

# PROOF OF DEATH (Claimant's Statement) 死亡證明 (索償人聲明)

Branch code 分行編號	
Location 地點	
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	

## TO BE COMPLETED BY THE CLAIMANT 由索償人填寫

### Important Notes 重要事項:

- Please refer to the Death Claims Instructions or select the claims procedures of "Death Benefit" by scanning the QR code.  
請參考「死亡索償指引」或透過掃描二維碼選取「身故索償」之索償程序。
- Please read the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Notice") before you complete this form. The Notice 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 Notice.  
當閣下填寫此表格前，請閱畢《有關〈個人資料(私隱)條例〉的客戶通知》(「通知」)。該通知可於宏利網址 (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 number(s) which claim is being made 是次索償之各份保單編號

1. <input style="width: 95%;" type="text"/>	3. <input style="width: 95%;" type="text"/>	5. <input style="width: 95%;" type="text"/>
2. <input style="width: 95%;" type="text"/>	4. <input style="width: 95%;" type="text"/>	6. <input style="width: 95%;" type="text"/>

### Information of Deceased 死者資料

Full name of the deceased 死者全名 <input style="width: 100%; height: 20px;" type="text"/>	
Date of Birth 出生日期 (DD/MM/YYYY) (日/月/年)	HKID/Passport no. 香港身份證/護照號碼 (Please attach copy 請附上副本)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date of Death 死亡日期 (DD/MM/YYYY) (日/月/年)	Place of Death 死亡地點
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Cause of Death (if known) 死亡原因 (如得悉) <input type="checkbox"/> Natural/Illness Death 自然或因疾病死亡 <input type="checkbox"/> Accidental/Unnatural Death 意外或非自然死亡	
<input style="width: 100%; height: 20px;" type="text"/>	
If it is under accidental or unnatural death, please provide below information: 如屬意外或非自然死亡，請提供以下資料：	
Date of accident/incident 意外或事件發生日期 (DD/MM/YYYY) (日/月/年)	Where did it take place? 意外或事件發生地點?
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
How did it happen? 意外或事件發生經過	
<input style="width: 100%; height: 20px;" type="text"/>	

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 locations of all hospitals or institutions or physicians 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或醫生名稱及地址			
1. Hospital or institution or physician 醫院或醫療機構或醫生	Date 日期 (DD/MM/YYYY) (日/月/年)	<input style="width: 100%; height: 20px;" type="text"/>	
Address 地址		<input style="width: 100%; height: 20px;" type="text"/>	
Reason 求診原因		<input style="width: 100%; height: 20px;" type="text"/>	
2. Hospital or institution or physician 醫院或醫療機構或醫生		Date 日期 (DD/MM/YYYY) (日/月/年)	
<input style="width: 100%; height: 20px;" type="text"/>		<input style="width: 100%; height: 20px;" type="text"/>	
Address 地址		<input style="width: 100%; height: 20px;" type="text"/>	
Reason 求診原因		<input style="width: 100%; height: 20px;" type="text"/>	
Was the deceased 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	Issue Date 生效日期 (DD/MM/YYYY) (日/月/年)
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

**Information of Claimant (Each claimant needs to fill in an individual Claimant's Statement) 索償人資料 (每位索償人須個別填寫一份索償人聲明)**

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  Estate Administrator 遺產承辦人  Trustee 信託人 Assignee 受讓人  Others (please specify) 其他 (請註明)

Please provide information of claimant at below: 請在 下列位置填寫索償人資料：

Surname 姓		Given Name & Middle Name(s) 名	
Nationality 國籍 (if not Hong Kong/Macau/ Mainland China citizen, please provide passport copy 如非香港/澳門/中國內地居民, 請提供護照副本)			
HKID/Passport/Business registration no. 香港身份證/ 護照/ 商業登記號碼 (Please attach copy 請附上副本)		(Country Code 國家代碼) Contact Number 聯絡電話	
Date of Birth 出生日期 (DD/MM/YYYY) (日/月/年)	Place of Birth 出生地點 City 城市	Country 國家	
Are you still holding the identity document of your birth country? 閣下是否仍持有出生國家的身份證明文件? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否			
Current Residence Address 目前的住宅地址			
City 城市		Country 國家	
Correspondence Address 通訊地址 (same as current residential address unless otherwise specified below 除以下列明外, 通訊地址與目前的住宅地址相同)			
City 城市		Country 國家	
Occupation and details of job 職業及主要職務			
Relationship to the deceased 與死者之關係			

**Payment Instructions 付款指示****Cheque Collection Method 支票交付方法**

- Through my Insurance Advisor stated in this form 經由本表格所述本人的保險顧問轉交
- By mail to the above correspondence address 寄往上述通訊地址
- Collect at Customer Service Centre 於客戶服務中心領取

