

Life Assurance Death Claim Form

人壽身故理賠申請書



Policy Number 保單號碼	000090001111	Name of Policyowner 保單持有人姓名	李強
Email Address of Policyowner 保單持有人之電郵地址 <small>*For claim status follow up and communication use 用作跟進理賠進度及聯絡</small>	lee@test.com	Name of Life Assured 受保人姓名	李強
Name of Financial Consultant 理財顧問姓名	王小文	Financial Consultant Contact No. 理財顧問聯絡電話號碼	6123 4567
Financial Consultant Code 理財顧問編號	00001	Division Code & Branch Office 分區編號及分行地點	D001

IMPORTANT NOTE 重要提示

- Please complete in BLOCK LETTERS. 請以正楷填寫。
- This form can be used for death / accidental death benefit claim or payor benefit claim. 此表格適用於身故/意外身故保障或投保人保障之理賠。
- Please do not sign on blank or incomplete form. 請勿在空白表格或尚未填妥的表格上簽署。
- Any changes or amendments in this form must be countersigned by the Claimant in full signature. 索償人必須在此表格內任何更改或修改的地方簽署作實。
- Prudential shall have the right to reject this form if you fail to fulfill Prudential's requirement. 若閣下未能符合保誠的有關規定，保誠有權拒絕此表格。
- Receipt of this form by your Financial Consultants or Broker does not constitute receipt by Prudential. 閣下的理財顧問或經紀收到此表格並不代表保誠亦已收到。
- If Claimant is a company, please skip Part II and complete "Supplementary Form for Business Insurance". 如索償人為公司，第二部分並不適用，請填寫「商業保險補充表格」。
- If necessary, please complete and submit the "Request for Certified True Copy of Medical Receipt(s)" form to request for return of the certified true copy ("CTC") of the medical receipt(s) which are submitted together with this form. 如需要退回隨附之醫療費用收據之核實副本，請填妥及交回「醫療費用收據核實副本申請書」。

Part I – Claimant's Certificate (to be completed by Claimant) 第一部分 — 索償人報告 (由索償人填寫)			
A. Deceased's Details 死者資料			
Name of Deceased 死者姓名	李強		
Identity Document Number 身份證明文件號碼	A 111XXXX		
Date of Birth 出生日期	30 / 03 / 1978 <small>Day日 / Month月 / Year年</small>	Sex 性別	男
Date of Death 身故日期	12 / 01 / 2019 <small>Day日 / Month月 / Year年</small>	Location of Death 身故地點	香港
Cause of Death 身故原因	心臟病		
Deceased's Residential Address at time of Death 死者身故前住址	香港 ABC屋苑 第一座 一樓A室		
Occupation and Job Duties at time of Death 身故前之職業及職責	司機 / 駕駛		
Name and Address of last Employer at time of Death 身故前之僱主(公司)名稱及地址	ABC物流有限公司, 香港正街100號		
Employer Contact Phone No. 僱主(公司)聯絡電話	2345 6789		



1. If Death was caused by ILLNESS, please state: 如因疾病導致身故，請詳述如下：			
Sign and symptoms 徵狀	胸口痛, 氣	When did the symptoms first appear to the deceased? 死者於何時首次出現此徵狀?	12 / 01 / 2016 Day日 / Month月 / Year年
When did the deceased FIRST consult physician for the related illness? (Please attach patient card if available) 死者何時因相關之疾病 首次 向醫生求診? (請附上病歷卡, 如有)	12 / 01 / 2016 Day日 / Month月 / Year年	Name of Physician / Hospital for First Consultation 首次 求診之醫生 / 醫院名稱	瑪麗醫院
		Address and Contact Phone No. for Physician / Hospital for First Consultation 首次 求診之醫生 / 醫院地址及聯絡電話	香港薄扶林 薄扶林道102號 2255 3838
Please provide details of the last attending physician /hospital 請提供最後主診之醫生或醫院資料	Name of Physician 醫生名稱	張大明	
	Name of Hospital 醫院名稱	瑪麗醫院	
	Address and Contact Phone No. 地址及聯絡電話	香港薄扶林 薄扶林道102號 / 2255 3838	
Please provide details of usual Physician(s) / Hospital(s). Please provide the information in reverse chronological order. 請提供慣常求診之醫生或醫院資料。請由最近期起按時序填寫醫生 / 醫院資料。			
Since (Month/Year) 由 (月/年)	Name of Physician / Hospital 醫生 / 醫院名稱		Contact Phone No. 聯絡電話
01/2014	張大明		2222 3434

