

「死亡賠償申請表甲部」－填寫指引

- ✓ 由保單的**受益人/遺產承辦人**或**受益人之合法監護人**(如受益人未滿18歲)填寫。
- ✓ 填表前，請先詳閱申請表內的「**索償文件清單**」。
- ✓ 請盡量回答**所有**問題，避免賠償申請因資料不足而延誤批核。

保單編號 Policy No. <u>2xxxxxxx8</u>	已故受保人姓名 Name of the Deceased <u>Lee xxx xxx</u>	身份證號碼 ID No. <u>Gxxxxxx(2)</u>	最後職業 Last Occupation <u>經理</u>												
死亡日期及地點 Date and Place of Death <u>2019/04/01 瑪麗醫院</u>	死亡原因 Cause of Death <u>肺癌</u>	曾否或將舉行解剖驗屍/法醫官調查死因? Has or will there be post-mortem examination / coroner's inquest? <input type="checkbox"/> 是 (如有報告, 請附上) Yes (Please attach report, if any) <input type="checkbox"/> 否 No													
1. 若因 意外 導致死亡, 請詳述意外之詳情。 If death due to Accident , please describe the accident in details.	日期 Date _____ (年/月/日) (YY/MM/DD) 地點 Place _____ 意外詳情 Accident details _____														
2. 若因 疾病 導致死亡, 請詳述最後疾病之詳情。 If death due to Illness , please describe the last illness in details.	病徵首次出現日期 Date symptoms first appeared <u>2019/04/01</u> (年/月/日) (YY/MM/DD) 病徵詳情 Symptoms details <u>咳, 咳中帶血</u> 初診日期 First Consultation Date <u>2019/01/01</u> (年/月/日) (YY/MM/DD) 醫院/醫生名稱及地址 Name and address of the hospital/physician <u>瑪麗醫院</u> 其他曾應診最後疾病的醫院/醫生資料 Other hospital/physicians consulted for the last illness 求診日期 Consultation Date(s) <u>2019/03/10</u> (年/月/日) (YY/MM/DD) 醫院/醫生名稱及地址 Names and addresses of the hospitals/physicians <u>陳大文醫生</u>														
3. 過去五年內曾為死者治病之各醫院/醫生資料 Information of all hospitals/physicians who attended the deceased in the past five years.	<table border="1"> <thead> <tr> <th>醫院/醫生姓名及地址 Name of Doctor & Address</th> <th>診治日期(年/月/日) Consultation Date(YY/MM/DD)</th> <th>病因 Illness/ Diagnosis</th> </tr> </thead> <tbody> <tr> <td><u>王大文醫生</u></td> <td><u>2019/01/01</u></td> <td><u>咳嗽</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>			醫院/醫生姓名及地址 Name of Doctor & Address	診治日期(年/月/日) Consultation Date(YY/MM/DD)	病因 Illness/ Diagnosis	<u>王大文醫生</u>	<u>2019/01/01</u>	<u>咳嗽</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____													
_____	_____	_____													
4. 有否其他保險保障 Any insurance coverage with other companies	公司名稱 Name of Company <u>友邦保險</u>	保單號碼 Policy No. <u>1xxx</u>	投保額(貨幣) Amount of Assurance(Currency) <u>HKD 100,000</u>												

1. 索償人應盡量回答導致受保人死亡之意外或疾病詳情，避免將問題漏空，例如問題1和2。例如受保人因心臟病突然身故，之前並未出現任何病徵，索償人於問題2上亦應填上「**沒有出現任何病徵，亦從未因此而求診**」。
2. 其他保險公司索償: 索償人如未能提供確實的保險編號，亦應盡量提供保險公司的名稱。

5. 賠付方式 Settlement Option	賠償貨幣 Currency Option <input type="checkbox"/> 港幣 HKD <input type="checkbox"/> 保單貨幣 Policy Currency
	賠償方法 Payment Method <input type="checkbox"/> 支票領取 Cheque to collect
	<input type="checkbox"/> 自動轉賬 Autopay (請遞交相關的戶口證明 Please submit proof of the bank account) <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 戶口必須為受益人單獨持有之中國銀行(香港)/ 南洋商業銀行/ 集友銀行戶口。 </div>

賠付方式:

客戶可選擇賠償貨幣為保單貨幣或港幣。

客戶可選擇以下方式收取賠償款項:

1. 自動轉賬

- ✓ 只限中國銀行(香港)/南洋商業銀行/集友銀行
- ✓ 受益人必須填寫戶口的賬戶名稱及賬戶號碼
- ✓ 戶口持有人的姓名必須與受益人相同
- X 不接納聯名戶口

如理賠金額未能成功轉至指定之銀行戶口，或提供之戶口並不是中國銀行(香港)/南洋商業銀行/集友銀行賠款會以支票發出。

2. 支票

於分行或客戶服務中心領取

索償人 / 受益人必須清楚填寫下列資料，並簽署確認。

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 HK / KLN / NT* Country/Region		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			
#如索償人/受益人為獨資經營者，獲策東主與同時填寫「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」。 #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".			
公司名稱 Name of the company		商業登記證/公司註冊證號碼* 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 HK / KLN / NT* Country/Region		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.: _____ 其他 Other : _____	
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 _____		* 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 _____ (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)			
【乃死者 _____，別名 _____，前名 _____，香港身份證號碼 _____ 之 _____】 (死者姓名) (死者別名) (死者曾使用的姓名) (號碼) (關係)			
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)。			
I _____, alias _____, former name _____ of HKID no. _____ (name of claimant / beneficiary) (alias of claimant / beneficiary) (former name of claimant / beneficiary used) (ID number)			
[the _____ of the Deceased _____, alias _____, former name _____ of HKID no. _____] (relationship) (name of the deceased) (alias of the deceased) (former name of deceased used) (ID number)			
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).			
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

Guidance Notes for “Death Claim Form Part I”

- ✓ To be completed by policy's **designated beneficiary(ies)** / **estate executor**/ or **the legal guardian of the minor beneficiary(ies)**.
- ✓ Please go through the “**Claims Document Checklist**” before filling the form.
- ✓ Please answer **all** questions to avoid unnecessary delay due to insufficient information.

