

死亡賠償申請表 第一部份

DEATH CLAIM FORM PART I

每位索償人須分別填寫一份死亡賠償申請表 Each claimant needs to fill in an individual death claim application form

保單號碼 Policy Number														保險中介人姓名及編號 Insurance Intermediary's Name and Code				保險中介人聯絡電話 Insurance Intermediary's Contact Number			
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死者資料 Information of Deceased			
死者姓名 Name of Deceased		出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)	
身份證 / 護照號碼 ID card / Passport No.		性別 Gender	
死亡原因 Cause of Death		死亡地點 Place of Death	
身故前職業 Occupation prior to Death		死亡日期及時間 (日/月/年) Date and Time of Death (DD/MM/YYYY)	
死者身故前住址 Deceased's Residential Address at the time of Death			
身故前僱主名稱及地址 Name and Address of Employer at the time of Death			
身故前之慣常醫生姓名及地址 Name and Address of the Usual Doctor at the time of Death			
第 1 部份 SECTION 1: 死亡詳情 PARTICULARS OF THE DEATH			
(因病死亡, 請填寫以下 1-3 項) (for death due to sickness, please complete questions 1-3 below)			
(因意外或其他事故導致死亡, 請填寫以下 4-6 項) (for death due to accident or other cause, please complete questions 4-6 below)			
1	死者身故前末次病患之病徵及何時首次出現該病徵 The symptoms of the deceased's last illness prior to death and when the symptoms first appear		
2	在死者首次就診前, 該等病徵已存在多久? How long had the deceased been experiencing these symptoms prior to his/her first medical consultation?		
3	所有曾為死者診治末次及其他過往病患之醫生姓名及地址 Names and addresses of all physicians who attended the Deceased for his last illness and prior illnesses		
	診治日期 (按日期順序) Date of consultation (in chronological order)	醫生 / 醫院名稱及地址 Name(s) and address(es) of doctor(s) / hospital(s)	病患及診斷 Illness and diagnosis
4	意外或事故發生之日期、時間及地點 Date, time and location of the accident or incident		
5	意外或事故如何發生? How did the accident or incident occur?		
6	有沒有報警? Was the case reported to police? <input type="checkbox"/> 有 Yes <input type="checkbox"/> 沒有 No		
註: 請附上員警報告 交通意外報告 口供紙 酒精測試報告影印本 Remarks: Please attach a copy of the Police Report / Traffic Accident Report / Police Statement / Alcohol Test Report			

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第 2 部份 SECTION 2: 其他醫療資料 OTHER MEDICAL INFORMATION

7	是否已經或將會進行死因研究? Has there been or will there be a death inquest?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不確定 Uncertain
8	是否已經或將會進行解剖? Has there been or will there be an autopsy?	<input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No <input type="checkbox"/> 不確定 Uncertain

註: 如閣下持有裁決結果或驗屍報告, 請提供副本以作參考。

Remarks: If you are in possession of the verdicts or findings, please provide a copy to us for reference.

第 3 部份 SECTION 3: 其他保單資料 OTHER INSURANCE COVERAGE

9	如死者曾擁有其他保險公司之人壽保障, 請提供以下資料。 If the deceased had any Life insurance coverage, please provide the following information.			
	公司名稱 Name of Company	保單號碼 Policy No.	保單生效日期 (日/月/年) Policy effective	保額 Coverage amount