2. If Death was caused by ACCIDENT or other causes, please state: 如因意外或其他事故導致身故，請詳述如下：			
Date of Accident 意外發生日期	____ / ____ / ____ Day日 / Month月 / Year年	Time of Accident 意外發生之時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午 ____:____ Time 時間
Location of Accident 意外發生之地點			
Details of Accident 意外詳情			
Has this accident been reported to the Police? 曾否就是次意外報警?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes, please provide information on the right 有, 請提供右面所需的資料	Police Station 警署地點	
		Case Ref. Number 檔案編號	
		Reporter name and relationship to the deceased 報案者名稱及與死者之關係	
Remarks: Please attach a copy of the Police Report / Traffic Accident Report / Police Statement / Newspaper Clipping. 註：請附上警察報告、交通意外報告、口供紙或新聞剪報影印本。			

3. Other Medical Details 其他醫療資料	
Has there been or will there be a death inquest? 是否經已或將會進行死因研究?	<input checked="" type="checkbox"/> No 沒有 <input type="checkbox"/> Uncertain 不確定 <input type="checkbox"/> Yes, date 有, 日期: ____ / ____ / ____ Day日 / Month月 / Year年
Has there been or will there be an autopsy? 是否經已或將會進行解剖?	<input checked="" type="checkbox"/> No 沒有 <input type="checkbox"/> Uncertain 不確定 <input type="checkbox"/> Yes, date 有, 日期: ____ / ____ / ____ Day日 / Month月 / Year年
Remarks: If you are in possession of the verdicts or findings, please provide a copy to us for reference. 註：如閣下持有裁決結果或驗屍報告，請提供副本以作參考。	



B. Insurance Coverage with other Companies 其他保單/保險保障資料			
Name of Company 公司名稱	Policy No. 保單號碼	Policy Effective Date (Day/Month/Year) 保單生效日期 (日/月/年)	Amount of Assurance (Currency) 投保額 (貨幣)
XXX 人壽保險有限公司	8888001111	01/01/2008	100000 (美元)
YYY 保險公司	1111001100	01/06/2000	1000000 (港元)

C. Claimant's Details 索償人資料			
Family Name 姓	Chan		
Given Name 名	Mei Mei		
Name in Chinese 中文姓名	陳美美		
Identity Document Number 身份證明文件號碼	B 222XXXX		
Date of Birth 出生日期	19 / 06 / 1979 Day日 / Month月 / Year年	Sex 性別	女
Relationship to the Deceased 與死者之關係	夫妻		
Place of Birth (Not compulsory) 出生地點 (可不填寫)	<div> <div>Town/City 鎮 / 城市</div> <div>Province/State 省 / 州</div> <div>Country / Region 國家 / 地區</div> </div> <div>香港</div>		
Current Residential Address 現時居住地址	<div> <div>A / Flat / Room 室</div> <div>1 / Floor 樓</div> <div>1 / Block 座</div> <div>ABC屋苑</div> <div>Building / Estate 大廈 / 屋苑名稱</div> </div> <div> <div>ABC道 111號</div> <div>Street / Road 街道名稱</div> <div>香港</div> <div>District / City 地區 / 城市</div> </div> <div> <div>香港</div> <div>Province 省</div> <div>Country / Region 國家 / 地區</div> <div>852</div> <div>Postal Code 郵政編號</div> </div>		
Correspondence Address 通訊地址	<input checked="" type="checkbox"/> Same as the above Claimant's Residential Address 與上述索償人居住地址相同 <div> <div>Flat / Room 室</div> <div>Floor 樓</div> <div>Block 座</div> <div>Building / Estate 大廈 / 屋苑名稱</div> </div> <div> <div>Street / Road 街道名稱</div> <div>District / City 地區 / 城市</div> </div> <div> <div>Province 省</div> <div>Country / Region 國家 / 地區</div> <div>Postal Code 郵政編號</div> </div>		
Contact Phone No. 聯絡電話 (Please provide telephone no. with its Country / Region name and mark the Country / Region code in the bracket. 請提供聯絡電話及其所屬國家/地區名稱，並於括號內填寫國家/地區編號)	Country / Region 國家 / 地區	<input checked="" type="checkbox"/> HK 香港 <input type="checkbox"/> China 中國 <input type="checkbox"/> Others, please specify 其他，請註明 _____	
	Telephone Number 電話號碼	(852) 9876 5432	



D. Settlement Currency 理賠貨幣	
<input checked="" type="checkbox"/> Hong Kong Dollar 港元	
<input type="checkbox"/> Policy Currency 保單貨幣	If Policy Currency is USD , please indicate: 如保單貨幣為 美元 ，請選擇： <input type="checkbox"/> Local USD Cheque 本地美金支票 <input type="checkbox"/> Overseas USD Cheque 海外美金支票
Remark 註： <ol style="list-style-type: none"> HKD cheque will be issued if settlement currency option is not specified (except for selected RMB products). 如沒有註明理賠貨幣，本公司將發出港元支票（特選人民幣產品除外）。 Local USD cheque will be issued if local or overseas is not specified for USD cheque. 如沒有註明本地或海外美元支票，本公司將發出本地美元支票。 Cheque will be issued after 2 working days once claim approved 支票會於理賠申請成功批核後兩個工作天發出 	

