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即時享受升級用戶體驗！輕鬆提交理賠申請及查閱進度。

中國人壽 CHINA LIFE 海外

身故賠償申請表 DEATH CLAIM FORM

受保人中文姓名 Chinese Name of Insured	受保人英文姓名 English Name of Insured	保單號碼 Policy No.

受保人身份證/ 護照號碼 I.D. / Passport No. of Insured

保險仲介人資料 INSURANCE INTERMEDIARY INFORMATION

保險仲介人姓名 Name of Insurance Intermediary

保險仲介人編號 Insurance Intermediary Code

聯絡電話 Contact No.

重要須知 IMPORTANT NOTE

- 此表格適用於「身故保障」、「意外身故保障」、「父母身故豁免繳付保費保障」、「配偶身故豁免繳付保費保障」、「供款者免繳保費保障」及「懷孕恩恤保障」的賠償申請。This form is applicable for Death Benefit, Accidental Death Benefit, Premium Waiver Benefit For Death of Parents, Premium Waiver Benefit For Death of Spouse, Payor Benefit and Pregnancy Compassionate Benefit.
- 請以正楷填寫本申請表。任何資料如有更改，保單受益人/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 Beneficiary/ 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.
- 除簡易投保的保單外，若受保人身故時，自保單生效日或保單最後恢復效力當日起計不足兩年（以較後的日期為準），則必須由受保人的主診醫生填寫本申請表第三部分-「主診醫生報告書」。Apart from simplified underwriting policy, if the death of Insured occurs within 2 years after the policy is issued or reinstated (whichever is later), Part III of this form - Attending Physician's Statement must be completed by the Attending doctor of Insured.
- 本申請表第一部分和第二部分必須由保單受益人/索償人填寫。Part I and Part II of this form must be completed by Beneficiary/Claimant.
- 如保單受益人/索償人領取賠償款項時尚未達到法定的成人年齡，則需要受益人/索償人的監護人或信託人簽署收據領取身故賠償款項。Where a Beneficiary/Claimant is a minor in law at the time when receiving the death benefit, the guardian or trustee of the Beneficiary/Claimant must collect the death benefit and sign the receipt thereof.
- 如保單受益人/索償人為十八歲或以上，保單受益人/索償人必須親自填寫及簽署本申請表。若保單受益人/索償人為十八歲以下，本申請表應由受益人/索償人之合法監護人填寫及簽署。如保單受益人/索償人因傷殘不能書寫，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 Beneficiary/Claimant is at or above age 18, the Beneficiary/Claimant must complete and sign this form by his or her good self. If the Beneficiary/Claimant is under age 18, this form should be completed and signed by the Beneficiary/Claimants' legal guardian. In the event that the Beneficiary/Claimant 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.
- 若保單受益人/索償人多於一位，則每位保單受益人/索償人必須分別填寫及簽署一份本申請表。If there is more than one Beneficiary / Claimant, a separate Death Claim Form must be completed and signed by each Beneficiary/Claimant.
- 保險仲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，請與您的保險仲介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需檔請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 字樓 / 中國深圳市福田區福田路 24 號海岸環慶大廈 35 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) Co. Ltd., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong or China Life Insurance (Overseas) Co. Ltd.,35/F, Hai An Huan Qing Building, 24 Futian Road, Futian District, Shenzhen, China.
- 本公司有權隨時更新此申請表，並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 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.
- 如中英文版本有任何抵觸或不符之處，一概以中文版本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version, the Chinese version shall prevail.

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第一部份 – 索償資料 (由受益人/索償人填寫)
PART I – PARTICULARS OF CLAIM (To be completed by Beneficiary/Claimant)

索償保障類別 BENEFIT(S) TO CLAIMS

- ☐ 身故保障 Death Benefit
- ☐ 意外身故保障 Accidental Death Benefit
- ☐ 供款者免繳保費保障（身故適用）Payor Benefit (For Death)
- ☐ 懷孕恩恤保障 Pregnancy Compassionate Benefit
- ☐ 父母身故豁免繳付保費保障 Premium Waiver Benefit For Death of Parents
- ☐ 配偶身故豁免繳付保費保障 Premium Waiver Benefit For Death of Spouse

A. 死者資料 INFORMATION OF THE DECEASED

1 年齡及性別 Age and Sex

2 身故時職業 Occupation at death

3 出生日期 Date of Birth 年 Year 月 Month 日 Day

出生地點 Place of Birth

4 身故日期 Date of Death 年 Year 月 Month 日 Day

身故地點 Place of Death

B. 如因病身故，請提供下列資料: IF DEATH WAS DUE TO AN ILLNESS, PLEASE STATE:

1 請描述症狀 Please describe symptoms & abnormalities

2 死者何時最先發現或表示有該致死疾病? When did the deceased first appear or give indications of his/her fatal illness?

