vendors/service providers, reinsurers and/or distributors for the purpose of (a) processing my application, including, but not limited to, determining eligibility and approval; (b) underwriting; (c) handling claim(s) including, but not limited to, administering, assessing, adjudicating, investigating, seeking external professional advice, disbursing payment, shortfall management, subrogation, analysis and reporting; (d) requests for payment and/or credit services; (e) administering the policy or any alterations, cancellation or renewal of it; (f) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application); (g) providing customer service, including but not limited to, any follow up on related enquiry and/or communication with you and/or your representative(s); (h) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance/financial industry; (i) automated/ artificial intelligence decision making or profiling; (j) complying with applicable laws, regulations and other related purposes;

ii) 宏利、其关联公司、雇员、第三方供应商/服务供应商、再保险公司及/或分销商用于以下目的:(a)处理本人申请,包括但不限于厘定资格及批核申请;(b)核保;(c)处理索偿,包括但不限于管理、评估、裁决、调查、征求外部专业意见、支付款项、差额管理、代位索索、分析及汇报事宜;(d)付款请求及/或信贷服务;(e)管理保单或有关保单的任何变更、取消或续期事宜;(f)侦查及防范欺诈(无论是否与本申请书所签发的保单有关);(g)提供客户服务,包括但不限于跟进相关查询,以及/或与阁下及/或阁下代表之间的通讯事宜;(h)宏利、宏利的关联公司或保险/金融行业所开展的统计或精算研究工作;(i)基于自动化/人工智能的决策或分析;(j)遵守适用法律、法规及其他相关目的。

iii) transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any regulatory/statutory bodies, association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise; and/or reinsurance of the policy; (c) health care professionals, hospitals, accountants, legal advisors, employers; (d) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), law enforcement agencies and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

iv) 转移至(a)任何相关公司或其他从事保险或再保险相关业务的公司、中介人、提供保险相关服务的索偿、调查或其他机构,或任何现存或不时成立的监管/法定机构,协会或保险公司联合会;(b)以实现上述任何一项目的及/或以核对程序或其他方式进行数据核实,以及/或进行保单再保险事宜的任何个人/组织;(c)医护专业人员、医院、会计师、法律顾问、雇主;(d)为保险业整合索偿及核保资料的机构、防范欺诈机构、其他保险公司(无论是直接转移至或透过防范欺诈机构或本段所述之其他人土作出转移)、执法机构、可供保险业界根据现有资料进行资料分析和核实的数据库或登记册(及其营运者)。

(3) (Only applicable when the claim application document(s) is/are digital receipt(s)) I/We hereby declare that the enclosed claim application document(s) is/are DIGITAL receipt(s), and I/we agree to provide payment proof upon request if needed. If I/we have applied to other insurance company(ies) for payment(s) of the above mentioned claim, I/we confirm that a copy of the payment advice from that insurance company has been enclosed here in support of my/our application for the remaining balance of the claim (if applicable). I/We understand that Manulife reserves all rights to reverse / claw back any payment made if my claim has been paid by any other insurance company(ies). I/We confirm that there is no ongoing payment application in relation to the above mentioned claim at any other insurance company. I/We acknowledge that the making of this declaration shall not in any way determine the liability of Manulife (International) Limited ("Manulife") in any relevant claims settlement.

(只适用于索偿申请文件为电子收据)本人/吾等特此声明,附上之索偿申请文件为电子收据,并同意在需要时按要求提供付款证明。倘若本人/吾等曾经就上述理赔个案向其他保险公司作出赔偿申请,本人/吾等确认已经附上该保险公司的赔偿通知书副本,以作余额索偿申请之用(如适用)。本人/吾等明白,倘若还有其他保险公司曾就上述理赔个案作出赔偿,宏利保留撤销/取回已赔偿之金额的所有权利。本人/吾等确认上述理赔个案在其他保险公司没有正在进行的赔偿申请。本人/吾等确认,作出以上声明并不代表宏利保险(国际)有限公司("宏利")必须就任何有关索偿负上赔偿责任。

(4) I/We understand and agree that Manulife has the right to reverse/claw back any incorrect payment caused by incorrect information provided by me/us.

