

First Policy No.:

第一份保單號碼:

Second Policy No.:

第二份保單號碼:

LIFE CLAIM APPLICATION FORM 人壽保障索償申請書 (C03)

Name of Insured ("the Deceased"):

受保人姓名("死者")

I.D. Card No.:

身份證號碼

Important Note:

The issue of this form is in no way constitute an admission of liability or waiver of any right by YF Life Insurance International Ltd. ("the Company") under the policy. All the following questions must be fully answered, and further information may be required if necessary.

發出此申請書並不表示萬通保險國際有限公司("本公司")已承認是次賠償責任或放棄任何保單中的權利。下列各問題必須詳細回答，如有需要時，本公司可要求其他詳情。

In the event of the claim involving any payment to be made by the Company, the Claimant must provide valid documentation proofs (such as identity document and address proof) to the satisfaction of the Company for the Company to conduct due diligence pursuant to the Anti-Money Laundering and Counter-Terrorist Financing (Financial Institutions) Ordinance, Cap.615.

於處理任何索償而涉及本公司需支付任何款項，索償人必須提交符合本公司要求之有效證明文件(例如其身份證明及地址證明)，讓本公司能按照於「打擊洗錢及恐怖分子資金籌集(金融機構)條例」第 615 章所載進行客戶盡職審查。

Death Benefit will not be payable for policy(ies) in which the Continuation of Policy Benefit Option (if any) is in force at the Insured's death. Please refer to the terms and conditions of the Continuation of Policy Benefit Arrangement for details. To exercise the Option, please submit the required documents according to our prevailing administrative rules for our handling.

如受保人身故時本保單之保單利益延續權益(如有)為有效，本公司不會因受保人身故而支付本保單的身故保障。詳情請參閱保單利益傳承安排的條款。如要求行使此權益，請遞交符合本公司現有行政規則所需的文件予本公司處理。

1a. Date of death : 死亡日期	1a. ____ / ____ / ____ MM 月 DD 日 CCYY 年			
1b. Place of death : 死亡地點	1b.			
1c. Cause of death : 死亡原因	1c.			
1d. Signs and symptoms : 病徵及病狀	1d.			
1e. When did the symptoms first appear? 何時首次出現此徵狀	1e.			
1f. Name and address of the attending doctor who lastly treated the Deceased : 最後診治死者的醫生及地址	1f. <u>Consultation Date 診治日期</u> <u>Name of Doctor 醫生姓名</u> <u>Address of Doctor 醫生地址</u>			
2a. Occupation of the Deceased at the date of death : 死者生前職業	2a.			
2b. Name and address of the employer of the Deceased. If the Deceased was self-employed, what is the name and address of the company? 死者生前僱主名稱及地址。如屬自僱，請詳述死者經營之公司名稱及地址	2b.			
2c. The last date of work of the Deceased : 死者最後工作日期	2c. ____ / ____ / ____ MM 月 DD 日 CCYY 年			
3. Was a death inquest or post-mortem examination held? 有否進行死因研訊或死因檢驗	3. <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 Details 詳情 _____			
4. Has the death of the Deceased been reported to police? If YES, what is the police reference number and the name of the police station. 有否就死者死亡向警署報案? 如有，請提供警方檔案編號及報案警署名稱	4. <input type="checkbox"/> No 沒有報警 <input type="checkbox"/> Yes 有報警 <u>Police Station : 報案警署名稱</u> <u>File No. : 檔案號碼</u>			
5. Name and address of all doctors and hospitals which the Deceased had received treatment, the date and reason of treatment. 曾診治過死者之所有醫生、醫院的姓名及地址，以及治療的日期及原因	5. <table><thead><tr><th><u>Date 日期</u></th><th><u>Name and Address 姓名及地址</u></th><th><u>Reason of treatment 治療原因</u></th></tr></thead></table>	<u>Date 日期</u>	<u>Name and Address 姓名及地址</u>	<u>Reason of treatment 治療原因</u>
<u>Date 日期</u>	<u>Name and Address 姓名及地址</u>	<u>Reason of treatment 治療原因</u>		
6. Was the Deceased also insured by other insurance companies? If YES, please give details. 死者是否受保於其他保險公司? 如是，請提供詳情	6. <input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 <u>Name of company 公司名稱</u> <u>Effective date 保單生效日期</u> <u>Sum Insured 保額</u>			



