

Please read the following carefully before you retrieve, print or complete this form.
在索取、列印或填寫表格前，請閣下先詳閱下文。

Disclaimer

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免責聲明

閣下凡透過周大福人壽保險有限公司 [周大福人壽] 之電子收發渠道 [如公司網站、互動語音回應系統] 下載或列印任何表格，應自行考慮及衡量需承擔之風險。周大福人壽概不負責任何因下載或列印表格所引致的列印錯誤及其可能導致之任何損失或毀壞。若閣下提交之下載或列印表格有任何列印錯誤，周大福人壽有可能在處理閣下的申請前要求閣下填寫一份正確之表格。

當閣下填寫及簽署由網站下載之表格 [互聯網列印表格]，則被視作閣下已詳閱及明白電腦螢幕上出現之表格 [閱覽表格] 之內容，並同意表格內之所有條文。如該閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，閣下同意並承諾不會提出任何異議。如閱覽表格與互聯網列印表格出現任何不符、矛盾或分歧時，概以閱覽表格為準。

周大福人壽有權隨時在認為適當情況下更新表格內容，並保留接受或拒絕閣下遞交之申請表格的權利。

死亡賠償申請書
Death Claim Form

保單號碼
Policy Number

保險顧問姓名
Consultant Name

保險顧問編號
Consultant Code

電話
Telephone No.

人壽保險 Life Assurance

付款人死亡豁免保費 Payor Benefit - Death

提供此賠償申請書或進行有關此索償的調查並不表示周大福人壽保險有限公司（以下簡稱“周大福人壽”）會確認此項索償或同意豁免保單條款中的任何規定。
By providing this claim form or subsequently investigating the claim, Chow Tai Fook Life Insurance Company Limited (“CTF Life”) shall not be held to admit the validity of the claim nor to waive any requirement as provided under the provisions of the policy.

填表之前請詳細閱讀後頁的“填表須知”。

Please read the "Instructions" overleaf carefully before you complete this claim form.

由索償人填寫

To be completed by the claimant

A. 死者個人資料 Personal Particulars of the Deceased

1. 死者姓名 Name of the Deceased	2. 身份證 / 護照號碼 ID / Passport No.	3. 年齡 / 性別 Age / Sex	4. 出生日期 (日/月/年) Date of Birth (DD / MM / YY)
5. 出生地點 Place of Birth	6. 死者身故前的住址 Time of Residential Address at Death		
7. 身故前的職業及職責 Occupation and job duties at time of death	8. 最後工作日期(日/月/年) Last Day of Work (DD / MM / YY)	9. 身故前之僱主的公司名稱和地址 Name and address of last employer at time of death	
10. 死亡日期(日/月/年) Date of Death (DD / MM / YY)	11. 死亡地點 Place of Death	12. 死亡原因 Cause of Death	
13. 有否報警? Did you report this case to police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes 警署 Police station: _____			
14a. 是否將會展開或已舉行死因研訊? Whether a death inquest will be or has been held? <input type="checkbox"/> 否 No <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 是 Yes 進行死因研訊的日期: Date of death inquest held: _____			
14b. 是否將會進行或已進行解剖驗屍? Whether a post-mortem examination will be or has been held? <input type="checkbox"/> 否 No <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 是 Yes 進行解剖驗屍的日期: Date of post-mortem examination held: _____			
若閣下擁有裁決結果或驗屍報告, 請提供副本以作參考 If you are in possession of the verdicts or findings, please forward a copy to us for reference			
15. 死者何時開始表示患有導致其死亡的疾病或出現該病的病徵? (日/月/年) When did the deceased first complain of or exhibit symptoms of his/her fatal illness? (DD/MM/YY)	16. 死者何時首次就導致其死亡的疾病求診? (日/月/年) When did the deceased first seek medical treatment for the fatal illness? (DD/MM/YY)	17. 作出診斷之醫生姓名及地址 Name and address of the doctor who diagnosed the illness	
18. 請提供死者在死亡前五年內曾求診的醫生、醫院或機構之姓名/名稱及地址 Please provide the name and address of doctors, hospitals or institutions from whom/which the deceased had received medical treatment during the past 5 years.			
求診日期(日/月/年) Date of Consultation (DD/MM/YY)	病情 / 診斷 Condition/Diagnosis	醫生、醫院及機構的名稱 Name of Doctor, Hospital and Institution	地址 Address

