

## CLAIM FORM FOR ACCIDENT 意外索償表格

Branch code 分行編號	Location 地點 <b>Macao</b>
Advisor code 保險顧問編號	
Advisor's name 保險顧問姓名	
Advisor's Contact no. 保險顧問聯絡電話	

### PART I — TO BE COMPLETED BY THE INSURED / POLICYOWNER

#### 第一部份 — 由受保人 / 保單持有人填寫

Important Notes 重要事項:

- Please refer to the Accident Claims Instructions or select "Accident Claims Procedure" by scanning the QR code.  
請參考「意外索償指引」或透過掃描二維碼選取「意外索償程序」。
- Please read the Statement to Customers relating to the Manulife Personal Information Collection Statement ("Statement") before you complete this form. The Statement is available on Manulife's website (www.manulife.com.hk) or upon request from your Manulife Advisor. By completing and returning to Manulife the form, you are agreeing to the Statement.  
當閣下填寫此表格前，請閱畢《宏利個人資料收集聲明（「聲明」）》。該聲明可於宏利網址(www.manulife.com.hk) 或向閣下的宏利顧問索取。透過填妥及交回此表格，即表示閣下同意該通知之內容。



Policy No./ Cert No. **in Claim Sequence 按索償次序** 的保單編號/受保證書編號：

1. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Type of products 產品類別： <input type="checkbox"/> Individual 個人 <input type="checkbox"/> Group 團體
Name of Policyowner / Employee / Member 保單持有人 / 僱員 / 成員姓名： <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

2. <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Type of products 產品類別： <input type="checkbox"/> Individual 個人 <input type="checkbox"/> Group 團體
Name of Policyowner / Employee / Member 保單持有人 / 僱員 / 成員姓名： <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	

Benefits to Claim 索償類別：  
☐ Medical Reimbursement 醫療費用 ☐ Disablement / Dismemberment 身體殘障/傷殘

Name of Insured 受保人姓名：

Macao ID / Passport No. 澳門身份證 / 護照號碼: (please attach copy 請附上副本): <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>	Age 年齡： <div style="border-bottom: 1px solid black; height: 20px; width: 50px;"></div> Sex 性別： <input type="checkbox"/> M 男 <input type="checkbox"/> F 女
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1. a) Present Occupation (Please state all) 現時職業 (請列出所有從事的職業)      b) Exact Nature of Occupational Duties 實際工作性質:

c) Name and Address of Business or Employer 僱主姓名/ 公司名稱及地址:

d) Your Average Monthly Income 每月平均收入:

2. Date and Time of Accident (DD/MM/YYYY, hh:mm)  
意外發生日期及時間 (日/月/年, 時:分):

3. Did you file a medical leave certificate to your employer?  
有否向僱主呈交病假證明?

☐ No 否 ☐ Yes 有

4. Nature of Accident 意外性質

a) Where did it take place? 意外發生地點

b) How did it happened? 意外發生經過

a) Part(s) of body injured 身體受傷部位:

受傷類型 (例如骨折、割傷、挫傷等):

傷殘前工作日期 (日/月/年):

重返工作或預計可重返工作之日期 (日/月/年):

☐ No 否    ☐ Yes 有    ☐ Medical reimbursement 醫療費用    ☐ Weekly Indemnity/Disablement 每週賠償/身體殘障    ☐ Others 其他

保險公司名稱：

\_\_\_\_\_

保單編號:

\_\_\_\_\_

☐ No 否      ☐ Yes 是      Please refer to Point 3 under Declaration and Authorization 請細閱聲明及授權的第3點

☐ **Original receipt will not be returned.** Please “✓” this box for obtaining certified true copy of receipt. 正本收據將不獲發還。如需取得收據的核實副本，請於方格內加上“✓”。

受傷後留院治療或由醫生診治詳情 (請附交出院通知)

醫生姓名及/或醫院名稱

地址

診治及/或留院日期(日/月/年)