**Cheque Currency (for USD policy only) 支票幣值 (只適用於美元保單)**

- USD Cheque (drawn in Hong Kong) 美元支票 (由香港的銀行付款)
- USD Cheque (drawn in United States) 美元支票 (由美國的銀行付款)
- HKD Cheque 港元支票

**Cheque Currency (for CNY policy only) 支票幣值 (只適用於人民幣保單)**

- CNY Cheque (drawn in Hong Kong) 人民幣支票 (由香港的銀行付款)
- HKD Cheque 港元支票

- Notes 註:** (a) In general, it takes a longer settlement period to clear a foreign cheque in Hong Kong. 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香港兌現外幣支票; 另銀行或會向客戶徵收兌現支票的相關手續費。
- (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) Manulife Investment Plus 2 policies, according to the policy provisions, claim payment will be paid within twenty-one (21) business days after Manulife receives the requested complete and valid documents from the claimant (Subject to policy provisions and for details, please refer to clause 1 and 7 of the policy provisions). 關於宏利投資計劃 2 保單, 根據保單條款, 有關賠款將於宏利收妥索償人提交之完整和有效的所需證明文件後 21 營業日內發出。(一切將於保單條款為準, 詳情請見保單條款第1及第7條)
- (d) Unless specified (and applicable for the claimed policy), claim payment will be paid in lump sum by cheque. 除非特別要求(且適用於索償保單), 賠償將以支票形式全數發出。

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。

In case of any discrepancy between the English version and the Chinese translation, the English version shall prevail. 若英文本與中文譯本之間有任何歧異, 則以英文本為準。

## 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/the deceased, my/our/the deceased's health or my/our/the deceased's 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/死者個人資料、健康狀況或記錄(包括有關本人/我們/死者所獲之社會福利及勞工賠償、本人/我們/死者之存款、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/死者之疾病或受傷、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 deceased, can enable Manulife to carry on its insurance/financial business and may be:

從本人/吾等/本人的家屬、保單持有人及死者所收集的資料(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;

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、代位申索、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。

- ii) 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.

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、協會或保險公司聯合;(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) 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。

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

- (5) Collection of Levy on Insurance Premium(s) by the Insurance Authority ("IA") (Applicable to policies issued in Hong Kong)

保險業監管局(「保監局」)所收取的保費徵費(適用於香港簽發之保單)

I/We hereby acknowledge, agree and confirm that any outstanding of levy on insurance premium ("Levy") payable by the policyowner under the policy pursuant to section 134 of the Insurance Ordinance (Cap. 41), the Insurance (Levy) Regulation and the Insurance (Levy) Order shall be treated as an indebtedness to Manulife and Manulife may first deduct the amount of outstanding Levy as indebtedness from the benefits and/or entitlements (including without limitation the cash value, dividend and/or death proceeds of the policy) otherwise available to the policyowner, assignee or beneficiary, if any, pursuant to the policy, as the case may be. 本人/我們知悉、同意及確認,保單持有人就保單根據《保險業條例》(第41章)第134條、《保險業(徵費)規例》及《保險業(徵費)令》所應付的保費徵費(「徵費」)當中的任何欠繳徵費會被宏利視為負債。當宏利提供保障及/或權益予保單持有人、受讓人或受益人時,包括但不限於保單的現金價值、紅利及/或死亡賠償(如適用及根據保單及情況而定),可先從金額中扣除被視為負債的欠繳徵費。

✕

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)及身份證號碼

✕

Signature at 簽署地點

Date (DD/MM/YYYY) 日期(日/月/年)

Please ensure all required claim documents are submitted. Otherwise, the claim may not be processed due to incomplete information. The claimant may be requested to provide additional information relating to this claim.

請確保提交所需索償文件，否則此索償申請可能因資料不足而未能被處理。索償人可能被要求就此項索償提供額外資料。

- ☑ Please submit aforesaid required documents to Claims Department of Individual Financial Products, Manulife (International) Limited, 22/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong.  
請將上述所需文件寄回香港九龍觀塘偉業街223-231號宏利金融中心A座22樓宏利人壽保險(國際)有限公司個人理財產品理賠部。

