



中國人壽保險(海外)股份有限公司 香港分公司
China Life Insurance (Overseas) Company Limited Hong Kong Branch

供款者免繳保費索償申請書

The furnishing of this blank and investigation of the claim is not to be construed as an admission of the validity of any condition of the policy by the company.
本保險公司提供本表格及對索償進行調查，並不表示本保險公司將接納索償要求或放棄保單任何條件。

Policy Number 保單編號		Name of Insured 被保人姓名	
Payor's Name 供款者姓名	I. D. Card No. 身份證編號	Date and Place of Birth 出生日期及地點	
Residence Address and Tel. No. 住宅地址及電話號碼			
Name and address of Employer 僱主名稱及地址			
Cause and Date and Place of Death 死亡原因、日期及地點 (如適用者)			
When did the Deceased first complain or give indications of last illness ? 供款者何時首次發現患上末次之病症			
When did the Deceased first consult a physician for his last illness ? 供款者末次患病於何時開始向醫生求診			
If death/injury/sickness/disease is due to accident, explain how is happened ? 如因意外引致死亡/傷病，請詳述意外發生經過			
Name and address of all physicians who treated the deceased and all hospital or institutions where he/her was treated during the five years preceding death. 請列出死者於死亡前五年內求診之醫院及醫務人員之姓名和地址			
<u>Physician / Hospital</u> 醫生姓名 / 醫院名稱	<u>Address</u> 地址	<u>Date of attendance</u> 診治日期	<u>Disease or condition</u> 病因
Are you insured for similar benefits with any other Company? If "yes", please state. 閣下是否在其他公司投保？如“是”，請填寫下欄			
Companies 公司名稱	Policy Number 保單號碼	Amount of Sum Insured 保額	
INFORMATION OF CLAIMANT 索償人資料			
Name of Claimant 索償人姓名		I. D. Card No. 身份證編號	
Correspondence Address and Tel. No. 聯絡地址及電話號碼			
In what capacity or by what title do you claim this insurance? 閣下以何名義索償			
Beneficiary 受益人 <input type="checkbox"/>	Trustee 受託人 <input type="checkbox"/>		
Assignee 轉讓人 <input type="checkbox"/>	Others 其他 <input type="checkbox"/>		

DECLARATION AND AUTHORIZATION 聲明及授權

I/WE HEREBY DECLARE AND AGREE on behalf of myself, the deceased, the claimants and other Persons referred to in this claimant's statement ("Relevant Persons") that (1) all the foregoing 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; I/we also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I/we may have made to any person if not written or printed here. (3) any personal data of the Relevant Persons collected or held by the Company (whether contained herein or otherwise obtained), may be used in connection with matching for whatever purpose (whether or not with a view to taking any adverse action against the Relevant Persons and/or the deceased's estate) with such other personal data and/or may be held, used, stored, disclosed, released and transferred (whether within or outside Hong Kong) to such persons as the Company may consider necessary including without limitation any of its affiliated companies, or 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 any association or government authority or federation of insurance companies that exists or is formed from time to time or any individual/organization associated with the Company or any selected party as the Company may consider necessary whether local or overseas for the purpose of (i) any insurance or financial related product or service or any addition, alteration, variation, cancellation, renewal or reinstatement of them (ii) any scope of insurance coverage, claim processing and analysis of it (iii) underwrite and evaluate any other insurance policies and/or application for insurance (iv) provide all services related to this claim and underwrite and evaluate any other insurance policies and/or application for insurance and promote, improve and further promotion of services by the Company and its affiliated companies (v) direct marketing and data matching (vi) communicate with the Relevant Persons for any other purpose and/or comply with the laws of any applicable jurisdiction.

本人/吾等謹此代表本人/死者、索償人及其他在此索償申請表提及之人士("相關人士")聲明及同意(1)上述一切陳述及問題的所有答案,不論是否本人親手所寫,就本人所知所信,均為事實之全部並確實無訛;本人/吾等明白倘有任何未知是否屬於重要事項的資料均須透露;(2)本人/吾等對任何人所作出之任何聲明,如沒有在此申請書上填寫或印出,貴公司不須受其約束;(3)貴公司可以在任何情況下(不論是可否打算對相關人士及/或死者遺產繼承人採取不利行動)核對貴公司所收集或持有之任何相關人士的個人資料(不論是否此賠償申請表所載或其他途徑所取得)及/或可以持有、使用、儲存、透露、發放及轉移(不論在本港或海外)任何貴公司所收集或持有之任何相關人士的個人資料(不論是否此賠償申請表所載或其他途徑所取得)給貴公司認為有需要之人士,不受限制地包括貴公司之任何關聯公司,進行保險或再保險業務之公司,中間人,賠償調查員,其他提供有關保險業務者,專業顧問,各團體,政府機關,保險業協會(現有或將來成立),與貴公司有聯繫之個人或團體,或任何貴公司認為有需要之有關人等(不論本地或外地)作以下用途:i)有關保險或財務之產品或服務,或該等產品或服務之增加、更改、轉變、取消、更新或復效;ii)任何保險範圍,賠償申請,或有關分析;iii)審核及評估任何其他保單及/或投保申請;iv)提供所有關於此賠償申請及/或審核及評估任何其他保單或投保申請之服務及推廣、改善及進一步推廣關於貴公司及其他關聯公司所提供之服務;v)直接銷售、資料核對;vi)用於與相關人士作任何其他目的之溝通及/或遵守任何適用之司法區域之法律。

