

Policy number(s) which claim is being made

是次索償之各份保單編號 _____

Information of Deceased 死者資料

Full name of Deceased 死者全名	ID/Passport no. 身份證/護照號碼 (Please attach copy 請附上副本)
Date of Death 死亡日期	Cause of Death 死亡原因
Place of Death 死亡地點	Date and Place of Birth 出生日期及地點

If more space is needed, please use plain paper with claimant's signature for additional information. 如以下之方格不足夠填寫, 請另填在白紙上並簽署作實。

Names and Addresses of all physicians who attended the deceased in the past 5 years 所有於過往五年內曾診治死者之醫生姓名及地址			
Name 姓名	Address 地址	Date 日期	Reason 求診原因

Names and Locations of all hospitals or institutions where the deceased was treated in the past 5 years 所有於過往五年內曾治療死者之醫院或醫療機構名稱及地址		
Hospital or Institution 醫院或醫療機構	Address 地址	Date 日期

Was the deceased insured with other insurers? If yes, please provide details: 死者有否向其他保險公司投保? 如有, 請提供以下資料:		
Name of Company 公司名稱	Policy No. 保單編號	Sum Insured 投保額

Information of Claimant 索償人資料

In what capacity or by what title do you claim the insurance 閣下以甚麼身份提出索償:

 Beneficiary 受益人 Assignee 受讓人 Others (please specify) 其他 (請註明) _____

Please provide information of beneficiary/assignee at below: 請在下列位置填寫受益人/受讓人資料:

Surname 姓	Given Name & Middle Name(s) 名	ID/Passport/Business Registration no. 身份證/護照/商業登記號碼 (Please attach copy 請附上副本)
Nationality 國籍	Contact number 聯絡電話	(Country name 國家名稱)
Date of Birth 出生日期	DD日/ MM月/ YYYY年	Place of Birth 出生地方 City 城市 Country 國家
Current Residence Address 目前的住宅地址 (City 城市:) (Country 國家:)		
Permanent residence address 永久居住地址 (same as current residence address unless otherwise specified 除列明外, 永久居住地址與目前的住宅地址相同) (City 城市:) (Country 國家:)		
Correspondence address 通訊地址 (same as residential address unless otherwise specified 除列明外, 通訊地址與住宅地址相同) (Country 國家:)		
Occupation and details of job 職業及主要職務	Relationship to deceased 與死者之關係	

Are you 18 years of age or over 你是否已年屆十八歲或以上 Yes 是 No 否Please choose settlement method: Paid in Instalments 分期發出 Placed on Deposit 積存生息 Paid in Lump Sum 全數發出

Payment Instructions 付款指示

Cheque Collection Method 支票交付方法	Cheque Currency 支票幣值
<input type="checkbox"/> Through my Insurance Advisor 由本人的保險顧問轉交	<input type="checkbox"/> MOP Cheque ^(a) 澳門元支票 ^(a)
<input type="checkbox"/> 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	<input type="checkbox"/> HKD Cheque ^(b) 港元支票 ^(b)
	<input type="checkbox"/> Same as Policy Currency 與保單幣值相同
	For USD policy only ^(c) 只適用於美元保單 ^(c)
	<input type="checkbox"/> USD Cheque (drawn in Hong Kong) 美元支票 (由香港的銀行付款)
	<input type="checkbox"/> USD Cheque (drawn in United States) 美元支票 (由美國的銀行付款)

Notes 註:

(a) The 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。

(b) The HKD 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。

Note: Notification will be issued upon completion of the claim. 註: 索償通知將於有關申請完成後發出。

In furnishing this or other claims forms for the convenience of the claimant the company does not admit any liability or waive any of its' right. 向索償人提供本表格或任何其他索償表格, 並不代表本公司將會承擔任何責任或放棄任何權利。
The Chinese version of this claim form is for reference only. In the event of conflicts between the Chinese and English versions, the English version shall prevail. 此索償表格之中文譯本只供參考之用, 若與英文有異, 一概以英文為準。