電子支付將款項直接轉入您的銀行帳戶，令您更快收取款項，化繁為簡。

**Notes 註：**

- Important Notes 重要事項：**

- By e-Payout 電子支付：**

Bank account specified below 以下指定的銀行帳戶\*：

1. Name of account holder

帳戶持有人姓名：

2. Bank Name 銀行名稱

901 <input type="checkbox"/>	Bank of China (Macau) Limited 中國銀行 (澳門)	902 <input type="checkbox"/>	Tai Fung Bank Limited 大豐銀行	903 <input type="checkbox"/>	OCBC Bank (Macau) Limited 華僑銀行 (澳門)
904 <input type="checkbox"/>	Luso International Banking Limited 澳門國際銀行	905 <input type="checkbox"/>	Banco Nacional Ultramarino, S.A. 大西洋銀行	906 <input type="checkbox"/>	Industrial and Commercial Bank of China (Macau) Limited 中國工商銀行 (澳門)
910 <input type="checkbox"/>	Banco Comercial de Macau, S.A. Macau 澳門商業銀行	916 <input type="checkbox"/>	The Macau Chinese Bank Ltd. 澳門華人銀行	917 <input type="checkbox"/>	China Guangfa Bank Co., Ltd. Macau Branch 廣發銀行 (澳門分行)

3. Account Currency and Number to receive payout amount 用作收取支付金額之帳戶幣值和號碼

☐ HKD 港元      ☐ MOP 澳門元      ☐ USD 美元

[illegible]

- \* The above instruction will replace any existing bank account record/setup for receiving payment including regular withdrawals, payment refund and payout distribution investment choice(s) (if any). 此帳戶資料將取代現時紀錄內／設立收取款項的帳戶包括用作定期提取的帳戶，退款及支付派發投資選項（如有）。

- \* Account proof can be a copy of bank statement or bank book showing the name of account holder and account number. Account information is collected and will be passed to the designated bank for the purpose of depositing the money withdrawn from the policy to the Policyowner's account. 帳戶資料證明包括列有帳戶持有人之姓名及帳戶號碼之銀行帳單或銀行存摺影印本。所收集之帳戶資料將交予委任銀行作為收取由保單持有人保單內提出之金額。

## Remarks 備註

- Payout amount will be paid to the policyowner as default. If the policyowner transfers the ownership of the policy to a new policyowner, the payout amount will be paid to the new policyowner. 保單持有人為指定收取支付金額者。倘若保單持有人將其保單之擁有權轉移至新的保單持有人，所派發之支付金額將派發予新的保單持有人。
- For payout through Direct Credit, only applicable to payment with maximum daily transaction limit not exceeding HKD or MOP 300,000/USD37,500 per policy. If payment is exceeding HKD or MOP 300,000/USD37,500 or above, or the instruction cannot be executed, it will be issued by cheque which will be delivered by Insurance Advisor. 經直接存入銀行帳戶之付款，每份保單每日最高存款交易不能超過港元或澳門元300,000/ 美元37,500。如交易超過港元或澳門元300,000/美元37,500或以上，或無法執行有關付款指示，總額將以支票形式支付，並由保險顧問轉交。
- The designated bank account must be held by the policyowner. 指定之銀行帳戶持有人必須為保單持有人。
- The above Payout Instruction is only applicable to policyowner's personal bank account, except joint account. If the policy is jointly owned by more than one policyowners, the payout amount will be paid in HKD cheque which will be delivered to you by your insurance advisor. 以上支付金額派發指示只適用於保單持有人之個人銀行帳戶，不包括聯名戶口。如保單由多於一名保單持有人聯名持有，是次之支付金額會以港元支票派發，並透過您的保險顧問遞送予您。
- If there is no default e-Payout method set in our record, it will be issued by cheque<sup>(a)</sup>. 如未有設立電子預設付款方法，總額將以支票形式<sup>(a)</sup>支付。

- ☐ Paid by Cheque in HKD 以港元支票支付<sup>(b)</sup>
- ☐ Paid by Cheque in MOP 以澳門元支票支付<sup>(b)</sup>
- ☐ For USD policy - Paid by Cheque in USD (drawn in United States) 適用於美元保單 - 以美元支票支付 (由美國的銀行付款) <sup>(c)</sup>

