

「新型冠狀病毒疫苗副作用」保障理賠申請聲明書

Declaration Form for Coverage against "Novel Coronavirus Vaccine Side Effects" Claim Application

保單號:

Policy Number: _____

受保人姓名:

Name of Insured: _____

本人謹此聲明上列受保人於接種新型冠狀病毒疫苗後沒有離開過香港。

本人同意如日後發現受保人/索償人以上的聲明不正確或有誤導，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「新型冠狀病毒疫苗副作用」保障賠償。

I hereby declare that the above-named Insured did not leave Hong Kong after taking the Novel Coronavirus Vaccine.

I agree that China Life Insurance (Overseas) Company Limited reserves the rights to demand the Insured/Claimant to refund the claim payment paid for the Coverage against "Novel Coronavirus Vaccine Side Effects" if it is subsequently found that the above declaration given by the Insured/Claimant is not accurate and/or misleading.

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

Identity Card No.: _____

簽署日期:

Sign Date : _____