

Death Claim Form – Part I (To be completed by the beneficiary/claimant)

人壽保險索償表格 – 第一部份 (由受益人 / 索償人填寫)

Policy Number 保單編號	Name of Policy Owner 保單持有人姓名	Name of Life Insured 受保人姓名
_____	_____	_____

Important Notes 重要提示

Please ensure the following to avoid unnecessary delay in the claim process:
請確保下列各項，以免延誤索償進度：

- This form is fully completed and signed by the Beneficiary/Claimant.
由受益人 / 索償人詳細填寫及簽署此申請表。
- Heng An Standard Life (Asia) Limited ("Company", "We") shall have the right to reject this form if you fail to fulfill the Company's requirement.
若閣下未能符合恒安標準人壽(亞洲)有限公司(「本公司」、「我們」)的有關規定，本公司有權拒絕此表格。
- Submit the relevant documents listed in "Document Checklist".
遞交在「所需文件指引」列出的相關文件。
- Each Beneficiary/Claimant has to complete ONE separate claim form with signature.
每位受益人 / 索償人需個別填寫一份索償表格及簽署。
- We may require additional information from you or third parties in order to assess your claim.
我們就審核是次賠償申請，或需向閣下或其他人士索取額外資料。
- Any changes or amendments in this form must be countersigned in full signature.
必須在此表格內任何更改或修改的地方簽署作實。
- Please provide all of the following requested personal information. Any incomplete information may result in a delay or rejection in processing your request.
請提供所有下列個人資料，如閣下未能提供完整的資料可能會導致延遲或拒絕處理閣下的申請。
- If information in this form is different from our exiting record(s), the Company will update your relevant record(s) accordingly and such update will be applied to all policies under your ownership.
如閣下在此表格所提供的資料與本公司現有記錄不同，本公司將相應更新閣下相應的記錄，該更新將適用於閣下作為保單持有人之所有保單。
- If the document(s) provided is (are) written in a language other than English or Chinese, a translated version duly certified by a notary public or the China Consulate is required.
若提供的文件並非以英文或中文書寫，需要由公證行或中國領事館核實之譯本。
- If the Death Benefit is payable to a minor, this form must be completed and signed by the legal guardian. The original/certified true copy Court Order appointing the legal guardian should be submitted. If the Court Order appointing the legal guardian is being applied for, it is proposed that the legal guardian can notify the Company by submitting other relevant supporting document(s), but the Court Order must be submitted to the Company once it is issued.
如死亡賠償支付給未成年人士，此申請表應由其合法監護人填寫及簽署，並呈交一份委任合法監護人的法庭命令正本或核實正本的副本。如法庭命令仍在申請中，建議監護人可提交有關文件以作備案，待法庭命令頒發後立即遞交予本公司。
- If the Death Benefit is payable to an estate, this form must be completed and signed by the Executor or Administrator. The original/certified true copy Court Order making the appointment and authorising the Executor or Administrator to act for the estate must be submitted. If the Court Order appointing the Executor or Administrator is being for, it is proposed that the Executor or Administrator can notify the Company by submitting other relevant supporting document(s), but the Court Order must be submitted to the Company once it is issued.
如死亡賠償屬於被保人遺產，此申請表應由遺產執行人或遺產承辦人填寫及簽署，並呈交一份委任及授權遺囑執行人或遺產承辦人代表處理遺產的法庭命令正本或核實正本的副本。如法庭命令仍在申請中，建議遺產執行人或遺產承辦人可提交有關文件以作備案，待法庭命令頒發後立即遞交予本公司。
- If you would like to have the original document returned to you, you hereby authorise the Company to make and keep certified true copies of the original documents. Please state the name and address of the person to whom the original documents should be returned. Please note that any original document(s) submitted to and returned by the Company is(are) so submitted and returned at the risk of the claimant(s), the beneficiary(ies) or any other person(s). The Company shall not be liable for any losses whatsoever suffered or incurred by the claimant(s), beneficiary(ies) or any other person(s) as a result of the loss of or damage to the original document(s) whether through the postage system.
如閣下欲取回所遞交之正本文件，則閣下謹此授權本公司影印該等文件及擁有該等文件正本加簽核實之副本。請列明所退還文件之收件人姓名及地址。請注意所有正本不論寄給本公司或本公司退回給索償人或受益人或相關人士，若在郵遞過程中或其它原因令有關正本文件遺失或破損，而導致索償人或受益人或相關人士蒙受任何損失，本公司均不負任何責任。

Document Checklist 所需文件指引

Below is a list of minimum documents required to proceed your claim. Additional documents might be requested by the Company.
以下是處理索償所需的最低文件清單。如有需要，本公司或許要求提供其他文件。

