

Claim Form - Death

死亡賠償申請書

I. Deceased's Particulars 死者資料

Policy no. 保單號碼	Deceased's name (Surname first) 死者姓名	HKID card/passport no. 香港身份證/護照號碼
Sex 性別	Age 年齡	Date of birth 出生日期 (/ /) DD日 MM月 YYYY年
Residence prior to death 生前地址		
Occupation prior to death 生前職業	Name & address of employer prior to death 生前僱主名稱及地址	
Name and address of the deceased's personal doctor 死者之私人醫生姓名及地址		

II. Particulars Of The Death 死亡詳情

1. Date of death 死亡日期 (/ /) (:)
DD日 MM月 YYYY年 HR時 MIN分

(For death due to accident, please complete questions 2-4 below.) (因意外死亡者，請填寫以下2-4題。)

2. When (date and time) did the accident occur? 意外在何時(日期及時間)發生?
(/ /) (:) AM 上午
DD日 MM月 YYYY年 HR時 MIN分 PM 下午

3. Where did the accident occur? 意外在何地發生?

4. How did the accident occur? (Please describe in details) 意外如何發生?(請描述詳情)

(For death due to sickness, please complete questions 5-6 below.) (因病死亡者，請填寫以下5-6題。)

5. a. Give a brief description of insured's symptoms. 請描述病徵和病狀。

b. How long had he/she been experiencing these symptoms prior to death? 在投保人身故前，此等病徵已存在多久?

6. Cause of death 死亡原因

7. Give details of consultations 請填報診治詳情

a. The doctor first consulted for this illness 首次診治的醫生資料

Date 診治日期 Name(s) and address(es) of doctor(s) / hospital(s) 醫生/醫院名稱及地址
(/ /)
DD日 MM月 YYYY年

b. The doctor who referred the insured to hospital 建議入院的醫生資料

Date 診治日期 Name(s) and address(es) of doctor(s) / hospital(s) 醫生/醫院名稱及地址
(/ /)
DD日 MM月 YYYY年

c. All other doctors consulted during this illness 曾診治此病之其他醫生資料

Date 診治日期 Name(s) and address(es) of doctor(s) / hospital(s) 醫生/醫院名稱及地址
(/ /)
DD日 MM月 YYYY年

d. Doctors seen for any similar condition in the past 過往曾診治同類病況的醫生資料

Date 診治日期 Name(s) and address(es) of doctor(s) / hospital(s) 醫生/醫院名稱及地址
(/ /)
DD日 MM月 YYYY年

III. Other Insurance Coverage 其他保險資料

1. Was the life of the deceased insured with other insurance companies? (If 'yes', please state): Yes 有 No 沒有
死者有否在其他保險公司投保? (若有, 請詳述):
Name of company 保險公司名稱 Policy no. 保單號碼 Amount of assurance 保額

IV. Payment Currency 賠款貨幣

Please issue the following currency for the claim payment 請以下貨幣支付賠償金

HK dollar 港幣 Policy currency 保單貨幣

V. Payment Instruction 賠款方式

Cheque 支票
Bank Draft 本票 (drawn in Mainland China 於中國內地兌現)
Telegraphic Transfer (TT) 電匯

Remarks 備註:

- 1) For TT payment, please provide the SWIFT code, bank name, bank address and bank account number.
若選擇電匯, 請提供銀行代號、銀行名稱、銀行地址及戶口號碼。
- 2) Bank charges may be incurred by client for clearing the bank draft and TT. Policyowner is recommended to check with the bank before.
銀行或會向閣下徵收兌現本票或電匯的相關手續費。建議保單持有人於遞交指示前向銀行查詢。
- 3) If no option is selected or unclear information, the claim payment will be settled by cheque.
如沒有選擇或資料不清, 賠償金額將以支票發出。

VI. Agent's/Intermediary's Statement 保險代理/中介人聲明

I / We have verified the original HKID card / passport / residential address proof of the beneficiary and confirmed the identity details in the HKID card/passport to be matched with the identity of the beneficiary in this claim form. I / We will provide the required information and copies of the relevant documents to Chubb Life Insurance Company Ltd. without delay.
本人/吾等已核對受益人之香港身份證/護照/居住地址證明之正本, 並確認香港身份證/護照之身份資料與此賠償申請書上受益人之資料一致。本人/吾等將會儘快遞交有關資料及文件之副本予安達人壽保險有限公司。

