

保單遺失聲明 Declaration of Policy Lost

致：中國太平人壽保險(香港)有限公司 (以下稱 '貴公司')

To: China Taiping Life Insurance (Hong Kong) Company Limited (hereunder called 'the Company')

保單號碼 Policy No. : _____

受保人姓名 Name of Insured : _____

本人 / 我們 _____ 聲明,本人 / 我們為此索償書的保單持有人 / 受益人 / 法定繼承人 / 信託人; 現謹此聲明並確認 1) 保單已被遺失及遍尋不獲; 2) 保單並沒有被轉讓或抵押予他人; 3) 如 貴公司將保險賠償金發放給本人 / 我們, 本人 / 我們謹此保證貴公司將不會被牽連或須負上任何由此賠償所引發之訴訟、索償或責任。本人 / 我們更會承擔償還該賠償金額及其一切相關之利息。

I / We _____ represent that I am / We are the Policyowner / Beneficiary / Legal Administrator / Trustee under the policy as given on this form; hereby declared that 1) The aforesaid Policy was lost and could not be located despite diligent efforts; 2) The aforesaid Policy has not been assigned, pledged, or otherwise conveyed or encumbered to another person; 3) If payment of the insurance proceeds is made by the Company in my favor, I / We hereby warrant to hold the Company free and harmless from any suit, claim or liability arising therefrom and furthermore I / We undertake to reimburse the Company the amount paid to me / us, including any interest which may be charged thereon.

此外, 本人 / 我們謹此承認 貴公司所提供由保單持有人或受益人或信託人或受益人之法律代表或財產承辦人 (如沒有指定受益人時)就上述保單所簽署及確認之賠款清償收據, 則表示 貴公司對上述保單所發出之賠款已為擁有法律權利承受該款項之人仕所收訖, 而貴公司亦已履行上述保單之所有責任。

Furthermore, I / We hereby covenant and acknowledge that the production by the Company of a receipt for any sum paid under the aforesaid Policy, signed by the Policyowner or any Beneficiary or Beneficiaries of record or by a trustee for or legal representative of such Beneficiary, or the Insured's Estate where no Beneficiary has been named, shall be a discharge to the Company for the same and shall be final and conclusive evidence to all intents and purposes that such sum has been duly paid to and received by the person or persons lawfully and rightfully entitled to the same and that all claims and demands whatsoever against the Company in respect thereto have been fully satisfied.

保單持有人/ 受益人/ 法定繼承人/ 信託人簽署
Signature of Policyowner/ Beneficiary/ Legal
Administrator/ Trustee

見証人簽署
Signature of Witness

姓名 Name

姓名 Name

身分證 / 護照號碼 ID Card / Passport No

身分證 / 護照號碼 ID Card / Passport No

日期 Date

日期 Date