3 死者何時因相關疾病開始求診? When did the deceased first consult physician for the related illness?

4 請列出死者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 deceased or all hospitals or institutions where he/she had been 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
		年 Year	月 Month	日 Day	

C. 如因意外或其他事故導致身故，請提供下列資料: IF DEATH WAS DUE TO ACCIDENT OR OTHER CAUSE, PLEASE STATE:

1 意外或事故發生日期及時間 Date and time of the accident or incident 年 Year 月 Month 日 Day 時 Hour 分 Minute 上/下午 AM/PM

意外或事故發生地點 Location of the accident or incident

2 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)

3 您有否報警？如有，請提供以下資料 Did you report to the police? If yes, please provide the following information

☐ 是 Yes ☐ 否 No 警署地點 Police Station 檔案編號 Case Reference No.

註：請附上警察報告/交通意外報告/口供紙/酒精測試報告影印本。
Remarks: Please attach a photocopy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report.

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D. 其他資料 OTHER INFORMATION

1 **您有否因同一事故曾/將會向其他保險公司索償？如是，請提供詳細資料。Have you claimed/ will you claim from other insurance company for the same event? If yes, please give details.** ☐ 是 Yes ☐ 否 No

保險公司名稱 Name of Insurance Company	保單號碼 Policy No.	保障類別及保障金額 Type & Amount of benefit

E. 賠款方式 PAYMENT METHODS

請就每宗理賠申請選擇一項理賠支付方式。如未有註明指示，理賠將以**港元**劃線支票進行支付，並經由保險仲介人轉遞。Please select one settlement option for each claim submission. For any unspecified instruction, the payment will be issued by crossed cheque in **HKD** and delivered via Insurance Intermediary.

賠款幣種選擇 PAYMENT CURRENCY OPTION （如無註明，賠款將以港幣發放。 If not specified, payment will be issued in HKD. ）

☐ 保單貨幣 Policy Currency ☐ 港幣 Hong Kong Dollar

1 自動入賬 DIRECT CREDIT

☐ **轉賬至本公司已登記之預設收款賬戶 TRANSFER TO DEFAULT PAYMENT ACCOUNT REGISTERED IN OUR COMPANY**

☐ **轉賬至本地銀行之賬戶 TRANSFER TO ACCOUNT IN LOCAL BANK**

銀行名稱 Name of bank	銀行編號 Bank Code.	分行編號 Branch Code.	戶口號碼 Account No.

賬戶持有人姓名(中文) (必須為保單受益人/索償人) Name of bank account holder (Chinese) (Beneficiary/Claimant Only)	賬戶持有人姓名(英文) (必須為保單受益人/索償人) Name of bank account holder (English) (Beneficiary/Claimant Only)

☐ **轉數快 FPS (請勾選以下一項識別代號 Please select one of the proxy IDs below)**

☐ **電郵地址 Email Address:**

☐ **轉數快識別碼 FPS ID:**

☐ **手機號碼 Mobile Number: (國際電話區 Country Code)** ____ **(手機號碼 Mobile Number)** ____

備註：

1. 銀行或轉數快賬戶持有人必須為保單受益人/索償人。Bank or FPS Account Holder must be the Beneficiary/ Claimant.
2. 倘未有足夠資料顯示銀行賬戶持有人為保單受益人/索償人或因故未能成功自動入賬，有關款項將以劃線支票形式發出。If there is insufficient information to identify the ownership of bank account belonging to the Beneficiary/Claimant or direct credit has failed for any reason, the payment will be issued in the form of a crossed cheque.
3. 如選擇以「轉數快」方式領款 If you choose to receive the payment by "FPS",
   3.1. 「轉數快」只適用於實付貨幣為港元或人民幣的申請，每筆交易金額上限為港元或人民幣 5,000,000。 "FPS" is only applicable for payment in HKD or CNY. The maximum amount of each transaction is HKD/CNY 5,000,000.
   3.2. 請注意人民幣幣種僅適用於人民幣保單。 Please note that CNY currency is only applicable for CNY policy.
4. 如選擇以「轉賬至本地銀行之賬戶」方式領款 If you choose to receive the payment by "Transfer to account in local bank",
   4.1. 需提供賬戶證明檔，如印有賬戶持有人姓名/名稱及賬戶號碼的銀行卡/月結單/存摺。Proof of bank account document(s), such as bank card/monthly statement/ passbook with account holder name and account no. is required.
   4.2. 如賠款為港元或人民幣以外幣種，銀行所收取的代付手續費及匯率損失將由本公司承擔（如適用）。If the payment is not in HKD or CNY, bank charge and losses caused by exchange rate associated with the transaction would be borne by the recipient (if applicable).
   4.3. 如轉賬不成功，相關手續費用及匯率損益將於給付款項中自動扣除（如適用）。Administration fees and losses caused by exchange rate would be deducted from the payment amount in case of remittance failure (if applicable).