Basic Documents:

基本文件：

- Death Claim Form Part I
人壽保險索償表格第一部份
- Death Claim Form Part II – Attending Physician's Report to be completed by the Life Insured's last attending physician
人壽保險索償表格第二部份 – 由受保人最後主診醫生填寫的醫生報告
- Original policy document
保單文件正本
- Original or certified true copy of death certificate
正本或核實副本的死亡證書
- Original or certified true copy of identification of the deceased (e.g. Perforated HKID card or birth certificate or passport)
死者的身份證明文件正本或核實副本 (例如已註銷的香港身份證或出世紙或護照)
- Original or certified true copy of identification of the beneficiary(ies)/claimant(s)
受益人 / 索償人的身份證明文件正本或核實副本
- Original or certified true copy of relationship proof between the deceased and beneficiary(ies)/claimant(s)
死者與受益人 / 索償人的關係證明文件正本或核實副本

Document Checklist 所需文件指引

If applicable below:

如適用：

- Original or certified true copy of Letter of Administration issued by Hong Kong Court/Original Probate if no designated beneficiary or beneficiary stated in policy is estate
如保單內並無指定受益人或指定受益人為遺產，需提供由香港法院發出的遺產管理書的正本或核實副本
- Original or certified true copy of Notarial Death Certificate if death occurred in Mainland China or Taiwan
如在中國內地或台灣身故，需提供死亡公證書的正本或核實副本
- Original or certified true copy of proof of household registration cancellation for Mainland China or Taiwan citizens
如為中國內地或台灣公民，需提供戶籍註銷證明正本或核實副本

Section A – Information of Deceased 甲部 – 死者資料

Name of the Deceased 死者姓名		HKID Card/Passport No. 香港身份證 / 護照號碼	
Date of Death 死亡日期	____ / ____ / ____ DD 日 MM 月 YYYY 年	Place of Death 死亡地點	
Cause of Death 死亡原因		Has or will there be post-mortem examination/coroner's inquest? 曾否或將舉行解剖驗屍 / 死因調查?	<input type="checkbox"/> Yes (please attach report) 是 (請提供報告) <input type="checkbox"/> No 否
Complete this section if cause of death is due to an accident 若死亡原因為意外導致，請填寫此部份			
Date of Accident 意外發生日期	____ / ____ / ____ DD 日 MM 月 YYYY 年	Time of Accident 意外發生之時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午 ____ : ____ Time 時間
Place of Accident 意外地點			
Details of Accident 意外詳情			
Has this accident been reported to the Police? 曾否就是次意外報警?	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes (please provide information on the right) 是，請提供右面資料	Police Station 警署地點	
		Case Ref. No. 檔案編號	
		Reporter name and relationship to the deceased 報案者名稱及與死者之關係	
Remarks: Please attach a photocopy of the Police Report/Traffic Accident Report/Police Statement/Alcohol Test Report. 註：請附上警察報告 / 交通意外報告 / 口供紙 / 酒精測試報告影印本。			
Complete this section if cause of death is due to illness 若死亡原因為疾病導致，請填寫此部份			
Sign and Symptoms 徵狀		When did the symptoms first appear to the deceased? 死者於何時首次出現此徵狀?	
When did the deceased first consult Physician for the related illness? (Please attach patient card if available) 死者何時因相關之疾病首次向醫生求診? (請附上病歷卡，如有)	____ / ____ / ____ DD 日 MM 月 YYYY 年	Name of Physician/Hospital for first consultation 首次求診之醫生 / 醫院名稱	
		Address and contact phone no. of Physician/Hospital for first consultation 首次求診之醫生 / 醫院地址及聯絡電話	
Please provide details of the last attending Physician/Hospital 請提供最後主診之醫生 / 醫院資料	Name of Physician 醫生名稱		
	Name of Hospital 醫院名稱		
	Address and contact phone no. 地址及聯絡電話		
Please provide information of all hospitals/physicians that the Deceased has consulted in the past five years. 請提供過去五年死者曾求診的醫院 / 醫生資料。	Name and Address 名稱及地址	Consultation Date 求診日期	Illness/Diagnosis 病因 / 確診
	_____	____ / ____ / ____ DD 日 MM 月 YYYY 年	_____
	_____	____ / ____ / ____ DD 日 MM 月 YYYY 年	_____
	_____	____ / ____ / ____ DD 日 MM 月 YYYY 年	_____

Section A – Information of Deceased 甲部 – 死者資料

Other Insurance Coverage 其他保險保障

Is there any claim submitted to other insurance companies for this incident?
此事故是否有向其他保險公司遞交索償申請？

No 否 Yes (please provide details below) 是 (請於下方提供詳情)