第 4 部份 SECTION 4: 索償人資料 INFORMATION OF CLAIMANT

10	全名 Name in full		11	身份證 / 護照號碼 ID Card / Passport No.	
12	出生日期 (日/月/年) Date of Birth (DD/MM/YYYY)		13	國籍 Nationality 美國公民或居民請填寫美國 社會保障號碼 U.S. Citizens or Residents, please provide U.S. Social Security Number (SSN)	
14	與死者之關係 Relationship with the Deceased				
15	本地電話號碼 Local Tel. No.				
16	美國電話號碼 (如適用) U.S. Tel. No. (if applicable)				
17	其他國家電話號碼 (如適用) Other Countries Tel. No. (if applicable)	() - () - 國家號碼 地區號碼 Country Code Area Code			
18	現時永久地址 Current Permanent Address 企業客戶請提供註冊辦事處 地址 Registered Office Address for Corporate Applicant				
19	職業 / 行業 Occupation / Business				
20 a)	<p>《海外帳戶稅收合規法案》認證 (由索償人填寫) FATCA Certification (To be completed by Claimant)</p> <p>閣下是否美國公民或美國稅務居民(見第 3 頁之備註)? Are you a U.S. Citizen or U.S. Tax Resident (See notes on page 3)?</p> <p><input type="checkbox"/> 是, 請填妥並遞交【W-9】表格並提供納稅人辨識號碼 (TIN) <input type="checkbox"/> 否 No Yes, please complete Form W-9 form and provide TIN number</p> <p>為遵循 FATCA 及相關的本地法規, 閣下是否同意本公司提供閣下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, 以確保本公司遵行 FATCA 或適用規定? Pursuant to FATCA or applicable local laws, do you give your consent to the Company to report your 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?</p> <p><input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No</p>				

b) **共同匯報標準認證 – 索償人稅務居民身份**
Common Reporting Standard – Claimant's Tax Residency

請於以下方格填上✓號，以表示你的稅務居民身份 Please tick ✓ the following box indicating your tax residency status.

☐ (1) 只是香港稅務居民
A Hong Kong Tax resident only

☐ (2) 是香港稅務居民及擁有其他稅務管轄區或國家的稅務居民身份
A Hong Kong tax resident AND also some other jurisdictions or counties

☐ (3) 非香港稅務居民，但擁有其他稅務管轄區或國家的稅務居民身份
Not a Hong Kong tax resident, but instead a tax resident of some other Jurisdictions or countries

如在上述的(2)或(3)填上✓，請列出所有居留管轄區資料：
If a ✓ is put in (2) or (3), please indicate all the jurisdictions of residence:

居留司法管轄區 (香港除外) Jurisdiction (s) of Residence (except Hong Kong)	稅務編號 Tax identification Number (TIN)	如未能提供稅務編號， 請註明原因(A, B 或 C) If no TIN available, please enter Reason (A, B or C)	倘若閣下選擇原因 B，請在下列說明為何閣 下未能取不能取得稅務編號 If you selected Reason B, please explain why you are unable to obtain a TIN
(1)			
(2)			
(3)			

原因 A – 索償人居留之國家 / 司法管轄區並沒有為其居民設立稅務編號。
Reason A – The country / jurisdiction where the Claimant(s) is/are resident(s) for tax purposes does/do not issue TINs to its residents.

原因 B – 索償人未能獲得稅務編號。如選取這一理由，請解釋索償人不能取得稅務編號的原因。
Reason B – The Claimant(s) is/are otherwise unable to obtain a TIN. Please explain why you are unable to obtain a TIN if you have selected this reason.

原因 C – 索償人毋須提供稅務編號。居留司法管轄區的主管機關不需要索償人披露稅務編號。
Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

注意事項 Important notice:
本公司是根據《稅務條例》(第 112 章) 有關交換財務帳戶資料的法律條文，收集本表格所載資料並可備存作自動交換財務帳戶資料用途。本公司可能根據《稅務條例》把該等資料和關於索償人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到索償人的居留司法管轄區的稅務當局。如索償人有任何疑問，請聯絡稅務及/或法律顧問。
Pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112), the information contained in this form is collected and may be kept by the Company for the purpose of automatic exchange of financial account information. The Company may pursuant to the Inland Revenue Ordinance report such information and information regarding the policy Claimant(s) and any reportable account(s) to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchange the said information with the tax authorities of another jurisdiction or jurisdictions in which the policy Claimant(s) may be resident for tax purposes. If the policy Claimant(s) has any questions, please contact a tax and / or legal advisor.