E. Document Submission Checklist 所需文件檢核表	
Basic Required Documents 基本文件	<ul style="list-style-type: none"> Completed Claim Form Part I to Part III 已填妥之理賠申請書第一至第三部分 Original Death Certificate 死亡證正本* Original Policy Document 保單正本 Copy of Identity Document of Life Assured and Claimant 受保人及索償人之身份證明文件副本* Copy of Relationship Proof 關係證明副本
Additional Documents for Accidental Death 意外死亡所需之附加文件	<ul style="list-style-type: none"> Copy of Post-Mortem Report 驗屍報告副本 Copy of Police Report / Traffic Accident Report / Police Statement 警察報告/交通意外報告/口供紙副本 Newspaper Clippings 新聞剪報
Additional Documents for Death in China 內地死亡之附加文件	<ul style="list-style-type: none"> Original Notarial Death Certificate 死亡公證書正本* Copy of Identity Card Cancellation Certificate (RPO 35A) from Registration of Persons Office (Immigration Department) 入境處發出之身份證註銷證明副本 (RPO 35A)
*Please present the related original copy during collection of death claim payment for verification. 請於領取身故理賠時出示相關正本以供核實。	

F. Declaration of Loss of Policy and Indemnity 遺失保單及彌償聲明	
<p>In consideration of Prudential Hong Kong Limited ("Prudential") agreeing to make a payment under this policy without meeting its requirement of providing policy document. I (please fill in your name and sign below), indemnify Prudential from and against all claims, demands, actions, proceedings, damages, costs and expenses whatsoever which Prudential may be liable to or incur by reason of Prudential making payment without the Prudential's normal requirements being met.</p> <p>鑑於保誠保險有限公司同意在其提供保單之要求未被符合的情況下，就保單支付款項，本人（請在以下填寫姓名及簽署）同意就保誠因其一般要求未被符合的情況下付款而可能須承擔法律責任或招致的所有申索、索求、法律行動、法律程序、賠償、費用及開支，對保誠作出彌償。</p>	
Name of Beneficiary / Person entitled to give good receipt of the Death Benefit: 受益人 / 就身故賠償能給予有效收據人士之姓名：	陳美美
Signature of Beneficiary / Person entitled to give good receipt of the Death Benefit: 受益人 / 就身故賠償能給予有效收據人士之簽名：	Chan Mei Mei



G. Personal Information Collection Statement 收集個人資料聲明

Personal Information Collection Statement ("PICS")

Prudential Hong Kong Limited (referred to as "Company", "our", "we", or "us") take the privacy and protection of your personal information seriously. We collect personal information from you that is necessary for us to either provide you with the product or service you have requested or to comply with statutory or contractual requirements. We may collect personal information including, but not limited to, full name, address, contact details, contact details history, date of birth, gender, nationality, family members, beneficiaries, identity card copy and details, travel document information, health/medical records, credit information, product history, claims history, financial and medical information ("Personal Information") to provide you with the insurance or financial products or services. We may also collect Personal Information about you from third parties such as other insurance companies, agents, credit reference/reporting agencies, vendors, financial institutions, fraud prevention agencies, government agencies, medical personnel, courts or public record.

1. Purpose of Collection

We may use your Personal Information for the following purposes: (a) to process your application; (b) to administer and process insurance policies, insurance claims and medical, security and underwriting checks; (c) to process payment instructions; (d) to verify your eligibility for insurance, financial or wealth management products and services; (e) to design and provide you with insurance, financial and related products and services; (f) to communicate with you; (g) to comply with any regulatory or other legal requirements or other internal business requirements (whether imposed on us or any third parties in section 2 below); (h) to investigate and settle claims and detect and prevent fraud (whether or not relating to the policy issued in respect of this application); (i) to carry out checks using agencies including credit reference agencies, tracing companies or publicly available information; (j) to provide customer services; (k) to perform automated decision-making or profiling; (l) to perform a policy review or needs analysis; (m) to conduct research and statistical analysis (including use of new technologies); and (n) any other purpose directly relating to any of the above purposes. With your consent, we may also use your personal data to send you marketing communications, as described below.

Some of the purposes above are necessary to allow us to perform our contractual obligations to you and to enable us to comply with applicable laws and regulation. We may also use and share your Personal Information for the purposes described above to improve our products and services. Your Personal Information will be stored either for as long as you (or your joint policyholder) are our customer, or longer if required by law or as is otherwise necessary.