Claimant's Information 索償人資料

English Name 英文姓名	Chinese Name 中文姓名	ID Card No. 身份證號碼	Nationality 國籍
Residential Address 住宅地址		Occupation 職業	Contact Phone No. 聯絡電話
Permanent Address (if different from residential address) 永久地址 (如與住宅地址不同)			

Individual Tax Residency of Claimant 索償人的個人稅務居民身分

Note: (1) This is a self-certification form provided by Claimant to YF Life Insurance International Limited ("the Company") for the purpose of automatic exchange of financial account information. The data collected may be transmitted by the Company to Inland Revenue Department for transfer to the tax authority of another jurisdiction.
這是由索償人向萬通保險國際有限公司(本公司)提供的個人稅務居民身份聲明,以作自動交換財務帳戶資料用途。本公司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。

(2) All parts in this section must be completed (unless not applicable or otherwise specified). If space provided is insufficient, please continue on Form G03.
此部份的所有項目必須完成(除不適用或另有規定)。如提供的空間不足,請於補充文件 G03 內完成。

(3) Taxpayer Identification Number or its functional equivalent is abbreviated as "TIN".
稅務編號或具有等同功能的識別編號以下簡稱為「稅務編號」。

(4) If the Claimant is a tax resident of Hong Kong/ Macau, the "TIN" is the Hong Kong/ Macau ID number.
如索償人屬於香港/澳門稅務居民,其「稅務編號」為香港/澳門身份證號碼。

(5) If the Claimant has any questions regarding his/her tax residency or related information, please seek independent professional advice from legal or tax expert(s) or visit the website of the Hong Kong Inland Revenue Department/ Macau Government for details.
如索償人對於稅務居民身分或相關資料有任何疑問,請向法律或稅務專家尋求獨立專業意見或參考香港稅務局/澳門政府網頁以索取詳情。

(6) Please read instructions 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:
Hong Kong 香港: http://www.ird.gov.hk/chi/tax/aeoi/self_cert.htm / Macau 澳門: <https://www.dsfgov.mo/AEOI/?lang=zh&FormType=3#top>

(7) **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 shall bear any legal liability(ies) arising therefrom.**
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,並需承擔相關的法律責任。

Part 1 Claimant's U.S. Tax Status Declaration (Please read remarks below) 第一部份 美國稅務身份聲明(請參閱以下備註)

1. Are you a U.S. person, being a U.S. citizen, U.S. resident for U.S. federal income tax purposes or U.S. Resident Alien (i.e., U.S. Green Card holder)?
索償人是否美國人士、美國公民、符合美國所得稅目的之美國居民,或擁有美國居民身份之外僑(即美國綠卡持有人)?

Yes 是 → Please submit Form W-9 and fill-in U.S. tax residence and U.S TIN in the below "Jurisdiction of Residence List".
請提交美國稅務表格之 W-9 表格並於「居留司法管轄區明細表」填寫有關美國稅務居留司法管轄區及美國稅務編號的資料。

No 否

2. Were you born in the U.S.?
索償人的出生地是否為美國?

Yes 是 → Please submit Form W-9 or W-8 and fill-in U.S. tax residence and U.S TIN in the below "Jurisdiction of Residence List" (if applicable).
請提交美國稅務表格之 W-9 或 W-8 並於「居留司法管轄區明細表」填寫有關美國稅務居留司法管轄區及美國稅務編號的資料(如適用)。

No 否

Part 2 Claimant's Tax Residency 第二部份 索償人的稅務居民身份

1. Are you tax resident of Hong Kong/ Macau?
索償人是否為香港/澳門的稅務居民?

Yes 是 → Please fill-in the below "Jurisdiction of Residence List"
請填寫以下「居留司法管轄區明細表」

No 否

2. Are you tax resident of other jurisdictions (other than Hong Kong / Macau)?
索償人是否為其他司法管轄區(香港/澳門除外)的稅務居民?

Yes 是 → Please fill-in the below "Jurisdiction of Residence List"
請填寫以下「居留司法管轄區明細表」

No 否

If the answer of above questions is "No", please provide explanation in "Supplementary Information".
如以上問題同時答「否」,請於「補充資料」解釋原因。

If a TIN is unavailable, please provide the appropriate reason:
如未能提供「稅務編號」,請提供其原因:

Reason A - The jurisdiction where the Claimant is a resident for tax purposes does not issue TINs to its residents.
Reason B - The Claimant is unable to obtain a TIN. Please explain why the Claimant is unable to obtain a TIN if you have selected this reason.
Reason 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.
理由 A - 索償人的居留司法管轄區並沒有向其居民發出「稅務編號」。
理由 B - 索償人不能取得「稅務編號」。如選取這一理由,必須解釋索償人不能取得「稅務編號」的原因。
理由 C - 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 List 居留司法管轄區明細表			
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」,需填寫理由 A、B 或 C	Explain why the Claimant is unable to obtain a TIN if Reason B has been selected 如選取理由 B, 需解釋索償人不能取得「稅務編號」的原因

Supplementary Information 補充資料

Remarks 備註

1. United States (U.S.) tax resident refers to U.S. Green Card holder (i.e., U.S. lawful permanent resident) or meet the substantial presence test (i.e., he/ she physically presents in U.S. on at least 31 days during the current year and 183 days during the 3-year period (includes the current year and the 2 years immediately before that)). If your answer is "Yes", please submit form W-9. The calculation of days of presence in U.S. for 3 years period = All the days you were present in U.S. in the current year + 1/3 of the days you were present in the first year before the current year + 1/6 of the days you were present in the second year before the current year.
美國稅務居民指是美國綠卡持有人(即美國合法永久居民)或滿足實質居住測試(即他/她於納稅年內已在美國逗留至少 31 天和三年內在美國逗留至少 183 天(包括本納稅年度及過往兩年))。如閣下的答案是「是」,請填寫 W-9 表格。三年內在美國逗留日數計算方法 = 本年實際居住在美國日數 + 1/3 去年居住在美國的日數的 + 1/6 前年居住在美國的日數。

2. If your answer is "No", not U.S tax resident, but have one or more than one of the following U.S. indicia, e.g., a U.S residential address or correspondence address or P.O. Box, a U.S. telephone number, or an instruction to transfer funds to an account maintained in the U.S., please complete Form W-8BEN and attach any relevant supporting documents.
如閣下的答案為「否」,並非美國公民或美國稅務居民,但具有以下其中一項或以上之身份/狀況,例如:具美國住址或通訊地址或郵政信箱、具美國電話號碼,或指示將資金轉入/轉出位於美國的賬戶,請遞交填妥的 W-8BEN 表格及相關證明文件。

3. If your place of birth is U.S. but declare not being U.S tax resident, please complete Form W-8BEN and provide supporting document of renunciation or loss of U.S. nationality.
如閣下的出生國家是美國,但聲稱為非美國公民或非美國稅務居民,請提供喪失/放棄美國籍之證明文件副本並遞交 W-8BEN 表格。

Declaration and Agreement 聲明及同意

PERSONAL INFORMATION COLLECTION STATEMENT

I/We understand and agree my/our personal information (including a record of my/our image or voice by whatever means and my/our health information) collected by or held by YF Life Insurance International Ltd ("the Company") may be used for the purposes of: (1) approving, evaluating or processing my/our insurance application/policy service request; (2) administering, maintaining or reinsuring my/our policies; (3) adjudicating my/our claims, or conducting any investigation or analysis of my/our claims; (4) data matching; (5) investigation or prevention of crime; or (6) fulfilling legal or regulatory requirements. I/We understand and agree that failure to provide any information requested by the Company may result in the Company not being able to process my/our insurance application/policy service request.

I/We understand and agree my/our personal information collected by or held by the Company may be transferred or disclosed by the Company to any of the following persons (whether within or outside Hong Kong) for the purposes as specified above or to governmental/regulatory bodies (whether within or outside Hong Kong) for them to carry out their governmental/regulatory functions: (1) YF Life group companies and their associated/affiliated companies; (2) financial institutions, insurance companies, intermediaries and reinsurers; (3) claims investigation companies or any companies/persons necessary for claims assessment/investigation; (4) industry associations/federations and their members; (5) governmental/regulatory bodies and law enforcement agencies; (6) crime prevention organisations and their members/participants; and (7) service providers and selected persons which are under a duty of confidentiality to the Company.

I/We understand that I/we have the right to access to, and to correct, any of my/our personal information held by the Company by writing to the Personal Data Protection Officer of the Company. (Address : 27/F, YF Life Tower, 33 Lockhart Road, Wan Chai, Hong Kong (applicable to policies issued in Hong Kong) or Avenida Doutor Mario Soares No. 320, Finance and IT Center of Macau, 8 Andar A, Macau (applicable to policies issued in Macau)). The Company may charge a reasonable fee for the processing of such request.

