香港人壽 hong kong life

死亡索償申請書 Death Claim Form

業務代表姓名 Name of Technical Representative		業務代表號碼 Technical Representative Code		聯絡電話 Contact Tel. No.	

索償保障類別 Coverage Claiming For	☐ 人壽保險 Life Assurance	☐ 有『身』心醫療保障計劃 SMP	☐ 付款人豁免保費保障 PB	☐ 綜合意外保障 AI	☐ 意外死傷保障 ADD	☐ 其他 Other

附上文件 Documents attached	☐ 保單正本 Original Policy	☐ 政府簽發之死亡證書 Official Death Certificate	☐ 火葬紙 Cremation Certificate	☐ 身份證 (死者 / 索償人) ID card (deceased / claimant)	☐ 出世證書 Birth Certificate	☐ 結婚證書 Marriage Certificate
	☐ 警署報告 Police Report	☐ 死因法庭報告 Coroner's Report	☐ 新聞剪報 Newspaper Clippings	☐ 其他 Others		

填表須知 Instructions

1. 如索償人超過一位，索償人可在同一申請書上填寫有關資料及簽署，亦可各自填寫一份申請書。
   If there is more than one claimant, all may complete and sign on the same claim form or each claimant may complete a separate claim form.
2. 發出此申請書並不表示本公司已接納是次索償申請。在此索償過程中，索償人無需支付任何性質之手續費予本公司之僱員或業務代表。
   The issue of this form is in no way an admission of liability. No fee, commission or charge of whatever nature is required to pay to the employees or technical representatives of the company with respect to this claim.
3. 請回答申請書第一部份所有問題。如有需要，申請書第二部份必須由主診醫生填寫並由索償人支付有關費用。
   Please answer ALL the questions in Part I of this claim form. If required, Part II of this claim form MUST be completed and signed by the attending physician. The completion of this part is at claimant's own expenses.
4. 請附上死亡證明文件，死者和索償人身分證明及死者和索償人關係證明文件，例如政府簽發之死亡證書、火葬紙、身分證、出世紙、結婚證書等以方便審核。
   Please attach relevant documents to prove the death of the deceased, the identity card of the deceased and the claimant, the relationship between the deceased and the claimant such as official death certificate, cremation certificate, ID card, birth certificate, marriage certificate, etc. to enable us to assess your claim.
5. 如因意外引致死亡，請提供有關是次意外及死因的證明文件，例如警署報告、死因法庭報告、新聞剪報等。
   If the deceased died of accident, reports relating to the circumstances and the actual cause of death such as police report, coroner's report, newspaper clippings, if any, etc. are also required.
6. 倘保險金納入死者之遺產，此申請書須由死者之遺產承辦人填寫及簽署，同時須遞交遺產承辦書。
   Where "own estate" is stated as beneficiary, the Executor or Administrator must complete and sign this form, and Letter of Administration is required.
7. 倘受益人為未成年或智障人仕，此申請書須由其監護人填寫及簽署，同時須遞交法庭委任書。
   If the beneficiary is a minor or incompetent, the guardian must complete and sign this form, and Guardianship Paper is required.

第一部份 - 索償人聲明(由索償人填寫)
PART I - CLAIMANT'S STATEMENT (to be completed by Claimant)

死者資料 Deceased's Details

1. 保單號碼 Policy No.		死者姓名 Name of Deceased	英文 in English		中文 in Chinese		
身份證號碼 ID Card No.		出生日期 Date of Birth	年 YY / 月 MM / 日 DD	年齡 Age		性別 Sex	☐ 男 Male ☐ 女 Female
身故時之住址 Residential address at time of death					聯絡電話 Contact Tel. No		
身故時之僱主名稱及地址 Name and Address of last employer					聯絡電話 Contact Tel. No		
身故時之職業及職務 Occupation & job duties at time of death			最後工作日期 Last date of working	年 YY / 月 MM / 日 DD			
身故日期、時間和地點 Date, Time and Place of death	日期 Date 年 YY / 月 MM / 日 DD	時間 Time	☐ 上午 a.m. ☐ 下午 p.m.	地點 Place			
身故原因 Cause of death							

