



保單編號 Policy No.

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理賠跨境匯款服務申請表 (只適用於持有大灣區廣發銀行賬戶的國內客戶) CLAIM CROSS BORDER REMITTANCE SERVICE APPLICATION FORM (ONLY APPLICABLE FOR GREATER BAY AREA CGB'S ACCOUNT HOLDER)

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.
- 大灣區包括澳門特別行政區、廣州、深圳、珠海、佛山、惠州、東莞、中山、江門、肇慶。Greater Bay Area includes Macau Special Administration Region, Guangzhou, Shenzhen, Zhuhai, Foshan, Huizhou, Dongguan, Zhongshan, Jiangmen and Zhaoqing.
- 此表格必須於保單持有人簽署日起計30天內交至本公司辦理手續。This form must be submitted to the Company within 30 days from the date of its signing by the Policyholder.
- 如受保人為十八歲或以上，受保人及保單持有人必須親自填寫及簽署本申請表，如受保人為十八歲以下，本申請表應由保單持有人及受保人之家長或合法監護人填寫及簽署。如受保人/保單持有人因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供關係證明及醫生證明。If the insured is at or above age 18, the Insured and policyholder must complete and sign this form by his or her good self. If the insured is under age 18, this form should be completed and signed by policyholder and the insured's parent/ legal guardian. In the event that the Insured/ policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 若受保人/保單持有人/索償人以圖章蓋印簽署，必須由一位見證人予以見證。見證人之個人資料只會用於處理本索償申請及核實和確認本申請表簽署人的身份之用。If the Insured/Policyholder/Claimant uses a signature stamp, it must be witnessed by a witness. The personal particulars of the witness will only be used for the purpose of processing this claim and verifying and confirming the identity of the signatory of this form.
- 受保人/保單持有人/索償人之簽署必須與本公司之紀錄相同。The signature of the Insured / Policyholder / Claimant must be the same as the Company's record.
- 保險中介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 如有任何查詢，請與閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需文件請寄往香港灣仔軒尼詩道313號中國人壽大廈24字樓。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Company Limited., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong.
- 本公司有權隨時更新此申請表，並接受或拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and to accept or to reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.

A. 申請資料 INFORMATION OF APPLICATION

1. 銀行賬戶持有人必須為保單條款內預設之理賠款項領款人。Bank account holder must be the payee of the claim payment as defaulted in policy provision.
2. 請提交銀行存摺首頁影印本、月結單副本或銀行儲蓄卡(一類卡)副本，以顯示銀行賬戶持有人姓名及賬戶號碼。Please submit copy of bank book front page, bank statement or bank card that can show the name of bank account holder and bank account number.
3. 請提供賬戶持有人的國內身份證副本。Please provide a copy of the PRC Identity Card.
4. 如賬戶持有人之身份證件地址為非港澳大灣區，請提供港澳大灣區內工作、居住或學習的證明(如居住証、社保繳納證明、納稅證明等)。If the address as shown on the identity card does not belong to Greater Bay Area, proof of employment, residence or study in Greater Bay Area is required.

<input type="checkbox"/> 匯款至國內銀行戶口 To a bank account in China via Remittance Service	
銀行名稱 Name of bank	
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開立賬戶城市 Issuing City	銀行賬戶號碼 Account No.
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賬戶持有人姓名(中文)(理賠款項領款人) Name of bank account holder (Chinese) (Payee of the claim payment)	賬戶持有人姓名(英文)(理賠款項領款人) Name of bank account holder (English) (Payee of the claim payment)
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國際匯款代碼 SWIFT code	賬戶持有人的國內聯絡電話 Contact no. in China of bank account holder
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賬戶持有人的國內通訊地址 Correspondence address in China of bank account holder	
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B. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(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 <https://www.chinalife.com.hk/zh-hk/privacy-policy> 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from <https://www.chinalife.com.hk/zh-hk/privacy-policy> or available upon request.

C. 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. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approved by the Company.

1. 所有需要之款項及文件完整無缺並提交予中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」)。All required payment and complete supporting documents have been submitted to the Company.
2. 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.
3. 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)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) 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.
4. 本人/我們同意及授權貴公司向相關的匯款銀行提供及轉移賬戶持有人的國內身份證副本、港澳大灣區內工作、居住或學習的證明副本(如身份證件地址為非港澳大灣區)、投保時的相關入境證明文件副本(包括但不限於由香港入境處發出的入境標籤、來回港澳之通行証、有效護照等)、銀行存摺首頁影印本、銀行卡或月結單副本(必須為大灣區開立的銀行賬戶)、是次索償的保險合約首頁副本(即載有保單號碼及保障利益的承保表)、賠款通知書副本及已簽署之申請表等資料用作匯款審批用途。I/We agree and authorize the Company to provide and transfer the copies of the account holder's PRC Identity Card, proof of employment, residence or study in Greater Bay Area (for address on the applicant's identity card does not belong to Greater Bay Area), relevant entry proof submitted during policy application (including but not limited to valid landing slip issued by Immigration Department of HKSAR, valid exit/entry permit for travelling to and from Hong Kong and Macau, and valid passport copy, etc.), bank book front page, bank card or bank statement (must be a bank account opened in Greater Bay Area), Policy Information Page (showing Benefit Schedule with policy no. and benefit), Claim Settlement Advice of current claim payment together with this signed application form to the related banks for remittance approval purpose.
5. 本人/我們現申請以上述理賠跨境匯款方式領取金額，並同意存款銀行收取的任何匯款手續費用及匯率損益由本人/我們承擔。I/We agree to apply the captioned Claim Cross Border Remittance Service and bear any bank charge and differences due to exchange rate incurred associated with this transaction.
6. 如匯款不成功，本人/我們同意於賠款中扣除相關手續費及匯率損益。I/We agree the administration fee and differences due to exchange rate would be deducted from the claim payment in case of remittance failure.

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by those terms and conditions. I/We hereby agree to make the above agreements and declarations.

C. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	受保人 (年齡 18 歲或以上) Insured (whose age is 18 or above)			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	年 Year	月 Month	日 Day
*索償人與受保人/保單持有人關係 *Relationship with Insured/Policyholder									