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<p>19. 死者是否擁有由周大福人壽或其他保險公司承保或提供之任何其他壽險、醫療或意外保險？如有，請說明 Was the deceased covered by any other life, health or accident insurance underwritten or provided by CTF Life or other insurance companies? If yes, please provide details</p> <table border="1"> <tr> <td>保險公司 Insurance Company</td> <td>保單號碼 Policy No.</td> <td>保額 Sum Insured</td> <td>保單生效日期(日/月/年) Effective Date (DD/MM/YY)</td> </tr> </table>				保險公司 Insurance Company	保單號碼 Policy No.	保額 Sum Insured	保單生效日期(日/月/年) Effective Date (DD/MM/YY)
保險公司 Insurance Company	保單號碼 Policy No.	保額 Sum Insured	保單生效日期(日/月/年) Effective Date (DD/MM/YY)				
<p>20. 倘若死亡原因為意外導致，請提供以下資料 If the cause of death is accident, please provide the following details:</p> <table border="1"> <tr> <td> <p>a. 意外日期(日/月/年) Date of accident (DD/MM/YY):</p> <p>b. 意外發生的確實時間 Time of accident:</p> <p>c. 意外地點 Place of accident:</p> </td> <td> <p>d. 請詳述意外的經過 How did the accident happen? Please provide details</p> </td> </tr> </table>				<p>a. 意外日期(日/月/年) Date of accident (DD/MM/YY):</p> <p>b. 意外發生的確實時間 Time of accident:</p> <p>c. 意外地點 Place of accident:</p>	<p>d. 請詳述意外的經過 How did the accident happen? Please provide details</p>		
<p>a. 意外日期(日/月/年) Date of accident (DD/MM/YY):</p> <p>b. 意外發生的確實時間 Time of accident:</p> <p>c. 意外地點 Place of accident:</p>	<p>d. 請詳述意外的經過 How did the accident happen? Please provide details</p>						
<p>B. 索償人資料 (如超過一個索償人，每位索償人必須各自填寫一份申請書及簽署。) Personal Particulars of the Claimant (If there is more than one claimant, EACH claimant must complete a separate claim form with signature.)</p>							
1. 索償人姓名 Name of the Claimant	2. 身份證 / 護照號碼 ID / Passport No.	3. 出生日期 (日/月/年) Date of Birth (DD/MM/YY)	4. 出生國家 Country of Birth				
5. 國籍 Nationality	6. 索償人 / 受益人是個人或實體? Is the claimant / beneficiary an individual or entity?						
* 若索償人的國籍是美國，請填妥並遞交「W9」表格 Please complete and submit "Form W9" if the nationality of Claimant is American	<input type="checkbox"/> 個人 (請回答第7題) Individual (please proceed to Question 7)		<input type="checkbox"/> 實體 (回答第9題) Entity (please proceed to Question 9)				
個人 Individual		實體 Entity					
7. 索償人 / 受益人的美國稅務狀況 US Taxation status of the claimant / beneficiary		9. 索償人 / 受益人的美國稅務狀況 US Taxation status of the claimant/beneficiary					
索償人 / 受益人現時有否於美國報稅? Do you currently file tax return in the US? <input type="checkbox"/> 否 No <input type="checkbox"/> 有 Yes *若「有」，請填妥並遞交「W9」表格 If "Yes", please complete and submit "Form W9".		如索償人/受益人是非美國實體，請填妥並遞交(a) IRS W-8BEN表格； 或 (b) 如閣下為美國實體，請填妥並遞交 IRS Form W9 Please complete and submit (a) IRS Form W-8BEN if you are a non-US entity; or (b) IRS Form W9 if you are a US entity					
8. 稅務居留司法管轄區 Jurisdiction of Tax Residence		10. 成立為法團或設立所在的司法管轄區 Jurisdiction of Incorporation or Organization					
若索償人/受益人任何一項答案為「否」，請填妥及遞交「自我證明表格 - 個人」表格 If the claimant / beneficiary answered "No" to any of the questions, please complete and submit CRS self-certification form - Individual		請填妥及遞交「自我證明表格 - 實體」及「自我證明表格 - 控權人」(如閣下為被動非財務實體) Please complete and submit "Self-Certification Form - Entity" and "Self-Certification Form - Controlling Person" (if you are a passive NFE).					
a. 索償人 / 受益人是否香港稅務居民? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes Are you a Hong Kong tax resident?							
b. 香港是否為閣下唯一所屬的稅務居留司法管轄區? <input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes Is Hong Kong the only tax resident jurisdiction you belong to?							