DECLARATION

I/We, being the ultimate beneficial owner of the proceeds, the undersigned, hereby declare that all information deposited hereinabove, whether they are written by me/us or not, is true and complete to the best of my/our knowledge and belief and I/we have not withheld any material information connected with this claim. I/We also have read and understood the Personal Information Collection Statement stated above. I/We provide the information herein on a voluntary basis. However, I/we understand that failure to provide information as per the Company's request may result in the Company being unable to process with this claim. This claim form and all other documents submitted to the Company for this claim shall be the property of the Company, and will be non-returnable under all circumstances.

If there is any subsequent change to the information provided, I/we undertake to notify the Company as soon as possible.

I/ We hereby agree and authorize the Company, according to the Insurance (Levy) Regulation, to deduct (1) corresponding levy on unpaid premium (if any); and (2) outstanding levy of the policy(ies) (if any) from the claim payment of the policy(ies) payable to me/ us. The levy will be remitted to the Insurance Authority by the Company. (Applicable to policy issued in Hong Kong)

ACKNOWLEDGEMENT AND AGREEMENT RELATING TO REPORTING AND WITHHOLDING OBLIGATIONS UNDER APPLICABLE REQUIREMENTS

I/We acknowledge that YF Life Insurance International Ltd. ("the Company") may be obliged to comply with any applicable (local or overseas) requirements of whatever nature prescribed by any (local or overseas) authorities (regulatory, self-regulatory or otherwise) (the "Authorities" and each an "Authority"); and / or any (present or future) commitments or agreements with any Authority; and as amended from time to time (the "Applicable Requirements"), including but not limited to the implementation of the U.S. Foreign Account Tax Compliance Act pursuant to the intergovernmental agreement between Hong Kong/ Macau (where applicable) and the U.S. and the implementation of the Common Reporting Standard issued by the Organisation for Economic Co-operation and Development pursuant to the Hong Kong Inland Revenue (Amendment) (No. 3) Ordinance 2016/ Macau laws and regulations (where applicable).

In this connection, notwithstanding anything contained in this form or any policies or agreements between me / us and the Company, I / we irrevocably agree to provide the Company with all assistance and / or to waive all applicable (legal, regulatory or otherwise) restrictions as may be necessary to enable the Company to comply with the Applicable Requirements. In particular (but without limitation), I / we irrevocably agree that:

- I / We will provide the Company with further information and / or prescribed documents within such time as may be required by the Company;
- The Company may disclose to any Authority (such disclosure may be effected via the Head Office of the Company if applicable) any information about (i) any of my / our policy(ies) (whether the policy(ies) is / are in force or otherwise); and / or (ii) me / us and any Consenting Person as defined hereinafter; and
- The Company may withhold any payments otherwise payable to me / us or to any Consenting Person as defined hereinafter (and pay the withheld amounts to the relevant Authorities if required).

"Consenting Person" in relation to an insurance policy means any person who is / will be entitled to the policy's value or to receive a payment / benefit under the policy, or in relation to a trust arrangement means the settlor, the trustees, the protector, the beneficiaries / class of beneficiaries or any other natural person exercising ultimate effective control over the trust. I / We confirm that I / we have obtained the requisite consent and agreement from each Consenting Person to enable the Company to comply with the Applicable Requirements and to exercise the rights and powers of the Company set out above.

The Company shall not be liable for any costs, loss or damages that I / we or any Consenting Person may incur because of the Company taking any actions for compliance with the Applicable Requirements. If I / we have any doubt on the impact of the aforesaid on me / us or my / our legal or tax position, I / we should seek independent professional advice.

I undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in this form or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances. I declare that the information given and statements made in this form are, to the best of my knowledge and belief, true, correct and complete.

I acknowledge and agree that (a) the information contained in this form 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 Policyholder 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/ Financial Services Bureau of the Government of Macau Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the Policyholder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Hong Kong Inland Revenue Ordinance (Cap.112)/ Macau laws and regulations.

This section shall survive any benefit payments.

