

身故賠償申請表
DEATH CLAIM FORM

CSM-CLA01



4012000101

保單號碼 Policy No.

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第一部份 - 受保人資料(由索償人填寫)

Part I - INFORMATION OF THE INSURED (to be completed by the Claimant)

一) 受保人資料 A) INFORMATION OF THE INSURED			
1. 中文姓名 Name in Chinese		2. 英文姓名 Name in English	
3. 身份證/護照號碼 I.D. Card / Passport No.		4. 年齡及性別 Age and Sex	5. 身故時職業 Occupation at death
6. 出生日期及地點 Date & Place of Birth		7. 身故日期及地點 Date & Place of Death	8. 身故原因 Cause of Death
二) 如因病身故,請提供下列資料: B) IF DEATH WAS DUE TO AN ILLNESS, PLEASE STATE:			
9. 請描述症狀 Please describe symptoms & abnormalities			
10. 受保人何時最先發現或表示有該致死疾病 When did the insured first appear or give indications of his/her fatal illness?			
11. 受保人何時因相關疾病開始求診? When did the insured first consult physician for the related illness?			
12. 請列出受保人在身故前五年內曾經求診之醫院或醫務人員之姓名及地址 Name and address of all physicians who had treated the Insured or all hospitals or institutions where he had treated during the last five years preceding death.			
醫生名稱 Name of physician	地址 Address	日期 Date	求診原因 Reasons for consultation
三) 如因意外或其他事故導致身故,請提供下列資料: C) IF DEATH WAS DUE TO ACCIDENT OR OTHER CAUSE, PLEASE STATE:			
13. 意外或事故發生日期,時間和地點 Date, Time & Location of Accident or Incident			
14. 事發原因及經過和結果(如有新聞剪報,請附上)。Circumstances of the accident. (Please attach newspaper clippings if available)			
15. 有沒有報警? Was the case reported to police? <input type="checkbox"/> 有(請附警察報告) Yes (Please attach police report) 警署 Police Station: 檔案編號 Reference No.: 報案者姓名及與受保人之關係 By whom report and relationship with the Insured: <input type="checkbox"/> 沒有 No			
四) 其他資料 D) OTHER INFORMATION			
16. 其他保險公司投保金額 Life insurance amount covered by other Insurance Companies			
公司名稱 Name of Insurer	保單/團體保險編號 Policy No./Group Membership No.	保障額 Benefit Amount	保單生效日期 Policy Effective Date
五) 賠款選項 E) SETTLEMENT OPTION			
17. 賠款貨幣選擇 Preferred Settlement Currency <input type="checkbox"/> 保單貨幣 Policy Currency <input type="checkbox"/> 港元Hong Kong Dollar (按中國人壽保險(海外)股份有限公司每月之固定兌換率計算 / at monthly fixed rate of China Life Insurance (Overseas) Company Limited)			
18. 領款方式 Cheque Delivery Method <input type="checkbox"/> 郵寄 By Mail <input type="checkbox"/> 親自提取 In person <input type="checkbox"/> 經銀行營業員轉送(請指定銀行分行及經辦人員) Bank (Please state the branch and bank officer) <input type="checkbox"/> 經代理人轉送 Agent <input type="checkbox"/> 其他(請說明) Others (please specify)			

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第二部份 - 索償人資料 (由索償人填寫。如超過一位索償人，每位索償人必須各自填寫一份申請書及簽署。)

Part II - INFORMATION OF THE CLAIMANT (to be completed by the Claimant. If there is more than one claimant, EACH of the claimant must complete a separate claim form with signature.)

