



Claim form (Death/Payor benefit insurance)

索償申請表 (死亡/付款人保障)

Private and confidential 私人及保密文件

Important notes 重要事項

- Please fill the circle in full for appropriate place.
請於適當的位置填滿圓圈。
- Please delete where inappropriate.
請刪去不適用者。
- Please fill in correct policy number.
請填上正確之保單號碼。
- Please fill in the full name as shown on HKID card/identification document.
請填寫香港身份證/身分證文件上的全名。

Name of licensed
insurance intermediary
持牌保險中介人姓名

Contact no. of licensed
insurance intermediary
持牌保險中介人聯絡號碼

Section A 部 : Policy information 保單資料

Policy no.
保單號碼

Mr. 先生 Mrs. 太太 Ms. 女士 Name of policyholder 保單持有人姓名

HKID card no./Passport no.
香港身份證號碼/護照號碼

Date of birth 出生日期
Day日 Month月 Year年

Nationality
國籍

Mr. 先生 Mrs. 太太 Ms. 女士 Name of life insured 受保人姓名

HKID card no./Passport no.
香港身份證號碼/護照號碼

Date of birth 出生日期
Day日 Month月 Year年

Nationality
國籍

	Claimant 1 索償人1	Claimant 2 索償人2	Claimant 3 索償人3	Claimant 4 索償人4
Full name 姓名				
HKID card/Passport no. 香港身份證/護照號碼				
Date of birth (dd/mm/yy) 出生日期 (日/月/年)				
Nationality 國籍				
Relationship with the life insured 與死者之關係				

Policyholder 保單持有人 Beneficiary 受益人 Trustee 信託人
 Assignee 受讓人 Executor 遺囑執行人 Administrator 遺產管理人



ZZK-CLM-CLF-00026-ET-0622

Residential address of claimant(s) 索償人住址	Contact no. 聯絡號碼	Email address 電郵地址

1. Do(es) the claimant(s) currently file tax return in the USA?
If "Yes", please complete and submit "Form W9". Please specify the name of claimant(s) below.
索償人現時有否於美國報稅？若「是」，請填妥及遞交「W9」表格並註明該索償人姓名如下。
- Yes 是 No 否
- Name of claimant
索償人姓名
-
2. a. Is/Are the claimant(s) a Hong Kong tax resident?
(If "Yes", the Taxpayer Identification No. ("TIN") is your HKID card no.)
索償人是否香港稅務居民？(若「是」，稅務編號是閣下之香港身份證號碼)
- Yes 是 No 否
- b. Is Hong Kong the only tax jurisdiction of residence the claimant(s) belong to?
香港是否為索償人唯一所屬的稅務居留司法管轄區？
- Yes 是 No 否
3. Please complete a separate form of Automatic Exchange of Information for each claimant.
請每位索償人提交一份自動交換資料表格。
4. Life insured's job nature, employer's name and company address of his/her last job
受保人最後之工作性質、僱主姓名及公司地址
-
5. Name(s) of other insurer(s) that the life insured had ever insured with during his/her lifetime
受保人生前曾投保之其他保險公司名稱
-

Section B 部：Details of illness/injury and health history of the life insured 受保人的有關疾病或傷勢之詳情及過往健康紀錄

1. Date of death
死亡日期
2. Place and country of death
死亡地點及國家
-
3. Details of cause and course of death
死亡原因及經過詳情
-
4. Name of usual doctor or hospital whom/which most often provides consultation to the life insured
受保人過往最常就診之醫生或醫院名稱
-
5. If the incident was reported to the police, please provide the name of the police station and the case reference no.
如事件已交由警方處理，請提供警署名稱及檔案編號
-

Section C 部：Payment details 付款詳情

By signing this form and filling in the payment instruction below, I declare the following:
本人現簽署此表格及填寫以下付款方法，並作以下聲明：

- a. I am aware of the potential tax obligations imposed by any jurisdiction, to which I may be subject, as applicable to me for any payment made or proposed to be made herein, in particular, in relation to tax obligations in Hong Kong and Mainland China;
本人明白本人可能受到適用於本人的任何司法管轄區，就此表格的任何付款或建議付款，所施加的潛在稅項義務，特別是有關香港和中國內地的稅項義務；
- b. I confirm that I have complied with my tax obligations, and
本人確認遵守了本人的稅項義務；及
- c. I understand that I shall obtain independent tax advice in relation to the policy.
本人明白本人應就保單尋求獨立稅務建議。

1. Credit to designated local bank account¹ (HK and Mainland China resident only) (and do not accept joint bank account for single claimant):
轉賬至指定本地銀行賬戶¹ (只限香港和中國內地居民) (及單一索償人恕不接受聯名銀行賬戶) :

The payment requested above shall be converted into 本人要求將上述款項折算為下列貨幣

HKD 港元 USD 美元 GBP 英鎊 AUD 澳元 EUR 歐元

Account holder name

賬戶持有人姓名 _____

Name of bank

銀行名稱 _____

Bank account no.

