

死亡賠償申請表 Death Claim Form

第一部份 (由索償人填寫) Part I (To be completed by claimant)

每位索償人須個別填寫一份死亡賠償申請表。 Each claimant needs to fill in an individual death claim form.

保單號碼 Policy No.	保單持有人姓名 Name of Policyowner	受保人姓名 Name of Insured
業務顧問姓名 Name of sales personnel	業務顧問編號 Sales personnel code	賠償號碼 (公司專用) Claim no. (For office use only)

A. 死者資料 Deceased's Details

死者姓名 Name of deceased	身份證明文件號碼 Identity document no.	性別 Sex	出生日期 (日 / 月 / 年) Date of birth (DD/MM/YYYY)
身故日期 (日 / 月 / 年) Date of death (DD/MM/YYYY)	身故地點 Location of death	身故原因 Cause of death	
死者身故前住址 Deceased's residential address at time of death	身故前之職業及職責 Occupation and job duties at time of death	最後工作日期 (日 / 月 / 年) Last date of working (DD/MM/YYYY)	
身故前之僱主 (公司) 名稱及地址 Name and address of last employer at time of death		僱主 (公司) 聯絡電話 Employer contact phone no.	

B. 若死亡原因為疾病導致，請回答問題 1 - 6 If death was caused by ILLNESS, please complete questions 1 - 6

1. 徵狀 Signs and symptoms	2. 死者於何時首次出現此徵狀 (日 / 月 / 年) When did the symptoms first appear to the deceased? (DD/MM/YYYY)		
3. 死者何時因相關之疾病首次向醫生求診? When did the deceased FIRST consult physician for the related illness? (日DD/月MM/年YYYY)	4. 首次求診之醫生 / 醫院名稱及地址 Name and address of physician/hospital for FIRST consultation	5. 最後主診之醫生或醫院名稱及地址 Name and address of the LAST attending physician/hospital	
6. 在過去五年內，所有曾為死者診治末次及其他過往病患之醫生姓名 / 醫院名稱及地址 Name and address of all physician(s)/hospital(s) who treated and attended the deceased for the deceased's last illness and prior illness during the past five years			
醫生 / 醫院名稱 Name of physician/hospital	地址 Address	診治日期 Attendance date	病患 Disease or condition

C. 若死亡因意外導致，請回答問題 7-10 If death was caused by ACCIDENT, please complete questions 7-10

7. 意外日期及時間 Date & time of accident 日DD/月MM/年YYYY 上午AM/下午PM	8. 意外地點 Place of accident	9. 意外詳情 Details of accident
10. 有否就是次意外報警? Has this accident been reported to the police? <input type="checkbox"/> 否 No <input type="checkbox"/> 有，請提供詳情 Yes, please provide details : 警署地點 Police station _____ 檔案編號 Case reference no. _____		

D. 其他資料 Other Details

11. 是否經已或將會進行死因研究？ Whether a death inquest has been or will be held? <input type="checkbox"/> No 沒有 <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 有 · 日期 Yes, date _____ 日DD /月MM /年YYYY		12. 是否經已或將會進行解剖？ Whether an autopsy has been or will be performed? <input type="checkbox"/> No 沒有 <input type="checkbox"/> 不確定 Uncertain <input type="checkbox"/> 有 · 日期 Yes, date _____ 日DD /月MM /年YYYY	
13. 如死者曾擁有其他保險公司之保險計劃，請提供以下資料： If the deceased had any insurance coverage with other insurers, please provide the following details:			
公司名稱 Name of Company	保單號碼 Policy No.	保障或保單開始日期 Coverage effective or commencement date (日DD/月MM/年YYYY)	投保額 Sum assured
14. 死者是否吸煙人士？ Was the deceased a smoker?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	每日吸煙量 Daily consumption: _____ 吸食年期 Total smoking duration: _____ 若已戒煙 · 始於何時？ If quitted, since when? _____ 日DD /月MM /年YYYY	
15. 死者有否飲酒習慣？ Did the deceased has any drinking habit?	<input type="checkbox"/> 否 No <input type="checkbox"/> 是 Yes	每日份量 Daily consumption: _____ 酒精種類 Type of alcohol: _____ 若已戒酒 · 始於何時？ If quitted, since when? _____ 日DD /月MM /年YYYY	
16. 如保單已抵押予第三者，此抵押在受保人離世時是否仍然有效？ If policy was assigned to a third party, was the assignment is still effective at time of death?	<input type="checkbox"/> 不適用 Not applicable <input type="checkbox"/> 否 No <input type="checkbox"/> 是 · 請提供詳情 Yes, please provide details 抵押日期及金額 Date and amount of the assignment : _____ 受讓人姓名及地址 Name and address of the assignee : _____		