## Cheque collection method 支票交付方式

- ☐ Through my Insurance Advisor 經由本人的保險顧問轉交
- ☐ By mail to my latest correspondence address with Manulife 寄往本人於宏利紀錄的最新通訊地址
- ☐ Pick up in Macao Customer Service Centre 於澳門客戶服務中心領取

## Notes 註:

- (a) Unless request to the contrary is specifically made, the claim reimbursement cheque will be drawn in HKD for Hong Kong policies and MOP for Macao policies. The cheque will be forwarded to the Policyowner with the Payment Advice after approval of the claim. 除特別要求外，於香港簽發的保單的賠償支票將以港元支付，而於澳門簽發的保單的賠償支票則以澳門元支付。當索償獲批准後，支票將連同通知書一併送交保單持有人。
- (b) The HKD/MOP equivalent will be based on the currency exchange rate provided by the Company at the time of issue of the cheque and it can be changed from time to time. 相等之港元/澳門元將會以支票發出時的貨幣兌換率計算，而宏利將不時提供有關的貨幣兌換率。
- (c) In general, it takes a long settlement period to clear a foreign cheque in Macao. Bank charges may be incurred by client for clearing the cheque. 銀行通常需要較長的結算時間於澳門兌現外幣支票；另銀行或會向客戶徵收兌現支票的相關手續費。

## Declaration and Authorization 聲明及授權

- (1) I/We hereby declare that the answers to the above questions are full and true to the best of my/our knowledge. I/We further authorize any physician, hospital, insurance company, claims investigation company, government authority or organization that has any record or knowledge of me/us, my/our health or my/our activities (including records relating to Social Welfare, Workers' Compensation, credit, financial, earnings and employment history) to furnish to Manulife (International) Limited ("Manulife") or its authorized representative such information including without limitation all information with respect to any illness or injury, medical history, consultation, prescription or treatment and copies of all hospital or medical records. A photostatic copy of this authorization shall be as effective and valid as the original.

本人/我們特此聲明填報於本表格內之資料已是本人/我們所知之全部並為真實無訛。本人/我們茲授權任何醫生、醫院、保險公司、賠償調查公司、政府有關部門或其他持有本人/我們個人資料、健康狀況或記錄(包括有關本人/我們所獲之社會福利及勞工賠償、本人/我們之存款、財政狀況、入息及就業記錄)之組織可以將該等資料,包括但不限於所有有關本人/我們之疾病或受傷、傷患之病歷、診斷報告、藥方或治療及所有醫院或醫療記錄副本等資料予宏利人壽保險(國際)有限公司("宏利")或其代理人。此授權書之複製本與正本具同等效力。

- (2) Information (including but not limited to personal data and health information and claims history) collected from me/us/my dependent, the policyowner/policyholder and the proposed insured, can enable Manulife to carry on its insurance/financial business and may be:

從本人/吾等/本人的家屬、保單持有人及擬受保人所收集的資料(包括但不限於個人資料、健康資料及索償記錄),可供宏利用於經營保險/金融業務之用,並可供:

- i) used by Manulife, its associated companies, employees, third-party vendors/service providers, reinsurers and/or distributors for the purpose of (a) processing my application, including, but not limited to, determining eligibility and approval; (b) underwriting; (c) handling claim(s) including, but not limited to, administering, assessing, adjudicating, investigating, seeking external professional advice, disbursing payment, shortfall management, subrogation, analysis and reporting; (d) requests for payment and/or credit services; (e) administering the policy or any alterations, cancellation or renewal of it; (f) detecting and preventing fraud (whether or not relating to the policy issued in respect of this application); (g) providing customer service, including but not limited to, any follow up on related enquiry and/or communication with you and/or your representative(s); (h) statistical or actuarial research of Manulife, Manulife's associated companies or the insurance/financial industry; (i) automated/artificial intelligence decision making or profiling; (j) complying with applicable laws, regulations and other related purposes;