銀行賬戶號碼

Bank no. 銀行號碼	Branch no. 分行號碼	Account no. 戶口號碼

2. Credit to overseas bank account² (located in the region where the beneficiary/assignee (if policy assigned) resides, no cross-border payments is allowed)
轉賬至海外銀行賬戶² (只可轉賬至保單受益人或受讓人 (如保單已轉讓) 所居住的地區)

The payment requested above shall be converted into 本人要求將上述款項折算為下列貨幣

USD 美元 GBP 英鎊 AUD 澳元 EUR 歐元

Name of bank

銀行名稱 _____

Bank sort code

銀行類型編號 _____

Account no.

賬戶號碼 _____

Bank address

銀行地址 _____

IBAN no.

IBAN 編號 _____

Swift BIC _____

If no specified, the payment will be issue in HKD cheque and mail to beneficiary/assignee's correspondence address (HK and mainland China resident only).

如沒有提供收款方式，款項將會以港元支票寄出至保單受益人/受讓人的通訊地址 (只限香港及中國內地居民)。

- ¹ Please provide the bank account proof such as bank statement or bank passbook. If no proof is submitted or insufficient information, the amount may be paid by cheque.

請提供銀行賬戶證明，例如銀行結算單或銀行存摺。若未能提供有關證明或資料不足，發放之金額將有可能以支票形式支付。

- ² Please provide bank name, bank sort code, account no., bank address, IBAN no. and Swift BIC.

請提供銀行名稱、銀行類型編號、賬戶號碼、銀行地址、IBAN 編號及 Swift BIC。

Section D 部：Required documents 所需文件

- Original death certificate of the life insured
死亡證正本
- Certified copy* of Hong Kong permanent identity card of the life insured and claimant(s)
受保人及索償人已核實的香港永久性居民身份證副本*
- Certified copy* of valid passport if the life insured/claimant(s) holds foreign nationality
已核實的有效護照副本*，如受保人或索償人持有外國國籍
- For Zurich Assurance Ltd - Original/Certified copy* of recent three months proof of permanent residential address of beneficiary(ies) such as utility bills, bank statements and tax returns, etc.
蘇黎世人壽 - 受益人最近三個月之永久住址證明正本 / 已核實副本*，如公營業務單據、銀行結單及稅單等
- Bank account proof such as bank statement or bank passbook copy (if claim payment to be made by autopay or telegraphic transfer)
銀行賬戶證明，例如銀行結單或銀行存摺副本 (如賠款以銀行轉賬或電匯支付)
- Original policy or lost of policy declaration
保單正本或遺失保單聲明
- Proof of relationship between the life insured and the beneficiary(ies) (if applicable)
受保人與受益人之關係證明 (如適用)
- Automatic Exchange of Information form 自動交換資料表格
- Last attending physician statement provided by a registered medical practitioner (if the policy has been in force for less than two years)
由註冊醫生提供證實死亡之醫療報告 (若保單之生效年期少於兩年)
- Letter of administration or probate (if no beneficiary has been designated for the policy)
遺產管理書或遺囑認證 (若保單沒有指定之受益人)

* Suitable certifier:

適合核實人：

- a registered insurance intermediary in Hong Kong
香港註冊保險中介人
- a member of the judiciary in an equivalent jurisdiction
在對等司法管轄區的司法人員
- an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
發出身分核實文件的國家的大使館、領事館或高級專員公署的人員
- a Justice of the Peace
太平紳士
- a solicitor practicing in Hong Kong
在香港執業的律師

- f. a certified public accountant practicing in Hong Kong
在香港執業的執業會計師
- g. a trust company registered under Part VIII of the Trustee Ordinance carrying on trust business in Hong Kong
根據《受託人條例》第VIII部註冊並在香港經營信託業務的信託公司
- h. overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business
在對等司法管轄區經營業務或執業的律師、公證人、核數師、專業會計師、稅務顧問、信託或公司服務提供者、經營信託業務的信託公司

Note 註

We reserve the right to seek further documentation or information which we consider necessary for processing your claim.

如有需要，本公司保留權利向閣下索取進一步文件或資料以處理索償。

Upon submission of the required documents, your claim will be processed by our Life Claims Department. If you have any questions, please call our Life Claims Hotline at +852 2535 3502 or visit <https://www.zurich.com.hk/en/customer-services/contact-us/e-form/life-claims>.