E. 索償人資料 Claimant's Details

英文姓名 (全名) Name in English (in full)	中文姓名 Name in Chinese	身份證明文件號碼 Identity document no.
出生日期 (日/月/年) 及出生地點 Date of birth (DD/MM/YYYY) and place of birth	國籍 Nationality	與死者之關係 Relationship to the deceased
現職 / 行業 Occupation/ Business		
現時居住地址 Current residential address		
現時永久地址 (如與上述地址不同) Current permanent address (if different from the above)		
聯絡電話 Contact phone no. (請提供聯絡電話及其所屬國家名稱，並於括號內填寫國家編號。Please provide telephone no. with its country name and mark the country code in the bracket.)	國家名稱 Country Name	<input type="checkbox"/> 香港 Hong Kong <input type="checkbox"/> 中國 China <input type="checkbox"/> 其他 · 請註明 Others, please specify : _____
	電話號碼 Telephone no.	()
請在適當位置加上剔號 Please tick where appropriate : <input type="checkbox"/> 本人謹此聲明本人並非美國公民或居民或綠卡持有人 I hereby declare that I am NOT a U.S. citizen or resident or green card holder. <input type="checkbox"/> 本人謹此聲明本人是美國公民或居民，本人的美國納稅人識別號碼為： I hereby declare that I am a U.S. citizen or resident. My U.S. Taxpayer Identification No. (TIN) is: _____		

F. 保單遺失聲明 Declaration of the Loss of Policy

(若正本保單文件已遺失，請填寫此欄 If the original policy document(s) have been lost, please complete this box)

本人謹此聲明正本保單文件(保單編號: _____)已遺失及遍尋不獲。本人(請在以下填寫姓名及簽署)同意就泰禾人壽保險有限公司(「泰禾人壽」)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，對泰禾人壽作出彌償。

I hereby declare that the original policy document (Policy no. _____) has been lost and could not be located despite diligent efforts. I (please fill in your name and sign below), indemnify Tahoe Life Insurance Company Limited ("Tahoe Life") from and against all claims, demands, actions, proceedings, damages, costs and expenses whatsoever which Tahoe Life may be liable to or incur by reason of Tahoe Life making payment without the Tahoe Life's normal requirements being met.

受益人 / 就身故賠償能給予有效收據之人士姓名 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之人士簽名 Signature of beneficiary/person entitled to give good receipt of the death benefit	

G. 付款指示 Payment Instruction

(如沒有註明方式或資料不清晰，將以港幣支票支付 If payment instruction is not specified or information is not clear, HKD cheque will be issued)

By autopay 自動轉賬
當轉賬成功後，本公司即獲解除保單之所有責任。
The Company will be fully discharged of any liabilities under the policy(ies) in case of successful transaction.

