

# Life Insurance Claim – Claimant's Statement

## 人壽保險賠償申請書

CONSULTANT'S INFORMATION 顧問資料			
Name 姓名	District/Branch 區域/分行	Code 編號	Contact Phone No. 聯絡電話
DECEASED'S INFORMATION 死者資料			
1. Policy No 保單號碼			
2. Name of Deceased 死者姓名		3. ID/Passport no. 身份証/護照號碼	4. Date of Birth 出生日期 (DD/MM/YY 日/月/年)
5. Date of Death 死亡日期 (DD/MM/YY 日/月/年)		6. Cause of Death 死亡原因	7. Place of Death 死亡地點
8. Residential Address prior to Death 生前居住地址 :			
9. Name of Employer prior to Death 生前僱主名稱 :			
10. When did the Deceased first complain of/give indications for his/her last illness (DD/MM/YY)? 死者何時開始表示患有導致死亡的疾病或出現有關的病徵 (日/月/年) ?			
11. When did the Deceased first seek medical treatment for the illness (DD/MM/YY)? 死者何時首次就導致其死亡的疾病而求診 (日/月/年) ?			
12. Please give details of consultations 請提供就診該病之詳情 <u>Date of Attendance 診治日期</u> (DD/MM/YY 日/月/年) <u>Name &amp; Address of Doctor/Hospital 醫生/醫院名稱及地址</u>			
13. If the death was <b>not</b> caused by illness, please give the following information in detail 如死亡之原因並非因疾病所致，請提供以下資料:			
a) Date of incident 發生事件日期 (DD/MM/YY 日/月/年)			
b) Time of incident 發生事件時間 (AM / PM 上午 / 下午)			
c) Place of incident 發生事件地點			
d) How did the incident happen? 請詳述事件發生經過?			
e) Was the incident reported to the police? 是否就是次事件報警? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide name of police station and reference number 是，請提供警署名稱及報案號碼			
f) Has there been or will there be a death inquest? 是否已經或將會進行死因研究? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide us a copy of the death inquest report 是，請提供死因研究報告			
g) Has there been or will there be any autopsy? 是否已經或將會進行解剖驗屍? <input type="checkbox"/> No 否 <input type="checkbox"/> Yes, please provide us a copy of the autopsy report 是，請提供解剖驗屍報告			
14. Name and address of all doctors who attended or prescribed for the Deceased or all hospitals or institutions where Deceased was treated in past five years preceding death or during his / her last illness: 過去五年內或就末次病症為死者診治之醫生、醫院或機構之名稱及地址: <u>Date of Attendance 診治日期</u> (DD/MM/YY 日/月/年) <u>Name &amp; Address of Doctor/Hospital 醫生/醫院名稱及地址</u> <u>Disease or Conditions 病情</u>			
15. Particulars of insurance with other companies for the Deceased: 死者在其他保險公司購買之保險計劃詳情: <u>Name of Insurance Company 保險公司名稱</u> <u>Policy Number 保單號碼</u> <u>Policy Issue Date 保單簽發日期</u> <u>Face Amount 保障額</u>			
Remarks 備註			
16. Claims Payment Instruction 賠償支付方式指示: <input type="checkbox"/> Issue Cheque in Hong Kong Currency 以港幣支票支付 (Foreign Currency will be exchanged in accordance with the Company Exchange Rate 外幣保單將以本公司之兌換率計算) <input type="checkbox"/> Issue Cheque in Policy Currency 以保單貨幣支票支付 (A local cheque will be issued, unless otherwise specified 如無其他指示，將發出本港結算支票)			
17. Others 其他:			



Policy No. 保單號碼	Name of Deceased 死者姓名	ID/Passport no. 身份証/護照號碼
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### PERSONAL INFORMATION COLLECTION STATEMENT 個人資料收集聲明

We understand and consent that, any personal data collected by Sun Life Hong Kong Limited ("Sun Life") (whether collected in this form or otherwise) may be used by Sun Life for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) complying with all laws, regulations, regulatory guidance, court orders or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorist financing and tax evasion or otherwise) to which Sun Life and its related companies are subject to (of Hong Kong or any other countries); and (ix) purposes which are directly related to any of the above purposes.

Sun Life may also use my/our contact details, demographic information and policy details to contact me/us with marketing information regarding Sun Life and third party pensions, financial and insurance products, including by phone calls, mail, email, SMS or any type of electronic message. Sun Life may not so use my/our data unless Sun Life have received my/our consent (which includes an indication of no objection). I/We know I/we can tick the box below if I/we do not consent to receive such marketing information.