Name of Insurance Company 保險公司名稱	Policy Number 保單號碼	Sum Insured 保額	Claim Status 賠償進度
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section B – Beneficiary/Claimant Information 乙部 – 受益人 / 索償人資料

Name of Beneficiary/Claimant 受益人 / 索償人姓名		Nationality 國籍	
HKID Card/Passport No. and Issuing Country 香港身份證 / 護照號碼及簽發國家		Date of Birth 出生日期	_____/_____/_____ DD日 MM月 YYYY年
Contact Phone No. 聯絡電話	_____-_____-_____ 國家 Country 地區 Area 電話號碼 Tel No.	Relationship with the Deceased 與死者之關係	
Occupation and Industry 職業及行業		Email Address 電郵地址	
Residential Address/ Business Address (Entity) 住宅地址 / 營業地址 (實體)			
Correspondence Address (if different from residential address) 通訊地址 (若與住宅地址不同)			

Section C – Payment Instructions 丙部 – 付款指示

Payment Currency 賠償貨幣	<input type="checkbox"/> HK Dollars 港幣 <input type="checkbox"/> Policy Currency 保單貨幣																					
Settlement Option 賠款方式	<input type="checkbox"/> Cheque 支票 (Local banks only 只限本地銀行)																					
	<input type="checkbox"/> Bank Transfer 銀行轉帳 (Local banks only 只限本地銀行)																					
	Name of Bank Account Holder 賬戶持有人姓名 _____																					
	Name of Bank 銀行名稱 _____																					
	Bank No. 銀行編號 Branch No. 分行編號 Account No. 賬戶號碼 <table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					
	<input type="checkbox"/> Telegraphic Transfer (TT) 電匯 (Overseas payment only 只限海外戶口)																					
	English Name of Account Holder 賬戶持有人英文姓名 _____																					
	Bank Account No. 銀行賬戶號碼 _____																					
	Bank Name and Branch 銀行及分行名稱 _____																					
	Address of Bank 銀行地址 _____																					
	SWIFT Code 匯款銀行代碼 _____																					
	Intermediary Bank SWIFT Code (if applicable) 中轉銀行代碼 (如適用) _____																					
	Country of Intermediary Bank (if applicable) 中轉銀行之國家 (如適用) _____																					

Section C – Payment Instructions 丙部 – 付款指示

Settlement Option 賠款方式	Remarks 備註
	<p>1. The bank account holder must be the beneficiary/claimant. 銀行賬戶持有人必須是受益人 / 索償人。</p> <p>2. If the payment currency selected is different from the policy currency, the amount of our payment to you will be converted from an amount denominated in the policy currency at an exchange rate as determined by us. 如賠償貨幣與保單貨幣不同，賠償之金額將根據我們釐定之兌換率由保單貨幣轉換而成。</p> <p>3. Bank charges may be incurred by client for TT. You are recommended to check with the bank before. 銀行或會向 閣下徵收電匯的相關手續費。建議於遞交指示前 閣下先向銀行查詢。</p> <p>4. Please note that this request should not be treated as an admission of our liability and we reserve all rights for assessing your claim after collecting all relevant documents subject to terms, conditions and exclusions of the relevant policy. 請留意：此項要求並不代表 閣下的索償現正獲得成功審批。同時，我們在收集全部證明文件後，將根據保單一切條款作出最後審批。</p> <p>5. If the currency of the bank account provided in this form for claim settlement is different with the payment currency selected in above (e.g. USD account is provided for HKD payment settlement), the insurance benefit in Payment Currency will be paid to your designated bank account which may then be converted by your bank from Payment Currency to the currency of your bank account based on the exchange rate as determined by the bank. The Company takes no responsibility for the exchange rate imposed by your bank. 如在本表格指定作賠償金額直接轉賬存款之戶口的貨幣與賠償貨幣戶口不同 (如提供美元戶口作港元賠償)，以賠償貨幣支付之保險賠償金額將入賬於 閣下指定之戶口，貴銀行可能隨即根據其釐定之匯率折算為戶口之貨幣。本公司不會就貴銀行釐定的匯率折算負上任何責任。</p>

Section D – Individual Tax Residence Self-Certification of Beneficiary/Claimant 丁部 – 受益人 / 索償人個人稅務居住地自我證明

Important Note 注意事項：

The Company is required by the Foreign Account Tax Compliance Act and Inland Revenue Ordinance (Cap.112) to conduct due diligence on the Beneficiary/Claimant with respect to his/her/their tax residence, collect the required information and furnish a return to the relevant tax authorities. If there is any uncertainty about tax residency status, please seek independent professional advice from legal or tax experts or visit the website of the Hong Kong Inland Revenue Department's website <http://www.ird.gov.hk> for details.

