



## 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  
每位索償人須個別填寫一份死亡賠償申請表

Name of Insured / Insured Employee / Member 受保人 / 受保僱員 / 成員姓名		ID Card No. / Passport No. 身份證號碼 / 護照號碼	XXXX
Individual Life Insurance Policy No. 個人壽險保單號碼			
Group Policy No. 團體保單號碼			
Group Certificate / Employee No. of the Insured Employee / Claimant Member ID (10 digits no. shown in the medical card) <b>(Compulsory)</b> 團體保單受保證書 / 僱員編號 / 賠償申請人成員號碼 (醫療卡上 顯示的十位數字) (必須填寫)	Name of Employer / Group Policyholder 僱主 / 團體保單投保公司名稱		
Area Code 區域編號	Agency / Broker Name 營業員組別 / 經紀名稱	Agent / Broker Code 營業員號碼 / 經紀號碼	TR Membership Number 營業代表會員號碼 <input type="checkbox"/> IA <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
Agency Code 營業員組別編號	Agent / TR's Name 營業員 / 業務代表姓名	Agent / TR's Tel. No. 營業員 / 業務代表聯絡電話	<input type="checkbox"/> ANG <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
<p>If the insured is also covered by AIA and AIA Everest Life Company Limited policies, the claims will be processed together. 如受保人同時受保於友邦及友邦雋峰人壽有限公司之保單，相關賠償將會一併處理。</p> <p><input type="checkbox"/> If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排，請於空格內劃上「X」號。</p>			
<p>For proper follow up on your claims progress, AIA financial planner / broker / IFA of latest inforce policy can view this claim's information if no specific agent / broker / IFA / TR information is provided at above. 為了妥善地跟進您的賠償進度，若於以上沒有提供指定營業員 / 保險或理財顧問 / 業務代表資料，最新生效保單的友邦財務策劃顧問 / 保險或理財顧問將能夠查閱是次申請資料。</p> <p><input type="checkbox"/> If you do not agree on the above arrangement, please mark a "X" in the box. 如果您不同意上述安排，請於空格內劃上「X」號。</p>			
<b>(I) INFORMATION OF DECEASED 死者資料</b>			
1. Date of Birth 出生日期	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MM月 DD日 YYYY年	2. Last Date of Working 最後工作日期	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MM月 DD日 YYYY年
3. Date of Death 死亡日期	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MM月 DD日 YYYY年	Time of Death 死亡時間	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 早上 下午
4. Place of Death 死亡地點	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
5. Cause of Death 死亡原因	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
<b>Complete 6-8 if the cause of death if due to an accident 若死亡原因為意外導致，須填報6至8項。</b>			
6. Date of Accident 意外日期	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MM月 DD日 YYYY年	Time of Accident 意外時間	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 早上 下午
7. Place of Accident 意外地點	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		
8. Details of Accident 意外詳情	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>		

**Leave out 9-15 if the claim is only for compassionate death benefit. 若只索償身故恩恤賠償，索償人無須填報9至15項。**

9. 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?	10. 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?
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11. Name and address of the doctor who diagnosed the illness 作出診斷之醫生姓名及地址	
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12. 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 and Address of Doctor / Hospital 醫生 / 醫院名稱及地址	Attendance Date (MM / DD / YYYY) 診治日期 (月 / 日 / 年)	Disease or Condition 病患

13. If the deceased had any Life insurance coverage (other than AIA), please provide the following information.  
 如死者曾擁有其他保險公司之人壽保障 (除友邦外)，請提供以下資料。

Name of Company 公司名稱	Policy No. 保單號碼	Coverage Effective or Commencement Date (MM / DD / YYYY) 保單開始日期 (月 / 日 / 年)	Sum Assured 保額

14. Was the Deceased a smoker? 死者是否吸煙人士? <input type="checkbox"/> YES 是 <input type="checkbox"/> NO 否	15. If Yes, what was his smoking habit? 若為吸煙人士，吸煙習慣為何? Daily smoking amount 每天吸煙量: <input style="width: 100px;" type="text"/> Total smoking duration 吸食年數: <input style="width: 100px;" type="text"/>
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**(II) INFORMATION OF CLAIMANT 索償人資料**

Name in Full 全名	ID card / Passport No. 身份證 / 護照號碼
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Date of Birth 出生日期	<input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 60px;" type="text"/> MM月    DD日    YYYY年	Nationality 國籍
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U.S. Citizens or Residents, please provide U.S. Social Security Number (SSN)  
 美國公民或居民請填寫美國社會保障號碼

