

## 1. 登入电子服务平台



登入

用戶名稱(電郵地址)

密碼

忘記用戶名稱/忘記密碼

驗證碼 刷新圖片

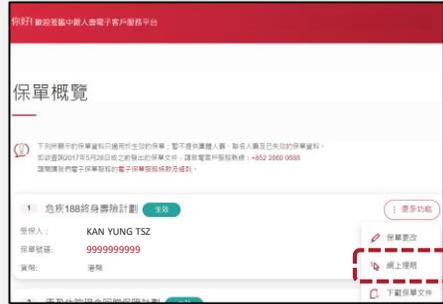
登入

请使用以下[网址](#)或扫描[二维码](#)登入电子服务平台



<https://www.boclifeline.com>

## 2. 选择网上理赔



你好! 歡迎臨中銀人壽電子客戶服務平台

保單概覽

下列所顯示的保單資料只適用於您目前的保單，恕不適用於團體人壽、聯名人壽及已失效的保單資料。  
如欲查詢2017年10月1日起生效之新保單文件，請致電客戶服務熱線：+852 2860 0688  
請閱讀我們電子保單服務之電子保單服務條款及細則。

1 危疾188終身壽險計劃 更多功能

保單人: KAN YUNG TSZ  
保單號碼: 9999999999  
名稱: 保單

保單更改 網上理賠

登入电子服务平台后，您的保单将显示于[保单概览](#)页面

于您的保单右上方点击「更多功能」，选择「网上理赔」阅读及接受电子保单更改的条款及细则后，点击「开始理赔」

## 3. 填写基本数据



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 - 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

输入/确认您的联络电话，电邮地址及选择合适的联络时间，然后点击「下一步」

## 4. 填写赔偿申请数据



網上理賠

2 填寫賠償申請資料

申請賠償類別  
請選擇

\* 賠償類別未必適用於保單所屬保額，詳情請查看保單合約內容。

建議賠償申請類別

診斷結果  
請選擇

聲明

本人謹此代表本人/受保人/或其從此賠償申請書填寫之人士(「填寫人」)聲明及同意

(1) 上述一切陳述及相關的資料屬實，不論填寫本人或受保人，對本人和所屬，均為事實之全部及真實資料。

(2) 本人/填寫人已詳閱及明白保單合約內之個人資料披露條款，及同意填寫人士的任何個人資料均將被即時用於處理此項賠償申請及有關之用途及用途，且同意將個人資料提供給有關之保險公司及其他保險公司。

本人聲明及同意已填妥相關人士之姓名及與本人作出上述聲明及同意。

下一步

选择申请赔偿类别，然后填写资料。阅读及同意声明后，点击「下一步」

## 5. 上载相关文件



網上理賠

3 上載相關文件

申請賠償類別：住院現金賠償 / 手術現金賠償

以下證明文件須與電子理賠申請一併提交，倘若有需要索取其他額外資料，理賠主任會即時通知您，如有任何查詢，歡迎與我們聯絡：(852) 2860 0655

上傳文件

- 檔案格式為 pdf / jpg / png / gif / tiff
- 檔案大小須於 3MB 以內

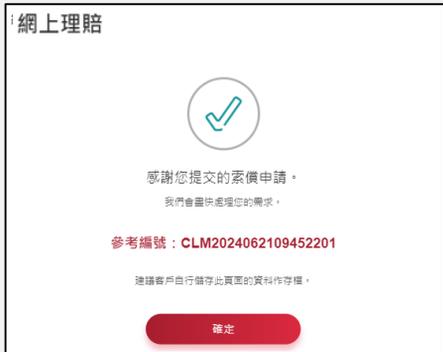
\* 為必要提交的文件

\* 由主診醫生填寫之住院賠償申請表之乙部 按此選擇檔案

\* 出院紙及出院摘要 按此選擇檔案

按要求上传相关文件，上传完成后，点击「下一步」，进入确认资料页面

## 6. 确认数据



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

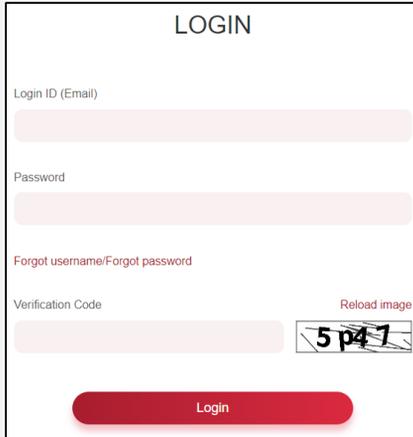
建議客戶自行儲存此頁面的資料作存檔。

確定

覆检资料输入无误，点击「确定」递交申请

申请成功递交后，请记住参考编号，以作日后查询之用

## 1. Login eService



LOGIN

Login ID (Email)