2. Classes of Transferees

We may disclose your Personal Information to the group of companies including the Company and those of other entities whose ultimate parent company is Prudential plc ("companies within the Prudential Group") and to our financial/health business partners. We may also disclose your Personal Information to third parties (within or outside Hong Kong) for the purposes outlined at Section 1 above, including but without limitation, to the following third parties: (a) insurance agents; (b) insurance brokers; (c) re-insurance companies; (d) claims investigation companies; (e) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisations or other persons named in this paragraph) and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information; (f) third party service providers who provide administrative, telecommunications, computer, payment, printing, redemption or other services to us to enable us to operate our business (including without limitation insurers, lawyers, bankers, accountants, professional advisors, financial institutions and trustees); (g) industry associations and federations; (h) medical bill review companies; (i) your joint policy or investment holder; (j) researchers; (k) credit reference agencies; (l) debt collection agencies; (m) partnering financial institutions and partnerships; and (n) regulators and government agencies, law enforcement agencies and the courts. We may also disclose your Personal Information in connection with a transaction with another company which affects the control, governance, structure and/or management of all or a substantial part of our business, or if required to satisfy applicable legal or regulatory requirements. With your consent, we may also disclose your personal data to third parties to allow them to send you marketing communications, as described below.

3. Consequence of failing to provide Personal Information

Unless otherwise specified by us, it is mandatory for you to provide the Personal Information requested by us. If you do not provide such Personal Information, we may not be able to provide you the product or service that you've requested.

4. Access and Correction Rights

Under the Personal Data (Privacy) Ordinance (the "Ordinance"), you have the right to request access to and correction of any Personal Information that you provide to us. If want to exercise your rights, or if you require any other information, you can advise our Data Protection Officer at service@prudential.com.hk or using the details on "Contact Us" section of the Company website or our Privacy Notice.

If you move/moved to a European Union ("EU") jurisdiction, we may be required to provide you with further information, and you may have additional rights, under the EU General Data Protection Regulation. This information and these rights are set out in the Privacy Notice on our Company website.

We update our Privacy Notice from time to time. We encourage you to familiarise yourself with the Privacy Notice on our Company website. By completing and progressing with this form, you confirm that you have read and understood this PICS. The Privacy Notice is available on our Company website at <https://www.prudential.com.hk/scws/pages/en/privacy-policy/index.html>.

收集個人資料聲明 (「收集個人資料聲明」)

保誠保險有限公司 (簡稱「本公司」或「我們」) 認真對待閣下個人資料的私隱及保護。為使我們可以向閣下提供閣下要求的產品或服務，或為遵守法定及合約要求，我們會向閣下收集必要的個人資料。為向閣下提供保險或金融產品或服務，我們可能會向閣下收集個人資料，包括但不限於全名、地址、聯絡資料、過往聯絡資料、出生日期、性別、國籍、家庭成員、受益人、身分證副本及資料、旅遊證件資料、健康/醫療紀錄、信貸資料、過往產品紀錄、過往索償紀錄、財務及醫療資料 (「個人資料」)。我們亦可能會從第三方，如其他保險公司、代理、信貸資料服務/報告機構、供應商、金融機構、防欺詐機構、政府機構、醫務人員、法院或公開紀錄，收集關於閣下的個人資料。

1. 收集資料之目的

我們可能會使用閣下的個人資料作下列目的：(a) 處理閣下的申請；(b) 管理和處理保單、保險索償、醫療、抵押和承保檢查；(c) 處理付款指示；(d) 核實閣下申請保險、金融或財富管理產品及服務的資格；(e) 設計及為閣下提供保險、金融及相關的產品和服務；(f) 與閣下進行通訊；(g) 遵守任何監管或其他法律規定或其他內部業務規定 (不論是向我們或下述第 2 部分所列的任何第三方實施)；(h) 就索償進行調查及和解，以及偵查及防止欺詐 (不論是否有關就本申請發給的保單)；(i) 使用代理機構 (包括信貸資料服務機構)、追蹤公司或公開可得資料以執行核實；(j) 提供客戶服務；(k) 執行自動決策或資料剖析；(l) 進行保單審查或需求分析；(m) 進行研究和統計分析 (包括使用新科技)；及 (n) 與上述任何目的直接相關的任何其他目的。經閣下同意，我們亦可能會按照以下說明使用閣下的個人資料以向閣下發出促銷通訊。

為履行對閣下的合約責任及至使我們能夠遵守適用法律及法規，上述部分目的屬必要的。我們亦可能會為上述所列的目的使用及分享閣下的個人資料以改善我們的產品及服務。只要閣下 (或閣下的聯名保單持有人) 仍為我們的客戶，我們將一直保存閣下的個人資料，或如法律有所規定或因其他原因而為必要，我們則將其保存更長時間。