註 Notes:

- 美國稅務居民指是美國綠卡持有人(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(含本納稅年度及過往兩年)。如閣下的答案為是，請填寫 W-9 表格。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。
- 如閣下的答案為否，並非美國公民或美國稅務居民，但具有以下其中一項或以上之身份/狀況，例如：具美國住址或通訊地址或郵政信箱、具美國電話號碼，或指示將資金轉入/轉出位於美國賬戶，請遞交填妥好的 W-8EN 表格及相關證明文件。
- 如閣下的出生國家是美國，但聲稱為非美國公民或美國稅務居民，請提供喪失/放棄美國籍之證明文件副本並遞交 W-8BEN 表格。
- 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). If the Applicant answered "yes" to the question "Are you a U.S. Citizen or a U.S. tax resident?", please complete Form W-9. Equivalent days = Actual days in the U.S. in the current year + 1/3 of his/her days in the U.S. in the immediately preceding year + 1/6 of his/her days in the U.S. in the Second preceding year.
- If the Applicant answered "No" to the question "Are you a U.S. Citizen or a U.S. tax resident?", but carrying U.S. indicia. e.g. U.S. addresses or U.S. contact number or standing instructions to make payments to / from accounts maintained in U.S., please submit supporting documents(s) along with Form W-8BEN.
- If the Applicant's country of birth is U.S. and declared non U.S. Citizen or U.S. tax resident, please submit "Certificates of Loss of Nationality of the United States" proof along with Form W-8BEN.

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第 5 部份 SECTION 5: 賠款選項 SETTLEMENT OPTION

21	<p>a) 閣下是否申請「盈進世代儲蓄壽險計劃」之索償？ Are you apply claim on 'Prosperous Generations Savings Plan'?</p> <p>b) 在受保人生前，閣下或原保單持有人是否獲得保單延續選項確認書並同意在此時執行保單延續？ During the lifetime of the Insured, have you or the Current Policy Owner ever received confirmation of Policy Continuation Option and also agree to execute the policy continuance at the moment?</p>	<p><input type="checkbox"/> 是，請回答題 21b Yes, please answer 27b</p> <p><input type="checkbox"/> 否，請回答題 22 No, please answer 28</p> <p><input type="checkbox"/> 是，請回答題 23 Yes, please answer 29</p> <p><input type="checkbox"/> 否，請回答題 22 No, please answer 28</p>
22	<p><u>支票交付方式 Cheque Collection Method</u></p> <p><input type="checkbox"/> 由代理人轉遞 via Agent</p> <p><input type="checkbox"/> 親臨客戶服務中心領取 Pick up at the Customer Centre in person</p> <p><u>支票幣值 Cheque Currency</u></p> <p><input type="checkbox"/> 港幣 HKD*</p> <p><input type="checkbox"/> 保單貨幣 Policy currency</p> <p>* 按中國太平人壽保險(香港)有限公司每月之固定兌換率計算 at monthly fixed rate of China Taiping Life Insurance (Hong Kong) Company Limited</p>	
<p>註 Remarks:</p> <p>1. 請就每宗理賠申請選擇一種理賠支付方式。如未有註明或清晰指示，理賠之港元支票將交由代理人轉遞。 Please select only one of the settlement options for each claim submission. If unspecified or without clear instruction, claims cheque in HKD will be delivered via Agent.</p> <p>2. 所有理賠方法則以港元支付。其港元等值將會以本公司內部釐定之匯率折算。 All settlements will be made in HKD and the HKD equivalent is based on the currency exchange rate determined by China Taiping Life Insurance (Hong Kong) on the basis of the Company's internal exchange rate.</p> <p>3. 中國太平人壽(香港)有限公司對理賠支付方式擁有最終的決定權。 China Taiping Life Insurance (Hong Kong) Company Limited reserves the right for final decision of the claims settlement option.</p>		
23	<p><u>保單延續選項安排 Arrangement of Policy Continuation Option</u></p> <p><input type="checkbox"/> 受益人將成為新受保人及新保單持有人 The Beneficiary will become New Insured and New Policy Owner</p> <p><input type="checkbox"/> 受益人將成為新受保人而原保單持有人維持不變 The Beneficiary will become New Insured and Current Policy Owner remains unchanged</p> <p><input type="checkbox"/> 受益人將成為新受保人但由受益人之合法監護人擔任新保單持有人 The Beneficiary will become New Insured but his/her Legal Guardian to take the ownership of this policy</p> <p>請注意當行使保單延續選項時，保單實際利益金額有可能少於原受保人之身故權益。若申請人未能符合保單延續選項的要求，則按保單條款向受益人或保單遺產承辦人一筆過支付身故權益並保單終止。 Please note that when the Policy Continuation Option is exercised, the actual benefit amount of the policy may be less than the death benefit of current Insured. If the applicant does not meet the requirement of Policy Continuation Option, will pay the Beneficiary or Policy Administrator a lump sum Death Benefit as according to policy provision and this policy will then be terminated.</p> <p><input type="checkbox"/> 本人/我們(新受保人及新保單持有人) 僅此聲明，本人/我們在此申請書提供的資料均是真實及正確的。本人/我們已閱讀及同意「私隱政策聲明和收集個人資料聲明」、「《稅務條例》的規定」及「確認符合《海外帳戶稅收合規法案》和其他適用法律」中的條款及內容。 I/We, the New Insured and New Policy Owner, declare that the information I/we provided in this form is true and correct. I/We have read and agree to the terms and content of the "Privacy Policy Statement and Personal Information Collection Statement", "Requirements of the Inland Revenue Ordinance" and "Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws".</p>	