Declaration and Authorization 聲明及授權

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。

Personal Information Collection Statement 個人資料收集聲明

I/we acknowledge that the personal data provided in this Form will be used by Manulife for the purposes of processing, adjudicating and investigating claims application(s) and request(s) for credit service, approving and underwriting insurance applications, administering and reinsuring policies, complying with applicable laws and other related purposes and for such purposes, may be transferred to such persons or entities (whether within or outside Macao) as: (a) any person in connection with any claims made by or against or otherwise involving customers in respect of any products and/or services; (b) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, information technology, payment, data processing or storage, marketing, mailing, printing, telemarketing, customer satisfaction analysis, or other services to Manulife or any member of Manulife's group of companies in connection with the operation of business, including any custodian, administrator, investment manager, investment advisor or distributor; (c) any credit reference agencies or, in the event of default, any debt collection agencies; (d) any advisor (including his or her employees) or other intermediary (including their employees); (e) reinsurers and medical service providers; (f) employers of the customers; (g) any person which has undertaken to Manulife or any member of Manulife's group of companies to keep such data confidential; (h) any actual or proposed assignee, transferee, participant or sub-participant of the rights or business of Manulife or any member of Manulife's group of companies; (i) any member of Manulife's group of companies; (j) any person to whom Manulife or any member of Manulife's group of companies is under an obligation or otherwise required to make disclosure under the requirements of any law, rules, regulations, codes of practice, guidelines or guidances binding on or applicable to Manulife or any member of Manulife's group of companies including but not limited to any local or foreign regulators, governmental bodies, or industry recognised bodies; (k) any person to whom Manulife or any member of Manulife's group of companies is under an obligation or otherwise required to make disclosure pursuant to any contractual or other commitment or arrangement with local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Macao) that is assumed by or imposed on Manulife or any member of Manulife's group of companies by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, industry recognised bodies. I/we understand that I/we am/are not obliged to provide such personal data as requested but if I/we refuse to provide such data, Manulife may not be able to proceed further on my/our application(s) and/or request(s) in this Form. I/we may request access to and correction of my/our personal data held by Manulife, by writing to Privacy Officer at Manulife (International) Limited, Macao Administration Office, Avenida De Almeida Ribeiro No.61, Circle Square, 14 andar A, Macao.

本人/我們確認載於本表格內之個人資料將被宏利用以處理、判定及調查有關之索償及代繳費用服務申請,批核及承保保險申請,管理保單並安排分保,遵守適用法律及其他相關用途並就此等用途,該等個人資料可被轉送到下列人士或機構(無論在澳門境內還是境外)(a)與客戶、針對客戶或涉及客戶就任何產品及/或服務提起的任何索賠相關的任何人士;(b)向宏利或宏利的公司集團任何成員提供與業務經營相關的行政管理、電信通訊、電腦、資訊技術、付款、資料處理或儲存、市場推廣、郵寄、列印、電話行銷、客戶滿意度分析或其他服務的任何代理、承辦商或第三方服務供應商,包括任何託管人、執行人、投資管理人、投資顧問或分銷商;(c)任何信貸資料服務機構或(如出現付款違約)任何債務托收機構;(d)任何顧問(包括其僱員)或其他中介人士/機構(包括其僱員);(e)再保險商和醫療服務供應商;(f)客戶的僱主;(g)已向宏利或宏利的公司集團任何成員承諾將對該等資料保密的任何人士;(h)宏利或宏利的公司集團任何成員的權利或業務的任何實際或擬議受讓人、承讓人、參與人或次級參與人;(i)宏利的公司集團任何成員;(j)宏利或宏利的公司集團任何成員根據對其有約束力或適用的任何法律、法規、規章、守則、指引或指南的規定有義務或必須向其披露的任何人士,其中包括但不限於任何當地或外國的監管機構、政府機構或公認行業組織;(k)根據由於宏利或宏利的公司集團任何成員在相關當地或外國監管機構、政府機構、或公認行業組織(無論在澳門境內還是境外)所在司法管轄區的或涉及該等司法管轄區的財務、商業、業務或其他利益或活動而由宏利或宏利的公司集團任何成員承擔或施加給其的、與該等當地或外國監管機構、政府機構、公認行業組織之間的任何合同、其他承諾或安排,有義務或必須向其披露的任何人士。本人/我們明白本人/我們並無責任提供該等個人資料。但如果本人/我們拒絕提供該等資料,宏利可能未能繼續處理本人/我們的申請及/或本表格內之申請。本人/我們可去信個人資料主任於宏利人壽保險(國際)有限公司、澳門分行行政部,澳門新馬路61號永光廣場十四樓A要求查閱及更改本人/我們在宏利的個人資料。

✕

Signature of Claimant
索償人簽署

Name (In BLOCK LETTERS) & I.D. No. of Claimant
索償人姓名(請以正楷書寫)及身份証號碼

Signature at
簽署地點

Date (DD/MM/YYYY)
日期(日/月/年)

Other policy(ies) owned by deceased 死者擁有之其他保單:

Was the deceased the owner of any other policy(ies) with Manulife insuring the lives of relatives/other person?
死者是否為宏利保險其他受保人的保單持有人?