2. 被資料轉交者的類別

我們可能會向該公司集團，包括本公司以及其他母公司為英國保誠集團的實體 (「保誠集團內的公司」)，及我們的金融/健康業務夥伴，透露閣下的個人資料。為達到上述第一部分所列明之目的，我們亦可能會向第三方 (在香港境內或境外) 透露閣下的個人資料，包括但不限於以下第三方：(a) 保險代理；(b) 保險經紀；(c) 再保險公司；(d) 索償調查公司；(e) 為保險業整合索償及承保資料的組織、防欺詐組織、其他保險公司 (不論直接或透過防欺詐組織或本段指名的其他人士)，及保險業用作分析及核實現有資料與及後提供的資料而使用的數據庫或登記冊 (及其營運商)；(f) 提供行政、電訊、電腦、付款、印刷、贖回或其他服務以令我們的業務可以運作的第三方服務供應商 (包括但不限於保險公司、律師、銀行家、會計師、專業顧問、金融機構及受託人)；(g) 行業協會及聯會；(h) 醫療賬單審查公司；(i) 閣下的聯名保單或投資持有人；(j) 研究人員；(k) 信貸資料服務機構；(l) 收賬代理；(m) 夥伴金融機構及合作夥伴；及 (n) 監管機構及政府機構、執法機構及法院。在有關影響到我們全部或重大部分業務的控制權、治理、結構及/或管理的與另一公司的交易時，或在必須符合適用的法律或監管要求下，我們亦可能會透露閣下的個人資料。經閣下同意，我們亦會向第三方透露閣下的個人資料以讓該等第三方向閣下發出促銷通訊 (如下文所述)。

3. 未能提供個人資料的影響

除非我們另有規定，否則閣下必須提供我們要求的個人資料。若閣下未提供有關個人資料，我們可能無法為閣下提供所要求的產品或服務。

4. 查閱和更正的權利

根據《個人資料 (私隱) 條例》 (「條例」)，閣下有權要求查閱及更正任何閣下提供給我們的個人資料。閣下如欲行使閣下的權利，或如閣下需要任何其他資料，請發送電郵至 service@prudential.com.hk 或使用本公司網站或我們的私隱通知中「聯絡我們」部分所列的資料與我們的資料保護主任聯絡。

如閣下搬遷/已搬遷至歐洲聯盟 (「歐盟」) 司法管轄區，我們可能需要向閣下提供進一步資料，且閣下可能在歐盟《通用數據保障條例》下享有額外權利。此類資料及此等權利均載於本公司網站上的私隱通知中。

我們會不時更新我們的私隱通知，並建議閣下瀏覽本公司網站以了解該私隱通知。閣下填妥並繼續提交本表格，即表示閣下確認已閱讀並理解本收集個人資料聲明。該私隱通知可在本公司網站 <https://www.prudential.com.hk/scws/pages/tc/privacy-policy/index.html> 上查閱。



H. Declaration & Authorization 聲明及授權

I / We, Policyowner / Claimant, declare that the above information is true and complete to the best of my / our knowledge and belief.

I / We, Policyowner / Claimant, hereby confirm my / our understanding of and agreement to the above Personal Information Collection Statement.

I/We, Policyowner / Claimant, authorize on behalf of myself / ourselves and the minor Life Assured (if any) / the late Life Assured that (1) any doctors, hospitals, clinics, insurance companies, employers, organizations and persons that have any medical history or records or knowledge of me / us / the late Life Assured / the minor Life Assured, whom I / we / the late Life Assured / the minor Life Assured have attended or may hereafter attend may disclose such information to Prudential Hong Kong Limited ("the Company") for the purpose of assessing and processing the proposal for assurance and claims and providing subsequent services. To avoid any uncertainty, this authorization shall binding on my / our successors, assignees, executors and administrators and shall remain valid notwithstanding my / our death or incapacity (including but not limited to mental incapacity). A photocopy of this authorization shall be deemed to be valid as the original; (2) the Company or any of its appointed medical examiners or laboratories may perform the necessary medical assessment and tests to underwrite and evaluate the health status of myself / ourselves / the late Life Assured / minor Life Assured in relation to the proposal for assurance and any claims arising therefrom.

本人/吾等，保單持有人/索償人，特此聲明就本人/吾等所知所信，以上資料均為正確無訛及完整。

本人/吾等，保單持有人/索償人，在此確認本人/吾等明白並同意上述之收集個人資料聲明。

本人/吾等，保單持有人/索償人，代表本人/吾等及尚未成年之受保人（如有）/ 及已故受保人茲授權 (1) 任何醫生、醫院、診所、保險公司、僱主、機構或人士，將已經或其後存錄的有關本人/吾等/尚未成年之受保人/及已故受保人之醫療病歷、紀錄或其他資料披露予保誠保險有限公司（“貴公司”），作為評估及處理此投保申請及索償及提供其後服務之用。為免任何疑問，本授權書對本人/吾等之繼承人、受讓人、遺囑執行人及遺產管理人均具有約束力。即使本人/吾等死亡或無行為能力（包括但不限於精神上無行為能力），本授權書仍具有約束力。本授權書之副本將被視為與正本具同樣效力；(2) 貴公司或任何由貴公司指定之醫生、醫務人員或化驗所，可就此投保申請或任何有關索償申請替本人/ 吾等/尚未成年之受保人/已故受保人進行所需之醫療評估及測試，以審核本人/ 吾等/尚未成年之受保人/已故受保人之健康狀況。

20 / 02 / 2019
Day日 / Month月 / Year年

Chan Mei Mei

Signature of Claimant
索償人簽名

陳美美

Name of Claimant
索償人姓名

B 222XXXX

Identity Document Number of Claimant
索償人身份證明文件號碼

Please DO NOT sign on BLANK form. 請勿在空白表格上簽署。



Part II – Individual Tax Residence Self-Certification

第二部分 — 個人稅務居住地自我申報證明書

Important Notes 重要提示：

- Claimant must provide his / her information (unless otherwise stated) in this part. This part is a self-certification provided by claimant, who may be Individual Account Holder, to a reporting financial institution for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the reporting financial institution to the Inland Revenue Department for transfer to the tax authority of another jurisdiction. 索償人必須提供其資料於本部分（除另有規定外）。本部分是索償人（可能作為個人帳戶持有人）向申報財務機構提供的自我證明，以作自動交換財務帳戶資料用途。申報財務機構可把收集所得的資料交給稅務局，稅務局會將資料轉交到另一稅務管轄區的稅務當局。
- Account Holder should report all changes in his / her tax residency status to the reporting financial institution. 如帳戶持有人的稅務居民身分有所改變，應盡快將所有變更通知申報財務機構。
- Please read instruction and glossary in below websites before completing the form: 填表前請先細閱以下連結之指引及定義摘要：
http://www.ird.gov.hk/eng/tax/aeoi/self_cert.htm

A. Identification of Individual Claimant 個人索償人身分識別資料

Claimant's Full Name, Identity Document No., Date of Birth, Place of Birth (country / region, province / state and town / city), Residential Address and Correspondence Address as completed in Part I will be considered as part of your self-certification.

索償人在第一部分填寫的姓名，身份證明文件號碼，出生日期，出生地點（國家/地區、省/州及鎮/城市），居住地址及通訊地址將被視為閣下的自我申報證明書一部分。

B. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN")
居留司法管轄區及稅務編號或具有等同功能的識別編號（以下簡稱「稅務編號」）

Complete the following table indicating 提供以下資料，列明

- the jurisdiction of residence (including Hong Kong) where the Claimant is a resident for tax purposes and 索償人的居留司法管轄區，亦即索償人的稅務管轄區（香港包括在內）及
- the Claimant's TIN for each jurisdiction indicated. 該居留司法管轄區發給索償人的稅務編號。

Indicate **all** (not restricted to five) jurisdictions of residence. 列出**所有**（不限於 5 個）居留司法管轄區。

If a TIN is unavailable, provide the appropriate reason A, B or C 如沒有提供稅務編號，必須填寫合適的理由：

Reason 理由 A - The jurisdiction where the Claimant is a resident for tax purposes does not issue TINs to its residents. 索償人的居留司法管轄區並沒有向其居民發出稅務編號。

Reason 理由 B - The Claimant is unable to obtain a TIN. Explain why the Claimant is unable to obtain a TIN if you have selected this reason. 索償人不能取得稅務編號。如選取這一理由，解釋索償人不能取得稅務編號的原因。

Reason 理由 C - TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed. 索償人毋須提供稅務編號。居留司法管轄區的主管機關不需要索償人披露稅務編號。

Jurisdiction of Residence 居留司法管轄區		TIN [#] 稅務編號 [#]	Enter Reason A, B or C if no TIN is available 如沒有提供稅務編號， 填寫理由 A、B 或 C
1	香港	B 222XXXX	
2			
3			
4			
5			

Explain why the Claimant is unable to obtain a TIN if you have selected Reason B in corresponding line.