Agent's/Intermediary's name 保險代理/中介人姓名: _____ Agent's/Intermediary's code 保險代理/中介人代號: _____ Agency 組別: _____

Agent's/Intermediary's signature 保險代理/中介人簽署: _____ Sign date 簽署日期: _____

VII. Information Of Claimant 索償人資料

Part A 第一部份 General information 一般資料:

Full name 姓名 ^{*(1)#}	Nationality 國籍 ^{*(1)}	Age 年齡	Date of birth 出生日期 ^{**}
HKID Card/passport/BR no. of claimant 索償人香港身份證/護照/商業登記號碼 ^{*(1)#}	Place of birth 出生地 ^{(2)#}	Sex 性別	Occupation 職業
Residential address 住宅地址 ^{*(2)#}			
Permanent address (please specify if not same as residential address) 永久地址 (若與住宅地址不相同, 請列明) ^{*(2)(3)#}			
Mailing address (please specify if not same as residential address) 郵遞地址 (若與住宅地址不相同, 請列明) ^{(2)#}			
Residential phone no. (country code) 住宅電話號碼 (國家代碼) ⁽²⁾ () _____	Mobile phone no. (country code) 手提電話號碼 (國家代碼) ⁽²⁾ () _____		
Relationship with the deceased 與死者關係	By what title do you submit this claim 以何名義申請賠償? <input type="checkbox"/> Beneficiary 受益人 <input type="checkbox"/> Legal guardian/parent 監護人/家長 <input type="checkbox"/> Others (please specify) 其他 (請列明) _____		

Are you acting solely on your own behalf and not on behalf of another person, without limitation, as trustee, nominee or agent (only applicable if the beneficiary is legal person or trust)? 閣下是否僅以按閣下之名義行事而非代表他人行事，不論作為託管人、代名人或代理人（只適用於當受益人為法人或信託）？ No 否 Yes 是 If "No", please complete a "Declaration Form of Beneficial Owner/Controlling Person" (CLM010) 如否，請填寫「實益擁有人/控權人聲明書」(CLM010)

Is Policy Document attached? If No, please state when the Policy Document be returned. 保單是否同時交回，如否，請註明何時交回保單

Please complete Part B if your claim application is related to FATCA/CRS product. 如閣下之索償與FATCA/CRS產品有關，請填寫第二部份。

Part B 第二部份 Self-certification for Tax Residency 稅務居民身份自我證明⁽⁴⁾：

In this part, kindly note that the information including "Full name", "Date of birth", "HKID Card/Passport/BR no. of claimant", "Place of birth", "Residential address" and "Mailing address" so provided in Section VII Part A "General Information" of this form shall form part of this self-certification. 在這部份，請注意於VII項第一部份「一般資料」所提供之資料包括「姓名」、「出生日期」、「索償人香港身份證/護照/商業登記證號碼」、「出生地」、「住宅地址」及「郵遞地址」，會構成這自我證明之一部份。

Citizenship 公民身份 ⁽¹⁾	Residency 居籍 ⁽¹⁾
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Please select your tax residency(ies) 請選擇閣下之稅務居民身份 (can select more than one 可選擇多項)

Hong Kong 香港⁽³⁾ US 美國⁽¹⁾⁽²⁾ Others 其他⁽³⁾

Jurisdiction of Residence and Taxpayer Identification Number 居留司法管轄區及稅務編號

Country/Jurisdiction of tax residence ^a 納稅居住國家 / 司法管轄區 ^a	TIN 稅務編號	If no TIN available, please provide Reason A, B or C ^b 如未能提供稅務編號，請提供原因A、B或C ^b	Please explain why you are unable to obtain a TIN if you selected Reason B ^b 如你選擇原因B，請解釋為何未能獲得稅務編號 ^b
1			
2			
3			

a Pursuant to sub-section 3 of Section 50B of the IRO, the Company may collect information from you for identifying your tax residency even if you are a resident for tax purposes in a territory outside Hong Kong that is not a "Reportable Jurisdiction" as defined under Part I of Schedule 17E of the IRO. If the country/jurisdiction of tax residence(s) so provided herein is/are different from the country/jurisdiction of residential address/permanent address/ mailing address as provided in Section VII Part A "General Information" above of this form, please provide the explanation in question below.