Current Permanent Address 現時永久地址	
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Current Residential Address 現時居住地址	
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Local Tel. No. 本地電話號碼	<input type="checkbox"/> Hong Kong Tel. No. 香港電話號碼 <input type="checkbox"/> Macau Tel. No. 澳門電話號碼 (852) - _____    (853) - _____
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U.S. Tel. No. 美國電話號碼 (if applicable 如適用)	(    1    ) - (       ) - Country Code    Area Code	_____
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Other Countries Tel. No. 其他國家電話號碼 (if applicable 如適用)	(       ) - (       ) - Country Code    Area Code	_____
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Occupation / Business 現職 / 行業	
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**(III) DECLARATION AND AUTHORIZATION BY CLAIMANT 索償人聲明及授權****1. I. Settlement Option 賠償方法：**

- a.  Cheque 支票  
b.  Wire Transfer 電匯

Please provide bank information below and submit together with the following documents 請提供以下銀行資料及提交下列之文件：  
Copy of any bank passbook / bank correspondence / bank statement (including e-statement) / valid bank card showing the account holder's name and account number.

任何列有戶口持有人及銀行賬戶號碼的銀行存摺 / 信件 / 月結單（包括電子結單） / 有效銀行卡副本。

Bank Name and Branch 銀行名稱	
Bank Branch and Address 銀行分行及地址	
Bank Swift Code 環球銀行財務電信代碼	
Bank Account Holder 銀行戶口持有人	
Bank Account Number 銀行賬號	

Note: The bank account holder's name must be the claimant.

註：銀行戶口持有人必須為索償人。

By marking a "X" in the above box, I represent that I am the above-mentioned bank account holder, agree all bank charges in this connection will be deducted from the transaction, and undertake to bear all risks of loss arising from this transaction, including but not limited to the responsibility for any errors or omissions resulting from the transaction and to hold AIA harmless and indemnified against all actions, proceedings, claims and demands whatsoever which may hereafter be brought against AIA arising out of or in connection with the transaction and from all costs and expenses of whatsoever kind in connection therewith. I hereby acknowledge AIA will not be liable in any way and irrespective of whether the above money transfer is successful or not.

在上述空格中劃上「X」號，本人表示我為上述銀行戶口持有人，同意於是次電匯中扣除有關銀行費用，並同意承擔由此電匯所產生的一切損失及風險，包括但不限於由此電匯所產生的任何錯誤與遺漏所造成的責任，並賠償一切由此產生或與此相關而對友邦不利的行為、訴訟、索賠以及要求所發生的成本與費用。本人謹此確認，不論上述匯款是否成功。友邦無需承擔任何責任。

**II. Settlement Currency 賠償貨幣：**

- a.  Policy Currency 保單貨幣  
b.  Hong Kong Dollar 港元

By marking a "X" in the above box, I 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 is solely a service offered by AIA at its discretion. I undertake to bear the necessary exchange difference, such difference being determined by AIA / Payee's Bank on the basis of its internal exchange rates as at the time of the relevant currency conversion.

在上述空格中劃上「X」號，本人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）所載之近期保單貨幣為準，因此提供選擇以近期的保單貨幣以外的貨幣作為收取任何此等利益的貨幣只屬友邦酌情所提供之服務。本人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或收款人銀行之內部兌換率而釐定。

I agree the full benefit proceedings to be settled as per the above-chosen option and currency indicated by ticks.

本人同意整筆利益款項以上述已選擇（以「X」表示）之方法及貨幣支付。

**2. I / We represent that I am / We are NOT a U.S. person for purposes of U.S. federal income tax and that I am / We are not acting for, or on behalf of, a U.S. person. I / We understand that AIA, believing this statement to be true, will rely on it and act on it. I / We agree to indemnify AIA in respect of any false or misleading information regarding my / our nationality, residence or tax status.**

就美國聯邦薪俸稅之有關事項而言，本人 / 我們聲明本人 / 我們並非“美國人”，及並不代表美國人行事。本人 / 我們明白，友邦相信此陳述是真實的，並以此為依據及代為行事。就有關本人 / 我們之國籍、居住地或稅務狀況，如有任何虛假或誤導性資料，本人 / 我們同意對友邦作出賠償。  
*\*Clause above is not applicable to U.S. citizens or residents, who must complete the section below. 美國公民或居民必須填寫以下部份，而以上之有關條款並不適用。*

By marking a "X" in the box on the left, I / We represent that I am / We are a "U.S. person" for U.S. federal income tax purposes. I / We understand that AIA shall be unable to process this application and / or make any claims payment, if I / We fail to: i) provide any required information in relation to this application; ii) provide any information as required by any governmental authorities, regulatory bodies and / or any other person(s) for U.S. federal income tax purposes; or iii) provide my / our express consent that AIA shall have the right to provide my / our personal data and information to any governmental authorities, regulatory bodies and / or any other person(s) in respect of relevant legal, regulatory, contractual and other disclosure requirements / obligations.