保單編號 Policy No. <u>2xxxxxxx8</u>	已故受保人姓名 Name of the Deceased <u>Lee xxx xxx</u>	身份證號碼 ID No. <u>Gxxxxxx(2)</u>	最後職業 Last Occupation <u>Manager</u>									
死亡日期及地點 Date and Place of Death <u>2019/04/01 Queen Mary Hospital</u>	死亡原因 Cause of Death <u>Cancer Lung</u>	曾否或將舉行解剖驗屍/法醫官調查死因? Has or will there be post-mortem examination / coroner's inquest? <input type="checkbox"/> 是 (如有報告, 請附上) Yes (Please attach report, if any) <input checked="" type="checkbox"/> 否 No										
1. 若因意外導致死亡, 請詳述意外之詳情。 If death due to <u>Accident</u> , please describe the accident in details.	日期 Date _____ (年/月/日) (YY/MM/DD) 地點 Place _____ 意外詳情 Accident details _____											
2. 若因疾病導致死亡, 請詳述最後疾病之詳情。 If death due to <u>Illness</u> , please describe the last illness in details.	病徵首次出現日期 Date symptoms first appeared <u>2019/04/01</u> (年/月/日) (YY/MM/DD) 病徵詳情 Symptoms details <u>Cough and Hemoptysis</u> 初診日期 First Consultation Date <u>2019/01/01</u> (年/月/日) (YY/MM/DD) 醫院/醫生名稱及地址 Name and address of the hospital/physician <u>Queen Mary Hospital</u> 其他曾應診最後疾病的醫院/醫生資料 Other hospital/physicians consulted for the last illness 求診日期 Consultation Date(s) <u>2019/03/10</u> (年/月/日) (YY/MM/DD) 醫院/醫生名稱及地址 Names and addresses of the hospitals/physicians <u>Dr. Chan Tai Man</u>											
3. 過去五年內曾為死者治病之名醫院/醫生資料 Information of all hospitals/physicians who attended the deceased in the past five years.	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">醫院/醫生姓名及地址 Name of Doctor & Address <u>Dr. Wong Siu Man</u></td> <td style="width: 25%;">診治日期(年/月/日) Consultation Date(YY/MM/DD) <u>2019/01/01</u></td> <td style="width: 25%;">病因 Illness/ Diagnosis <u>Cough</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			醫院/醫生姓名及地址 Name of Doctor & Address <u>Dr. Wong Siu Man</u>	診治日期(年/月/日) Consultation Date(YY/MM/DD) <u>2019/01/01</u>	病因 Illness/ Diagnosis <u>Cough</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____										

1. To facilitate prompt claim processing, please state the details of the illness or incident that directly caused to the death of the insured, such as Question 1 or 2. 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.
2. For other insurance claims, you should at least provide the name of the insurance company if you could not remember the policy no.

5. 贖付方式
Settlement Option

贖價貨幣 Currency Option ☐ 港幣 HKD ☐ 保單貨幣 Policy Currency

贖價方法 Payment Method

☐ 支票領取
Cheque to collect

☐ 於分行(編號)
at Branch (Code) _____

☐ 於客戶服務中心
at Customer Service Center

保險中介人姓名/編號
Name/ Code of Insurance Intermediary _____

☐ 銅鑼灣 Causeway Bay ☐ 中環 Central
☐ 太古城 Taikoo Shing ☐ 尖沙咀 Tsimshatsui

☐ 自動轉賬 Autopay (請遞交相關的戶口證明 Please submit proof of the bank account)

戶口必須為受益人單獨持有之中國銀行(香港)、南洋商業銀行、集友銀行戶口。

Claims Payment Options

Claims Payment Options
You can choose the claim payment either Policy Currency or HKD

You can receive the claim payment through:

1. Autopay

- ✓ 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 Beneficiaries of the claimed policy.

X Joint Account is not accepted.

The payment will be made by cheque if incomplete bank account information or autopay is unsuccessful or the provided Account no. is not BOCHK/NCB/CYB.

2. Cheque

Cheque can be collected through Branch or Customer Service Center.

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 (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		電話號碼 (國家/地區編碼 - 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. : _____ * 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			
索償人/受益人為商業經營者, 請與東主/商號/公司/個人客戶, 部份及提交「稅務居民身份自證聲明表格-個人」 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"			
公司名稱 Name of the company		商業登記證/公司註冊證號碼* 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 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		電話號碼 (國家/地區編碼 - 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. : _____ 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 _____ (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) 【乃死者 _____, 別名 _____, 前名 _____, 香港身份證號碼 _____ 之 _____】 (死者姓名) (死者別名) (死者曾使用的姓名) (號碼) (關係) 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徵費及/或費用(如有)。			
I _____, alias _____, former name _____ of HKID no. _____ (name of claimant / beneficiary) (alias of claimant / beneficiary) (former name of claimant / beneficiary used) (ID number) [the _____ of the Deceased _____, alias _____, former name _____ of HKID no. _____] (relationship) (name of the deceased) (alias of the deceased) (former name of deceased used) (ID number)			
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).			
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	