If the Relevant Persons fail to provide any information requested in this claimant's statement, it may result in the Company's inability to process and deal with this claim.
若相關人士不能提供任何此賠償申請表所需的資料,貴公司可能因此不能審核及處理此賠償申請。

I/WE HEREBY AUTHORIZE on behalf of the deceased and the claimants any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person that has any records or knowledge of the deceased and who has attended the deceased to disclose, release and transfer such information to China Life Insurance (Overseas) Company Ltd.; This authorization shall bind my successors and assignees and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等謹此代表本人/死者及索償人授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構,或其他機構、組織或人士,凡知道或持有任何有關死者之紀錄者,及/或曾診驗死者,均可將該等資料提供、發放及轉交給中國人壽保險(海外)有限公司(香港分公司);此授權對本人及索償人之繼承人及受讓人均具有約束力;即時死亡或無行為能力時,此授權書仍具效力。此授權書的影印本與正本均有同等效力。

I/WE declare and agree that I/we have the full authority from and consent of the Relevant Persons and/or the deceased's estate to make the above declarations, agreements and authorizations.
本人/吾等聲明及同意已獲得相關人士及/或死者遺產繼承人授權及同意本人/吾等作出上述聲明及協議。

The Relevant Persons have the right under the Personal Data (Privacy) Ordinance to request access to and correct any of the personal data held by the Company concerning the Relevant Persons. Any request may be made in writing and addressed to the head of the Claims Department of China Life Insurance (Overseas) Co. Ltd.(Hong Kong Branch) at 21/F., China Life Insurance Building, No.313 Hennessy Road, Wan Chai, Hong Kong. I/we further understand that a reasonable fee may be charged for such request.

所有相關人士有權依據個人資料(私隱)條例要求查閱及更正任何貴公司持有關於相關人士之個人資料,他們可以以書面向中國人壽保險(海外)股份有限公司(香港分公司)理賠部之主管提出要求(地址:香港灣仔軒尼詩道313號中國人壽保險大廈21/F)。本人/吾等同時明白貴公司可就有關要求酌量收費。

Name of Claimant (in block letter) : _____

Signature of Claimant : _____

索償人姓名(正楷書寫)

索償人簽署

Relationship : _____

Date (YY/MM/DD) : _____

關係

日期(年/月/日)

Remarks : This declaration and authorization must be signed by the claimant.

備註:此聲明及授權書必須由索償人簽署。

In the event of the claimant is physically incapacitated and prevent from signing, PART I may be signed by a close relative or other representative authorized by the claimant.

如索償人因傷殘不能書寫,索償人可授權於其家屬或代理人代為填寫此申請書及簽字。

Please complete if the signature is not given by the claimant. 若簽署者非索償人,請填寫此欄

Name (in block letter) _____

Relationship with claimant : _____

姓名(正楷書寫)

與索償人關係

Suggested Checklist 建議參考事項

In order to speed up your claim application, please attach the following documents together with application form : --
為使能儘速辦理閣下的索償申請,請將此表格連同以下文件一起遞交。

- Histopathological Report. 病理檢驗報告
- Hospital Discharge Summary / Sick Leave Certificate with Diagnosis. 出院總結 / 列有診斷證明之病假證明書
- ORIGINAL Death Certificate or certified true copy of Death Certificate. 死亡證正本或經證明的死亡證之副本
- Proof of identity of Deceased & beneficiary / claimant (e.g. Certified true copy of I. D. card)
受保人、受益人或索償人的身份證明文件(或經證明後之身份證副本)
- Attending physician's statement (if any) 應診醫生醫療報告書(如適用者)
- Proof of relationship between insured and beneficiary / claimant (e.g. marriage certificate or birth certificate)
受保人與受益人或索償人的關係證明文件(如:結婚證明書或出生證明書)
- References (e.g. Police report, newspaper clippings or patient card...etc.) 其他參考資料(如:報案編號、剪報或病歷記錄)

Should any extra information/document be required for your claim processing; we will notify you or your servicing agent.

倘審批此索償申請需要額外資料或文件,我們將另函通知閣下或閣下的營業顧問。

For Agent's / Witness's Use only 營業員/見證人專用

I believe that the answers given above are true to the best of my knowledge. 我認為上述之答案全屬正確無訛

Signature of Agent/Witness
營業員/見證人簽署

Name of Agent/Witness (in block letter)
營業員/見證人姓名(正楷書寫)

Agent Code & Region (if any)
營業員編號及區域(如適用者)

Date (YY/MM/DD)
日期(年/月/日)