



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

Policy Number 保單號碼	Name of Proposed Insured/Insured 準受保人/受保人姓名	I.D. Card Number/Passport Number 身份證號碼/護照號碼 XXXX
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
Operations Team 營運部組別	Agent/Broker's Name 營業員/經紀姓名	Agent/Broker's Tel. No 營業員/經紀聯絡電話



01722026

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, AIA International Limited 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，友邦保險（國際）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『認証真本』。

(Please do not sign on blank form 請勿在空白表格上簽署)
Signature of AIA Financial Planner / Broker / Policyowner /
Applicant / Insured / Claimant
友邦財務策劃顧問/經紀/保單持有人/申請人/受保人/索償人簽署

MM月 / DD日 / YYYY年