如屬意外身故，請填報第 2 項 Complete item 2 if Death was due to Accident

2. a. 意外發生日期、時間和地點 Date, Time and Place of accident	日期 Date 年 YY / 月 MM / 日 DD	時間 Time	☐ 上午 a.m. ☐ 下午 p.m.	地點 Place
b. 意外發生經過? How did the accident happen? (請附上新聞剪報，如有) (attach newspaper clippings, if any)				
c. 受傷部位? Which part(s) of body injured?				
d. 受傷程度? What is the extent of the injury?				
e. 是否有報警? Had reported to police?	☐ 是， Yes, 報案警署名稱 Police station		檔案編號(請附上副本，如有) Police reference number (submit photocopy if any)	☐ 否 No

如因疾病身故，請填報第 3 項　　Complete item 3 if Death was due to Illness

3. a.	請敍述導致死者身故之疾病及病徵 Describe the nature and the symptoms of the deceased's last illness	
b.	死者何時首次因相關疾病向醫生求診? When did the deceased first consult physician for the related illness?	年 YY / 月 MM / 日 DD
c.	死者何時開始顯示患有導致其身故之病徵? When did the deceased first complain of or give indications of his/her last illness?	年 YY / 月 MM / 日 DD

診治詳情　　Consultation Details

4. 就此傷病求診之醫生資料 Details of consultation for the illness or injury	求診日期(年/月/日) Consultation Date (YY/MM/DD)	原因/病因 Reason/Diagnosis	醫生或醫院名稱及地址(請附上病歷咭，如有) Name and Address of doctor/hospital (please attach patient card copy if available)
a. 就此傷病首次求診的醫生 Doctor first consulted for related illness or injury			
b. 建議入院的醫生 Doctor referred to hospital			
b. 在過去五年內就同類或有關類似病症或其他疾病曾求診的醫生 Doctors consulted for same or similar conditions or other illness in the past 5 years			

住院詳情　　Hospitalization Details

5. 就同類或有關類似病症或其他疾病曾入住的醫院資料 Details of hospital confinement in the past for same or similar conditions or other illness	入院日期(年/月/日) Date of Admission (YY/MM/DD)	出院日期(年/月/日) Date of Discharge (YY/MM/DD)	原因/病因 Reason/Diagnosis	醫院名稱及地址(請附上病歷咭，如有) Name and Address of hospital (please attach patient card copy if available)

其他資料　　Other Information

6. a.	是否已經或將會舉行死因研訊? Has there been or will there be a death inquest?	☐ 是，日期 Yes, Date	年 YY /	月 MM /	日 DD	地點 Place		☐ 否 No
b.	是否已經或將會進行屍體解剖? Has there been or will there be a post-mortem?	☐ 是，日期 Yes, Date	年 YY /	月 MM /	日 DD	地點 Place		☐ 否 No

7. 死者在其他保險公司之人壽或意外保險資料 Other life or accident insurance carried by the deceased with other insurance companies?	保險公司 Insurance Company	保單號碼/團體保險編號 Policy No. / Group Member No.	保額 Amount of Coverage	生效日期(年/月/日) Effective Date (YY/MM/DD)

索償人資料 Claimant's Details

		(1)	(2)	(3)
索償人姓名 Name of Claimant	英文 in English			
	中文 in Chinese			
與死者關係 Relationship to the deceased				
身份證號碼 ID Card No.				
出生日期(年/月/日) Date of Birth (YY/MM/DD)		/ /	/ /	/ /
性別 Sex		☐ 男 Male ☐ 女 Female	☐ 男 Male ☐ 女 Female	☐ 男 Male ☐ 女 Female
聯絡地址及電話 Corresponding Address & Tel. No.				
以何名義申請索償 Capacity for submitting the claim		☐ 受益人 Beneficiary ☐ 保單權益人 Policyowner ☐ 受讓人 Assignee ☐ 信託人 Trustee ☐ 監護人/父母 Legal Guardian/Parent ☐ 其他 Others	☐ 受益人 Beneficiary ☐ 保單權益人 Policyowner ☐ 受讓人 Assignee ☐ 信託人 Trustee ☐ 監護人/父母 Legal Guardian/Parent ☐ 其他 Others	☐ 受益人 Beneficiary ☐ 保單權益人 Policyowner ☐ 受讓人 Assignee ☐ 信託人 Trustee ☐ 監護人/父母 Legal Guardian/Parent ☐ 其他 Others
是否委任合法之代表或律師 Have you appointed a legal representative/solicitor?		☐ 是，請在下面詳述 Yes, please provide details below ☐ 否 No 姓名 Name Address 地址 Telephone 電話	☐ 是，請在下面詳述 Yes, please provide details below ☐ 否 No 姓名 Name Address 地址 Telephone 電話	☐ 是，請在下面詳述 Yes, please provide details below ☐ 否 No 姓名 Name Address 地址 Telephone 電話