第 6 部份 SECTION 6: 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律

Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws

閣下確認中國太平人壽保險(香港)有限公司(以下稱「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行使完全酌情權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 Taiping Life Insurance (Hong Kong) 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 but not limited to, 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 disclosing your particulars to any Authority for the purpose of ensuring the Company's compliance or adherence with the Applicable Requirements.

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第 6 部份 SECTION 6: 客戶確認符合《海外帳戶稅收合規法案》和其他適用法律 (續)**Customer acknowledgement regarding compliance with Foreign Account Tax Compliance Act and other Applicable Laws (Continued)****客戶同意向第三方披露資料**

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太平保險集團有限責任公司或與中國太平保險集團有限責任公司有關的其他公司進行。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。

Customer consent to disclose information to third parties

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 China Taiping Insurance Group Company or other affiliates of the China Taiping 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 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

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。

Updating of customer information about nationality, tax status and others

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，閣下的個人身份證號碼，地址，電話，國籍，稅務狀況，稅籍所在地的變動或閣下擁有多於一個國家的稅籍的變動；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，或若閣下擁有多於一個國家的稅籍的變動。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文件或資料。此等資料和文件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文件，或閣下所提供所需的資料或文件並非最新，準確或完整，閣下同意本公司擁有完全及絕對酌情權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.

- ☐ 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。

"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."

第 7 部份 SECTION 7: 《稅務條例》的下列規定 REQUIREMENTS OF THE INLAND REVENUE ORDINANCE

中國太平人壽保險(香港)有限公司必須遵從《稅務條例》(第 112 章)的下列規定，以協助香港特別行政區政府稅務局(「稅務局」)進行自動交換某些財務帳戶資料：

China Taiping Life Insurance (HK) Co., Ltd must comply with the following requirements of the Inland Revenue Ordinance (Cap. 112) to facilitate the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region ("IRD") automatically exchanging certain financial account information as provided for thereunder:

- (1) 將某些帳戶識別為「不獲豁免財務帳戶」；
to identify certain accounts as "non-excluded financial accounts" ("NEFAs");
- (2) 識別就稅務而言，持有不獲豁免財務帳戶的個人和某些持有不獲豁免財務帳戶的實體所屬的居留司法管轄區；
to identify the jurisdiction(s) in which NEFA-holding individuals and certain NEFA-holding entities reside for tax purposes;
- (3) 確定某些持有不獲豁免財務帳戶的實體的狀況為「被動非財務實體」，並識別其控權人就稅務而言的居留司法管轄區；
to determine the status of certain NEFA-holding entities as "passive NFES" and identify the jurisdiction(s) in which their controlling persons reside for tax purposes;
- (4) 收集有關不獲豁免財務帳戶的某些資料(「所需資料」)；及
to collect certain information on NEFAs ("Required Information"); and
- (5) 向稅務局提供某些所需資料(以上統稱為「自動交換資料要求」)。
to furnish certain Required Information to the IRD (collectively, the "AEOI requirements").