根據稅務條例第50B第3款，本公司可為識別閣下之稅務居民身分而收集資料，即使閣下是某個並非「申報稅務管轄區」（定義於稅務條例第17E第1部）的地區的稅務居民。如於此提供的納稅居住國家/司法管轄區與VII項第一部份「一般資料」提供之居住地址/永久地址/郵遞地址的國家/司法管轄區不同，請於以下提供解釋。

b If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

Reason A: The country/jurisdiction where you are a tax resident does not issue TINs to its tax residents.

Reason B: You are otherwise unable to obtain a TIN or equivalent number. Please explain why a TIN is unable to be obtained in the above table if this reason is selected.

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)

如未能提供稅務編號，請提供以下適合的原因A、B或C：

原因A：閣下為稅務居民的國家/司法管轄區不提供稅務編號於其稅務居民。

原因B：閣下因其他原因未能獲得稅務編號或相等的編號。如選擇此原因，請於上表解釋為何未能獲得稅務編號。

原因C：不需要稅務編號。（註：只有當相關司法管轄區的國內法並不需要該司法管轄區收集稅務編號，才選擇此原因）

Please provide explanation(s) if the country/jurisdiction of tax residence(s) so provided in the above table is/are different from the country/jurisdiction of residential address/permanent address/ mailing address as provided in Section VII Part A "General Information" of this form:

如於上述列表之納稅居住國家 / 司法管轄區與VII項第一部份「一般資料」提供之住宅地址 / 永久地址 / 郵遞地址的國家 / 司法管轄區不同，請提供解釋：

Are you a passive non-financial entity ("passive NFE")? 閣下是否被動非財務實體？

No 否 Yes 是

If "Yes", please complete a "Declaration Form of Beneficial Owner/Controlling Person" (CLM010) by controlling person(s) of the entity. Details of "Passive NFE" can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") or the website of Inland Revenue Department of Hong Kong.

如是，請由實體之控權人填寫「實益擁有人/控權人聲明書」(CLM010)。關於被動非財務實體之詳情，請參閱(香港法律第112章)「稅務條例」或香港稅務局網頁。

Notes for completion 填寫須知

* In compliance with the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance and the Guideline on Anti-Money Laundering and Counter-Terrorist Financing which is issued by the Office of the Commissioner of Insurance as amended from time to time, Chubb Life Insurance Company Ltd. is required to collect the identity information for the above items with asterisk (*) and verify your identity. Your agent/intermediary, therefore, is needed to verify the original identification documents and collect the copies of the relevant and other documents as deemed necessary.

根據打擊洗錢及恐怖分子資金籌集(金融機構)條例及保險業監理處所發出及不時修訂之「打擊洗錢及恐怖分子資金籌集指引」, 安達人壽保險有限公司必須當受益人行使根據該保單歸於該受益人權益時收取以上註有星號(*)項目之閣下身份資料並核實其身份。閣下之保險代理/中介人必須核實閣下之正本身份證明文件並收取有關及其他所須文件之副本。

If you are required to complete Part B "Self-Certification for Tax Residency", this information provided shall form part thereof.

如閣下須完成第二部份「稅務居民身份自我證明」之部份, 這些資料會構成該自我證明一部份。

(1) If you confirm that you are an US citizen or a resident in the US for tax purpose or your citizenship, residency or nationality is US, please provide a signed Form W-9 "Request for Taxpayer Identification Number and Certification".

如閣下確認為美國公民, 或是有美國繳稅義務之美國居民; 或確認閣下之公民身份、居籍或國籍為美國, 請提交已簽署的W-9表格。

(2) If you confirm that your place of birth, address or telephone number is in US, please provide (i) a signed Form W8BEN "Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)"; (ii) a valid government issued identification document evidencing the non-US citizenship; and (iii) a copy of Certificate of Loss of Nationality of the United States or a valid government issued certificate of residence evidencing non-US residency.