本人/吾等明白并同意宏利有权要求本人/吾等退回因本人/吾等提供不准确资料而导致的错误赔偿。

(5) All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region/Macau Special Administrative Region

所有资料处理程序可能涉及将资料转移至香港特别行政区或澳门特别行政区境内外的地方。

✕

Signature of Insured (if Aged 18 or Above)*
受保人签署(如十八岁或以上)

Name (In BLOCK LETTERS) & I.D. No. of Insured
受保人姓名(请以正楷书写)及身份证号码

Date (DD/MM/YYYY)
日期(日/月/年)

✕

Signature of Policyowner
保单持有人签署

Name (In BLOCK LETTERS) & I.D. No. of Policyowner
保单持有人姓名(请以正楷书写)及身份证号码

Date (DD/MM/YYYY)
日期(日/月/年)

* For insured aged below 18, signature of the policyowner must be provided for the application for the claim 十八岁以下受保人之索偿申请必须由保单持有人签署。

PART II – TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT’S OWN EXPENSES
第二部份 – 由主诊医生 / 外科医生填写, 所需费用由索偿人自行承担

Patient Name (in full) 病人姓名 (全名): _____

Date of Admission 入院日期 (DD日/MM月/YY年) _____ Date of Discharge 出院日期 (DD日/MM月/YY年) _____

Period in ICU 入住深切治疗部日期 from 由 (DD日/MM月/YY年) _____ to 至 (DD日/MM月/YY年) _____

Name of Hospital 医院名称: _____

Level of hospital ward 病房级别: Private 单人病房 Semi-private 双人病房 Ward 普通病房 Isolation room 隔离病房 Day Case 日间治疗

1. Clinical History 求诊记录:

- a) Date on which the patient first consulted you related to this illness / injury 病人就该疾病/创伤, 首次向您求诊的日期 (DD日/MM月/YY年) _____
- b) How long had the patient been experiencing the symptoms / complaints before the first consultation? 病人在首次求诊前已患有症状 / 主诉多久? _____
- c) Symptom(s) / complaint(s) of the patient relating to this hospitalization / treatment / investigation 病人就此次住院 / 治疗 / 检验所出现的相关症状 / 主诉 _____

2. Hospitalization Details 住院详情:

- a) Final Diagnosis 最后的诊断 _____ Date of Operation 手术日期 (DD日/MM月/YY年) _____
- b) (i) Operation procedure(s) performed 手术的名称 _____
(ii) Any co-surgeons? If yes, please provide their names, specialties and role in the operation. 是否有其他外科医生参加手术? 如有, 请提供他们的姓名、专科以及在手术中的职责 _____
- (iii) Mode of Anaesthesia 麻醉方式: GA 全身麻醉 LA 局部麻醉 MAC 监察麻醉 sedation 镇静 (IV or Oral 静脉注射或口服)
- c) If the patient has been referred to consult other physician during this hospitalisation, please provide the following 如病人于住院期间曾被转介向其他医生求诊, 请提供以下资料:
Name of physician consulted 求诊医生姓名 _____ Reason 原因 _____
What treatment had the physician performed 治疗详情 _____
- d) Please give a brief discharge and/or investigation summary (including etiology, types and results of major examinations, treatments, complications and follow up dates & plan) 请提供出院及/或检查摘要 (包括病因、主要检查的种类及结果、治疗、并发症及覆诊日期和详情) _____
- e) Can the medical test(s) and the operation procedure be done on an outpatient basis / at day surgery centre? 该检查及手术可否在门诊 / 日间手术中心进行?
 Yes 可以
 No, (i) please provide reason(s) 不可以, 请提供原因 _____
(ii) Any comorbidity? 有否合并症? Yes, please specify details 有, 请提供详情 _____
 No 否
- f) Is it a case of emergency? 这是否紧急个案?
 Yes, please specify reason(s) 是, 请提供原因 _____
 No 否

3. Professional Comment 专业意见:

- a) In your opinion, was the patient hospitalized as a result of recurrent episode or a chronic illness or related to a previous complaint / diagnosis. If "yes", please provide date of the first episode and details. 就阁下意见, 病人是次住院治疗是否因继发性或慢性疾病所引致或与以往的主诉 / 诊断有关? 若答案为“是”, 请提供首次发病日期及详情。 _____
- b) Was the condition due to or associated with the following?(Please tick the appropriate boxes) 上述情况是否出于或与以下问题关联 (请在适当空格填上✓号)
 Accidental bodily injury 意外身体受伤 Pregnancy 怀孕 Congenital condition 先天性疾病 / 异常
 Self-inflicted injury 自我伤害 Infertility or sterilization 不育或绝育 Developmental condition 发育问题
 Abuse of drugs or alcohol 滥用药物或酒精 Contraception 避孕 Hereditary condition 遗传性问题
 Mental disorder 精神紊乱 Treatment for cosmetic purpose 美容性质的治疗 General check-up 一般身体检查
 Refractive error 屈光不正 Vaccination 疫苗接种 N/A 不适用
 Venereal disease, sexually transmitted disease or AID / HIV related illness 性病, 性传播疾病或爱滋病 / 爱滋病毒有关的疾病