本公司是根據海外帳戶稅收合規法案及稅務條例 (第 112 章) 就受益人 / 索償人之稅務居住地進行盡職審查，並收集所需資料及提供給稅務局。如對稅務居住地有任何疑問，請向法律或稅務專家尋求獨立專業意見或參考香港稅務局網頁 <http://www.ird.gov.hk> 以索取詳情。

Please note that it may be an offence under the laws of the jurisdiction(s) where the Company is regulated, for a person who makes a statement that is misleading, false or incorrect in a particular material, and such person may be liable to penalties.

根據本公司所屬的司法管轄區的法律，如任何人作出自我證明時，在要項上作出明知屬具誤導性、虛假或不正確的陳述，便可能觸犯當地法律。該人士可能因此而負上法律責任。

Please notify the Company immediately if there is any change on your tax residency.

如 閣下的稅務居民身份有任何變更，請立即通知本公司。

1 Is Beneficiary/Claimant a U.S. citizen or U.S. tax resident? If yes, please complete and submit "Form W9".
受益人 / 索償人是否美國公民或美國稅務居民？若是，請填妥及遞交「W9」表格。

Yes
是

No
否

2a Is Beneficiary/Claimant **only** a Hong Kong tax resident? If yes, the Taxpayer Identification Number ("TIN") is your HKID Card No. If no, please complete question no. 2b.
受益人 / 索償人是否**只是**香港稅務居民？若是，稅務編號是 閣下之香港身份證號碼。若否，請回答問題 2b。

Yes
是

No
否

2b Please provide all the Tax Jurisdiction of Residence and TIN. If the TIN is unavailable, should provide the appropriate reason A, B or C.
請提供所有稅務居留司法管轄區及稅務編號。若未能提供稅務編號，必須填寫合適的理由 A、B 或 C。

Tax Jurisdiction of Residence 稅務居留司法管轄區	TIN 稅務編號	Reason if TIN is unavailable* 理由 (若未能提供稅務編號)*			Please explain why the Reason B is selected 若選擇理由 B，請解釋原因
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	
		<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	

* Reason A – The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
帳戶持有人的稅務居住地並沒有向其居民發出稅務編號。

Reason B – The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason.
帳戶持有人不能取得稅務編號。如選取這一理由，請提供帳戶持有人不能取得稅務編號的原因。

Reason C – TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.
帳戶持有人毋須提供稅務編號。稅務居住地的主管機關不需要帳戶持有人披露稅務編號。

Section E – Personal Information Collection Statement 戊部 – 個人資料收集聲明

I/We, the Beneficiary/Claimant of the above policy, hereby declare that:
本人 / 吾等，上述保單的受益人 / 索償人，在此確認：

1. I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of Heng An Standard Life (Asia) Limited ("the Company"). I/We agree that the Company may collect, use, store, process, disclose, transfer and otherwise share our personal data in accordance with the terms of the PICS. For the latest version of PICS, it can be downloaded from the Company website (<https://www.hengansl.com.hk>) or available upon request.
本人 / 吾等確認已閱讀及明白恒安標準人壽 (亞洲) 有限公司 (「貴公司」) 的收集個人資料聲明。本人 / 吾等確認已經閱讀並且明白本聲明。本人 / 吾等同意貴公司可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用吾等的個人資料。有關最新版本的收集個人資料聲明，可於貴公司網站上 (<https://www.hengansl.com.hk>) 下載或向恒安標準人壽 (亞洲) 有限公司索取。
2. I/We hereby declare that any personal data provided by me/us to the Company (whether by way of this application or otherwise) which is in relation to a third party not being myself/ourselves has been obtained by me/us in compliance with the Personal Data (Privacy) Ordinance, and the relevant third party has explicitly agreed to the disclosure of his/her personal data to the Company for the purposes set out in the PICS. I/We agree to indemnify and hold harmless the Company against all losses, liability and costs which the Company may incur or suffer as a result of, or in connection with, any breach of my/our declaration contained in this paragraph.
本人 / 吾等謹此聲明，任何由本人 / 吾等向貴公司提供 (不論是透過本申請或其他方式提供) 有關第三者 (而非本人 / 吾等) 的個人資料乃是以符合個人資料 (私隱) 條例規定的手法取得，而有關第三者已明確同意向貴公司披露其個人資料作「個人資料收集聲明」所述的用途。本人 / 吾等同意彌償及確保貴公司免受因本人 / 吾等違反於本文下的聲明而產生或引致的任何損失、責任或費用。

Section F – Declaration & Authorisation 己部 – 聲明及授權

I/We, the Beneficiary/Claimant of the above policy, hereby declare that:
本人 / 吾等，上述保單的受益人 / 索償人，在此確認：