如閣下確認出生地為美國, 或擁有美國地址或電話號碼, 請提交 (i) 已簽署的W8BEN表格; (ii) 由政府發出的有效身份證明文件以茲證明閣下非美國公民; 及 (iii) 放棄美國國籍證明書之副本或由政府發出的有效居住證明文件副本以茲證明閣下居籍非為美國。

(3) If you select "Hong Kong" and/or "Others", please complete the table at page 3 indicating (i) the country / jurisdiction of residence (including Hong Kong) where you are a tax resident and (ii) your Taxpayer Identification Number ("TIN") for each country/jurisdiction indicated. If you are a tax resident in more than three countries/jurisdictions, please complete "Self-Certificate Form - Individual/Entity/Controlling Person" to supplement. If you are filling in this Part B on behalf of someone else, you are required to tell the Company in what capacity in which you are acting on behalf of another person by completing the "Declaration Form of Beneficial Owner/Controlling Person" (CLM010) to furnish necessary information. To facilitate the completion of the table above, you **must read** the Notes for Completion carefully. Further details for the understanding of the said Notes and meaning of the terms can be found within the Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") or the website of Inland Revenue Department of Hong Kong.

如閣下選擇「香港」及/或「其他」, 請回答第三頁之表格並列出 (i) 閣下為稅務居民之納稅居住國家/司法管轄區(包括香港)及 (ii) 閣下於每個國家/司法管轄區之稅務編號。如果閣下是三個以上國家/司法管轄區的稅務居民, 請以「自我證明表格—個人/實體/控權人」補充。如閣下填寫以上第二部份是代表其他人行事, 閣下必須於「實益擁有人/控權人聲明書」(CLM010) 提供所需資料以告訴本公司閣下是以什麼身份行事。為方便完成上述表格, 閣下必須細閱填寫須知及簡要詞彙釋義。更多關於上述須知之詳情可於《稅務條例》(香港法律第 112 章) (「稅務條例」) 找到。

If you are a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number (for individual) and the Hong Kong Business Registration Number (for entity).

如閣下是香港稅務居民, 稅務編號是其香港身份證號碼(就個人而言)及商業登記號碼(就實體而言)。

(4) The Inland Revenue Ordinance (Cap. 112 of the Laws of Hong Kong) ("IRO") requires and authorizes the Company to collect and/or report certain information about your tax residence and the policy information for the purpose of automatic exchange of financial account information. Part B is intended to request and collect information consistent with the law requirements in Hong Kong.

《稅務條例》(香港法律第 112 章) 要求及授權本公司為自動交換財務帳戶資料, 可收集及/或報告若干關於閣下納稅居住地的資料及保單資料。第二部份旨在要求及收集與香港法例要求一致之資料。

As a financial institution, the Company is not allowed to give tax advice. If you have any questions on your tax residence status and/or in completing Part B, please seek advice from independent tax adviser.

作為一間財務機構, 本公司不得提供稅務意見。如閣下對閣下之納稅居住地狀況及/或填寫第二部份有任何問題, 請向獨立稅務顧問徵詢意見。

Each jurisdiction has its own rules for defining tax residence, and jurisdictions have provided information on how to determine if you are a tax resident in the jurisdiction. In general, you will find that tax residence is the country/jurisdiction in which you reside. Special circumstances may cause you to be a tax resident elsewhere or a tax resident in more than one country/jurisdiction at the same time. For more information on tax residence, please consult a tax adviser or find the information at the Automatic Exchange of Information ("AEOI") portal of the Organisation for Economic Co-operation and Development ("OECD"). Your domestic tax authority may provide guidance regarding how to determine the tax status.

