



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

REQUEST FOR RETURN OF ORIGINAL DOCUMENT(S) 退回正本文件

This form is generated via the telephone enquiry system "AIA Enquiry Express" / "EasyTouch" or "AIA Corporate Website" and is applicable to relevant applications.
此表格乃透過電話系統“友邦查詢快線” / “友邦一線通查詢快線”或AIA企業網站編印，並適用於有關申請。

| | |
|---------------------------------|---|
| Policy Number 保單號碼 | |
| Name of Insured 受保人姓名 | I. D. Card/Passport Number 身分證/護照號碼 |

| | |
|--|--|
| Agent/Broker's Name 營業員/經紀姓名 | Agent/Broker Code 營業員/經紀號碼 |
| Agent/Broker's Tel. No. 營業員/經紀聯絡電話 | Agency/Broker Name/Area Code 營業員/經紀組別/區域編號 / |

| | |
|--|---------------------------------|
| To 致 : <input type="checkbox"/> | CLAIMS Department 賠償部 |
| <input type="checkbox"/> | P O S Department 保客服務部 |
| <input type="checkbox"/> | U & I Department 核保部 |

Please return the original medical receipt(s) / leave certificate(s) or document(s) submitted together with this request form upon completion of claims processing or verification of the document(s).

請於完成賠償審批或文件查證後退回與此表格一併遞交之『正本』醫療收據／病假證明書或文件。

Note:

The **"ORIGINAL" Medical Receipt(s) / Leave Certificate(s) / related document(s)** must be submitted together with this **REQUEST FORM** at the same time. **Otherwise, AMERICAN INTERNATIONAL ASSURANCE COMPANY, LIMITED / AMERICAN INTERNATIONAL ASSURANCE CO. (BERMUDA) LTD. will retain the original and issue a "Certified True Copy" instead.**

註:

此表格必須與『正本』之醫療收據／病假證明書／相關文件一同遞交。否則，美國友邦保險有限公司／美國友邦保險（百慕達）有限公司將會保留所有『正本』文件及只會發出醫療收據／病假證明書／相關文件之『認證真本』。

(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of Agent/Broker/Policyowner/Applicant/Insured/Claimant
營業員/經紀/保單持有人/申請人/受保人/索償人簽署

/ /
MM月 / DD日 / YYYY年