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

個人資料收集聲明

本人/我們明白及同意萬通保險國際有限公司("貴公司")所收集或持有本人/我們的個人資料(包括任何形式的肖像、聲音及與健康有關的資料)可能會被用於下列目的:(1) 批核、評審及處理本人/我們之投保計劃申請/保單服務要求;(2) 就本人/我們之保單提供行政、持續或再保險的服務;(3) 評核本人/我們之索償,或就本人/我們之索償進行調查或分析;(4) 資料核對;(5) 偵測或防止罪行;或(6) 符合法律或合規要求。本人/我們明白及同意必須提供貴公司所需的個人資料,否則,貴公司將不能處理本人/我們之投保申請或就本人/我們之保單提供服務。

本人/我們明白及同意貴公司可能為達到上述目的或讓政府/監管機構(不論在香港或海外執行其職務而向以下任何一方(不論在香港或海外)轉移或透露由貴公司收集或持有屬於本人/我們的個人資料:(1)萬通保險集團成員公司及其關聯或相關公司;(2)金融機構、保險公司、中介人或再保險公司;(3)賠償調查公司及所有有關評核索償之公司及/或人士;(4)行業組織/聯會及其成員;(5)政府部門或監管機構和執法機構;(6) 防犯罪組織及其會員/參與者;及(7) 與貴公司有保密協議的服務提供者及其他人士。

本人/我們明白本人/我們有權查閱和更改任何由貴公司持有屬於本人/我們的個人資料。如有需要,本人/我們可與貴公司的資料保護主任提出有關要求,並以書面方式呈交(地址:香港灣仔駱克道33號萬通保險大廈27樓(適用於香港簽發的保單)或澳門蘇亞利士博士大馬路320號澳門財富中心8樓A座(適用於澳門簽發的保單))。處理上述要求時,貴公司可能會收取合理費用。

聲明

本人/我們為最終賠償權益擁有人,即下方簽署者,謹此聲明上述披露之一切資料,不論是否由本人/我們手寫,就本人/我們等所深知及確信均屬完整並準確無訛。本人/我們就此索償申請並無隱瞞任何重要資料。本人/我們等亦已閱讀及明白上述的個人資料收集聲明。本人/我們在此提供的資料均屬自願。若未能依據貴公司要求提供資料,本人/我們明白會導致貴公司不能處理此索償。此索償申請書及一切其他文件在遞交給貴公司後便會成為貴公司的財產。在任何情況下均不會獲得退回。

若本人/我們所提供的資料有任何更改時,本人/我們確儘快通知貴公司有關的更改。

本人/我們謹此同意及授權貴公司按《保險業(徵費)規例》從支付予本人/我們之賠償金額中扣除保單(1)未繳費的相關徵費(如適用);及(2)尚欠的徵費(如適用),並由貴公司把徵費轉付至保險業監管局。(只適用於香港簽發之保單)

適用的規定下之申報及預扣責任聲明及協議

本人/我們確認萬通保險國際有限公司("貴公司")須遵從由(本地或海外)任何機構(包括監管機構、行業監管機構或其他,以下簡稱「監管機構」)不時頒布及修訂適用的任何性質的要求,或與任何監管機構(現在及將來)的承諾或協議(以下簡稱「適用的規定」),包括但不限於根據香港/澳門(如適用)與美國政府訂立之跨政府協議執行美國的《海外賬戶稅收合規法案》及根據香港《2016年稅務(修訂)第3號條例》/澳門法律及法規(如適用)執行經濟合作與發展組織發出之共同匯報標準。

因此,儘管本表格或任何保單或任何其他由本人/我們和貴公司之間所訂協議有任何其他不同條款,本人/我們不可撤回地同意向貴公司提供一切協助及/或撤銷所有適用限制(無論是法律、法規或其他限制),以促成貴公司能遵從適用的規定。更重要的(但不限於此)本人/我們不可撤回地同意:

- 本人/我們於貴公司要求的時限內向貴公司提供進一步資料及/或指定文件;
- 貴公司可向任何監管機構披露(此等披露可以透過貴公司的總公司進行)任何有關(i)本人/我們任何保單資料(無論該等保單是否生效);及/或(ii)本人/我們或任何同意人士(見下述定義)的資料;及
- 貴公司可預扣任何應支付予本人/我們或任何同意人士(見下述定義)的款項(並在有必要的情況下向有關監管機構支付該等被預扣之款項)。