每個司法管轄區均按其本身之規則釐定納稅居住地的定義, 及司法管轄區已提供了關於如何決定閣下是否該司法管轄區之稅務居民的資料。一般而言, 閣下會發現納稅居住地為閣下居住之國家/司法管轄區。若干特別情況可能會導致閣下成為其他地方之稅務居民, 或同時成為超過一個國家/司法管轄區之稅務居民。有關納稅居住地之更多資訊, 請諮詢稅務顧問或尋找經濟合作暨發展組織資訊自動交換網站之資料。閣下之本地稅務機關或能提供指引如何決定稅務狀況。

If your tax residence is located outside Hong Kong, the Company may be legally obliged to pass on the information in this form and other required information with respect to you/your Policy(ies) related to this claim to the Inland Revenue Department of Hong Kong ("IRD") and they may exchange this information with tax authorities of another jurisdiction or jurisdictions in which you may be tax resident pursuant to intergovernmental agreements to exchange relevant account/policy information.

如果閣下之納稅居住地是於香港以外, 本公司在法律上可能有責任把此表格內的資料或其他關於閣下/閣下保單有關之索償資料轉交於香港稅務局, 及他們可能根據政府之間交換相關戶口/保單資料的協定與其他可能為閣下所屬稅務居民之司法管轄區交換資料。

Kindly note that the information so provided under Part A and B serve as your self-certification and will remain valid unless there is a change in circumstances relating to information before claim payment is made, such as your tax residence status or other mandatory field information, that makes the information incorrect or incomplete. In that case, you must notify the Company and provide an updated self-certification.

請注意於第一及第二部份所提供的資料視為閣下之自我證明並將一直有效, 直至於作出索償賠款前出現資料(如閣下稅務居住狀況或其他必須填寫的欄目資料)變動而導致資料失實或不完整。在這種情況下, 閣下必須通知本公司及提供最新的自我證明。

If there is any discrepancy or contradictory information are found during claim application/ due diligence process of the Company, the Company may clarify with you and you may be requested to provide an updated self-certification or provide explanation on the discrepancy if necessary. Failing to provide an updated self-certification or explanation to the Company, the Company may be required by law to provide the information in this form and other required information to the IRD.

於索償申請時或本公司的盡職審查時, 如發現有差異或矛盾的資料, 本公司可能會與閣下澄清, 當有需要時, 閣下或會被要求提供最新的自我證明或提供差異的解釋。未能提供最新的自我證明或解釋, 本公司可因應法例要求下提供本表格中之其他所需資料予香港稅務局。

WARNING: It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HK\$10,000).

警告: 根據《稅務條例》第80(2E)條, 如任何人在作出自我證明時, 在明知一項陳述在要項上屬具誤導性、虛假或不正確, 或罔顧一項陳述是否在要項上屬具誤導性、虛假或不正確下, 作出該項陳述, 即屬犯罪。一經定罪, 可處第3級(即港幣一萬)罰款。

VIII. FATCA Declaration 海外帳戶稅收合規聲明

For the application of claim under FATCA product(s), I/we understand and agree that:-

1. Chubb Life Insurance Company Ltd. (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local and/or foreign regulatory, tax, legislative, or judicial authorities, including but not limited to, the Inland Revenue Department of Hong Kong (“IRD”) and the Internal Revenue Service of the United States of America (the “Authorities” and each an “Authority”) as promulgated and amended from time to time;
2. The Company will:- (i) request me/us to provide my/our personal data, information and supporting documents and to complete additional forms; and (ii) to comply with the Requirements, report and/or disclose to the applicable Authorities information regarding my/our Policy information and/or additional information (collectively and “Information”) including, but not limited to, the Internal Revenue Service of the United States of America and the Inland Revenue Department of Hong Kong;
3. I/We will immediately update the Company if any change of the Information and complete additional forms and provide additional information and documents at the request of the Company in support of the change;
4. I/We consent to the Company’s deducting and withholding the tax as required to withhold under the Requirements from payments made to or from the Policy account and remitting this to the Internal Revenue Service of the United States of America (“IRS”) to comply with the Requirements; and
5. Where I/We have an obligation under the Policy with respect to information relating to me/us, I/We will use my/our best endeavors to procure that I/we will comply with that obligation with regard to my/our information including providing to the Company directly that information and supporting documentation and giving the Company their consent to the disclosure and transfer of that information and supporting documentation and remitting this to the IRS. I/We further agree that the Company may contact me/us directly for these purposes.