於左列空格中劃上「X」號，本人 / 我們聲明，就美國聯邦薪俸稅之有關事項而言，本人 / 我們是“美國人”。本人 / 我們明白，如本人 / 我們未能：i) 就本申請提供所需要的資料；ii) 就美國聯邦薪俸稅之有關事項，提供任何政府機關、監管機構及 / 或有關人士所要求的資料或iii) 提供明確同意予友邦，有權提供本人 / 我們的個人資料和信息予任何政府機關、監管機構及 / 或任何人士，以滿足任何有關的法律、監管、合約及其他任何披露要求 / 責任，友邦將無法處理這次申請及 / 或繳付任何索償金額。

**3. Claimant's Country / Jurisdiction of Tax Residence 索償人稅務居住國家 / 司法管轄區：**

You must provide the following information 你必須填寫以下資料：

	Country / Jurisdiction of tax residence 稅務居住國家 / 司法管轄區	Tax Identification Number (TIN) 稅務編號	If no TIN available, please enter Reason (A, B or C) 如未能提供稅務編號，請註明原因 (A, B 或C)	If you selected Reason B, please explain why you are unable to obtain a TIN 倘若閣下選擇原因B，請在下列說明為何閣下未能取得稅務編號
1				
2				
3				

Reason A – The country / jurisdiction where the Claimant(s) is / are resident(s) does / do not issue TINs to its residents

原因 A - 索償人所屬之國家 / 司法管轄區沒有為其居民設立稅務編號

Reason B – The Claimant(s) is / are otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the above table if you have selected this reason)

原因 B - 索償人未能獲得稅務編號或有同等功能的編號 (若選擇本原因，請於上表說明為何閣下未能取得稅務編號)

Reason C – No TIN is required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

原因 C - 不需要稅務編號 (備註：倘若閣下所屬之司法管轄區的相關本地法律並不需要收集稅務編號，方可選擇這個原因)

**Important Note 注意事項：**

The Company is required by the laws to conduct due diligence on the Claimant(s) with respect to his / her / their tax residence, collect the required information and furnish a return to the governmental authorities. If there is any uncertainty about tax residency status, it is suggested that the Claimant(s) shall disclose the information in the above table and consult also your own tax advisor. 本公司是跟據法律要求就索償人之稅務居住地進行盡職調查，並收集所需資料及提供給政府機關。如索償人對稅務居住地有任何疑問，請於上述表格內表述並徵詢你的稅務顧問。

**Declaration and Authorization 聲明及授權**

I / We acknowledge and irrevocably agree that the information contained in this form and information regarding the Claimant(s) 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 Claimant(s) may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

\*"Reportable Account" has the meanings ascribed to it under the "Common Standard on Reporting and Due Diligence for Financial Account Information" promulgated by the Organisation for Economic Cooperation and Development.

For individual claimant(s) – I / We certify that I am / We are the Claimant(s) (or am / are authorized to sign for the Claimant(s)) of all the account(s) to which this form relates.

For corporate claimant(s) – I / We certify that I am / We are authorized to sign for the Claimant(s) in respect of all the account(s) to which this form relates.

I / We declare that all statements made in this declaration are, to the best of my / our knowledge and belief, correct and complete.

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 Claimant(s) 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 and Declaration within 30 days of such change in circumstances.

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 / 我們承應並完全同意這表格內，所有資料及有關申請人之個人資料，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申請人所屬之國家 / 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。

\* "須申報帳戶" 之定義請參考經濟合作與發展組織頒佈的 "共同申報準則及財務帳戶資料之盡職調查"

由個人作索償人 - 本人 / 我們在此聲明，本人 / 我們是本申請書相關之全部帳戶的索償人 (或獲索償人授權簽署)。

由公司作索償人 - 本人 / 我們在此聲明，本人 / 我們是授權簽署本申請書相關之索償人的全部帳戶。

本人 / 我們聲明一切在這份聲明之條款是基於我 / 我們的據知及所信，及是正確及完整的。

本人 / 我們承諾，如有任何改動會影響認定為索償人之一方 / 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 / 我們將於有關改動發生後30日內通知本公司，並在該變動發生後30日內，向本公司提交最新的自行證明書。

