



代理人姓名 Agent Name	代理人號碼 Agent Code	聯絡電話 Contact Tel. No.
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索償保障類別 Coverage Claiming For	<input type="checkbox"/> 人壽保險 Life Assurance	<input type="checkbox"/> 付款人豁免保費保障 PB	<input type="checkbox"/> 綜合意外保障 AI	<input type="checkbox"/> 意外死傷保障 ADD	<input type="checkbox"/> 其他 Other
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附上文件 Documents attached	<input type="checkbox"/> 保單正本 Original Policy	<input type="checkbox"/> 政府發簽之死亡證書 Official Death Certificate	<input type="checkbox"/> 火葬紙 Cremation Certificate	<input type="checkbox"/> 身份證(死者/索償人) ID card (deceased/claimant)	<input type="checkbox"/> 出生證書 Birth Certificate	<input type="checkbox"/> 結婚證書 Marriage Certificate
	<input type="checkbox"/> 警署報告 Police Report	<input type="checkbox"/> 死因法庭報告 Coroner's Report	<input type="checkbox"/> 新聞剪報 Newspaper Clippings	<input type="checkbox"/> 其他 Others		

填表須知 Instructions	<p>1. 如索償人超過一位，索償人可在同一申請書上填寫有關資料及簽署，亦可各自填寫一份申請書。 If there is more than one claimant, all may complete and sign on the same claim form or each claimant may complete a separate claim form.</p> <p>2. 發出此申請書並不表示本公司已承認責任。在此索償過程中，索償人無需支付任何性質之手續費、佣金或費用予本公司之僱員或代理人。 The issue of this form is in no way an admission of liability by the Company. No fee, commission or charge of whatever nature is required to pay to the employees or agents of the Company with respect to this claim.</p> <p>3. 請回答申請書第一部份所有問題。如有需要，申請書第二部份必須由主診醫生填寫及簽署並由索償人支付有關費用。 Please answer ALL the questions in Part I of this claim form. If required, Part II of this claim form MUST be completed and signed by the attending physician. The completion of this part is at claimant's own expenses.</p> <p>4. 請附上死亡證明文件、死者和索償人身份證及死者和索償人關係證明文件，例如由政府部門發簽之死亡證書、火葬紙、身份證、出生證書、結婚證書等以便審核此索償。 Please attach relevant documents to prove the death of the deceased, the identity card of the deceased and the claimant, the relationship between the deceased and the claimant such as official death certificate, cremation certificate, ID card, birth certificate, marriage certificate, etc. to enable us to assess your claim.</p> <p>5. 如因意外引致死亡，請提供有關是次意外及身故原因的證明文件，例如警署報告、死因法庭報告、新聞剪報(如有)等。 If the deceased died of accident, reports relating to the circumstances and the cause of death such as police report, coroner's report, newspaper clippings, if any, etc. are also required.</p> <p>6. 倘保險金納入死者之遺產，此申請書須由死者之遺產承辦人填寫及簽署，同時須遞交遺產承辦書或等同文件。 Where "own estate" is stated as beneficiary, the Executor or Administrator must complete and sign this form, and Letter of Administration or equivalent document is required.</p> <p>7. 倘受益人為未成年或無行為能力人任，此申請書須由其監護人填寫及簽署，同時須遞交法庭委任書或等同文件。 If the beneficiary is a minor or a person lacking capacity, the guardian must complete and sign this form, and Guardianship Paper or equivalent document is required.</p>
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第一部份 - 索償人聲明(由索償人填寫)
PART I - CLAIMANT'S STATEMENT (to be completed by Claimant)

死者資料 Deceased's Details									
1. 保單號碼 Policy No.	死者姓名 Name of Deceased	英文 in English	中文 in Chinese						
身份證號碼 ID Card No.	出生日期 Date of Birth	年 / 月 / 日 YY / MM / DD	年齡 Age	性別 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female			
身故時之住址 Residential address at time of death						聯絡電話 Contact Tel. No.			
身故時之僱主名稱及地址 Name and Address of last employer						聯絡電話 Contact Tel. No.			
身故時之職業及職務 Occupation & job duties at time of death						最後工作日期 Last date of working	年 / 月 / 日 YY / MM / DD		
身故日期、時間和地點 Date, Time and Place of death		日期 Date	年 / 月 / 日 YY / MM / DD	時間 Time	<input type="checkbox"/> 上午 a.m.	<input type="checkbox"/> 下午 p.m.	地點 Place		
身故原因 Cause of death									

如屬意外身故，請填報第 2 項 Complete item 2 if Death was due to Accident

2. a. 意外發生日期、時間和地點 Date, Time and Place of accident	日期 Date	年 / 月 / 日 YY / MM / DD	時間 Time	<input type="checkbox"/> 上午 a.m.	<input type="checkbox"/> 下午 p.m.	地點 Place				
b. 意外發生經過? How did the accident happen? (請附上新聞剪報, 如有) (attach newspaper clippings, if any)										
c. 受傷部位? Which part(s) of body injured?										
d. 受傷程度? What is the extent of the injury?										
e. 是否有報警? Have reported to police?	<input type="checkbox"/> 是, 報案警署名稱 Yes, Police station	檔案編號(請附上副本, 如有) Police reference number (submit photocopy if any)					<input type="checkbox"/> 否 No			

3. a. 請敘述導致死者身故之疾病及病徵 Describe the nature and the symptoms of the deceased's last illness	
b. 死者何時首次因相關疾病向醫生求診? When did the deceased first consult physician for the related illness?	年 / 月 / 日 YY / MM / DD
c. 死者何時開始顯示患有導致其身故之病徵? When did the deceased first complain of or give indications of his/her last illness?	年 / 月 / 日 YY / MM / DD

診治詳情 Consultation Details

4. 就此傷病求診之醫生資料 Details of consultation for the illness or injury	求診日期(年/月/日) Consultation Date (YY/MM/DD)	原因/病因 Reason/Diagnosis	醫生或醫院名稱及地址(請附上病歷咭，如有) Name and Address of doctor/hospital (please attach patient card copy if available)
a. 就此傷病首次求診的醫生 Doctor first consulted for related illness or injury			
b. 建議入院的醫生 Doctor referred to hospital			
b. 在過去五年內就同類或有關類似病症或其他疾病曾求診的醫生 Doctors consulted for same or similar conditions or other illness in the past 5 years			

住院詳情 Hospitalization Details

5. 就同類或有關類似病症或其他疾病曾入住的醫院資料 Details of hospital confinement in the past for same or similar conditions or other illness	入院日期(年/月/日) Date of Admission (YY/MM/DD)	出院日期(年/月/日) Date of Discharge (YY/MM/DD)	原因/病因 Reason/Diagnosis	醫院名稱及地址(請附上病歷咭，如有) Name and Address of hospital (please attach patient card copy if available)

其他資料 Other Information

6. a. 是否已經或將會舉行死因研訊? Has there been or will there be a death inquest?	<input type="checkbox"/> 是, 日期 Yes, Date	年 / 月 / 日 YY / MM / DD	地點 Place		<input type="checkbox"/> 否 No
b. 是否已經或將會進行屍體解剖? Has there been or will there be a post-mortem?	<input type="checkbox"/> 是, 日期 Yes, Date	年 / 月 / 日 YY / MM / DD	地點 Place		<input type="checkbox"/> 否 No
7. 死者在其他保險公司之人壽或意外保險資料 Other life or accident insurance carried by the deceased with other insurance companies?	保險公司 Insurance Company	保單號碼/團體保險編號 Policy No. / Group Member No.	保額 Amount of Coverage	生效日期(年/月/日) Effective Date (YY/MM/DD)	

索償人資料 Claimant's Details

	(1)	(2)	(3)
索償人姓名 Name of Claimant	英文 in English		
	中文 in Chinese		
與死者關係 Relationship to the deceased			
身份證號碼 ID Card No.			
出生日期(年/月/日) Date of Birth (YY/MM/DD)	/ /	/ /	/ /
性別 Sex	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female
聯絡地址及電話 Corresponding Address & Tel. No.			
以何名義申請索償 Capacity for submitting the claim	<input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 受讓人 Assignee <input type="checkbox"/> 信託人 Trustee <input type="checkbox"/> 監護人/父母 Legal Guardian/Parent <input type="checkbox"/> 其他 Others	<input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 受讓人 Assignee <input type="checkbox"/> 信託人 Trustee <input type="checkbox"/> 監護人/父母 Legal Guardian/Parent <input type="checkbox"/> 其他 Others	<input type="checkbox"/> 受益人 Beneficiary <input type="checkbox"/> 保單權益人 Policyowner <input type="checkbox"/> 受讓人 Assignee <input type="checkbox"/> 信託人 Trustee <input type="checkbox"/> 監護人/父母 Legal Guardian/Parent <input type="checkbox"/> 其他 Others
是否委任合法之代表或律師 Have you appointed a legal representative/lawyer?	<input type="checkbox"/> 是，請在下面詳述 Yes, please provide details below <input type="checkbox"/> 否 No 姓名 Name Address 地址 Telephone 電話	<input type="checkbox"/> 是，請在下面詳述 Yes, please provide details below <input type="checkbox"/> 否 No 姓名 Name Address 地址 Telephone 電話	<input type="checkbox"/> 是，請在下面詳述 Yes, please provide details below <input type="checkbox"/> 否 No 姓名 Name Address 地址 Telephone 電話