現時本公司紀錄之自動轉賬戶口；或
Current direct debit authorization bank account in the Company record; or

以下指定之港幣銀行戶口
Specified HKD bank account below

銀行號碼 Bank no.	分行號碼 Branch no.	戶口號碼 Account no.
<input type="text"/>	<input type="text"/>	<input type="text"/>

注意事項：

- (1) 銀行賬戶持有人姓名必須與**受益人 / 遺產管理人 / 遺囑執行人**姓名相同。
- (2) 請提供賬戶持有人的銀行賬戶證明，而該證明須列有銀行賬戶持有人姓名及銀行賬號。
- (3) 自動轉賬只適用於香港銀行及款項將以港幣支付。
- (4) 若自動轉賬不成功，本公司將以港幣支票支付相關之保單利益 / 貸款。

Notes:

- (1) Bank account holder name must be the same as the name of **beneficiary/administrator/executor**.
- (2) Please provide account holder's bank account proof which shows account holder name and account number.
- (3) Autopay is only applicable to banks in Hong Kong and the payment will be paid in Hong Kong Dollar.
- (4) If the autopay is rejected by your bank, the respective payment/ loan will be paid by cheque.

支票 By cheque (若沒有選擇支票貨幣，將以港幣支票支付 If no cheque currency is selected, HKD cheque will be issued)

支票貨幣 Cheque currency: 港幣 Hong Kong dollar 保單貨幣 Policy currency

H. 所需文件指引 Document Checklist

Please √ below to indicate the documents submitted with this claim form. 請於下表以 "√" 號表示連同以賠償申請表遞交的文件：

Document Type 文件類別	自然死亡 Natural Death	意外或非自然死亡 Accidental Death/ Unnatural Cause of Death
<input type="checkbox"/> 受保人及受益人之身份證明文件之核實副本 Certified true copy of identity document of the insured & the beneficiary	√	√
<input type="checkbox"/> 賠償申請表第一部份 (由受益人 / 索償人填寫) Claim Form Part I (Completed by the beneficiary/ claimant)	√	√
<input type="checkbox"/> 賠償申請表第二部份 (由受保人之主診醫生填寫) Claim Form Part II (Completed by the insured's attending physician)	√^	√^
<input type="checkbox"/> 保單正本 / 填妥並加簽 F 部份之「保單遺失聲明」 Original policy/completion of "Section F - Declaration of the Loss of Policy" with signature	√	√
<input type="checkbox"/> 死亡證 / 公證書之正本或核實副本 Original or certified true copy of death/notarial certificate	√	√
<input type="checkbox"/> 入境處發出之身份證註銷證明 (RPO53A) Identity Card Cancellation Certificate (RPO53A) from Registration of Persons Office (Immigration Department)	#	#
<input type="checkbox"/> 警察報告 / 交通意外報告 / 口供紙副本 Copy of police report/traffic accident report/police statement	N/A	√
<input type="checkbox"/> 剖屍 / 法醫學屍體檢驗鑒定書 / 死因裁判報告 Post mortem or coroner's report	#	√
<input type="checkbox"/> 新聞剪報 Newspaper clipping	N/A	√
<input type="checkbox"/> 受保人之戶籍註銷證明 Cancellation proof of the insured's household registration	#	#
<input type="checkbox"/> 「海外納稅申報與預扣責任聲明書」(若索償人是美國公民或居民或擁有美國人特徵如電話號碼 / 地址等) "Foreign Tax Reporting and Withholding Obligation and Declaration Form" (if the claimant is a U.S. person or holds U.S. indicia, e.g. telephone no/any address, etc.)	√	√
<input type="checkbox"/> 「自我證明表格」(若索償人之通訊地址、身份證或護照號碼有任何一項並不屬於香港境內) "Self-Certificate Form" (if any of the residential/ correspondence address, ID/passport/telephone no. of the claimant is non-Hong Kong)	√	√

√ 基本文件 Required documents # 附加文件 Optional documents N/A: 不適用 Not applicable

^ 適用於保單生效少於2年，由保單簽發日或復效日起計，以較後日期為準 Applicable to policy which has been effective less than 2 years from policy issue or reinstatement date, whichever is later

** 本公司可能會按個別個案情況要求遞交額外資料 / 文件 The Company may request for the submission of extra information/documents on case by case basis **

