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在索取、列印或填寫表格前，請閣下先詳閱下文。

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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。

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電子核證副本 (醫療收據) 申請書

Electronic Certified True Copy (Medical Receipts) Request Form

聯絡方式 Contact Method (二選一 Choose 1 only)	
<input type="checkbox"/> 保險顧問或經紀 (請填寫以下資料) Consultant or Broker (Please fill in the details below)	
姓名 Name	
保險顧問或經紀編號 Consultant or Broker Agent Code	
電話號碼 Phone Number	
<input type="checkbox"/> 保單持有人 (請填寫以下資料) Policy Owner (Please fill in the details below)	
姓名 Name	
電郵地址 Email Address	
電話號碼 Phone Number	

保單號碼: Policy Number:	
門診手術 / 入院 / 意外日期 (日/月/年): Date of Outpatient Surgery / Hospital Admission / Accident (DD/MM/YY):	

本人 / 我們特此要求周大福人壽保險有限公司就上述日期之賠償申請中已遞交之醫療收據以電郵形式發出電子核證副本給以下收件人：(二選一)
I / We hereby request Chow Tai Fook Life Insurance Company Limited to issue Electronic Certified True Copy for the medical receipts submitted in the captioned date of claim to the following recipient: (Choose 1 only)

<input type="checkbox"/> 保險公司 Insurer	
保險公司名稱: Insurer Name:	
保單號碼: Policy Number:	
<input type="checkbox"/> 本人 Self	
電郵地址: Email Address:	
電話號碼: Phone Number:	

個人資料收集聲明 Personal Information Collection Statement
<p>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 / 共享給該聲明所指明的第三方; 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。</p> <p>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.</p>

保單持有人姓名 (大寫)
Name of Policy owner (in block letters): _____

身份證 / 護照號碼
ID / Passport No.: _____

保單持有人簽署
Signature of Policy owner: x _____

日期 (日/月/年)
Date (DD/MM/YY): _____