11. 目前通訊地址 Current Correspondence Address 目前居住地址(個人)/目前營業地址(商業組織) (如與目前通訊地址不同) Current Residential Address(Individual)/Current Business Address(Business association) (if different from Current Correspondence Address) 目前永久地址(個人)/於成立地方之註冊辦事處地址(商業組織)(如與目前居住地址(個人)/目前營業地址(商業組織)不同) Current Permanent Address (Individual)/Registered Office Address in the Place of Incorporation (Business association) (if different from Current Residential Address (Individual)/Current Business Address (Business association))	
12. 聯絡電話 Contact Phone No. (_____) 國家號碼 Country Code	13. 與死者之關係 Relationship with the Deceased
14. 閣下以何名義申請賠償? In what capacity are you submitting this claim? <input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 監護人 / 父母 Legal Guardian / Parent <input type="checkbox"/> 其他 Others:	15. 若您是保單指定之受益人，請列明您有權獲得的死亡賠償金額的百分比 If you are the designated beneficiary under the policy, please state the percentage of the death proceeds you are entitled to receive.

C. 所需文件指引 Document Checklist

基本文件 Basic Documents	<input type="checkbox"/> 死亡賠償申請書 (由索償人填寫) Death Claim Form (to be completed by the Claimant) <input type="checkbox"/> 保單正本 / 「遺失保單聲明書」 Original Policy / Lost Policy Declaration <input type="checkbox"/> *死亡證之核證副本 Certified true copy of original Death Certificate <input type="checkbox"/> **受保人及受益人/索償人身份證明文件之核證副本 Certified true copy of Identity document of Insured, Beneficiary / Claimant <input type="checkbox"/> 受保人與受益人/索償人關係證明文件之副本 Copy of relationship proof between Insured and Beneficiary / Claimant
按個別個案而定的附加文件 Additional Documents for Special Cases	<input type="checkbox"/> 由註冊西醫撰寫的醫療報告(費用由索償人負擔) Medical Report to be completed by registered doctor (at Claimant's own expense) <input type="checkbox"/> 相關醫療記錄/報告副本 Copy of other medical statements or reports <input type="checkbox"/> 口供紙/警察報告副本 (如適用) Copy of Oral Statement / Police Report (if applicable) <input type="checkbox"/> 驗屍報告/解剖報告副本 (如適用) Copy of Post Mortem report / Autopsy report (if applicable) <input type="checkbox"/> 剪報 (如適用) News clipping (if applicable)
內地死亡個案的附加文件 Additional Documents for Event in Mainland China	<input type="checkbox"/> *由中國公證機關發出的死亡(死因)公證書之核證副本 Certified true copy of Notarial Certificate of the death and cause of death <input type="checkbox"/> *戶籍註銷證明之核證副本 Certified true copy of residency cancellation proof <input type="checkbox"/> **死亡醫學證明書之核證副本 Certified true copy of Medical Certificate of Death <input type="checkbox"/> **由當地警察部門發出的法醫(死因)證明/死亡案(事)件調查表之核證副本 Certified true copy of proof of death (cause) / investigation report issued by the local Police <input type="checkbox"/> **殯葬證明之核證副本 Certified true copy of Certificate of cremation / burial of body <input type="checkbox"/> **遺體進口 / 出口許可證之核證副本 Certified true copy of Permit to export / import a human corpse <input type="checkbox"/> **受保人之香港身份證註銷證明之核證副本 Certified true copy of Insured's HKID Cancellation Certificate (RPO 53A) <input type="checkbox"/> 門/急診病歷手冊副本 Copy of Medical Record Booklet for Emergency / Outpatient consultations
*必須由獲授權的內部職員包括客戶服務部及理賠部內部職員確認和核證每頁副本為核證無誤的副本 Each copy has to be verified as a true copy of the original by authorized internal staff who working at Customer Services and Claims	
**必須由保險顧問 / 獨立理財顧問公司或客戶服務部確認和核證每頁副本為核證無誤的副本 Each copy can be verified as a true copy of the original by our Consultant / IFA Company or Customer Service Department	

