



請掃二條碼登入  
客戶專頁，隨時  
提交索償申請及  
查閱進度。

<https://cs.chinalife.com.hk>

保單編號 Policy No.

## 賠償自動入賬申請表 CLAIM DIRECT PAYMENT APPLICATION FORM

### 重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表。任何資料如有更改，受保人/保單持有人/索償人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured / Policyholder / Claimant in full signature.
- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.

### 賠償自動入賬申請 CLAIM DIRECT PAYMENT APPLICATION

#### A. 申請資料 INFORMATION OF APPLICATION

1. 銀行賬戶持有人必須為保單持有人或受益人。Bank account holder must be the Policyholder/ beneficiary.
2. 請提交銀行存摺首頁影印本或相關資料，顯示銀行賬戶持有人姓名及賬戶號碼。Please submit copy of bank book front page or relevant document(s) that can show the name of bank account holder and account no..
3. 如屬海外銀行戶口，請提供收款銀行地址、國際匯款代碼、賬戶持有人的海外聯絡電話及地址。銀行將於匯款中扣除相關手續費。For overseas bank account, please provide overseas bank address, SWIFT code, overseas contact number and correspondence address of bank account holder. Bank charge of Telegraphic Transaction would be deducted from the payment amount.
4. 此自動入賬申請只限於本次入賬。The direct payment application is for this payment only.
5. 倘未有足夠資料顯示銀行賬戶持有人為保單持有人/受益人或因故未能成功入賬，有關款項將以劃線支票形式郵寄予保單持有人。If there is insufficient information to identify the ownership of bank account or direct payment is fail for any reason, the payment will be mailed to the policyholder/ beneficiary in cheque.

至香港登記的轉數快戶口 To a HK account registered as the FPS account in Hong Kong

銀行名稱 Name of bank

銀行編號 Bank No

分行編號 Branch No.

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文)

Name of bank account holder (Chinese)

賬戶持有人姓名(英文)

Name of bank account holder (English)

「轉數快」(FPS)只適用於實付幣種為港元或人民幣的申請，每筆交易上限為港元或人民幣一百萬元。請注意人民幣幣種僅適用於人民幣保單。"Faster Payment System" (FPS) is only applicable to the payment in HKD or CNY. The maximum amount of each transaction is HKD/CNY1,000,000.00. Please note that CNY currency is only applicable for CNY policy.

至香港開立的港元戶口 To a HKD account set up in Hong Kong

銀行名稱 Name of bank

銀行編號 Bank No

分行編號 Branch No.

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文)

Name of bank account holder (Chinese)

賬戶持有人姓名(英文)

Name of bank account holder (English)

電匯至海外銀行戶口 To an overseas bank account via Telegraphic Transaction

銀行名稱 Name of bank

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文)

Name of bank account holder (Chinese) (Beneficiary/Claimant Only)

賬戶持有人姓名(英文)

Name of bank account holder (English)

國際匯款代碼 SWIFT code

賬戶持有人的海外聯絡電話 Overseas contact no. of bank account holder

賬戶持有人的海外通訊地址 Overseas correspondence address of bank account holder



保單編號 Policy No.									
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**B. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)**

**聲明及授權 Declaration and Authorization**

本人/我們現申請辦理上述之申請事項，謹此聲明並確認所有提供之資料及細節是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並同意此等更改事項或服務必須符合下列所有條件及經 貴公司批准，方能生效：I/We hereby request the above application(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.

1. 所有需要之款項提交予 貴公司並完整無缺。All required payment and complete supporting documents have been submitted to the Company.
2. 此項申請在受保人在生並仍然符合受保條件時，經 貴公司接納及批准。The request is accepted and approved by the Company during the lifetime and continued insurability of the Insured.
3. 在此申請表及 貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示) The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
4. 本人/我們提供符合 貴公司要求之有效證明文件(例如：身分證明及地址證明)予 貴公司，讓 貴公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構) 條例」第 615 章所載，對本人/我們、保單之最終實益擁有人(如有)及本人/我們之授權簽署人士(如適用)進行客戶盡職審查。I/We provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence on myself/ourselves, the ultimate beneficial owner of the policy (if any) and my/our authorized signatory(ies) (if applicable) pursuant to the Anti-money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap. 615.

	保單持有人 / 索償人 Policyholder / Claimant			見證人 Witness		
簽署 Signature						
姓名 Name						
身份證/護照號碼 I.D. Card / Passport No.						
日期 Date	年 Year	月 Month	日 Day	年 Year	月 Month	日 Day