



5012000401

團體人壽保險賠償申請表  
GROUP LIFE INSURANCE CLAIM FORM

CSM-CLA22

僱主名稱  
Name of Employer \_\_\_\_\_

保單號碼  
Policy No. \_\_\_\_\_

僱員姓名  
Name of employee \_\_\_\_\_

身份證/護照編號  
I.D. Card/Passport No. \_\_\_\_\_

保額 Amount of Claim 澳門幣 MOP \_\_\_\_\_

人壽保險 Life Insurance \_\_\_\_\_

意外保險 Accidental Insurance \_\_\_\_\_

身故日期及地點  
Date and Place of Death \_\_\_\_\_

身故原因  
Cause of Death \_\_\_\_\_

僱員職業及職位  
Employee's Occupation/Position at time of Death \_\_\_\_\_

身故時之月薪(澳門幣)  
Monthly Salary at Death(MOP) \_\_\_\_\_

受僱日期  
Date of Employment \_\_\_\_\_

最後全職工作日期  
Last day of active full time work \_\_\_\_\_

如因意外引致身故，請詳述意外發生經過。 If Death is due to accident, please give details.

死者何時發現患上最後的病症  
When did the Deceased first complain or give indications of last illness? \_\_\_\_\_

受益人  
Beneficiary \_\_\_\_\_

國籍  
Nationality \_\_\_\_\_

身份證/護照編號  
I.D. Card/Passport No. \_\_\_\_\_

出生日期  
Date of Birth (年 YY / 月 MM / 日 DD) \_\_\_\_\_

與僱員之關係  
Relationship with employee \_\_\_\_\_

受益人現時地址  
Beneficiary's Current Address \_\_\_\_\_

受益人永久住址 (如與現時地址不同)  
Beneficiary's Permanent Address \_\_\_\_\_  
(If differ to Current Address)

僱主簽署及公司印章  
Authorized Signature of Employer and Co. Stamp  
日期 Date :

受益人簽署  
Signature of Beneficiary  
日期 Date :

收集個人資料聲明 Personal Information Collection Statement

本人確認已閱讀及明白中國人壽(海外)股份有限公司的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 [www.chinalife.com.hk](http://www.chinalife.com.hk) 下載或向中國人壽(海外)股份有限公司索取。  
I confirm that I have read and understood the personal information collection statement of China Life Insurance (Overseas) Company Limited. For the latest version of the personal information collection statement, it can be downloaded from [www.chinalife.com.hk](http://www.chinalife.com.hk) or is made available upon request.

僱員簽署  
Signature of Employee

日期 (年/月/日)  
Date (YYYY/MM/DD)