閣下的索償申請表格將由理賠部（人壽業務）處理。若有任何查詢，請致電我們的理賠熱線+852 2535 3502或前往 <https://www.zurich.com.hk/zh-hk/customer-services/contact-us/e-form/life-claims>。

Section E 部：Notice to customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”) 有關個人資料（私隱）條例（「私隱條例」）的客戶通知

This Notice sets out the privacy policy of each of Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited (each a “Company”) in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

本通知列載蘇黎世人壽/蘇黎世人壽保險（香港）有限公司（以下個別稱「本公司」）有關各自對其客戶的私隱政策。各公司就本通知所列之權利和責任為獨立而非連帶的，因此各公司無須為其他公司之行為或不作為負責。

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (“Zurich Insurance Group”) for the purposes necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

由本公司不時收集或持有的客戶（包括保單持有人、受保人、受益人、保費付款人、信託人、保單受讓人及索償人）個人資料，其中亦包括在公司日常業務過程中以及就持續與客戶的關係而收集或產生的資料（例如從第三方收到的索償資料和病歷），均可供本公司及/或其所屬集團（「蘇黎世保險集團」）內的公司使用作為向客戶提供服務而必須的用途（否則本公司將無法為未能提供所需資料的客戶提供服務）。

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at +852 2968 2383 or insurance intermediaries for enquires.

本公司之私隱政策詳載於 www.zurich.com.hk/pics 或可透過掃描QR碼細閱。閣下亦可致電+852 2968 2383與我們的客戶服務部聯絡或向保險中介人查詢。

**Consent for marketing purposes - Voluntary:**

就市場推廣用途之同意 – 自願性：

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

由本公司收集或持有的保單持有人及受保人的某些個人資料（其中亦包括在本公司日常業務過程中以及就持續與客戶的關係收集或產生的資料），特別是姓名、聯絡資料、年齡、性別、身分證文件資料、婚姻狀況、經濟背景、人口統計數據、交易模式和行為、保單資料、索償資料及醫療紀錄等，**於獲該保單持有人或受保人同意或作不反對指示後**，均可供本公司使用作為蘇黎世保險集團及/或與本公司維持業務引薦關係或其他安排之其他金融服務供應商的保險及/或金融產品及服務，及/或其他商業合作夥伴之相關服務，提供市場推廣資料及進行直接市場推廣活動。（例如獎賞、忠誠獎勵、合作品牌或優惠計劃以及相關服務和產品，由本公司商業合作夥伴或合作品牌夥伴提供的服務和產品，出於慈善及/或非牟利目的的捐贈或捐款）。為免疑問，就本公司不時收集或持有的所有客戶個人資料，本公司將會以從客戶收到的最新指示（例如同意或表示不反對的指示，或提出反對要求）。

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's marketing purposes set out above:

於獲保單持有人及受保人書面同意後，本公司方可就以下人士本身及/或就本公司的市場推廣用途，向以下於香港境內或境外的人士提供其某些個人資料（並可能收到金錢或其他財產作為回報），特別是姓名、聯絡資料、年齡、性別、保單持有人及受保人的保單資料等，以供其使用：

- (1) companies within the Zurich Insurance Group;
蘇黎世保險集團成員公司；
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
與本公司維持業務引薦關係或其他安排的其他銀行/金融機構、商業或慈善組織；
- (3) third party reward, loyalty, co-branding or privileges program providers;
第三方獎賞、忠誠獎勵、合作品牌或優惠計劃提供者；
- (4) third party marketing service providers and insurance intermediaries.
第三方市場推廣相關服務供應商及保險中介人。

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

本人/我們明白可隨時通知 貴公司以撤回任何就市場推廣用途所給予之同意。

Section F 部：Declaration for data protection 個人資料保障聲明

I/We confirm that I/we, agree to the use or transfer of my/our personal data for the purposes as set out above.

本人/我們確認本人/我們同意 貴公司使用或向第三方提供本人/我們的個人資料作上述用途。

I/We declare that proper consent from the policyholder or other claimant(s) (if different from the policyholder or more than one claimant) has been obtained before the personal data is provided to Zurich Assurance Ltd and/or Zurich Life Insurance (Hong Kong) Limited.

本人/我們於提供保單持有人或其他索償人（如與保單持有人不同或多於一名索償人）的個人資料予蘇黎世人壽及/或蘇黎世人壽保險（香港）有限公司前已獲得保單持有人或其他索償人之正式同意。

Section G 部：Levy on premium 保費徵費

1. Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit www.zurich.com.hk/ia-levy.

保險業監管局已向相關保單按照適用的徵費率收取保費徵費。因此，保單持有人於繳付保費/供款時，須同時繳付徵費。更多有關保費徵費資料，請瀏覽 www.zurich.com.hk/ia-levy。

2. For particular product(s) which require the deduction of unpaid premium(s) when benefit claims is applied, I/we hereby agree that the Company shall deduct all of the unpaid premium(s) and correspondence levy(ies) (if any) from the claim payment. I/We also understand and agree that the policyholders' information may be provided to the Insurance Authority if the levy is overdue.

