



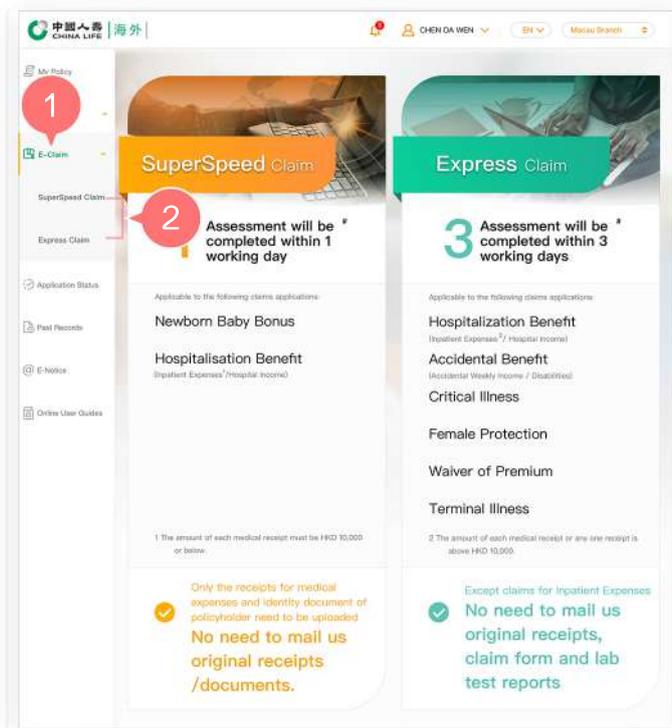
# Express & SuperSpeedy Claim Service



Please scan the QR code to login Individual Customer Portal

cs.chinalife.com.hk

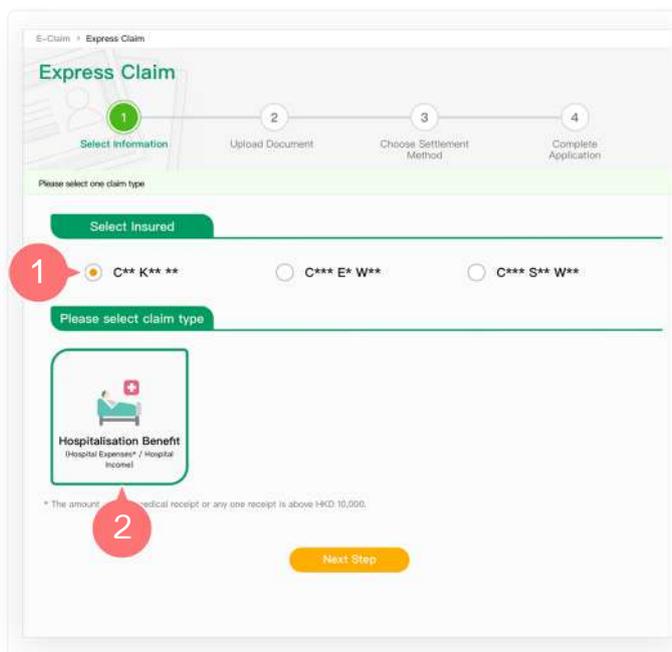
## Self Service E-Claim



1. After logging into the Individual Customer Portal, select "E-Claim" from the main manual.
2. Click applicable claim service (SuperSpeed Claim / Express Claim) to start a claim.



### Step 1 Select Information



1. **Select Insured**  
Click the insured name which the claim involves.
2. **Select Claim Type**  
Only the claim types applicable to the insured selected are listed. Click "Next Step" after selecting claim type.

## Step 2 Upload Document

Insured C\*\* K\*\* \*\*
Claim Type Hospitalisation Benefit (Hospital Expenses \* / Hospital Income)

### Claim Form

Hospital Claim Form (Part I to be completed by the claimant, and Part II to be completed by the attending physician)

To download the form, [please click here](#).



Click here or drag and drop the document here for upload  
(The sizes of documents uploaded shall not exceed 5MB. Suitable formats are JPEG, TIFF, PDF and PNG.)

### Medical Receipts

Original receipt and statement of account(should include date of consultation, name of patient, diagnosis and breakdown of charges).

If you have applied for compensation from another insurer, you must upload copy of settlement advice issued by the related insurer.



Click here or drag and drop the document here for upload  
(The sizes of documents uploaded shall not exceed 5MB. Suitable formats are JPEG, TIFF, PDF and PNG.)

### Identity Document

ID card copy of Owner



Click here or drag and drop the document here for upload  
(The sizes of documents uploaded shall not exceed 5MB. Suitable formats are JPEG, TIFF, PDF and PNG.)

### Medical Reports

 **Certified true copy of the discharge summary** (applicable to hospitalisation in Mainland China); if it is submitted, Part II of the Hospitalization Claim Form which should be completed by the attending physician can be waived.