☐ **電匯 TELEGRAPHIC TRANSFER**

可於 https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim 下載「理賠匯款服務申請表」。Please download "Claim Remittance Service Application Form" from https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim

☐ **大灣區廣發銀行跨境匯款服務 GREATER BAY AREA CGB CROSS BORDER REMITTANCE SERVICE**

可於 https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim 下載「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客戶) 」Please download "Claim Cross Border Remittance Service Application Form (Only Applicable For Greater Bay Area CGB's Account Holder)" from https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim

E. 賠款方式(續) PAYMENT METHOD (Continued)

2 本地銀行劃線支票 HK LOCAL CROSSED CHEQUE

支票領取方式 PREFERRED COLLECTION METHOD

- ☐ 支票寄往本人於本申請表第二部份問題 9 填寫之地址 Mail cheque to the address filled in question 9 of Part II in this form
- ☐ 經保險仲介人轉遞 Deliver via Insurance Intermediary
- ☐ 親身到分行領取支票 Pick up cheque at Branch in person　　銀行分行 Branch:
- ☐ 親身到灣仔客戶服務中心領取支票 Pick up cheque at Customer Service Centre in person
  - ☐ 受益人/索償人領取 Pick up cheque in person by Beneficiary/Claimant
  - ☐ 授權第三者(代領人)領取 Pick up cheque by authorized person

代領人姓名 Name of authorized person	代領人聯絡電話 Contact no. of authorized person	代領人身份證明文件號碼 I.D. no. of authorized person

3 其他 OTHERS

☐ **資金調配至保單 FUND TRANSFER TO POLICY**

僅適用於同一領款人名下生效之保單，請指定保單號碼。抵付保費時已包括保費徵費。Only applicable to inforce policy under the same payee, please specify the policy no.. The Premium Levy has been included into the Premium Payment.

☐ **非劃線支票 / 匯票 UNCROSSED CHEQUE / DEMAND DRAFT**

可於 https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-claim 下載「特別領取方式申請表」。Please download "Special Payment Arrangement Request Form" from https://www.chinalife.com.hk/zh-hk/customer-service/forms-download/individual-cl

第二部份 – 索償人資料 (由受益人/索償人填寫)

PART II – INFORMATION OF THE CLAIMANT (to be completed by the Beneficiary/Claimant)

1 **稱謂（先生/太太/女士/小姐）Title (Mr/ Mrs/ Ms/ Miss)**　　**性別 Gender**

2 **中文姓名 Name in Chinese**

3 **英文姓名 Name in English**　　姓氏 Last Name　　名字 First Name

4a **職業(必須填寫) Occupation (Compulsory)**　　4b **行業(必須填寫) Business (Compulsory)**

5 **出生日期 Date of Birth**　　年 Year　　月 Month　　日 Day

出生國家 Country of Birth

6 **國籍 / 地區 Nationality / Region**

☐ 中國 Chinese　　☐ 美國 U.S.　　☐ 其他 Others(請註明 please specify)

7 **與受保人關係 Relationship to the Insured**

8 ☐ **香港永久居民身份證/香港身份證號碼 HK Permanent ID Card/HKID Card No.**

☐ **非香港永久居民身份證：身份證/護照號碼 Non-HKID Card: ID Card / Passport No.**

簽發國家 Issue Country

☐ **商業組織註冊編號 Business association Registration No.**

簽發國家 Issue Country

9 **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)**

城市 City　　國家 Country

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10 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))

城市 City ______ 國家 Country ______

11 通訊地址 Mailing Address (如通訊地址與目前居住地址(個人) /目前營業地址(商業組織)不同，填寫此欄)(Complete if different to the current residential address (Individual) / Current Business Address (Business association))

城市 City ______ 國家 Country ______

12 電話號碼(必須填寫) Telephone No. (Compulsory) 國家號 Country Code ______ 電話號碼 Telephone No. ______

13 手提電話(必須填寫) Mobile No. (Compulsory) 國家號 Country Code ______ 手提電話 Mobile No. ______

14 電郵 Email 必須填寫 (Compulsory)

15 您以何名義索償? In what capacity or title are you claiming this insurance?

☐ 指定受益人 Designated Beneficiary ☐ 受託人 Trustee ☐ 遺產承辦人 Estate Administrator ☐ 受讓人 Assignee

16 您是否美國公民或美國稅務居民？Are you a U.S. Citizen or a U.S. tax resident?