「同意人士」指就保險合約而言,任何人士(於現在或將來)可得到保單的價值,或可根據保單條款收取款項/保障,或有關信託安排之委託人、受託人、信託保護人、受益人/受益人種類或任何其他自然人行使最終有效信託控制權。本人/我們確認本人/我們已取得每位同意人士事先的許可和協議,以使貴公司能遵從適用的規定,及以使用貴公司行使載於上文的權利及權力。

貴公司將不會向本人/我們或任何同意人士承擔任何可能因貴公司採取任何行動以遵從適用的規定所產生的費用、損失或損害。如果本人/我們因上述所載而對本人/我們或本人/我們的法律或稅務狀況而產生的影響有任何疑問,本人/我們應尋求獨立專業意見。

本人承諾,如情況有所改變,以致影響本表格所述的個人的稅務居民身份,或引致本表格所載的資料不正確,本人會通知貴公司,並會在情況發生改變後30日內,向貴公司提交一份已適當更新的自我證明表格。

本人知悉及同意,財務機構可根據香港《稅務條例》(第112章)有關交換財務帳戶資料的法律條文/澳門法律及法規,(a)收集本表格所載資料並可備存作自動交換財務帳戶資料用途及(b)把該等資料和關於保單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/澳門特別行政區政府財政局申報,從而把資料轉交到保單持有人的居留司法管轄區的稅務當局。

本部份所載之條款將於任何保障賠償後繼續適用。

本人聲明就本人所知所信,本表格內所填報的所有資料和聲明均屬真實、正確和完備。

Authorization 授權書

I/We hereby authorize any individual or organization (including but not limited to the Insured's employer, registered medical practitioner, hospital, clinic, insurance company, bank, police, governmental department, public or private institution) that has any record, statement, information of the Insured (whether medical or otherwise) to release, disclose or transfer all the information to YF Life Insurance International Ltd. ("the Company") or its representatives for the purposes of assessing and processing any insurance claim. I/We hereby acknowledge that a photocopy of this authorization shall be as valid as its original. I/We hereby grant my/our consent to the Company to collect, use and transfer the above information in accordance with the Personal Information Collection Statement.

本人/我們現授權任何擁有受保人之任何記錄、供詞、資料(不論是否醫學資料)之人士或機構(包括但不限於受保人的僱主、註冊醫生、醫院、診所、保險公司、銀行、警察、政府部門、公共或私營機構)向萬通保險國際有限公司("貴公司")或其代表發放、披露或轉交任何與評估及處理保險索償申請有關的資料。本人/我們現確認本授權書之副本與正本具有同等效力。本人/我們謹此授權貴公司可按「個人資料收集聲明」的規定收集、使用及轉移上述有關本人/我們的資料。

Cheque Collection Method 支票交付方法

- | | | |
|--------------------------|-------------------------------|--------|
| <input type="checkbox"/> | Through the Consultant | 經由顧問轉交 |
| <input type="checkbox"/> | Collecting by the Claimant(s) | 由索償人提取 |

Signature of Claimant 索償人簽署

Relationship to the Deceased 與死者之關係

Name & ID No. of Claimant 索償人姓名及身份證號碼

Date (MM / DD / CCYY) 日期 (月 / 日 / 年)

Signature of Consultant 顧問簽署

Name & Code of Consultant 顧問姓名及顧問編號

Date (MM / DD / CCYY) 日期 (月 / 日 / 年)

Declaration of Loss of Policy 遺失保單聲明

I/We hereby declare that the policy numbered _____ ("the Policy") issued by YF Life Insurance International Ltd ("the Company"), had been lost and I have tried my / our best to find it but cannot be located.

This declaration is given for the life claim application of the Policy, and in consideration of this application. I/We agree to indemnify the Company for any losses which may incur on account of payment to me/us or the assignee, if any, who has been assigned to receive all moneys payable under the Policy by virtue of any assignment of that effect made prior to the date hereof.

本人/我們謹此聲明由萬通保險國際有限公司("貴公司")發出之保單編號: _____ ("該保單")已遺失。本人/我們已盡力尋找該保單,但無法尋獲。

本聲明為本人壽保單索償而作出,本人/我們明白及同意對貴公司於支付賠償金予本人/我們或承讓人(於此日期前訂立的轉讓文件中已承讓接收所有該保單賠償的權利)後可能引致之損失,作出補償。

Signature of Claimant 索償人簽署

Date (MM / DD / CCYY) 日期 (月 / 日 / 年)