

**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),並在此申請表簽署作實:

1. All the foregoing statements and answers in this application together with those in any required medical examination, questionnaire, amendment or other document signed by me/us in connection with this 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 (collectively referred to as "the Company") may be unable to process this application if I/we fail to provide any information required to this application.

此申請表上所載的聲明及答案,以及經本人/吾等簽署之體格檢驗、問卷、修改書及其他文件,均屬真實無訛,詳細完整,並構成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(在此稱為「公司」)未能處理此申請。

2. 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/吾等沒有在此申請表上提及或刊印向任何人士定立的聲明所約束。

**3. Personal Information Collection Statement**

I/We understand and consent that, any personal data collected by the Company (whether collected in this application form or otherwise) may be used by the Company for the following purposes: (i) processing and evaluating this application and any other applications I/we make; (ii) administering and providing services in relation to this product and any other products I/we hold; (iii) processing and investigating claims; (iv) conducting customer surveys; (v) researching and designing financial, insurance or pensions products for customer use; (vi) selecting and participating in reward, loyalty or privileges program and related service for me/us; (vii) contacting me/us for the above purposes; (viii) purposes which are directly related to the above purposes; and (ix) complying with applicable laws, regulation or court order.

The Company may disclose my/our personal data for the above purposes: (a) to third parties who provide services in Hong Kong or elsewhere which assist the Company to carry out the above purposes, including claims investigators, medical advisors, medical service providers, emergency assistance service providers, reinsurers and professional advisors (provided that such contractors are required to keep all such personal data confidential and may only use the personal data to provide those services); (b) to my/our bank for payment purposes; (c) to my/our insurance broker (if any); (d) to the Company's insurance agents and MPF intermediaries; (e) to the Company's related companies (as defined in the Companies Ordinance) including pensions services provider, insurance companies and financial services companies; (f) to the Hong Kong Federation of Insurers (or any similar association of insurance companies) and its members; (g) to any person to whom the Company or its related companies (inside or outside Hong Kong) is under an obligation to make disclosure under the requirements of any law, regulation or court order binding on or applying to or to which the Company or its related companies (inside or outside Hong Kong) is subject to, or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company or its related companies (inside or outside Hong Kong) is expected to comply and (h) as otherwise required or permitted by law.

The Company may also use and disclose my/our personal data in other ways with my/our consent or as otherwise required or permitted by law.

I/We understand that the information I/we give is voluntary, but failure to provide the requested personal data may mean the Company is unable to process my/our application. I/We have the right to seek access to and request correction of any personal data the Company holds about me/us by sending a written request to Group Insurance Administration, Sun Life Hong Kong Limited, 8/F, Sun Life Tower, The Gateway, 15 Canton Road, Kowloon, Hong Kong. The Company may charge a reasonable fee for the processing of any such requests.

**《個人資料收集聲明》**

本人/吾等明白及同意公司可以將其所收集的任何個人資料(不論由此申請表所收集或由其他途徑取得)作以下用途:(i)處理及評估本人/吾等的此項申請及任何其他申請;(ii)管理本人/吾等所持有的本項及其他產品,並提供相關服務;(iii)處理及調查索償個案;(iv)進行客戶調查;(v)為客戶研究及設計金融、保險或退休金產品;(vi)為本人/吾等甄選及參與獎賞、忠實或特選客戶計劃;(vii)因上述目的與本人/吾等聯絡;(viii)與上述目的直接有關的任何其他目的;及(ix)為遵守適用的法例、法規或法庭命令。

公司可為以上目的披露本人/吾等的個人資料予(a)為協助公司就上述用途(不論在香港或其他地方)而提供服務的第三方,包括索償調查員、醫療顧問、醫療服務提供者、緊急支援服務供應商、再保險公司、專業顧問(條件是有關承辦商須把所有個人資料保密並只會為提供有關服務而使用個人資料);(b)本人/吾等的銀行作繳款用途;(c)本人/吾等的保險經紀(如有);(d)公司的保險代理人及強積金中介人;(e)公司的關連公司(根據公司條例訂明)包括退休金服務提供者、保險公司及金融服務機構;(f)香港保險業聯會(或任何相似的保險公司協會)及其會員;(g)公司及其關連公司(不論在香港與否)為遵守監管當局或其他機構發出之指引或其就法例、法規或法庭頒令所約束或規定之責任而需向其作出披露的任何人士;及(h)按法例要求或准許的其他人士。

公司可就法例准許或於獲得本人/吾等的同意後披露或將本人/吾等的個人資料作其他用途。

本人/吾等明白本人/吾等所提供之個人資料均屬自願,然而倘若未能提供所需個人資料,可導致公司無法處理本人/吾等的申請。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至香港九龍廣東道15號港威大廈永明金融大樓8樓香港永明金融有限公司團體保險行政部。公司可就處理任何該等要求收取合理費用。

4. 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,以評估與此申請之本人/受保人的健康情況。此授權書對本人/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 with Company Chop  
簽署及公司蓋章

The furnishing or investigation of this application 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.

本公司提供此申請表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。