填表須知 Instructions

- 請回答申請書的所有問題及簽署。
Please answer All questions of this claim form and sign.
- 如有需要，本公司可要求索償人提供其他證明文件。
We may request for other supporting documents if necessary.
- 請將填妥的索償申請書連同其他所需文件一併交予本公司理賠部辦理。地址：九龍觀塘海濱道123號綠景NEO大廈7樓。電話：2866 8898
Please send the completed claim form(s) and other supporting documents to our Claims Dept. Address: 7/F, NEO, 123 Hoi Bun Road, Kwun Tong, Kowloon Tel.: 2866 8898
- 請注意，閣下於此索償申請表頁一上填寫的保險顧問將會是閣下授權唯一能跟進及處理是次索償的人士。
Please note that the Insurance consultant that stated on page 1 would be regarded as the only authorized agent to follow up and handle the claim.

D. 個人資料收集聲明 Personal Information Collection Statement

本人 / 我們確認本人 / 我們已閱讀及明白周大福人壽保險有限公司 (以下簡稱「周大福人壽」) 之個人資料收集聲明 (「該聲明」)。本人 / 我們聲明及同意貴公司可根據該聲明所述的任何目的收集及 / 或持有、使用及 / 或披露 / 分享任何個人資料 (不論是否從此表格或以其他方式獲得)。本人 / 我們明白本人 / 我們必須於此表格提供所須資料, 否則貴公司將可能無法執行該聲明之目的及 / 或向本人 / 我們提供產品或服務。本人 / 我們確認及同意本人 / 我們的個人資料可能披露 / 共享給該聲明所指定的第三方: 執法機構; 保險業就現有資料而對所提供的資料作出分析和檢查而使用的數據庫或登記冊作出於該聲明所述的任何目的。本人 / 我們明白該聲明的最新版本可於周大福人壽的網址下載: www.ctflife.com.hk, 及可向貴公司索取。

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.

E. 聲明、同意及授權書 Declaration, Agreement and Authorizations

本人謹此聲明及同意 (1)上述一切資料、陳述及問題的所有答案, 無論是否由本人親手所寫, 就本人所知所信均為事實之全部並確實無訛; (2)周大福人壽有權要求本人或可能有權獲得保單價值或更改保單受益人的任何其他人士包括但不限於任何索償人、受益人和受讓人(以及任何以上人士之遺囑執行人、遺產管理人或遺產代理人) (本第(2)段所述的各人士稱為「相關人士」) 提供周大福人壽可能合理索取的資料及附助確證的文件 (及 / 或填寫及簽署與此相關的文件), 包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制; (3)本人將就本人可能曾不時向周大福人壽提供的關於保單或周大福人壽簽發的其他保單的資料的更改或增加從速通知周大福人壽, 包括若相關人士的身分有所改變; (4)為確保周大福人壽能履行適用於周大福人壽或周大福人壽應遵守的有關披露或使用資料的責任、規定或安排 (「該等責任」), 此包括但不限於其就保單在美國《海外賬戶稅收合規法案》(「海外賬戶稅收合規法案」) 的責任及為自動交換財務帳戶資料的目的在香港《稅務條例》的責任, 本人將應周大福人壽不時提出的合理要求在其所定的時限內填妥並簽署文件、提供文件證據並採取行動; (5)周大福人壽在某些情況下可能必須將《海外賬戶稅收合規法案》預扣稅強制加於其從閣下的保單所作出的付款或保單所收到的款項。目前, 周大福人壽只在下列情況可能必須採取上述行動(a)倘若香港稅務局沒有根據香港與美國簽訂的跨政府協議(及香港與美國簽訂的相關的稅務資料交換協定)與美國稅務局(「美國稅務局」)交換資料, 及(b)若本人或任何其他相關人士或賬戶持有人為非參與協議的海外金融機構; 則周大福人壽可能必須從保單所收到的可預扣款項扣減或扣起《海外賬戶稅收合規法案》預扣稅並將其匯付給美國稅務局。不論如何, 本人同意周大福人壽為確保其履行該等責任可把上述的及適用法律不時訂明的必要資料向香港及海外的稅務機構披露及轉移及同意本人的資料將被用作與其他司法管轄區的稅務機構交換資料, 及本人謹此放棄禁止或限制該等披露的權利(如有)。

