



**American International Assurance Company (Bermuda) Limited**  
(Incorporated in Bermuda with limited liability)

**APPLICATION FORM FOR DEATH CLAIM (CLAIMANT'S STATEMENT)**  
**死亡賠償申請表 (申請人書)**

Each claimant needs to fill in an individual death claim application form.  
每個索償人須個別填寫一份死亡賠償申請表

**Apply for Compassionate Death Benefit 申請身故體恤津貼**

Agency Name / Area Code  
業務代表組別 / 區域編號

Representative Name / Code  
業務代表姓名 / 編號

Broker / IFA Name / Code  
保險顧問/投資顧問名稱/編號

Contact Phone No.  
聯絡電話號碼

**(I) INFORMATION OF DECEASED 死者資料**

(1) Policy No. 保單號碼	(2) I.D. Card / Passport No. 身分證/護照 號碼		
(3) Deceased's Name in Full 死者全名	(4) Alias if any 別名		
(5) Deceased's Address at time of Death 死者死時住址			
(6) Occupation at time of Death 死時職業	(7) Last Date of Working 最後工作日期	MM / DD / YYYY 月 日 年	
(8) Name of Employer 僱主名稱	(9) Address of Employer 僱主地址		
(10) Date of Birth 出生日期	(11) Source from which the date of birth is obtained 出生日期從何處得知	MM / DD / YYYY 月 日 年	
(12) Date & Time of Death 死亡日期及時間	Time : _____ 時間	<input type="checkbox"/> a.m. 早上	<input type="checkbox"/> p.m. 下午
(13) Place of Death 死亡地點	(14) Cause of Death 死亡原因		
<b>Complete 15-17 only if the cause of death is due to an accident 若死亡原因為意外導致，須填報 15-17 項。</b>			
(15) Date & Time of Accident 意外日期及時間	Time : _____ 時間	<input type="checkbox"/> a.m. 早上	<input type="checkbox"/> p.m. 下午
(16) Place of Accident 意外地點	(17) Details of Accident 意外詳情		

This form is applicable for making claims against the policies issued by American International Assurance Company, Limited / American International Assurance Company (Bermuda) Limited (hereinafter called "AIA/AIAB", whichever is applicable).

此表格適用於美國友邦保險有限公司/美國友邦保險(百慕達)有限公司  
(以下簡稱“友邦保險”，視何者適合而定) 繕發之保單的索償申請。

Policy Number 保單號碼

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(18) When did the Deceased complain of or give indications of his last illness? 死者何時首次發覺末次病患之病徵	MM / DD / YYYY 月 日 年	(19) When did the Deceased first seek medical treatment of his last illness? 死者何時首次就末次病患求診	MM / DD / YYYY 月 日 年
(20) Name and address of the doctor who diagnosed the illness 作出診斷之醫生姓名及地址			
(21) Names and addresses of all physicians who attended the Deceased for his last illness and prior illnesses 所有曾為死者診治末次及其他過往病患之醫生姓名及地址			
Name of doctor/hospital 醫生/醫院名稱	Address 地址	Attendance Date (MM/DD/YYYY) 診治日期 (月/日/年)	Disease or Condition 病患
(22) Whether a death inquest will be or has been held? (see note) 是否有或將會作死因研訊? (註)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Uncertain 不確定	(23) Whether a post-mortem will be or has been done? (see note) 是否有或將會作解剖驗屍? (註)	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 <input type="checkbox"/> Uncertain 不確定
Note : If you are in possess of the verdicts or findings, please forward a copy to us for reference 註：若閣下擁有裁決結果或驗屍報告，請提供副本以作參考			
(24) Life insurance amount covered by other Companies 與其他保險公司投保之金額			
Name of Company 公司名稱	Policy No. 保單號碼	Effective Date or Coverage Commencement Date (MM/DD/YYYY) 保單開始日期 (月/日/年)	Amount Insured 保額
(25) Was the Deceased a smoker? 死者是否吸煙人士?	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否	(26) If Yes, what was his smoking habit? 若為吸煙人士，吸煙習慣為何?	Daily smoking amount : 每日吸煙數量 _____ For how many years? 吸食年數 _____

**(II) INFORMATION OF CLAIMANT 索償人資料**

(27) Name in full 全名		(28) I.D. Card / Passport No. 身分證/護照號碼	
(29) Date of Birth 出生日期	MM / DD / YYYY	(30) Nationality 國籍	(31) Occupation / Business 現職 / 行業
(32) Current Permanent Address 現時永久地址		(33) Tel. no. 電話	
(34) Relationship with the Deceased 與死者關係		(35) By what title are you submitting this claim? 以何名義申請賠償	<input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Legal Guardian / Parent 監護人/家長 <input type="checkbox"/> Others 其他

Policy Number 保單號碼

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AMERICAN INTERNATIONAL ASSURANCE COMPANY (BERMUDA) LIMITED

美國友邦保險 (百慕達) 有限公司

AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED

美國友邦保險有限公司

(hereinafter called "AIA/AIAB", whichever is applicable 以下簡稱 "友邦保險", 視何者適合而定)

DECLARATION AND AUTHORIZATION 聲明及授權

Name of Insured :  
被保人姓名

I.D. Card / Passport No. of Insured:  
被保人身分證/護照號碼

Policy No.:  
保單號碼

I/We hereby DECLARE that the information given on this form is true and complete to the best of my knowledge and belief.