<p>19. 稱謂 (先生/太太/女士/小姐) Title (Mr/ Mrs/ Ms/ Miss)</p>	<p>20. 中文姓名 Name in Chinese</p>	<p>27.</p> <p><input type="checkbox"/> 澳門永久性居民身份證 Macau Permanent ID Card</p> <p>號碼No. _____</p> <p><input type="checkbox"/> 澳門非永久性居民身份證：身份證/護照 Non-Macau Permanent ID Card / Passport</p> <p>號碼No. _____</p> <p><input type="checkbox"/> 商業組織註冊編號 Business association Registration No.</p> <p>號碼No. _____</p> <p># 請同時提供「自我證明表格-實體」表格 Please also complete "self-certification Form-Entity"</p> <p>簽發國家 Issue Country _____</p>
<p>21. 英文姓名 Name in English</p> <p>姓氏 Last Name _____</p> <p>名字 First Name _____</p>	<p>22. 性別 Gender</p>	
<p>23. 出生日期 Date of Birth</p> <p>____/____/____</p> <p>日/DD 月/MM 年/YYYY</p>	<p>24. 出生國家 Country of Birth</p>	
<p>25. 國籍 / 地區 Nationality / Region</p> <p><input type="checkbox"/> 中國 Chinese</p> <p><input type="checkbox"/> 美國 U.S.</p> <p><input type="checkbox"/> 其他 Others _____</p> <p>(請註明 please specify)</p>	<p>26. 與受保人關係 Relationship to the insured</p>	
<p>28. 目前居住地址(個人) / 目前營業地址(商業組織)* Current Residential Address(Individual) / Current Business Address(Business association)*</p> <p>_____</p> <p style="text-align: right;">城市 City 國家 Country</p> <p>目前永久地址(個人) / 於成立地方之註冊辦事處地址(商業組織)* (如與目前居住地址(個人)/目前營業地址(商業組織)不同) Current Permanent Address (Individual)/Registered Office Address in the Place of Incorporation (Business association)* (if different from Current Residential Address (Individual)/Current Business Address (Business association))</p> <p>_____</p> <p style="text-align: right;">城市 City 國家 Country</p> <p>* 請提供地址證明及必須為遞交申請表當天之前3個月內 * Please provide proof of address within 3 months of application submission date</p>		
<p>29. 電話號碼 Telephone No.</p> <p>國家號 _____ - 電話號碼 _____</p> <p>Country Code Telephone No.</p>	<p>30. 手電號碼 Mobile No.</p> <p>國家號 _____ - 電話號碼 _____</p> <p>Country Code Telephone No.</p>	<p>31. 電郵地址 Email Address</p>
<p>32. 閣下是否有委任合法之代表或律師? Have you appointed a legal representative/solicitor?</p> <p><input type="checkbox"/> 沒有 No <input type="checkbox"/> 有 Yes</p> <p>如有，請註明代表人之姓名地址及電話。 If so, please provide the full name, address and contact no of the representative.</p>		
<p>33. 閣下以何名義索償? In what capacity or title are you claiming this insurance?</p> <p><input type="checkbox"/> 指定受益人 Designated Beneficiary <input type="checkbox"/> 受托人 Trustee <input type="checkbox"/> 遺產承辦人 Estate Administrator <input type="checkbox"/> 受讓人 / Assignee</p>		
<p>34. 閣下是否美國公民或美國稅務居民(見備註)? Are you a U.S. Citizen or a U.S. tax resident (See Note)?</p> <p><input type="checkbox"/> 是 YES TIN No. _____ <input type="checkbox"/> 否 NO</p>		

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六) 索償所需文件 F) CLAIM DOCUMENT CHECKLIST

請✓ 閣下所提交的文件 (Please ✓ against the documents you have submitted.)
 請提交核實副本 (Please submit certified true copy.)

基本文件 Basic Documents :

<input type="checkbox"/>	保單正本 Original Policy
<input type="checkbox"/>	保單遺失聲明書 (如未能提供保單正本) Indemnity of Loss of Policy (if unable to provide original policy)
<input type="checkbox"/>	死亡登記正本 Original Death Certificate
<input type="checkbox"/>	死亡證明書 Death Certificate
<input type="checkbox"/>	受保人之身份證明文件 ID of Insured
<input type="checkbox"/>	受益人之身份證明文件 ID of Beneficiary
<input type="checkbox"/>	受益人之住址證明 Address Proof of Beneficiary
<input type="checkbox"/>	受保人與受益人之關係證明 Relationship Proof between the Insured and Beneficiary
<input type="checkbox"/>	自我證明表格 Self Certification Form
適用於中國內地出險個案 For event occurred in Mainland	
<input type="checkbox"/>	死亡公證書正本 Original Notarial Certificate of Death
<input type="checkbox"/>	戶籍註銷證明 Household Certificate Cancelled
<input type="checkbox"/>	死亡醫學證明書 Medical Certificate for Cause of Death
<input type="checkbox"/>	喪葬證明 Funeral and Cremation Proof
意外身故適用 For accidental death	
<input type="checkbox"/>	意外事故/警察調查報告 Accident / Police Investigation Report