☐ 是 Yes TIN No. ______ ☐ 否 No

索償所需文件清單 CLAIM DOCUMENT CHECKLIST

✓ 基本文件 Basic Documents；● 附加檔 Additional Documents

索償所需文件(文件的核實正本可於本公司的客戶服務中心辦理) Claim Document (Documents can be certified at our Company's Customer Service Centre)	身故賠償 Death claim
☐ 保單正本 / 保單遺失聲明書 (如未能提供保單正本) Original Policy / Policy Lost Declaration (if unable to provide original policy)	✓
☐ 由受益人/索償人填妥並簽署之本申請表第一及第二部份 Part I & Part II of this form completed and signed by Beneficiary / Claimant	✓
☐ 由受保人之主診醫生填寫及簽署之本申請表第三部份# Part III of this form completed and signed by the attending physician of Insured#	●
☐ 死亡證明書(核實正本) Death Certificate (Certified True Copy)	✓
☐ 受保人之身份證明文件(核實正本) ID of Insured (Certified True Copy)	✓
☐ 受益人之身份證明文件(核實正本) ID of Beneficiary (Certified True Copy)	✓
☐ 受保人之香港身份證註銷證明文件(核實正本)^ Cancellation proof of Insured's HKID from Immigration Department (Certified True Copy) ^	●
☐ 受保人與受益人之關係證明(核實正本) Relationship Proof between the Insured and Beneficiary (Certified True Copy)	✓
☐ 共同申報準則之自我證明表格(理賠適用) Self Certification Form (For Claims) for Common Reporting Standard (CRS)	✓
☐ 死亡公證書(核實正本)* Notarial Certificate of Death (Certified True Copy)*	✓
☐ 戶籍註銷證明(核實正本)* Certificate of Household Cancellation (Certified True Copy)*	✓
☐ 死亡醫學證明書(核實正本)* Medical Certificate for Cause of Death (Certified True Copy)*	✓
☐ 喪葬證明(核實正本)* Funeral and Cremation Proof (Certified True Copy)*	✓
☐ 意外事故/員警調查報告 Accident / Police Investigation Report (意外身故適用 For accidental death)	✓
☐ 信託文件(核實正本) Trustee Documents (Certified True Copy)	●
☐ 監護人紙（如保單受益人為十八歲以下）Certificate of guardianship (For policy beneficiary is under age 18)	●
☐ 遺產管理書 / 遺囑認證書(核實正本) Letters of Administration / Grant of Probate (Certified True Copy)	●
☐ 驗屍/解剖報告 Autopsy Report	●
☐ 門診及住院記錄 Clinical and Hospital Records	●
☐ 警察報告 Police Report	●

#適用於非簡易投保的保單生效或復效不足兩年的個案 #For death occurs within 2 years after the policy is issued or reinstated of non-simplified underwriting policy

^適用於香港居民在境外出險個案 ^For HK resident but event occurred overseas

*適用於中國內地出險個案 *For event occurred in Mainland

保單號碼 Policy No.										

聲明、授權及簽署 DECLARATION, AUTHORIZATION AND SIGNATURE

A. 客戶確認符合《外國帳戶稅收遵從法案》和其他適用法律 CUSTOMER ACKNOWLEDGE REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS

閣下認知中國人壽保險(海外)股份有限公司(下稱 "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 China Life Insurance (Overseas) Co. Ltd (hereinafter called "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 Internal Revenue Service of the United States of America (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.

客戶同意向協力廠商披露資料 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任何其他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 Company's Head Office(s) 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's within such time as may be reasonably required (Within 90 calendar days from the date of the application or information change).

更新客戶有關國籍，稅務狀況的資料及其他資料 Updating of customer information about nationality, tax status and others

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或閣下向本公司購買的保險計劃，遵行適用規定下的義務。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.

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%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檔或資料。此等資料和檔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。

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 more than 10% 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.

如果閣下未能及時向本公司提供資料或檔，或閣下所提供所需的資料或檔並非最新，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。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.

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/受抵人為組織機構」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/放棄美國籍之證明檔副本。

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.

A. 客戶確認符合《外國帳戶稅收遵從法案》和其他適用法律(續) CUSTOMER ACKNOWLEDGE REGARDING COMPLIANCE WITH FOREIGN ACCOUNT TAX COMPLIANCE ACT AND OTHER APPLICABLE LAWS (Continued)

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檔（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.

B. 收取個人壽險保費徵費 COLLECTION OF PREMIUM LEVY ON INDIVIDUAL LIFE INSURANCE POLICIES

本人/我們謹已收悉：貴公司就保險業監管局要求並授權向每位保單持有人所持有的有效保單徵收「保費徵費」(下稱「徵費」)，及將收取的徵費將會全數轉交予該局。保險業監管局亦可以根據相關條例，將有關的欠付款作為民事債項及向相關的保單持有人追討欠款並有機會徵收罰款。有關收取徵費的詳情，請瀏覽中國人壽(海外)股份有限公司的網頁 https://www.chinalife.com.hk/zh-hk/customer-service/useful-information/premium-levy。I/We hereby notified that: China Life Insurance (Overseas) Company Limited, as an authorized insurer, is statutorily required to collect Premium Levy (“Levy”) from policyholder on behalf of the Insurance Authority ("IA") and report to IA. IA may take legal proceedings against policyholder in respect of any outstanding Levy as civil debt and may impose pecuniary penalty. For details of the collection of Levy, please refer to the website at https://www.chinalife.com.hk/customer-service/useful-information/premium-levy.

C. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

中國人壽保險（海外）股份有限公司 （於中華人民共和國註冊成立之股份有限公司）(下稱“本公司”）明白其在《個人資料（私隱）條例》下就個人資料的收集、持有、處理或使用所負有的責任。本公司僅將為合法和相關的目的收集個人資料，並將採取一切切實可行的步驟，確保本公司所持個人資料的準確性。本公司將採取一切切實可行的步驟，確保個人資料的安全性，及避免發生未經授權或者因意外而擅自取得、刪除或另行使用個人資料的情況。閣下的個人資料為自願提供。敬請注意，如果閣下不向本公司提供所需的個人資料，本公司可能無法提供閣下要求的資料、產品或服務。

在本收集個人資料聲明（“本聲明”），下列詞語將具有以下的含義：

“本公司關聯方”指本公司任何附屬公司、本公司任何聯營公司、以及本公司的母公司、母公司任何附屬公司、母公司任何聯營公司，為避免疑義，中國人壽保險（集團）公司集團內之公司（“本公司關聯方”應作相應解釋）。

目的：本公司不時有必要使用閣下的個人資料作下列用途：

1.向閣下推介、提供和營銷本公司、本公司關聯方或本公司聯合品牌合作夥伴的產品／服務（參閱下文“為直接促銷目的而使用個人資料” 部份），以及提供、維持、管理和操作該等產品／服務；

2.處理和評估閣下就本公司及本公司關聯方的產品／服務提出的任何申請或要求；

3.向閣下提供後續服務(包括但不限於健康檢測和／或健康管理服務)及執行/管理已發出的保單，包括但不限於增加、更改、變更、撤銷、續期或恢復；

4.就本公司和／或本公司關聯方提供的任何產品／服務而由與閣下或其他索賠方提出的、針對閣下或其他索賠方提出的、或者其他涉及閣下或其他索賠方的任何索賠相關的任何目的，包括對索賠進行調查；以及偵測和防止欺詐行為（無論是否與就此申請而發出的保單有關）所需的目的；

5.評估閣下的財務需求；

6.為本公司和 / 或本公司關聯方設計新的產品／服務或改進現有的產品 / 服務；

7.為本公司和 / 或本公司關聯方、金融服務行業或相關的監管機構的統計或類似目的進行市場或精算研究；

8.基於本聲明所列的任何目的，將本公司不時持有並與閣下有關的任何資料進行調查；

9.滿足任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求，或協助在香港或香港以外其他地方的警方或其他政府或監管機構執法及進行調查；

10.進行身份和／或信用核查和／或債務追收；

11.開展與本公司業務經營有關的其他服務；

12.就閣下在本公司持有的任何帳戶或本聲明未來的變更發出行政性通訊；

13.根據第 112 章 《稅務條例》中自動交換財務帳戶資料的規定，進行所需的盡職審查程式；及

14.與上述任何目的直接有關的其他目的。

個人資料的移轉：個人資料將予以保密，但在遵守任何適用法律條文的前提下，可移轉予：

1.任何本公司關聯方；

2.就本公司和／或本公司關聯方提供的任何產品／服務而由閣下或針對閣下提出的、或其他涉及閣下的任何索賠相關的任何人士（包括私人調查方和索賠調查公司）；

3.就本公司和／或本公司關聯方所提供產品／服務的任何代理、承包商或協力廠商，包括任何再保險公司、保險仲介、基金管理公司、健康管理機構或金融機構；

4.就業務經營關係向本公司和／或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或協力廠商；

5.協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；

6.本公司權利或業務的任何實際或建議的承讓人、受讓方、參與者或次參與者；

7.任何適用已存在、現有或將來法律、規則、規例、實務守則或指引要求或規定本公司和／或本公司關聯方向其作出披露的任何政府部門或其他適當的政府或監管機關（被移轉的資料或會進一步轉交予其他司法管轄區的政府部門或適當的政府或監管機關）；及

8.任何金融服務供應商的行業協會或聯會；

保單號碼 Policy No.										

