

問卷 Questionnaire

1) 受保人或受保人子女於登記日或之前的 14 日內曾否接受強制檢疫？

有_____ 否 _____

Has/Have the insured or the insured's child(ren) been under compulsory quarantine within 14 days on or before the registration date?

Yes_____ No _____

2) 於登記日之後，受保人或受保人子女或其同住的人士有否因從香港境外進入香港而需於家中或政府的檢疫中心內進行強制檢疫？

有_____ 否 _____

After registration date, has/have the insured or the insured's child(ren) or any person who lives with the insured or the insured's child(ren) been ordered to have compulsory quarantine at home or government's quarantine centre at the time when arriving Hong Kong from outside the territories of Hong Kong?

Yes_____ No _____

3) 於登記日或之前，受保人或受保人子女或其同住的人士 (1) 有否正受到強制檢疫；或 (2) 曾進行新型冠狀病毒診斷測試（不論結果為陽性或陰性）；或(3)被香港政府或醫生建議接受新型冠狀病毒診斷測試？

有_____ 否 _____

On or before the registration date, has/have the insured or the insured's child(ren) or any person who live(s) with the insured (1) been under compulsory quarantine; or (2) undergone novel coronavirus diagnostic test (regardless the result is positive or negative); or (3) been suggested by Hong Kong Government or medical practitioner to undergo novel coronavirus diagnostic test ?

Yes_____ No _____

4) 受保人或受保人子是否於香港境外確診感染新型冠狀病毒？

是 _____ 否 _____

Was/Were the insured or the insured's child(ren) diagnosed with novel coronavirus infection outside the territories of Hong Kong ?

Yes _____ No _____

備註：如日後發現受保人/索償人以上任何一個問題的答案不正確或有誤導，中國人壽保險(海外)股份有限公司保留權利向受保人/索償人追討已給付的確診現金保障和/或身故賠償。

Remark: China Life Insurance (Overseas) Company Limited reserves the rights to demand the Insured/Claimant refund of the diagnosis cash benefit and/or death benefit if it is subsequently found out that any of the above answers given by the Insured/Claimant is not accurate and/or misleading.

本人欲申請索償免費「新型冠狀病毒」保障的 確診現金保障 / 身故賠償

I would like to apply for the Free Benefit of "Coronavirus" Diagnosis Cash Benefit / Death Benefit.

(請在適當的方格內打勾。 Please tick in the appropriate box.)

受保人/索償人簽署

Signature of the Insured/Claimant : _____

受保人/索償人姓名

Name of the Insured/Claimant : _____

身份證號碼

ID no: _____

簽署日期:

Sign Date : _____

受保人/索償人聯絡電話:

Insured/Claimant contact telephone number: _____

受保人/索償人地址:

Insured/Claimant address: _____