4. Others 其它:

- a) If the patient was referred by another doctor, please provide the referring doctor's name and address. 如病人由其他医生转介, 请提供转介医生的姓名和地址。 _____
- b) (ONLY APPLICABLE TO Preliminary Assessment of VHIS Product) Compared with Preliminary Assessment, are there any variations on the medical services actually received (e.g. cost and treatment)? If yes, please provide reason(s). (仅适用于自愿医保产品初步评估) 与初步评估相比, 实际接受之医疗服务有否任何改变 (例如费用及治疗)? 如有, 请提供原因。 _____
- c) Are you the patient's usual physician? 您是否是该病人的常用医生? Yes 是 No 否
Since 自 (DD日/MM月/YY年) _____

I hereby certify that all information given above is accurate and true to the best of my knowledge. 本人特此声明, 就本人所知, 上述所有资料均准确无误。

Signature and chop of attending physician / surgeon 主诊医生 / 外科医生签名及盖章 _____ Address and Telephone No. 地址及电话号码 _____

Name of attending physician / surgeon & qualifications 主诊医生姓名 / 外科医生姓名及资历 _____ Date 日期 (DD日/MM月/YY年) _____



HOSPITAL CLAIMS INSTRUCTIONS 住院索偿指引

This guideline is for reference only 本指引只供参考

Please ensure all questions on Part I and Part II of the Medical Insurance - Hospitalization & Surgical Claim Form are answered and check that all required claim documents are submitted. Otherwise, the claim may not be processed due to incomplete information. The policyowner may be requested to provide additional information relating to this claim.

请确保已回答「医疗保险—住院及手术赔偿表」第一及第二部份所有问题及提交所需索偿文件，否则此索偿申请可能因资料不足而未能被处理。保单持有人可能被要求就此项索偿提供额外资料。

☑ Please submit aforesaid required documents to Claims Department of Individual Financial Products, Manulife (International) Limited, 22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.

请将上述所需文件寄回香港九龙观塘伟业街223-231号宏利金融中心A座22楼宏利人寿保险(国际)有限公司个人理财产品理赔部。

📄 For receipt charged HKD3,000 or below, it can be submitted to <http://www.claimsimple.hk> or by scanning the QR code.

任何收据金额不多于3,000港元，可以通过<http://www.claimsimple.hk>或扫描二维码提交索偿。

Below required documents must be received by Manulife within 90 days from the date on which medical expenses were incurred. (Note: No original documents will be returned)
以下所需索偿文件须在有关医疗费用产生后九十日内提交至宏利。(注：正本文件恕不退还)

Claims Document Checklist - Basic Requirements 索偿文件清单：基本要求

- **Fully completed** Medical Insurance – Hospitalization & Surgical Claim Form (C13); and **完整填写**之「医疗保险 - 住院及手术赔偿表」(C13); 及
- **Original** hospital **receipts**; and 医院**收据正本**; 及
- Original statement of charges / accounts; and 收费单正本; 及
- HKID card / passport copy of both Policyowner and Insured (if you have not provided the relevant document(s) to us before or the document(s) in our records is / are no longer valid or do(es) not comply with the current regulatory requirements) 保单持有人及受保人的香港身份证/护照副本 (如阁下从未提供予我们有关文件，或我们记录内之有关文件已不再有效或未能遵守现行的监管要求)
- **Full set copy of medical documents** from hospital, including copy of laboratory, diagnostic, imaging & histopathology report and discharge summary 医院提供的**所有医疗文件副本**，包括：化验、诊断、影像和病理报告的副本及出院病例副本
- **Breakdown of charges** of laboratory, investigation tests, medication, meal and medical package (if applicable) 化验、检验、药物、膳食和医疗套餐(如适用)**费用细分**

