

由索償人填寫的第二部份 Part II . To be completed by the Claimant

己) 索償人資料 F) INFORMATION OF THE CLAIMANT		
23. 索償人姓名 Name of Claimant	24. 索償人身份證號碼 ID No. of Claimant	25. 年齡 / 性別 Age / Sex
26. 聯絡地址及電話號碼 Contact address and telephone no.		27. 與死者之關係 Relationship to the Deceased
28. In what capacity or title are you claiming this insurance? 閣下以何名義索償		
<input type="checkbox"/> 指定受益人 Designated Beneficiary <input type="checkbox"/> 受托人 Trustee <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 遺產承辦人 Estate Administrator <input type="checkbox"/> 轉讓人 Assignee <input type="checkbox"/> 其他 Other		
29. 閣下是否完全擁有索償全部保險利益? Are you entitled to the entire proceeds of this insurance?		
<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 如否, 請註明閣下所佔有之比率。 If no, what percentage of the proceeds you are entitled to? _____%		
30. 閣下有沒有委任合法之代表或律師? Have you appointed a legal representative/solicitor?		
<input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes 如有, 請註明代表人之姓名地址及電話。 If yes, what is his name, address and telephone no.?		
庚) 其他資料 G) Settlement Choice		
31. 賠款貨幣的選擇 Preferred Settlement Currency		
<input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 美圓 USD		
32. 給付支票方式 Cheque Delivery Method		
<input type="checkbox"/> 郵寄 By Mail <input type="checkbox"/> 親自提取 To be collect by myself <input type="checkbox"/> 經營業員轉送 By agent <input type="checkbox"/> 其他(請說明) Others (please specify)		

Declaration & Authorization

I declare that the answers stated above are all true and complete. I understand that by completing this form, China Life Insurance (Overseas) Co., Ltd. (Hong Kong Branch) ("the Company") shall not be held to admit validity of any claim or waive the breach of any conditions of the Policy.

I/We hereby also declare and agree that any personal information provided by me whether relating to me or the late Life Assured named herein (whether contained herein or otherwise obtained) is collected or held by the Company to enable the Company to carry on insurance business and may be stored, used, disclosed, released and transferred (whether within or outside Hong Kong) by the Company to any individuals/organizations associated with the Company or any selected party as the Company may consider necessary (which may include any other company carrying on insurance or reinsurance related business or any intermediary or claims investigator or other service provider providing services relevant to insurance business or professional advisor or government authority or any association or federation of insurance companies) for the purpose of (i) processing this application or any other application for insurance or financial related product/service and providing all on-going services related to such application; (ii) claim processing or any analysis of it; (iii) statistical or actuarial research; (iv) direct marketing and data matching; and (v) communication with me or any relevant organization/person as the Company may consider necessary.

I understand that (i) the Company may be unable to process this application if I fail to provide any information requested in this application; and (ii) I have the right to obtain access to and to request correction of any personal information provided by me and held by the Company concerning me or other persons named herein. Such request can be made in writing and addressed to the Data Protection Officer of the Company.

I/We hereby authorize (i) any employer, doctor, hospital, clinic, insurance company, government office or any organization or person who has or may hereafter have any record, knowledge or information of me or the late Life Assured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application or claim arising therefrom; and (ii) the Company or any of its appointed medical/para-medical examiners or laboratories to perform the necessary medical assessment and tests in relation to this application or claim arising therefrom.

This authorization shall bind the successors and assignees of me and remain valid notwithstanding death or incapacity. A photocopy of this authorization shall be valid as the original.

聲明與授權

本人謹此聲明就本人所知所信, 以上每一項答案完全和正確。本人明白提交此索賠申請書並不表示中國人壽保險(海外)股份有限公司(香港分公司)(「貴公司」)已接納此項索賠申請或同意接納任何違反保險合約內條款或規定的情況。

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本人明白 (i) 倘若本人未能提供本申請書所需的資料, 貴公司將可能無法處理其有關申請; 和 (ii) 本人有權查閱及要求更正貴公司持有任何由本人提供有關於本人或其他在此申請書提及人士之個人資料。有關的要求可以書面向貴公司資料保護主任提出。

本人謹此授權 (i) 任何僱主、醫生、醫院、診所、保險公司、政府部門、其他機構或人士, 凡曾已或將會知悉或持有已故被保險人之個人資料(不論是醫療或其他資料), 均可向貴公司或其他代表透露, 發放或轉交該等資料, 以作為處理本申請及其後之保單復效和理賠事宜; 和 (ii) 貴公司或任何其指定之醫護人員或化驗所, 可就本申請及其後保單理賠事宜, 進行所需之醫療評估及測試。

即使本人死亡或喪失能力, 此授權書仍具效力, 而本人之繼承人及受讓人亦會受此授權書約束。本授權書之影印本與正本均有同等效力。

受益人簽署 Signature of Beneficiary	受益人姓名 Name of Beneficiary	身份證號碼 ID No.	日期 Date
見證人簽署 Signature of Witness	見證人姓名 Name of Witness	身份證號碼 ID No.	日期 Date