



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.  Apply for Compassionate Death Benefit 申請身故體恤津貼  
每個索償人須個別填寫一份死亡賠償申請表

Policy Number 保單號碼 B123456789	Name of Insured 受保人姓名 Chan Tai Man	ID Card Number/Passport Number 身份證號碼/護照號碼 A123 XXXX
Area Code 區域編號 Z8	Agency/Broker Name 營業員組別/經紀名稱 ABC-12-DEFG	Agent/Broker Code 營業員號碼/經紀號碼 01234
Operations Team 營運部組別	Agent/Broker's Name 營業員/經紀姓名 Cheung Siu Man	Agent/Broker's Tel. No 營業員/經紀聯絡電話 91234567



03362035

(I) INFORMATION OF DECEASED 死者資料

(4) Deceased's Address at time of Death 死者死時住址	12/F No. 58 Aberdeen Main Street Hong Kong		
(5) Alias if any 別名	NIL		
(6) Occupation at time of Death 死時職業	Waiter	(7) Last Date of Working 最後工作日期	2/1/2015 MM / DD / YYYY 月 日 年
(8) Name of Employer 僱主名稱	AB Restaurant	(9) Address of Employer 僱主地址	G/F No. 10 Aberdeen Main Street
(10) Date of Birth 出生日期	8/8/1955 MM / DD / YYYY 月 日 年	(11) Source from which the date of birth is obtained 出生日期從何處得知	HKID
(12) Date & Time of Death 死亡日期及時間	8/30/2015 MM / DD / YYYY 月 日 年	Time : 6 : 00 時間	<input type="checkbox"/> a.m. <input checked="" type="checkbox"/> p.m. 早上 下午
(13) Place of Death 死亡地點	Queen Mary Hospital	(14) Cause of Death 死亡原因	Heart Disease
<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	MM / DD / YYYY 月 日 年	Time : : 時間	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m. 早上 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 AIA International Limited (hereinafter called "AIA").  
此表格適用於友邦保險(國際)有限公司(以下簡稱"友邦保險")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	1/30/2012 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	1/30/2012 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	Queen Mary Hospital 102 Pokfulam Road, Hong Kong		
(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 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
Queen Mary Hospital 102 Pokfulam Road, Hong Kong	1/30/2012		Heart Disease
(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 checked="" 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 checked="" 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
ABC Insurance	12345678	2/1/2000	USD 10000
(25) Was the Deceased a smoker? 死者是否吸煙人士?	<input type="checkbox"/> Yes 是 <input checked="" 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	Chan Siu Man		(28) ID Card / Passport No. 身份證/護照號碼	B234567(8)
(29) Date of Birth 出生日期	10/20/1958 MM / DD / YYYY	(30) Nationality 國籍 <small>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險號碼</small>	Chinese	(31) Occupation / Business 現職 / 行業 Clerk
(32) Current Permanent Address 現時永久地址	12/F No. 58 Aberdeen Main Street Hong Kong		(33) Tel. No. 電話號碼	98765432
(35) Relationship with the Deceased 與死者關係	Brother	(36) By what title are you submitting this claim? 以何名義申請賠償	<input checked="" type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Legal Guardian / Parent 監護人/家長 <input type="checkbox"/> Others 其他	



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B	1	2	3	4	5	6	7	8	9
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**AIA INTERNATIONAL LIMITED**  
**友邦保險 (國際) 有限公司**

(hereinafter called "AIA" 以下簡稱 "友邦保險")

**DECLARATION AND AUTHORIZATION 聲明及授權**

Name of Insured:

受保人姓名

Chan Tai Man

ID Card / Passport No. of Insured:

受保人身份證/護照號碼

A123456(7)

Policy No.:

保單號碼

B123456789

- a. 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。
- b. 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保險申請賠償，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。
- c. 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 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：  
任何知悉或擁有受保人之工作、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受保人診治之機構、組織或人士、向友邦保險透露有關資料，不得撤回，即使受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

- d. 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 at its discretion.  
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。
- e. 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 on the basis of AIA internal exchange rates as at the time of the relevant currency conversion.  
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。
- f. 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，友邦保險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/我們同意對友邦保險作出賠償。  
\*Clause (f) 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(f)之有關條款並不適用。

- By ticking 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.  
於左列空格中劃上口號，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保險，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/或任何人仕，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，友邦保險將無法處理這次申請及/或繳付任何索償金額。

**\*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，友邦保險有權按照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 and understood the AIA Personal Information Collection Statement ("AIA PIC").

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

I / We acknowledge and consent to the transfer of my / our personal data outside of Hong Kong (for policies issued in Hong Kong) or Macau (for policies issued in Macau), as the case may be, for the purposes and to the types of transferee as set out in the AIA PIC.