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第 7 部份 SECTION 7: 《稅務條例》的下列規定 REQUIREMENTS OF THE INLAND REVENUE ORDINANCE

本人(索償人)知悉及同意，中國太平人壽保險(香港)有限公司(以下稱“本公司”)可根據《稅務條例》有關交換財務帳戶資料的法律條文，(a) 收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b) 把該等資料和關於索償人及任何須申報帳戶的資料向稅務局申報，從而把資料轉交到索償人的居留司法管轄區的稅務當局。

I, the claimant, acknowledge and agree that (a) the information contained in this form is collected and may be kept by China Taiping Life Insurance (HK) Company Limited (hereinafter called “the Company”) for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the claimant and any reportable account(s) may be reported by China Taiping to the IRD and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the claimant may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance.

本人(索償人)承諾，如情況有所改變，以致影響本表格所述的索償人的稅務居民身分，或引致本表格所載的資料不正確，本人會通知本公司，並會在情況發生改變後 30 日內，向本公司提交一份已適當更新的自我證明表格。

I, the claimant, undertake to advise the Company of any change in circumstances which affects the tax residency status of the claimant or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

本人(索償人)同意遵從本公司為了符合「自動交換資料要求」而提出的請求。

I, the claimant, agree to comply with requests made by the Company to comply with the AEOI requirements.

本人(索償人)聲明就本人所知所信，本表格內所填報的所有資料和聲明均屬真實、正確和完備。

I, the claimant, declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

警告：根據《稅務條例》第 80(2E)條，如任何人在作出自我證明時，在明知一項陳述在要項上屬具誤導性、虛假或不正確，或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下，作出該項陳述，即屬犯罪。一經定罪，可處第 3 級（即\$10,000）罰款。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. \$10,000).

第 8 部份 SECTION 8: 聲明及授權 DECLARATION AND AUTHORIZATION**個人資料收集及使用**

本人 / 我們確認本人 / 我們已閱讀、完全明白中國太平人壽保險(香港)有限公司(以下稱“貴公司”)的個人資料收集聲明(個人資料收集聲明)。本人 / 我們同意貴公司可使用、保留、處理、儲存、轉交、透露及 / 或共用在此申請表所載或貴公司不時從其他途徑所搜集、索取、整理或持有之任何有關本人 / 我們的個人資料或其他有關本人 / 我們、本人 / 我們的保單或投資資料，用作處理、管理、落實及實行在此申請表所載或本人 / 我們在任何其他申請表所不時提出之索賠、申請或要求，及介紹或提供其稍後或其他的服務或產品予本人 / 我們、作出直接促銷、資料核對及 / 或聯絡本人 / 我們之用途。本人 / 我們並同意貴公司可向與貴公司有關的本港或海外的人士、團體及 / 或機構及 / 或任何個人資料收集聲明所述的第三機構(包括並不限於再保險公司、私人調查方、索賠調查公司、及有關的政府或監管機關、基金管理公司、金融機構或提供貴公司業務運作有關服務之公司)轉交、透露、授權取得或共用本人 / 我們之個人或其他資料，用作以上列明個人資料收集聲明所述之用途。本人/我們明白到本人/我們有權向貴公司查閱及申請更改貴公司持有或管理與本人/我們有關的個人資料。有關的申請可於貴公司任何一間客戶服務中心辦理。若本人/我們不想收到貴公司發送的銷售資料或刊物，本人/我們會發出信函通知貴公司，而此後本人/我們的個人或其他資料將會存於貴公司為選擇不收取上述銷售資料或刊物的客戶而設的中央資料檔，並會供貴公司及有關之機構/人士作參考。