就申請 FATCA 產品之索償，本人/吾等現聲明本人/吾等明白和同意：-

1. 安達人壽保險有限公司（「貴公司」）必須遵從本地及/或外國的監管、稅務、立法或司法機構（「官方機構」），包括但不限於香港稅務局及美國稅務局（以下簡稱「官方機構」）所頒布及不時修訂之法例、條例或指令（「規定」）；
2. 安達人壽保險有限公司（「貴公司」）將：- (i) 要求本人/吾等提供個人資料，保單資料及其他證明文件並填寫額外的表格；及 (ii) 向有關官方機構，包括但不限於美國稅務局及香港稅務局，報告及/或披露本人/吾等之資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定；
3. 若本人/吾等之資料出現任何變動，本人/吾等會立即通知貴公司及提供額外資料和文件，以證明該項變更；
4. 本人/吾等同意貴公司將根據規定向本保單帳戶支付或收取的款項中扣除並預扣預扣稅，並將該預扣稅上繳美利堅合眾國稅務局（「稅務局」）以履行規定；及
5. 本人/吾等在本保單下對本人/吾等之資料須負有義務時，本人/吾等將盡最大努力使他們就其資料遵守相同的義務，包括直接向貴公司提供其資料和相關文件，並向貴公司給予他們的同意，以向官方機構披露及轉移本人/吾等之資料，以及按規定扣除和預扣其預扣稅並上繳美國稅務局。本人/吾等亦同意貴公司可為此直接聯絡本人/吾等。

IX. CRS Declaration 共同匯報標準聲明

For the application of claims under CRS product(s), I/we understand and agree that:-

1. Chubb Life Insurance Company Ltd. (the “Company”) is obliged to comply with the laws, regulations or orders (the “Requirements”) of local regulatory, tax, legislative authorities, including but not limited to the Inland Revenue Department of Hong Kong (the “Authorities” and each an “Authority”) as promulgated and amended from time to time;
2. I/We have read and understood the Notes for Completion at page 4 ;
3. The Company will:- (i) request me/us to provide my/our personal data, information and supporting documents and to complete additional forms; and (ii) to comply with the Requirements, report and/or disclose to the Inland Revenue Department of Hong Kong (“IRD”) information regarding my/our Policy information and/or additional information (collectively the “Information”);
4. I/We will immediately update the Company of any change in circumstances which affect my/our tax residence status as certified in Section VII Part B “Self-Certification for Tax Residency” or cause the information contained herein to become incorrect or incomplete, complete and provide additional information and documents including a suitably updated self-certification within 30 days of such change in circumstances in support of the change.
5. I/We acknowledge that the information furnished and contained in this form regarding the identification, jurisdictions of residence and tax identification number of me/us and any reportable Policy may be provided to the IRD for exchange to the tax authorities of another country/ jurisdiction or countries/jurisdictions in which I/we may be tax resident pursuant to intergovernmental agreements to exchange financial account information;
6. I/We declare that all statements made in this declaration are, to the best of my knowledge and belief, true, correct and complete.

就申請 CRS 產品之索償，本人/吾等現聲明本人/吾等明白和同意：-

1. 安達人壽保險有限公司（「貴公司」）有責任遵從本地的監管、稅務、立法或司法機構，包括但不限於香港稅務局（以下簡稱「官方機構」）所頒布及不時修訂的法例、條例或指令（「規定」）；
2. 本人/吾等已詳閱及了解第四頁之填寫須知；
3. 安達人壽保險有限公司（「貴公司」）將：- (i) 要求本人/吾等提供個人資料，保單資料及其他證明文件並填寫額外之表格；及 (ii) 向香港稅務局報告及/或披露本人/吾等之資料，保單資料及/或其他額外資料（統稱「資料」）以遵從規定；
4. 若發生任何影響本人/VII 項第二部份「稅務居民身份自我證明」所證明本人/吾等之稅務居民狀況或造成本表格所含資料不準確或不完整的改變，本人/吾等會於此改變後的三十天內立即通知貴公司，完成及提供額外資料和文件，包括適當而更新的自我證明以證實此改變。
5. 本人/吾等確認，本表格提供及包含關於本人/吾等識別、納稅居住地及稅務編號之資料和須申報保單，可能會根據交換財務帳戶資訊的政府間協議，傳送給香港稅務局及與另一個國家/司法管轄區的稅務機關或本人/吾等可能為稅務居民之國家/司法管轄區交換。
6. 本人/吾等聲明，據本人/吾等所知所信，本聲明內的所有陳述真實、準確及完整。

X. Consent To Disclose Information To Third Party 同意向第三方披露資料

1. Any Information, Policy information and governmental/official documents and forms received from me/us containing my/our personal data collected under the Policy by the Company are provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the “Group Companies”) and/or to any of the tax authorities for the compliance of the Requirements;
2. I/We, further understand and consent that I/We am/are obliged to supply update, accurate and complete information and documentation as required under the above declarations and this is a condition precedent for me/us to apply the claim.
1. 貴公司使用、處理、儲存、披露、轉移貴公司向本人/吾等收取之任何資料、保單資料及任何包含本人/吾等的個人資料的政府/官方文件及表格予貴公司隸屬同一集團之其他公司（「集團公司」）及/或任何稅務機構以遵從規定；
2. 本人/吾等現聲明本人/吾等明白及同意根據此聲明的要求下，本人/吾等有責任提供最新、準確及完整之資料及文件，以作為該索償申請之先決條件。

XI. Personal Information Collection Statement And Consent 個人資料收集聲明及授權

I/WE UNDERSTAND AND CONSENT THAT, by signing the claim form, any personal data collected or held by Chubb Life Insurance Company Ltd. (the "Company") is provided and may be used, processed, stored, disclosed, transferred by the Company to the companies within the group of which the Company is a subsidiary (the "Group Companies"), its authorized agents, reinsurers, claims investigators, loss adjudicators, medical advisors, recovery agents, insurance industry associations and federations, credit reference bureaus, local and/or foreign government, taxation judicial or regulatory bodies, authorities or any person to whom the Company is under legal and/or regulatory obligation to make disclosure, including but not limited to the Inland Revenue Department of Hong Kong and the Internal Revenue Service of the United States of America (the "Authorities" and each an "Authority") and the Company's appointed third party agents, contractors and advisors, in each case whether within or outside of Hong Kong to (i) process and evaluate claims and any future insurance application I/we may make; (ii) provide all services related to this claim, administer and process policy, medical and underwriting checks, payment instructions, premiums collection, data matching, and communicate with me/us for such purposes; (iii) enable the industry associations, the federations, the government or regulatory bodies to carry out the functions and requirements that may be assigned to them from time to time and are reasonably required in their interest and that of the insurance industry; (iv) provide payment, data processing, administration, communications, computer, security and other services (including medical services, emergency assistance services, mailing and IT services) in connection with the operation of the Company and the provision of services to me/us; and (v) comply with laws, regulations, or orders of the Authorities (the "Requirements") which the Company, through itself or its affiliates, may be compelled or required or may choose to comply with. Moreover, the Company is hereby authorized to obtain access to and/or to verify any of my/our/deceased's data with the information collected by the insurance industry associations, the Authorities, the federations, the government and regulatory bodies and medical personnel or organizations. I/We am/are obliged to supply the information required from me/us under the claim form which is a condition precedent for me/us to apply the claim. Failure to supply any of the required information may result in the Company being unable to process the claim and the Company may at its own discretion (i) report and/or disclose to any of the Authorities the Policy information, my/our personal data and information provided by me/us herein (collectively the "Information"); and/or (ii) apply withholdings and deductions from and Policy proceeds, make adjustments to the calculated balances, benefits, or entitlements under the Policy or otherwise take any actions as may be directed or required by any of the Authorities or are appropriate under the applicable Requirements. I/We understand that I/We have the right to obtain access to and to request correction of any personal data held by the Company or be given reasons for any refusal of access or correction. I/We also understand that a reasonable fee may be charged by the Company for processing of any access. Any questions regarding personal data, access to or correction of personal data should be made in writing and forwarded to The Data Protection Officer of Life Administration of Chubb Life Insurance Company Ltd. at 33/F, Chubb Tower, Windsor House, 311 Gloucester Road, Causeway Bay, Hong Kong. 就簽署此賠償申請書，本人/吾等明白及同意安達人壽保險有限公司（「貴公司」）可以使用、處理、儲存、透露、轉移任何貴公司所收集或持有任何本人/吾等/死者的個人資料與貴公司隸屬同一集團附屬公司之其他公司（「集團公司」）、其獲授權的代理人、再保險公司、理賠調查員、處理索賠個案的理賠師、醫療顧問、索償代理、保險行業協會及聯會、信貸資料服務公司、本地及/或外國政府、稅務或司法或監管機構、官方機構或對貴公司具有法律及/或監管責任而須予以披露的任何人士，包括但不限於香港稅務局及美國稅務局（以下簡稱官方機構），及貴公司指定的第三方代理、承包商及顧問，不論屬本地或海外，以 (i) 處理及審批索償及本人/吾等將來提交之保險申請；(ii) 提供所有關於此賠償申請之服務，管理及處理保單、醫療和核保檢查、付款指示、保費收取、資料核對，及因此等用途與本人/吾等聯絡；(iii) 令保險行業協會及聯會、政府或監管機構執行其經不時修定及為合理要求以維護其及保險行業利益的功能及規定；(iv) 提供因貴公司營運及給予本人/吾等服務之相關付款、數據處理、行政、通訊、電腦、保安及其它服務（包括醫療服務、緊急救援服務、郵寄服務及資料科技服務）；及 (v) 遵從貴公司透過其自身或其關聯公司可能必須或被要求或選擇遵從的官方機構法例、條例、或指令（「規定」）。此外，貴公司獲授權向保險行業協會、官方機構、聯會、政府及監管機構、及醫務人員或機構取閱及/或核實任何該等機構向本人/吾等/死者收集之資料。本人/吾等有責任提供此賠償申請書上之所需資料，以作為申請賠償之先決條件。如未能提供所需的資料，可能會導致貴公司無法處理本賠償申請及貴公司有酌情權 (i) 向有關官方機構報告及/或披露保單資料、本人/吾等個人資料及本人/吾等所提供的資料（統稱「資料」）；及/或 (ii) 預扣或扣除任何該保單金額、調整該保單下已計算的金額、保障或利益，又或採取任何官方機構指示或要求任何適用規定下視為恰當的行動。本人/吾等明白本人/吾等有權取閱及要求更正任何貴公司持有之有關本人/吾等/死者的任何個人資料，或被給予拒絕查閱或更正的理由。本人/吾等亦明白貴公司可能會收取任何查閱資料的要求之合理費用。如欲查詢有關個人資料事宜，查閱或更正個人資料必須以書面形式向貴公司壽險行政部的資料保護主任提出，並送交至香港銅鑼灣告士打道三一一號皇室大廈安達人壽大樓三十三樓。