收取個人壽險保費徵費 Collection of Premium Levy on Individual Life Insurance Policy

重要通知

由2018年1月1日起，香港保險業監管局（下稱「保監局」）透過保險公司按適用之徵費率於相關保單徵收徵費。泰禾人壽，為一家獲授權的保險公司，按保監局的要求及授權向每位保單持有人所持的保單徵收徵費，有關徵費將按照訂明安排匯付予保監局。保監局可以根據相關條例，將有關的徵費欠款作為民事債項向相關的保單持有人追討欠款，並有機會徵收罰款。本保單所需支付的徵費由泰禾人壽支付至2019年3月31日止。自2019年4月1日起到期繳交之保費，保單持有人該就保費繳付徵費。有關徵費的詳情，請瀏覽 https://www.tahoelife.com.hk/tl/doc/Levy_IC.pdf 或致電 (852) 3767 8777。

Important note

Starting from 1 January 2018, the Insurance Authority of Hong Kong ("IA") starts to collect premium levy ("Levy") on relevant policy at the applicable rate through insurance companies. Tahoe Life, as an authorized insurer, is statutorily required to collect such Levy from policyowner on behalf of the IA and would be remitted in accordance with prescribed arrangement to the IA. IA may take legal proceedings against policyowners in respect of any outstanding Levy as a civil debt and may impose pecuniary penalty according to the relevant regulations. The Levy payable for this policy will be absorbed by Tahoe Life until 31 March 2019. Policyowner shall pay the Levy on insurance premium due from 1 April 2019. For further information, please visit https://www.tahoelife.com.hk/tl/doc/Levy_EN.pdf or contact: (852) 3767 8777.

聲明及授權 Declaration and Authorisation

聲明

本人 / 我等謹聲明並同意：

- (1) 不論是否由本人 / 我等親手書寫，所有與上列索償有關的陳述及所有問題的答案均按本人所知及所信均屬完整及真確；
- (2) 下列「個人資料收集聲明」。
- (3) 上述「收取個人壽險保費徵費」項所載之內容

授權

本人 / 我等謹此授權 (1) 任何僱主、註冊西醫、醫院、診所、保險公司、銀行、政府機構或其他機構、組織或人士，凡知道或持有任何有關本人 / 我等之紀錄者、及 / 或曾診驗或可能將會診驗本人 / 我等者，均可將該等資料提供給泰禾人壽；(2) 泰禾人壽或任何其指定之醫生或化驗所，可就此賠償申請替本人 / 我等進行所需之醫療評估及測試，作為審核本人 / 我等之健康狀況。此授權對本人 / 我等之繼承人及受讓人具約束力；即使死亡或無行為能力時，此授權仍具效力。本授權書的影印本與正本均有同等效力。

本人 / 我等聲明本人 / 我等有權及同意作出上述授權。

本人 / 我等謹此同意及接受倘保單內有任何尚欠或過期保費徵費，均由本人 / 我等平均承擔並由泰禾人壽在保單在索償完成及終止時，於保險賠償金中扣除。

Declaration

I/WE HEREBY DECLARE AND AGREE that:

- (1) all statements and answers to all questions in relation to the above claims whether or not written by my/our own hand are to the best of my/our knowledge and belief complete and true;
- (2) Personal Information Collection Statement ("PICS") as below.
- (3) The contents under the above column of "Collection of Premium Levy on Individual Life Insurance Policy".

Authorisation

I/WE HEREBY AUTHORISE (1) any employer, registered medical practitioner, hospital, clinic, insurance company, bank, government institution, or other organization, institution, or person, that has any records or knowledge of me/us and who has attended or may hereafter attend myself/ourselves to disclose such information to Tahoe Life; (2) Tahoe Life or any of its appointed medical examiners or laboratories to perform the necessary medical assessment and tests to evaluate the health status of myself/ourselves in relation to this claim. This authorisation shall bind my/our successors and assignees and remains valid notwithstanding death or incapacity. A photocopy of this authorization shall be as valid as the original.

I/We declare and agree that I/we have the full authority from and consent to make the above authorisations.

I/We hereby consent and accept that any outstanding or overdue levy on the policy(ies), will be shared by me/us and to be deducted from the claims proceeds by Tahoe Life when the policy(ies) is/are terminated after this claim.

