



下載國壽海外APP

即時享受升級用戶體驗！輕鬆提交理賠申請及查閱進度。



保單號碼 Policy No.

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理賠匯款服務申請表 CLAIM REMITTANCE SERVICE APPLICATION FORM

重要須知 IMPORTANT NOTE

- 請以正楷填寫本申請表。任何資料如有更改，受保人及保單持有人/索償人必須在更改的位置簽署作實。Please complete this form in BLOCK LETTERS. All amendments should be endorsed by the Insured & Policyholder / Claimant in full signature.
- 本申請表中所用之「本公司」或「貴公司」之表述指中國人壽保險(海外)股份有限公司。The expressions "the Company" or "our Company" used in this form refers to China Life Insurance (Overseas) Company Limited.
- 此表格必須於保單持有人簽署日起計 30 天內交至本公司辦理手續。This form must be submitted to the Company within 30 days from the date of its signing by the Policyholder.
- 如受保人為十八歲或以上，受保人及保單持有人必須親自填寫及簽署本申請表，如受保人為十八歲以下，本申請表應由保單持有人及受保人之合法監護人填寫及簽署。如受保人/保單持有人因傷殘不能書寫，其直系親屬可代為填寫本申請表及簽字，並提供關係證明及醫生證明。If the insured is at or above age 18, the Insured and policyholder must complete and sign this form by his or her good self. If the insured is under age 18, this form should be completed and signed by policyholder and the insured's legal guardian. In the event that the Insured/ policyholder is physically incapacitated and prevented from signing, this form may be completed and signed by an immediate family member with relevant relationship proof and physician's statement provided.
- 受保人/保單持有人/索償人之簽署必須與本公司之紀錄相同。The signature of the Insured / Policyholder / Claimant must be the same as the Company's record.
- 保險中介人或銀行營業員收到本申請表並不代表本公司已收到。Receipt of this form by your Insurance Intermediary or bank officer does not constitute receipt by the Company.
- 如有任何查詢，請與 閣下的保險中介人聯絡或致電本公司客戶服務熱線(852) 3999 5519 查詢。填妥的表格及所需文件請寄往香港灣仔軒尼詩道 313 號中國人壽大廈 24 字樓 / 中國深圳市福田區福田路 24 號海岸環慶大廈 35 樓。If you have any queries, please feel free to contact your insurance intermediary or our Customer Service Hotline at (852) 3999 5519 for details. Completed form(s) and required document(s) should be sent to China Life Insurance (Overseas) Company Limited., 24/F, CLI Building, 313 Hennessy Road, Wan Chai, Hong Kong or 35/F, Hai An Huan Qing Building, 24 Futian Road, Futian District, Shenzhen, China.
- 本公司有權隨時更新此申請表，並拒絕未符合本公司要求的申請表。請登入本公司網站 www.chinalife.com.hk 瀏覽及下載最新版本。The Company has the right to update this form from time to time and reject the form if the Company's requirements are not fulfilled. Please visit our website www.chinalife.com.hk to view and download the latest version of the form.
- 如中英文版本有任何抵觸或不符之處，一概以中文本為準。If there is any discrepancy or inconsistency between the English version and the Chinese version of this form, the Chinese version shall prevail.

A. 申請資料 INFORMATION OF APPLICATION

- 銀行賬戶持有人必須為保單條款內預設之理賠款項領款人。Bank account holder must be the payee of the claim payment as defaulted in policy provision.
- 請提交銀行存摺首頁影印本或相關資料，顯示銀行賬戶持有人姓名及賬戶號碼。Please submit copy of bank book front page or relevant document(s) that can show the name of bank account holder and account no..
- 如屬海外銀行戶口，請提供收款銀行地址、國際匯款代碼、賬戶持有人的海外聯絡電話及地址。For overseas bank account, please provide overseas bank address, SWIFT code, overseas contact number and correspondence address of bank account holder.
- 銀行將於匯款中扣除相關手續費。Bank charge of Telegraphic Transfer would be deducted from the payment amount.
- 此理賠匯款服務申請只限於本次入賬。The claim remittance service application is for this payment only.