1. I/We hereby declare and agree on behalf of myself/ourselves, the deceased, the claimants, the beneficiaries and other persons (including but not limit to executor, administrator or personal representative of any of the above) referred to in this Death Claim Form ("Relevant Persons") that all statements and answers to all questions herein whether or not written by my/our own hand(s) are to the best of my/our knowledge and belief complete and true.
本人 / 吾等謹此代表本人、死者、索償人、受益人及其他在此人壽保險索償申請表格內所提及之人士 (包括但不限於任何以上人士之遺囑執行人、遺產管理人或遺產代理人) (「相關人士」) 聲明及同意所述一切陳述及問題的所有答案，不論是否本人 / 吾等親手所寫，為本人 / 吾等所知所信的全部事實。
2. I/We, authorise any employer, licensed physician, medical practitioner, hospital, clinic, other medically related facility, insurance company or other institution or person, that has any records or knowledge of the Life Insured(s) named to give such information to Heng An Standard Life (Asia) Limited. To avoid any uncertainty, this authorisation shall bind the successors and assignees, executors and administrators of my/our or the Life Insured(s) and remain valid notwithstanding the death or incapacity of me/the Insured(s). A photocopy of this authorisation shall be as valid as the original.
本人 / 吾等授權任何僱主、註冊醫生、醫療從業員、醫院、診所、其他有關醫療機構、保險公司、其他機構或人仕，凡知道或持有任何有關受保人之記錄者，均可將該等資料提供給恒安標準人壽 (亞洲) 有限公司。即使本人 / 吾等或受保人死亡或於無行為能力 (包括但不限於精神上無行為能力) 時，此授權書仍然有效，為免任何疑問，所有本人 / 吾等及受保人之繼承人、轉讓人、遺囑執行人及遺產管理人亦會受此授權書約束。本授權書影印本與正本具有同等效力。
3. I/We understand and acknowledge the Company shall have the right to request me/us or any other person who may be entitled to obtain claim settlement under the policy including without limitation any Relevant Persons, to provide (and/or complete and sign such document relating to) such information and supporting documentation the Company may reasonably require including without limitation, name, place of birth, residential and mailing addresses, taxpayer identification number, social security number, citizenship, residency, tax residency and the tax regime(s) to which the Relevant Person is subject in respect of tax reporting or payment responsibility).
本人 / 吾等明白及確認貴公司有權要求本人 / 吾等或可能有權獲得賠償金額的任何其他人士包括但不限於任何相關人士提供貴公司可能合理索取的資料及附助確證的文件 (及 / 或填寫及簽署與此相關的文件)，包括但不限於姓名、出生地點、住宅和郵遞地址、納稅人識別編號、社會安全號碼、國籍、居留地、稅務居留地及相關人士在報稅或納稅責任方面須遵守的稅制。
4. I/We acknowledge that I/we have read and understood the notice on Foreign Account Tax Compliance Act ("FATCA") and Automatic Exchange of Financial Account Information ("AEOI") as stated above. I/We understand that a false statement or misrepresentation of tax status for tax purposes (as defined in Section D) may result in penalty under relevant law and regulations. If my/our tax status change and I/we become a U.S. person or a resident for tax purposes in any jurisdiction not previously reported to Heng An Standard Life (Asia) Limited, I must notify Heng An Standard Life (Asia) Limited no later than thirty (30) days.
本人 / 吾等確認，本人 / 吾等已閱讀並且明白上述有關美國「海外賬戶稅收合規法案」(「FATCA」) 及自動交換財務帳戶資料 (「自動交換資料」) 的通知。本人 / 吾等明白，根據有關的法律，任何稅務居民 (定義於丁部) 就其稅務狀況作出虛假或失實陳述，可能會受到刑罰。若本人 / 吾等的稅務狀況有更改，或成為美國人士，或者成為任何本人 / 吾等未曾就其向恒安標準人壽 (亞洲) 有限公司進行申報的司法管轄區的稅務居民，本人 / 吾等會於三十日內通知恒安標準人壽 (亞洲) 有限公司。
5. If there are any outstanding payable levy as per regulatory requirement under this policy, I/we hereby agree and authorise Heng An Standard Life (Asia) Limited to deduct from the proceeds.
如本保單有任何按有關規定需收取但仍未繳付的應繳徵費，本人 / 吾等謹此同意及授權恒安標準人壽 (亞洲) 有限公司從賠償款項中扣除。
6. I/We declare that the original policy document has been lost if I/we do not provide the original policy document or completion of Request for Duplicate Policy Copy.
本人 / 吾等謹此聲明如果本人並未提交保單正本或填寫保單副本申請，即表示保單正本已遺失。