XII. Authorization 授權

I hereby irrevocably authorize any employer, doctor, hospital, clinic, insurance company, government office or any organizations or persons who have any records, knowledge or information (whether medical or otherwise) of me or the Deceased to disclose, release or transfer to Chubb Life Insurance Company Ltd. or its representative such information pertinent to this claim. This authorization shall bind my successors and assignees and remain valid notwithstanding my death or incapacity in so far as legally possible. A photocopy of this Authorization shall be valid as the original. 本人授權任何僱主、醫生、醫院、診所、保險公司、政府部門或其他機構及人士，如具有本人或死者的任何紀錄、知識或資料，可將該等資料向貴公司或貴公司代表透露、發放或移交，用以作為該份索償申請的參考。此授權書對本人的繼承人及承讓人均有約束力，即使在本人死亡或喪失行為能力後仍然有效。此授權書的影印本具有與正本同等的效力。

Signature of witness 見證人簽署	Date 日期	Signature of claimant/beneficiary 索償人/受益人簽署	Date 日期
Name of witness in full 見證人姓名		Name of claimant/beneficiary & HKID card/passport no. 索償人/受益人姓名及香港身份證/護照號碼	
		Relationship to the deceased 與死者關係	

Remark: The Chinese translation is for reference only and should there be any discrepancy the English version prevails.
附註：本中文譯本只供參考之用，如有異議，以英文原文為準。