Personal Information Collection Statement ("PICS") 個人資料收集聲明

1. 目的：泰禾人壽保險有限公司/泰禾保險服務有限公司（「本公司」）就向閣下收集之個人資料（「個人資料」）乃為以下目的使用：**(i)** 處理、管理、落實及實行閣下提交予本公司的本文件或不時提交的其他文件中所表明的申請；**(ii)** 提供與本文件和本保單相關的一切服務，包括推廣或改善本公司或其關聯公司提供的有關本次申請的服務或相關服務；**(iii)** 就行政目的與閣下聯絡；**(iv)** 調查、處理及繳付閣下保單的理賠申請；**(v)** 依照在香港特別行政區境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織的要求，配合調查及作出披露；**(vi)** 將閣下的個人資料發送給任何保險公司聯會或類似組織（「聯會」）以及聯會的任何成員，以供其履行其監管職能及/或為保險行業或聯會的任何成員的合理利益所需的其他職能；**(vii)** 統計或精算研究；**(viii)** 其他直接與以上目的相關的目的；

就本公司使用閣下提供的個人資料作宣傳或市場推廣用途，請參閱「使用個人資料作直接促銷用途」一節。未能提供所需的個人資料可能導致本公司無法為閣下提供產品及服務、評估閣下的保單申請、處理保單索償、或處理任何閣下提出的要求、查詢或投訴。

2. 轉移：閣下提供的個人資料將保密處理，惟會因以上第1條所述之目的將此等資料轉移給以下各方：**(i)** 本公司的任何成員公司，包括附屬公司及聯屬公司；**(ii)** 任何其他從事保險、強制性公積金暫行受託人或再保險相關業務的非本公司成員公司；**(iii)** 獲本公司授權以分銷本公司所提供之產品及服務的金融服務中介團體；**(iv)** 提供與閣下的保單有關的索償、調查或其他服務的提供者；**(v)** 現有或不時成立的相關行業協會及聯會；**(vi)** 向閣下提供與本公司產品及服務有關的行政、電訊、電腦、付款、數據處理或其他服務的任何人士（包括代理商、承包商或第三方服務提供者）；**(vii)** 於香港境內或境外任何法律、監管、政府、稅務、執法或其他機關，或自律監管機構或行業組織；**(viii)** 與本公司業務的轉讓或擬議轉讓有關的任何第三方，當中部分受讓方或位於香港境內或境外；**(ix)** 閣下的保險代理人或中介人或介紹人。

3. 查閱：閣下有權查閱本公司持有個人資料的類別、本公司是否持有閣下的個人資料，如持有，閣下有權要求查閱本公司持有涉及閣下的個人資料以及要求對該等資料作出更正。閣下可向本公司的資料保障主任提出要求，地址為香港太古城英皇道1111號太古城中心一座15樓。本公司有權為處理閣下的個人資料查閱要求而收取合理費用。

使用個人資料作直接促銷用途

除了以上所述的用途，本公司擬把閣下的個人資料包括姓名、聯絡資料、產品及服務組合資料、交易模式及行為、財務背景及人口統計數據透過郵寄、傳真、電郵及短訊形式用於直接促銷，當中包括以下的服務、產品和類別：**(a)** 保險、財務及相關服務及產品；**(b)** 獎賞、年資獎勵或優惠計劃及相關服務和產品；**(c)** 本公司的聯名合作夥伴提供之服務和產品（有關服務和產品的申請表/宣傳單張/海報上會提供聯名合作夥伴的名稱，視屬何情況而定）；閣下的個人資料可提供予第三方金融機構、保險公司、醫療機構、電話服務公司、市場營銷或研究服務、獎賞、年資獎勵及優惠計劃服務及/或相關服務作直接促銷。

使用閣下的個人資料進行本公司或任何第三方直接促銷前，本公司必須得到閣下的同意及只有在本公司收到閣下的同意後，本公司才可使用或提供閣下的個人資料作直接促銷用途。

閣下將來可以撤回閣下對個人資料作本公司及第三方直接促銷用途的同意書。這項要求可向本公司的資料保障主任提出，地址為香港太古城英皇道1111號太古城中心一座15樓。此後，本公司須停止使用閣下的個人資料作直接促銷之用。

