

### 3. 填寫基本資料

## 網上理賠

1

填寫基本資料

註：以上資料僅作賠償申請之用，不會同時更改其他系統資料。

受保人姓名

KAN YUNG TSZ

保單權益人姓名

KAN YUNG TSZ

聯絡電話

852

-

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99999999

電郵地址

abc@example.com

聯絡時間

☒ 任何時間

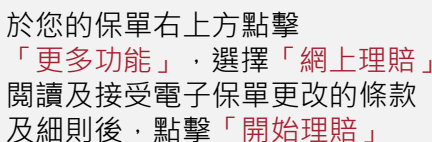
☐ 上午

☐ 下午

取消

下一步

輸入/確認您的聯絡電話，電郵地址及選擇合適的聯絡時間，然後點擊「**下一步**」。



輸入/確認您的聯絡電話，電郵地址及選擇合適的聯絡時間，然後點擊「**下一步**」。

## 6. 確認資料

網上理賠



感謝您提交的索償申請。  
我們會盡快處理您的需求。

參考編號：**CLM2024062109452201**

建議客戶自行儲存此頁面的資料作存檔。

確定

覆檢資料輸入無誤，點擊「確定」  
遞交申請

申請成功遞交後，請記下參考編號，以作日後查詢之用

## 1. Login eService

**LOGIN**

Login ID (Email)

Password

Forgot username/Forgot password

Verification Code Reload image

**Login**

Please use below [Website](#) or scan the [QR Code](#) to login eService Platform



<https://www.boclifeline.com>

## 2. Select “e-Claims”

**Policy Overview**

The following policy information is only applicable to income policies. Please note that details of your Group Life, Joint Life and any terminated policies will not be shown here.  
If you would like to enquire about the policy documents issued on or before 20th May 2017, please call our Customer Service Hotline +852 2860 0688.  
Please read our eService Terms and Conditions before using our e-policy service.

1 CRITICAL ILLNESS 188 WHOLE LIFE INSU... **Policy change** **e-Claims** **Download Policy Documents**

Life Insured: KAN YUNG TSZ  
Policy number: 9999999999  
Currency: HKD

After login, your policies will be listed under [Policy Overview Page](#)

Click “More Options” and select “e-Claims” on the right side of your policy. After reading and accepting the e-Policy Change Service Terms and Conditions, click “Start eClaims”

## 3. Fill in basic information

**Claims Submission**

1 Fill in basic information

**Note:** The above information is used for this e-Claims request application. Current system record will not be changed.

Name of Insured  
QIV FZR JRMV  
KAN YUNG TSZ  
Name of Policy Owner  
QIV FZR JRMV  
KAN YUNG TSZ  
Contact telephone number  
852 - 99999999

Email Address  
abc@example.com

Preferred Contact Time  
☒ Anytime  
☐ Morning  
☐ Afternoon

**Cancel** **Next Step**

Enter / confirm your contact phone number, email address, choose a suitable contact time, and then click “Next Step”

## 4. Fill in claim details

**Claims Submission**

2 Fill in claim details

Benefit claimed  
Please Select

\* Benefits shown here are not necessarily covered under your policy. Please refer to policy document for claimable benefits.

Diagnosis  
Please choose

**Declaration**

I HEREBY DECLARE AND AGREE on behalf of myself/the insured and other persons referred to in this claim form (“Relevant Persons”) that

(1) all statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; and

(2) I/we have received, read and fully understood the **Personal Information Collection Statement** contained in this document, and agree that any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of that Statement and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes.

☒ I declare and agree that I have the full authority from and consent of the Relevant Persons to make the above declarations and agreements.

**Next Step**

Select the benefit claimed, fill in the information, read and agree to the declaration, then click “Next Step”

## 5. Upload documents

**Claims Submission**

3 Upload documents

Benefit claimed: Hospital Income / Surgical Income

The following supporting documents are required to be submitted along with this e-Claims application. Our claims officer will notify you if any additional information is required. For any enquiry, please contact us on (852) 2860 0655

**Upload Document**

- File format in pdf / jpg / png / gif / tiff
- File size must be under 3MB

**Mandatory document**

\* Hospital Claim Form Part 2 completed by attending doctor **Click to select file(s)**

\* Discharge Slip and Discharge Summary **Click to select file(s)**

Hospital receipt copy **Click to select file(s)**

Upload the relevant documents as requested. After uploading, click “Next Step” to enter Confirm Submission page

## 6. Confirm Submission

**Claims Submission**

Thank you for submitting the e-Claims application.  
We would process your request as soonest.

**Reference number: CLM2024062110153301**

You are advised to save this page for own record.

**Confirm**

Verify the information inputted, click “Confirm” to submit the application

After submitting the application, remember to jot down the reference number for future enquiries