本人 / 我們同意賠償任何損失，索償及與國籍、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行動。



**4. Levy on Premium 保費徵費****Important Note 重要通知**

The policy owner is required by the Insurance (Levy) Regulation ("the Regulation") to pay to the company the premium along with the prescribed levy which will be remitted to the Insurance Authority ("IA") by the company. Any failure to do so may result in a breach of the Regulation under which the IA may impose on the policy owner concerned a pecuniary penalty not exceeding HK\$5,000 and take legal proceedings to recover any outstanding levy and penalty as a civil debt.

保單持有人須按《保險業(徵費)規例》(“規例”)在繳交保費時向本公司一並繳交法定保費徵費，並由本公司把保費徵費轉付至保險業監管局(“保監局”)。如保單持有人沒有繳付保費徵費，或被視為違反規例，保監局可向該人施加不超過港幣5,000元的罰款，而欠付的徵費及罰款可作為欠保監局的民事債項而由該局追討。

**Declaration and Authorization 聲明及授權**

I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. Unless marking a "X" in the box on the left, I / We hereby give my / our irrevocable consent to the Company to deduct any outstanding levy, if any, from the claims payment and insurance proceeds if the related policy(ies) will be terminated after this claim. All of the outstanding levy of the policy(ies), if any, will be shared by the Owner / Assignee / Trustee / Beneficiary who gave consent to the Company as of the claims processing date on an equal split basis. I / We also understand and acknowledge that the policy owners' information is required to be provided to the Insurance Authority if the levy is overdue.

本人 / 我們聲明，本人 / 我們為此索償申請書中列明的保單之持有人 / 受讓人 / 信託人 / 受益人 (視情況而定)。

除非於左列空格劃上「X」號，否則本人 / 我們完全同意如有關保單因是次索償而終止，公司會從賠償金額及保險賠償金中扣除有關保單尚欠的保費徵費 (如適用)。於保單索償程序展開時已授權公司作出扣除的保單持有人 / 受讓人 / 信託人 / 受益人將平均承擔保單所有尚欠的保費徵費。

本人 / 我們明白及承認如保單持有人過期繳交保費徵費，公司須向保險業監管局提供保單持有人的資料。

**5. No Claim Discount (NCD) (Only Applicable to product with NCD) 無索償折扣 (只適用於享有無索償折扣的產品)****Important Note 重要通知**

If a claim that arose in any previous Policy Year is eventually payable or paid by the company after the policy owner has earned the NCD and thereby paid a discounted premium, the company will use the actual number of Claims Free Years and its corresponding NCD to recalculate the actual eligible discounted premium.

若保單持有人獲得無索償折扣並已支付折扣後的保費，及後本公司若須就以往任何保單年度所出現的索償而作出應付或已付賠償，本公司將會按照實際的無索償年度及其相應的無索償折扣重新計算實際之合資格的折扣後保費。

**Declaration and Authorization 聲明及授權**

I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary (as the case may be) under the policy(ies) as given on this form. Unless marking a "X" in the above box, I / We hereby give my / our irrevocable consent to the company to deduct any balance in excess of the actual eligible discounted premium recalculated in accordance with the eligible NCD and related levy (if any) from any insurance proceeds. The balance in excess of the actual eligible discounted premium will be borne by the Owner / Assignee / Trustee / Beneficiary according to the specific percentages stated in the application form for the policy(ies) (if applicable).

本人 / 我們聲明，本人 / 我們為此索償申請書中列明的保單之持有人 / 受讓人 / 信託人 / 受益人 (視情況而定)。除非於上列空格劃上「X」號，否則本人 / 我們完全同意，公司會從保險賠償金中扣除超出根據實際合資格無索償折扣所重新計算的保費金額及有關保費徵費 (如適用)。保單持有人 / 受讓人 / 信託人 / 受益人並會按申請書上指定的百分比承擔該金額。

**\* IMPORTANT NOTE 注意事項**

For the avoidance of doubt, AIA shall have the right to use, process and utilize your personal data (and transfer it to any such transferee(s)) for such purpose(s) in accordance with the AIA Personal Information Collection Statement (please carefully study this Statement, the latest version of which is available for download from AIA's website: [www.aia.com.hk](http://www.aia.com.hk), and is made available upon request).