**-Discharge slip / sick leave certificate / medical certificate with clear exact diagnosis, admission date & discharge date** (applicable to hospitalisation in hospitals of the Hospital Authority of Hong Kong); if it is submitted, Part II of the Hospitalization Claim Form which should be completed by the attending physician can be waived.

**-Original diagnosis report and test report during hospitalisation** such as pathological report, blood test report, PET Scan/CT Scan/MRI report, heart examination report, ultrasound scan report and X-ray report.



Click here or drag and drop the document here for upload  
(The sizes of documents uploaded shall not exceed 5MB. Suitable formats are JPEG, TIFF, PDF and PNG.)

### Other Documents

 If you have applied for compensation from another insurer for the same event, you must upload true copy of original receipt certified by the related insurer.



Click here or drag and drop the document here for upload  
(The sizes of documents uploaded shall not exceed 5MB. Suitable formats are JPEG, TIFF, PDF and PNG.)

Previous Step
Next Step

1. Upload document according to the procedures shown on the page.
2. After completion, click "Next Step" to submit the application

#### Notes:

- a. If you have not filled out the claim form, please click the link to download.
- b. The uploaded document should be in JPEG, PDF, PNG or TIFF format, and should not exceed 5MB in size.

Step 3 Select Settlement Method

**1** Benefit (Hospital Expenses \* / Hospital Income)

Crossed cheque issued by local bank  Premium Payment

Policy Currency  HKD (calculated at fixed exchange rate adopted by China Life Insurance (Overseas) Company Limited each month)

Please contact your insurance intermediary or call our Customer Service Hotline during office hours to learn about other settlement methods and required documents.

**1a**

Crossed cheque issued by local bank  Premium Payment

Policy Currency  HKD (calculated at fixed exchange rate adopted by China Life Insurance (Overseas) Company Limited each month)

Please contact your insurance intermediary or call our Customer Service Hotline during office hours to learn about other settlement methods and required documents.

**1b**

Crossed cheque issued by local bank  Premium Payment

Policy No.	Modal Premium	Premium Due Date (YYYY/MM/DD)
<input checked="" type="checkbox"/>	MOP 4,000	2018/10/01
<input type="checkbox"/>	MOP 3,500	2018/09/28
<input type="checkbox"/>	MOP 6,000	2018/09/24

Please contact your insurance intermediary or call our Customer Service Hotline during office hours to learn about other settlement methods and required documents.

**Declaration and Authorization**

6. I/We understand that this claim submission is just a part of the whole claim process, and shall not be held to admit validity of any claim or waive the breach of any conditions of the Policy. I/We will not receive any claim amount before completion of the whole claim process by your Company.

7. I/We understand that any subsequent claims follow up may involve the insurance intermediary in administering this claim submission.

8. I/We confirm that I/We have not submitted the claim of the same event to another insurer, or that, if I/We have applied for compensation from another insurer for the same event, I/We have attached true copy of original receipt certified by the related insurer and relevant copy of settlement advice.

9. I/We understand that, to examine the claim, your Company may, within 180 days from the claim completion date or designated period, require me/us to submit originals of relevant medical receipts and supporting documents ("original documents") related to my/our claim which has been successfully processed by your Company for verification. If I/We receive notice from your Company stating such requirements, I/We undertake and agree to forthwith submit the original documents to your Company. If I/We fail to submit the original documents within the period designated by your Company, it may result in the Company's inability to process and deal with this claim, or any original document submitted is false, forged or deceptive, your Company will reserve the right to take any other action.

10. If the related Policy was issued in Hong Kong, the above terms and conditions are governed by and must be construed in accordance with the laws of Hong Kong. I/We have read and accepted all information and contents in this declaration and authorization.

11. In case of any inconsistency between the English version, Traditional Chinese and Simplified Chinese versions of these Terms and Conditions, the Traditional Chinese version shall prevail.

**2**

1. Select one of the following settlement methods:

- Crossed cheque issued by local bank
- Offset Premium and Levy

1a. If you select "Crossed cheque issued by local bank", please select policy currency cheque or HKD cheque, and then click "Next Step".

1b. If you select "Premium Payment", the claim amount will be directly transferred to suspense account of one of the selected policies for paying premiums.

2. After reading the Declaration and Authorization, click "Agree" to continue.

3. Preview the page and verify whether the information entered is correct.
4. If the contents are correct, click "Confirm Submission".
5. If you need to revise the contents, click "Return".



## Step 4 Complete the Application

1. You have successfully completed the application procedures.
2. Click "Return to My Policy" to return to homepage, or
3. You may check application progress in "Application Status" or "Past Records".

- Review all policy information at one go
- Check application status anytime
- View various types of E-Notice
- Submit E-Claim instantly
- Change policy information instantly
- Receive instant important messages