如選擇理由 B，請於相對的欄位解釋索償人不能取得稅務編號的原因。

1	
2	
3	
4	
5	



B. Jurisdiction of Residence and Taxpayer Identification Number or its Functional Equivalent ("TIN") (Continued)
居留司法管轄區及稅務編號或具有等同功能的識別編號（以下簡稱「稅務編號」）（續）

- # If the Claimant is a tax resident of Hong Kong, the TIN is the Hong Kong Identity Card Number.
如索償人為香港稅務居民，稅務編號是其香港身份證號碼。
- If the Claimant is a tax resident of China, the TIN is the China Identity Card Number.
如索償人為中國稅務居民，稅務編號是其中國身份證號碼。
- If the Claimant is a U.S. citizen, permanent resident ("Green Card" holder), or otherwise a U.S. tax resident, the TIN is the U.S. social security number.
如果索償人為美國公民，永久居民（“綠卡”持有人），或美國稅務居民，稅務編號是其美國社會福利保障號碼。

C. Declaration 聲明

I, the Claimant, acknowledge and agree that (a) the information contained in this part is collected and may be kept by the financial institution for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the Account Holder and any reportable account(s) may be reported by the financial institution to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Account Holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I, the Claimant, am reminded that it is my sole responsibility to seek independent legal and / or tax advice on any such legal and / or tax consequences (in all applicable jurisdictions) before making this self-certification to Prudential Hong Kong Limited. I acknowledge and confirm that neither Prudential Hong Kong Limited nor anyone on the behalf of Prudential Hong Kong Limited has given me any legal and / or tax advice in that regard.

I, the Claimant, certify that I am the Account Holder or I am authorized to sign for the Account Holder of all the account(s) to which this part relates.

I, the Claimant, undertake to advise Prudential Hong Kong Limited of any change in circumstances which affects the tax residency status of the individual identified in this part or causes the information contained herein to become incorrect, and to provide Prudential Hong Kong Limited with a suitably updated self-certification form within 30 days of such change in circumstances.

I, the Claimant, declare that the information given and statements made in this part are, to the best of my knowledge and belief, true, correct and complete.

本人，作為索償人，知悉及同意，財務機構可根據《稅務條例》（第 112 章）有關交換財務帳戶資料的法律條文，(a) 收集本部分所載資料並可備存作自動交換財務帳戶資料用途及 (b) 把該等資料和關於帳戶持有人及任何須申報帳戶的資料向香港特別行政區政府稅務局申報，從而把資料轉交到帳戶持有人的居留司法管轄區的稅務當局。

本人，作為索償人，知悉在向保誠保險有限公司提交自我申報證明書前，本人須全權負責就任何此法律及 / 或稅務後果（在所有適用的管轄範圍）尋求獨立法律及 / 或稅務諮詢。本人知悉及確認保誠保險有限公司或保誠保險有限公司的任何代表均沒有向本人在這方面提供任何法律及 / 或稅務諮詢。

本人，作為索償人，證明，就與本部分所有相關的帳戶，本人是帳戶持有人或本人獲帳戶持有人授權簽署本部分。

本人，作為索償人，承諾，如情況有所改變，以致影響本部分所述的個人的稅務居民身分，或引致本部分所載的資料不正確，本人會通知保誠保險有限公司，並會在情況發生改變後 30 日內，向保誠保險有限公司提交一份已適當更新的自我證明表格。

本人，作為索償人，聲明就本人所知所信，本部分內所填報的所有資料和聲明均屬真實、正確和完備。

20 / 02 / 2016
Day 日 Month 月 Year 年

Chan Mei Mei

Signature of Claimant
索償人簽署

陳美美

Name of Claimant
索償人姓名

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.\$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 \$10,000）罰款。



Part III – Medical Certificate (to be completed by the Attending Physician, duly qualified and registered, at the claimant's expense)

第三部分 — 醫療報告 (由索償人自費聘請主診註冊西醫填寫)

Deceased's Details 死者資料

1. Name of Deceased 死者姓名			
2. Identity Document Number 身份證明文件號碼			
3. Age 年齡		4. Sex 性別	
5. Date of Death 死亡日期		6. Time of Death 死亡時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午

~ Part 3 should be completed by the life assured Attending Physician ~
~ 由受保人之主診醫生填寫此第三部分 ~

If death was caused by Accident / Suicide / Homicide, please provide following details.

