

## ACCIDENTAL DEATH BENEFIT OF AIA DINING COVER CLAIM FORM AIA開餐保意外身故保障申請書

CLAIMANT INFORMATION 申請	<b>手人資料</b>				
Name in full 全名				ID Card / Passport No. 身份證 / 護照號碼	
Date of Birth 出生日期	MM / DD / YYYY	Nationality 國籍		Tel. no. 電話	
Relationship with the Deceased 與死者關係				Email Address 電郵地址	
Current Permanent Address 現時永久地址					
This is to certify that the primary insured / additional insured* of policy number					
died on (month / c					
with the "Accidental Death Benefit" p	rovision under the captior	ned policy, please	e issue the payme	ent of HK\$10,000 to estate of	of policy owner / policy
owner*, as duly designated in the po	olicy.				
現謹證實主受保人/附加受保人*	(1	保單號碼:		)於	(月/日/年)逝世,
死亡原因為	,	依據上述意外身	故保障條款,請發	後出港幣\$10,000予列於保單	內的保單持有人/保單
持有人的遺產*。				, , , , , , , , , , , , , , , , , , , ,	
本人確認有關之死亡證據(如死亡證本表格一起提交以供處理。本人謹此的中扣除。(此乃譯文,只供參考,倘然Note: *please delete as appropriate 備註:*請刪去不適用者  CLAIM PAYMENT OPTION 支付a. FPS 轉數快 Please select either ONE of the "請選擇下列其中一種「識別代號」  Email 電郵地址:	聲明以上一切資料皆完全 有出入,應以英文為準。) <b>计賠償方法:</b> 'Proxy ID"# below and prov	真確, 任何資料銷	詩談而導致公司作		
FPS Identifier 轉數快識別號碼:					
Mobile Number 手機號碼:					
I hereby declare the "proxy ID" I 本人謹此聲明以上提供的識別代码			_	_	aimant.
b. e-Bankin 電子入賬服務 (Joint ac	count is not allowed 不接	受聯名戶口)			
Bank Name and Branch in Hong K 香港銀行及分行之名稱	ong				
Bank No. 銀行編號					
Branch No. 分行編號					
Account No. 本人之賬戶號碼					

OPCLM160.1024

I hereby declare the bank information I provided is true, complete and correct; and the registered account belongs to claimant.

本人謹此聲明以上提供的銀行資料均為真實,完整和正確;及賬戶號碼註冊名稱為申請人。

## PERSONAL DATA COLLECTION AND USE

I / We confirm that I / we have read, understood and agreed to the Personal Information Collection Statement(s) of my / our policy issuer(s) and / or pension scheme provider(s), i.e. AIA International Limited (Hong Kong Branch), AIA International Limited (Macau Branch), AIA Company Limited and / or AIA Everest Life Company Limited, where applicable, (the "PICS") which is available for download: https://www.aia.com.hk/en/privacy-statement-main.

I / We declare and agree that any personal data and other information relating to me / us or my / our policy(ies), account(s) or investments contained in this application or collected, obtained, compiled or held by my / our policy issuer(s) and / or pension scheme provider(s) by any means from time to time may be collected and utilized in accordance with the PICS.

I / We acknowledge and consent to the transfer of my / our personal data to parties within or outside Hong Kong (for policy(ies) / pension scheme(s) issued in Hong Kong) or Macau (for policy(ies) / pension scheme(s) issued in Macau), as the case may be, for the purposes as set out in the PICS.

The latest version of the PICS which complies with the relevant rules and regulations is / are available for download from the above website and upon request.

## 個人資料收集及使用

我 / 我們確認我 / 我們已閱讀、明白及同意我 / 我們的保單繕發人及 / 或退休金計劃服務提供者(即友邦(國際)有限公司(香港分行)、友邦(國際)有限公司(澳門分行)、友邦保險有限公司及 / 或友邦雋峰人壽有限公司 (如適用))的個人資料收集聲明(「該聲明 | ),該聲明可在以下網址下載

https://www.aia.com.hk/zh-hk/privacy-statement-main °

我/我們聲明及同意在本申請所載或我/我們的保單繕發人及/或退休金計劃服務提供者不時以任何方法收集、 獲得、編製或持有的任何個人資料及關於我/我們的保單、帳戶或投資的其他資料,可根據該聲明收集及使用。 我/我們知悉及同意就該聲明所述目的轉移我/我們的個人資料至香港境外/境內(如保單/退休金計劃在香港 繕發)或澳門境外/境內(如保單/退休金計劃在澳門繕發)(視乎情況而定)予該聲明所載的資料承讓人。 該聲明的符合相關守則及法規之最新版本可於以上網址下載及可供索取。

Signature of Claimant 申請人簽名
Name of Claimant 申請人姓名
Traine of Grantant   MIJY (72 H
Date 日期

We, "Us", "Our", "The Company" or "AIA" refers to AIA International Limited (incorporated in Bermuda with limited liability) 本函提及的「我們」、「本公司」或「友邦」是指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)。

Page 2 of 2 OPCLM160.1024