貴公司的個人資料收集聲明最新版本可於以下網址查閱：tplhk.cntaiping.com。

PERSONAL DATA COLLECTION AND USE

I / We CONFIRM that I / we have read and fully understood the Personal Information Collection Statement (“PICS”) of China Taiping Life Insurance (Hong Kong) Company Limited (“the Company”). I / We AGREE that any personal data and other information relating to me / us or my / our policy(ies) or investments contained in this application or collected, obtained, compiled or held by the Company by any means from time to time may be used, maintained, processed, stored, transferred, disclosed and / or shared by the Company for the purposes of processing, administering, implementing and effecting the claims, applications or requests made in this application or any other applications by me / us from time to time, introducing or promoting or providing subsequent or other services or products to me / us, direct marketing, data matching and / or communicating with me / us. I / We further AGREE that the Company may transfer, disclose, grant authority for access of or share such personal data and other information to or with individuals, entities and / or organizations associated with the Company and / or to or with any third parties set out in the PICS (including, without limitation, reinsurance companies, private investigators, claims investigation companies, relevant governmental or regulatory authority, fund management companies, financial institutions, or companies providing services to the Company in connection with its business operation, in each case whether within or outside of Hong Kong, for any of the aforesaid purposes or purposes as set out in the PICS. I/We understand that I/we have the right to obtain access to and to request correction of my/our personal data held or controlled by the Company. Such request can be made to any of the Company's Customer Service Centres. If I/we do not wish to receive marketing information or materials from the Company, I/we will send an opt-out notice to the Company, in which case my/our personal data and other information will be stored thereafter in a centralized system for customers who have chosen not to receive the said marketing information or materials and will be accessible by the Company and its associated organizations/ persons for reference.

The updated version of PICS is available from its website: tplhk.cntaiping.com.

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第 8 部份 SECTION 8: 聲明及授權 (續) DECLARATION AND AUTHORIZATION (Continued)

本人 / 我們現聲明以上每一項答案均為真確和完全。

1. 本人 / 我們不可撤銷地授權及代表受保人授權：

- 任何知悉或擁有本人 / 我們 / 受保人之工作、病假紀錄、意外或損失 (任何類別) 之詳情、健康狀況、病歷或任何治療或諮詢紀錄，或會為或將為本人 / 我們 / 被保人診治之機構、組織或人士在貴公司作出要求時向貴公司披露有關資料或文件。在法律上可行的情況下，即使本人 / 我們 / 被保人死亡或喪失行為能力，此授權仍具法律效力，而本人 / 我們 / 被保人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本均有同等效力。
- 貴公司或任何貴公司指定或認可之驗身醫生或化驗所，替本人 / 我們 / 被保人進行所需之醫療評估及測試，並對本人 / 我們 / 被保人之健康狀況進行審核及評估，用作處理本申請及其後與之有關的賠償事宜。此等化驗會包括，但並不限於，膽固醇及有關之血脂肪、糖尿病、腎或肝功能失常、愛滋病或感染人體免疫力缺乏病毒、免疫系統失常或體內藥物、毒品、尼古丁及其代產品之含量等化驗。
- 本人 / 我們聲明，本人 / 我們明白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金額，包括保險業監管局收取的徵費。本人 / 我們明白及承認如保單持有人過期繳交保費徵費，公司須向保險業監管局提供保單持有人的資料。

2. 本人 / 我們聲明本人 / 我們已獲相關人士授權及同意本人 / 我們作出上述授權。

I / We DECLARE that the answers given above are true and complete.

1. I / We hereby irrevocably AUTHORIZE and AUTHORIZE ON BEHALF OF THE INSURED:

- any organization, institution, or individual that has any knowledge or record of my / our / the Insured's employment, sick leave records, accident or loss details (of any sorts), health condition, medical history or treatment taken or consultation sought, that when requested by an authorized representative of the company may disclose any relevant information or document to the Company. This authorization shall bind my / our / the Insured's successors and assigns and remain valid notwithstanding my / our / the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.
- the Company or any of its designated or approved medical examiners or laboratories to perform the necessary medical assessment and tests to assess and evaluate my / our / the Insured's health status for the purpose of handling this application and any claim arising therefrom. These tests may include, but are not limited to, tests for cholesterol and related blood lipids, diabetes, liver or kidney disorders, acquired immunodeficiency syndrome (AIDS), infection by any human immunodeficiency virus (HIV), immune disorder or the presence of medications, drugs, nicotine or their metabolites.
- I / We represent that I am / We are the Policyowner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. I / We hereby give my / our irrevocable consent to the Company to deduct any outstanding amount applicable from the payout and/or sum received by the Company under the policy according to the applicable statutory and/or regulatory requirement(s), including levy collected by the Insurance Authority. I / We also understand and acknowledge that the Policyowner's' information is required to be provided to the Insurance Authority if the levy is overdue.