如因意外 / 自殺 / 他殺事故導致身故，請詳述如下：

10. Date of Accident 意外發生日期	____/____/____ Day日 / Month月 / Year年	11. Time of Accident 意外發生時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午 Time 時間
12. Date of Suicide or Homicide 自殺或他殺事故發生日期	____/____/____ Day日 / Month月 / Year年	13. Time of Suicide or Homicide 自殺或他殺事故發生時間	<input type="checkbox"/> AM 上午 <input type="checkbox"/> PM 下午 Time 時間
14. Where and how did it happen? 意外或事故如何發生及事發地點			

Consultation Details 診治資料

15. How long have you been the medical physician for this patient? 閣下為死者診症了多久?	____ Day(s) 日 ____ Month(s) 月 ____ Year(s) 年	Or since 或自 ____/____/____ Day日 / Month月 / Year年
16. When was the FIRST ever consultation date this patient had with you? 閣下為死者的 首次 診治日期	____/____/____ Day日 / Month月 / Year年	
17. What was the diagnosis in the FIRST ever consultation? 閣下為死者的 首次 診治的診斷結果?		
18. Please provide details on your consultation to the deceased to the LAST ILLNESS in relation to his / her Cause of Death: 請提供閣下就診斷死者與其身故原因相關之 最後疾病 的詳情：		
a) FIRST Consultation Date 首次 診治之日期	____/____/____ Day日 / Month月 / Year年	
b) Presenting Symptoms in the FIRST consultation 於 首次 診治所發現之病徵		
c) Diagnosis 診斷		



Consultation Details (Continued) 診治資料 (續)			
d) ICD 9 Code 國際疾病分類編碼 (ICD-9)		e) LAST Consultation Date 最後一次診治日期	____/____/____ Day日 / Month月 / Year年
f) According to the deceased, how long had he / she been experiencing these symptoms before the first consultation? 在死者第一次向閣下求診時，其病徵已存在多久？	_____ Day(s) 日 _____ Month(s) 月 _____ Year(s) 年 Or since 或自 _____/_____/_____ Day日 / Month月 / Year年		
g) How long, in your opinion, had the deceased suffered			

~ Part 3 should be completed by the life assured Attending Physician ~
 ~ 由受保人之主診醫生填寫此第三部分 ~

b) Disease / Disorder 疾病			
c) Details of Treatment(s) / Hospitalization 治療 / 住院詳情			
20. Had the deceased been previously referred by other physician / hospital? 死者是否由其他醫生或醫院轉介？			
<input type="checkbox"/> No 不是	<input type="checkbox"/> Yes, please provide information as follow: 是，請提供以下資料		
	a) Date 日期	____/____/____ Day日 / Month月 / Year年	
	b) Name of physician / hospital 醫生 / 醫院名稱		
	c) Address of physician / hospital 醫生 / 醫院地址		
	d) Phone No. of physician / hospital 醫生 / 醫院電話		
21. Other Physician(s) / Hospital(s) who attended the deceased for the same / related conditions: 其他曾就死者相同 / 相關的病徵提供治療的醫生 / 醫院：			
Consultation Date (Day/Month/Year) 診治日期 (日/月/年)	Physician(s) / Hospital(s) 醫生 / 醫院名稱	Disease / Disorder 疾病	



Consultation Details (Continued) 診治資料 (續)

22. Was the deceased's death directly or indirectly due to or aggravated by the following?
死者是否因以下原因，直接或間接引致或加劇死亡？

- ☐ No 不是
- ☐ Yes, please tick where it is appropriate and give details.
是，請在適當的位置劃上剔號及提供詳情
- | | |
|--|--|
| <input type="checkbox"/> unfavorable family health history
家族病史 | <input type="checkbox"/> congenital / inherited condition
先天 / 遺傳性情況 |
| <input type="checkbox"/> alcoholism / alcohol / narcotics / drugs
酗酒 / 酒精 / 毒品 / 藥物 | <input type="checkbox"/> AIDS / AIDS related complex disease
後天免疫力缺乏症 / 與後天免疫力缺乏症相關的綜合症 |
| <input type="checkbox"/> engaging in hazardous sport / activity / occupation | <input type="checkbox"/> pregnancy / childbirth |

~ Part 3 should be completed by the life assured Attending Physician ~
~ 由受保人之主診醫生填寫此第三部分 ~

			No. of years smoked 已維持多少年	
b) Drinking Habit 飲酒習慣	<input type="checkbox"/>	<input type="checkbox"/>	Drinking type 飲酒類別	
			Daily consumption amount 每日之飲酒量	
			No. of years drank 已維持多少年	
c) Drug Addiction 濫用藥物	<input type="checkbox"/>	<input type="checkbox"/>	Type of drug consumed 藥物類別	
			Daily consumption amount 每日用量	
			No. of years taken the drug 已維持多少年	
24. Additional information you consider relevant to this claim 其他與此索償有關的資料				

Physician Details 醫生資料

Name of Physician 醫生名稱		Qualification 資歷	
Hospital Name (if applicable) 醫院名稱 (如適用)		Telephone No. 聯絡電話	
Address 地址			
Signature & Hospital / Physician's Chop 醫院 / 醫生簽署及蓋印		Date 日期	<div style="text-align: center;"> ____/____/____ Day日 / Month月 / Year年 </div>

