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受保人姓名 (中文)	<input type="text"/>	身份證 / 護照號碼 ID / Passport No.	<input type="text"/>
Name of Insured (English)	<input type="text"/>	保單號碼 Policy Number	<input type="text"/>

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I/We hereby authorize any employer, any registered medical practitioner, hospital, clinic, insurance company or other institution or person, that has any records or knowledge of me/us or the Insured(s) to give such information to Chow Tai Fook Life Insurance Company Limited. This authorization shall bind the successors and assignees of me/the Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorization shall be as valid as the original.

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I / We confirm that I/we have read and understood Chow Tai Fook Life Insurance Company Limited (“CTF Life”)’s Personal Information Collection Statement (“PICS”). I/We declare and agree that any personal data CTF Life may collect and/or hold, use and/or disclose/share with (whether contained in this form or otherwise obtained) in accordance with the Purposes as set out in the PICS. I/We understand that if I/we do not provide the required personal data, CTF Life may not be able to perform the Purposes and/or provide products or services to me/us. I/We acknowledge and agree that my/our personal data may be disclosed/shared with specified parties in the PICS; law enforcement authorities; databases or registers used by the insurance industry to analyse and check information provided against existing information for any of the Purposes stated in the PICS. I/We understand the updated version of the PICS is available for download from CTF Life’s website: www.ctflife.com.hk, and will be made available upon request.

X

受保人簽署*
Signature of Insured*

受保人姓名
Name of Insured

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

日期 (日/月/年)
Date (DD/MM/YY)

X

索償人 / 受保人之家長或合法監護人 / 受益人簽署 (如不是受保人)
Signature of Claimant / Insured’s parent or legal guardian / Beneficiary (other than the Insured)

日期 (日/月/年)
Date (DD/MM/YY)

索償人 / 受保人家長或合法監護人 / 受益人姓名 (大寫)
Name of Claimant // Insured’s parent or legal guardian / Beneficiary
(in block letters)

身份證 / 護照號碼
ID / Passport No.

日期 (日/月/年)
Date (DD/MM/YY)

*如受保人未滿18歲，則由其家長或合法監護人簽署
*To be signed by Insured’s parent / legal guardian if the Insured is under age 18)