






## Guidance Notes for “Death Claim Form Part I”

- ✓ Applicable to : Insured’s **Death** Claim.
- ✓ To be completed by policy’s **designated beneficiary(ies) / estate executor/ or the legal guardian of the minor beneficiary(ies)**.
- ✓ If there are more than 1 designated beneficiary(ies) under the policy, the beneficiaries could just fill in one death claim form page 1, and page 2 should be completed and signed by each beneficiary separately.
- ✓ Please go through the “**Claims Document Checklist**” before filling the form.
- ✓ Please answer **all** questions to avoid unnecessary delay due to insufficient information.

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- To facilitate prompt claim processing, please state the details of the illness or incident that directly caused to the death of the insured.
  - Do not leave the questions blank. For example, for sudden death of insured with no symptoms presented before, the claimant should fill in “**No symptoms and consultation before**” on Question 2.



### Claims Payment

- If the policy currency is not HKD, please select the payment currency for claims settlement.
- Claims payment will be paid by means of **cheque or autopay according to the registered payment instruction (limited for BOCHK/ NCB/ CYB only)**.
  - ✓ The Account Number and the Name of the Account Holder must be stated clearly on the form.
  - ✓ Account Holder must be the beneficiary of the claimed policy.
  - ✓ Please submit proof of bank account.
  - ✗ Joint Account is not accepted.
- The payment will be made by cheque if incomplete bank account information or autopay is unsuccessful.

The Claimant / beneficiaries have to sign on the form with providing details as below.

索償人/受益人資料 - 個人客戶 Claimant / Beneficiary's information - Individual Customer		
索償人/受益人姓名 Name of the Claimant / Beneficiary	身份證號碼 ID No.	國籍(國家/地區) Nationality (Country/Region)
住宅地址 Residential Address 室 Flat/Room      樓 Floor      座 Block 大廈/屋苑名稱 Building/Estate 街道名稱 No. & Name of Street/Road 分區 District      香港 / 九龍 / 新界*      國家/地區 Country/Region HK / KLN / NT*		電話號碼 (國家/區域編碼 - 地區編碼 - 電話號碼) Telephone No. (Country / Region code - Area code - Tel no.) 手提電話號碼 Mobile Phone No. : _____ 住宅電話號碼 Residence Tel No. : _____ 辦事處電話號碼 Office Tel No. : _____
通訊地址及永久地址 (若與住宅地址不同, 請填寫此欄。) Mailing Address & Permanent Address (If different from the Residential Address, please complete this section) <input type="checkbox"/> 通訊地址 Mailing Address _____ <input type="checkbox"/> 永久地址 Permanent Address _____		
* 將不適用者刪除 Delete as appropriate		
索償人/受益人資料 - 公司客戶 Claimant / Beneficiary's information - Company Customer		
<small>如索償人/受益人為獨資經營者, 請與業主同時填寫「索償人/受益人資料 - 個人客戶」部份及提交「稅務居民身份自我證明表格 - 個人」</small> <small>For Claimant / Beneficiary being a sole proprietor, please also complete the "Claimant / Beneficiary's information - Individual Customer" and submit "Self-Certification Form for Tax Residency-Individual"</small>		
公司名稱 Name of the company	商業登記證/公司註冊號碼* Business Registration/ Incorporation No.	註冊國家/地區 Country/Region of Incorporation
註冊辦事處地址 Incorporation Address 室 Flat/Room      樓 Floor      座 Block 大廈名稱 Building 街道名稱 No. & Name of Street/Road 分區 District      香港 / 九龍 / 新界*      國家/地區 Country/Region HK / KLN / NT*		電話號碼 (國家/區域編碼 - 地區編碼 - 電話號碼) Telephone No. (Country / Region code - Area code - Tel no.) 辦事處電話號碼 Office Tel No. : _____ 手提電話號碼 Mobile Phone No. : _____
營業地址及通訊地址 (若與註冊辦事處地址不同, 請填寫此欄。) Business Address & Mailing Address (If different from the Incorporation Address, please complete this section) <input type="checkbox"/> 營業地址 Business Address _____ <input type="checkbox"/> 通訊地址 Mailing Address _____		其他 Other : _____
* 將不適用者刪除 Delete as appropriate		
聲明及授權 DECLARATION & AUTHORIZATION		
本人 _____, 別名 _____, 前名 _____, 香港身份證號碼 _____ <small>(索償人 / 受益人姓名)      (索償人 / 受益人別名)      (索償人 / 受益人曾使用的姓名)      (號碼)</small>		
【乃死者 _____, 別名 _____, 前名 _____, 香港身份證號碼 _____ 之 _____】 <small>(死者姓名)      (死者別名)      (死者曾使用的姓名)      (號碼)      (關係)</small>		
<p>現聲明本人有權申請成為死者的遺產代理人及可作為代表所有有權申請承辦死者的遺產的人士。本人已閱讀及完全明白載於本文件的個人資料收集聲明。本人同意本人及死者的個人資料可用作該聲明第 7 段所述之用途及貴公司可把該等個人資料提供給該聲明第 8 段所述各方作上述用途。本人謹此同意及授權任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士, 凡知道或持有任何有關死者醫事或其他資料之紀錄者, 均可將該等資料提供給中銀集團人壽保險有限公司或其指定的代表人士。本授權及同意書的影印本與正本均有同等效力。本人謹此同意及授權貴公司, 從原可支付給本人之保險金額中(如有), 扣除未繳保費(如有)及貴公司代政府或監管機構(包括但不限於保險業監管局)按相關規定收取的相應費及/或費用(如有)。</p> <p>I _____, alias _____, former name _____ of HKID no. _____  <small>(name of claimant / beneficiary)      (alias of claimant / beneficiary)      (former name of claimant / beneficiary used)      (ID number)</small></p> <p>[ the _____ of the Deceased _____, alias _____, former name _____ of HKID no. _____ ]  <small>(relationship)      (name of the deceased)      (alias of the deceased)      (former name of deceased used)      (ID number)</small></p> <p>am entitled to be the personal representative of the Deceased or I can act for and on behalf of all persons who may be entitled to apply for the administration of the Deceased's estate. I have read and fully understand the Personal Information Collection Statement contained in this document. I agree that the personal data of myself and the Deceased may be used for the purposes set out in paragraph 7 of that Statement and the Company may provide the personal data to the parties set out in paragraph 8 of that Statement for the aforementioned purposes. I hereby authorize any employer, physician, hospital, clinic, insurance company, bank, government authorities or organization or person that has any records or knowledge of the Deceased to disclose to BOC Group Life Assurance Company Limited or its representatives any and all information with respect to the Deceased's health, medical history, hospitalization, advice, treatment, disease, investigatory result, employment record, accident report or statement. A photocopy of this declaration and authorization shall be considered as effective and valid as the original. I hereby agree and authorize the Company to deduct unpaid premium(if any) and corresponding levy and/ or charges (if any) to be collected by the Company on behalf of the government or the regulatory authority (including but not limited to the Insurance Authority) according to relevant requirements, from the policy proceeds payable to me (if any).</p>		
索償人/受益人簽署 Signature of Claimant / Beneficiary	姓名 Name in Block Letter	身份證號碼 ID No
簽署日期 Date		
<small>請命閣下頁的個人資料收集聲明 Please read the Personal Information Collection Statement on next page</small>		