Sun Life may disclose my/our personal data for any of the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist Sun Life to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to Sun Life's insurance agents and MPF intermediaries; (e) to Sun Life's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person or authority to whom Sun Life and its related companies are required to make disclosure to as a result of applicable law, regulation, regulatory guidance, court order or obligation or requirement under an agreement, or other commitment, between Sun Life or any entity within the Sun Life Group and the regulator or government in any jurisdiction (in relation to money laundering, terrorism and tax evasion or otherwise) that Sun Life and its related companies are subject to or required to comply with (of Hong Kong or any other countries) and (h) as otherwise required or permitted by law.

Sun Life may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law. I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean Sun Life is unable to process my/our application or continue to provide services to me/us. I/We have the right to seek access to and request correction of any personal data Sun Life holds about me/us by sending a written request to The Manager, Customer Service Centre, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. Sun Life may charge a reasonable fee for the processing of any such requests. "Sun Life Group" means Sun Life together with its subsidiaries, subsidiary undertakings and associated companies (whether direct or indirect) from time to time.

Please tick here to reject receiving marketing information from Sun Life.

本人 / 吾等明白及同意香港永明金融有限公司(「永明」) 可以將其所收集的任何個人資料(不論由此表格所收集或由其他途徑取得)作以下用途: -(i) 處理及評估本人/吾等的此項申請及任何其他申請; (ii) 管理本人/吾等所持有的本項及其他產品, 並提供相關服務; (iii) 處理及調查索償個案; (iv) 進行客戶調查; (v) 為客戶研究及設計金融、保險或退休金產品; (vi) 為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃; (vii) 因上述目的與本人/吾等聯絡; (viii) 為遵守所有永明及其關連公司所受限制的(香港或其他國家)法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他); 及(ix) 與上述任何目的直接有關的其他目的。

永明亦可使用本人/吾等的聯絡資料, 基本個人資料及保單資料, 就永明及第三方的退休金、金融及保險產品的推廣資訊, 以包括電話、郵件、電郵、電話短訊或任何電子信息等方法聯絡本人/吾等。除非得到本人/吾等之同意(包括表示不反對), 否則永明不可使用本人/吾等之資料為該用途。本人 / 吾等明白若本人/吾等不同意接受此等推廣資訊, 可於下列方格內填上剔號。

永明可為任何目的的披露本人/吾等的個人資料予 (a) 為協助永明就上述用途(不論在香港或其他地方) 而提供服務的第三方, 包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料); (b) 本人/吾等的銀行作繳款用途; (c) 本人/吾等的保險經紀(如有); (d) 永明的保險代理人及強積金中介人; (e) 永明的關連公司(根據公司條例訂明) 包括退休金服務提供者、保險公司及金融服務機構 (f) 香港保險業聯會(或任何相似的保險公司協會) 及其會員; (g) 永明及其關連公司因受(香港或其他國家)之法例、法規、法規指引、法庭命令或永明或永明集團內的任何實體與任何管轄區域的監管機構或政府之間的協議項下的義務或要求或其他承諾(其相關於洗黑錢、恐怖分子資金籌集、逃稅或其他)限制而需向其作出披露的任何人士或監管當局; 及 (h) 按法例要求或准許的其他人士。

永明可就法例准許或於獲得本人/吾等的同意後披露或將本人 / 吾等的個人資料作其他用途。本人/吾等明白本人/吾等所提供之個人資料均屬自願, 然而倘若未能提供所需個人資料, 可導致永明無法處理本人/吾等的申請或繼續提供服務予本人/吾等。本人/吾等有權查閱及要求更正永明持有有關本人/吾等的個人資料, 有關要求可以書面形式郵寄至香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司客戶服務中心經理。永明可就處理任何該等要求收取合理費用。

“永明集團”指永明及其不時之附屬公司、附屬企業和相聯公司(無論是直接的還是間接的)。

若不同意收取由永明發出的推廣資訊, 請於方格內填上剔號。

### FOREIGN TAX REPORTING AND WITHHOLDING OBLIGATIONS STATEMENT ("TAX OBLIGATIONS STATEMENT") 外國稅務申報和預扣義務陳述書 (“稅務義務陳述書”)

I/We acknowledge that Sun Life may from time to time be subject to any applicable local or foreign law, court order, ordinance, regulation, demand, guidance, guidelines, rules, codes of practice, whether or not relating to an intergovernmental agreement between the governments or regulatory authorities of two or more jurisdictions; and any agreement between Sun Life (or any other entity of Sun Life Group, as the case may be) and any government or taxation authority in any jurisdiction (the "Applicable Laws and Obligations"). I/We irrevocably agree to the following:

