

## Required Documents for Claims

|     |   | Death Benefit | Accidental Death / Unnatural Cause | Critical Illness Benefit | Hospital Expense Benefits | Hospital Cash / Surgical Cash/ Intensive Care Unit Benefit | Accidental Medical Expense Benefit | Waiver of Premium / Payor Benefit / Total & Permanent Disability |
|-----|---|---------------|------------------------------------|--------------------------|---------------------------|--|------------------------------------|--|
| 1.  | Claim Form Part I   | ✓             | ✓                                  | ✓                        | ✓                         | ✓  | ✓                                  | ✓  |
| 2.  | Claim Form Part II  | ○             | ✓                                  | ✓                        | ✓                         | ✓  | ✓                                  | ✓  |
| 3.  | Death Certificate and/or Notarial Certificate (Original / Certified True Copy)          | ✓             | ✓                                  |                          |                           |  |                                    |  |
| 4.  | ID of Insured (Original / Certified True Copy)  | ✓             | ✓                                  |                          |                           |  |                                    |  |
| 5.  | ID of Policyowner / Beneficiary / Estate Administrator (Original / Certified True Copy) | ✓             | ✓                                  |                          |                           |  |                                    |  |
| 6.  | Policy Document (Original)  | ✓             | ✓                                  |                          |                           |  |                                    |  |
| 7.  | Self-Certification Form – Individual  | ✓             | ✓                                  |                          |                           |  |                                    |  |
| 8.  | Relationship proof between Insured and Beneficiary (Original / Certified True Copy)     | ✓             | ○                                  |                          |                           |  |                                    |  |
| 9.  | Credit Card Statement (for Credit Shield Protection claim)                              | ✓             | ✓                                  |                          |                           |  |                                    |  |
| 10. | Police Report / Police Statement  |               | ✓                                  | ○                        | ○                         | ○  | ○                                  | ○  |
| 11. | ID of Policyowner (Copy)  |               |                                    | ✓                        | ✓                         | ✓  | ✓                                  | ✓  |
| 12. | Pathology Report & Laboratory Reports (Copy)  |               |                                    | ✓                        | ○                         |  |                                    |  |
| 13. | Receipts (Original)   |               |                                    |                          | ✓                         |  | ✓                                  |  |
| 14. | Hospital Receipts (Copy)  |               |                                    |                          |                           | ✓  |                                    |  |
| 15. | Sick Leave Certificates (Original / Certified True Copy)                                |               |                                    |                          |                           |  | ○                                  | ✓  |
| 16. | Compensation breakdown from other Insurer   |               |                                    |                          | ○                         |  | ○                                  |  |
| 17. | Letter of Administration (Original / Certified True Copy)                               | ○             | ○                                  |                          |                           |  |                                    |  |
| 18. | Surrender of HKID confirmation note   | ○             | ○                                  |                          |                           |  |                                    |  |
| 19. | Legal Guardianship Paper for Minor's Beneficiary  | ○             | ○                                  |                          |                           |  |                                    |  |
| 20. | Death inquest report  | ○             | ○                                  |                          |                           |  |                                    |  |
| 21. | Autopsy report  | ○             | ○                                  |                          |                           |  |                                    |  |
| 22. | Doctor's referral letter  |               |                                    |                          |                           |  | ○                                  |  |

Remarks:

✓ Basic documents

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Supplementary documents

Notes:

1. Additional documents / information may also be required.
2. Company reserves the right to request for original documents if deemed necessary.
3. Justification for waiving basic document should be recorded internally, if any.
4. If original policy is lost, beneficiary needs to sign the Policy Loss Declaration Form.