- ii) 宏利、其關聯公司、僱員、第三方供應商/服務供應商、再保險公司及/或分銷商使用於以下目的: (a) 處理本人申請,包括但不限於釐定資格及批核申請; (b) 核保; (c) 處理索償,包括但不限於管理、評估、裁決、調查、徵求外部專業意見、支付款項、差額管理、代位索索、分析及匯報事宜; (d) 付款請求及/或信貸服務; (e) 管理保單或有關保單的任何變更、取消或續期事宜; (f) 偵查及防範欺詐(無論是否與本申請書所簽發的保單有關); (g) 提供客戶服務,包括但不限於跟進相關查詢,以及/或與閣下及/或閣下代表之間的通訊事宜; (h) 宏利、宏利的關聯公司或保險/金融行業所開展的統計或精算研究工作; (i) 基於自動化/人工智能的決策或分析; (j) 遵守適用法律、法規及其他相關目的。

- iii) transferred to (a) any related company or other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business or any regulatory/statutory bodies, association or federation of insurance companies that exists or is formed from time to time; (b) any person/organization to fulfill any of the above purposes and/or for the purpose of data verification by way of matching procedures or otherwise; and/or reinsurance of the policy; (c) health care professionals, hospitals, accountants, legal advisors, employers; (d) organisations that consolidate claims and underwriting information for the insurance industry, fraud prevention organisations, other insurance companies (whether directly or through fraud prevention organisation or other persons named in this paragraph), law enforcement agencies and databases or registers (and their operators) used by the insurance industry to analyse and check information provided against existing information.

- iv) 轉移至(a)任何相關公司或其他從事保險或再保險相關業務的公司、中介人、提供保險相關服務的索償、調查或其他機構、或任何現存或不時成立的監管/法定機構、協會或保險公司聯會; (b)以實現上述任何一項目的及/或以核對程序或其他方式進行數據核實、以及/或進行保單再保險事宜的任何個人/組織; (c) 醫護專業人員、醫院、會計師、法律顧問、僱主; (d)為保險業整合索償及核保資料的機構、防範欺詐機構、其他保險公司(無論是直接轉移至或透過防範欺詐機構或本段所述之其他人士作出轉移)、執法機構、可供保險業界根據現有資料進行資料分析和核實的數據庫或登記冊(及其營運者)。

- (3) **(Only applicable when the claim application document(s) is/are digital receipt(s))** I/We hereby declare that the enclosed claim application document(s) is/are DIGITAL receipt(s), and I/we agree to provide payment proof upon request if needed. If I/we have applied to other insurance company(ies) for payment(s) of the above mentioned claim, I/we confirm that a copy of the payment advice from that insurance company has been enclosed here in support of my/our application for the remaining balance of the claim (if applicable). I/We understand that Manulife reserves all rights to reverse / claw back any payment made if my claim has been paid by any other insurance company(ies). I/We confirm that there is no ongoing payment application in relation to the above mentioned claim at any other insurance company. I/We acknowledge that the making of this declaration shall not in any way determine the liability of Manulife (International) Limited ("Manulife") in any relevant claims settlement.

(只適用於索償申請文件為電子收據)本人/吾等特此聲明,附上之索償申請文件為電子收據,並同意在需要時按要提供付款證明。倘若本人/吾等曾經就上述理賠個案向其他保險公司作出賠償申請,本人/吾等確認已經附上該保險公司的賠償通知書副本,以作餘額索償申請之用(如適用)。本人/吾等明白,倘若有其他保險公司曾就上述理賠個案作出賠償,宏利保留撤銷/取回已賠償之金額的所有權利。本人/吾等確認上述理賠個案在其他保險公司沒有正在進行的賠償申請。本人/吾等確認,作出以上聲明並不代表宏利保險(國際)有限公司("宏利")必須就任何有關索償負上理賠責任。

- (4) I/We understand and agree that Manulife has the right to reverse/claw back any incorrect payment caused by incorrect information provided by me/us.