個人資料收集聲明的修訂

本公司保留權利可隨時且在無須通知的情況下，修訂本個人資料收集聲明，本公司亦可在本公司的網站或以書面形式知會閣下，閣下因而能得悉本公司如何收集閣下的個人資料、如何使用該資料及轉移該資料的情況。任何有關修訂將在刊登後即時生效。

1. Purpose: Among the personal data collected from you to Tahoe Life Insurance Company Limited/ Tahoe Insurance Services Limited ("the Company"), it is collected for the purpose of: **(i)** processing, administering, implementing and effecting the requests indicated in this document or any documents that you may submit to the Company from time to time; **(ii)** providing all services related to this document and the Policy, including promoting or improving such services or related services by the Company or its subsidiaries and affiliates; **(iii)** communicating with you in relation to the administrative purposes; **(iv)** investigating, processing and paying claims made under your insurance policy; **(v)** co-operating with any investigation and meeting any disclosure requirements imposed by any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside Hong Kong Special Administrative Region ("HKSAR"); **(vi)** transferring your Personal Data to any federation or similar organization of insurance companies ("Federation") and any members of the Federation to carry out its regulatory functions and/or in the interest of insurance industry or any members; **(vii)** statistical or actuarial research; **(viii)** other ancillary purposes which are directly related to the purposes set above.

For using the personal data provided by you for promotional / marketing purposes, please refer to the section titled "**Use of Personal Data in Direct Marketing**". The failure of providing the Personal Data by you may result in the Company being unable to provide products and services, assess your policy application, process claims under insurance policies issued by the Company, or process any other requests, enquiries, or complaints from you.

2. Transfer: Personal data provided by you to the Company will be kept in confidential but it may be transferred to parties mentioned below for purposes set above: **(i)** any related company(ies), including subsidiaries or affiliates of the Company; **(ii)** any other unrelated company carrying on insurance, provisional trustee of mandatory provident fund or reinsurance related business; **(iii)** financial services intermediaries that are authorised by the Company for the distribution of products and services provided by the Company; **(iv)** a claims, investigation or other services provider providing services relevant to your insurance policies; **(v)** relevant industry association and federation that exists or is formed from time to time; **(vi)** any person (including agents, contractors or third party service providers) who provides administrative, telecommunications, computer, payment, data processing or other services in connection with the operation of the Company's business and provision of products and services to you; **(vii)** any legal, regulatory, governmental, tax, law enforcement or other authorities, or self-regulatory or industry bodies within or outside HKSAR; **(viii)** any third party in connection with a transfer or potential transfer of all or part of the business of the Company that some of the transferees may be located within or outside of HKSAR; **(ix)** your insurance agents, intermediaries or referrers.

3. Access: You have the right to ascertain what type of personal data the Company holds, whether the Company holds your personal data and, if so, the right to request access to and to request correction of any personal data concerning you held by the Company. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong. The Company has the right to charge a reasonable fee for processing a request to access your personal data access request.

Use of Personal Data in Direct Marketing

Apart from the aforementioned purposes, the Company may use your personal data including name, contact details, products and services portfolio information, transaction pattern and behavior, financial background and demographic data for direct marketing by mail, fax, email, telephone or SMS that may include the following classes of services, products and subjects: **(a)** insurance, financial and related services and products; **(b)** reward, loyalty or privileges programmes and related services and products; and **(c)** services and products offered by the Company's co-branding partners (the names of such co-branding partners can be found in the application form(s) and/or advertising leaflet(s)/poster(s) for the relevant services and products, as the case may be). Your personal data may also be provided to third party providers of financial, insurance, medical/health, call centre, marketing or research services, rewards, loyalty or privileges program services and/or related services for their use in direct marketing.

Before using your personal data for the purposes of direct marketing conducted by the Company or any third parties indicated in this section, the Company must obtain your consent and only after your consent is received by the Company, the Company may use or provide your personal data for direct marketing purpose.