7. I/We acknowledge and irrevocably agree that the information contained in this form and information regarding the Beneficiary/Claimant and any **Reportable Account(s)*** may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Beneficiary/Claimant may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

本人 / 吾等知悉並完全同意這表格內，所有資料及有關受益人 / 索償人之個人資料，和任何**須申報帳戶 ***，將有可能提供予管理該帳戶的國家 / 司法管轄區之稅務機關及轉交予其他國家 / 司法管轄區之稅務機關或受益人 / 索償人所屬之國家 / 司法管轄區為根據跨政府協議所訂之財務帳戶資料交換要求的國家 / 司法管轄區。

***"Reportable Account" has the meanings described to it under the Inland Revenue Ordinance (Cap. 112).**

***「須申報帳戶」之定義請參考稅務條例 (第 112 章)。**

For individual Beneficiary/Claimant 由個人作受益人 / 索償人

- I/We certify that I am the Beneficiary/Claimant (or am authorised to sign for the Beneficiary/Claimant(s)) of all the account(s) to which this form relates.

本人 / 吾等在此聲明，本人是本申請書相關之全部帳戶的受益人 / 索償人 (或獲受益人 / 索償人授權簽署)。

For corporate Beneficiary/Claimant 由公司作受益人 / 索償人

- I/We certify that I am/we are authorised to sign for the Beneficiary/Claimant(s) in respect of all the account(s) to which this form relates.
本人 / 吾等在此聲明，本人 / 吾等是獲受益人 / 索償人授權簽署本申請書相關之全部帳戶。
- I/We declare that all statements made in this declaration are, to the best of my/our knowledge and belief, correct and complete.
本人 / 吾等聲明一切在這份聲明之條款是基於本人 / 吾等的據知及所信，並且是正確及完整的。
- I/We undertake to advise the Company within 30 days of any change in circumstances which affects the tax residency status of the party/parties identified as Beneficiary/Claimant of this form or causes the information contained herein to become incorrect or incomplete, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.
本人 / 吾等承諾，如有任何改動會影響認定為受益人 / 索償人之一方 / 多方之稅務居民狀況內容，或導致其所載資料失實或不完整，本人 / 吾等將於有關改動發生後 30 日內通知貴公司，並在該變動發生後 30 日內，向貴公司提交最新的自我證明書。
- I/We agree to indemnify the Company against any loss, claim and action in connection with any false, misleading or incomplete information of my/our nationality, residence and/or tax status.
本人 / 吾等同意賠償貴公司就本人 / 吾等的國籍、居住及 / 或稅務狀況有關資料之虛報、誤導或不完整所導致的任何損失，索償及訴訟。

Signature of Beneficiary/Claimant
受益人 / 索償人簽署

Date of Signature (DD/MM/YYYY)
簽署日期 (日 / 月 / 年)

Death Claim Form – Part II 人壽保險索償表格 – 第二部份

Policy Number 保單編號 _____	Name of Policy Owner 保單持有人姓名 _____	Name of Life Insured 受保人姓名 _____
-----------------------------	---------------------------------------	-------------------------------------

私人及機密 Private & Confidential

TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT'S OWN EXPENSES
由主診醫生填寫，所需費用由索償人自行承擔

Important note 重要事項

Your patient is insured with us and to enable us to assess the claim, please complete this form with as much details as you can possibly provide. Your kind assistance will help expedite the claim settlement.

您的病人為本公司的受保人，請您詳細填寫此申請表並盡可能提供一切有關資料，以便本公司審核此索償。您的協助可使本公司加快索償安排。

Section A - Information of Deceased 甲部 - 死者資料

Name of the Deceased 死者姓名	_____	HKID Card/Passport No. 香港身份證 / 護照號碼	_____
Date of Death 死亡日期	____ / ____ / ____ DD 日 MM 月 YYYY 年	Place of Death 死亡地點	_____
Cause of Death 死亡原因	_____	Has or will there be post-mortem examination/coroner's inquest? 曾否或將舉行解剖驗屍 / 死因調查?	<input type="checkbox"/> Yes ____ / ____ / ____ DD 日 MM 月 YYYY 年 <input type="checkbox"/> No 否

Complete this section if cause of death is due to an accident/suicide/homicide 若死亡原因為意外 / 自殺 / 他殺導致，請填寫此部份

Date of Accident 意外發生日期	____ / ____ / ____ DD 日 MM 月 YYYY 年	Time of Accident 意外發生時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午	____ : ____ Time 時間
Date of Suicide or Homicide 自殺或他殺事故發生日期	____ / ____ / ____ DD 日 MM 月 YYYY 年	Time of Suicide or Homicide 自殺或他殺事故發生時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午	____ : ____ Time 時間
Place of Accident/Suicide/Homicide 意外 / 自殺 / 他殺事故發生地點	_____			
Details of Accident/Suicide/Homicide 意外 / 自殺 / 他殺事故發生詳情	_____			