本人/我們謹此明白及同意：

(1) 所有在本申請書的一切陳述及答案，不論是否本人/我們親手所寫，就本人/我們所知所信，均為事實無訛；(2) 香港人壽保險有限公司(以下簡稱「貴公司」) 所收集或持有本人/我們或在本申請書提及之死者的個人資料，可儲存、使用、透露、發放及轉交予 (不論在本港或海外) 任何與貴公司有關之人仕/機構或任何貴公司認為有需要之人等，以用作處理本申請或其他保險或財務產品/服務之申請，及提供所有關於該等申請之繼後服務、處理理賠或其有關分析、統計或精算研究用途、直接銷售及資料核對、與本人/我們或貴公司認為有關之機構/人仕溝通；(4) 本人/我們有權查閱及要求更正貴公司持有任何由本人/我們提供有關於本人/我們或在本申請書提及之死者的個人資料。有關的要求可以書面向貴公司資料保護主任提出。

本人/我們謹此授權：

任何僱主、醫生、醫院、診所、保險公司、政府部門、其他機構或人仕，凡曾已或將會知悉或持有本人/我們或在本申請書提及之死者的個人資料 (不論是醫療或其他資料)，均可向貴公司或其代表透露、發放或轉交該等資料，以作為處理本申請。即使本人/我們死亡或喪失能力，此授權書仍具效力，而本人/我們之繼承人及承讓人亦會受此授權書約束。本授權書之影印本與正本均有同等效力。

I/We hereby understand and agree that:

(1) All statements and answers in this application whether or not written by my/our own hand are complete and true to the best of my/our knowledge and belief; (2) Any personal information relating to me/us or the deceased named herein collected or held by HONG KONG LIFE INSURANCE LIMITED ("the Company") may be stored, used, disclosed, released and transferred (whether within or outside Hong Kong) by the Company to any individuals/organizations associated with the Company or any selected party as the Company may consider necessary for the purpose of processing this application or any other application for insurance or financial related product/service and providing all on-going services related to such application, claim processing or any analysis of it, statistical or actuarial research, direct marketing and data matching, and communication with me/us or any relevant organization/person as the Company may consider necessary; (4) I/We have the right to obtain access to and to request correction of any personal information provided by me/us and held by the Company concerning me/us or the deceased named herein. Such request can be made in writing and addressed to the Data Protection Officer of the Company.

I/We further hereby authorize:

Any employer, doctor, hospital, clinic, insurance company, government office or any organization or person who has or may hereafter have any record, knowledge or information of me/us or the deceased named herein (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this application. This authorization shall bind the successors and assignees of me/us and remain valid notwithstanding death or incapacity. A photocopy of this authorization shall be valid as the original.

	(1)	(2)	(3)
日期 (年/月/日) Date (YY/MM/DD)	/ /	/ /	/ /
索償人簽署 Signature of Claimant			

日期 (年/月/日) Date (YY/MM/DD)	業務代表/見證人身份證號碼 ID Card No. of Technical Representative/Witness	業務代表/見證人姓名 Name of Technical Representative/Witness	業務代表/見證人簽署 Signature of Technical Representative/Witness
/ /			

公司專用 FOR OFFICE USE ONLY	Claim No.	Date Received	Captured By	Signature Verified by	Checked By	Approved By	Remarks