C. 個人資料收集聲明(續) PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

9.預防保險詐騙偵測的人士，而他們只能在有合理需要履行預防保險詐騙目的之情況下才可收集和使用個人資料：保險理算人、代理和經紀；僱主；醫護專業人士；醫院；會計師；財務顧問；律師；防欺詐組織；其他保險公司（無論是直接地，或是通過防欺詐組織或本段中指名的其他人士）；和保險業就現有資料而對所提供的資料作出分析和檢查的數據庫或登記冊（及其運營者）。

閣下的個人資料可能會提供給上述任何一方（該方可能位於香港境內或境外）。而就此而言，閣下同意將閣下的資料移轉至香港境外。

閣下的個人資料將僅為上文中規定的一個或多個有關目的而被移轉。如欲瞭解本公司為推廣或促銷目的而使用閣下的個人資料的政策，請參閱下文"為直接促銷目的而使用個人資料"部份。

為直接促銷目的而使用個人資料：本公司打算：

1.使用本公司不時持有的閣下的姓名、聯絡資料、產品和服務的組合資料、交易模式和行為、財政背景和統計數據以進行直接促銷；

2.就本公司、本公司關聯方和本公司聯合品牌合作夥伴可能提供下列類別的產品和服務進行直接促銷（包括提供獎賞、客戶或會員優惠計劃）：

(a)保險、年金、銀行、財富管理、退休計劃、投資、金融服務、信用卡、證券以及相關產品和服務；及

(b)有關健康、保健及醫療、餐飲、體育活動、會籍及相關產品和服務；

3.上述產品和服務將可能由本公司和／或下列機構提供：

(a)任何本公司關聯方；

(b)協力廠商金融機構；

(c)提供本部份第 2 段所列的產品及服務的本公司、本公司關聯方和本公司聯合品牌合作夥伴；

(d)協力廠商獎賞、客戶或會員優惠計劃的提供者；及

(e)支援本公司或任何以上所列機構提供本部份第 2 段所列的產品及服務的外部服務提供者；

4.就業務經營關係向本公司和／或本公司關聯方提供行政、技術、數據處理、電訊、電腦、支付、債務追收、電話中心服務、直接促銷服務或其他服務的任何代理、承包商或協力廠商；

5.協助收集閣下資料或與閣下聯絡的其他公司，例如研究公司、信貸資料機構或（在出現拖欠還款的情況下）追討欠款公司；

閣下可隨時撤回給予本公司有關使用閣下的個人資料及提供予協力廠商作直接促銷用途的同意，而本公司將在不收取任何費用的情況下停止使用該等資料作直接促銷用途。閣下如欲撤回閣下給予本公司的同意，請聯絡本公司的個人資料保護主任（詳情參閱下文）。

個人資料的查閱和更正：根據《個人資料（私隱）條例》，閣下有權查明本公司是否持有閣下的個人資料，更正任何不準確的資料，以及查明本公司有關個人資料的政策及常規。閣下還可以要求本公司告知閣下本公司所持個人資料的種類。

查閱和更正的要求，或有關獲取政策、常規及所持的資料種類的資料，均應以書面形式發送至：

個人資料保護主任

中國人壽保險（海外）股份有限公司

香港灣仔軒尼詩道 313 號中國人壽大廈 24 樓

電話：(+852) 3999 5519　傳真：(+852) 2892 0520

本公司有權就因處理任何查閱個人資料的要求收取合理費用。

China Life Insurance (Overseas) Company Limited (incorporated in the People's Republic of China with limited liability) (the "Company") recognizes its responsibilities in relation to the collection, holding, processing or use of personal data under the Personal Data (Privacy) Ordinance. Personal data will be collected only for lawful and relevant purposes and all practicable steps will be taken to ensure that personal data held by the Company is accurate. The Company will take all practicable steps to ensure security of the personal data and to avoid unauthorized or accidental access, erasure or other use.

The provision of your personal data is voluntary. Please note that if you do not provide us with the required personal information, the Company may not be able to provide your requested information, products or services.

In this Personal Information Collection Statement ("PICS"), the following terms shall have these following meanings:-

"Our affiliates" means any subsidiary undertaking of the Company, any associated company of the Company, and parent undertaking of the Company, any subsidiary undertaking of parent undertaking, any associated companies undertaking of parent undertaking, for the avoidance doubt, all undertaking within the group of China Life Insurance (Group) Company ("Our affiliates") shall be construed accordingly.