2. I / We hereby declare that I / we have the full authority from and consent of the Insured to make the above authorizations.

索償人姓名 (以正楷書寫) 及簽署
Name of the Claimant (in BLOCK letters) with Signature

身份證 / 護照號碼
ID card / Passport No.

與受保人關係
Relationship with the Insured

日 DD / 月 MM / 年 YYYY

理財顧問 / 公司代表 / 申請人姓名
Name of Financial Consultant /
Company Representative / Applicant

理財顧問 / 公司代表 / 申請人簽署
Signature of Financial Consultant /
Company Representative /
Applicant

申請人職位 (如適用)
Position of the Applicant (if
applicable)

日 DD / 月 MM / 年 YYYY

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*當客戶行使保單延續選項時，新受保人及新保單持有人必須共同簽署一表格以示認可。

When client executes Policy Continuation Option, both New Insured and New Policy Owner shall endorse by signing on the same form.

注意事項 Important Note

為使能儘速辦理您的索償申請，請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件，請參閱此表格之“索償文件參考表”。文件的核證副本可於我們的客戶服務中心或賠償部辦理。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料，我們會通知閣下或您的保險顧問。因索取有關資料需時，賠償申請的審核時間會較長。

In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents as stated in this application form "Claims Document Checklist". Documents can be certified at our Customer Service Centre or Claims Department. We will notify you or your broker if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.

索償文件參考表 CLAIMS DOCUMENT CHECKLIST

請將此表格連同以下文件遞交，並於提交的文件欄內畫上“✓”號。

Please attach the following documents together with this application form and kindly tick “✓” against the documents submitted with this form.

基本文件

- ☐ 保單正本或保單遺失聲明書 Original Policy OR Policy Lost Declaration
- ☐ 死亡賠償申請表 Application Form for Death Claim
- ☐ 死者的身份證正本或由太平人壽「香港」核證之副本
Original or Certified True Copy of the Deceased's ID card by China Taiping Life (Hong Kong)
- ☐ 受益人之身份證之副本或由太平人壽「香港」核證之副本
Copy of Certified True Copy of the Beneficiary's ID card by China Taiping Life (Hong Kong)
- ☐ 受保人與受益人之關係證明 Relationship Proof between the Insured and Beneficiary

適用於香港出險個案 For event occurred in Hong Kong

- ☐ 死亡證 / 法院命令假定死亡之正本或由太平人壽「香港」核證之副本
Original or Certified True Copy of Death / Court Order for Presumptive Death by China Taiping Life (Hong Kong)
- ☐ 由入境事務處發出的「身份證註銷證明」(死者於境外離世)
Proof of deregistration of ID card issued by the Immigration Department if the deceased is a permanent resident of Hong Kong (Death outside Hong Kong)

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

- ☐ 死亡公證書 Notarial Certificate of Death
- ☐ 戶籍註銷證明 Household Certificate Cancelled
- ☐ 死亡醫學證明書 Medical Certificate for Cause of Death
- ☐ 喪葬證明 Funeral and Cremation Proof

意外身故適用 For accidental death

- ☐ 意外事故/警察調查報告 Accident / Police Investigation Report

附加文件 (如有) Additional Documents (If any) :

- ☐ 信托文件 (如監護人紙) Trustee Documents (e.g. certificate of guardianship)
- ☐ 遺產繼承文件 Letter of Administration / Grant of Probate
- ☐ 驗屍/解剖報告 Autopsy Report
- ☐ 門診及住院病史 Clinical or Hospital Records
- ☐ 公安報告 Police Report