Complete this section if cause of death is due to illness 若死亡原因為疾病導致，請填寫此部份

How long have you been the medical physician for this patient? 閣下為死者診症了多久?	_____			
When was the first ever consultation date this patient had with you? 閣下為死者的首次診治日期?	____ / ____ / ____ Day 日 Month 月 Year 年	_____		
What was the diagnosis in the first ever consultation? 閣下為死者的首次診治的診斷結果?	_____			
Please provide details on your consultation to the deceased to the last illness in relation to his / her cause of death: 請提供閣下就診斷死者與其身故原因相關之最後疾病的詳情:				
Details of the first consultation related to the last illness. 最後疾病的首次求診詳情。	First consultation date 首次求診日期	____ / ____ / ____ Day 日 Month 月 Year 年	_____	
	Chief Complaints / Symptoms 主訴 / 病徵	_____		
	Diagnosis 診斷	_____		

Section A – Information of Deceased 甲部 – 死者資料

How long, in your opinion, has the patient suffered from the last illness prior to his/her first attendance? 根據您的意見，病人於首次求診前，該最後疾病已持續多久？																	
Was the death secondary to a recurrent or chronic condition? 此死亡是否有由於復發或慢性病況繼發而來？	<input type="checkbox"/> Yes (Please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否																
Where there any precipitating factors which may have contributed to or hastened this death? 是否有任何因素促使或導致是次死亡？	<input type="checkbox"/> Yes (Please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否																
Had any of the patient's immediate family members suffered from similar or related illness? 病人直系家屬中是否曾患有相同或相關的疾病？	<input type="checkbox"/> Yes (Please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否																
Had the patient previously referred by other Physician(s)? 病人是否經其他醫生轉介？	<input type="checkbox"/> Yes (Please provide name and address of the doctor) 是 (請提供醫生姓名及地址) <input type="checkbox"/> No 否																
Was there any usual Physician(s) of the patient other than you? 病人是否有其他慣常求診的醫生？	<input type="checkbox"/> Yes (Please provide name and address of the doctor) 是 (請提供醫生姓名及地址) <input type="checkbox"/> No 否																
Do you know whether the patient was suffering from any other major, chronic or congenital disease? 您是否知道病人曾患有任何其他嚴重、慢性或先天疾病？	<input type="checkbox"/> Yes (Please provide details) 是 (請提供詳情) <input type="checkbox"/> No 否																
Was the patient's death directly or indirectly due to or aggravated by other factors? 病人是否因其他原因，直接或間接引致或加劇死亡？	<input type="checkbox"/> Yes (Please tick where it is appropriate and give details) 是 (請在適當位置上劃上剔號並提供詳情) <input type="checkbox"/> No 否 <input type="checkbox"/> Intoxication by alcohol / narcotics / drug 酒精 / 麻醉劑 / 藥品中毒 <input type="checkbox"/> Hazardous sport / activity 參與危險性運動 / 活動 <input type="checkbox"/> Congenital condition 先天性情況 <input type="checkbox"/> Mental disorder 精神紊亂 <input type="checkbox"/> AIDS / AIDS related complex disease 愛滋病 / 與愛滋病相關的併發症 <input type="checkbox"/> Others 其他 _____																
Did the patient have the following past habit? 病人過往有否右列之習慣？	<input type="checkbox"/> Yes (Please tick where it is appropriate and give details) 是 (請在適當位置上劃上剔號並提供詳情) <input type="checkbox"/> No 否 <input type="checkbox"/> Drug addiction 濫用藥物 <input type="checkbox"/> Smoking habit 吸煙習慣 <input type="checkbox"/> Drinking habit 飲酒習慣 Duration 持續時間 _____ Daily Consumption 每天用量 _____																
Please list details of all medical conditions that the patient had ever consulted you with. 請提供病人過去曾向您求診的所有醫療病況詳情。	<table border="1"> <thead> <tr> <th>Consultation Date 求診日期</th> <th>Complaints / Symptoms 主訴 / 病徵</th> <th>Diagnosis 診斷</th> <th>Treatment Given 所提供治療</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Consultation Date 求診日期	Complaints / Symptoms 主訴 / 病徵	Diagnosis 診斷	Treatment Given 所提供治療	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Consultation Date 求診日期	Complaints / Symptoms 主訴 / 病徵	Diagnosis 診斷	Treatment Given 所提供治療														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														
Please provide the patient's hospitalization records, if any. 請提供病人的住院記錄 (如有)。	<table border="1"> <thead> <tr> <th>Name of Hospital 醫院名稱</th> <th>Confinement Period 住院時期</th> <th>Surgical Procedure and Date 手術程序及日期</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	Name of Hospital 醫院名稱	Confinement Period 住院時期	Surgical Procedure and Date 手術程序及日期	_____	_____	_____	_____	_____	_____	_____	_____	_____				
Name of Hospital 醫院名稱	Confinement Period 住院時期	Surgical Procedure and Date 手術程序及日期															
_____	_____	_____															
_____	_____	_____															
_____	_____	_____															
Any additional information you consider relevant to this claim. 其他與是次索償有關的資料。																	