I HEREBY DECLARE AND AGREE that (1) all the above information, statements and answers to all the questions in this claim form whether or not in my own handwriting are to the best of my knowledge and belief, complete and true; (2) CTF Life shall have the right to request me or any other person who may be entitled to access the policy value or change a beneficiary under the policy including without limitation any claimant, beneficiary and assignee (and the executor, administrator or personal representative of any of the above) (each person in this paragraph (2), a "Relevant Person"), to provide (and/or complete and sign such document relating to) such information and supporting documentation as CTF Life may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility; (3) I shall update CTF Life promptly on any change or addition to information that I may have provided to CTF Life from time to time in relation to the policy or other policies issued by CTF Life, including change in the identity of a Relevant Person; (4) I shall complete and sign such documents, provide documentary evidence and take such actions within such timeframe as CTF Life may reasonably require from time to time to enable it to comply with the obligations, requirements or arrangements for disclosing or using data that apply to it or with which it is expected to comply (the "Obligations"), these include but are not limited to its obligations under the US Foreign Account Tax Compliance Act ("FATCA") and the Inland Revenue Ordinance of Hong Kong in respect of the policy for the purpose of automatic exchange of financial account information; (5) CTF Life could, in certain circumstances, be required to impose FATCA withholding tax on payments made to or which it makes from the policy. Currently the only circumstances in which CTF Life may be required to do so are (a) if the Hong Kong Inland Revenue Department fails to exchange information with the US Internal Revenue Service ("IRS") under the Intergovernmental Agreement between Hong Kong and the US (and the relevant tax information exchange agreement between Hong Kong and the US), and (b) if I am or any other Relevant Person or account holder is a non participating foreign financial institution; then CTF Life may be required to deduct or withhold FATCA withholding tax on withhold-able payments made to the policy and remit that to the IRS. In any event, I consent to the disclosure and transfer of the required information stated above and as prescribed by applicable laws from time to time from CTF Life to the tax authorities both in Hong Kong and outside Hong Kong and the exchange of information with tax authorities of other jurisdictions to ensure CTF Life complies with the Obligations, and I waive all rights I have (if any) to prohibit or restrict such disclosure.

本人茲授權凡知道或擁有任何有關本人或受保人記錄的僱主、任何註冊西醫、醫院、診所、保險公司、其他機構或人仕, 均可將該等資料提供給周大福人壽保險有限公司。即使本人或受保人死亡或喪失能力, 此授權書仍然有效, 所有本人及受保人之繼承人及轉讓人亦會受此授權書約束。本授權書影印本與正本具有同等效力。I 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 or the Insured(s) named 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.

本人明白若此死亡賠償申請書的中、英文兩個版本有任何抵觸或不相符之處, 應以英文版本為準。

I understand that if there is any inconsistency or ambiguity between the English version and the Chinese version of this Death Claim Form, the English versions shall prevail.

本人確認, 本人已經細讀本「聲明、同意及授權」章節的以上段落, 並且周大福人壽或本人的保險代理人 / 獨立理財顧問公司已經向本人作出充分的解釋; 本人完全明白本章程以上段落的含義, 亦明白本人根據本章程以上段落作出的同意、豁免及確認均不可撤銷。本人進一步同意, 對於本人 / 相關人士由於周大福人壽採取以上段落准許的行動而蒙受的任何代價或損失, 周大福人壽概不負責。

I confirm that I have read the above paragraphs in this "Declaration, Agreement and Authorizations" section and have received adequate explanation from CTF Life or my insurance agent/IFA Company; I fully understand the implications of the above paragraphs in this section; my agreement, waiver and confirmations given under the above paragraphs in this section are irrevocable. I further agree that CTF Life shall not be liable for any costs or loss that I/the Relevant Person may incur because of CTF Life taking any of the actions permitted by the above paragraphs.

受保人姓名 (死者)

Name of Insured (Deceased) :

索償人與受保人關係

Claimant's relationship with the Insured :

身份證 / 護照號碼

ID / Passport No. :

索償人姓名 (大寫)

Name of the Claimant (in block letters) :

身份證 / 護照號碼

ID / Passport No. :

索償人簽署

Signature of the Claimant : x _____

日期 (日/月/年)

Date (DD/MM/YY) :

見証人姓名 (大寫)

Name of Witness (in block letters) :

身份證 / 護照號碼

ID / Passport No. :

見証人簽署

Signature of Witness : x _____

日期 (日/月/年)

Date (DD/MM/YY) :

保險顧問備註 Consultant's Remarks