(1) Sun Life may require me/us (and any other Consenting Persons) to provide Sun Life with the Personal Information, and any update to the Personal Information to ensure its compliance with the Applicable Laws and Obligations; (2) Any Personal Information shall be provided to Sun Life within such time and in such manner as Sun Life may require, and any update shall be notified to Sun Life promptly and in any event within 31 days of the update; (3) Sun Life may disclose the Personal Information and Policy Information, including, where applicable, any update to such information, to any governments or tax authorities; and (4) To the extent not prohibited by law and permitted by the policy provisions, where I/we or any Consenting Person fails to provide Sun Life with the updated, correct and complete Personal Information in the manner described in (1) and (2) above, Sun Life may, for the purpose of ensuring its compliance with the Applicable Laws and Obligations, deduct or withhold such amount payable under the Policy, terminate the Policy and/or provide any of the Personal Information and/or Policy Information to such governments or tax authorities. (5) The following terms have the meanings as follows:

"Consenting Person" means each of the following: (i) the policy owner; (ii) each person who is entitled to access the Policy's value (for example, through withdrawal, surrender, policy claim, benefit payment or otherwise), change a beneficiary, or claim or receive a benefit payment or any person who is entitled to a future benefit payment under the Policy, including without limitation any policy claimant, assignee and beneficiary under the Policy; and (iii) each person who is entitled to receive a payment (such as a policy claimant, assignee and beneficiary) when an obligation to make any payment under the Policy arises or becomes fixed.

"Personal Information" means: (i) where I am/we are an individual(s), my/our full name(s), date(s) and place(s) of birth, residential address(es), mailing address(es), contact information (including telephone number), taxpayer identification number(s), social security number(s), citizenships, residency(ies) and tax residency(ies); (ii) where I am/we are a corporate(s), my/our date and place of incorporation or formation, registered address, address of place of business, tax identification number, tax status, tax residency, registered address, address of place of business or (if applicable) such information as Sun Life or any entity within the Sun Life Group may reasonably require regarding each of my/our substantial shareholders and controlling persons.

"Policy Information" means any information relating to the Policy including without limitation the Policy number, Policy balance or value, gross receipts, withdrawals and payments from the Policy.

本人/我們承認, 永明可能不時須受下述各項的約束: 任何適用的當地或外國法律、法院命令、條例、規則、要求、指引、指導原則、規則、實務守則(無論其是否與兩個或多個管轄區域的政府或監管機構間訂立的政府間協定有關); 和永明(或永明集團的任何其他實體, 視情況而定) 與任何管轄區域的任何政府或稅務機關間訂立的任何協議(“適用法律和義務”)。本人/我們不可撤銷地同意如下:

(1) 永明可要求本人/我們(和任何其他同意人) 向永明提供個人資料及個人資料的任何更新, 以確保永明遵守適用法律和義務。(2) 任何個人資料應以永明要求的方式在永明要求的時間內提供給永明, 個人資料的任何更新應迅速地(在任何情況下均應在更新後 31 天內) 通知永明。(3) 永明可向任何政府或稅務機關披露個人資料和保單資料(包括該等資料的任何更新, 如適用)。(4) 在不受到法律禁止, 並在保單合約規定允許的情況下, 如果本人/我們或任何同意人未按上文(1)段和(2)段所述方式向永明提供正確完整的最新個人資料, 則永明為了確保其遵守適用法律和義務, 可扣減或預扣保單項下應付的金額、終止保單並且/或者向相關政府或稅務機關提供任何個人資料和/或保單資料。(5) 下述詞語具有如下含義:

“同意人”指下述任一人: (i) 保單擁有人; (ii) 有權(如通過提取、退保、按保單索賠、收取累積權益或其他方式) 獲得保單價值、變更受益人、索取或收取利益的每一人, 或有權取得保單項下未來利益的任何人, 包括但不限於保單項下的任何保單索賠人、受讓人 and 受益人; 和(iii) 在保單項下支付任何款項的義務發生或獲得確立時有權取得付款的每一人(如保單索賠人、受讓人 and 受益人)。

“個人資料”指(i) 本人/我們為個人時, 指本人/我們的姓名、出生日期與地點、住址、郵寄地址、聯繫資訊(包括電話號碼)、納稅人識別號、社會保障號、國籍、居留地和稅務居留地; (ii) 本人/我們為法團時, 指本人/我們的註冊成立或設立日期與地點、註冊地址、營業地址、稅務識別號、稅務地位、稅務住所、登記地址、營業地址或(如適用) 永明或永明集團的任何其他實體可能合理要求的關於本人/我們的每一主要股東和控制人的資料。

“保單資料”指與保單相關的任何資料, 包括但不限於保單號、保單結餘或價值、保單下收取、提取和支付款項總額。

Policy No. 保單號碼	Name of Deceased 死者姓名	ID/Passport no. 身份証/護照號碼
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**DECLARATION AND AUTHORIZATION 聲明及授權**

I/WE HEREBY DECLARE AND AGREE that: (a) all the foregoing statements and answers in this claim form together with those in any required medical questionnaire or other document submitted by me/us in connection with this claim are full, complete and true; (b) Sun Life Hong Kong Limited (the "Company") may be unable to process this claim if I/we fail to provide any information related to this claim.

