

**Group Claimant's Statement**  
**團體人壽保險死亡賠償申請書**

1. Policy with this Company under which claim is being made:  
向本公司申請賠償之保單

a. Policy Number

保單號碼

b. Policy Owner/Employer

保單主權人/僱主名稱

c. Amount of Claim

保額

d. Currency

貨幣

2. a. Deceased's name (in full):

死者姓名 (中英文全名)

b. Certificate No.

保險證號碼

c. Date of Birth:

出生日期

d. I.D. Card No.

身份證號碼

e. Date & Place of Death:

死亡日期及地點

f. Cause of Death:

死亡原因

3. a. Deceased's Occupation/Position at time of death:

死者職業及職位

b. Monthly Salary at death:

死亡時之月薪

c. Date of Employment:

受僱日期

d. Date last at active full time work:

最後全職工作日期

4. a. When did the Deceased first complain or give indications of last illness?

死者何時首次發覺患上末次之病症?

b. When did the Deceased first consult a physician for his last illness?

死者末次患病於何時開始向醫生求診?

c. If death is due to accident, explain how it happened:

如因意外引致死亡，請詳述意外發生經過:

5. Names and addresses of all physicians or practitioners who attended or prescribed for the Deceased or of all hospitals or institutions where the Deceased was treated during the last five years immediately preceding death:

過去五年內為死者診治之醫生、醫院或療養院之名稱及地址:

Name & Address 名稱及地址	Date of Consultation 診治日期	Disease or Conditions 病情
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DECLARATION AND AUTHORIZATION 聲明及授權**

The claimant (I/We) hereby declare, agree and understand, as the case may be, as evidenced by my/our signature(s) hereunder, that:  
索償人(本人/吾等)聲明、同意及明白以下各項(視乎情況適用而定),並在此賠償申請書簽署作實:

- All the foregoing statements and answers in this claim form together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with this claim application are full, complete and true. I/We also understand that in the event of doubt as to whether a fact is material, it should be disclosed here. Sun Life Hong Kong Limited (including its successors or assigns, the Company) may be unable to process this claim application if I/we fail to provide any information required to this application.  
此賠償申請書上所載的聲明及答案,以及經本人/吾等簽署之所需的體格檢驗、問卷、修改書及其他文件,均屬真確無訛,詳細完整,並構成賠償申請的依據及其中部份。本人/吾等明白倘有任何未知是否屬於重要事項的資料均須在此透露。倘本人/吾等未能提供此賠償申請所需資料,可導致香港永明金融有限公司(包括繼承人或承讓人,公司)未能處理此賠償申請。
- I/We fully understand that the Company is not bound by any statement which I/we may have made to any person if not written or printed here.  
本人/吾等完全明白公司不受一些本人/吾等沒有在此賠償申請書上提及或刊印向任何人士定立的聲明所約束。
- The personal information of employees, members and dependents held by or on behalf of the Company (whether contained herein or otherwise obtained and including personal information obtained after the date of this Application) may be held, used, disclosed, released and transferred by the Company to the parties and for the purposes mentioned in the Personal Information Collection Statement below: 由公司所持有及由本人/吾等提供有關僱員、成員及配偶或子女的個人資料,公司(不論是否從此申請書或其他途徑,包括在此申請後所得)可持有、使用、發放或轉交予有關人等作以下(個人資料收集聲明)中提及的用途:

**Personal Information Collection Statement**

Any personal information collected or held by or on behalf of the Company (whether contained in this Application or otherwise obtained) may be held, used, disclosed and transferred by the Company to individuals, companies or organizations associated with the Company or any selected third parties that the Company may consider necessary or advisable, including those carrying on financial services, insurance or related businesses (within or outside of Hong Kong, including reinsurers and claims investigation companies, professional advisors, intermediaries and industry associations / federations), for the purposes of processing this Application and providing insurance services, other financial products and services and other services that may be of interest to me/us, direct marketing, data matching, carrying out regulatory functions and communicating with me/us for such purposes and all other directly related purposes. The Company is hereby authorized to obtain access to and/or to verify any of my/our data with the information collected from the insurance industry by any association, federation or similar organization of insurance companies. I/We understand that the information I/we give is on a voluntary basis. However, failure to supply information may result in the Company being unable to process my/our application. In accordance with the terms of the Personal Data (Privacy) Ordinance, the Company has the right to charge a reasonable fee for the processing of any data access request. I/We have the right to obtain access to and to request correction of any personal information concerning me/us held by the Company. Request for such access can be made in writing and addressed to: Customer Service Centre, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon.

**《個人資料收集聲明》**

任何公司收集或持有(無論此申請書所載或由其他途徑所獲取)之任何個人資料並可由公司持有、使用、披露及轉移予與公司有關之個人、公司或機構或任何公司認為必須或合適之指定第三者,包括提供金融服務、保險或相關業務(本港或海外之再保險及索償調查公司、專業顧問、中介人及同業協會或聯會),以用作處理此申請及提供與之及其他金融產品及服務有關之售後服務、直銷推廣、數據核對、執行監管職能及因此等用途與本人/吾等聯絡或其他直接有關之用途。本人/吾等在此授權公司索取及/或核實由任何保險業協會或聯會或從事與保險業務有關之公司所提供關於本人/吾等的資料。本人/吾等明白本人/吾等所提供之資料均屬自願,惟若不能提供該等資料有機會導致公司無法處理本人/吾等之申請。根據個人資料(私隱)條例,公司可能就任何資料查詢要求收取合理費用。本人/吾等有權查閱及要求更正公司持有有關本人/吾等的個人資料,有關要求可以書面形式郵寄香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司客戶服務中心。

- I/We further authorized: (a) any doctor, hospital, clinic, insurance company, government office or any organization or person who has any record, knowledge or information of me/the Insured (whether medical or otherwise) to disclose, release or transfer to the Company or its representative such record, knowledge or information pertinent to this Application; and (b) the Company or any of its appointed medical/paramedical examiners or laboratories to perform necessary medical assessments and tests to evaluate the health status of me/the Insured in relation to this Application. This authorization shall bind the successors and assignees of me/the Insured and shall remain valid notwithstanding death or incapacity. A photostatic copy of this authorization shall be as valid as the original.  
本人/吾等同時授權:(甲)任何擁有任何本人/受保人之記錄、詳情或資料(醫療或其他資料)之醫生、醫院、診所、保險公司、政府部門、機構或人士就此賠償申請向公司或其代表披露、透露或轉移此等記錄、詳情或資料;及(乙)公司或公司指定之醫生/醫護人員或化驗所進行必要之健康評估及檢驗,以評估與此賠償申請之本人/受保人的健康情況。此授權對本人/受保人之繼承人及受讓人有約束力,並於本人/受保人身故後或喪失能力後仍然有效。此授權書的正本及影印本同屬有效。

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
簽於 \_\_\_\_\_ place 地點 \_\_\_\_\_ day 日 \_\_\_\_\_ month 月 \_\_\_\_\_ year 年

Claimant's Name  
賠償申請人姓名

Relationship  
與死者之關係

Signature  
簽署

Name and position of authorized signatory  
公司授權簽署人姓名及職位

Signature  
簽署

The furnishing or investigation of this or other claim forms does not constitute an admission of the Company's liability and will not be considered as a waiver of any of the Company's right.

本公司提供此賠償申請書及對賠償之申請進行調查,並不表示本公司放棄任何權利或同意任何責任。