You may, in future, withdraw your consent to the use of your personal data by the Company and any third parties on direct marketing purposes. Such request can be made to the Data Protection Officer of the Company at 15/F, Cityplaza One, 1111 King's Road, Taikoo Shing, Hong Kong and the Company shall cease to use your personal data for direct marketing purposes.

Amendment to the PICS

The Company reserves the right at any time, with or without notice, amends this PICS which will be found in our website or in writing to notify you how the Company will collect, use and transfers your personal data. Should there be any amendment to this PICS in the future, such amendment will become effective with immediate effect.

索償人姓名 Name of claimant

索償人簽署 Signature of claimant

日期 Date

索償人身份證明文件號碼
Identity document no. of claimant

與死者關係
Relationship to the Deceased

第二部份 主診醫生報告 (須由受保人之主診醫生填寫。所需費用由索償人自行承擔。)

Part II Attending Physician Statement (To be completed by the insured's attending physician at claimant's expense)

死者姓名 Name of deceased	身份證明文件號碼 Identify document no.	出生日期 Date of birth ____/____/____ (日DD/月MM /年YY)	性別 Sex	紀錄地址 Record address
身故日期 Date of death ____/____/____ (日DD/月MM /年YY)		身故原因 Cause of death		身故地點 Place of death

If death was caused by ACCIDENT/SUICIDE/HOMICIDE, please provide the following details:

如因意外 / 自殺 / 他殺事故導致身故，請詳述如下：

1. 意外日期 Date of Accident ____/____/____ (日DD/月MM /年YY)	2. 意外發生時間 Time of accident 時間 Time <input type="checkbox"/> 上午 AM <input type="checkbox"/> 下午 PM _____ : _____
3. 自殺或他殺事故發生日期 Date of suicide or homicide ____/____/____ (日DD/月MM /年YY)	4. 自殺或他殺事故發生時間 Time of suicide or homicide 時間 Time <input type="checkbox"/> 上午 AM <input type="checkbox"/> 下午 PM _____ : _____
5. 意外 / 事故如何發生及事發地點 Where and how did it happen?	

Consultation Details 診治資料

6. 閣下為死者診症了多久？ How long have you been the medical physician for the deceased?	自 Since ____/____/____ (日DD/月MM /年YY) 或 or ____日 Day(s) ____月 Month(s) ____年 Year(s)			
7. (a) 就最後疾病之首次診治日期 Date of the first visit of the LAST illness 閣下何時把診斷結果告知死者？ When was the deceased informed of the diagnosis? (b) 就最後疾病之最後診治日期 Date of the last visit of the LAST illness (c) 轉介醫生 / 醫院之名稱及地址 Name & address of the doctor/ hospital who referred to you	____/____/____ (日DD/月MM /年YY) 病徵 Symptoms _____ 由 since ____日DD / ____月MM / ____年YY 診斷 Diagnosis : _____ 告知診斷結果在 Informed the diagnosis on ____日DD / ____月MM / ____年YY (____/____/____ (日DD/月MM /年YY)			
8. 請列出死者過往曾求診之病況及住院紀錄： Please list details of all medical conditions and hospitalization record that the deceased had ever consulted you:				
求診日期 Consultation date (日DD/月MM /年YY)	病徵 Symptoms	病徵出現日期 Symptoms onset date (日DD/月MM /年YY)	診斷檢查及結果 Diagnostic tests & result	診斷結果 Diagnosis

住院紀錄：Hospitalization Record:

醫院名稱 Name of hospital	入院日期 Date of admission (日DD/月MM /年YY)	診斷結果 Diagnosis	出院日期 Date of discharge (日DD/月MM /年YY)
9. 直接導致死亡之原因是什麼？ What was the immediate cause of death?			