本人/吾等明白並同意宏利有權要求本人/吾等退回因本人/吾等提供不確資料而導致的錯誤賠償。

- (5) All data processes may involve a transfer of information to places either within or outside the Hong Kong Special Administrative Region/Macao Special Administrative Region

所有資料處理程序可能涉及將資料轉移至香港特別行政區或澳門特別行政區境內外的地方。

✕

Signature of Insured (if Aged 18 or Above)\*  
受保人簽署(如十八歲或以上)

Name (In BLOCK LETTERS) & I.D. No. of Insured  
受保人姓名(請以正楷書寫)及身份證號碼

Date (DD/MM/YYYY)  
日期(日/月/年)

✕

Signature of Policyowner  
保單持有人簽署

Name (In BLOCK LETTERS) & I.D. No. of Policyowner  
保單持有人姓名(請以正楷書寫)及身份證號碼

Date (DD/MM/YYYY)  
日期(日/月/年)

\* For insured aged below 18, signature of the policyowner must be provided for the application for the claim 十八歲以下受保人之索償申請必須由保單持有人簽署。

PART II — TO BE COMPLETED BY THE ATTENDING PHYSICIAN / SURGEON AT THE CLAIMANT’S OWN EXPENSES  
第二部份 — 由主診醫生 / 外科醫生填寫，所需費用由索償人自行承擔

1. Name of Patient 病人姓名	2. Age 年齡	3. Macao ID/ Passport No. 澳門身份證/ 護照號碼	4. Date of Accident (DD/MM/YYYY) 意外發生日期 (日/ 月/ 年)
5. a) Had the patient any external and visible evidence of injury at your first consultation. (e.g. bruise and swelling etc.) 病人於第一次會診時有否外傷及可見之受傷證明。(例如各類挫傷及瘀腫等情況)			<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
b) If yes, please state the type of injury 若「有」，請註明受傷類型			
c) Please describe the cause and extent of injury 請註明受傷原因及受傷程度			
6. Present condition of injury 現時受傷情況			
7. Did injury require: (if yes, please give details) 是否因受傷而需要接受下列各項治療或檢查? (若「是」，請註明詳情)			
a) Hospitalization? 留院治療		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	Date of admission and discharge 入院及出院日期 (DD日/MM月/YYYY年)
b) Laboratory test/Investigation? 化驗/檢查 (e.g. MRI, PET, CT, x-ray etc. 例如MRI, PET, CT, X光檢查等)		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	Details 詳情
c) Surgery? 進行手術		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	
d) Medical Treatment? 醫學治療 (e.g. stitches, physiotherapy, type of dressing etc. 例如縫針、物理治療、包紮類型等)		<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是	
e) Others? 其他		Please specify 請註明:	
8. Was such injury induced from or effected by any of the following which may contribute to the accident and/or lengthen the period of disability? 該受傷是否由下列任何一項引致或受其影響而導致發生意外及/ 或加長傷殘時間?			
a) Physical defects/congenital anomaly 身體缺陷/ 先天異常		<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
b) Unfavourable past medical history 過往不良健康狀況記錄		<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
c) By drugs or alcohol 藥物或酒精		<input type="checkbox"/> No 否	<input type="checkbox"/> Yes 是
If any of the above is yes, please give details. 如上述任何一項為「是」，請註明詳情。			
9. Was healing complicated ? If yes, please state the reason(s) and any special treatment(s) given 康復過程是否複雜? 如「是」，請註明原因及曾採用之任何特別治療。			<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
10. Name(s) and address(es) of other physician(s) who have treated the patient for the same injury. 其他曾就是次受傷為病人診治之醫生姓名及地址。			
11. Do you feel that the injury would have prevented the patient from working? 你認為是次受傷會否令病人不能工作?			
a) at your first consultation 第一次會診時?		(DD日/MM月/YYYY年)	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
b) at your recent consultation 最近一次會診時?		(DD日/MM月/YYYY年)	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是
12. If an absence from work of more than two weeks was necessary, please describe in details the reasons why you feel the patient could not return to work earlier. 如病人需暫停工作超過兩星期，請詳細註明原因，解釋為何病人不能提早恢復工作。			
13. I hereby certify that I have personally examined and treated the patient (the insured) for the above injury and that the facts as given above present my opinion of his/her condition. 謹此證明本人已親自為病人 (受保人) 就上述受傷進行檢查及治療，並確認表格內之資料為本人對病人 (受保人) 之情況作出的意見。			
Signature 簽署		Name of Physician (with stamp) 醫生姓名 (連印章)	
Date 日期 (DD/MM/YYYY) (日/ 月/ 年)		Address 地址	
Qualification 資格		Tel. No. 電話號碼	



Please ensure all questions on Part I <sup>Note (1)</sup> and Part II of the Claim Form for Accident are answered and check that all required claims documents are submitted. Otherwise, the claim may not be processed due to incomplete information. The policyowner may be requested to provide additional information relating to this claim.