附加文件 (如有) Additional Documents (If any) :

<input type="checkbox"/>	信托文件 (如監護人紙) Trustee Documents (e.g. certificate of guardianship)
<input type="checkbox"/>	遺產繼承文件 Letter of Administration / Grand of Probate
<input type="checkbox"/>	驗屍/解剖報告 Autopsy Report
<input type="checkbox"/>	門診及住院病史 Clinical or Hospital Records
<input type="checkbox"/>	公安報告 Police Report

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客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下認知本公司須遵從，遵守或履行法律、法規、命令、指引、守則和包括《海外帳戶稅收合規法案》適用規定的要求，或任何公眾、司法、稅務、政府和／或其他監管機構等協定的要求，包括但不限於美國國稅局（以下簡稱「監管機構」）在不同的司法管轄區不時頒布及修訂的協定（以下簡稱「適用規定」）。在這方面，閣下同意本公司可以在任何時候完全酌情採取任何相關行動，包括但不限於向任何監管機構透露閣下的個人資料，以確保本公司遵行適用規定。

You acknowledge that the Company shall be obliged to comply with, observe or fulfill the requirements of the laws, regulations, orders, guidelines, codes, and requirements including the applicable requirements under the Foreign Account Tax Compliance Act of or agreements with any public, judicial, taxation, governmental and/or other regulatory authorities, including without limitation, the U.S. Internal Revenue Service (the "Authorities" and each an "Authority") in various jurisdictions as promulgated and amended from time to time (the "Applicable Requirements"). In this connection, you agree that the Company may at any time take any relevant actions as may be determined by the Company in its sole and absolute discretion which including but not limited to disclose your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

客戶同意向第三方披露資料

Customer consent to disclose information to third parties

閣下同意本公司可能將根據適用規定的要求，向任何監管機關披露閣下的個人資料或任何資料。此等披露可以由本公司直接或通過中國人壽保險（集團）公司或中國人壽保險（集團）公司的其他成員進行。基於前述的原因，以及儘管在本表格或我們之間的其他任何協議所載的任何內容，本公司可能需要閣下向本公司提供進一步資料，以便向任何監管機關透露，而閣下必須在合理要求的時間（由提出申請或知會變更資料的90日期天）內，向本公司提供相關的資料。

You agree that the Company may disclose your particulars or any information to any Authority in connection or adherence with the Applicable Requirements. Such disclosure may be effected directly or sent through any of the China Life Insurance (Group) Company or other affiliates of the China Life Insurance (Group) Company. For the purposes of the foregoing and notwithstanding anything contained in this form or any other agreements between us, the Company may need you to provide the Company with further information as may be required for disclosure to any Authority and you shall provide the same to the Company within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

儘管載於本表格或我們之間其他任何協議所包含的任何內容，閣下同意向本公司提供協助，使本公司能夠就閣下遵行適用規定下的義務。

就閣下任何在申請時或其他時間向本公司提供的任何資料，閣下同意及時（30日期天之內）向本公司提供更新資料。尤其重要的是閣下立即通知本公司下列的更新：若閣下是個人，閣下的個人身份號碼、地址、電話、國籍、稅務狀況或稅籍所在地的變動；閣下擁有多於一個國家的稅籍；若閣下是法團法人或任何其他類型的實體，閣下的註冊地址、業務營運地址、主要股東、法定及實際受益人或管理人（擁有或控制10%或以上股份或所有權或管理權的人士），稅務狀況，稅籍所在地的變動，或若閣下擁有多於一個國家的稅籍。若發生這些變動，或任何其他資料顯示發生了變動，本公司可能會要求閣下提供額外文件或資料。此等資料和文件包括但不限於正式完成及／或簽署（並且如有需要，由公證人作出公證）的稅務申報或表格。

如果閣下未能及時向本公司提供資料或文件，或閣下所提供所需的資料或文件並非最新，準確或完整，為確定本公司持續遵從適用規定，閣下同意本公司可以完全酌情決定隨時採取任何相關行動以確保本公司遵從適用法律及法規的要求。

Notwithstanding anything contained in this form or any other agreements between us, you agree to provide the Company with such assistance as may be necessary to enable the Company to comply with the Company's obligations under all Applicable Requirements concerning you or your policies with the Company.