10. 根據閣下意見，死者在首次求診前，該病症已存在多久？ How long, in your opinion, had the deceased been suffering from this disease prior to the first consultation?			
11. 死者有否患有其他重要 / 嚴重疾病？如有，請提供詳情。 Did the deceased suffer from other important/serious disease? If yes, please provide details.			
12. 此病症於何時被診斷？ When was this disease diagnosed?	_____/_____/_____(日DD/月MM/年YY)		
13. 繼發性之死亡原因是否與復發或慢性病況有關？ Was the death secondary to a recurrent or chronic condition?	<input type="checkbox"/> 是，此病況之診斷日期及詳情 Yes. When was it diagnosed and details of that condition: <input type="checkbox"/> 否 No		
14. 死亡原因是否與死者之習慣、職業或居住在海外國家有關？ Was the death related to the deceased's habits, occupation, or residence in an overseas country?	<input type="checkbox"/> 是，詳情 Yes. Details: <input type="checkbox"/> 否 No		
15. 死者是否患有任何之前病症或意外、嚴重、慢性或先天性疾病？若是，請提供詳情及每種病況之持續時期。 Did the deceased suffer from any previous illness or injury, major, chronic, or congenital disease? If Yes, please give details and the duration of each disease.	<input type="checkbox"/> 是，始於 Yes. Since ____/____/_____(日DD/月MM/年YY) Details 詳情： <input type="checkbox"/> 否 No		
16. (a) 死者是否有飲酒、吸毒或其他非法物質之習慣？Did the Deceased consume alcohol, narcotics or any illegal substances?	<input type="checkbox"/> 是 Yes 每天服用量 Daily consumption _____ 始於 Started since: ____/____/_____(日DD/月MM/年YY) 戒掉於 Quitted since: ____/____/_____(日DD/月MM/年YY) <input type="checkbox"/> 否 No		
(b) 若是，上述習慣是否促成死亡？ If so, did they contribute to the death?	<input type="checkbox"/> 是 Yes 原因 Reasons: <input type="checkbox"/> 否 No		
17. 死者是否吸煙者？若是，他 / 她吸食了多久？請提供每天平均吸食量。 Was the deceased a smoker? If so, for how long had he/she been a smoker and please provide the average consumption per day?	<input type="checkbox"/> 是 Yes 每天吸食量 Daily consumption _____ 始於 Started since: ____/____/_____(日DD/月MM/年YY) 戒掉於 Quitted since: ____/____/_____(日DD/月MM/年YY) <input type="checkbox"/> 否 No		
18. 根據閣下所知，請提供所有死者於過去五年曾就診之醫生 / 醫院名稱及地址 Give names and addresses of all other physician(s) and hospital(s) who, to your knowledge, attended the deceased during the past five years.			
日期 Date	醫生 / 醫院名稱 Physician/Hospital Name	地址 Address	診斷 Diagnosis
19. 死者是否肝炎病毒帶菌者？若是，何時被診斷？哪一種肝炎病毒？ Was the Deceased a carrier of any type of hepatitis virus? If yes, when was it diagnosed and which type?	<input type="checkbox"/> 是，種類 Yes. Type: 始於 Started since: ____/____/_____(日DD/月MM/年YY) 由哪位醫生診斷 Diagnosed by: 何時被告知診斷？ When was he/she being informed? _____/_____/_____(日DD/月MM/年YY) <input type="checkbox"/> 否 No		
20. 死者之家庭成員是否患有相以或相關之疾病？ Has any of the deceased's immediate family members suffered from similar or related illnesses? If yes, please provide details.	<input type="checkbox"/> 是，資料來源及詳情 Yes. Source of Information and details: <input type="checkbox"/> 否 No		
21. 根據閣下所知，死者之慣常求診之醫生姓名及地址 To the best of your knowledge, do you know the name and address of the deceased's usual doctor?			
本人 / 我等現聲明此申請書上所填寫之資料皆為本人 / 我等所知及所信之事實。 I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.			
醫生姓名 Name of physician _____			
資歷 Qualification _____			
醫院名稱 (如適用) Hospital name (if applicable) _____ Telephone No. 電話號碼 _____			
醫生簽署連同醫院 / 醫生蓋章 Signature & hospital/physician chop _____			