Purpose: From time to time it is necessary for us to use your personal data for the following purposes:

1.offering, providing and marketing to you the products/services of the Company, our affiliates or our co-branding partners (see "Use of Personal Data for Direct Marketing Purposes" below), and administering, maintaining, managing and operating such products/services;

2.processing and evaluating any applications or requests made by you for products/services offered by the Company and our affiliates;

3.providing subsequent services (including but not limited to health inspection / management) to you and administering the policies issued including but not limited to additions, alterations, variations, cancellation, renewal or reinstatement;

4.any purposes in connection with any claims made by or against or otherwise involving you or other claimants in respect of any products/services provided by the Company and/or our affiliates, including investigation of claims; detect and prevent fraud (whether or not relating to the policy issued in respect of this application);

5.evaluating your financial needs;

6.designing new or enhancing existing products/services of the Company and/or our affiliates;

7.conducting market or actuarial research for statistical or similar purposes undertaken by the Company and/or our affiliates, the financial services industry or our respective regulators;

8.investigating any data held which relates to you from time to time for any of the purposes listed herein;

9.meeting requirements imposed by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines or assisting with law enforcement purposes, investigations by police or other government or regulatory authorities in Hong Kong or elsewhere;

10.conducting identity and/or credit checks and/or debt collection;

11.carrying out other services in connection with the operation of the Company's business;

12.sending out administrative communications about any account you may have with the Company or about future changes to this PICS;

C. 個人資料收集聲明(續) PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

13.performing relevant due diligence procedures in accordance with the Common Reporting Standard (or Automatic Exchange of Financial Account Information) as set out in the Inland Revenue Ordinance (Cap. 112); and

14.other purposes directly relating to any of the above.

Transfer of personal data: Personal data will be kept confidential but, subject to the provisions of any applicable law, may be transferred to:

1.any of our affiliates;

2.any person (including private investigators and claims investigation companies) in connection with any claims made by or against or otherwise involving you in respect of any products/services provided by the Company and/or our affiliates;

3.any agent, contractor or third party who provide services in connection with the product/services provided by the Company and/or our affiliates, including any reinsurance company, insurance intermediary, fund management company , health management institution or financial institution;

4.any agent, contractor or third party who provides administrative, technology, data processing, telecommunications, computer, payment, debt collection, call centre services, direct marketing services or other services to the Company and/or our affiliates in connection with the operation of its business;

5.other companies who help gather your information or communicate with you, such as research companies and credit reference agencies or, in the event of default, debt collection agencies;

6.any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;

7.any government department or other appropriate governmental or regulatory authority (which may be further transferred to governmental or regulatory authority of certain other jurisdiction(s)) to whom the Company and/or our affiliates are requested or required by any applicable, present, existing or future law, rules, regulations, codes of practice or guidelines to make disclosures;

8.any financial services provider industry association or federation;

9.any person preventing and detecting insurance fraud, who may collect and use the personal data only as reasonably necessary to carry out the purposes of preventing and detecting insurance fraud: insurance adjusters, agents and brokers; employers; health care professionals; hospitals; accountants; financial advisors; solicitors; fraud prevention organisations; other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

Your personal data may be provided to any of the above parties who may be located in Hong Kong or outside of Hong Kong, and in this regard you consent to the transfer of your data outside of Hong Kong.

Transfer of your personal data will only be made for one or more of the purposes specified above. For our policy on using your personal data for promotional or marketing purposes, please see the section entitled “Use of Personal Data for Direct Marketing Purposes”.

Use of Personal Data for Direct Marketing Purposes: The Company intends to:

1.Use your name, contact details, products and services portfolio information, transaction pattern and behaviour, financial background and demographic data held by the Company from time to time for direct marketing;

2.Conduct direct marketing (including providing reward, loyalty or privileges programmes) in relation to the following classes of products and services that the Company, our affiliates and our co-branding partners may offer:

(a)insurance, annuities, banking, wealth management, retirement plans, investment, financial services, credit cards, securities and related products and services; and

(b)health, wellness and medical, food and beverage, sporting activities, memberships and related products and services;

3.The above products and services may be provided by the Company and/or:

(a)any of our affiliates;

(b)third party financial institutions;

(c)the Company, our affiliates and our co-branding partners providing the products and services set out in 2;

(d)third party reward, loyalty or privileges programme providers; and

(e)external service providers supporting the Company or any of the above listed entities in providing the products and services set out in 2.

4.In addition to marketing the above products and services, the Company also intends to provide the data described in 1 above to all or any of the persons described in 3 above for use by them in marketing those products and services;

5.The Company requires your written consent (which includes an indication of no objection) to use and provide the data to the third parties as set out above for any promotional or marketing purpose.

You may withdraw your consent to the use and provision to a third party of your personal data for direct marketing purposes at any time, and thereafter the Company shall, without charge to you, cease to use such data for direct marketing purposes. If you wish to withdraw your consent, please contact the Company’s Personal Data Protection Officer (details below).

Access and correction of personal data: Under the Personal Data (Privacy) Ordinance, you have the right to ascertain whether the Company holds your personal data, to correct any data that is inaccurate, and to ascertain the Company's policies and practices in relation to personal data. You may also request the Company to inform you of the type of personal data held by it.