Claims Document Checklist - Basic Requirements <sup>NOTE(1)(2)</sup> 索償文件清單：基本要求 <sup>註(1)(2)</sup>	
<ol style="list-style-type: none"> <li><b>Fully completed original</b> Proof of Death - (Claimant's Statement) (Form C01) <b>完整填妥</b>之死亡證明(索償人聲明)(表格C01)正本</li> <li><b>Certified True Copy</b> of the Death Certificate with cause of death. (If no cause of death is provided on the certificate, please provide death medical certificate) 死亡證明書<b>核實副本</b>(如死亡證明書未有提及死因，請提供死亡醫學證明書)</li> <li>Copy of the latest ID or passport of the deceased 死者最新的身份證或護照副本</li> <li>Copy of the latest ID or passport of claimant 索償人最新的身份證或護照副本</li> <li>Copy of relationship proof 關係證明副本</li> </ol>	
Additional Documents <sup>NOTE(1)(2)</sup> 附加文件 <sup>註(1)(2)</sup>	
Death in Mainland China 於中國內地身故	<ul style="list-style-type: none"> <li><b>Certified True Copy</b> of Notarial Death Certificate 死亡公證書<b>核實副本</b>(公證事項:死亡)</li> <li><b>Certified True Copy</b> of death medical certificate 居民死亡醫學證明(推斷)書<b>核實副本</b></li> <li>Copy of cremation / burial certificate 火葬證書/落葬證書副本</li> <li>Applicable to Mainland China citizen 適用於中國內地居民                             <ul style="list-style-type: none"> <li><b>Certified True Copy</b> of cancellation of household registry for the deceased in Mainland China 死者的戶籍註銷證明<b>核實副本</b></li> </ul> </li> <li>Applicable to Hong Kong citizen 適用於香港居民                             <ul style="list-style-type: none"> <li><b>Certified True Copy</b> of Hong Kong identity card cancellation certificate for the deceased 死者的香港身份證取消證明書<b>核實副本</b></li> <li>Copy certificate of importing of human remains (if any) 遺體入口證明書副本(如有)</li> </ul> </li> </ul>
Death outside Hong Kong 於香港境外身故	Applicable to Hong Kong citizen 適用於香港居民 <ul style="list-style-type: none"> <li><b>Certified True Copy</b> of Hong Kong identity card cancellation certificate for the deceased 死者的香港身份證取消證明書<b>核實副本</b></li> </ul>
Accidental or unnatural death 意外或非自然死亡	<ul style="list-style-type: none"> <li>Copy of police report and police statement 警察報告及口供紙副本</li> <li>Copy of traffic accident report 交通意外報告副本</li> <li>Copy of post mortem or coroner's report 驗屍報告或死因裁決庭報告副本</li> <li>Copy of newspaper clipping 新聞剪報副本</li> <li>Copy of traffic accident responsibility confirmation (Applicable to Mainland China) 道路交通事故認定書/責任書副本(適用於中國內地)</li> </ul>
If the deceased passed away within 2 years of any of the below dates - The date of policy issue date; or the date of last reinstatement; or the effective date of: any increase of the face amount; or any increase of the rider amount; or any additional rider benefit; whichever date is later 若死者於下列日期的兩年內身故 - 保單發出日;或保單復效的最後生效日;或以下情況的生效日:增加名義金額;或增加附加保障價值;或增加額外附加保障;以較後者為準	<ul style="list-style-type: none"> <li><b>Fully completed original</b> Proof of death - Physician's Statement (Form C02) <b>完整填妥</b>之死亡證明(醫生聲明)(表格C02)正本</li> </ul>
Claimant as estate of the deceased 索償人是死者的遺產承辦人	<ul style="list-style-type: none"> <li><b>Certified True Copy</b> of Grant of Probate or Letters of Administration 授予遺囑認證書或遺產管理書的<b>核實副本</b></li> </ul>
If the beneficiary(ies) is/are under the age of 18 and no trustee has been appointed 若受益人未滿18歲及沒有指定受託人	<ul style="list-style-type: none"> <li><b>Certified True Copy</b> of Legal Guardianship Paper 合法監護人文件的<b>核實副本</b></li> <li>Copy of the latest ID and birth certificate of the beneficiary who is under the age of 18 未滿18歲之受益人最新的身份證及出世紙副本</li> </ul>
Individual claimant who is an US tax resident/ a citizen, resident, or permanent resident alien of the United States of America (Permanent Resident/Green Card Holder/US Citizen) 個人索償人是美國稅務居民/美國公民、美國居民或擁有美國居民身份之外僑(永久居民/綠卡持有人/美國公民)	<ul style="list-style-type: none"> <li><b>Original</b> Form W-9 正本W-9表格</li> </ul>
Individual claimant who is not a US tax resident but having US indicia 個人索償人並非美國稅務居民但擁有美國身份標記	<ul style="list-style-type: none"> <li><b>Original</b> Form W-8 正本W-8表格</li> </ul>

**Note 註:**

- Certified true copies of original documents can be made by our Customer Service Centre (21/F, Tower A, Manulife Financial Centre, 223-231 Wai Yip Street, Kwun Tong, Kowloon, Hong Kong) or a practicing solicitor of Hong Kong. For further enquiries, please call our customer service hotline at 2510 3941 or contact your insurance advisor for details. 有關正本文件的核實副本，可以由我們的客戶服務中心(香港九龍觀塘偉業街223-231號宏利金融中心A座21樓)或香港執業律師發出。如有任何查詢，請致電我們的客戶服務熱線2510 3941或聯絡您的理財顧問。
- Manulife reserves the right 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