為免生疑問，友邦有權按照AIA個人資料收集聲明(請仔細閱讀本聲明，最新版本可從AIA的網站下載：[www.aia.com.hk](http://www.aia.com.hk)，並於要求時提供)所述目的使用，處理和運用閣下的個人資料(並將其轉讓予承讓人)。

**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 / 我們的保單發行人及 / 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 / 我們的保單發行人及 / 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 / 退休金計劃在香港發給) 或澳門境外 / 境內 (如保單 / 退休金計劃在澳門發給) (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。

Name of Insured 受保人姓名 : \_\_\_\_\_ ID Card / Passport No. of Insured 受保人身份證 / 護照號碼 : \_\_\_\_\_

**Declaration and Authorization 聲明及授權**

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 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, 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申請賠償，並同意所有曾替受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份。又同意友邦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。

Signature of Claimant 索償人簽署													
Name 姓名													
ID Card / Passport No. 身份證 / 護照號碼													
Relationship with the Deceased 與死者關係	<input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Legal Guardian / Parent 監護人 / 父母 <input type="checkbox"/> Others (please specify) 其他 (請註明) : _____												
Date 日期	<table style="display: inline-table; border: none;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">MM</td><td style="text-align: center;">月</td><td style="text-align: center;">DD</td><td style="text-align: center;">日</td><td style="text-align: center;">YYYY</td><td style="text-align: center;">年</td></tr></table>							MM	月	DD	日	YYYY	年
MM	月	DD	日	YYYY	年								

**Important Note 注意事項**

- (a) 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 on our website (<http://www.aia.com.hk> > Help & Support > Health Care and Claims > How to file a Claim). We will notify you or our AIA financial planner / your broker / IFA 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，請參閱友邦的網頁 (<http://www.aia.com.hk> > 客戶支援 > 醫療保健和索償 > 如何索償)。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，我們會通知您或友邦財務策劃顧問 / 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。
- (b) In case you want to claim for other benefits, you have to complete an appropriate claim form of that respective claim type and file it in together with the necessary supporting evidence. 如您還需申請其他賠償類別，您須另行填寫及遞交相關的索償申請表格和所需證明。
- (c) Please submit your claim application to our AIA financial planner / your broker / IFA or send it to us at the following address: 請將您的索償申請交予友邦財務策劃顧問 / 您的保險顧問 / 投資顧問，或郵寄至以下地址：
- HK : AIA Customer Service Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong  
香港：友邦客戶服務中心，香港北角電氣道183號友邦廣場12樓
  - Macau : AIA Customer Service Centre, Unit 201, 2F, AIA Tower, Nos. 251A-301, Avenida Comercial de Macau, Macau  
澳門：友邦客戶服務中心，澳門商業大馬路251A-301號友邦廣場2樓201室



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“AIA” shall refer to AIA International Limited (Incorporated in Bermuda with limited liability), AIA Company Limited (Incorporated in Hong Kong with limited liability), as the case may be, depending on the issuing company of the relevant insurance policies this form is subject to. 「AIA」或「友邦」指友邦保險(國際)有限公司(於百慕達註冊成立之有限公司)，友邦保險有限公司(於香港註冊成立之有限公司)(視情況而定)，具體取決於此信件相關表格的發發公司。

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**(IV) DECLARATION BY AGENT (if applicable) 營業員聲明 (如適用)****Declaration 聲明**

I hereby confirm that duplicate copy of the document (mark with a "X" in the below box) which now submitting together with this form is same as the original document.

本人，現確認連同此申請表一併遞交文件副本（於下列空格劃上「X」號標示）內容與正本文件相同。

- Certificate of register of deaths issued by the Births and Death Registry, Hong Kong  
香港生死登記處簽發之死亡登記證書
- Hong Kong Identify Card of deceased  
死者香港身份證
- Deregistration proof of Hong Kong Identify Card of deceased issued by the Registration of Persons Office, Hong Kong  
香港人事登記處簽發之死者香港身份證註銷證明
- Grant of Letters of Administration / Grant of Probate issued by the High Court of the HKSAR (please circle as appropriate)  
香港特區高等法院授予之遺產管理書 / 遺囑認證書（請圈出適用的選項）
- Guardianship Order issued by the Guardianship Board or the High Court of the HKSAR  
香港特區監護委員會或高等法院授予之監護令
- Others (please specify) 其他（請註明）：\_\_\_\_\_

Signature of Agent 營業員簽署

Name 姓名

Agent Code 營業員號碼

Date 日期

--	--

MM月

--	--

DD日

--	--	--	--

YYYY年