Requests for access and correction or for information regarding policies and practices and types of data held should be addressed in writing to:

The Personal Data Protection Officer
China Life Insurance (Overseas) Company Limited
24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong
Telephone: (+852) 3999 5519 Fax: (+852) 2892 0520

The Company have the right to charge a reasonable fee for the processing of any data request.

保單號碼 Policy No.										

C. 個人資料收集聲明(續) PERSONAL INFORMATION COLLECTION STATEMENT (Continued)

聲明和授權：本人／我們確認本人/我們已閱讀並明白收集個人資料聲明（“本聲明”）。本人／我們特此確認並同意公司根據本聲明使用和移轉本人/我們的個人資料，包括為直接促銷之目的使用和提供本人／我們的個人資料。本人/我們已取得在此申請提供協力廠商資料（如有）所需的同意。本人／我們確認並同意為本聲明中所述之目的將本人／我們的個人資料移轉至香港境外給本聲明所述的承轉人的類別。

重要提示：請於以下簽署部份簽名，以示閣下同意。若閣下不同意根據“為直接促銷目的而使用個人資料” 部份所述為直接促銷之目的而使用和提供閣下的個人資料，請在以下方格劃上「✓」號。

Declaration and authorization: I/We acknowledge and confirm that I/we have read and understood the Personal Information Collection Statement (“PICS”). I/We hereby give my/our acknowledgement and agree to the use and transfer of my/our personal data by the Company in accordance with the PICS, including the use and provision of my/our personal data for the purpose of direct marketing. I/We have obtained the consent to provide the third party information (if any) in this application. I/We acknowledge and consent to the transfer of my/our personal data outside of Hong Kong for the purposes and to the types of transferee as set out in the PICS.

Important: Please indicate your agreement by signing on the space provided below. If you do not agree to the use and provision of your personal data for direct marketing as set out in the section “Use of personal data in direct marketing”, please tick the box below.

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

D. 聲明及授權 DECLARATION AND AUTHORIZATION

授權 Authorization

本人/我們，保單受益人/索償人，代表本人/我們/尚未成年之受益人（如有）謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構、政府部門、或凡知道或持有任何有關受保人之紀錄、認識或資料的其他機構、組織或人士，均可將該等資料提供、發放及轉交給中國人壽保險(海外)股份有限公司 （以下簡稱「貴公司」）。此授權對本人/我們之繼承人及授讓人具有約束力。此授權書的影印本與正本均有同等效力。(2)貴公司或會從保單的給付金額及／或貴公司為保單所收金額中，根據適用法定及 ／ 或規管要求扣除任何逾期/ 應付金額(包括保險業監管局收取的徵費)。I/We, the Beneficiary/Claimant, represent me/us/the under aged Beneficiary (if any) HEREBY AUTHORIZE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution or person, that is aware of or has any records, knowledge or information of the Insured to disclose, release and transfer such information to China Life Insurance (Overseas) Co. Ltd (“the Company”). This authorization shall bind the successors and assignees of me/us. A photocopy of this authorization shall be as valid as the original. (2) The Company may deduct any outstanding amount/ amount payable (including levy collected by the Insurance Authority) applicable from the payout and/ or sum received by the Company under the policy according to the applicable statutory and/ or regulatory requirement(s).

聲明 Declaration

本人，保單受益人/索償人，謹此聲明及同意: (1)上述一切陳述及問題的所有答案，不論是否本人親手所寫，就本人所知所信，均為事實之全部並確實無訛； 本人明白倘未知任何一項是否重要，本人均須將其事實在本申請表上說明；(2)本人對任何人所作出之任何聲明，除在本申請表上填寫或印出及經貴公司發表和批准外，貴公司不須受其約束。若相關人士不能提供任何本申請表所需的資料，貴公司可能因此不能審核及處理本索償申請； (3) 如本人/我們提供的資料有任何不實及/或遺漏之處， 貴公司有權拒絕本索償申請及/或要求本人/我們退回任何已賠償之金額。(4) 本人/我們同意賠償貴公司任何因本人/我們提供之資料為虛報、誤導或不完整所導致的任何損失、索償或法律行動。I, the Beneficiary/Claimant, HEREBY DECLARE and AGREE that: (1) all the foregoing statements and answers to all questions whether or not written by my own hand are to the best of my knowledge and belief complete and true; I also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. (2) The Company is not bound by any statement which I may have made to any person unless it is written or printed here and is presented and approved by the Company. If any relevant persons fail to provide any information requested in this claim form, it may result in the Company's inability to process and deal with this claim; (3) I/We understand that if any information given is untrue and/or has been withheld, the Company reserves the right to decline my claim application and/or request a refund of any claim amount paid. (4) I/We agree to indemnify the Company against any loss, claim and action resulting from any false, misleading or incomplete information provided by me/us.

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

	受益人/索償人* Beneficiary/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
*索償人與受保人/受益人之關係 *Relationship with Insured/Beneficiary						