You agree to update the Company in a timely manner (within 30 calendar days) of any change of any of the details previously provided to the Company whether at time of application or at any other times. In particular, it is very important that you notify the Company immediately if, where you are an individual, your personal identification numbers, addresses, telephone numbers, nationality, tax status or tax residency changes or if you become tax resident in more than one country, or, where you are a corporation or any other type of entity, your registered address, address of your place of business, substantial shareholders, legal and beneficial owners or controllers (who own or control 10% or more of your shares or ownership interest or control), tax status, tax residency changes or if you become tax resident in more than one country. If any of these changes occurs or if any other information comes to light concerning such changes, the Company may need to request additional documents or information from you. Such information and documents include but are not limited to duly completed and/or executed (and, if necessary, notarized) tax declarations or forms.

If you do not provide the Company with the information or documents requested in a timely manner or if any information or documents provided are not up-to-date, accurate or complete you agree that the Company may take any relevant actions at any time as may be determined by the Company in its sole and absolute discretion to be required to ensure compliance with the applicable Laws and Regulations on the part of Company.

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備註：如上述第二部份資料顯示受益人可能是美國公民或美國稅務居民¹及/或可能與美國有關聯²，受益人需填妥將由本公司發出的確認書，連同所需的美國稅務自我聲明書（如：W-9、W-8BEN或同等文件）及相關證明文件（如適用）一併呈交予本公司。如受益人為組織機構，除前述文件之外，受益人另需填妥並遞交「補充陳述書 - 適用於要保人/保單持有人/受託人為組織機構」及「補充陳述書 - 適用於個人股東」（如適用）。

- 1 美國稅務居民指的是美國綠卡持有人（即美國合法永久居民）或滿足實質居住測試（即他/她於本納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天在(含本納稅年度及過往兩年)）。
 - 三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數 + 1/6 前年居住在美國的日數
- 2 與美國有關聯的資料包括但不限於：出生國家為美國³、電話號碼為美國號碼、郵寄或永久地址為美國地址、客戶提供美國郵政信箱或轉交地址或代存地址、客戶授予擁有美國地址的人代理權或簽名權、常設指示將資金轉入位於美國的賬戶、任何與美國相關的資訊等。
- 3 若受益人的出生國家為美國，但聲明為非美國公民或美國稅務居民，除 W-8BEN 之外，受益人需提供美國以外國家或地區簽發的護照副本，或政府簽發可證明非美國公民或美國稅務居民身份的任何身份證明文件的副本，及喪失/放棄美國籍之證明文件副本。

Notes: If the information provided in Part II indicates that the Beneficiary may have become a U.S. Citizen or a U.S. tax resident¹ and/or the Beneficiary may have links to the U.S.², the Beneficiary is required to complete and return a confirmation letter which shall be posted by the Company, along with a U.S. tax self-certification form (e.g. W-9, W-8BEN or an equivalent form) and relevant supporting documents (if applicable) to the Company. If the Beneficiary is an Entity, the Beneficiary is required to complete and submit the "Supplementary Information Form – Applicable to Entity Applicant/Policyholder/Assignee" and "Supplementary Information Form – Applicable to Individual Shareholder" (if applicable) in addition to the aforementioned documents.