Remarks 備註：

We would be most grateful if you could provide copies of any specialist or hospital reports, together with any tests, readings or similar evidence to support the validity of the claimant's/beneficiary's claim.

謹請 閣下提供所有專科或醫院報告、與及任何測試及閱讀報告或相關之證明以協助確實索償人 / 受益人之索償申請。

Section B – Personal Information Collection Statement 乙部 – 個人資料收集聲明

1. I confirm that I have read and understood the Personal Information Collection Statement ("PICS") of Heng An Standard Life (Asia) Limited ("the Company"). I agree that the Company may collect, use, store, process, disclose, transfer and otherwise share my personal data in accordance with the terms of the PICS. For the latest version of PICS, it can be downloaded from the Company website (<https://www.hengansl.com.hk>) or available upon request.

本人確認已閱讀及明白恒安標準人壽(亞洲)有限公司(「貴公司」)的收集個人資料聲明。本人確認已經閱讀並且明白本聲明。本人同意貴公司可依照本聲明的條款收集、使用、儲存、處理、披露、轉移及以其他方式分用本人的個人資料。有關最新版本的收集個人資料聲明，可於貴公司網站上(<https://www.hengansl.com.hk>)下載或向恒安標準人壽(亞洲)有限公司索取。

2. I hereby declare that any personal information of third parties provided by me to the Company (whether provided under this claim form or otherwise provided) has been obtained by me in compliance with the Personal Data (Privacy) Ordinance and the relevant third parties have agreed to the disclosure of their personal information to the Company for the purposes as set out in this personal information collection statement. I agree to indemnify and hold harmless, on demand, the Company against all losses, liabilities and costs which the Company may incur arising out of, or in connection with, any breach of the declaration set forth in this paragraph.

本人特此聲明，由本人提供予貴公司的任何第三方個人資料(無論載於此索償表格或從其他途徑所提供)乃由本人在遵守個人資料(私隱)條例的情況下獲得，且有關第三方已同意為此等個人資料收集聲明所載之目的向貴公司提供其個人資料。本人同意應貴公司要求，就貴公司因發生任何違反本文中所示的聲明，而可能招致或與之相關的任何損失、責任及費用，對貴公司作出賠償，並使貴公司免受損害。

Section C – Declaration 丙部 - 聲明

I **HEREBY CERTIFY** that I have personally examined and treated the deceased in connection with the above condition and that the facts as given above present my opinion of the deceased's condition and are true and complete to the best of my knowledge and belief. I hereby declare that no information has been withheld by me at the request of the deceased's family or the policy beneficiary/claimant. I agree to make the declaration on Part II of this claim form.

本人謹此聲明曾親自為死者就上述狀況進行檢查及治療，並確認上述資料為本人對死者情況作出之意見。所有答案，就本人所知所信，均為事實全部並確實無訛。本人在此聲明，沒有死者家屬或保單受益人/索償人要求隱瞞任何資料。本人同意就此索償表格第二部分作出聲明。

Name of the Medical Practitioner
醫生姓名

Qualification and Specialty
資格及專業

Signature of the Medical Practitioner (with chop)
醫生簽署(加蓋印章)

Name and Address of the Hospital
醫院名稱及地址

Contact Phone No.
聯絡電話

Date of Signature (DD/MM/YYYY)
簽署日期(日/月/年)

Heng An Standard Life (Asia) Limited (662679) is registered in Hong Kong at 12/F., Lincoln House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. Authorised by the Insurance Authority of Hong Kong to write Class A, Class C and Class I long term business in Hong Kong.

恒安標準人壽(亞洲)有限公司(662679)的註冊公司地址為香港鰂魚涌皇皇道979號太古坊林肯大廈12樓，其已獲香港的保險業監管局授權於香港承保A類、C類及I類之長期業務。

© 2025 Heng An Standard Life (Asia) Limited, reproduced under licence. All rights reserved.

© 2025 恒安標準人壽(亞洲)有限公司，已獲授權複製。版權所有，保留一切權利。