Password

Forgot username/Forgot password

Verification Code Reload image

5 p4 7

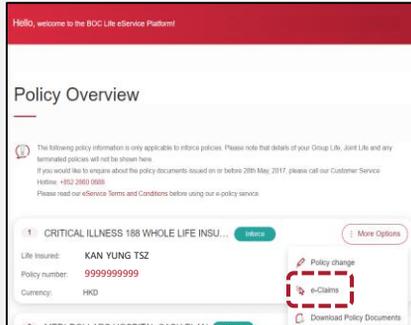
Login

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



<https://www.boclifeline.com>

## 2. Select “e-Claims”



Hello, welcome to the BOC Life eService Platform

Policy Overview

The following policy information is only applicable to in-force 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.

CRITICAL ILLNESS 188 WHOLE LIFE INSU... More Options

Life Insured: KAN YUNG TSZ

Policy number: 999999999 e-Claims

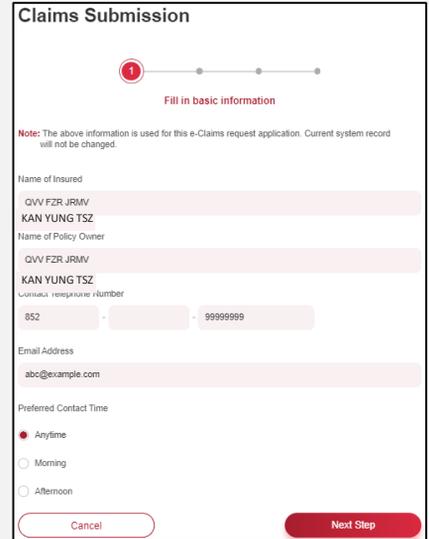
Currency: HKD Policy change

Download Policy Documents

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  
QVVFZJRJV  
KAN YUNG TSZ  
Name of Policy Owner  
QVVFZJRJV  
KAN YUNG TSZ  
Contract reference number  
852 - 99999999

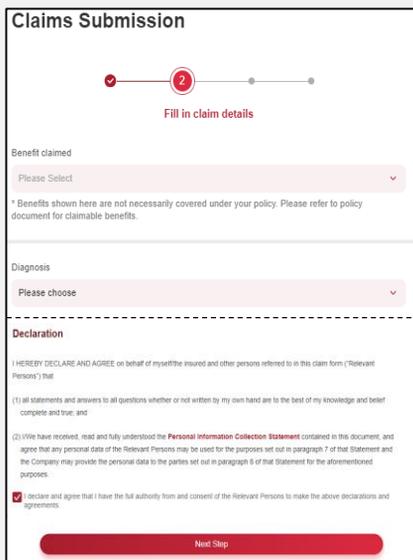
Email Address  
abc@example.com

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

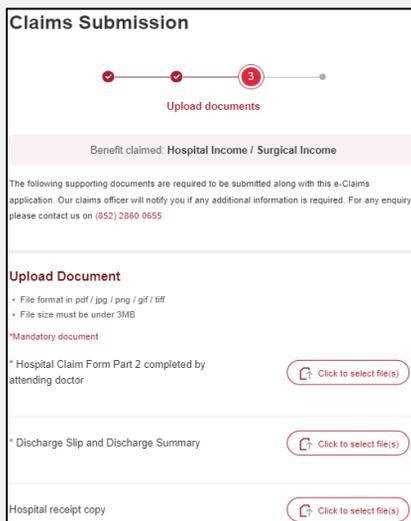
(2) I/We have received, read and fully understood the Personal Information Collection Statement contained in this document, and agree that any personal data of the Relevant Persons may be used for the purposes set out in paragraph 7 of that Statement and the Company may provide the personal data to the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

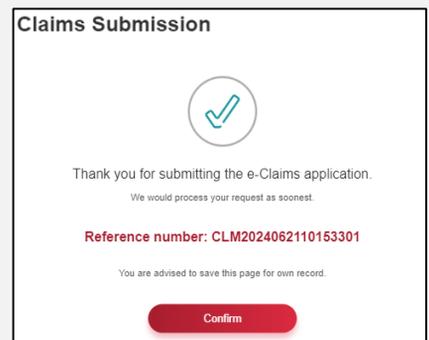
\* Hospital Claim Form Part 2 completed by attending doctor Click to select file(s)

\* 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