請確保已回答「意外索償表格」第一 <sup>註(1)</sup> 及第二部份所有問題及提交所需索償文件，否則此索償申請可能因資料不足而未能被處理。保單持有人可能被要求就此項索償提供額外資料。

☒ Please submit aforesaid required documents to Macao Administration Ofçce, Manulife (International) Limited, Avenida De Almeida Ribeiro No. 61, Circle Square, 14 andar A.

請將上述所需文件寄回澳門新馬路61號永光廣場十四樓A宏利人壽保險（國際）有限公司澳門分行行政部。

Below required documents must be received by Manulife within 30 days after the date of injury caused by an accident.

以下所需索償文件須在意外受傷後三十日內提交本公司。

Claims Document Checklist - Basic Requirements 索償文件清單：基本要求	
<ul style="list-style-type: none"> <li><b>Fully completed</b> Claim Form for Accident (C12_M); and <b>完整填妥</b>「意外索償表格」(C12_M)；及</li> <li>Copy of <b>Sick Leave Certificate(s)</b> with Diagnosis (for disablement claims); and 列明診斷結果的<b>病假證書</b>副本 (如申請身體殘障賠償)；及</li> <li><b>Original</b> Medical <b>receipt(s)</b> with diagnosis proof (for medical reimbursement claims); and 附有<b>診斷證明之收據正本</b>(如申請醫療賠償)；及</li> <li>Macao ID Card/ passport copy of both Policyowner and Patient (If you have not provided the relevant document(s) to us before or the document(s) in our records is/are no longer valid or do(es) not comply with the current regulatory requirements) 保單持有人及病人的澳門身份證/ 護照副本 (如閣下從未提供予我們有關文件，或我們記錄內之有關文件已不再有效或未能遵守現行的監管要求)</li> </ul>	
Applicable For/When 適用於	Additional Documents <sup>Note (2)</sup> 附加文件 <sup>註(2)</sup>
Diagnostic/ Laboratory Test done 接受診斷/ 化驗	<ul style="list-style-type: none"> <li>Diagnostic/ laboratory reports 診斷/ 化驗報告</li> </ul>
Attended by Specialist/ Physiotherapist/ Occupational Therapist 接受專科/ 物理治療師/ 職業治療師治療	<ul style="list-style-type: none"> <li>Referral Letter from Attending Physician 主診醫生轉介信</li> </ul>
Traffic Accident involved 涉及交通意外	<ul style="list-style-type: none"> <li>Copy of Police Report/ Traffic Accident Report/ Police Statement 警察報告/ 交通意外報告/ 警察口供紙副本</li> </ul>
Claims paid by other insurers 已獲其他保險公司支付賠償	<ul style="list-style-type: none"> <li>Copy of compensation breakdown from other insurer(s) 其他保險公司賠償結算明細表的副本</li> </ul>
Physiotherapy/ Occupational Therapy done 接受物理/ 職業治療	<ul style="list-style-type: none"> <li>Physiotherapy/ Occupational Therapy Report 物理/ 職業治療報告</li> </ul>
Hospitalized 入住醫院	<ul style="list-style-type: none"> <li>Original Statement of Charges/ Account ; and 收費單正本；及</li> <li>Original Hospital Receipt(s) 醫院收據正本</li> </ul>

Note 註：

- (1) For Question No. 1a in Part I of the form, please fill ""self-employed" if that is the case. 如屬自僱人士，請於表格第一部份第1a題填寫「自僱」。
- (2) Manulife reserves the rights to request for original documents or other supplementary documents/information if deemed necessary. 如有需要，宏利保留要求提供正本文件或其他補充文件/資料的權利。