聲明及授權
本人/我們明白及同意：
(1) 所有在本申請書的一切陳述及答案，不論是否本人/我們親手所寫，就本人/我們所知所信，均為事實無訛；
(2) 本人/我們明白本人/我們提供的死者個人資料為聯豐亨人壽保險股份有限公司(以下簡稱「貴公司」)提供保險業務所需，並可能使用於下列目的：
- 處理及/或批准所申請的產品及/或服務，以及與該等產品及/或服務有關的增加、更改、變更、取消、續期及復效，該等產品及/或服務包括但不限於保險、退休金或退休金計劃，或其他與財務有關的產品或服務；
- 任何索償，或該等索償的調查、分析、處理、評估、釐定或回應該等索償；
- 行使任何代位權；
- 防止及/或偵查罪行、欺詐及其他不誠實的行為；及
可能轉予下述各方（無論在澳門特別行政區境內或境外）作為上述列出目的之用：
- 任何再保險及索償調查公司、有關的保險行業協會及聯會和該等協會及聯會的會員；
- 任何向貴公司及/或其相關聯公司提供業務運作有關的行政、電訊、電腦、市場推廣、法律、醫療及/或其他服務的代理人、專業顧問、承包商、商業夥伴及第三方服務供應者；
- 根據對貴公司具法律約束力的規定或因監管或其他管理機構所要求貴公司遵守的指引（包括但不限於美國《海外帳戶稅收合規法案》和跨政府協議），履行對任何人士的披露責任；
- 任何對貴公司有保密責任並已承諾對相關信息保密的人。
(3) 本人/我們明白本人/我們有權查閱及要求更正由貴公司持有有關本人/我們及/或在本申請書提及之死者的個人資料。如有需要，本人/我們可向貴公司提出，地址：澳門新口岸宋玉生廣場 398 號中航大廈四樓。本人/我們明白及不得撤回授權：
(1) 在法律允許的範圍內，貴公司可向有關的保險行業協會及聯會和該等協會及聯會的會員從保險業內收集的資料中查閱及/或核對本人/我們及/或死者的任何資料。
(2) 任何知悉或擁有本人/我們及/或死者之工作、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之機構、組織或人士，應貴公司授權代表的要求，在法律允許的範圍內，得向貴公司透露有關資料。即使本人/我們/被保人死亡或喪失能力，在法律允許的範圍內，此授權對本人/我們/被保人之繼承人及受讓人仍然有效。此授權之影印本應與正本同屬有效。

Declaration & Authorization
IT IS UNDERSTOOD AND AGREED
(1) All statements and answers in this form whether or not written by my/our own hand are complete and true to the best of my/our knowledge and belief;
(2) The information provided by me/us of the deceased named herein to Luen Fung Hang Life Limited (hereinafter called "the Company") is collected to enable the Company to carry on insurance business and may be used for the purpose of:
- processing and/or approving applications for products and/or services and additions, alterations, variations, cancellations, renewals, and reinstatements of such products and/or services which may include, without limitation, insurance, provident fund or scheme, or other financial products or services;
- any claim or investigation, analyzing, processing, assessing, determining or responding of such claims;
- exercising any right of subrogation;
- preventing and/or detecting crimes, fraud and other dishonest behavior; and
may be transferred to the following parties (whether within or outside the Macau Special Administrative Region) for the purposes set out as above:
- reinsurance and claims investigation companies, relevant insurance industry associations and federations, and members of such industry associations and federations;
- agents, professional advisors, contractors, business partners, and third party service providers who provide administration, telecommunications, computer, marketing, legal, medical and/or other services to the Company and/or any of its affiliated companies in connection with the operation of business;
- any person to whom the Company is under an obligation to make disclosure under the requirements of any law binding on the Company or under and for the purposes of any guidelines issued by regulatory or other authorities with which the Company are expected to comply (including but not limited to FATCA and the IGA);
- any other person under a duty of confidentiality to the Company which has undertaken to keep such information confidential.
(3) I/We understand that I/We have the right to obtain access to and to request correction of any personal information concerning myself/ourselves and/or the deceased named herein held by the Company. If necessary, requests can be made to the Company, address: No. 398 Alameda Dr. Carlos d'Assumpção, Edifício CNAC, 4.º Andar, Macau.
IT IS UNDERSTOOD AND IRREVOCABLY AUTHORIZED:
(1) The Company is hereby authorized to obtain access to and/or to verify any data provided by me/us and/or the deceased with the information collected by the relevant insurance industry associations and federations, and members of such industry associations and federations from the insurance industry in so far as legally possible.
(2) any organization, institution, or individual that has any record or knowledge of my/our/the deceased'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 the Company may disclose any such information in so far as legally possible. This authorization shall bind my/our/the Insured's successors and assignees and remain valid notwithstanding my/our/the Insured's death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

日期(年/月/日) Date (YY/MM/DD)	/ /	/ /	/ /
索償人簽署 Signature of Claimant			

日期(年/月/日) Date (YY/MM/DD)	代理人/見證人身份證號碼 ID Card No. of Agent/Witness	代理人/見證人姓名 Name of Agent/Witness	代理人/見證人簽署 Signature of Agent/Witness
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公司專用 FOR OFFICE USE ONLY	Claim No.	Date Received	Captured By	Signature Verified by	Checked By	Approved By	Remarks
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