The updated version of AIA PIC is available for download from its website: [www.aia.com.hk](http://www.aia.com.hk), and is made available upon request.**個人資料收集及使用**

本人/我們確認本人/我們已閱讀及明白AIA個人資料收集聲明（「AIA個人資料收集聲明」）。

本人/我們聲明及同意在本申請所載或貴公司不時以任何方法收集所得、編製或持有的任何個人資料及關於本人/我們或本人/我們的保單或投資的其他資料，可根據AIA個人資料收集聲明收集及使用。

本人/我們知悉及同意就AIA個人資料收集聲明所述目的視乎情況轉讓本人/我們的個人資料至香港（如保單在香港發給）或澳門（如保單在澳門發給）境外予AIA個人資料收集聲明所載的資料承讓人。

AIA個人資料收集聲明的最新版本可於以下網址下載：[www.aia.com.hk](http://www.aia.com.hk)，及可向貴公司索取。

Signature of Witness 見證人簽署

Name 姓名: Chow Tai Mo

Date 日期: 9/30/2015

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(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: Chan Siu Man

ID Card/Passport No. 身份證/護照號碼: B234567(8)

Date 日期: 9/30/2015

**Relationship with the Deceased 與死者關係** Beneficiary 受益人 Legal Guardian / Parent 監護人/家長 Others 其他:

Policy Number 保單號碼

B	1	2	3	4	5	6	7	8	9
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**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 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。

**CLAIMS DOCUMENT CHECKLIST 索償文件參考表**

Document Type 文件類別	Natural Death 自然死亡	Accidental Death / Unnatural Cause of Death 意外或非自然死亡
<input type="checkbox"/> Application Form for Death Claim (Physician's Statement) 死亡賠償申請書(醫生報告) (OPCLMF05)	√	√
<input type="checkbox"/> Original or Certified True Copy of Death / Notarial Certificate / Court Order for Presumptive Death by AIA 死亡證/公證書/法院命令假定死亡證之正本或由AIA核證之副本	√	√
<input type="checkbox"/> Original or Certified True Copy of the Deceased's ID card by AIA 死者的身份證正本或由AIA核證之副本	√	√
<input type="checkbox"/> Copy of the Beneficiary's ID card 受益人的身份證副本	√	√
<input type="checkbox"/> Original or Certified True Copy of Birth Cert. of the Minor's Beneficiary by AIA 未成年受益人的出生證明書正本或由AIA核證之副本	√	√
<input type="checkbox"/> Original Policy or Policy Lost Declaration 保單正本或保單遺失聲明書 (OPCLMF59)	√	√
<input type="checkbox"/> Police Report / Traffic Accident Report 警察報告/道路交通事故責任認定書	N/A	√
<input type="checkbox"/> Post Mortem or Coroner's report 剖屍/法醫學屍體檢驗鑒定書/死因裁判報告	★	√
<input type="checkbox"/> Newspaper clipping 剪報	N/A	★
<input type="checkbox"/> Cremation Permit 喪禮/火葬證明書	★	★
<input type="checkbox"/> Legal Guardianship Paper for Minor's Beneficiary 未成年受益人的法定監護人證明書	★	★
<input type="checkbox"/> Surrender of HKID confirmation note 終止香港身份證之確認文件	★	★

√: Required documentary 基本文件    ★: Optional documentary 附加文件    N/A: Not Applicable 不適用





**APPLICATION FORM FOR DEATH CLAIM (PHYSICIAN'S STATEMENT) 死亡賠償申請書 (醫生報告)**

To be completed by the Attending Physician at the claimant's expense 申請人自費由主診醫生填寫

(1) Name of the deceased in full 死者全名	(in English 英文) (in Chinese 中文)		
(2) Policy Number 保單號碼		(3) I.D. Card/Passport No. 身份證/護照號碼	
(4) Deceased's Address at time of death 死時報稱住址			
(5) Occupation at the time of death 死時報稱職業		(6) Last date of working 最後工作日期	MM 月 / DD 日 / YYYY 年
(7) How long have you known the deceased? 閣下認識死者多久?		(8) Did you attend the deceased during his last illness? 閣下有否替死者診治末次之病患?	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 否 If so, for what disease? 若有, 是何種病患?
(9) Date of your first visit 首次診治日期	MM 月 / DD 日 / YYYY 年	(10) Date of your last visit 末次診治日期	MM 月 / DD 日 / YYYY 年
(11) Date of death 死亡日期	MM 月 / DD 日 / YYYY 年	(12) Time of death 死亡時間	<input type="checkbox"/> a.m. 上午 <input type="checkbox"/> p.m. 下午 Hr 時 / Min 分
(13) Cause of death 死亡原因			
(14) Place of death 死亡地點		(15) Whether a post-mortem will be or has been done? 是否將會或已經進行驗屍?	<input type="checkbox"/> Yes 會 <input type="checkbox"/> No 不會 <input type="checkbox"/> Done 經已進行 <input type="checkbox"/> Uncertain 不確定

**Complete 16-21 only if the cause of death is due to an accident**

**第 16-21 項只適用於由意外導致之死亡**

(16) Date of accident 意外日期	MM 月 / DD 日 / YYYY 年	(17) Time of accident 意外時間	Hr 時 / Min 分	<input type="checkbox"/> a.m. 上午 <input type="checkbox"/> p.m. 下午
(18) Place of accident 意外地點		(19) Details of accident 意外詳情		
(20) When did the deceased first seek medical treatment of his last illness? 死者末次病患之首次求診日期?	MM 月 / DD 日 / YYYY 年	(21) How long did the deceased suffer from the last illness before seeking medical treatment? 死者末次病患於求診前已存在多久?		

Please turn over 請轉後頁