Applicable For / When 适用于	Additional Documents ^{Note (1)} 附加文件 ^{注(1)}
Pre- / post- hospitalization / day case surgery outpatient benefit 住院/出院/日间手术前后门诊	• Original receipts with diagnosis proof 附有 诊断证明 之 收据正本
Claims paid by other insurers 已获其他保险公司支付赔偿	• Copy of payment advice and original / certified true copy of receipts from other insurers 其他 保险公司赔偿明细表副本 ; 及 收据正本 / 该保险公司发出的收据核实副本
Hospitalized in Mainland China hospital 入住中国内地医院	• Copy of daily hospitalization record 每日住院记录副本 • Copy of Home Visit Permit 回乡卡副本
Claims for dependent of the insured who is a student & aged 18 to 25 如为受保人之家属索偿而其为学生且年龄在十八岁至二十五岁之间	• Copy of student identity card 学生证副本
Traffic accident involved 涉及交通意外	• Copy of police report / traffic accident report / police statement 警方报告/交通意外报告/警方口供副本
Hospitalized in Government Hospital ^{Note (2)} 入住政府医院 ^{注(2)}	• Copy of discharge summary / slip; or 出院纸副本; 或 • Copy of sick leave certificate with diagnosis 列明诊断的病假证明书副本
Wart/Benign Skin Lesion Surgery 去疣/及良性表皮病变手术	• Wart/Benign Skin Lesion Surgery Claim-Supplementary Form (C_ENQ02) ^{Note(3)} completed by attending doctor 主诊医生填写的「去疣/及良性表皮病变手术理赔 - 附加表格」(C_ENQ02) ^{注(3)} • All consultation records from treatment center, related to this wart surgery 在此治疗中心与这次去疣手术的所有会诊记录 • Operation record with details note including operation duration, operating medication, body part performed and numbers of warts treated 手术记录，包括手术时间、手术药物、治疗的身体部位和疣数量 • Pre- and post-surgery clinical photos, subject to the sensitivity of the body location where the treatment was performed, signed by patient 手术前和手术后的临床照片，取决于治疗的身体部位的敏感性，并由患者签名 • Pathology report (if surgical curettage was done) 病理报告(适用于手术刮除术) • Itemized breakdown of charges with details of specific procedure performed, medication prescribed, laboratory test and any other medical and/or non- medical services rendered. 具体收费明细，包括具体疗程、疗程用的药物、化验检查以及所有的医疗和/或非医疗服务的详细资讯。

Note 注：

- (1) Manulife reserves the right to request for original documents or other supplementary documents / information if deemed necessary 如有需要，宏利保留要求提供正本文件或其他补充文件/资料的权利
- (2) For payment incurred in Public Ward Unit of hospitals governed by the Hospital Authority of Hong Kong / Macao Health Bureau only, completion of Part II of the Form will be waived if ALL of the following conditions are met: 若于香港医院管理局 / 澳门卫生局辖下的公众病房内留医，且索偿符合以下所有项目，则可获豁免填写表格第二部份：
- a) Daily hospital fee was charged at flat rate 每天固定医疗收费
- b) The claims amount is less than USD500.00 or HKD4,000.00 索偿金额少于500美元或4,000港元
- c) The claim must be accompanied by copy of Sick Leave Certificate or other official documents (e.g. Discharge Summary / Slip) with Diagnosis 必须递交列有诊断结果的病假证书或其他正式证明文件（例如出院纸）之副本
- d) Qualifying Duration 合资格期限
- The policy / benefit has been effective for more than 2 years – all diagnosis (except exclusions) 计划/保障生效两年以上：任何诊断结果（不受保项目除外）
 - The policy / benefit has been effective for less than or equal to 2 years – diagnosis specified on below annexed list only 计划/保障生效少于或相等于两年：只限下列诊断结果

Annexed List of Diagnosis 诊断结果列表

Accident Cause 意外造成	Duodenitis 十二指肠炎	Laryngitis 喉炎	Roseola 玫瑰疹
Allergic Rhinitis 过敏性鼻炎	Enteritis 肠炎	Lymphadenitis 淋巴结炎	Rubella 风疹
Appendicitis 阑尾炎(盲肠炎)	Fascitis 筋膜炎	Measles 麻疹	Tonsillitis 扁桃腺炎
Balanitis 龟头炎	Gastritis 胃炎	Mole /Subcutaneous Cyst 痣/皮下囊肿	Tracheitis 气管炎
Bronchitis 支气管炎	Gastroenterocolitis 胃肠结肠炎	Muscularskeletal Pain 肌(与) 骨骼痛	Upper Respiratory Tract Infection 上呼吸道感染
Cellulitis 蜂窝织炎	Gastroenteritis 胃肠炎	Otitis Externa 外耳炎	Urinary Tract Infection 泌尿道感染
Chalazion 霰粒肿	Hemorrhoids 痔疮	Parotitis 腮腺炎	Viral Infection 病毒感染
Chest Infection 胸部感染	Hepatitis A 甲型肝炎	Peritonitis 腹膜炎	Vocal Polyps 声带息肉
Cholecystitis 胆囊炎	Hernia 疝气(小肠气)	Pharyngitis 咽炎	Wart 疣
Chondritis 软骨炎	Herpes Zoster 带状疱疹	Pneumonia 肺炎	
Cystitis 膀胱炎	Influenza 流行性感冒	Renal Stones 肾结石	

- (3) Please download the Supplementary Form at Manulife website <https://www.manulife.com.hk> or contact your Insurance Advisor for details 请在宏利网站 <https://www.manulife.com.hk> 下载附加表格或向阁下之保险顾问查询。