- 1 U.S. tax resident refers to U.S. Green Card holder (i.e. U.S. lawful permanent resident) or individual who meets the substantial presence test (i.e. he/she has been present in the U.S. for at least 31 actual days in the current tax year and 183 equivalent days during a three year period (including current year and the two prior years)).
 - Equivalent days = Actual days in the U.S. in the current year + 1/3 of his days in the U.S. in the immediately preceding year + 1/6 of his days in the U.S. in the second preceding year.
- 2 Information that has a U.S. link, included but not limited to: a U.S. place of birth³, a U.S. telephone number, a U.S. correspondence or permanent address, a U.S. P.O. box address, a U.S. "in-care-of" or "hold mail" address, a power of attorney or signatory authority granted to a person with a U.S. address, standing instructions to make payments to accounts maintained in the U.S., any U.S. related information, etc.
- 3 If the Beneficiary's place of birth is U.S., but declared that he/she is not a U.S. Citizen or a U.S. tax resident, apart from filing in W-8BEN, the Beneficiary is required to provide a copy of non-U.S. passport or government issued identification document evidencing non-U.S. citizenship or Tax resident, AND a Certificate of Loss of Nationality of U.S.

為遵循 FATCA及相關的本地法規，本人/我們同意貴公司提供本人/我們的個人資料予美國或相關的本地司法、稅務或其他監管機構，以確保貴公司遵行FATCA或適用規定。亦明白本人/我們需回答本申請表的所有問題及於**90日期天內**將所需的稅務自我聲明書及相關證明文件（如適用）一併交予貴公司，否則貴公司須按規定將本人/我們列為不合規帳戶，並可能向美國國稅局彙報。

Pursuant to FATCA or applicable local laws, I/we hereby consent to the Company to report my/our personal data to the U.S. or applicable local regulators or tax authorities where necessary in order to comply with FATCA or applicable local laws and understand that I/we need to answer all questions in this form and return the required tax self-certification form and relevant supporting documents (if applicable) to the Company **within 90 calendar days**. Otherwise, the Company may report my/our account to the IRS as a Non-Consenting U.S. Account in compliance with the FATCA regulations.

索償人/受益人簽署 Signature of Claimant/ Beneficiary

簽署日期 (日/月/年) Date (DD/MM/YYYY)

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授權及聲明 Authorization and Declaration

授權

本人_____ (身份證號碼_____)現聲明本人有權申請成爲死者_____ (身份證號碼_____)的遺產代理人及可作爲代表所有有權申請承辦死者遺產的人士。本人謹此同意及授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、組織或人士，凡知道或持有任何有關死者醫療或其他資料之記錄者，均可將該等資料提供予中國人壽保險（海外）股份(以下簡稱「貴公司」)有限公司或其代表人士。本授權的影印本與正本均有同等效力。

Authorization

I _____ (I.D No. _____)am entitled to be the personal representative of _____ (I.D No. _____)"the Deceased" or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate. I hereby authorize any employer, physician, hospital, clinic, insurance company, bank, government authorities or organization or person that has any records or knowledge of the Deceased to disclose to China Life Insurance (Overseas) Company Limited (hereinafter called "the Company") or its representatives any and all information with respect to the Deceased's health, medical history, hospitalization, advice, treatment, disease, investigation result, employment record, accident report or statement. A photocopy of this authorization shall be valid as the original.

聲明

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。本人明白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。

Declaration

I declare that the answers stated above are all true and complete. I understand that by completing this form, the Company shall not be held to admit validity of any claim or waive the breach of any conditions of the Policy. I understand that the Company may be unable to process this application if I fail to provide any information requested in this application.

索償人/受益人簽署 Signature of Claimant/ Beneficiary _____

簽署日期 (日/月/年) Date (DD/MM/YYYY) _____

個人資料收集聲明 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 or is made available upon request.

本人不同意根據以上**收集個人資料聲明** (參閱「爲直接促銷目的而使用個人資料」部份) 爲直接促銷之目的而使用和提供本人的個人資料，亦不希望接收任何推廣及直接促銷材料。
I do not agree with the use and provision of my personal data for direct marketing purposes as set out above in the Personal Information Collection Statement (see "Use and provision of personal data in direct marketing") and do not wish to receive any promotional and direct marketing materials.

受益人簽署 Signature of Beneficiary _____

日期 _____ / _____ / _____
Date 日/DD 月/MM 年/YYYY

見證人簽署
Signature of Witness _____

見證人姓名及身份證明文件號碼
Name and Identity Document No. of Witness _____

日期 _____ / _____ / _____
Date 日/DD 月/MM 年/YYYY

英文本如有歧異，概以中文本爲準。

In case of discrepancies between the English and Chinese versions, the Chinese version shall apply and prevail.