I/WE FURTHER AUTHORIZE that: (a) any licensed physician, medical practitioner, hospital, clinic or medically related facility, insurance company, government, private office or person that has any record or knowledge or information of the Deceased's health or death to disclose, release or transfer to the Company or their representatives any such record, knowledge or information. (b) I/We specifically authorize the disclosure of all information about communicable diseases and infections, including but not limited to any sexually transmitted disease, HIV infection, Acquired Immune Deficiency Syndrome and such related complex. This authorization shall irrevocably bind the successors and assignees of me/us and remains valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.

本人/吾等聲明及同意下列各點：(甲)本賠償申請表上所載的聲明及答案，以及經本人/吾等簽署之所需的醫療問卷或經本人遞其他文件，均屬真確無訛，詳細完整。本人/吾等明白倘有任何未知是否於重要事項的資料均須透露；(乙)倘本人/吾等未能提供此申請所需資料，可導致香港永明金融有限公司(以下稱為「公司」)未能處理此賠償申請。

本人/吾等同時授權以下各點：(甲)任何註冊醫生、醫院、診所、保險公司、政府部門或任何其他持有有關死者生前之健康狀況或者死亡個人資料之人士或機構，向公司或其代表透露、發放或轉交任何有關資料；(乙)本人/吾等特此授權上述人士或機構透露任何關於傳染性疾病及感染的所有資料，包括但不限於任何經性接觸傳染之疾病，人類免疫力缺乏病毒(HIV)感染、後天免疫力缺乏病及其有關病症。此授權對本人之繼承人或受讓人具有約束力。即使本人/吾等死亡或無行為能力，此授權書仍授權書仍有效力。此授權書的影印本與正本具同等效力。

**BENEFICIARY/ CLAIMANT INFORMATION & SIGNATURE 受益人/索償人資料及簽署**

Name of Beneficiary/ Claimant 受益人/索償人姓名	1.	2.	3.	4.
ID/Passport no. 身份証/護照號碼				
Relationship to Deceased 與死者之關係				
Correspondence Address 通訊地址				
Phone No. 電話號碼				
Are you a U.S. resident (which includes a U.S.citizen) or U.S entity for tax purposes? 閣下是否就稅務目的為美國居民(包括美國公民)或美國機構?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 TIN 號碼:	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 TIN 號碼:	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 TIN 號碼:	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 TIN 號碼:
Signature of Beneficiary/ Claimant 受益人/索償人簽署	X	X	X	X
Date (DD/MM/YY) 日期(日/月/年)				

**WITNESS INFORMATION & SIGNATURE 見證人資料及簽署**

I hereby declared that I have personally witnessed the above Beneficiary(ies) / Claimant(s) to sign on this claim form. 本人聲明本人親身見證上述受益人/索償人簽署此索償申請表

X

Name & Signature of Witness 見證人姓名及簽署	ID/Passport no. 身份証/護照號碼	Phone No. 電話號碼	Date (DD/MM/YY) 日期(日/月/年)
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**Points to Note 注意事項**

1. Upon receipt of this claim form, we will proceed on ALL policy(ies) that covering the deceased but not limiting to policy number(s) written on this claim form and is not subject to withdrawal. 本公司於收到此索償申請書後，會就所有受保死者之保單展開索償程序而非只限於填寫在此索償申請書上的保單編號，且不可被撤回。

2. Please answer ALL the questions of this claim form 請回答申請書所有問題

3. Please do not sign on blank form 請勿在空白表格上簽署

4. Please provide the following Original documents which are necessary 請提供以下必需的正本文件:

(i) Policy contract (In case of lost, please submit written declaration) 保單(如未能提供，請以書面聲明)

(ii) Death Certificate 死亡証

(iii) ID card/passport of the deceased and the beneficiary(ies) 死者和受益人的身份証/護照

(iv) Relationship proof between the deceased and the beneficiary(ies) e.g. Birth Certificate/Marriage Certificate. 死者和受益人的關係證明文件，如：出世紙/結婚證書

5. We reserve the right to ask for other supporting documents if deemed necessary. 如有需要，本公司保留要求遞交其他證明文件之權利