電匯至海外銀行戶口 To an overseas bank account via Telegraphic Transfer

銀行名稱 Name of bank

銀行賬戶號碼 Account No.

賬戶持有人姓名(中文) (理賠款項領款人)

賬戶持有人姓名(英文) (理賠款項領款人)

Name of bank account holder (Chinese) (Payee of the claim payment)

Name of bank account holder (English) (Payee of the claim payment)

國際匯款代碼 SWIFT code

賬戶持有人的海外聯絡電話 Overseas contact no. of bank account holder

賬戶持有人的海外通訊地址 Overseas correspondence address of bank account holder



保單號碼 Policy No.										
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B. 個人資料收集聲明 PERSONAL INFORMATION COLLECTION STATEMENT

本人/我們確認已閱讀及明白「中國人壽保險(海外)股份有限公司」的收集個人資料聲明。有關最新版本的收集個人資料聲明，可於 <https://www.chinalife.com.hk/zh-hk/privacy-policy/personal-information-collection-statement-clio> 下載或向中國人壽保險(海外)股份有限公司索取。I/We confirm that I/we have read and understood the Personal Information Collection Statement ("PICS") of China Life Insurance (Overseas) Company Limited. For the latest version of the PICS, it can be downloaded from <https://www.chinalife.com.hk/zh-hk/privacy-policy/personal-information-collection-statement-clio> or is made available upon request.

C. 聲明及授權 DECLARATION AND AUTHORIZATION

本人/我們現申請辦理上述之申請事項，謹此聲明並確認所有提供之資料及細節是準確無誤、真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並同意此等更改事項或服務必須符合下列所有條件及經貴公司批准，方能生效：I/We hereby request the above application(s) be effected and declare that all statement, information and particulars given herein are accurate, true and complete and are given to the best of my/our knowledge and belief and no material information has been withheld in relation to this request. I/We agree that such change(s) or service(s) will not take effect unless all of the following conditions are met and approve by the Company.

- 所有需要之款項及文件完整無缺並提交予中國人壽保險(海外)股份有限公司(以下簡稱「貴公司」)。All required payment and complete supporting documents have been submitted to the Company.
- 在此申請表及貴公司所須之其他文件上填報之一切資料及申報，將成為此保單之一部份(除非另有其他指示) The information and statement made in this request and in other documents as required by the Company shall form the basis for this policy alteration request and form a part of the policy(ies) unless otherwise specified.
- 本人/我們現申請以上述理賠匯款方式領取金額，並同意存款銀行收取的任何匯款手續費用及匯率損益由本人/我們承擔。I/We agree to apply the captioned Claim Remittance Service and bear any bank charge and differences due to exchange rate incurred associated with this transaction.
- 如匯款至海外銀行戶口不成功，本人/我們同意於賠款中扣除相關手續費及匯率損益。I/We agree the administration fee and differences due to exchange rate would be deducted from the claim payment in case of remittance failure to an overseas bank account.

本人/我們僅此確認已閱讀及明白以上申請的所有條款及條件，並同意受該等條款及條件約束。本人/我們僅此同意作出以上協議及聲明。I/We hereby confirm that I/we have read and understood all the terms and conditions of the above request, and agree to be bound by those terms and conditions. I/We hereby agree to make the above agreements and declarations

D. 簽署(請勿在空白表格上簽署) SIGNATURE (Please DO NOT sign on BLANK form)

	受保人 (年齡 18 歲或以上) Insured (whose age is 18 or above)	保單持有人 / 索償人* Policyholder / Claimant*	見證人 Witness
簽署 Signature			
姓名 Name			
身份證/護照號碼 I.D. Card / Passport No.			
日期 Date	年 Year	月 Month	日 Day
*索償人與受保人/保單持有人關係 *Relationship with Insured/Policyholder			