有關在申請保險賠償時須扣除所有逾期未繳付保費的個別產品，本人/我們在此同意 貴公司從保險賠償金額中扣除所有逾期未繳付的保費及相應之保費徵費（如適用）。本人/我們明白及同意若保單持有人有逾期的保費徵費，貴公司可能會向保險業監管局提供保單持有人的資料。

Section H 部：Authorization 授權

1. I/We hereby request payment of all benefits in accordance with the policy and I/we warrant that I am/we are legally and beneficially entitled to such sum.

本人/我們現就上述保單作出賠償申請，及聲明本人/我們有合法資格受益於此保單之所有賠款。

2. I/We hereby authorize any hospitals, physicians, medical practitioners, insurance companies, employers or organizations that have any records or knowledge of the life insured _____, the holder of HKID card/passport no. _____ to disclose to the Company or its authorized representatives any and all the information with respect to his/her health, medical history, disease, hospitalization, advice, treatment, investigatory result, employment records or any other policies details and claim records, etc.

本人/我們在此授權任何醫院、醫療專業人士、內外科醫生、保險公司、僱主或機構及凡持有受保人 _____，香港身份證/護照號碼 _____ 資料之人士。可向 貴公司或其授權代表披露有關他/她的資料（包括：健康狀況、過往之病歷、病狀、入院紀錄、診治建議、治療方法、調查結果、在職紀錄或其他保單資料及賠償紀錄等）。

3. I/We also agree that the Company may use the copy(ies) of my/our identification document(s) and the life insured's identification document for claim purposes.

本人/我們亦同意 貴公司使用本人/我們之身分證明文件副本或受保人之身分證明文件副本以作上述查詢用途。

4. A faxed or photographic copy of any section of this claim statement shall be as valid as the original.

此申請表各項之影印本亦屬有效。

_____ Full name 姓名	_____ HKID card/Passport no. 香港身份證/護照號碼						
_____ Signature 簽署	Date signed 簽署日期 <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr> <td style="text-align: center;">Day日</td> <td style="text-align: center;">Month月</td> <td style="text-align: center;">Year年</td> </tr> <tr> <td style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> </td> </tr> </table>	Day日	Month月	Year年	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
Day日	Month月	Year年					
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Section I 部 : Lost policy declaration for death claim (if original policy is missing)

遺失保單聲明 - 適用於死亡索償 (如遺失保單正本)

I, _____ (Name of policyholder/assignee/executor/administrator/beneficiary), of

_____ (address)

in consideration of your processing of payment of death claim without my provision of the original policy, HEREBY UNDERTAKE that I will, at all times, keep you indemnified against all actions, proceedings, claims, demands, cost and expenses which may be brought or made against you or which you may suffer or incur as a result of my failure to provide you with the original policy document.

本人 _____ (保單持有人/受讓人/遺產執行人/遺產管理人/受益人姓名) · 地址為

_____ · 現聲明茲因 貴公司在本人未能出示保單文件正本的情況下辦理死亡索償款項事宜 · 本人現保證 · 如 貴公司日後任何時間因本人未能提供有關保單文件正本而蒙受或招致任何法律行動、訴訟、索償、要求、開支與費用 · 本人將向 貴公司作出賠償。

And I hereby warrant and agree that 本人現保證及同意：

1. I have not assigned pledged or on any other way dealt with the policy or any interest in the policy or the moneys insured by the policy;
本人從未轉讓、抵押或以其他方式處置本保單或其任何權益或承保款項；
2. If the original policy document should come into my possession I will promptly deliver it to you;
如本人獲得保單文件的正本 · 必將立刻寄予 貴公司；
3. In the event of my death this indemnity shall be binding on my personal representatives as it is binding on me;
如本人不幸身故 · 本人的個人代表將猶如本人受本項賠償聲明約束；
4. This indemnity shall be governed in all respect by laws of Hong Kong and I hereby submit to the non-exclusive jurisdiction of the Courts of Hong Kong.
本項賠償將全面受香港法律管轄 · 本人服從香港法院之非專有司法裁判權。

Signature of policyholder/assignee/executor/administrator/beneficiary

保單持有人/受讓人/遺產執行人/遺產管理人/受益人簽署

HKID card/Passport no.
香港身份證/護照號碼

Date signed
簽署日期

Day日 Month月 Year年

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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PLEASE DO NOT SIGN ON BLANK FORM. 請勿於空白表格簽署。

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.
如此表格之中英文版本有任何歧異或不一致 · 概以英文版為準。