本人/我們現聲明此申請書上所填資料皆為本人所知及所信之事實及其全部。

I/We hereby make claim to AIA/AIAB by submitting this application form and agree that the written statements of all the physicians who attended or treated the Assured and all other proofs and supporting documents associated with this claim application shall constitute and are hereby made part of this death claim application. I further agree that the furnishing of this form, or of any other forms supplemental hereto by AIA/AIAB, shall not constitute nor be considered an admission by it that there was any assurance in force on the life in question, nor a waiver of any of its rights of defenses.

本人/我們現謹以此申請書向友邦保險申請賠償, 並同意所有曾替被保人診治之醫生所發出之報告及所有與此申請賠償相關的文件或證明, 皆構成此死亡賠償申請之一部份。又同意友邦保險提供此申請書或其附屬表格, 並不構成已接納所申請賠償之保障為有效或放棄任何對此宗個案抗辯之權利。

I/We hereby irrevocably authorize:

any organization, institution, or individual that has any record or knowledge of the Insured's employment, sick leave records, accident or loss details (of any sorts), health, medical history or any treatment or advice, that when requested by an authorized representative of AIA/AIAB may disclose any such information. This authorization shall bind the Insured's successors and assigns and remain valid notwithstanding the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

本人/我們茲授權:

任何知悉或擁有被保人之工作、病假記錄、意外或損失(任何類別)之詳情、健康狀況、病歷或任何治療或諮詢記錄及曾為或將為被保人診治之機構、組織或人士、向友邦保險透露有關資料, 不得撤回, 即使被保人死亡或喪失能力, 此授權書仍然存有法律效力, 而本人之繼承人及轉讓人亦會受此授權書約束。此授權書之正本與副本同屬有效。

Check Settlement Option 支票賠償方法

Hong Kong Dollar 港元

Policy Currency 保單貨幣

a. I/We understand that any benefits payable under the Policy will be paid in the latest policy currency as shown on the Policy Information Page of the Policy or, if applicable, the appropriate subsequent endorsement. Accordingly, the provision of the option to receive any such benefits in a currency other than the latest policy currency (the "Opted Currency") is solely a service offered by AIA/AIAB at its discretion.

b. I/We understand and agree that should I/we opt for payment of any benefits payable under the Policy in the Opted Currency, I/we will bear the necessary exchange difference, such difference being determined by AIA/AIAB on the basis of AIA/AIAB's internal exchange rates as at the time of the relevant currency conversion.

a. 本人/我們明白所有保單利益之款項將根據保單資料頁或隨後所發出之批註(如適用)所載之最近期保單貨幣為準。因此, 提供選擇以最近期的保單貨幣以外的貨幣("選擇貨幣")作為收取任何此等利益的貨幣只屬友邦保險酌情所提供之服務。

b. 本人/我們明白及同意如本人/我們選擇任何保單下所作出的利益款項以"選擇貨幣"支付, 本人/我們同意承擔所需的兌換差額, 而該差額是有關貨幣兌換時依據友邦保險內部貨幣兌換率而釐定。

Important Note 注意事項

In order to speed up your claim application, please attach the required claims documents together with this application form. You may check the required documents as stated in this application form "Claims Document Checklist". Documents can be certified at our Customer Service Centres or Claims Department. We will notify you or our AIA representative/your broker/I/FA if we need to obtain extra information from you or from outside parties to assess your claim. As the time required for obtaining the information is variable, the processing time of your claim will likely be longer.

為使能儘速辦理您的索償申請, 請將此表格連同有關索償文件一併遞交。有關申請索償所需遞交之文件, 請參閱此表格之"索償文件參考表"。文件的核證副本可於我們的客戶服務中心或賠償部辦理。若我們有需要就審核閣下之賠償申請向您或其他人士索取額外資料, 我們會通知閣下或友邦業務代表/您的保險顧問/投資顧問。因索取有關資料需時, 賠償申請的審核時間會較長。

Signature of Witness

見証人簽署

Name 姓名:

Date 日期:

(Please do not sign on blank form 請勿在空白表格上簽署)

Signature of Beneficiary or Executor or Assignee

受益人/申請人簽署

Name 姓名:

I.D. Card/Passport No.:

身分證/護照號碼

Date 日期:

Relationship to the Deceased 與死者關係

Beneficiary of the Policy 受益人

Legal Guardian / Parent 監護人/家長

Others 其他:

