

Benefit claim form 福利索償表格

(To be completed by the claimant)
(由索償人填寫)

You should use this form if you need to make a death or benefit claim. 您請使用本表格申請身故或保障索償。

Please complete this form in English and in **CAPITAL** letters and send it to your local Zurich International Life office at the address on the back of this form. All claimants or legal representatives should sign the form.

If this has not been done, we will be unable to accept the instruction and your payment will be delayed.

請以**英文大楷**填寫本表格，並送交您身處當地的蘇黎世國際人壽保險(蘇黎世)辦事處，地址已載列於本表格最後一末。本表格須由所有索償人或法律代表簽署，否則，本公司將無法執行有關指示，賠償將因而延誤。

If you are not satisfied with our handling of your claim, please refer to our complaints procedure.

若您對本公司處理索償的過程有任何不滿，可參考本公司的投訴程序。

Any benefit payment made will be subject to any applicable trade or economic sanctions.

任何索償金額將受限於任何適用的貿易或經濟制裁。

Contact details 聯絡資料

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

我們於聯絡客戶時嚴格執行保密程序。為保障客戶私隱，您所提供的資料將被視為認可的聯絡資料，故此請務必提供準確的資料，如資料有變，請務必通知本公司。

Policy number 保單編號

1 Policy and contact details 保單及聯絡資料

For completion by claimant(s) 由索償人填寫

Life insured 受保人

Title 稱銜

Mr 先生 Mrs 太太 Miss 小姐 Ms 女士 Dr 博士

Other (please give details) 其他 (請說明)

Family name 姓

Forename(s) 名

Claimant 1 索償人1

Title 稱銜

Mr 先生 Mrs 太太 Miss 小姐 Ms 女士 Dr 博士

Other (please give details) 其他 (請說明)

Family name 姓

Forename(s) 名

Policy and contact details (continued) 保單及聯絡資料 (續)

Claimant 1 (continued) 第一索償人 (續)

Please give details of any previous names or aliases used (including maiden name)
請詳述任何曾使用的姓名或別名 (包括婚前姓氏)

Current residential address 現時住址

Correspondence address (if applicable) 通訊地址 (如適用)

Telephone number 電話號碼

Mobile number 手提電話號碼

Email 電郵地址

Relationship to life insured 與受保人之關係

Please tick your preferred method of contact:
請別選您欲使用的聯絡方法

Telephone 電話 Mobile 手提電話 Email* 電郵* by post at the address given above 郵寄至上述地址

* For security purposes, limited information can be provided by email.

* 基於資料保障條例，透過電郵及傳真提供的資料將會有限。

Claimant 2 第二索償人

Title 稱銜

Mr 先生 Mrs 太太 Miss 小姐 Ms 女士 Dr 博士

Other (please give details) 其他 (請說明)

Family name 姓

Forename(s) 名

Please give details of any previous names or aliases used (including maiden name)
請詳述任何曾使用的姓名或別名 (包括婚前姓氏)

Current residential address 現時住址

Correspondence address (if applicable) 通訊地址 (如適用)

Telephone number 電話號碼

Mobile number 手提電話號碼

Email 電郵地址

Relationship to life insured 與受保人之關係

Please tick your preferred method of contact:
請別選您欲使用的聯絡方法

Telephone 電話 Mobile 手提電話 Email* 電郵* by post at the address given above 郵寄至上述地址

* For security purposes, limited information can be provided by email.

* 基於資料保障條例，透過電郵及傳真提供的資料將會有限。

2 Advanced Claims Payment details – International Term Assurance only 預支身故賠償詳情 — 只適用於「國際定期壽險」

If your claim meets the criteria for an advanced payment** and you wish to accept this payment, please tick here to confirm.

如您的索償符合預付額條件**，並欲接受該預付款項，請在此劃上剔號。

** An advanced payment of USD5,000 (or currency equivalent) will be made on all International Term Assurance death claims. This payment will be made as an advance of the life cover sum insured, so that on full settlement of the life cover claim, the amount payable will be reduced by the amount of the advanced payment already made. The advanced payment will be made following satisfactory notification of death and receipt of the relevant claimant anti-money laundering information.

** 所有「國際定期壽險」身故賠償將會預付5,000美元（或等值貨幣）的賠償。有關款項將視為壽險保障的預付額，因此，當支付壽險保障賠償全額時，應付金額將會扣除已支付的預付額。預付額將於本公司收到符合標準的身故通知及相關索償人的打擊清洗黑錢資料後支付。

Summary of **Advanced Claims Payment** amount
預支身故賠償金額列表

Policy currency 保單貨幣	Advanced Claims Payment amount 預支身故賠償金額
HKD 港元	50,000
USD 美元	5,000
GBP 英鎊	3,000
EUR 歐元	4,000
AUD 澳元	5,000
SGD 新加坡元	6,000

Please note that the final decision to pay an **Advanced Claims Payment** will rest with the Company and there will be circumstances where the Company will decline such payment.

請注意，本公司保留支付**預先身故賠償**之最終決定權。本公司有權在個別情況下拒絕支付此賠償。

If you are making a death claim, please return the policy schedule(s). If you have lost or misplaced these, please complete the 'Lost policy declaration and indemnity form' section 7, page 11.

如就身故申請索償，請交回保單附表。如您遺失有關文件，請填妥第11頁第7部分的「遺失保單聲明及賠償表格」。

3 Claim details 索償詳情

Please tick option A, B or C (tick one only) 請剔選A、B或C其中一項

Claimant 1 第一索償人

- Option A – Death claim
A項 — 身故賠償
- Option B – Critical illness claim
B項 — 危疾賠償
- Option C – Other claim (Please specify benefit below)
C項 — 其他賠償 (請在下方註明保障)

Benefit 保障

Claim amount 賠償金額

4 Method of payment 付款方法

Please tick one of the following options only. 只可選擇其中一項。

- Autopay (Hong Kong dollars in Hong Kong only)
自動轉賬 (只適用於在香港以港元轉賬)
- Cheque*
支票*
- Interbank giro payment (Singapore dollars in Singapore only)
銀行直接轉賬 (GIRO) (只適用於在新加坡以新加坡元轉賬)
- Telegraphic transfer (bank charges apply)
電匯 (銀行收費適用)
- Swedish giro (Swedish krona to Swedish banks)
瑞典銀行直接轉賬 (GIRO) (以瑞典克朗轉賬至瑞典銀行)
- BACS (UK only)
BACS (只適用於英國)

Please state the currency you would like to receive payments in
請註明欲收取付款的貨幣

* For payments by cheque 支票付款

Cheques are payable in sterling. If you are resident in Hong Kong, Hong Kong dollar, Japanese yen and US dollar cheques are available.

支票以英鎊支付。如您為香港居民，可選擇以港元、日圓及美元支票收取索償。

Name of payee(s) 收款人姓名

Correspondence address 通訊地址

For payments by telegraphic transfer (your claim payment will be delayed if you do not complete all of these details)
電匯付款 (如您未能填妥所有資料，索償款項將被延遲支付)

Note: to make the payment we are obliged to disclose the beneficiary details to the relevant banks or bank service providers involved such as correspondent banks, SWIFT and BACS. Personal information may therefore be transferred to countries which may not necessarily provide an equivalent level of data protection.

註：本公司有責任向相關銀行或銀行服務供應商披露受益人資料，以完成付款，包括往來銀行、SWIFT代碼及BACS。因此，個人資料可能傳送至個人資料保障未達相同水平的國家。

Bank name 銀行名稱

Bank address 銀行地址

Account holder's name(s) 賬戶持有人姓名

If account holder's name differs from the claimant's name please clarify why
若賬戶持有人姓名與索償人姓名不同，請說明原因

Account number
賬戶號碼

Sort code (for UK banks only)
Sort代碼 (只適用於英國銀行)

SWIFT code
SWIFT代碼

IBAN (Note: depending on your region, you may not need to use all the IBAN boxes)
IBAN (註：根據地區而定，您或無須填寫所有IBAN欄)

ABA number (if known – not required for UK banks)
ABA號碼 (如有 – 英國銀行無須填寫)

Reference to be quoted (if applicable) 所須引述的參考編號 (如適用)

Method of payment (continued) 付款方法 (續)

Correspondent bank details (if funds are to be paid through a separate bank)
往來銀行資料 (若透過獨立銀行支付款項)

Bank name 銀行名稱

Bank address 銀行地址

Account holder's name(s) 賬戶持有人姓名

Account number
賬戶號碼

Sort code (for UK banks only)
Sort代碼 (只適用於英國銀行)

SWIFT code (if known – not required for UK banks)
SWIFT代碼 (如有 – 英國銀行無須填寫)

IBAN (Note: depending on your region, you may not need to use all the IBAN boxes)
IBAN (註：根據地區而定，您或無須填寫所有IBAN欄)

ABA number (if known – not required for UK banks)
ABA號碼 (如有 – 英國銀行無須填寫)

For payments by Autopay/BACS/Interbank giro/Swedish giro
自動轉賬/BACS/銀行直接轉賬(GIRO)/瑞典銀行直接轉賬(GIRO)付款

Bank name 銀行名稱

Bank address 銀行地址

Account holder's name(s) 賬戶持有人姓名

Account number
賬戶號碼

Sort code (for UK banks only)
Sort代碼 (只適用於英國銀行)

Building society roll number
建屋協會號碼

Bank number (Hong Kong only)
銀行號碼 (只適用於香港)

Branch number (Hong Kong only)
分行號碼 (只適用於香港)

Name of payee(s) 收款人姓名

If account holder's name differs from the claimant's name please clarify why
若賬戶持有人姓名與索償人姓名不同，請說明原因

Correspondence address 通訊地址

5 Proof of identity and residential address for claimant(s)
索償人的身份證明及住址證明

For each claimant, please ensure photographic ID and proof of address documents are attached to the form.
 索償人請確保表格與附相片的身份證明及住址證明文件一併遞交。

Proof of identity 身份證明

Claimant(s) must provide one of the following valid primary documents that has been suitably certified:
 索償人須提供以下其中一項有效及獲有效核證的主要文件：

(please tick to confirm which document is attached)
 (請選出隨附的文件)

	Claimant 1 第一索償人	Claimant 2 第二索償人
• Passport 護照	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card 政府簽發的身份證明文件	<input type="checkbox"/>	<input type="checkbox"/>

Proof of residential address 住址證明

In order to verify the claimant(s) current residential address, please attach either an original or suitably certified copy of one of the following documents (the document seen must be **less than three months** old upon receipt by us, unless advised otherwise). The document must be issued in the name of the claimant and show the address appearing on the application or held in our records are the current residence.

為核實索償人的現時住址，請隨附以下其中一項文件的正本或獲有效核證的副本(住址證明必須在本公司接獲文件之前三個月內發出)。有關文件必須印有索償人的姓名，並列有與本申請表格所述或與本公司紀錄相同之現時住址。

	Claimant 1 第一索償人	Claimant 2 第二索償人
• Utility bill 公用服務收費單	<input type="checkbox"/>	<input type="checkbox"/>
• Bank statement/Bank credit card statement 銀行月結單/銀行信用卡月結單	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from bank/employer 銀行/僱主發出之信件	<input type="checkbox"/>	<input type="checkbox"/>

If you have a PO Box address we will need either: (please tick to confirm which document is attached)
 若您的地址為郵政信箱，則須遞交：(請選出隨附的文件)

Proof of payment for the box address (this must reference your physical residential address)
 郵政信箱付款證明 (須顯示您的住址)

OR 或

A utility bill referencing your physical residential address
 顯示您住址的公用服務收費單

Note: in certain circumstances, other forms of ID and/or address verification may be accepted; your relevant financial professional should refer to the 'Anti-money laundering checklist for personal business' if you require further guidance.
註：在某些情況下，本公司或會接受其他身分證明及/或其他地址證明；如需其他指引，您的相關理財顧問應參考「個人業務反洗黑錢清單」。

Information to be included on certified client documentation. 經核證客戶文件的所須資料

The suitable certifier (see definitions below) should write the following relevant phrase including all information below on all certified documents. (Failure to do so may result in a delay in the settlement of the claim.)

有效核證人(見以下定義)應在所有核證文件上作出以下聲明及提供以下所有資料(如未能提供，將可能延誤我們處理您的申請)。

Proof of identity and residential address for claimant(s) (continued) 索償人的身份證明及住址證明 (續)

For photographic documents 附相片文件

'I certify this to be a true copy of the original document and that the photograph is a true likeness of the holder.'
「本人確認此為文件的真確正本，相片為持有人的真實肖像。」

For non photographic documents 不附相片文件

'I certify that this document is a true copy of the original.' 「本人確認此為文件的真確副本。」

- Signature of certifier
核證人簽署
- Full name of certifier (in capital letters underneath the certifier's signature)
核證人全名 (在核證人簽署下方以英文大楷填寫)
- Position/Job title
職位/職銜
- Company name, address, telephone number and email address
公司名稱、地址、電話號碼及電郵地址
- Date
日期
- FCA/HKCIB/PIBA/MAS/QFCRA registration number (if applicable)
英國金融服務管理局/香港保險顧問聯會/香港專業保險經紀協會/新加坡金融管理局/卡達金融中心管理局註冊編號 (如適用)
- Zurich International Life Limited appointed suitable certifier number (where applicable)
Zurich International Life Limited委任的有效核證人編號 (如適用)
- Details of the certifier's regulatory/affiliate body and their reference number
核證人的監管機構/聯營機構的詳細資料及其參考編號

Document certification – all copy documents must be certified as true copies of the originals by a suitable certifier and must be certified with the wording above or we may require a new document completed in line with this guidance.
文件認證 – 所有文件副本須由有效核證人確認為真確副本，而且必須作出上述聲明，否則本公司可要求您重新遞交符合有關指引的文件。

Suitable certifiers will fall into one of the following categories:

有效核證人須屬以下其中一個類別：

- a regulated introducer, who is incorporated in or formed under the law of a country which is a recognised jurisdiction, or authorised employee of a regulated introducer. If terms of business are not held with Zurich International Life Limited, confirmation of the introducers regulatory reference number or documentary evidence of their regulatory status must be provided;
根據認可司法管轄區的國家法律註冊或成立的受規管中介人，或受規管中介人的獲授權僱員。如未與ZILL訂立商業條款，就須提交確認有關中介人規管參考編號的文件或證明其受規管地位的文件；
- an individual introducer who has been accepted as a suitable certifier by Zurich International Life Limited (including introducers registered by the FCA/HKCIB/PIBA/QFCRA/MAS);
獲Zurich International Life Limited接受為有效核證人的獨立中介人(包括於英國金融服務管理局、香港保險顧問聯會、香港專業保險經紀協會、卡達金融中心管理局及新加坡金融管理局註冊的中介人)；
- a notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document);
國家公證人、律師、代表律師或大使館官員(發出身分證明文件的國家之所屬大使館)；
- an appointed representative to the Zurich Insurance Group;
獲委任的蘇黎世集團代表；
- commissioner of Oaths within a 'recognised jurisdiction' (verification of their professional status must be obtained)*;
「認可司法管轄區」內的監誓員(須提交核實其專業地位的文件)*；
- formally appointed member of the judiciary (excluding Justice of the Peace);
獲正式委任的司法機構成員(不包括太平紳士)；
- accountant who is a member of a professional organisation, whose members are required to abide by anti-money laundering regulations, or who is regulated by a regulatory organisation;
專業組織成員的會計師，該組織成員須遵守反洗黑錢規例，或受規管機構規管的會計師；
- director/Manager of an authorised credit or financial institute in a 'recognised jurisdiction'.
在「認可司法管轄區」獲授權的信貸或金融機構的董事/經理。

* South African Commissioner of Oaths are not acceptable as suitable certifiers unless it is clear that they are signing in their capacity as a notary public, lawyer or advocate.
南非監誓員將不獲接受為有效核證人，除非他們明確地以其作為國家公證人、律師或代表律師的身份進行簽署確認。

6 Declaration 聲明

Declaration for data protection 個人資料保障聲明

Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

- The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich International Life Limited (“Company”)** may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
由**Zurich International Life Limited**（「本公司」）收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，均可供本公司使用作以下**強制性用途**，以便為客戶提供服務（否則本公司將無法為未能提供所需資料的客戶提供服務）：
 - to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
辦理，調查（及協助他人調查）和決定保險申請、保險索償及提供持續的保險服務；
 - to process requests for payment, and for direct debit authorisation;
辦理付款要求及直接付款授權；
 - to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company's rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
處理任何對客戶的索償、訴訟及/或司法程序；以及行使本公司的權利（詳情見適用保單條款所定），包括但不限於代位權；
 - to compile statistics or use for accounting and actuarial purposes;
編撰統計數字，或作會計及精算用途；
 - to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group (“**Zurich Insurance Group**”) and conduct matching procedures where necessary;
符合對本公司及/或其所屬集團（「**蘇黎世保險集團**」）具約束力的任何本地或外國法例、規則、守則或指引的披露規定及如需要時進行核對程序；
 - to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
遵循香港法院及監管機構作出的合法要求或指令，包括但不限於保險業監理處、香港保險業聯會、核數師、政府組織和政府相關機構；
 - to collect debts;
債務追討；
 - to facilitate the Company's authorised service providers to provide services to the Company and/or the customers for the above purposes; and
便利本公司的認可服務供應商，就上述目的為本公司及/或客戶提供服務；及
 - to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
使本公司的實際或建議承讓人能夠評核擬進行涉及有關轉讓的交易。
- The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:-
本公司可就**強制性用途**，向以下於香港境內或境外的人士提供任何客戶個人資料：
 - companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
蘇黎世保險集團成員公司，或任何進行保險或再保險相關業務的其他公司或中介人；
 - any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
任何向蘇黎世保險集團提供行政、電訊、電腦、付款或其他與其業務運作有關的服務的代理人、承包商或第三方服務供應商；
 - third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
第三方服務供應商，包括法律顧問、會計師、調查員、理賠師、再保公司、醫護及復康顧問、考察員、專家、維修人員、及資料處理者；
 - credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
信貸諮詢機構、而在客戶欠賬時，任何債務追收代理或進行索償或調查服務的公司；
 - any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
根據對蘇黎世保險集團或其任何關連機構具約束力的任何法例，及就任何由政府、監管或其他機關所頒佈且蘇黎世保險集團或其任何關連機構預期須遵守的任何規例、守則或指引而言，蘇黎世保險集團有責任向其作出披露的任何人士；
 - any person pursuant to any order of a court of competent jurisdiction;
根據主管司法權區的法院的任何頒令的任何人士；及
 - any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group's rights in respect of the policy owners.
蘇黎世保險集團的任何實際或建議承讓人或蘇黎世保險集團對保單持有人的權利的受讓人。

Declaration (continued) 聲明 (續)

Declaration for data protection 個人資料保障聲明

3. *Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:*
由本公司收集或持有的保單持有人及受保人的某些個人資料，特別是姓名、聯絡資料、年齡、性別、身份證明文件資料、婚姻狀況、保單資料、索償資料、及醫療紀錄等，均可供本公司使用作以下**自願性用途**：
- (1) *to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;*
為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務，及/或其他商業合作伙伴之相關服務，提供市場推廣資料及進行直接市場推廣活動；
 - (2) *to perform customer analysis, profiling and segmentation; and*
進行客戶研究分析及分層；及
 - (3) *to conduct market research and insurance surveys for the Zurich Insurance Group's development of services and insurance products.*
就蘇黎世保險集團的服務及保險產品發展進行市場調查及保險研究。

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer's consent. In the absence of any "opt-out" request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company's use of their personal information for the above voluntary purposes.

未經客戶同意，本公司不得使用任何客戶的個人資料作上述自願性用途。在未有收到任何「反對」要求，本公司將把有關保險申請及持續投保，視作有關保單持有人及受保人之不反對本公司使用其個人資料作上述自願性用途。

4. *The Company may provide **certain** personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner's and insured person's written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:*
經保單持有人及受保人書面同意後，本公司可就上述**自願性用途**，向以下於香港境內或境外的人士提供其某些個人資料，特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等：
- (1) *companies within the Zurich Insurance Group;*
蘇黎世保險集團成員公司；
 - (2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織；
 - (3) *third party marketing service providers and insurance intermediaries.*
第三方市場推廣服務供應商及保險中介人。

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.

未經客戶書面同意，本公司不得向任何第三方提供有關客戶（特別指保單持有人及受保人）的個人資料作上述自願性用途。

5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company's use and transfer of their personal information for the voluntary purposes, by request in writing to the Company's Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (in *italics*) to indicate their wish to opt-out altogether.

所有客戶均有權以書面向本公司之個人資料私隱主任（地址如下）要求查閱、修正及/或更改由本公司所持有有關其本身的任何個人資料。如保單持有人及受保人欲反對本公司使用及提供其個人資料作上述自願性用途，亦可向本公司提出，並於有關反對要求中清楚註明要求人士之全名、身份證明文件編號、保單編號、電話號碼和地址。保單持有人及受保人亦可同時刪劃以上第3及4段（見斜字）以提出有關所有自願性用途之反對要求。

Personal Data Privacy Officer
26/F, One Island East
18 Westlands Road
Island East
Hong Kong
個人資料私隱主任
香港港島東華蘭路18號
港島東中心26樓

6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
根據私隱條例，本公司有權收取合理費用，藉以處理任何資料的查閱要求。
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.
本通知的中英文版本如有任何歧異或不一致，概以英文版為準。

Declaration (continued) 聲明 (續)

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

本人/本人等明白 貴公司只會以本人/本人等提供的聯絡資料與本人/本人等通訊。若本人/本人等提供多過一種聯絡資料， 貴公司會因應資訊的緊急及敏感程度，而採用最合適的聯絡方法。

I/We also note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

本人/本人等知道 貴公司或會將本人/本人等的電話對話作錄音或監察，以作強化保安、處理投訴、訓練、行政和提升服務質素之用。

I/We understand that my/our personal information may be passed outside Hong Kong to countries that do not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained.

本人/本人等明白本人/本人等的個人資料可能被傳送至香港以外的國家，而這些國家並沒有同等程度的個人資料保障，但 貴公司有責任確保本人/本人等的個人資料受到同等程度的保障。

I/We confirm that I/we agree to my/our personal data being collected and used as set out above.

本人/本人等謹此同意 貴公司可收集本人/本人等的個人資料及作上述用途。

I/We confirm that I/we am/are aware of my/our options for full/partial encashment of my/our policy which forms the basis of this request.

本人/本人等確認本人/本人等知悉本人/本人等的保單之全部/部分現金提款選擇，並以此基礎提出本申請。

All claimant(s) or authorised signatories must sign this form.

所有索償人或獲授權簽署人須於本表格上簽署。

If your signature is different from the signature in your passport/ID or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

若您的簽署跟護照/身份證上的簽署不同，或簽署已更改，請填妥「核證簽名表格」。

Signature of claimant 1
第一索償人簽署

Signature of claimant 2
第二索償人簽署

Day日 Month月 Year年

Date
日期

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Day日 Month月 Year年

Date
日期

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Country of residence 居住國家

Country of residence 居住國家

Day日 Month月 Year年

Date residency effective
居住日期

--	--	--	--	--	--	--	--	--	--

Day日 Month月 Year年

Date residency effective
居住日期

--	--	--	--	--	--	--	--	--	--

**7 Lost policy declaration and indemnity form to be completed by the claimant(s)
遺失保單聲明及賠償表格 (由索償人填寫)**

To be completed if the policy terminates following the claim and the original documents cannot be located.
若保單在索償後終止及無法出示保單文件正本，則須填寫本部份。

I/We 本人/吾等：

Claimant 1 第一索償人

Title 稱銜

- Mr 先生
 Mrs 太太
 Miss 小姐
 Ms 女士
 Dr 博士
 Other (please give details) 其他 (請說明)

Family name 姓

Forename(s) 名

Claimant 2 第二索償人

Title 稱銜

- Mr 先生
 Mrs 太太
 Miss 小姐
 Ms 女士
 Dr 博士
 Other (please give details) 其他 (請說明)

Family name 姓

Forename(s) 名

Being the claimant of the policy number I/we confirm that I/we believe the policy documentation to be lost or destroyed so that it cannot be found.

作為保單編號的索償人，本人/吾等相信保單文件已遺失或損毀，因此無法出示保單。

I/We agree to repay any claim value paid by Zurich International Life Limited (ZILL) in connection with the policy if a competing claim is made for some or all the monies and to be responsible for and to repay any additional payments that ZILL may have to make, or any costs and expenses that ZILL may incur as a result of any false, inaccurate or misleading information that I/we have given to ZILL in connection with the policy.

若另一項索償已支付部份或作出全數賠償，本人/吾等同意付還任何由Zurich International Life Limited (ZILL) 就本保單支付的索償價值，並對ZILL作出任何額外付款，或因本人/吾等就本保單向ZILL提交任何虛假、不正確或誤導資料而招致ZILL的任何成本及開支負責，以及付還該等款項。

I/We confirm that the statements made in this declaration to be true to the best of my/our knowledge and belief.

本人/吾等謹此確認，就本人/吾等所知及所信，此聲明所作的陳述均屬真實無訛。

Please confirm if this form is being used in the event of a requirement for policy schedules.

請確認本表格是否用作保單附表的所需文件。

Signature of claimant 1 第一索償人簽署	Signature of claimant 2 第二索償人簽署
------------------------------------	------------------------------------

Print name 姓名	Print name 姓名
Date 日期	Date 日期
Day日 Month月 Year年	Day日 Month月 Year年

Signature of witness*
見證人簽署*

Date 日期

Day日 Month月 Year年

Name of witness 見證人姓名

Address of witness 見證人地址

* Please note that a witness must be an unrelated third party.
* 請注意見證人須為無關係的第三者。

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Government Insurance and Pensions Authority.

Registered in the Isle of Man number 20126C.

Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1EF, British Isles
Telephone: +44 1624 662266 Telefax: +44 1624 662038

Hong Kong office: 25-26/F, One Island East, 18 Westlands Road, Island East, Hong Kong
Telephone: +852 3405 7150 Telefax: +852 3405 7268

www.zurichinternational.com

蘇黎世國際人壽保險是 Zurich International Life Limited 的商業名稱。Zurich International Life Limited 為人島政府 Insurance and Pensions Authority 所認可，提供人壽保險、投資及保障產品。

於人島的註冊號碼為20126C。

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香港辦事處：香港港島東華蘭路18號港島東中心25-26樓
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