AIA International Limited
(Incorporated in Bermuda with limited liability)

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

☐ **Apply for Compassionate Death Benefit 申請身故體恤津貼**

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) **(Compulsory)** 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	

03362093

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
			☐ IA
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	☐ ANG

For proper follow up on your claims progress, your AIA financial planner / broker / IFA of your 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，您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。

☐ If you do not agree on the above arrangement, please mark "✓" in the box. 如果您不同意上述安排，請於空格內劃上「✓」號。

(I) INFORMATION OF DECEASED 死者資料

1. Date of Birth 出生日期 ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年

2. Last Date of Working 最後工作日期 ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年

3. Date & Time of Death 死亡日期及時間 ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年 Time : 時間： ☐ a.m. 早上 ☐ p.m. 下午

4. Place of Death 死亡地點

5. Cause of Death 死亡原因

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。

6. Date & Time of Accident 意外日期及時間 ☐☐ MM月 ☐☐ DD日 ☐☐☐☐ YYYY年 Time : 時間： ☐ a.m. 早上 ☐ p.m. 下午

7. Place of Accident 意外地點

8. 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 | | | | | | | | | | |

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?

11. Name and address of the doctor who diagnosed the illness
作出診斷之醫生姓名及地址

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（除友邦人壽保險外），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?
☐ YES 是 ☐ 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:
Total smoking duration 吸食年數:

(II) INFORMATION OF CLAIMANT 索償人資料

16. Name in Full 全名

17. ID card / Passport No. 身份證 / 護照號碼

18. Date of Birth 出生日期
MM月 DD日 YYYY年

19. Nationality 國籍
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

20. Current Permanent Address 現時永久地址

21. Local Tel. No. 本地電話號碼
☐ Hong Kong Tel. No. 香港電話號碼 ☐ Macau Tel. No. 澳門電話號碼

22. U.S. Tel. No. 美國電話號碼 (if applicable 如適用)

23. Other Countries Tel. No. 其他國家電話號碼 (if applicable 如適用)
☐ Mobile 手提 ☐ Fixed Line 固網
( ) – ( ) –
Country Code 國家號碼 Area Code 地區號碼

24. Occupation / Business 現職 / 行業

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 & Claims> File a Claim). If you want to get back the original medical receipt(s) / sick leave certificate(s) submitted, please also complete the "Request for Return of Original Document(s)" Form. 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 > 健康及索償 > 索償）。如欲退回任何呈交之正本醫療收據 / 病假證明書，請一併遞交「退回正本文件」申請表格。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 Wealth Select Centre, 12/F AIA Tower, 183 Electric Road, North Point, Hong Kong
  香港：友邦財駿中心，香港北角電氣道183號友邦廣場12樓
- Macau : AIA Customer Service Centre, Unit 1903, 19/F 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19樓1903室

Policy Number 保單號碼 | | | | | | | | | | |

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：_____ ID Card / Passport No. of Insured 受保人身份證 / 護照號碼：_____

Items 1 to 4 for Individual Life Insurance Policy only 1至4項只適用於個人壽險

1. **Check Settlement Option 支票賠償方法：** ☐ Hong Kong Dollar 港元 ☐ Policy Currency 保單貨幣

   i. 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（"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。

   ii. 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。

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 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 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✓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，友邦保險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. Declaration of Policy Lost 保單遺失聲明

☐ By ticking the box on the left, I / We represent that I am / We are the Owner / Assignee / Trustee / Beneficiary under the policy as given on this form; 1) The aforesaid Policy was lost and could not be located despite diligent efforts; 2) The aforesaid Policy has not been assigned, pledged, or otherwise conveyed or encumbered to another person (not applicable to the Assignee); 3) If payment of the insurance proceeds is made by the Company in my favor, I / We hereby warrant to hold the Company free and harmless from any suit, claim or liability arising therefrom and furthermore I / We undertake to reimburse the Company the amount paid to me / us, including any interest which may be charged thereon.

Furthermore, I / We hereby covenant and acknowledge that the production by the Company of a receipt for any sum paid under the aforesaid Policy, signed by the Policy Owner or Assignee or any Beneficiary or Beneficiaries of record or by a trustee for or legal representative of such Beneficiary, or the Insured's Estate where no Beneficiary has been named, shall be a discharge to the Company for the same and shall be final and conclusive evidence to all intents and purposes that such sum has been duly paid to and received by the person or persons lawfully and rightfully entitled to the same and that all claims and demands whatsoever against the Company in respect thereto have been fully satisfied.

於左列空格中劃上✓號，本人 / 我們聲明,本人 / 我們為此索償書的保單之持有人 / 受讓人 / 信託人 / 受益人；1) 保單已被遺失及遍尋不獲；2) 保單並沒有被轉讓或抵押予他人（不適用於受讓人）；3) 如貴公司將保險賠償金發放給本人 / 我們，本人 / 我們謹此保證貴公司將不會被牽連或須負上任何由此賠償所引發之訴訟、索償或責任。本人 / 我們更會承擔償還該賠償金額及其一切相關之利息。

此外，本人 / 我們謹此承認貴公司所提供由保單之持有人或受讓人或受益人或信託人或受益人之法律代表或財產承辦人（如沒有指定受益人時）就上述保單所簽署及確認之賠款清償收據，則表示貴公司對上述保單所發出之賠款已為擁有法律權利承受該款項之人士所收訖，而貴公司亦已履行上述保單之所有責任。

5. 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。

6. 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 andall other proofs and supporting documents associated with this claim application shall constitute and are hereby made part of this death claim application. I furtheragree 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。

7. 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 anysuch information. This authorization shall bind the Insured's successors and assigns and remain valid notwithstanding the Insured's death or incapacity in so far aslegally 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、病假紀錄、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紀錄及曾為或將為受保人診治之機構、組織或人士、向友邦保透露有關資料，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。

8. 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 putting a tick ✓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✓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。

9. 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 putting a tick ✓ 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✓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/ 受益人並將按申請書上指定的百分比承擔該金額。

Policy Number 保單號碼 | | | | | | | | | | |

* 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) inaccordance with the AIA Personal Information Collection Statement (please carefully study this Statement, the latest version of which is available for download from AIA'swebsite: 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，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 個人資料收集及使用

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, and is made available upon request.

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（如保單在香港繕發）或澳門（如保單在澳門繕發）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**，及可向貴公司索取。

Signature of Witness 見證人簽名	(Please do not sign on blank form 請勿在空白表格上簽署) Signature of Beneficiary or Claimant 受益人 / 申請人簽署
Name 姓名	ID Card / Passport No. 身份證/ 護照號碼
Date 日期： MM月 DD日 YYYY年	Date 日期 MM月 DD日 YYYY年

Relationship with the Deceased 與死者關係

- ☐ Beneficiary 受益人
- ☐ Legal Guardian / Parent 監護人 / 家長
- ☐ Others 其他：_____

Download our mobile app AIA Connect to manage your policy anytime, anywhere!
下載AIA「友聯繫」手機應用程式以便輕鬆管理您的保單！