Yes 是 No 否 If yes, please provide number of policy(ies) _____
若是,請提供保單數量

Optional methods of settlement (not applicable for CNY policy) 選擇收款方式(不適用於人民幣保單):

If the proceeds of the policy or policies are payable in a single sum, you can have us pay the whole or any portion of such proceeds in accordance with any one of the following plans:
若保單賠償可全數整付,閣下可根據下列任何一項收款計劃,要求本公司把賠償全數整付或只支付賠償之一部份。

Option 1, Annuity Certain. We will pay equal instalments for a period you specify: at least one year, at most 30 years.
選擇一, 確定年金 本公司將按閣下指示定期支付固定金額,年期最短為一年,最長為三十年。

The commuted value of any unpaid guaranteed instalments at your death will be paid in one sum to the Executors or Administrators of your Estate.
任何未支付之保證固定年金之折價價值,將於閣下身故後全數整付予閣下之遺囑執行人或遺產管理人。

Option 2, Life Annuity. When choosing this option you specify type (a) or (b), below. We will pay equal instalments during your lifetime. Unpaid instalments cannot be commuted while you are alive.
選擇二, 終身年金 於閣下選取下列(a)或(b)項後,本公司將於閣下在世期間支付定期年金。未支付之固定年金不可於閣下在世期間折價。

(a) **Certain period.** You specify the certain period of 10 or 20 years. Equal instalments will be payable during the certain period and thereafter during your remaining life.
確定年期 閣下可把年期確定為十年或二十年。本公司將於確定年期内支付固定年金,及其後於閣下在世期間支付年金。

The commuted value of any unpaid guaranteed instalments at your death will be paid in one sum to the Executors or Administrators of your Estate.
任何未支付之保證固定年金之折價價值,將於閣下身故後全數整付予閣下之遺囑執行人或遺產管理人。

(b) **Instalment refund.** Equal instalments will be payable during the certain period, so that the total of the instalments paid equals the proceeds. We will reduce the final instalment, if necessary, so that the total paid will not exceed the proceeds.
定期退款 本公司將於確定年期内支付固定年金,直至已支付之年金相等於賠償金額。如有需要,本公司將減少最後一期年金以致總支付年金不會多於賠償金額。

The commuted value of any unpaid guaranteed instalments at your death will be paid in one sum to the Executors or Administrators of your Estate.
任何未支付之保證固定年金之折價價值,將於閣下身故後全數整付予閣下之遺囑執行人或遺產管理人。

Option 3, Instalments until proceeds used up. We will pay specified instalments until the proceeds, together with interest, are used up. The unpaid balance will earn interest each year at least at the rate mentioned in the policy, plus any extra interest that we may determine.
選擇三, 分期支付直至賠償全數付清 本公司將分期支付賠償,直至賠償及利息全數付清。未支付之賠償金額將最低以保單內列明之利率生息,及加上由本公司釐定之額外利息。

The commuted value of any unpaid guaranteed instalments at your death will be paid in one sum to the Executors or Administrators of your Estate.
任何未支付之保證固定年金之折價價值,將於閣下身故後全數整付予閣下之遺囑執行人或遺產管理人。

Option 4, On deposit. The proceeds will be left with us as a deposit. You can make withdrawals, but not more often than monthly, until the proceeds, together with interest, are used up. The unpaid balance will earn interest each year at least at the rate mentioned in the policy, plus any extra interest that we may determine. Any unpaid balance at your death will be paid in one sum to the Executors or Administrators of your Estate.
選擇四, 積存生息 賠償將留於本公司積存生息。閣下可隨意提取,每月最多可支取一次,直至所有金額及利息全部支清為止。未支付之賠償金額將最低以保單內列明之利率生息,及加上由本公司釐定之額外利息。任何未支付之賠償將於閣下身故後全數整付予閣下之遺囑執行人或遺產管理人。

If payments would be less than \$40.00 monthly, \$60.00 quarterly, \$100 semi-annually or \$200 annually or whatever other minimums are stated in your policy, we can pay their commuted value in one sum.
若每期支付的款額每月低於四十元,每季低於六十元,每半年低於一百元或每年低於二百元或低於保單內列明之最低限額,本公司可全數整付其折價價值。

Note: Notification will be issued upon completion of the claim. 註:索償通知將於有關申請完成後發出。

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